

A complete solution for ventral hernia repair

IS180

Wide range of sizes
and designs covering
all laparoscopic indications

IS180 1000 R	Ø 10 cm	
IS180 1200 R	Ø 12 cm	
IS180 1600 R	Ø 16 cm	
IS180 1015 S	10 x 15 cm	
IS180 1520 S	15 x 20 cm	
IS180 2030 S	20 x 30 cm	
IS180 2535 S	25 x 35 cm	

EASY-CATCH® EC

Single use instrumentation

EC 208	Ø1 x 201	
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PREFIX

Pre-fixation traction
threads with needles,
for In-Out approach

IS180 1002 VL	Ø 10 cm	
IS180 1202 VL	Ø 12 cm	
IS180 1602 VL	Ø 16 cm	
IS180 10152 VL	10 x 15 cm	
IS180 15202 VL	15 x 20 cm	

VENTRO-S

Anatomical designs
with fixation skirt
for open surgery

IS180 1200 VO	Ø 12 cm	
IS180 1015 VO	10 x 15 cm	
IS180 1520 VO	15 x 20 cm	
IS180 2030 VO	20 x 30 cm	
IS180 2535 VO	25 x 35 cm	

INTRA-SWING® is a CE Class IIb Medical Device.
ISC V1 - 09/14

CE
0120



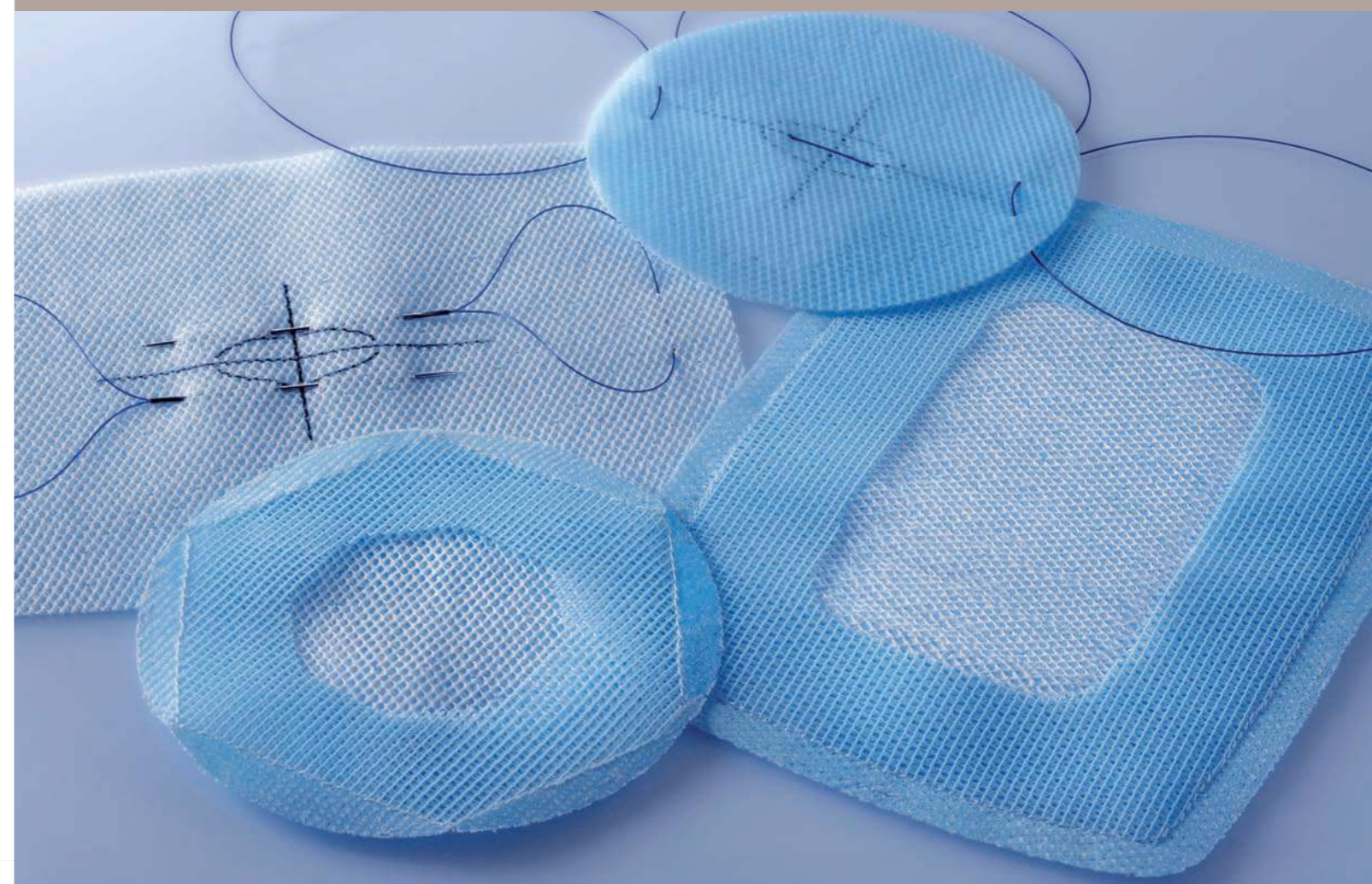
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G R O U P

