

SternaLock® Blu

Primary Closure System

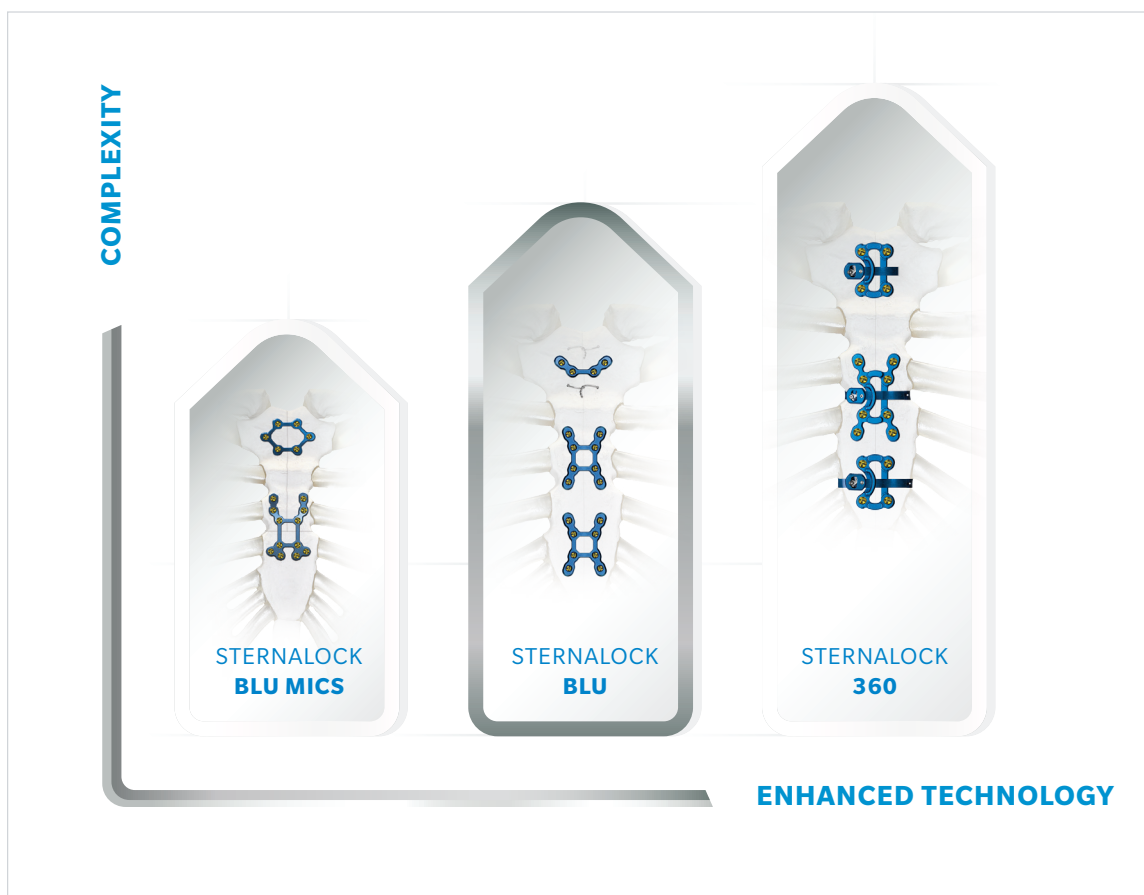


THORACIC

The right clinical system for the right patient.

Zimmer Biomet offers a complete selection of sternal-closure options based on the complexity of the procedure, a patient's needs or your closure preference. Whether you're performing minimally-invasive surgery, addressing the requirements of an osteoporotic patient or dealing with several high-risk factors, Zimmer Biomet offers an answer.

The SternaLock® Blu system is indicated for stabilization and fixation of fractures of the anterior chest wall following a sternotomy or sternal reconstructive procedures.



The method matters. SternaLock Blu proves it.

