Biodesign® Hernia Graft

Study finds lower rates of post-operative diastasis and hernia recurrence with Biodesign when compared to Alloderm®

Comparative study

<table>
<thead>
<tr>
<th></th>
<th>Number of patients</th>
<th>Recurrences</th>
<th>Mean follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biodesign</td>
<td>41</td>
<td>0</td>
<td>29 months</td>
</tr>
<tr>
<td>Alloderm</td>
<td>33</td>
<td>8</td>
<td>18 months</td>
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</tbody>
</table>

Seventy-four patients underwent ventral hernia repair using natural tissue. Of these, 41 procedures were performed using Surgisis® Gold derived from porcine small intestinal submucosa. The remaining 33 patients had ventral hernia repair using Alloderm.

**Biodesign arm** - No hernia recurrences. Mean follow up 29 months.

**Alloderm arm** - Eight hernia recurrences. An additional 15 Alloderm patients (15/33) developed a diastasis or bulging at the repair site. Mean follow up 18 months with complications reported in the first 12 months.

Initial Surgisis design led to seroma complications early in this study. Continuous process improvement resulted in fewer incidents of seromas later in this study. This process of continuous improvement resulted in the launch of the Biodesign Hernia Graft in 2008.

The study validates the use of biologic grafts in potentially contaminated fields.

Of note with Alloderm: The manufacturer indicates that there may be as much as a 50% increase in the size of the implanted material.

Note: The name of our product has changed from Surgisis to Biodesign since this trial was published.

The Cook® Biodesign® Hernia Graft is intended for implantation to reinforce soft tissues where weakness exists. Indications for use include the repair of a hernia or body wall defect. The graft is supplied sterile and is intended for one-time use.

**CONTRAINDICATIONS:** This graft is derived from a porcine source and should not be used in patients with known sensitivity to porcine material.

**PRECAUTIONS:** This device is designed for single use only. Attempts to reprocess, resterilize, and/or reuse may lead to device failure and/or transmission of disease. Do not resterilize. Discard all open and unused portions of the graft. The graft is sterile if the package is dry, unopened and undamaged. Do not use if the package seal is broken. Discard graft if mishandling has caused possible damage or contamination, or if the graft is past its expiration date. Ensure that graft is rehydrated prior to cutting, suturing, stapling, tacking or loading of the graft laparoscopically. Ensure that all layers of the graft are secured when suturing, stapling, or tacking. Place graft in maximum possible contact with healthy, well-vascularized tissue to encourage cell ingrowth and tissue remodeling. Suturing, stapling, or tacking more than one graft together may decrease graft performance. No studies have been conducted to evaluate the reproductive impact of the clinical use of the graft. Extended rehydration or excessive handling could lead to partial delamination of superficial layers of the graft. Care should be taken to avoid damage to the graft when loading laparoscopically. It is recommended to load through a 10 mm or larger port. If wound is left open, keep graft moist to prevent dryness.

**POTENTIAL COMPLICATIONS:** Possible adverse reactions with the use of any prosthesis may include, but are not limited to: infection, inflammation, adhesion, fistula formation, seroma formation, hematoma, bowel erosion, recurrence of tissue defect, premature degradation. Complications, such as delayed wound infection, premature degradation, hernia recurrence, bowel erosion, and the need for re-operation, should be reasonably expected in patients who are critically ill or who have severely contaminated abdomens.

See package insert for full product information.