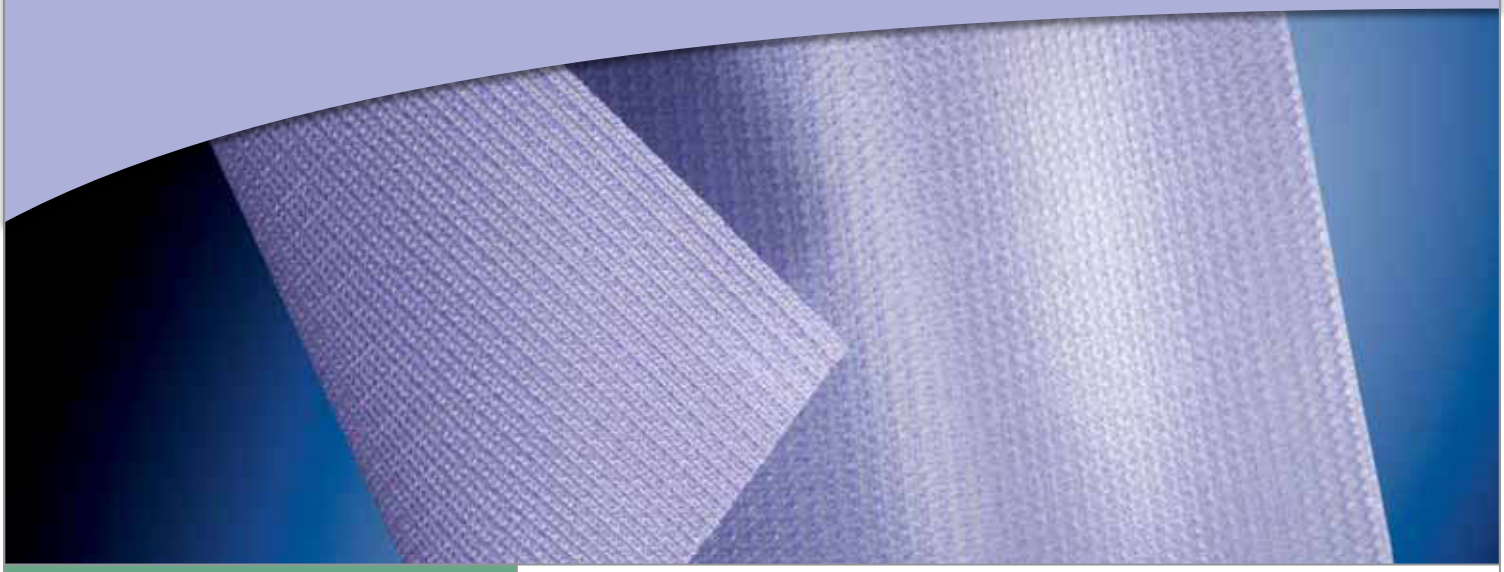
SEPRAMESH™ IP Composite



EFFICIENT:

- Protective coating is resorbed within 30 days, resulting in a permeable repair.
- Mesh is easily cut to customize shape and size.

EFFECTIVE:

- Hydrogel barrier minimizes tissue attachment to the prosthesis.
- Monofilament polypropylene mesh provides fast tissue ingrowth and incorporation, eliminating the need for permanent transfixation sutures.

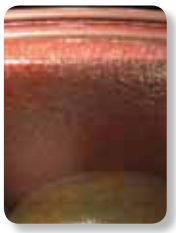
PROVEN:

- Hydrogel barrier is based on the SEPRA® technology.
- Monofilament polypropylene complements the hydrogel barrier.
- Both materials have been used in general surgery for years with demonstrated clinical success.

The strength of a permanent mesh with the effectiveness of a bioresorbable coating.

