At Covidien, Hernia Care means

# LEADING THE FUTURE

OF FIXATION

Innovation that matters



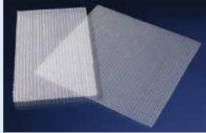
# **ProGrip™ Laparoscopic Self-Fixating Mesh**Value Analysis Committee — Product Information Kit

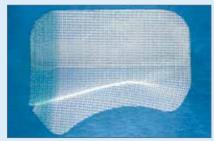
| HERNIA CARE | MESH • FIXATION • PERMACOL™ • DISSECTION

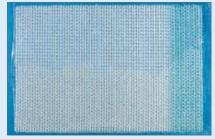


# The Future of Fixation









As a leader in hernia care, Covidien is defining the future of hernia mesh fixation with the ProGrip™ mesh family.

ProGrip<sup> $\infty$ </sup> mesh revolutionizes hernia repair by seamlessly combining mesh and fixation into one device, which potentially eliminates the need for additional tacks, sutures or glue.<sup>‡</sup> Unlike any other implant, the ProGrip<sup> $\infty$ </sup> mesh family of products features thousands of resorbable polylactic acid microgrips<sup> $\Sigma$ </sup> that provide immediate fixation over the entire anatomy.<sup>‡, $\Omega$ ,†,1,2</sup> The atraumatic microgrips<sup> $\Sigma$ </sup> resorb over approximately 18 months leaving a lightweight, macroporous, hydrophilic polyester mesh that incorporates into the tissue more strongly than polypropylene mesh with tacks or glue.<sup>†,3,4</sup>

ProGrip<sup>™</sup> self-gripping mesh for open inguinal hernia repair has been used and studied extensively and has shown to reduce patient pain as well as to shorten procedural times when compared to standard suturing techniques.<sup>5,6,7</sup> Designed specifically for ease of use in laparoscopic inguinal hernia repair, ProGrip<sup>™</sup> laparoscopic self-fixating mesh extends the ProGrip<sup>™</sup> mesh family. Combining the resorbable polylactic acid microgrip<sup>™</sup> technology to a fast-resorbing film on the posterior side of the mesh, ProGrip<sup>™</sup> laparoscopic self-fixating mesh delivers tack-free fixation over the entire anatomy<sup>2</sup> thus eliminating the pain<sup>8,9</sup> and cost<sup>10</sup> associated with traditional fixation.

The ProGrip™ mesh family is available in a wide range of sizes and shapes for open incisional, open and laparoscopic inguinal hernia repairs.



## The Future of Fixation

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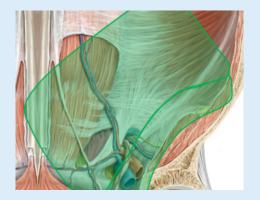
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# The Future of Fixation

#### **PRODUCT OVERVIEW**



Laparoscopic inguinal hernia repair is a well-established alternative to open inguinal repair with comparable outcomes. However, the use of tacks for mesh fixation can increase the risk of chronic post-operative pain.<sup>11</sup>

Designed to address key issues in laparoscopic inguinal hernia repair, ProGrip<sup>TM</sup> laparoscopic self-fixating mesh eliminates the pain<sup>8,9</sup> and  $\cos^{10}$  associated with tack fixation and provides tack-free fixation over the entire anatomy, including below the inguinal ligament where traditional tacks cannot be placed. †, $\Omega$ ,2

#### LIHR — Laparoscopic Inquinal Hernia Repair

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## Why Should a Hospital Purchase ProGrip™ Laparoscopic Self-Fixating Mesh?

Key Issues	Traditional Tack and Mesh	ProGrip™ Laparoscopic Mesh
Overall, moderate to severe <b>chronic pain</b> experienced by 10-12% of LIHR patients <sup>12, 13</sup>	Tack fixation can cause <b>trauma to the tissue</b> <sup>14</sup> • Increased post-operative pain • Longer hospital stays	<b>Eliminates the pain</b> associated with traditional tack fixation <sup>Ω,8,9</sup>
Increasing cost pressure on equipment, especially in laparoscopic procedures	US hospitals pay <b>upwards of \$720 per case</b> for tack fixation and mesh <sup>15</sup>	Combines the functionality of <b>mesh and fixation into one product</b> • Reduces cost associated with traditional tack fixation and/or glues <sup>10</sup>
<b>Up to 2.84% recurrence rate in LIHR</b> and often occurring along the inferior edge of the mesh <sup>13</sup>	Tacking <b>below the inguinal ligament</b> is contraindicated <sup>16</sup> • Medially due to vessels • Laterally due to nerves	Delivers <b>tack-free fixation over the entire anatomy</b> , including below the inguinal ligament where tacks cannot be placed <sup>†,Ω,2</sup>

The future of laparoscopic inguinal fixation will reduce pain and provide fixation of the entire surface while lowering the cost of the procedure.



## The Future of Fixation

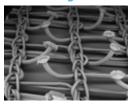
#### **PRODUCT OVERVIEW**

# **ProGrip™ laparoscopic** self-fixating mesh:

- Increases the security of the laparoscopic inguinal hernia repair<sup>†,Ω,1,2,3</sup>
- Eliminates the pain associated with traditional tack fixation<sup>Ω,8,9</sup>
- Is **easy to use** and **faster** than tacks<sup>†,18,20</sup>
- Lowers the cost of the laparoscopic inguinal procedure by combining the functionality of mesh and fixation into one device<sup>10,15</sup>

# What are the Competitive Advantages of ProGrip™ Laparoscopic Self-Fixating Mesh?

#### **Self-Fixating**



- More than 5,000 microgrips<sup> $\Sigma$ </sup> eliminate the need for traditional tack fixation or glue<sup>‡,†,1,17</sup>
- Superior fixation strength compared to Bard 3DMax<sup>™\*</sup> light textile with SorbaFix<sup>™\*</sup> tacks or fibrin sealant<sup>†,3</sup>
- Equivalent recurrence rate compared to laparoscopic repair with fixation<sup>Ω,†,8,9,10</sup>
- Tack-free fixation over the entire anatomy, including below the inguinal ligament where tacks cannot be placed<sup>†,Ω,2</sup>

