

3DMax™ Light Mesh

BAIRD

DAVOL INC.

A lightweight 3D-shaped mesh for laparoscopic approaches such as TAPP, TEP, and Robotic TAPP

KEY BENEFITS

Unique

- 3D shape developed by a laparoscopic surgeon.
- Designed to conform to the inguinal anatomy.
- Contour minimizes buckling that may be seen with flat mesh.
- Design may reduce the need for fixation.

Precise

- Sealed edge and medial orientation marker facilitate accurate placement and positioning.
- Built-in memory maintains shape.

Lighter weight

- Lighter weight monofilament polypropylene mesh.
- Large pore knit provides excellent visibility.
- Animal study data demonstrated the formation of a flexible and compliant abdominal wall.¹

Applicable with various laparoscopic approaches

- TAPP
- TEP
- Robotic TAPP



3DMax™ Light Mesh is designed to conform to the inguinal anatomy and retain its shape following laparoscopic introduction, including a robotic approach.

The unique shape of 3DMax™ Light Mesh was developed by a laparoscopic surgeon to conform to the inguinal anatomy and meet the specific challenges of laparoscopic hernia repair. The three-dimensional shape, sealed edge and medial orientation marker allow for easier positioning than conventional flat mesh and also enhance the speed and simplicity of placement. This lighter-weight version of our popular 3DMax™ Mesh features a large pore knit. It is easy to deploy and provides excellent visibility. Animal study data demonstrated the formation of a flexible and compliant abdominal wall.¹



3DMax™ Light Mesh is placed in the groin space following a Robotic TAPP introduction

SOFT TISSUE REPAIR

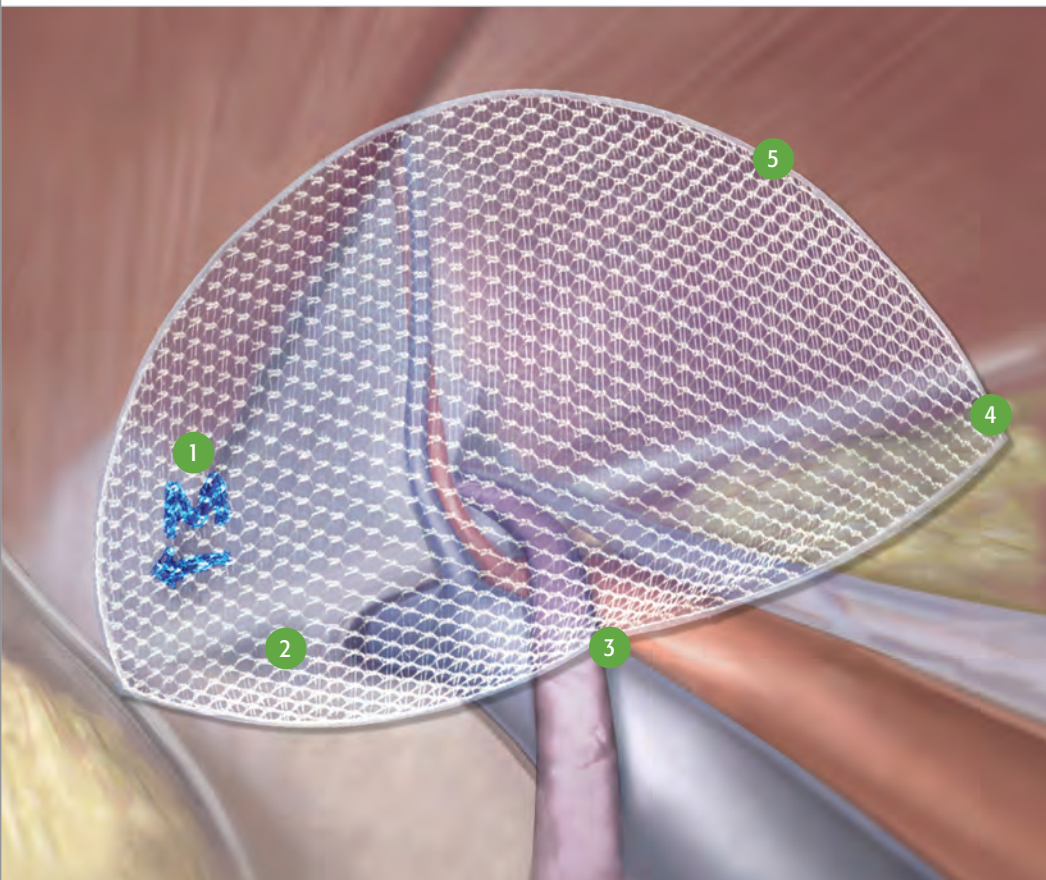
Right Procedure. Right Product. Right Outcome.

3DMax™ Light Mesh

Unique

3DMax™ Light Mesh is a three-dimensional, anatomically-shaped mesh specifically designed for laparoscopic inguinal hernia repair, such as TAPP, TEP, and Robotic TAPP.

