



20th February 2026

Dear Colleagues

Further to previous correspondence regarding the national disruption to bone cement supply, we are writing to provide an important update.

NHS England has now issued [formal confirmation](#) that an alternative supply of bone cement has been secured. We understand product will only be available in the UK market, via NHS Supply Chain from late February. This supply is **Zimmer Biomet High Fatigue G cement**.

Before this new supply comes online, members are advised to:

- Urgently review current local cement stock levels;
- Ring-fence approximately seven days' supply to protect trauma activity (particularly hip-fracture surgery); and
- Continue to use any surplus stock beyond this for elective cases where appropriate.

The evidence relating to Zimmer High Fatigue G Cement has been presented to the relevant Specialist Societies. Having reviewed the available data, the Societies are satisfied that this cement is mechanically equivalent to those most used in current UK practice. This bone cement has been in widespread use in Europe since 2008.

Data regarding the evidence base for Zimmer Hi-Fatigue G Bone Cement can be found [here](#) and the manufacturer's product information can be found [here](#) and [here](#).

We recognise, however, that handling characteristics may differ from other cements. Some adjustment in mixing technique and working practice may therefore be required. Zimmer Biomet has advised that sales representatives will be deployed nationally and they will be arranging regional and local training sessions as required. Educational materials will also be made available to support teams in familiarisation and safe adoption.

It is important to emphasise:

- No surgeon will be required or compelled to use this cement; and
- Surgeons should only use the product in clinical situations in which they feel appropriately trained, familiar and confident; and
- We also recognise that, during this transition period, some colleagues may feel unable to proceed with certain cemented procedures. Where this is the case, departments may wish to consider supportive local arrangements, such as reallocating surgeons to outpatient activity or to procedures that do not require cement, in order to maintain service continuity and make best use of available expertise.

From a patient communication perspective, colleagues may wish to reassure patients that:

- Orthopaedic bone cements are fundamentally composed of the same core material (PMMA) and function in the same way to secure implants;



- The mechanical properties of this cement are equivalent to commonly used products;
- All implants continue to be monitored through established surveillance mechanisms, including the National Joint Registry; and
- Patients retain the right to defer surgery if they wish. However, based on available evidence, we do not consider deferral necessary solely on the grounds of cement substitution alone.

Although this arrangement is being coordinated through NHS England, the alternative cement supply will also be available to the devolved nations.

We recognise that this has been a challenging period for departments and patients alike, and we are grateful for your continued cooperation and professionalism. Further updates will follow as additional operational detail becomes available.

Yours sincerely,

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