

A full-length marble statue of Michelangelo's David, standing on a pedestal. The statue is shown from the waist up, with its right hand raised to its chest. A vertical surgical scar is visible on the lower abdomen, extending from the navel down to the groin. The background is a green-tinted image of a classical building interior with columns and a dome.

FOR COMPLEX HERNIA REPAIRS

**Durable
is Beautiful**

SurgiMend[®]

**The unique
biologic matrix
that withstands
the test of time**

SurgiMend®: Durable, Long-Lasting Hernia Repairs



Low Recurrence

Effective reinforcement over time

Clinical evidence demonstrates SurgiMend® reinforcement resulted in **low**

4%-8%

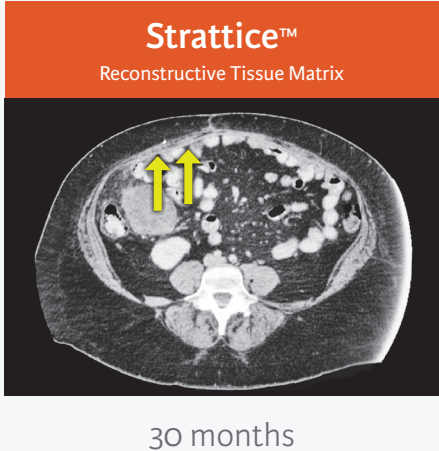
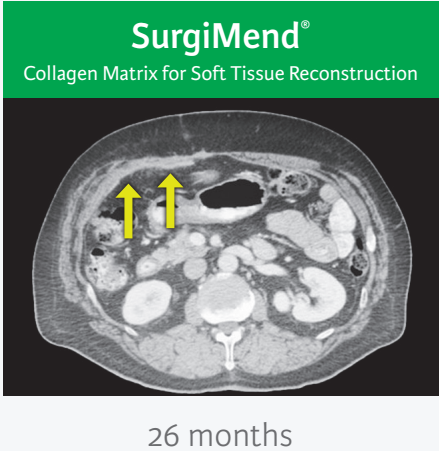
recurrence rates for complex abdominal wall repair patients, followed

UP TO 5

years post-implantation.*

12 articles published in peer-reviewed journals **since 2012**.¹⁻¹²

As highlighted in radiographic images from clinical cases, **SurgiMend persisted** to effectively reinforce, whereas **Strattice™ was more difficult to distinguish** >2 years post-op.¹⁶



Material Matters

A unique bovine dermal matrix

Published bench testing results show **SurgiMend 3.0 & 4.0** demonstrate¹³:

4×

more tear resistance

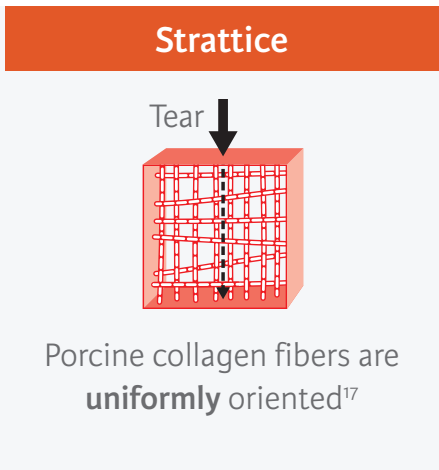
-and-

>2×

higher tensile & suture retention strength

than **Strattice™**.

