

Move Freely, Live Fully

Long-lasting, proven pain relief for knee osteoarthritis — without surgery.^{1,2}



What is Arthrosamid®?

Arthrosamid[®] is a cutting-edge injectable hydrogel implant that delivers long-lasting, proven pain relief for knee OA^{1,2}
— improving your quality of life without surgery.^{2,5,6}

Arthrosamid[®] is administered via a simple, one-step procedure performed under local anaesthesia by a qualified physician familiar with joint injections³ — ensuring you're in and out of the clinic the same day.



The next steps of your <u>Arthrosamid® treatment journey</u>

This leaflet details everything you need to know about your treatment procedure and what you can expect both immediately afterwards and longer term.

Please make sure you read this in full. If you have any questions after your treatment, please speak to your Arthrosamid® physician.

What should I expect during the procedure?

Before treatment with Arthrosamid®, you will have a local anaesthetic to numb the area around your knee. You will also be given antibiotics ahead of this to protect you from any potential risk of infection.



Step 1: Your knee will be cleaned prior to treatment.

Steps 2 & 3:

Arthrosamid® is then singularly injected into your knee's synovial cavity. This might be performed with the help of ultrasound.



What should I expect immediately after treatment with Arthrosamid®?

- Following the procedure, you may be allowed to leave the clinic immediately, or you may wish to rest until you feel ready to go.
- Your knee may start to feel uncomfortable as the anaesthetic wears off, but many patients do not report any discomfort.^{1,2,4}
- If you do feel discomfort, symptoms may include mild to moderate pain and/or swelling at the injection site.³ If your knee becomes red, hot, largely swollen or more painful, you should immediately contact your Arthrosamid[®] physician for treatment.
- You should continue your regular medication and pain killers as normal.
- Please note, receiving Arthrosamid® may feel like a different sensation to other treatments that you have previously experienced as it is more viscous than other injectables.^{1,5}

What are the side effects?

Clinical trials report there were no serious side effects following treatment with Arthrosamid[®]. The most commonly reported side effects were joint pain and a sensation of joint swelling, which were mostly mild in severity and lasting days to weeks.^{4,6}

The overall safety profile of the injectable hydrogel has been established over the last 20 years with its use for various indications in the body.⁷

Should I be having physiotherapy whilst I recover from the treatment?

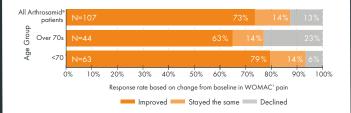
Structured rehabilitation will aid recovery following your treatment with Arthrosamid®. Please discuss this with your clinician.

Resources for rehabilitation are also available free of charge on the Arthrosamid® website.

Treatment with

Arthrosamid® remains safe and effective^{5,8} for its intended use five years after single injection.²

Responder rates by age



Patients in the under 70 years group reported close to 80% positive response rate following treatment with Arthrosamid®.7

What should I expect in the long-term, following treatment with Arthrosamid®?

Supported by more than two decades of research⁷, Arthrosamid[®] is suitable, safe and effective^{5,8} for any patient with knee OA — and is proven to maintain a significant, long-lasting^{1,2} reduction in knee OA pain even five years post-treatment.²

When will I begin to feel less pain?

You are likely to feel some pain relief within 24 hours; however, it can take four to twelve weeks to feel the maximum benefit.

Clinical data shows that most patients start to feel an effect within a few weeks.⁶

When can I go back to normal activity?

As with any invasive joint procedure, it is recommended to avoid strenuous activity (e.g. tennis, jogging or long walks) during the first few weeks after the injection and begin rehabilitation activities when possible.

It is important to bear in mind that there is no cure for osteoarthritis but successful treatment with Arthrosamid® may reduce or relieve your knee pain. You should also bear in mind that your knee osteoarthritis may not improve and, in some cases, may get worse.



To date, thousands of patients have been treated with Arthrosamid® in more than 220 clinics across Europe.⁷

FAQs

Can I receive another treatment if the effect of the first treatment wears off — and if so, after what period of time?

Whilst trials have not been conducted to show treatment effect, future treatments with Arthrosamid® are not contraindicated and can be discussed with your doctor or physician.

Can I receive Arthrosamid® treatment in both my knees?

Yes, it is possible to have both knees treated with Arthrosamid® but your physician is best placed to decide the time period before the treatments.

Do I need to tell any healthcare providers about my treatment?

If in the future you require a major surgical or dental procedure, you should tell your treating physician that you have an Arthrosamid[®] injectable implant in your knee to ensure an accurate medical assessment.

How does Arthrosamid® work?

When Arthrosamid[®] is positioned within the tissue lining of the knee joint, it softens and increases the elasticity of this tissue – thereby improving knee functionality and reducing pain. ^{5,6,9}

It's this unique characteristic that provides a significant reduction in your OA pain over a longer period^{1,2} — with one single treatment.

Please speak to your Arthrosamid® physician for information about indications, expected results, contraindications, warnings, precautions and potential complications.

In case of complications, you should contact your Arthrosamid® physician immediately for treatment.

More information is available from www.arthrosamid.com or info@arthrosamid.com.

References: 1. Bliddal, H., et al. (2024). Osteoarthritis and Cartilage. Vol 32 (6): 770-771; 2. Bliddal, H., et al. (2025). Results from 5 Years. Presented at WCO-IOF-ESCEO 2025; 3. Arthrosamid®, Instructions For Use. Release Date March 2022. 10082-003; 4. Overgaard, A., et al. (2019). Clin Ortho Adv Res. Osteoarthritis and Cartilage. Vol 30(1): S370-71; 5. Bliddal, H., et al. (2024). Clin Exp Rheumatol. Vol 42(9):1729-1735; 6. Bliddal, H., et al. (2011). J Orthop Res Ther. Vol 6 (2). 1188. ISSN 2575-8241; 7. Data on file; 8. Bliddal, H., et al. (2024). J Orthop Surg Res. Vol 19: 274; 9. Henriksen, M., et al. (2018). Clin Exp Rheumatol. Vol 36(6):1082-85. Epub 2018 Jul 18. PMID: 30148430.