**Less Pain** 



- Eliminates the pain associated with traditional tack fixation  $^{\Omega,8,9}$
- Low post-operative pain and fast recovery in laparoscopic inquinal hernia repair<sup>0,8,9,10,18</sup>
- 40% of the mesh weight resorbs reducing foreign material presence in patient over time<sup>+,19</sup>
- Resorbable, atraumatic microgrips  $\Sigma$  preserve cord and nerve structures  $\tau,\Omega,2$

#### Easy to Use



- Doesn't stick to itself making it easy to handle and unfold laparoscopically<sup>†,20</sup>
- Faster than tacks or glue<sup>18</sup>
- Easy to orient with green medial marking

#### Lower Cost<sup>15</sup>



- Combines the functionality of mesh and fixation into one device
- Reduces the cost associated with traditional tack fixation and/or glues<sup>10</sup>
- Less post-operative pain may result in lower cost of pain management therapy<sup>0,21</sup>



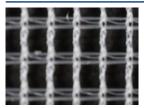
## The Future of Fixation

## **PRODUCT DIAGRAM**



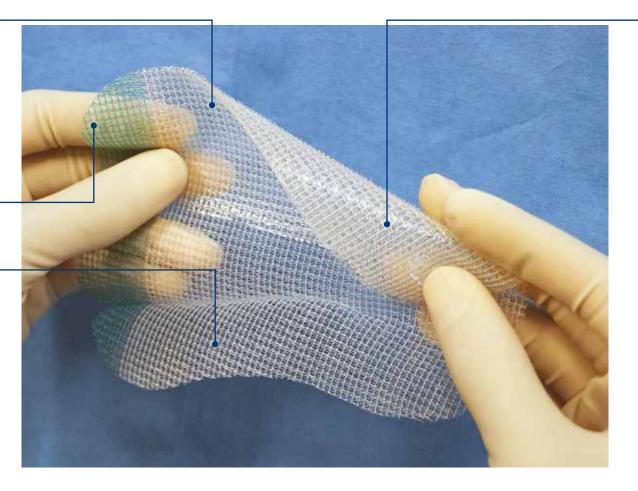
Fast resorbing film on posterior side for easy deployment<sup>1,20</sup>

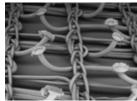
Green medial marking to aid in orientation



Lightweight, semi-resorbable construction reduces foreign material in patient<sup>1,19</sup>

Macroporous, hydrophilic textile promotes rapid tissue integration<sup>†,22</sup>





More than 5,000 resorbable PLA microgrips<sup>Σ</sup> eliminate the need for traditional fixation<sup>†,±,1,17</sup>

Tack-free fixation over the entire anatomy, even in places where traditional fixation cannot be placed  $^{\dagger,\Omega,2}$ 



3D shape conforms to the anatomy

Available in flat as well as left and right anatomical configurations for versatility



# The Future of Fixation

## PRODUCT FEATURES

#### **Device Classification**

Surgical mesh used for the reinforcement of soft tissues during surgical repair and more specifically indicated in the treatment of laparoscopic inguinal hernia repair.

#### **Flat Sheet Design**

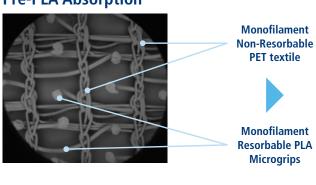


#### **Anatomical Design**

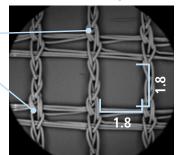


Technical Specifications <sup>†,1,19,20,23,24</sup>	
Textile Material	Monofilament Polyethylene Terephthalate (PET)
Microgrip Material	Monofilament Polylactic Acid (PLA)
Microgrips/cm <sup>2</sup>	36
Microgrip Absorption Time	>18 Months
Fast Resorbing Film Composition	70% Collagen, 30% Glycerol
Fast Resorbing Film Dissolution Time	<1 Day
Weight Before Absorption (g/m²)	82
Weight After Absorption (g/m²)	49 (lightweight)
Pore Size (mm) (height by width)	1.8 x 1.8 (macroporous)
Sterilization Method	Ethylene Oxide
Shelf-Life	18 Months

#### **Pre-PLA Absorption**



#### **Post-PLA Absorption**

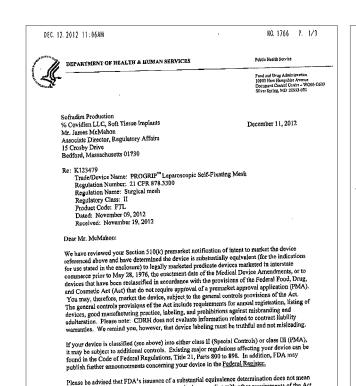




# ProGrip<sup>™</sup> Laparoscopic Self-Fixating Mesh

# The Future of Fixation

## 510(K) CLEARANCE



that FDA has made a determination that your device complies with other requirements of the Act

DEC. 12. 2012 11:06AM Page 2 - Mr. James McMahon or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. If you desire specific advice for your device on our labeling, regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/Aboutf-DA/CentersOfficss/CDRH/CDRHOffices/wem115809.htm">http://www.fda.gov/Aboutf-DA/CentersOfficss/CDRH/CDRHOffices/wem115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDavices/ResourcesforYou/Industry/default.htm Sincerely yours. Peter D. Rumm -S Mark N. Melkerson Acting Director Division of Surgical Devices Office of Device Evaluation Center for Devices and Radiological Health Enclosure

DEC. 12. 2012 11:07AM NO. 1766 P. 3/3 INDICATION FOR USE STATEMENT 510(k) Number (if known) Device Name: PROGRIP™ Laparoscopic Self-Fixating Mesh Indications for Use PROGRIP™ Laparoacopic Self-Fixating Mesh is indicated for the reinforcement of soft tissues Prescription Use X (21 CFR 807 Subpart C) (21 CFR 601 Subpart D) (PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF Concurrence of CDRH, Office of Device Evaluation (ODE) David Krause Division of Surgical Devices 510(k) Number: K123479



## The Future of Fixation

#### INSTRUCTIONS FOR USE\*

### ProGrip™

Laparoscopic Self-Fixating Mesh



#### BEFORE USING PRODUCT, READ THE FOLLOWING INFORMATION THOROUGHLY.

#### IMPORTANT!

This booklet is designed to assist in using this product. It is not a reference to surgical techniques.