The area of the inguinal anatomy is contoured and not at all flat. The unique shape of 3DMax™ Light Mesh is designed to conform to the anatomy and minimizes buckling that may be seen with ordinary flat mesh, which may reduce the need for fixation.



Laparoscopic surgeons report on their experience with the unique shape of 3DMax™ Mesh:

“Once inside the abdomen it recovers its shape, thus making positioning easier.”

Philippe Pajotin, MD,
Polyclinic duParc,
Cholet, France^{2*}

“Its shape prevents curling.”

Philippe Pajotin, MD,
Polyclinic duParc,
Cholet, France^{3*}

“Inserting preformed, tackless mesh does not appear to make the operation more difficult.”

Cody Koch, et al.,
Mayo Clinic,
Rochester, MN⁴

“Mechanical fixation is associated with pain syndromes, and mesh migration may occur without fixation of flat prostheses. An anatomically contoured mesh using no or minimal fixation would avoid these problems.”

R.C.W. Bell, MD, et al.,
Swedish Medical Center
Englewood, CO⁵

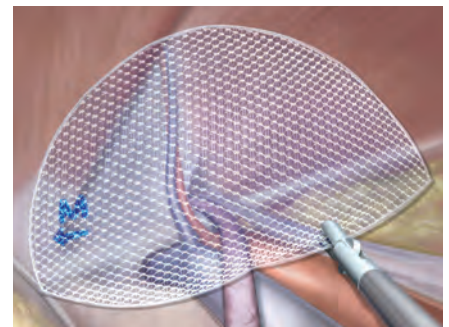
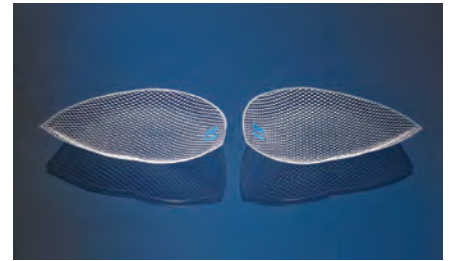
- 1 Medial orientation marker
- 2 Crest corresponds to axis of inguinal ligament
- 3 Notch aligns with external iliac vessels
- 4 Lateral point facilitates alignment
- 5 Sealed edge facilitates mesh placement

Precise

The design of 3DMax™ Light Mesh facilitates proper mesh placement and positioning.

The 3D design allows the mesh to conform to the inguinal anatomy and features a sealed edge and a medial orientation marker that facilitates proper mesh alignment and positioning which also enhances the speed and simplicity of placement.

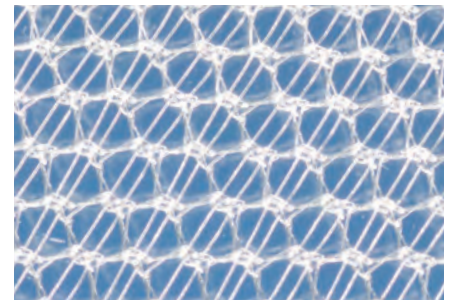
Adequate mesh coverage is a significant part of a successful laparoscopic inguinal hernia repair. 3DMax™ Light Mesh is available in a variety of sizes, and in left and right orientations, to help you meet the individual needs of your patients.



Lighter Weight

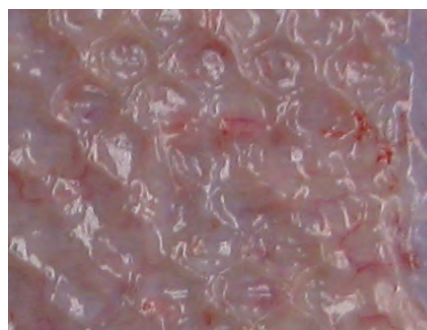
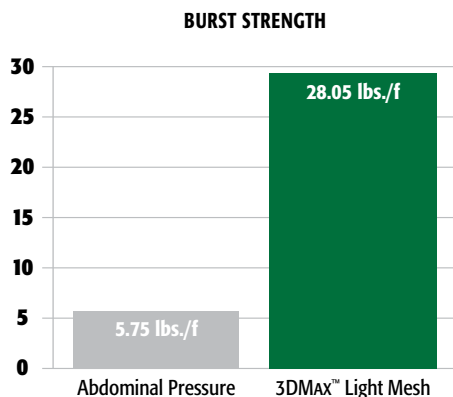
3DMax™ Light Mesh offers surgeons the same shape and performance features as 3DMax™ Mesh in a lighter-weight design.

The large pore knit makes this mesh less than 50% of the weight of 3DMax™ Mesh, but does not sacrifice the consistent performance of monofilament polypropylene mesh. It is easy to deploy and provides excellent visibility. Animal study data demonstrated the formation of a flexible and compliant abdominal wall.¹

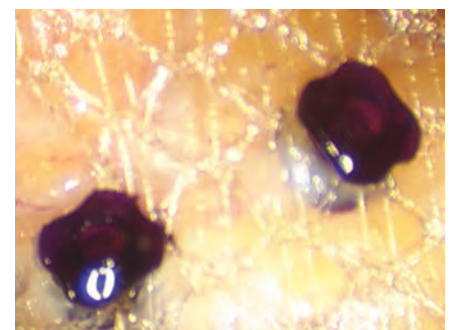


Lighter-weight, large pore construction with cross-weave.

