3DMax™ Mesh

A Clinically Proven Fixation-free Product for Laparoscopic Approaches Such as TAPP, TEP, and Robotic TAPP

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A true three-dimensional, anatomically formed mesh for use in laparoscopic inguinal hernia repair

3DMax™ Mesh was developed based on careful and precise anatomical research of the inguinal canal. The result is a truly unique prosthesis designed by a laparoscopic surgeon to meet the specific challenges of laparoscopic hernia surgery. The three-dimensional, anatomically curved shape, sealed edge and medial orientation marker allow for easier positioning than a conventional flat mesh and also enhance the speed and simplicity of the placement.[2] The polypropylene mesh is made of widely spaced monofilament fibers which do not harbor bacteria like multifilament polyester fibers.[3] In a controlled clinical study of 500 3DMax™ Mesh hernioplasties, recurrences rates were found to be well below 1% and results indicated no postoperative neuralgia.[4]

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

Conformability

Unique 3D design precisely conforms to the inguinal anatomy

Easy positioning

Sealed edge and medial orientation marker ensure more accurate mesh alignment and less wrinkling than conventional flat mesh

No fixation

Eliminates need for fixation, which saves time and money

Reduced pain

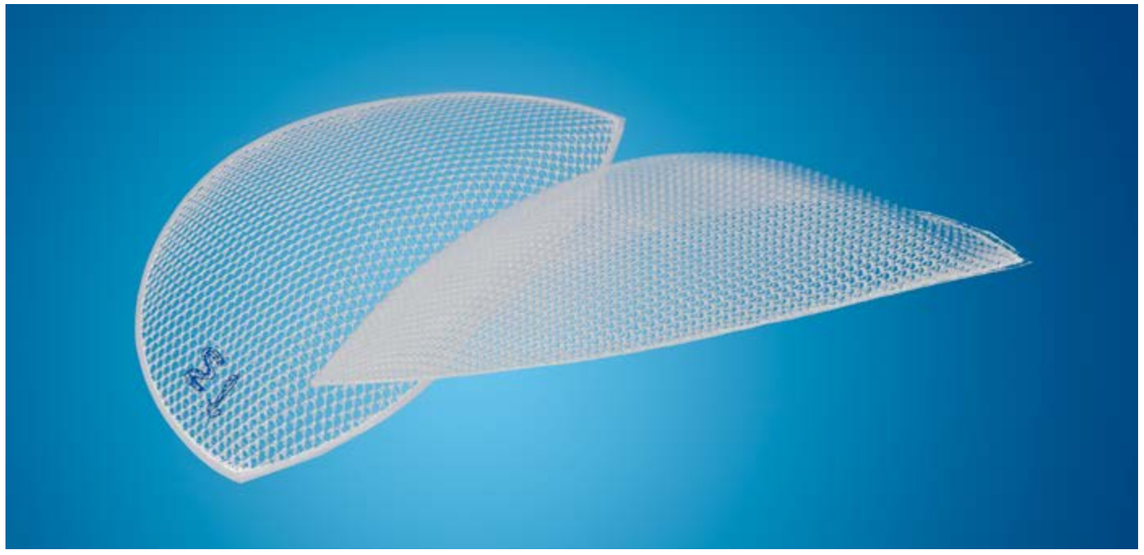
Patients who received 3DMax™ Mesh without fixation used significantly less narcotic analgesia in the immediate post-operative period than those in whom flat mesh was fixed[1]

Applicable with various laparoscopic approaches

- TAPP
- TEP
- Robotic TAPP

Ordering information

Product code	Qty.	Description	Dimensions	
0115310	1/cs.	Medium left	8.5 cm x 13.7 cm	☐
0115311	1/cs.	Large left	10.8 cm x 16.0 cm	☐
0115312	1/cs.	X-large left	12.4 cm x 17.3 cm	☐
0115320	1/cs.	Medium right	8.5 cm x 13.7 cm	☐
0115321	1/cs.	Large right	10.8 cm x 16.0 cm	☐
0115322	1/cs.	X-large right	12.4 cm x 17.3 cm	☐



Indications. 3DMax™ Mesh is indicated to reinforce soft tissue where weakness exists, e.g., for repair of hernia and chest wall defects. **Contraindications.** Literature reports that there is a possibility for adhesion formation when 3DMax™ Mesh is placed in direct contact with the bowel or viscera. Do not use 3DMax™ 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 the 3DMax™ Mesh as this may affect its effectiveness. .If sutures are used to secure the mesh in place, nonabsorbable monofilament sutures are recommended. **Adverse Reactions.** Possible complications include seromas, adhesions, hemotomas, inflammation, extrusion, fistula formation and recurrence of the hernia of soft tissue defect.

Please consult package insert for more detailed safety information and instructions for use.

1 Koch et al. Randomized Prospective Study of Totally Extraperitoneal Inguinal Hernia Repair: Fixation Versus No Fixation of Mesh. Journal of the Society of Laparoendoscopic Surgeons. 2006:10:457-460.
2 Bell, Price. Laparoscopic Inguinal Hernia Repair Using an Anatomically Contoured Three-Dimensional Mesh. Surgical Endoscopy. 2003:17:1784-1788.
3 Amid, Shulman, Lichtenstein. Selecting Synthetic Mesh for the Repair of Groin Hernia. Postgraduate General Surgery. 1992:4:150-155.
4 Pajotin. Laparoscopic Groin Hernia Repair Using a Curved Prosthesis Without Fixation. Le Journal de Celio – Chirurgie. 1998:28:64-68.

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