This device was designed, tested and manufactured for single patient use only. Reuse or reprocessing of this device may lead to its failure and subsequent patient injury. Reprocessing and/or re-sterilization of this device may create the risk of contamination and patient infection. Do not reuse, reprocess or re-sterilize this device.

#### DESCRIPTION

ProGrip<sup>™</sup> laparoscopic self-fixating mesh is available in 2 forms:

- Anatomical mesh
- Rectangular mesh

The mesh is made of knitted monofilament polyester with monofilament polylactic acid resorbable grips on one side and a resorbable film made of collagen from porcine origin and glycerol, on the other side. The grips allow positioning and fixation of the mesh to the surrounding tissue, while the collagen film facilitates mesh handling and deployment. The mesh presents a green band (polyester dyed with D&C green no. 6) to facilitate their orientation.

The monofilament polylactic acid grips are bioresorbable and provide the fixation of the mesh to surrounding tissue for at least 8 weeks. The polylactic acid grips degrade and resorb in vivo by hydrolysis and are metabolized by the body into  $CO_2$  and  $H_2O_2$ .

#### INDICATIONS

ProGrip™ laparoscopic self-fixating mesh is indicated for the reinforcement of soft tissues during repair of inguinal hernia defects by laparoscopic approach.

#### CONTRAINDICATIONS

- As ProGrip™ laparoscopic self-fixating mesh will not stretch to accommodate growth, its use may not be appropriate in patients in a period of growth.
- Any foreign material may potentiate or prolong infection in the presence of bacterial contamination, and as such, the use of ProGrip™ laparoscopic self-fixating mesh may not be appropriate in infected or contaminated sites. Furthermore, this product should be used with the understanding that infection may require removal of the mesh.
- The collagen film is not intended to minimize tissue attachment, thus this product cannot be used intraperitoneally.

#### ADVERSE REACTIONS

The possible complications associated with the use of ProGrip<sup>™</sup> laparoscopic self-fixating mesh are those typically associated with surgically implantable materials: seroma, hematoma, recurrence, inflammation, chronic pain, infection, allergic reactions to the components of the product.

#### WARNINGS

- -The mesh can be re-cut to size provided a sufficient overlap is kept on all sides of the defect. If the mesh is re-cut, the use of additional fixation should be considered depending on size and type of hernia and patient's condition to limit the risk of recurrence.
- -To avoid injury, careful attention is required if fixating the device in the presence of nerves or vessels.
- -If an anatomical mesh is re-cut, special care should be taken to preserve the sewing to limit the risk of recurrence.
- -To limit the risk of recurrence, excessive tension should be avoided on the ProGrip<sup>™</sup> laparoscopic self-fixating mesh and on the fixation points if any, to account for wound shrinkage during the healing process.
- -The effectiveness and safety related to the use of this device in pregnant women have not been established.

#### **PRECAUTIONS**

- -The mesh should only be used by experienced practitioners who do so under their own responsibility.
- -The mesh is provided in a double sterile packaging. It is recommended to open the last packaging only for the placement of the mesh and to handle the latter using clean gloves and instruments.
- -The mesh must be hydrated for a few seconds in a sterile saline solution before use.

#### OPERATING STEPS

- 1. For the anatomical mesh, the right and left mesh are identified on the labels as such: "RIGHT" means the right side of patient and "LEFT" means left side of patient.
- 2. ProGrip™ laparoscopic self-fixating mesh needs to be hydrated for a few seconds in a sterile saline solution before use.
- 3. Rolling/folding of the mesh:
- a. For the rectangular mesh, it is recommended to roll the mesh in the length-wise direction.
- b. For the anatomical mesh, it is recommended to fold the mesh on itself, grips outside, length-wise, starting at the anatomical flap seam.
- 4. Grasp the mesh at either end and insert it through the trocar of a minimum of 10mm in size.
- 5. Deploy the mesh in the inquinal area.
- 6. Place the green band towards the pubic zone and the polylactic acid grips in contact with the surrounding tissue.
- 7. The textile self-fixating feature allows positioning of the mesh without

#### STERILIZATION

Single-use device. Sterilized by ethylene oxide. Do not re-sterilize.



## The Future of Fixation

#### **INSTRUCTIONS FOR USE**

#### STORAGE

Store at room temperature.

AVOID PROLONGED EXPOSURE TO ELEVATED TEMPERATURES: DO NOT USE PRODUCT IF TEMPERATURE DOT (111°F / 44°C) ON PACKAGE IS BLACK.

Do not use the device past the last day of the labeled month of expiration.

Upon receipt of shipment, ensure that the packaging is not open or damaged and retains its sealed integrity. Do not use the device if the integrity of the packaging appears compromised.

#### TRACEABILITY

A traceability label is attached to every device package which identifies the type and lot number of the device. This label should be affixed to the patient's permanent medical record to clearly identify the device which was implanted.