Rigid fixation is used to repair all fractures and osteotomies except sternotomies. As a leader in the musculoskeletal space, Zimmer Biomet recognized an opportunity to expand the benefits of rigid fixation to patients undergoing cardiac surgery.

The SternaLock Blu Study was designed by a team of expert cardiothoracic surgeons and leading health economic researchers, and compared outcomes following sternal closure with SternaLock Blu or wire cerclage.

Clinical Outcomes - SternaLock Blu vs. Wire

- Improved Healing
 - Fewer Sternal Complications
 - Improved Patient Recovery
 - Economically Dominant Solutions
-

Mechanical Performance - SternaLock Blu vs. Wire

- Increased mechanical stability¹
- Increased strength¹
- Reduced Sternal Separation¹

¹Internal Testing Report, LT1533, Comparison of SternaLock 360 and wires in lateral testing

The SternaLock Blu Study: Results from a Prospective, Randomized Multi-Center Study^{1,2,3}

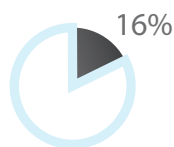
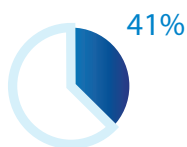
The objective of the SternaLock Blu study was to evaluate sternal healing, sternal complications, patient recovery and health economic benefits of SternaLock Blu in patients undergoing elective cardiac surgery. This prospective, randomized, single-blinded, multi-center trial enrolled 236 patients undergoing elective cardiac surgery at 12 US centers. Patients treated with SternaLock Blu had improved sternal healing, fewer sternal complications and improved recovery. And, all of these clinical benefits were achieved at a cost savings.

Improved Sternal Healing

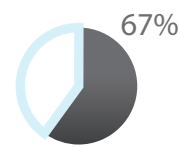
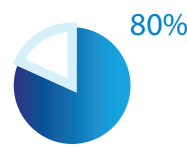
 SternaLock® Blu

Wire Cerclage 

2.6X MORE PATIENTS HEALED
3 MONTHS



1.2X MORE PATIENTS HEALED
6 MONTHS



Patients treated with SternaLock Blu saw improved healing scores over wire cerclage patients at 3 and 6 months ($p < 0.0001$ and $p = 0.0007$, respectively)

Fewer Sternal Complication

Deep Sternal Wound Infection

30-Day: 0 (0%) SLB 2 (1.7%) WC

>30 Days: 0 (0%) SLB 1 (0.8%) WC

Superficial Sternal Wound Infection

30-Day 0 (0%) SLB 1 (0.8%) WC

>30 Days 0 (0%) SLB 1 (0.8%) WC

Other (Removal for Pain)

