

# 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

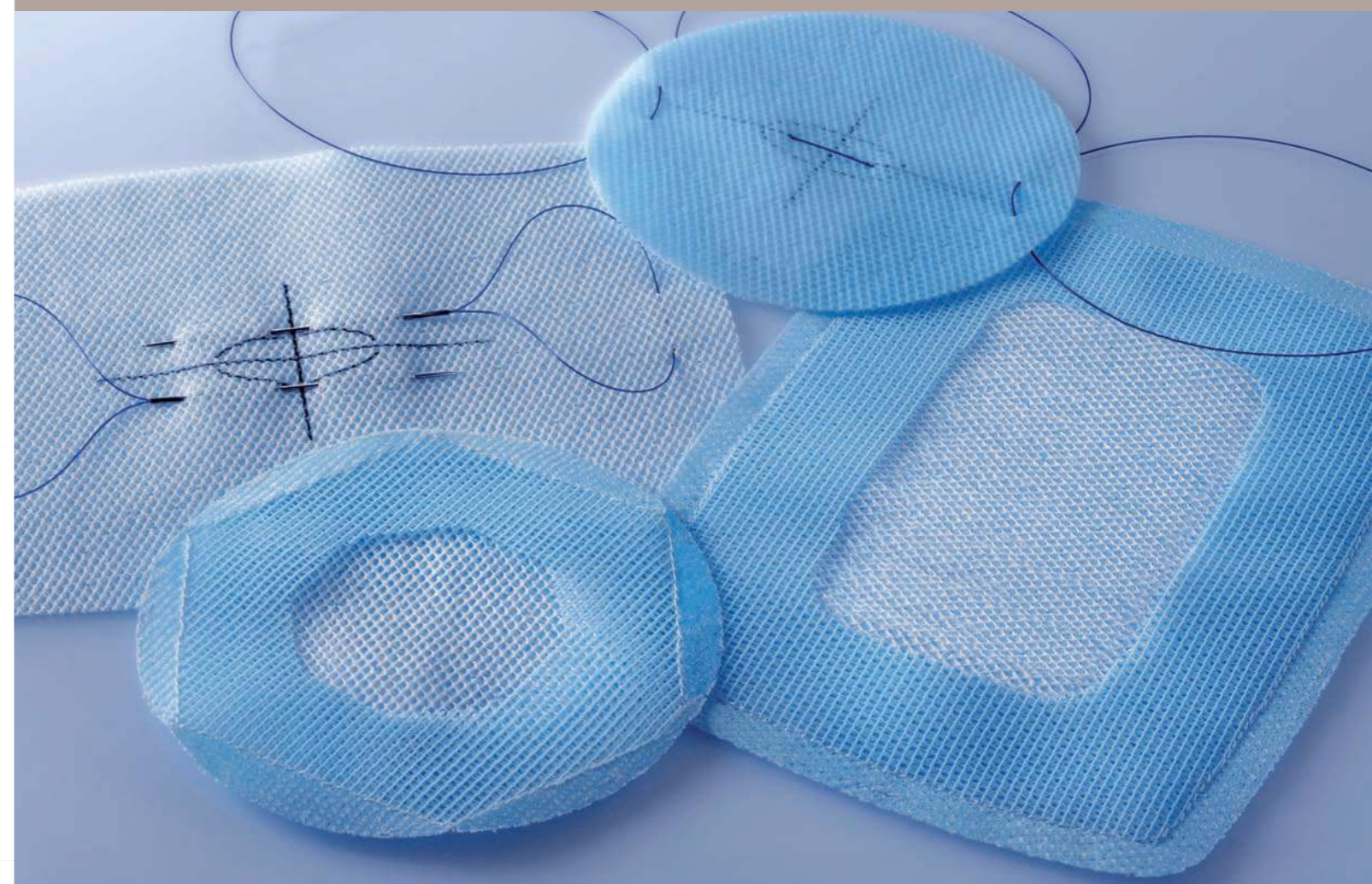


Made in France by :



**NEW**

# INTRA-SWING® COMPOSITE



## IS180 PREFIX VENTRO-S

A complete solution  
for ventral hernia repair



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# NEW INTRA-Swing<sup>®</sup> COMPOSITE