Do not use if package is opened or damaged. / Ne pas utiliser en cas d'endommagement ou d'ouverture de l'emballage. / Bei geöffneter oder beschädigter Verpackung nicht verwenden. / Non utilizzare se la confezione è aperta o danneggiata. / No usar el dispositivo si la envoltura está abierta o dañada. / Não utilizar se a embalagem estiver aberta ou danificada. / Niet gebruiken als de verpakking beschadigd of geopend is. / Får ej användas om förpackningen är öppnad eller skadad. / Må ikke anvendes, hvis emballagen er åbnet eller beskadiget. / Ei saa käyttää, jos pakkaus on avattu tai vaurioitunut. / Mn χρησιμοποιείτε αν η συσκευασία έχει ανοιχτεί ή υποστεί ζημιά. / Nie stosować, jeżeli opakowanie zostało otwarte lub uszkodzone. / Ambalaj açılmış ya da zarar görmüşse kullanmayın. / Не используйте изделие, если упаковка вскрыта или повреждена. / Pokud je balení otevřené nebo poškozené, produkt nepoužívejte. / Tilos felhasználni, ha a csomagolás kinyílt vagy megsérült. / Nepoužívajte, ak je obal otvorený alebo poškodený. / Skal ikke brukes hvis emballasien er åpnet eller skadet. / Ne uporabliaite. če ie embalaža odprta ali poškodovana. / 如果包装已打开或破损,请勿使用。 / 如果包裝已開啟或損毀,則請勿使用。 / 포장이 개봉되어 있거나 손상된 경우에는 사용하지 마십시오. / Не използвайте, ако опаковката е отворена или повредена. / A nu se utiliza în cazul în care ambalaiul este deschis sau deteriorat. / Ärge kasutage. kui pakend on avatud või kahjustatud. / Nelietot, ja iepakojums ir atvērts vai bojāts. / Ne koristite ako je pakiranje otvoreno ili oštećeno. / Ne koristiti ako je pakovanje otvoreno ili oštećeno. / Nenaudokite, jei pakuotė atidaryta arba pažeista.













Upper temperature limit

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resterilize
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## The Future of Fixation

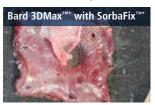
#### **TECHNICAL DATA**

### Superior Fixation Strength Compared to Bard 3DMax<sup>™\*</sup> Light Mesh<sup>†,3,4</sup>

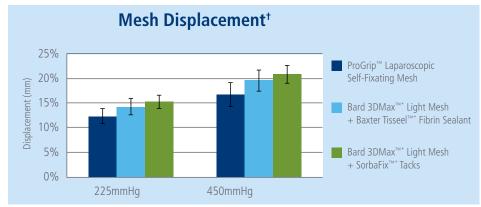
#### Immediate Fixation<sup>†,4</sup>

- ProGrip<sup>™</sup> laparoscopic self-fixating mesh vs Bard 3DMax<sup>™\*</sup> light mesh with Baxter Tisseel<sup>™</sup> fibrin sealant vs Bard 3DMax<sup>™\*</sup> light mesh with SorbaFix<sup>™\*</sup> tacks
- 6x6 cm mesh implanted in a porcine model (8 pigs)
- Samples explanted at 24 hours postoperatively, peritoneum removed, 3 cm defect created, peritoneum replaced
- Displacement, contact area and return to initial position recorded

# ProGrip™ Laparoscopic







- ProGrip<sup>™</sup> laparoscopic self-fixating mesh exhibited the lowest displacement through the defect and the highest contact area at any pressure step.
- Bard 3DMax<sup>™</sup> light mesh with SorbaFix<sup>™</sup> tacks and Baxter Tisseel<sup>™</sup> fibrin sealant fail under physiological pressure (<250 mmHg); no dislocation was recorded for ProGrip<sup>™</sup> laparoscopic self-fixating mesh even at high pressures (up to 450 mmHg).

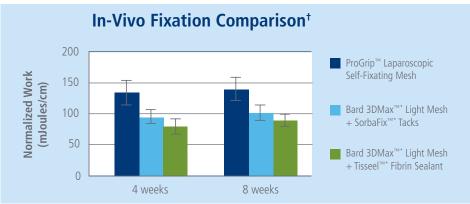
#### **Long-term Fixation Strength**<sup>†,3</sup>

- ProGrip<sup>™</sup> laparoscopic self-fixating mesh vs Bard 3DMax<sup>™\*</sup> light mesh with Baxter Tisseel<sup>™\*</sup> fibrin sealant vs Bard 3DMax<sup>™\*</sup> light mesh with SorbaFix<sup>™\*</sup> tacks
- 5x10 cm mesh implanted in a porcine model
- Samples explanted at 4 and 8 weeks
- Peel strength test to measure fixation strength







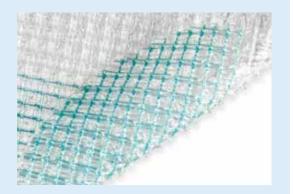


At 4 and 8 weeks, ProGrip™ laparoscopic self-fixating mesh has statistically superior fixation strength than Bard 3DMax™\* light mesh with tacks and glue.



## The Future of Fixation

#### **TECHNICAL DATA**



ProGrip™ self-gripping mesh has been used extensively in Open Inguinal Hernia Repair and has also been successfully tested in Iaparoscopic procedures.

LIHR — Laparoscopic Inquinal Hernia Repair

<sup>∩</sup>ProGrip<sup>™</sup> laparoscopic self-fixating mesh and ProGrip<sup>™</sup> self-gripping mesh have equivalent gripping and mechanical properties

# **Low Complication and Recurrence Rates in Laparoscopic Inguinal** Hernia Repair<sup>Ω,†,9,10,18</sup>

	ProGrip™ Self-Gripping Mesh in LIHR
Trials/Patients	3/130
Follow-up (months)	6.2 – 24 (mean: 20.8)
Wound Infection (%)	0
Seroma (%)	<b>3.9</b> (0 – 6.7)
Hematoma (%)	<b>2.1</b> (0 – 3.3)
Chronic Pain Rate (%)	0
Testicular Problem (%)	0
Urinary Retention (%)	<b>2.3</b> (0 – 16.7)
Recurrence (%)	1.3