30-Day 0 (0%) SLB 0 (0%) WC

>30 Days 0 (0%) SLB 1 (0.8%) WC

SternaLock® Blu



0% vs 5%

Wire Cerclage



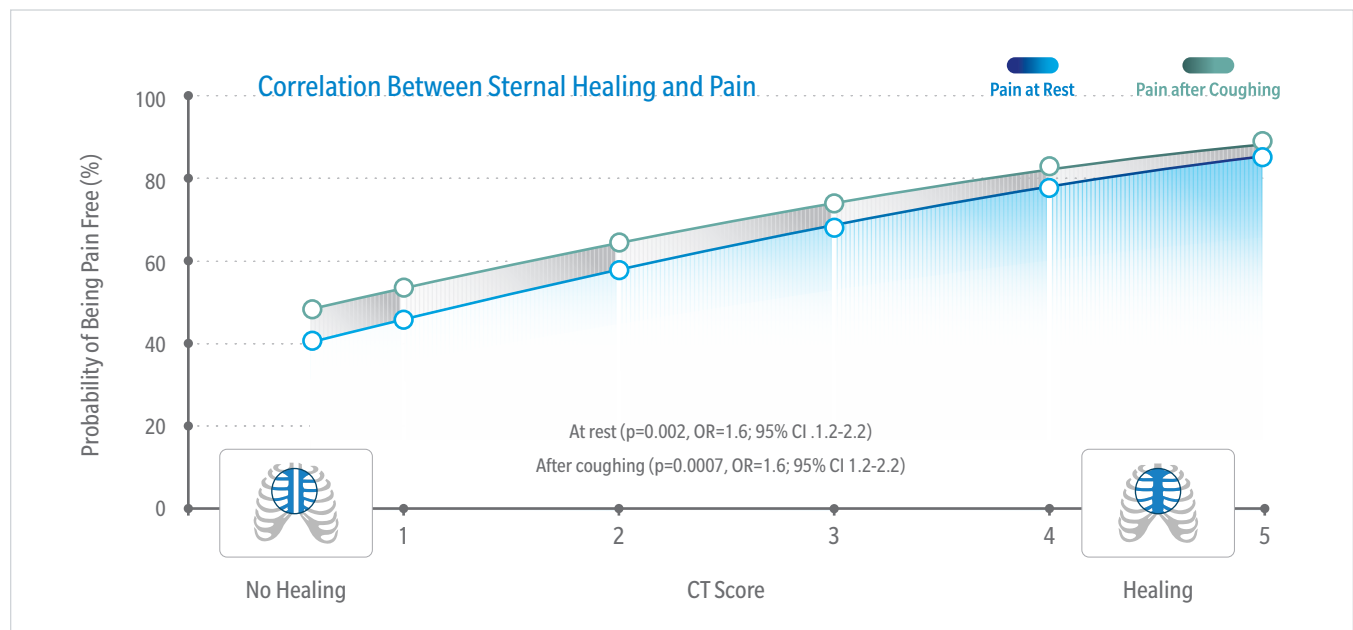
Through 6 months, patients treated with SternaLock Blu experienced fewer sternal complications than patients treated with wire cerclage (0% vs. 5%, respectively, $p = 0.03$)

Improved Recovery



AS PATIENTS HEAL, THE PROBABILITY OF BEING PAIN FREE INCREASES.

Patients experience a greater probability of being free of sternal pain with improved sternal healing.



Economically Dominant Solution



PROVEN COST SAVINGS

\$1,888/patient
at 3 months- ($p=0.5$)

\$1,646/patient
at 6 months- ($p=0.6$)

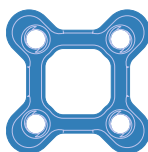
Initial hospital costs tended to be higher with SternaLock Blu than with wire cerclage, driven by the cost of sternal plates and screws. After discharge, there was a trend toward lower costs in patients treated with SternaLock Blu compared with wire cerclage. These reduced costs were primarily related to reduced sternal complications and outpatient resource utilization costs in the SternaLock Blu group.² In this study, the mean cost per patient of a sternal complication was \$45,532 in patients treated with wire cerclage.

¹ Allen, K, et al. Randomized, Multicenter Trial Comparing Sternotomy Closure with Rigid Plate Fixation to Wire Cerclage. The Journal of Thoracic Surgery. Vol 153, Number 4, Pg 888-896. April 2017. • ²CR 0712S (Clinical Study Report) SternaLock Blu Study, 2014-15, an evaluation of rigid plate fixation in supporting bone healing: a prospective, multi-center trial of 236 total patients undergoing full midline sternotomy. • ³CR 0712E (Economic Study Report) SternaLock Blu Study, 2014-15, an evaluation of rigid fixation in supporting bone healing: a prospective, multi-center trial of 236 total patients undergoing full midline sternotomy.