Day 1

Day 14



Day 28

Strong visceral protection and tissue incorporation

SEPRAMESH™ IP Composite is built on the foundation of the proven SEPRA® technology, with 12 years of clinically demonstrated success. The parietal side of the mesh consists of monofilament polypropylene which encourages rapid tissue ingrowth and incorporation for a strong repair. The visceral side of the mesh is covered with a unique bioresorbable hydrogel coating that minimizes tissue attachment. Bioresorbable fibers reinforce mesh strength and bind the mesh to the hydrogel coating. During incorporation of the mesh into the abdominal wall, these fibers – along with the hydrogel coating – are resorbed, leaving less permanent foreign material in the body. In addition, SEPRAMESH™ IP Composite comes in a variety of sizes, but can also be cut and tailored without fraying or unraveling allowing it to be customized for each individual patient.

BARD DAVOL INC.

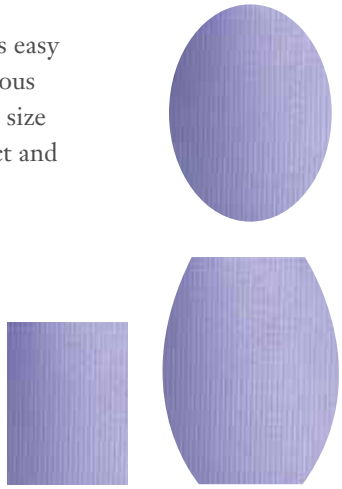
TECHNOLOGY
TECHNIQUE
TRAINING
TRUST

EFFICIENT:

Custom Made

Creating a customized hernia repair is easy with SEPRAMESH™ IP Composite. Various rectangle sizes allow you to create the size and shape you need to cover the defect and allow for adequate mesh overlap.

In addition, the ability to tailor the mesh may reduce the number of item codes that need to be ordered - minimizing inventory.

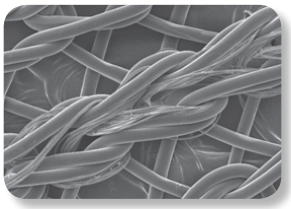


EFFECTIVE:

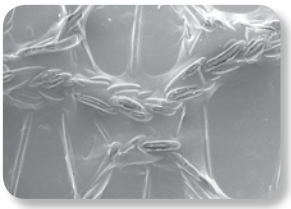
A Strong Repair

The uncoated monofilament parietal side of SEPRAMESH™ IP Composite stimulates a fast fibrotic response. This results in strong tissue incorporation into the abdominal wall, which provides a strong repair long-term, minimizing recurrences and the need for permanent transfixation sutures.

SEPRAMESH™ IP Composite
25x Magnification



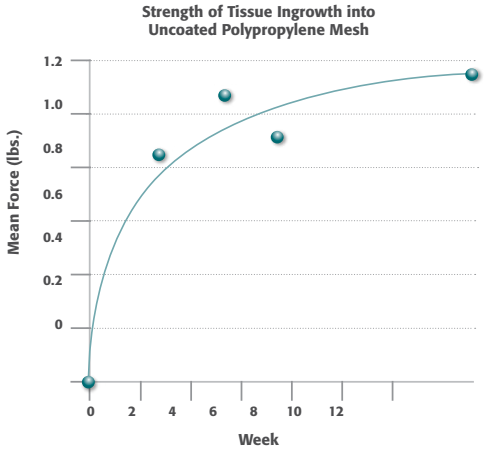
Ethicon® PROCEED™ Surgical Mesh
25x Magnification



High resolution photograph of the Parietal side of SEPRAMESH™ IP Composite and Ethicon® PROCEED™ Mesh

Secure Fixation

The SORBAFIX™ Absorbable Fixation System provides secure fixation with SEPRAMESH™ IP Composite. Threaded, hollow core allows for tissue ingrowth through interior of fastener.



Logarithmic regression curve of mean force of lap-shear strength as a function of time. 74% of the 12 week strength is achieved by 2 weeks post-operatively.

Majercik, S. et al. "Strength in tissue attachment to mesh after ventral hernia repair with synthetic composite mesh in a porcine model." Surg Endosc (2006) 20: 1671-1674.

PROVEN TECHNOLOGIES:

SEPRAMESH™ IP Composite is Built on Two Clinically Proven Technologies

Monofilament polypropylene mesh with over 40 years of proven results in hernia repair and the "SEPRA®" technology with over 12 years of proven clinical success in minimizing tissue attachment.