**ProGrip<sup>™</sup> self-gripping mesh used in laparoscopic inguinal hernia repair has demonstrated less complications and recurrences than traditional meshes.** <sup>Ω,†,9,10,18</sup>



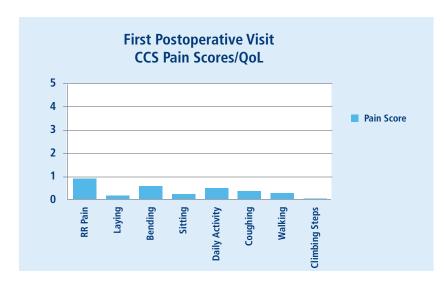
## The Future of Fixation

#### **TECHNICAL DATA**

## Low Postoperative Pain and Fast Recovery in Laparoscopic Inguinal Hernia Repair<sup>Ω,8,9</sup>

#### Totally ExtraPeritoneal (TEP) Procedure<sup>8</sup>

- On-going prospective study Dr. Jacob and Dr. Laxa (USA)
- 64 hernias (34 patients) repaired with ProGrip<sup>™</sup> self-gripping mesh
- 3-6 month follow-up



#### **Interim Results**

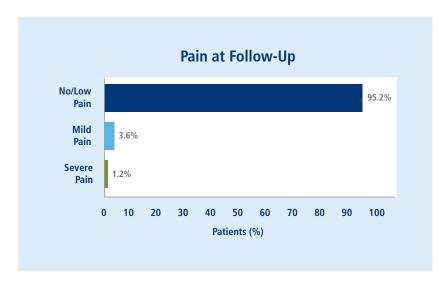
- Excellent early outcomes with no recurrence
- Very low pain scores at discharge and at the first postoperative visit (7.7% of patients had mean CCS scores > 1 at the initial postoperative visit)
- Return to full activity was 2.1 days and to work 4.5 days

CCS — Carolinas Comfort Scale

<sup>∩</sup>ProGrip<sup>™</sup> laparoscopic self-fixating mesh and ProGrip<sup>™</sup> self-gripping mesh have equivalent gripping and mechanical properties

#### TransAbdominal PrePeritoneal (TAPP) Procedure9

- Retrospective/prospective study Dr. Birk et al (Germany)
- 220 hernias (169 patients) treated with ProGrip<sup>™</sup> self-gripping mesh
- 22.8 month (14.5 36.2) follow-up



#### **Final Results**

- Safe and effective with 1.78% recurrence rate
- Low pain rates: 98.8% of patients had no/low to mild pain
- "Cost effective" approach (Dr. Birk)



## The Future of Fixation

#### **TECHNICAL DATA**

## **Low Postoperative Pain Through ProGrip<sup>™</sup> Technology**<sup>Ω,5,6,7</sup>

ProGrip<sup>™</sup> self-gripping mesh has been used and studied extensively and has demonstrated low patient pain rates in Open Inquinal Hernia Repair.<sup>Ω,5,6,7</sup>

Author	Pain Chapter I
Kingsnorth <sup>5</sup>	•
Chastan <sup>25</sup>	•
Hollinsky	
Kolbe	
Kapischke <sup>6</sup>	•
Quyn <sup>7</sup>	•
Pedano <sup>26</sup>	•
Justinger	
Garcia Ureña <sup>27</sup>	•
Nienhuijs <sup>28</sup>	•
Pierides <sup>29</sup>	•
Esteban	
Anadol <sup>30</sup>	•

#### Early Postoperative Pain (1 to 7 days)

Author (Oxford Classification)	ProGrip™ Mesh	Flat Mesh	p-Value	Measurement Scale <sup>∞</sup>
Kingsnorth <sup>5</sup> (1b)	-10% at discharge -13% at 7 days	+ 39% at discharge +21% at 7 days	0.007 0.039	0 − 15 cm VAS <sup>™</sup> (% Reduction)
Chastan <sup>25</sup> (2b)	1.3 at discharge	NA (Obs.)	-	0 − 10 cm VAS <sup>™</sup>
Kapischke <sup>6</sup> (2b)	1.79 at 1 day	3.23 at 1 day	0.031	0 − 10 cm VAS <sup>™</sup>
Garcia Ureña <sup>27</sup> (2b)	2.5 ± 1.8 at 7 days	NA (Obs.)	<0.001	$0-10\ cm\ VAS^{\rm TM}$ The statistical significance is calculated on the difference of pain compared to baseline after 7 days.
Anadol³º (2a)	2.73 ± 1.72 at 12 hrs 1.23 ± 1.25 at 24 hrs 1.1 ± .92 at 7 days	$4.4 \pm 1.65$ at 12 hrs $1.9 \pm 1.09$ at 24 hrs $1.8 \pm 1.42$ at 7 days	0.843 0.545 0.131	0 − 10 cm VAS <sup>™</sup>

#### **Chronic Pain (beyond 3 months)**

(0:	Author xford Classification)	ProGrip™ Mesh	Other Mesh	p-Value	Measurement Scale®
	Chastan <sup>25</sup> (2b)	0 at 1 year 0 at 2 year	NA (Obs.)	-	0 −10 cm VAS <sup>™</sup>
	Kapischke <sup>6</sup> (2b) <sup>6</sup>	0.38	1.26	0.07	$0-10~\text{cm VAS}^{\text{\tiny TM}}$
	Quyn <sup>7</sup> (2b) <sup>7</sup>	7.9% at 6 months 6.3% at 1 year	21% at 6 months 18.8% at 1 year	<0.05 <0.05	SF36 questionnaire % of patients reporting pain
	Pedano <sup>26</sup> (2a)	4% at 17 months	NA (Obs.)	-	Collection methodology not specified
	Garcia Ureña <sup>27</sup> (2b)	0.4 ± 0.9 at 6 months	NA (Obs.)	<0.001	0 − 10 cm VAS <sup>TM</sup> The statistical significance is calculated on the difference of pain compared to baseline after 6 months.