SurgiMend is stronger compared with Strattice, due to structural differences.¹⁷

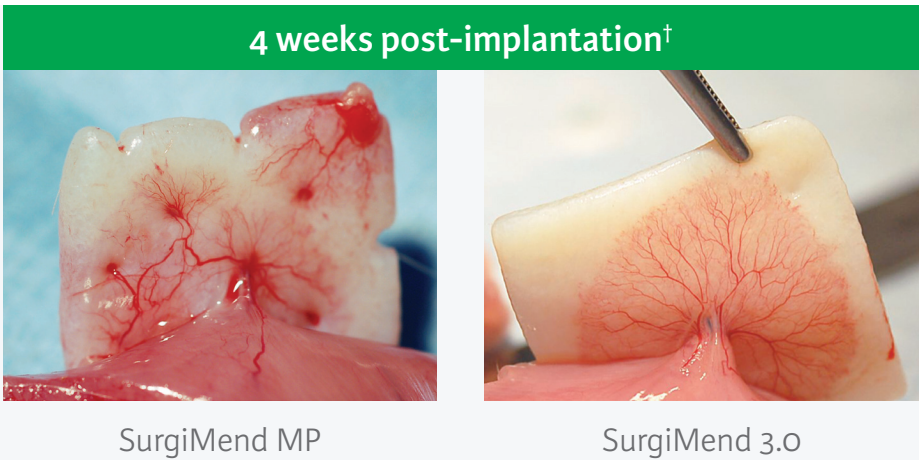


Rapid Revascularization

Integration and tissue building

SurgiMend **rapidly revascularizes** to support tissue building for prolonged reinforcement.^{14,15†}

SurgiMend integrates with host's own tissue for a lasting repair.^{14†}



SurgiMend® Withstands the Test of Time



Low Recurrence

Effective reinforcement over time



Material Matters

A unique bovine dermal matrix

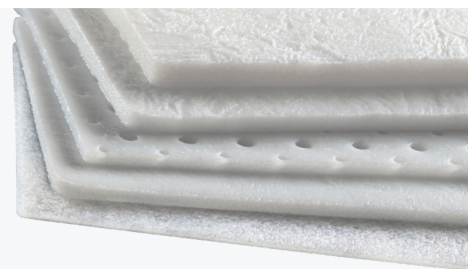


Rapid Revascularization

Integration and tissue building

Only SurgiMend® is offered in a wide variety of thicknesses up to 4 mm (including a macroporous, 2 mm thickness: SurgiMend MP)

	SurgiMend®	Strattice™
4 mm		
3 mm		
2 mm		2.5 mm
2 mm perforated		1.7 mm perforated
1 mm		1.7 mm



ACS= Anterior Component Separation; ADMP=acellular dermal matrix placement; AFU=average follow-up (months); RR=recurrence rate.

*Based on data from: **Giordano SA, et al.** [N=223; RR=6.2%, excluding bridging; AFU=30.5; ADMP=underlay with ACS]; **Garvey PB, et al.** [N=60; RR=6.4% (3 yr) & 8.3% (5 yr), excluding bridging; AFU=52.9; ADMP=underlay with ACS]; **Soares KC, et al.** [N=67; RR=3.5%; AFU=8.7; ADMP=sandwich technique or onlay]; **Garvey PB, et al.** [N=135; RR=6.4%, excluding bridging; AFU=28.1; ADMP=underlay with ACS]; **Clemens M, et al.** [N=51; RR=3.9%; AFU=18.1; ADMP=underlay with ACS]; **Lineaweaver W, et al.** [N=15; RR=7.0%, excluding bridging; AFU=18.0; ADMP=onlay with ACS].¹⁻⁶

[†]Preclinical data. Results may not correlate to clinical performance.

Indications

SurgiMend is intended for implantation to reinforce soft tissue where weakness exists and for the surgical repair of damaged or ruptured soft tissue membranes.

SurgiMend is specifically indicated for:

- Plastic and reconstructive surgery.
- Muscle flap reinforcement.
- Hernia repair including abdominal, inguinal, femoral, diaphragmatic, scrotal, umbilical, and incisional hernias.