The "SEPRA®" technology is the basis for both the Genzyme® Seprafilm® products and BARD® SEPRAMESH™ IP Composite and is built of 2 key components: sodium hyaluronate (HA) and carboxymethylcellulose (CMC).

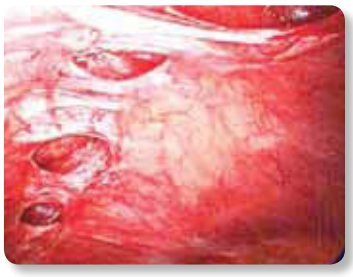
Sepramesh™ IP Composite is indicated for use in hernia repair.

The Genzyme® Seprafilm® product is indicated for use in abdominal and pelvic laparotomy as an adjunct intended to reduce the incidence, extent and severity of postoperative adhesions between the abdominal wall and the underlying viscera.

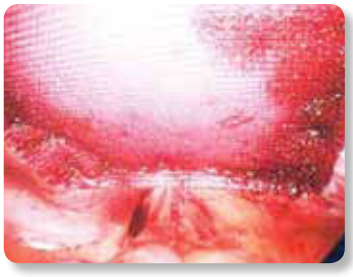
SEPRAMESH™ IP Composite – Clinical Case Report†

Laparoscopic Incisional Hernia Repair with SEPRAMESH™ IP Composite: 2 Years Post-op

Robert Josloff, MD* - Abington Memorial Hospital, Abington, PA



Multiple Defects



Initial Mesh Placement

2 Years Post-Op

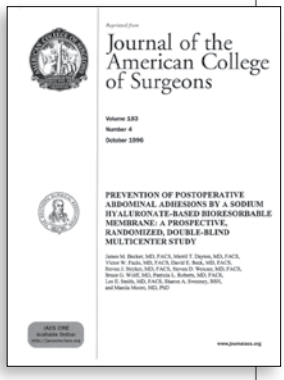
Hernia Repair Observation – 2 Years Post-Op:
The initial hernia repair had no adhesions, no evidence of shrinkage and total conformity to the abdominal wall.

Conclusion:
SEPRAMESH™ IP Composite was easy to use and provided a successful hernia repair in this patient with long-term integrity.

Seprafilm® – Prospective Clinical Study**

Prevention of Postoperative Abdominal Adhesions by a Sodium Hyaluronate-Based Bioresorbable Membrane: A Prospective, Randomized, Double-Blind Multicenter Study

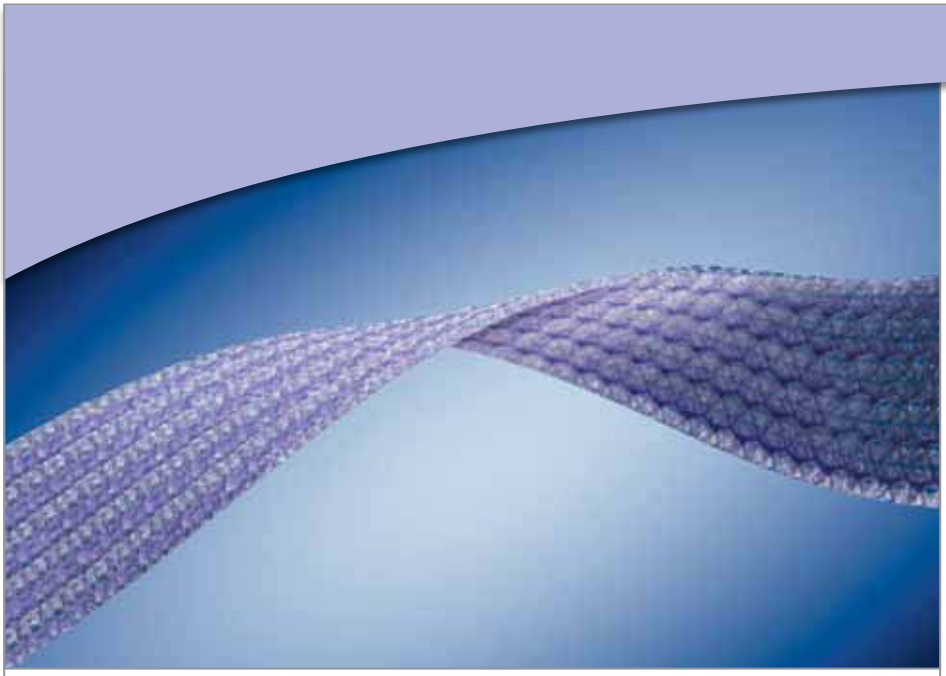
Journal of the American College of Surgeons (1996) Vol. 183, No. 4: 297-306 James M. Becker, MD, FACS, et al.[1]