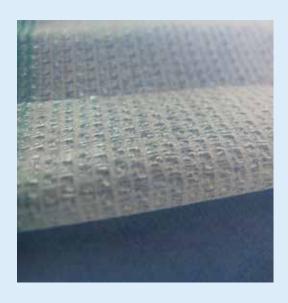
The physical and mechanical properties of ProGrip™ self-gripping polypropylene mesh are at least equivalent to those of ProGrip™ self-gripping polyester mesh.†,31



<sup>&</sup>quot;The pain scores are expressed in variation compared to the baseline, ie. the pain just before surgery.

# The Future of Fixation

#### **TECHNICAL DATA**



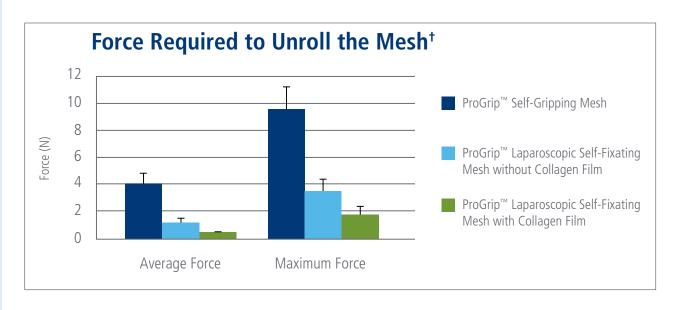
# Thanks to the fast-resorbing film on the posterior side, ProGrip™ laparoscopic self-fixating mesh:

- ✓ Is 10x easier to deploy than ProGrip<sup>™</sup> self-gripping mesh<sup>†,20</sup>
- ☑ Requires 90% less force to unroll than ProGrip™ self-gripping mesh<sup>†,20</sup>
- ☑ Provides equivalent tissue engagement compared to ProGrip™ self-gripping mesh<sup>†,1</sup>

#### Easy to Handle and Unfold Laparoscopically<sup>†,20</sup>

#### **Test Protocol:**

- 3 samples (5 x 10 cm):
  - ProGrip<sup>™</sup> self-gripping mesh
  - ProGrip™ laparoscopic self-fixating mesh with collagen film
  - ProGrip™ laparoscopic self-fixating mesh without collagen film
- Sample rolled, inserted into a trocar and submitted to elongation using a tension machine
- Average and maximum forces recorded





# The Future of Fixation

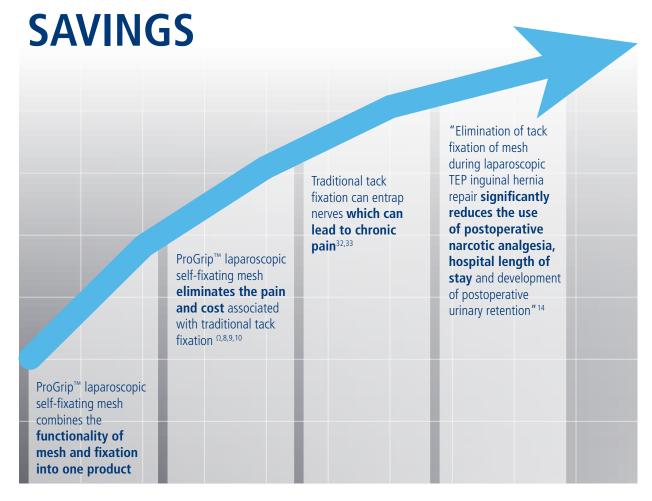
## **ECONOMICS AND REIMBURSEMENT**







A Cost Effective Alternative for Laparoscopic Inguinal Hernia Repair<sup>15</sup>



**TEP - Totally ExtraPeritoneal** 



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#### **ECONOMICS AND REIMBURSEMENT**

#### Savings Worksheet (extracted from the cost calculator tool)

The following worksheet is designed to help hospitals estimate the economic savings of ProGrip<sup>™</sup> laparoscopic self-fixating mesh. Economic savings may come from reductions in equipment, length of stay and pharmacy costs. Equipment, length of stay and pharmacy reductions and costs are all specific to the hospital and should be inputted by the hospital. The third column is provided as possible guidance based on the available literature.

Category	Calculations	Possible Savings based on Literature
Equipment	Cost of Current Mesh + Cost of Current Tacks or Glue - Cost of ProGrip™ laparoscopic = SAVINGS	Traditional repair requires a mesh which costs \$211 and a tacker which can cost \$511 (Average and illustrative US prices based on IMS data for Ethicon SecureStrap™* fixation system and Bard 3DMax™* light mesh)¹⁵
Length of Stay (hours)	Hours Reduced x Cost per Hour = SAVINGS	Eliminating tack fixation can reduce length of stay by almost 8 hours <sup>14</sup>
Pharmacy	Fewer Doses x Cost per Dose = SAVINGS	3 unit reduction in morphine equivalents in PACU <sup>14</sup>
	+ SAVINGS	Reduction in on-going pain management costs which can be as much as \$989 in first year <sup>21</sup>
Other (if applicable)	+ SAVINGS	Reduction in pain management visits which can be as high as 16.5 in first year <sup>21</sup>
	+ SAVINGS	Other tack-related costs/complications
Savings/Case	= SAVINGS PER CASE	Equipment + Length of Stay + Pharmacy + Other
Cases/Year	Х	Total number of laparoscopic inguinal procedures in one year
Annual Savings	= TOTAL SAVINGS	(SAVINGS/CASE) x (CASES/YEAR)



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## **ECONOMICS AND REIMBURSEMENT**

#### **Reimbursement Information**

		Hospital Outpatient			
Code Type	Code	Procedure Description	National Average Medicare Payment	APC (OPPS)	APC Description (OPPS)
СРТ	49650	Laparoscopy, surgical; repair initial inguinal hernia	\$3,357	0121	Level II Laparoscopy
СРТ	49651	Laparoscopy, surgical; repair recurrent inguinal hernia	\$3,357		
HCPCS Product Codes associated with the Procedures					
HCPCS	C1781	Mesh (implantable)	Included in procedure payment	NA	NA

Ambulatory Surgical Center					
Code Type	Code	Procedure Description	National Average Medicare Payment		
CPT	49650	Laparoscopy, surgical; repair initial inguinal hernia	\$1,934		
CPT	49651	Laparoscopy, surgical; repair recurrent inguinal hernia	\$1,934		
HCPCS	HCPCS Product Codes associated with the Procedures				
HCPCS	C1781	Mesh (implantable)	Included in procedure payment		

Outpatient and ASC rates thru 1/1/13. 2013 rates for OP and ASC will not be finalized until November.