NEW

INTRA-swing® COMPOSITE



IS180 PREFIX VENTRO-S

A complete solution
for ventral hernia repair



NEW INTRA-Swing® COMPOSITE

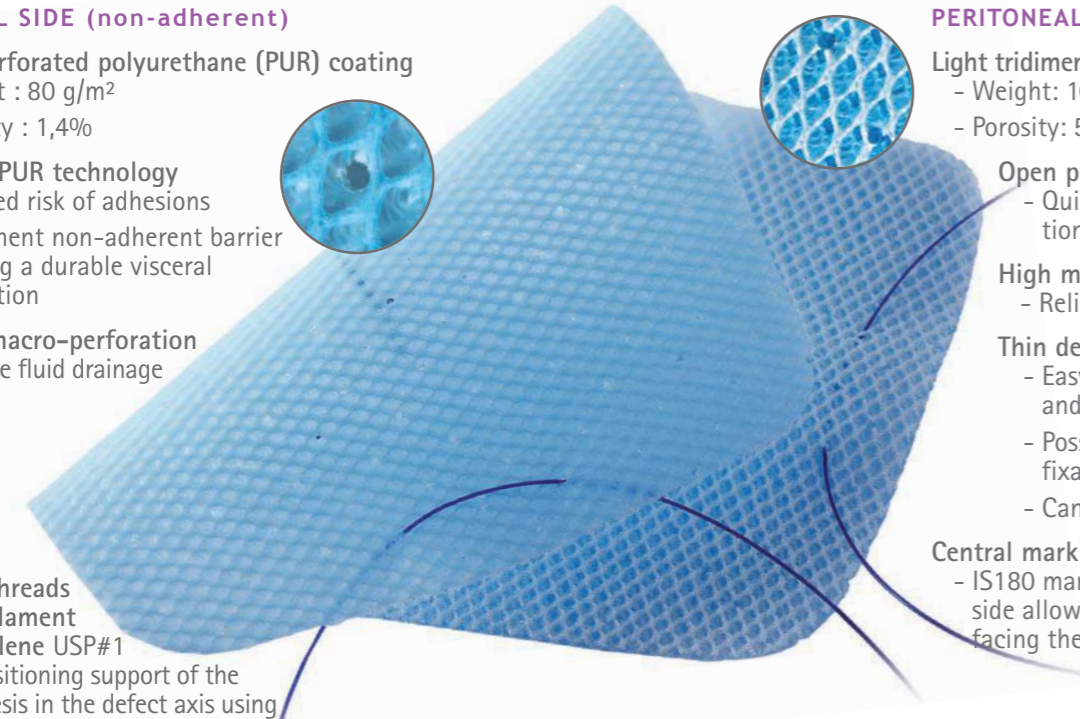
IS180 Laparoscopic / Open surgery

VISCERAL SIDE (non-adherent)

- Macro-perforated polyurethane (PUR) coating
 - Weight : 80 g/m²
 - Porosity : 1,4%
- Exclusive PUR technology
 - Reduced risk of adhesions
 - Permanent non-adherent barrier offering a durable visceral protection
- Ø 1 mm macro-perforation
 - Ease the fluid drainage
- Traction threads in monofilament polypropylene USP#1
 - Pre-positioning support of the prosthesis in the defect axis using Easy catch® single use instrument.

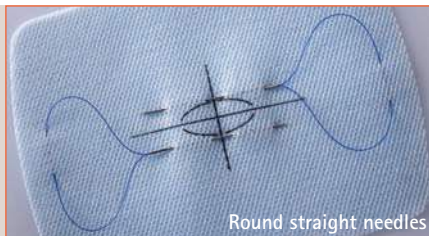
PERITONEAL/PARIETAL SIDE

- Light tridimensional polyester mesh
 - Weight: 105 g/m²,
 - Porosity: 55 %,
- Open pores concept
 - Quick cellular colonization and durable fixing
- High mechanical resistance
 - Reliable long-term fixing
- Thin design
 - Easy handling and trocar insertion
 - Possibility to use the fixation device
 - Can be trimmed
- Central marking
 - IS180 marking on the internal side allows an easy positioning, facing the defect