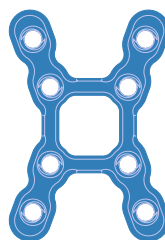
Implants and Instrumentation



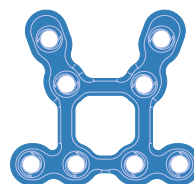
4-Hole, L Plate, 100°
73-2643



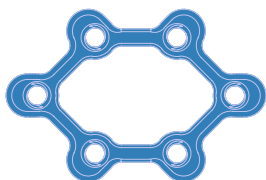
4-Hole, Square Plate
73-2622



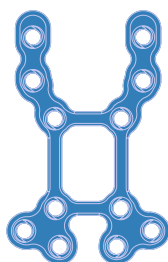
8-Hole, X Plate
73-2623



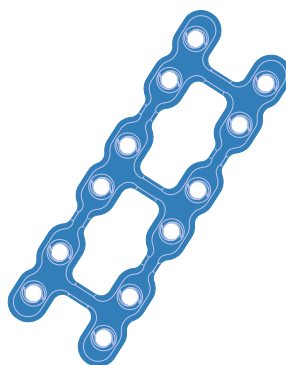
8-Hole, JL Plate
73-2645



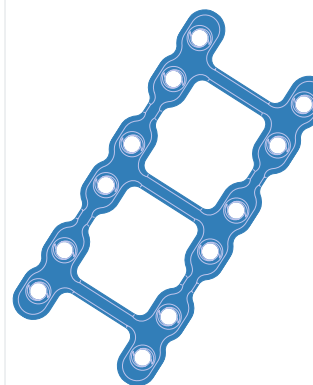
6 Hole, Hex Plate
SP-2890



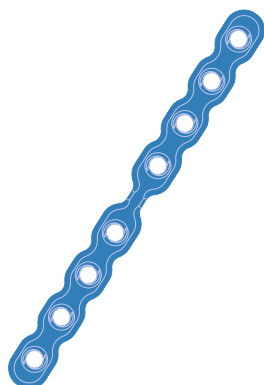
12 Hole, Modified JL Plate
SP-3215



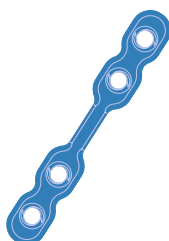
12-Hole, Ladder Plate
73-2632



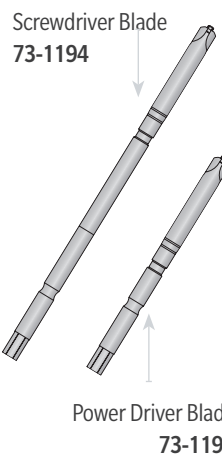
12-Hole, Wide Ladder Plate
73-2634



8 Hole, Straight Plate
73-1952



4-Hole, Straight Plate
73-2636



Implants and Instrumentation



Bone
Reduction
Forceps, Large
01-2595*



Large Bone
Reduction Forceps
24-1112*



Bone
Reduction
Forceps, Narrow
73-2596



Bone
Reduction
Forceps, Wide
73-2597*



Plate and Wire Cutters
51-0960



Standard Plate Bender
01-9728



MICS Tool
SP-3192**



Screw Sizer
73-0006



Measuring Caliper
73-0005

2.4mm Diameter Cancellous Self-Drilling Locking Screws (Gold)



Part No.	Description
73-2408	2.4mm x 8mm
73-2410	2.4mm x 10mm
73-2412	2.4mm x 12mm
73-2414	2.4mm x 14mm
73-2416	2.4mm x 16mm
73-2418	2.4mm x 18mm
73-2420	2.4mm x 20mm

2.7mm Diameter Cancellous Locking Screws (Magenta)



Part No.	Description
73-2708	2.7mm x 8mm
73-2710	2.7mm x 10mm
73-2712	2.7mm x 12mm
73-2714	2.7mm x 14mm
73-2716	2.7mm x 16mm
73-2718	2.7mm x 18mm
73-2720	2.7mm x 20mm



ZIMMER BIOMET

Moving You Forward.™

For more information on SternaLock Blu and other thoracic fixation solutions, please contact us at:

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