

COLLAMEND™ FM Implant

MATERIAL DATA

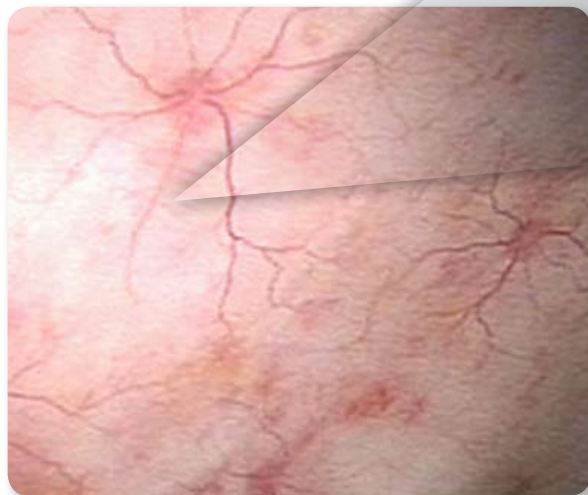
Fenestrated Acellular Dermal Matrix
for Soft Tissue Repair



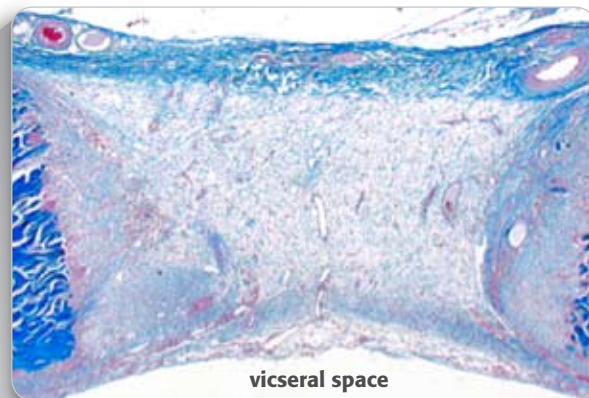
Tissue Ingrowth and Blood Vessel Formation through the Graft

A Glance at the Graft

- Blood vessel formation in enestrations
- Evident tissue ingrowth
- Blood vessel ingrowth not only through the graft, but across it



8 weeks post implant



8 weeks post implant

A look inside of a fenestration

- Multiple microvascular formations
- Complete tissue ingrowth through the fenestration
- A healthy layer of reperitonealized tissue has formed*

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Preperitoneal Graft Placement

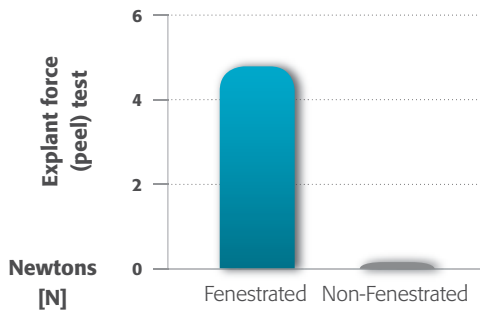


Fig 1 One month explant data in a porcine model.¹

- Required 4X greater force to explant at 1 month than COLLAMEND™.
- Tissue integration through graft provides for better graft adherence.
- Increased blood vessel formation and tissue integration over that of original COLLAMEND™.

Graft Strength

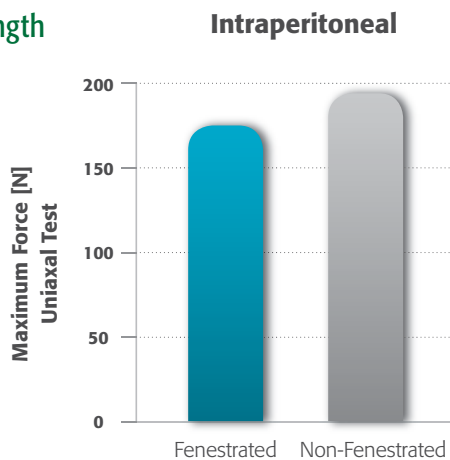


Fig 2 One month explant data in a porcine model.²

- One month post implant there is no significant difference in strength between COLLAMEND™ FM and COLLAMEND™.
- COLLAMEND™ FM and COLLAMEND are cross-linked to increase strength over time.

Product Specifications

- Fenestration size is 2 mm* in diameter.
 - Distance between the fenestrations is 13 mm*.
 - Low profile graft (1.0mm* thickness).
- *approximate values

References:

¹ Data generated from an animal and bench study. Data on file. Results may not correlate to performance in humans.

² Data generated from an animal study performed by Dr. Matthews. Data on file.

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

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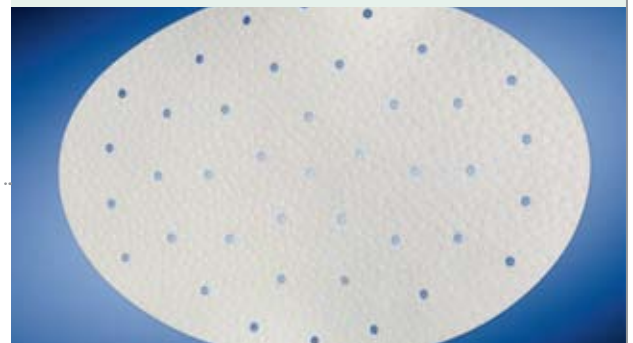
Technique Tips

by Karl LeBlanc, M.D.

Place the graft in contact with well vascularized tissue and fixate it well.

- Bring the midline together when possible to avoid bridging a large defect.
 - *If the midline can not be brought together the hernia sac may be used to cover the graft and provide vascular tissue.*
- Place the graft flush against the abdominal wall.
- Use permanent fixation every 3–4 cm to secure the implant (transfascial sutures recommended if possible).
- Intraperitoneal or preperitoneal graft placement recommended.

A minimum overlap of 3–5 cm is recommended. Do not use if there is gross pus in the wound.



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