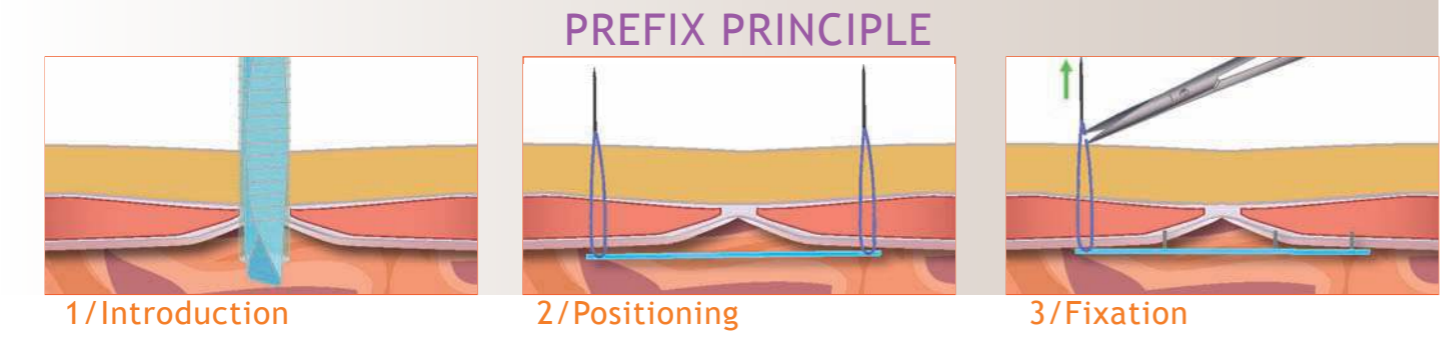


PREFIX Pre-fixation threads with needles

IS180 prosthesis with needled positioning threads. Easier lateralization of the mesh during laparoscopic surgery, in line of the parietal defect facilitating initial placement.



Round straight needles



CLINICAL AND TECHNICAL DATA

Pre-clinical data:

- PUR : stable, biocompatible and adhesion-free biomaterial¹
- Intraperitoneal placement study (18 rabbits)²
 - Implant extraction at 4, 9 and 13 months : all intact, well integrated and no local sepsis
 - Non-occlusive and loose adherences in 3/18 rabbits

INTRA-SWING® prosthesis are clearly harmless and adhesion-free.

Clinical data:

- Intermediary analysis of the INTRA-SWING® observational study (ETOBSI : 71 patients, post-operative follow-up at 2 years at 69%, at 1 year 24%, 7% out of the study) : recurrence 0%, infection 2,8% (2/71).
- Observational clinical study Olmi et al., 2010³ (19 patients, post-operative follow-up at 20 months): recurrence 0%, infection 0%
- Clinical market follow-up (117 patients, post-operative follow-up at 1 month): recurrence 0%, infection 0,8%

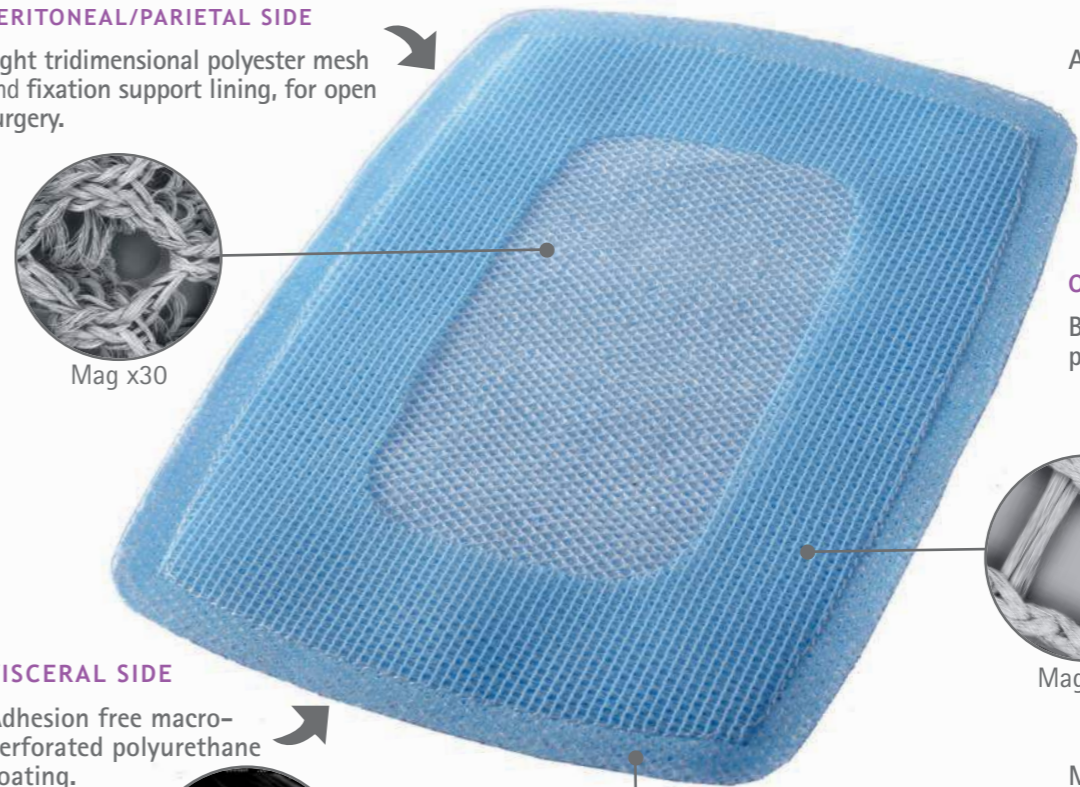
VENTRO-S Open surgery / Reduced incision size