## The Future of Fixation

#### **COMPETITIVE PRODUCTS OVERVIEW**

ProGrip<sup>™</sup> laparoscopic self-fixating mesh is a truly unique product that crosses the categories of synthetic mesh and fixation. The microgrip<sup>∑</sup> technology provides immediate, effective<sup>4</sup> and long-term<sup>3</sup> fixation avoiding the use of traditional tissue-disrupting tacks or glue. ProGrip<sup>™</sup> mesh is designed to provide a unique combination of surgical efficiency and patient benefits.

	Covidien ProGrip™ Laparoscopic Self-Fixating Mesh	Bard <sup>™*</sup> Mesh with SorbaFix <sup>™*</sup> Fixation	Ethicon UltraPro™ Mesh with SecureStrap™ Fixation
Self-Fixating Option	Yes	No	No
Mesh Pore Size <sup>34</sup>	1.8 x 1.8	1.0 x 0.8	2.3 x 3.4
Partially Absorbable Mesh	Yes	No	Yes
Mesh Weight (g/m²)³4	82	100	59
Mesh Weight After Resorption (g/m²)³4	49	N/A	34
Anatomical Shaped Mesh	Yes	Yes	No
Type of Fixation	Microgrips <sup>Σ</sup>	Tacks	Straps
Fixation Material	PLA	Molded Polymer <sup>35</sup>	PLG Blend <sup>16</sup>
Points of Fixation	~5,000	~6	~6
Fixation Below Inguinal Ligament	Yes	$No^{35}$	No <sup>16</sup>
<b>Critical Anatomical Structures Preservation</b>	Yes <sup>2</sup>	$No^{35}$	No <sup>16</sup>
Number of Devices/Codes/Boxes Required	1	2	2

ProGrip<sup>™</sup> laparoscopic self-fixating mesh is the only combination device providing fixation over the entire inguinal anatomy including places where traditional fixations can not be placed.

PLA - Polylactic Acid

PLG - Polydioxanone and L(-)-lactide/glycolide



# The Future of Fixation

## **COMPETITIVE CROSS-REFERENCE**

	Covidien <sup>24</sup>	Bard <sup>36</sup>	Ethicon <sup>37</sup>	Covidien Traditional <sup>38</sup>	Baxter <sup>39</sup>
Mesh Brand	ProGrip™ Laparoscopic Self-Fixating Mesh	3DMAX <sup>™*</sup> Mesh, 3DMAX <sup>™*</sup> Light Mesh, Flat Sheet Mesh	ULTRAPRO™* Mesh VYPRO™*II Mesh	Parietex <sup>™</sup> Mesh	_
	LPG1510AR	115320 115321 115322 117320 117321 117322		TECT1309AR TECT1510ADP2R TECT1510ADPR TECT1510AR TECT1612AR	
Mesh Codes	LPG1510AL	115310 115311 115312 117310 117311 117312		TECT1309AL TECT1510ADP2L TECT1510ADPL TECT1510AL TECT1612AL	
	LPG1510	112680 112720	UMS3 UMR3	TEC1309 TEC1510 TEC1515 TECR1510 TECR1515 TECR1410P5 TECR1410DP2	
	LPG1510X2				
	LPG1510AK2				
Fixation Brand		SorbaFix <sup>™*</sup> Fixation System PermaFix <sup>™*</sup> Fixation System	SecureStrap™* Fixation Device	AbsorbaTack™ Fixation Device ProTack™ Fixation Device	Duplospray™* System Tisseel™* Fibrin Sealant
Fixation Codes	(Fixation not Needed)	113115 113116 113120 113119	STRAP25	ABSTACK15 ABSTACK30 174006	0600029 (off label in US) 0600030 (off label in US) 1501261 (off label in US) 1501262 (off label in US) 1501263 (off label in US)



## The Future of Fixation

## **MATERIALS MANAGEMENT INFORMATION**

### **Packaging Overview**







**Box Dimensions (LxWxH):** 310 mm x 285 mm x 23 mm

#### **Product Order Codes**

Ordering Information				
Code	<b>Product Description</b>	Product Configuration		
LPG1510	10x15 1 Unit per Box			
LPG1510X2	10x15 2 Units per Box			
LPG1510AR	Right Anatomical 1 Unit per Box			
LPG1510AL	Left Anatomical 1 Unit per Box			
LPG1510AK2	Bilateral Anatomical 2 Units per Box			

## **Ordering Information**

**Covidien Products Website:** www.covidien.com/hernia

**Customer Service:** (800) 722-8772



# The Future of Fixation

#### REFERENCES

<sup>1</sup>Covidien Internal Test Report 0902CR123. Data on File (June 2012).

<sup>2</sup>Kolbe, T, Hollinsky, C, Walter, I, Joachim, A, Rülicke, T. Influence of a new self-gripping hernia mesh on male fertility in a rat model. Surgical Endoscopy 2010; 24: 455-461.

<sup>3</sup>Covidien Internal Test Report 0902CR114. Data on File (October 2011). Bard<sup>™</sup> soft mesh and Bard<sup>™</sup> 3DMax light mesh have the same textile base.

<sup>4</sup>Covidien Internal Test Report 0902CR141 (STI107). Data on File (November 2012).