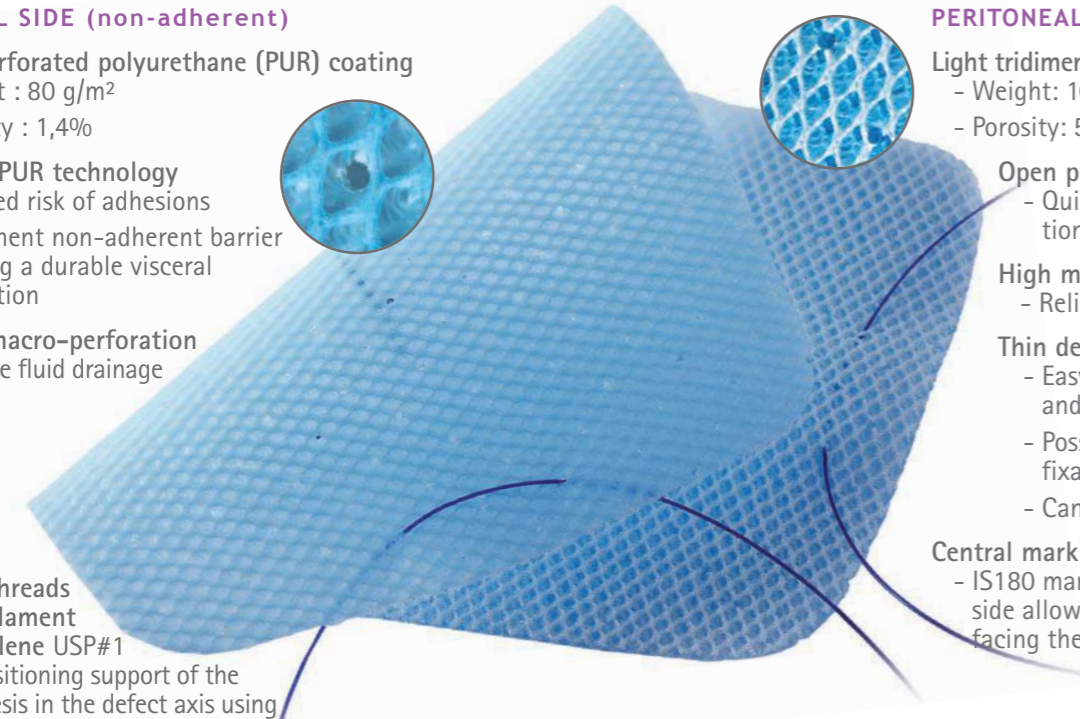
## IS180 Laparoscopic / Open surgery

**VISCERAL SIDE (non-adherent)**

- Macro-perforated polyurethane (PUR) coating
  - Weight : 80 g/m<sup>2</sup>
  - 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<sup>®</sup> single use instrument.

**PERITONEAL/PARIETAL SIDE**

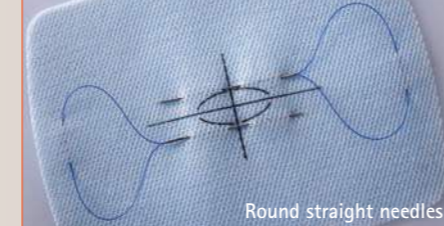
- Light tridimensional polyester mesh
  - Weight: 105 g/m<sup>2</sup>,
  - Porosity: 55 %,
- Open pores concept
  - Quick cellular colonization and durable fixing
- High mechanical resistance
  - Reliable long-term fixing
- Thin design
  - Easy handling and trocar insertion
  - Possibility to use the fixation device
  - Can be trimmed
- Central marking
  - IS180 marking on the internal side allows an easy positioning, facing the defect



### PREFIX

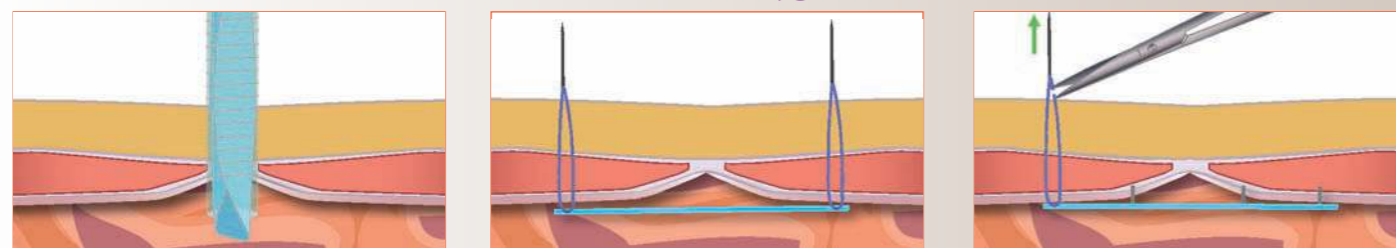
Pre-fixation threads with needles

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

### PREFIX PRINCIPLE



- 1/Introduction
- 2/Positioning
- 3/Fixation

### CLINICAL AND TECHNICAL DATA

**Pre-clinical data:**

- PUR : stable, biocompatible and adhesion-free biomaterial<sup>1</sup>
- Intraperitoneal placement study (18 rabbits)<sup>2</sup>
  - 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<sup>®</sup> prosthesis are clearly harmless and adhesion-free.