PERITONEAL/PARIETAL SIDE

- Light tridimensional polyester mesh and fixation support lining, for open surgery.

Adapted prosthesis designs

- Possibility to use mechanical fixation devices,
- No lateral dissection.



VISCERAL SIDE

- Adhesion free macro-perforated polyurethane coating.

OPEN SKIRT

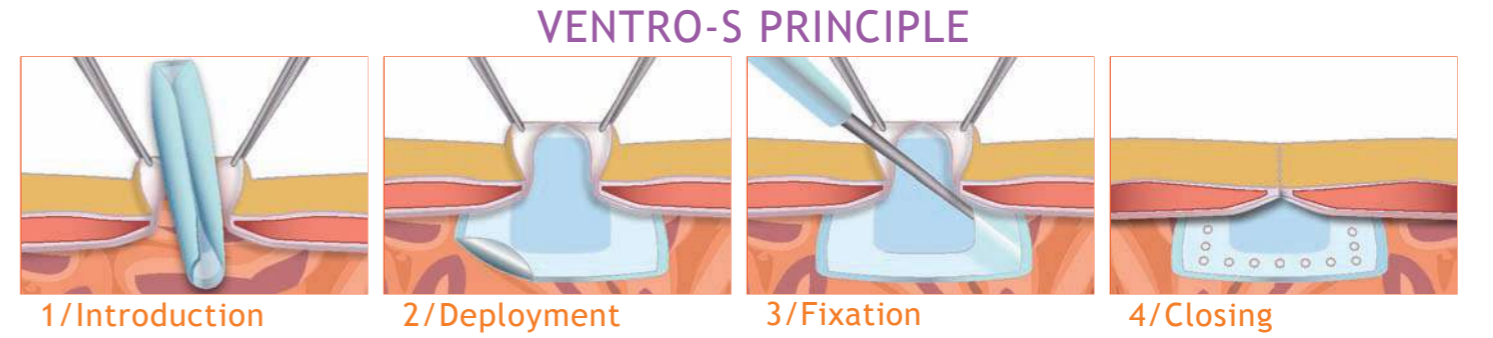
- Bidimensional polyester mesh, polyurethane impregnated
 - Weight : 113 g/m²,
 - Porosity : 48 %,

Welding assembly

- Resistance > 100 N,
- Improve the memory shape,

Memory shape lining

- Ease the positioning and fixation of the prosthesis,
- Assure an easy deployment and support,



CLINICAL AND TECHNICAL DATA

HAS Report, November 2008⁴:
 Clinical data analysis issued from surgeries performed with composite meshes, intraperitoneal placements (medium post-operative follow-up > 2 years)

- e-PTFE visceral side : recurrence ≤ 10%, infection ≤ 9,5%
- Collagen visceral side : recurrence from 2 to 15%
- 2 e-PTFE visceral sides : recurrence ≤ 7%, infection ≤ 3,8%

Technical and data:
 Issued from internal and external tests (independent accredited laboratories). Our implants respect the recommendations from HAS, European Pharmacopoeia and standards : NF S94-801 and ISO 13993.

¹ Composite prostheses used to repair abdominal wall defects : physical or chemical adhesion barriers? J.M. Bellon, N. Serrano, M. Rodriguez, N. Garcia-Honduvilla, G. Pascual, J. Bujan. *J Biomed Mater Res B Appl Biomater.* 2005 Aug;74(2):718-24.
² Prothèse pariétale composite et non résorbable en polyéthylène téréphthalate-polyuréthane (HI-TEX® PARP-NT) : prévention des adhérences intrapéritonéales. Etude expérimentale chez le lapin, M. Sodji et al., *Ann. Chir.*, 2001, 126 :549-553.
³ "Laparoscopic incisional hernia repair with fibrin glue in select patients", Olmi et al. (2010), *JLS*, 2010, 14:240-245.
⁴ « l'évaluation des implants de réfection de paroi, de suspension et d'enveloppement en chirurgie digestive et dans les indications spécifiques à la chirurgie pédiatrique ». Rapport HAS, Novembre 2008.

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