Objective:
Assess the incidence of adhesions that recurred after a standardized major abdominal operation using direct laparoscopic peritoneal imaging and to determine the safety and effectiveness of a sodium hyaluronate and carboxymethylcellulose bioresorbable membrane (HA) in preventing postoperative adhesions.

Conclusion:
In this study, HA membrane was safe and significantly reduced the incidence, extent, and severity of postoperative abdominal adhesions.

** The performance of Seprafilm® may not directly correlate to the performance of SEPRAMESH™ IP Composite.



Catalog Number	Quantity	Shape	Diameter	
5959360	1/cs.	Rectangle	3" x 6" (7.6 cm x 15.2 cm)	❑
5959480	1/cs.	Rectangle	4" x 8" (10.2 cm x 20.3 cm)	❑
5959680	1/cs.	Rectangle	6" x 8" (15.2 cm x 20.3 cm)	❑
5959812	1/cs.	Rectangle	8" x 12" (20.3 cm x 30.5 cm)	❑
5959124	1/cs.	Rectangle	12" x 14" (30.5 cm x 35.6 cm)	❑

❑ Please add Sepramesh™ IP Composite to my preference card.

❑ I would like to have Sepramesh™ IP Composite in stock. Reference sizes selected above.

Surgeon's Signature _____

Purchase Order Number _____

Catalog Number _____

Date _____ Quantity _____

† The opinions and clinical experiences provided herein are for informational purposes only. The results from this case report may not be predictive for all patients. Individual results may vary depending on a variety of patient specific attributes.

Please consult product labels and inserts for any indications, contraindications, hazards, warnings, precautions and instructions for use.

* The physician has been compensated by Davol Inc. for the time and effort in preparing the clinical case study for Davol's further use and distribution.

[1] This study was supported in full by a grant from Genzyme Corporation, which manufactures Seprafilm®.

MMSEPSS3

Sepramesh™ IP Composite
is just one in a complete family of hernia repair products:

Ventral Hernia Repair Products
Ventralight™ ST Mesh
Ventralight™ ST Mesh with Echo PS™ Positioning System
Ventralex™ Hernia Patch
Ventralex™ ST Hernia Patch
Ventrio™ Hernia Patch
Ventrio™ ST Hernia Patch
Composix™ L/P Mesh
Composix™ L/P Mesh with Echo PS™ Positioning System
Composix™ E/X Mesh
Reconix™ Patch
Dulex™ Mesh

Fixation Products
SorbaFix™ Absorbable Fixation System
PermaFix™ Permanent Fixation System
PermaSorb™ Disposable Fixation Device

Tissue Regeneration Products
Allomax™ Surgical Graft
XenMatrix™ Regenerative Collagen Matrix
CollaMend™ FM Implant

Inguinal Hernia Repair Products
PerFix™ Plug
PerFix™ Light Plug
3DMax™ Mesh
3DMax™ Light Mesh
MK™† Patch
Kugel™ Hernia Patch
Bard® Mesh Flats and Pre-Shapes
Visilex™ Mesh
Bard® Soft Mesh

Specialty Products
CK™ Parastomal Hernia Patch
CruraSoft™ Patch

Bard® Surgical Education

Clinical Education Program
National education centers offer instruction in surgical techniques and the ability to view live surgery.

Speaker Program
Educational presentations are given at Grand Rounds, Society Meetings and other venues.

Procedure Introduction Kits
Video programs that describe specific hernia repair techniques and their benefits to you, your patients and your surgical practice.

These services are available for many of the Bard® hernia repair products. Please ask your representative, or visit **www.davol.com**.

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