<sup>5</sup>Kingsnorth, A et al. Randomized controlled multicenter international clinical trial of self-gripping Parietex ProGrip polyester mesh vs lightweight polypropylene mesh in open inguinal hernia repair: interim results at 3 months. Hernia 2012; 16: 287-294.

<sup>6</sup>Kapischke, M et al. Self-fixating mesh for the Lichtenstein procedure – a prestudy. Langenbeck's Archives of Surgery 2010; 395: 317-322.

<sup>7</sup>Quyn, AJ et al. Chronic pain after open inguinal hernia surgery: suture fixation vs self-adhesive mesh repair. Langenbeck's Archives of Surgery 2012 May 2 [Epub ahead of print].

<sup>8</sup>Laxa, B, Jacob, B. An ongoing prospective study evaluating self-gripping mesh (Parietex ProGrip<sup>\*</sup>) without additional fixation during laparosocpic total extraperitoneal (TEP) inguinal hernia repair: initial analysis. IHS 2012 P1620. Covidien sponsored study.

<sup>9</sup>Birk, D. Self-gripping mesh in laparoscopic inguinal hernia repair. Technique and clinical outcome of 96 operations. IHS 2012 P-1654. Covidien sponsored study.

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<sup>11</sup>Taylor, C et al. Laparoscopic inguinal hernia repair without mesh fixation, early results of a large randomised clinical trial. Surgical Endoscopy 2008 Mar; 22(3): 757-62.

<sup>12</sup>Simons, MP et al. European Hernia Society guidelines on the treatment of inguinal hernia in adults. Hernia 2009; 13: 343-403.

<sup>13</sup>Bittner, R, Arregui, ME et al. Guidelines for laparoscopic (TAPP) and endoscopic (TEP) treatment of inguinal hernia [International Endohernia Society (IEHS)]. Surgical Endoscopy 2011; 25: 2773-2843.

<sup>14</sup>Koch, C, Greenlee, S. Randomized Prospective Study of Totally Extraperitoneal Inguinal Hernia Repair: Fixation Versus No Fixation of Mesh. JSLS 2006; 10: 457-460.

<sup>15</sup>Estimate derived from the use of information under licence from the following IMS Health information service: Hospital Supply Index for the period Sep '06 – Jun '12. IMS expressly reserves all rights, including rights of copying, distribution and republication. Based on typical prices of anatomical mesh and absorbable fixation in the US.

<sup>16</sup>Ethicon SecureStrap<sup>\*\*</sup> fixation system Instructions For Use.

<sup>17</sup>ProGrip aparoscopic self-fixating mesh Instructions For Use.

<sup>18</sup>Piccini, G, Lissidini, G et al. No tacks, no glue, no frustration during TAPP groin hernia repair with ProGrip and V-Loc 180. IHS 2012 FP-1740.

<sup>19</sup>Covidien Internal Test Report TEX033-a. Data on File (October 2012).

<sup>20</sup>Covidien Internal Test Report 0902CR122. Data on File (June 2012).



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<sup>21</sup>Jacob, B, Morseon, M. Post-Inguinal Hernia Repair Pain Management Costs: Survey of physicians regarding costs of pain management strategies. IHS 2012

<sup>22</sup>Covidien Internal Test Report 98640. Data on File (February 2012).

<sup>23</sup>Covidien Internal Test Report 0902CR132a. Data on File (July 2012).

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<sup>25</sup>Chastan, P. Tension-free open hernia repair using an innovative self-gripping semi-resorbable mesh. Hernia 2009; 13: 137-142.

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<sup>27</sup>Garcia Urena, M, Hidalgo, M et al. Multicentric observational study of pain after the use of a self-gripping lightweight mesh. Hernia 2011; 15: 511-515.

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<sup>29</sup>Pierides, G, Scheinin, G et al. Randomized comparison of self-fixating and sutured mesh in open inguinal hernia repair. British Journal of Surgery 2012; 99: 630-6.

<sup>30</sup>Anadol, Z, Akin, M et al. A prospective comparative study of the efficacy of conventional Lichtenstein vs self-adhesive mesh repair for inguinal hernia. Surgery Today 2011; 41: 1498-1503.

<sup>31</sup>Covidien Internal Test Report TEX015-a. Data on File (April 2012).

<sup>32</sup>Lantis, JC II, Schwaitzberg, SD. Tack entrapment of the ilioinguinal nerve during laparoscopic hernia repair. J Laparoendosc Adv Surg Tech A. 1999; 9(3): 285-289.

<sup>33</sup>Broin, EO, Horner, C, Mealy, K et al. Meralgia paraesthetica following laparoscopic inguinal hernia repair. Surgical Endoscopy 1995; 9(1): 76-78.

<sup>34</sup>Deeken, CR et al. Physicomechanical evaluation of polypropylene, polyester and polytetrafluoroethylene meshes for inguinal hernia repair. Journal of American College of Surgeons 2011; 212: 68-79.

<sup>35</sup>Bard SorbaFix<sup>™</sup> absorbable fixation system Instructions For Use.

<sup>36</sup>Bard website – http://www.davol.com/products/order-products/#oi21.

<sup>37</sup>Ethicon website – http://www.ecatalog.ethicon.com/hernia-repair.

<sup>38</sup>Covidien website – http:// www.covidien.com/imageServer.aspx/doc186183.pdf?conten tID=16537&contenttype=application/pdf.

<sup>39</sup>Baxter Tisseel<sup>™</sup> product list (downloaded from http://www.ecomm.baxter.com/ecatalog/browseCatalog.do?lid=10001&hid=10001&cid=10016&key=7866aa9f80117a84 1ae5af83ee164b2).

\*If the mesh is cut to size, additional fixation should be used based on surgeon's discretion.

<sup>Σ</sup>Measured in millimeter scale.

 $^{\Omega}$ ProGrip" laparoscopic self-fixating mesh and ProGrip" self-gripping mesh have equivalent gripping and mechanical properties. $^{\uparrow,1}$ 

†Based on pre-clinical animal and/or benchtop studies.



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