References: 1. Giordano S, Garvey P, Baumann D, Liu J, & Butler, C. E. (2017). Primary fascial closure with biologic mesh reinforcement results in lesser complication and recurrence rates than bridged biologic mesh repair for abdominal wall reconstruction: A propensity score analysis. *Surgery (United States)*, 161(2), 499–508. 2. Garvey PB, Giordano SA, Baumann DP, Liu J, Butler CE. Long-term outcomes after abdominal wall reconstruction with acellular dermal matrix. *J Am Coll Surg*. 2016;224(3):341–350. 3. Soares KC, Baltodano PA, Hicks CW, et al. Novel wound management system reduces surgical site morbidity after ventral hernia repairs: a critical analysis. *Am J Surg*. 2015;209(2):324–332. 4. Garvey PB, Martinez RA, Baumann DP, et al. Outcomes of abdominal wall reconstruction with acellular dermal matrix are not affected by wound contamination. *J Am Coll Surg*. 2014;219(5):853–864. 5. Clemens M, Selber J, Liu J, et al. Bovine versus porcine acellular dermal matrix for complex abdominal wall reconstruction. *Plast Reconstr Surg*. 2013;131(1):71–79. 6. Lineaweaver W. Improvement of success rates for abdominal component reconstructions using bovine fetal collagen. *Ann Plast Surg*. 2012;68(5):438–441. 7. Giordano SA, Garvey PB, Baumann DP, Liu J, Butler CE. Hospital readmission following open, single-stage, elective abdominal wall reconstructions using acellular dermal matrix affects long-term hernia recurrence rate. *Am J Surg*. 2018;216(1):60–66. 8. Booth JH, Garvey PB, Baumann DP, et al. Primary Fascial Closure with mesh reinforcement is superior to bridged mesh repair for abdominal wall reconstruction. *J Am Coll Surg*. 2013;217(6):999–1009. 9. Azar FK, Crawford TC, Poruk KE, et al. Ventral hernia repair in patients with abdominal loss of domain: an observational study of one institution's experience. *Hernia*. 2017;21(2):245–252. 10. Hicks CW, Poruk KE, Baltodano PA, et al. Long-term outcomes of sandwich ventral hernia repair paired with hybrid vacuum-assisted closure. *J Surg Res*. 2016;204(2):282–287. 11. Janfaza M, Martin M, Skinner R. A preliminary comparison study of two noncrosslinked biologic meshes used in complex ventral hernia repairs. *World J Surg*. 2012;36(8):1760–1764. 12. Giordano S, Garvey PB, Baumann DP, Liu J, Butler CE. Primary fascial closure with biologic mesh reinforcement results in lesser complication and recurrence rates than bridged biologic mesh repair for abdominal wall reconstruction: A propensity score analysis. *Surg*. 2017;161(2):499–508. 13. Adelman DM, Selber JC, Butler CE. Bovine versus porcine acellular dermal matrix: a comparison of mechanical properties. *Plast Reconstr Surg Glob Open*. 2014;2(5):e155. 14. Adelman, D. M., & Cornwell, K. G. (2018). Bioprosthetic Versus Synthetic Mesh: Analysis of Tissue Adherence and Revascularization in an Experimental Animal Model. *Plastic and Reconstructive Surgery. Global Open*, 6(5), e1713. 15. Cornwell KG, Zhang F, Lineaweaver W. Bovine fetal collagen reinforcement in a small animal model of hernia with component repair. *J Surg Res*. 2016;201(2):416–424. 16. Adelman DM. Radiographic evaluation of biologic mesh repair in ventral abdominal herniorrhaphy. *Presented at the American College of Surgeons (ACS) Annual Clinical Congress*. Washington DC; 2013. 17. Wells HC, Sizeland KH, Kirby N, Hawley A, Mudie S, Haverkamp RG. Collagen fibril structure and strength in acellular dermal matrix materials of bovine, porcine, and human origin. *ACS Biomater Sci Eng*. 2015;1(10):1026–1038.

Availability of these products might vary from a given country or region to another, as a result of specific local regulatory approval or clearance requirements for sale in such country or region.

- Always refer to the appropriate instructions for use for complete clinical instructions.
- Non contractual document. The manufacturer reserves the right, without prior notice, to modify the products in order to improve their quality.
- Warning: Applicable laws restrict these products to sale by or on the order of a physician.

For more information or to place an order, please contact: United States, Canada, Asia, Pacific, Latin America
USA 877-444-1122 • 866-800-7742 fax International +1 617-268-1616 • +1 617-268-3282 fax
surgimendsales@integrallife.com
Visit us at: SurgiMend.com

SurgiMend, Integra and the Integra logo are registered trademarks of Integra LifeSciences Corporation or its subsidiaries in the United States and/or other countries. Strattice is a trademark of LifeCell Corporation.

©2018 Integra LifeSciences Corporation. All rights reserved. Printed in USA. 7.5M 1050853-2-EN

SurgiMend®
Collagen Matrix for Soft Tissue Reconstruction
Strong to Last Long