

# Pioneering, proven pain treatment for knee OA<sup>1</sup>

Arthrosamid<sup>®</sup> — The first and only synovial implant<sup>2</sup> administered via a single injectable for long-lasting pain relief.<sup>3,4</sup>



Scan here to see  
our 5 year data and  
latest updates in knee OA



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**ARTHROSAMID<sup>®</sup>**  
by   
contura  
ORTHOPAEDICS

Contura Orthopaedics — Redefining  
joint care with unparalleled innovation



# Redefining treatment for knee OA, without surgery.

Relieve pain and improve the function of the knee affected by knee OA<sup>5,6</sup> with a simple, one-step outpatient procedure.

Arthrosamid<sup>®</sup> is an **injectable 2.5% iPAAG** implant that delivers long-lasting pain relief<sup>3,4</sup> — improving the quality of life for patients with knee OA.<sup>4,6,7</sup>



## BIOCOMPATIBLE

Permeable to salts and organic molecules, the hydrogel is able to integrate with soft tissue.<sup>8</sup>



## VISCOELASTIC

Cross-linked chains of polymer allow flexible shear.<sup>8</sup>



## NON-DEGRADABLE

Structural stability of hydrogel provides longevity of action.<sup>8</sup>

## 6ml per treatment session<sup>1</sup>

Supplied as 6 pre-filled, single use, sterile 1 mL syringes, Arthrosamid<sup>®</sup> is injected intra-articularly in the knee joint with a single 21G x 2 inches (0.8 x 50mm) needle.



Arthrosamid<sup>®</sup> is the first and only approved injectable 2.5% iPAAG implant treatment — decreasing joint stiffness, diminishing pain, and improving the function of the knee.<sup>5,6</sup>



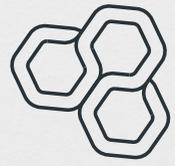
## Pioneering

A first-in-class synovial implant<sup>2</sup> delivered as a single, minimally invasive out-patient procedure performed under local anaesthesia, with ultrasound guidance.<sup>1</sup>



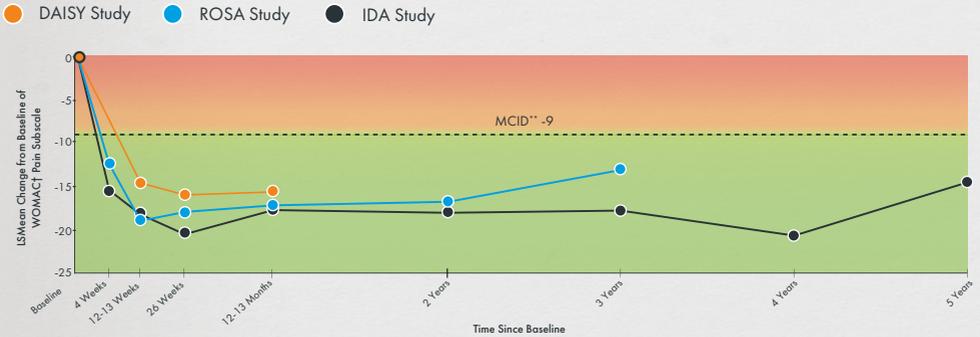
## Proven

Researched for more than two decades<sup>8</sup>, Arthrosamid<sup>®</sup> has been proven to maintain a statistically significant reduction in pain in patients with knee OA 5 years after treatment.<sup>4</sup>



# Reproducible pain reduction results<sup>3-7,9-12</sup>

WOMAC pain subscale change from baseline across studies<sup>3-7,9-12</sup>



In all our studies<sup>3-7,9-12</sup>, Arthrosamid<sup>®</sup> exceeds the **\*\* MCID** of 9 points<sup>10</sup>, and improvement is maintained **up to 5 years** after single injection.<sup>4</sup>

## Response rate with Arthrosamid<sup>®</sup><sup>6,8</sup>

A randomised study of one-year performance of polyacrylamide hydrogel (2.5% iPAAG) vs. hyaluronic acid.<sup>6</sup>

● Improved ● Stayed the same ○ Declined

Close to **80%** with the under 70 year olds.<sup>8</sup>



<sup>†</sup> WOMAC or The Western Ontario and McMaster Universities Osteoarthritis Index is a measure of symptoms and physical disability LSM means are modelled/estimated means. The estimated means are using data from the other visits and also the covariates. **\*\*** The minimum clinically important difference (MCID) represents the smallest improvement considered worthwhile by a patient.



## Pain relief treatment

A single, minimally invasive, long-lasting<sup>3,4</sup> knee OA treatment, Arthrosamid<sup>®</sup> has demonstrated an improvement in quality of life<sup>4,6,7</sup> with patients in clinical trials reporting a reduction in pain by Week 4 — and lasting over 5 years.<sup>4</sup>

**Around 1,500,000 syringes of 2.5% iPAAG have been made for human use.<sup>8</sup>**



# Arthrosamid® remains safe and effective<sup>5,6</sup> for its intended use 5 years after treatment.<sup>4</sup>



CLINICAL STUDIES	Retrospective Case Series* (mean FU: 2 years) <sup>13</sup>	IDA Study (up to 5 years) <sup>5,8</sup>	ROSA Study (up to 3 years) <sup>6,8</sup>
No. of participants	91	49	121
Related AEs, subjects, n(%)	25 (27%)	12 (24.5%)	35 (28.9%)
Related AEs, events, n	41	14	41
<b>Most frequent</b>			
Pain from target knee	7	6	21
Joint Swelling	-	4	13
Sensation of distension	15	-	-
Reduced range of motion	4	-	-
Synovial Cyst	-	3	-
Other	15	1	7

\*Of note, retrospective case series uses adverse events, not adverse device effects

No intra-articular infections or allergic reactions were reported in this retrospective study<sup>13</sup>

No patients had severe adverse events linked to Arthrosamid®<sup>7</sup>

## References:

1. Arthrosamid®, Instructions For Use. Release Date March 2022. 10082-003; 2. Christensen, L., et al. (2016). *Osteoarthritis and Cartilage*. Vol 24(11):1999-2002. DOI:10.1016/j.joca.2016.07.007; 3. Bliddal, H., et al. (2024). *Osteoarthritis and Cartilage*. Vol 32(6):770-771; 4. Bliddal, H., et al. (2025). Results from 5 Years. Presented at WCO-IOF-ESCEO 2025; 5. Bliddal, H., et al. (2024). *J Orthop Surg Res*. Vol 19: 274; 6. Bliddal, H., et al. (2024). *Clin Exp Rheumatol*. Vol 42(9):1729-1735; 7. Bliddal, H., et al. (2021). *J Orthop Res Ther*. Vol 6(2). 1188. ISSN 2575-8241; 8. Data on file; 9. Bliddal, H., et al. (2022). *Osteoarthritis and Cartilage*. Vol 30(1): S371-S372. DOI:10.1016/j.joca.2022.02.499; 10. Henriksen, M., et al. (2018). *Clin Exp Rheumatol*. Vol 36(6):1082-85. Epub 2018 Jul 18. PMID: 30148430; 11. Bliddal, H., et al. (2023). *Osteoarthritis and Cartilage*. Vol 31(5): 682-683; 12. Bliddal, H., et al. (2024). *Orthop Procs*. 2024;106-B(SUPP\_18):106; 13. Overgaard, A., et al. (2019). *Clin Ortho Adv Res. Osteoarthritis and Cartilage*. Vol 30(1): S370-71. DOI:10.1016/j.joca.2022.02.497.

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