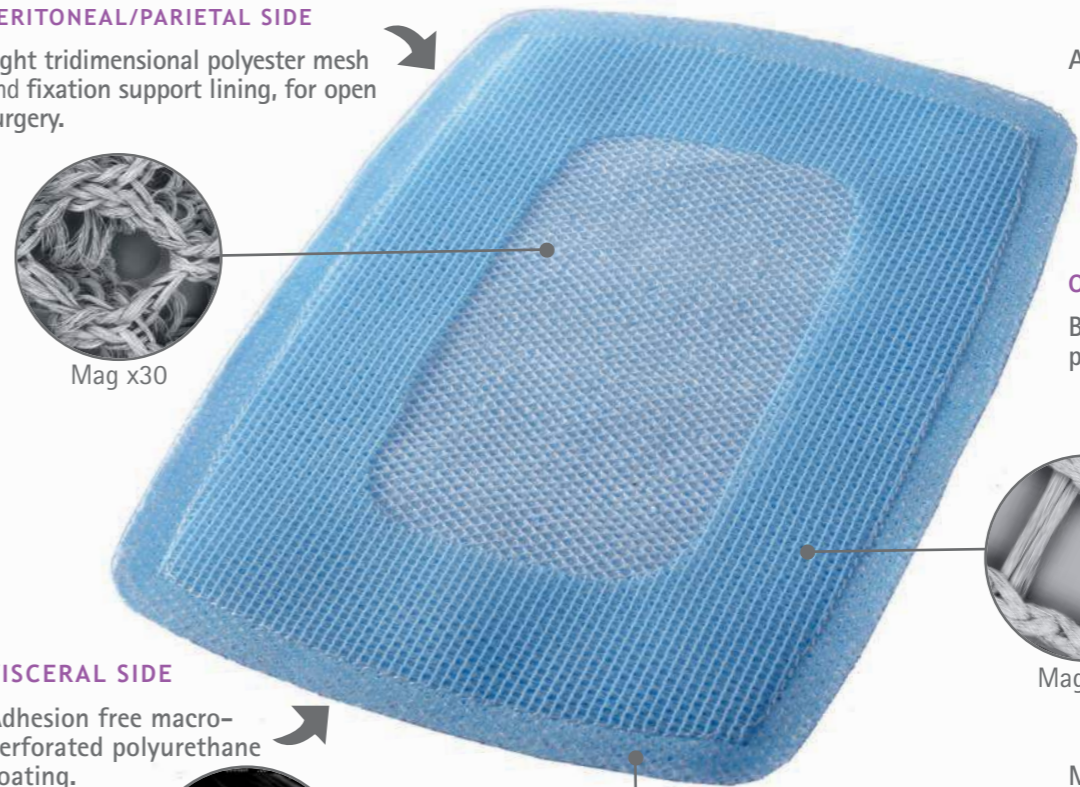
**Clinical data:**

- Intermediary analysis of the INTRA-SWING<sup>®</sup> 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., 2010<sup>3</sup> (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.



Mag x30


**Adapted prosthesis designs**

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


**OPEN SKIRT**

Bidimensional polyester mesh, polyurethane impregnated

- Weight : 113 g/m<sup>2</sup>,
- Porosity : 48 %,




Mag x40



**VISCERAL SIDE**

- Adhesion free macro-perforated polyurethane coating.



Mag x200

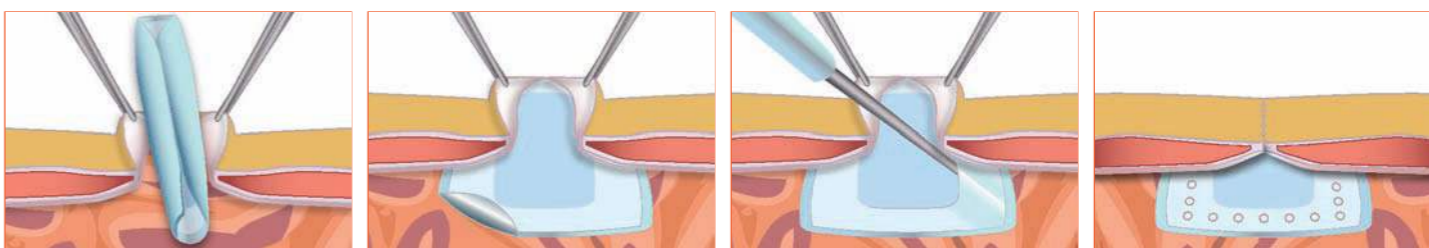
**Welding assembly**

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

**Memory shape lining**

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

### VENTRO-S PRINCIPLE



- 1/Introduction
- 2/Deployment
- 3/Fixation
- 4/Closing

### CLINICAL AND TECHNICAL DATA

**HAS Report, November 2008<sup>4</sup>:**

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.

<sup>1</sup> 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.

<sup>2</sup> Prothèse pariétale composite et non résorbable en polyéthylène terephthalate-polyuréthane (HI-TEX<sup>®</sup> PARP-NT) : prévention des adhérences intrapéritonéales. Etude expérimentale chez le lapin, M. Sodji et al., Ann. Chir., 2001, 126 :549-553.

<sup>3</sup> "Laparoscopic incisional hernia repair with fibrin glue in select patients", Olmi et al. (2010), JLS, 2010, 14:240-245.

<sup>4</sup> « 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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