Lighter weight without sacrificing strength



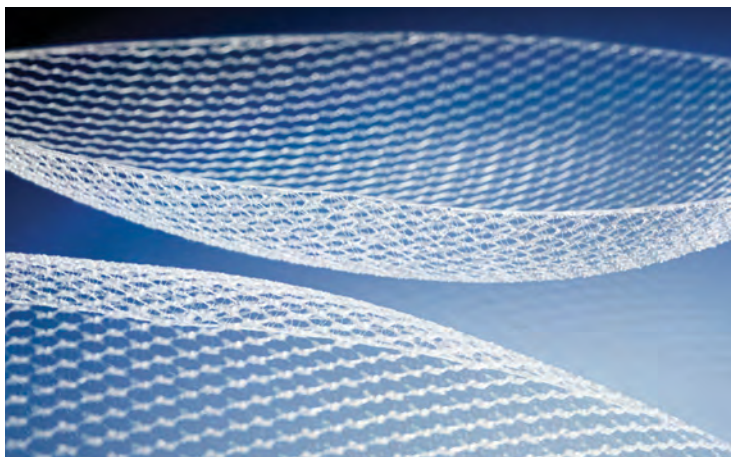
Tissue ingrowth at 6 weeks



A cross-weave through each pore enhances security when mesh is used with mechanical fixation.⁶

3DMax™ Light Mesh

Ordering Information



Catalog Number	Configuration	Size	Qty	
0117310	Medium Left	3.1" x 5.3" (7.9 cm x 13.4 cm)	1/case	<input type="checkbox"/>
0117311	Large Left	4.1" x 6.2" (10.3 cm x 15.7 cm)	1/case	<input type="checkbox"/>
0117312	X-Large Left	4.8" x 6.7" (12.2 cm x 17.0 cm)	1/case	<input type="checkbox"/>
0117320	Medium Right	3.1" x 5.3" (7.9 cm x 13.4 cm)	1/case	<input type="checkbox"/>
0117321	Large Right	4.1" x 6.2" (10.3 cm x 15.7 cm)	1/case	<input type="checkbox"/>
0117322	X-Large Right	4.8" x 6.7" (12.2 cm x 17.0 cm)	1/case	<input type="checkbox"/>

Order Form

- Please add these marked products to my preference card.
- I would like to have these marked products in stock.
(Reference catalog numbers checked)
- I would like to trial these marked products.

Purchase Order Number

Date

Catalog Number(s)

Quantity

Surgeon's Signature

3DMax™ Light Mesh

Indications

3DMax™ Light Mesh is indicated for use in the reinforcement of soft tissue where weakness exists, in the repair of inguinal hernias.

Contraindications

Literature reports that there may be a possibility for adhesion formation when polypropylene mesh is placed in direct contact with the bowel or viscera.

Do not use polypropylene mesh in infants and children, whereby future growth will be compromised by use of such material.

Warnings

The use of any permanent mesh or patch in a contaminated or infected wound could lead to fistula formation and/or extrusion of the prosthesis.

If an infection develops, treat the infection aggressively. Consideration should be given regarding the need to remove the mesh. An unresolved infection may require removal of the device.

Precautions

Do not cut or reshape 3DMax™ Light Mesh as this may affect its effectiveness.

If fixation is used, care should be taken to ensure that the mesh is adequately fixated to the abdominal wall. If necessary, additional fasteners and/or sutures should be used.

Adverse Reactions

Possible complications include seromas, adhesions, hematomas, inflammation, extrusion, fistula formation and recurrence of the hernia or soft tissue defect.

To learn more, contact your local BARD Representative or call 1.800.556.6275.

1 Data on file. Results may not correlate to performance in humans.

2 Pajotín. Laparoscopic Groin Hernia Repair Using a Curved Prosthesis Without Fixation. *Le Journal de Celio – Chirurgie*. 1998;28:64-68.

3 Pajotín. Shaped Preformed Prosthesis in the Parietal Repair of Inguinal Hernias by Trans-pentoneal Laparoscopy. *Le Journal de Celio – Chirurgie*. 1996;17:73-75.

4 Koch, Greenlee, et al. Randomized Prospective Study of Totally Extraperitoneal Inguinal Hernia Repair: Fixation Versus No Fixation. *Journal of the Society of Laparoendoscopic Surgeons*, October 2006;10(4):457-460.

5 Bell, Price. Laparoscopic Inguinal Hernia Repair Using an Anatomically Contoured Three-Dimensional Mesh. *Surgical Endoscopy*, 2003;17:1784-1788.

6 This image is from a cadaver lab using 3DMax™ Light Mesh. Data on file.

* Dr. Pajotín receives royalties for this product from Davol, Inc.

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

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