

the next generation in reconstructive tissue matrices



Indications | The Conexa™ reconstructive tissue matrix is intended for the reinforcement of soft tissue repaired by sutures or suture anchors during tendon repair surgery, including reinforcement of rotator cuff, patellar, Achilles, biceps, quadriceps, or other tendons.

Indications for use also include the repair of body wall defects which require the use of reinforcing or bridging material to obtain the desired surgical outcome. The device is not intended to replace normal body structure or provide full mechanical strength to support tendon repair of the rotator cuff, patellar, Achilles, biceps, quadriceps, or other tendons. Sutures, used to repair the tear, and sutures or bone anchors used to attach the tissue to the bone, provide biomechanical strength for the tendon repair.

Conexa is intended for single patient, one time use only. Before use, the physician should review all risk information which is found in the Instructions For Use attached in the package of each Conexa reconstructive tissue matrix.

Conexa's processing methods ensure an intact, acellular matrix.

conexa™ reconstructive tissue matrix

Product Item No.	Product Description
conexa™ 100	
BCP 020410	Conexa 100 – 2cm x 4cm
BCP 040410	Conexa 100 – 4cm x 4cm
BCP 060610	Conexa 100 – 6cm x 6cm
BCP 051010	Conexa 100 – 5cm x 10cm
conexa™ 200	
BCP 030320	Conexa 200 – 3cm x 3cm
BCP 050520	Conexa 200 – 5cm x 5cm
BCP 051020	Conexa 200 – 5cm x 10cm



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Tornier is a registered trademark of Tornier, SA.
This product is covered by US patent: 5,460,962. Additional patent(s) pending.



conexa™
reconstructive tissue matrix

a new generation in tissue reconstruction



- Sterile, non cross-linked tissue
- Intact extracellular matrix
- Promotes cell repopulation and revascularization*
- Biomechanics designed to support suture retention



Supporting regeneration.

Not all tissue matrices are created equal.

The biological mechanism of action between products may be quite different. The body responds uniquely to various soft tissue repair materials depending on the method of processing resulting in three outcomes: Regeneration, Resorption, and Encapsulation.

Supporting regeneration is the cornerstone of understanding Conexa. By providing an intact, extracellular matrix designed for cellular ingrowth, remodeling to the native host tissue is achieved while minimizing the risk of an inflammatory response.

Science-based technology with the surgeon and operating room staff in mind.

With controlled extracellular tissue processing, Conexa brings the surgeon versatility in tendon and ligament repair. Conexa provides a complex three-dimensional scaffold architecture rich in essential matrix components. Collagen, elastin, proteoglycans, and vascular channels have all been preserved while significantly reducing an antigen responsible for xenogenic response. With no extended time needed for rehydration, Conexa offers a ready-to-use biological solution for soft tissue repair.

- **Sterile**
- **Storage at room temperature**
- **No orientation required**
- **Ready upon a 2 minute soak**
- **Tailored sizes for orthopaedic indications**

Immunologic Reaction	Mechanism of Action	1 Month Histology	6 Month Histology	Tissue Result Post Production	Biological Outcomes
Positive Recognition (immunologically inert/inactive)	Supports Regeneration Conexa™ reconstructive tissue matrix			Extracellular matrix is preserved and intact	Normal fibroblasts Revascularization Remodeling Normal vital tissue formation
Negative Recognition (immunologically active: stimulates a foreign body response)	Resorption/Scar Formation Residual inflammatory molecules			Damaged matrix/foreign antigens	Inflammation Infiltration with inflammatory cells Elaboration of proteases Resorption Replacement with scar tissue Contraction
	Encapsulation Intentionally cross-linked			Permanent cross-linking	Inflammation without infiltration Classic foreign body response (giant cell formation) Encapsulation Extrusion

* In primates, Conexa has demonstrated rapid revascularization and cell repopulation as early as 2 weeks post implantation and mature vascular structure at 6 months post implantation.

H&E Stain 20x. Explant histology of cross-sectional view of abdominal wall explant in primate model.*
 *Data on file, Lifecell Corp. Correlation of these results in humans is not established.