

GORE<sup>®</sup> SYNECOR Intraperitoneal Biomaterial

## MATERIAL INNOVATION FOR PERMANENT STRENGTH

Together, improving life

## Innovative materials for specialized solutions

### Gore makes a relentless commitment to improving lives through deliberate product innovation

- We have a comprehensive portfolio of biomaterials intended to meet the needs of abdominal wall reconstruction and hernia repair.
- Each biomaterial is specifically designed with the patient and surgeon in mind.
- Our biomaterials have a history of bringing sustainable clinical results to patients.

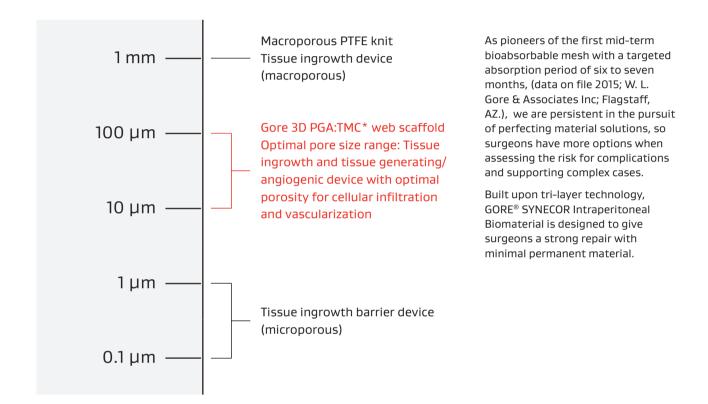
### Consistent quality supports the confidence of providers, surgeons and patients

GORE<sup>®</sup> SYNECOR Intraperitoneal Biomaterial helps deliver the quality outcomes patients need

- Improves the economics of patient care.
- Potentially lower total cost of repair versus lightweight and mid-weight meshes, which have clinical literature case studies demonstrating failure due to inadequate strength in similar indications.<sup>1-3</sup>

## Facilitates the natural healing process with tri-layer biomaterial technology

### The effect of pore size<sup>4,5</sup>



## Bringing the latest innovations to hernia repair and abdominal wall reconstruction

GORE<sup>®</sup> SYNECOR Intraperitoneal Biomaterial is a tri-layer hybrid solution designed for durable repair in complex patients (VHWG 2) to facilitate healing<sup>6</sup>

Gore 3D PGA:TMC web scaffold

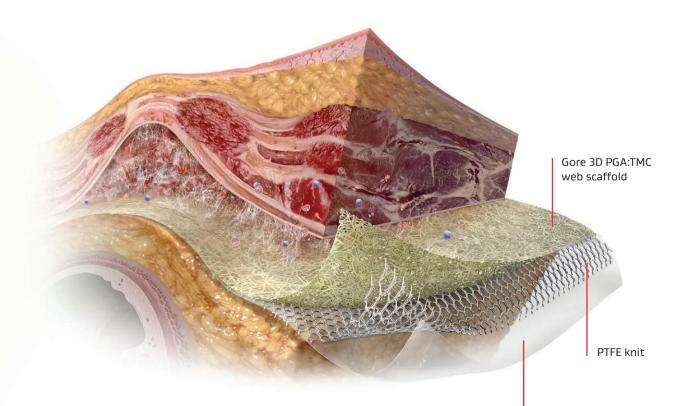
Provides rapid vascularization and tissue ingrowth designed to facilitate healing (data on file 2015; W. L. Gore & Associates Inc; Flagstaff, AZ.).

#### PTFE

Latest generation PTFE fiber is designed for permanent strength. Strong and compliant: The PTFE knit is designed with a fiber diameter similar to lightweight mesh but with the strength of heavyweight mesh.

#### Non-porous PGA:TMC film

Provides intra-abdominal protection, minimizing risk of adhesion formation<sup>7</sup> (data on file 2015; W. L. Gore & Associates Inc; Flagstaff, AZ.).



Non-porous PGA:TMC film

### Designed for ease of use during minimally invasive (laparoscopic, robotic) and open surgical procedures

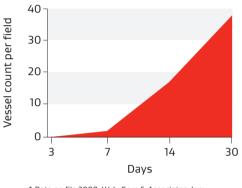
- Material is flexible and conformable
- Material memory for easy unrolling, handling and optimal placement
- Absorbs fluids (i.e., blood)
- No pre-soaking needed, but may be dipped in sterile saline to facilitate handling



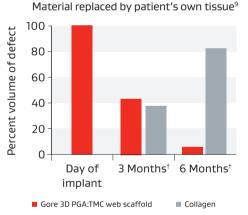
GORE<sup>®</sup> SYNECOR Intarperitoneal Biomaterial is available in sizes ranging from 12 cm circle to 20 cm x 30 cm rectangle.

## Rapid vascularization and tissue ingrowth<sup>8</sup>

### Vascularity within Gore 3D PGA:TMC web increases over time\*



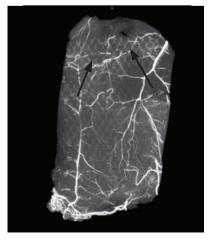
\* Data on file 2008; W. L. Gore & Associates, Inc; Flagstaff, AZ.



+ Cells and blood vessels make up remaining volume. GORE<sup>®</sup> BIO-A<sup>®</sup> Hernia Plug. Parietal layer: Gore 3D PGA:TMC web scaffold provides rapid vascularization and tissue ingrowth designed to facilitate healing (data on file 2015; W. L. Gore & Associates Inc; Flagstaff, AZ.)

- Enhances tissue response: Designed to promote rapid cell migration and vascularization (data on file 2015; W. L. Gore & Associates Inc; Flagstaff, AZ.).
- Designed to break down primarily by hydrolysis and provide tissue uniformity and consistency.
- Within 7 days: Tissue shows vascularity.<sup>8</sup>
- At 30 days: Tissue ingrowth (data on file 2015; W. L. Gore & Associates Inc; Flagstaff, AZ.).
- Tissue ingrowth is present throughout the Gore 3D PGA:TMC web scaffold with various densities around the knit fibers and within the scaffold.
- Ingrowth is vascularized, organized and filled the macropores.
- At 180 days: Tissue generation (data on file 2015; W. L. Gore & Associates Inc; Flagstaff, AZ.).
- Gore 3D PGA:TMC web scaffold is absorbed, leaving organized fibrous tissue ingrowth.
- Minimal tissue encapsulation of the PTFE knit.





Arrows indicate area where blood vessels are penetrating through the PTFE knit at seven days post-implantation.  $^{\rm 8}$ 

## Latest generation PTFE fiber is designed for permanent strength

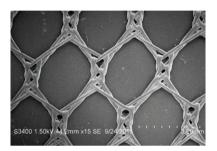
### Mid-layer: Macroporous knit of dense, monofilament PTFE fibers

The treatment of ventral hernias with prosthetic devices has reduced recurrence rates but has led to questions concerning infection. Open hernia repair has been associated with infection rates from 3 percent to 18 percent.<sup>10</sup> Laparoscopic ventral hernia repair has been associated with lower incidence of infection.<sup>10</sup>

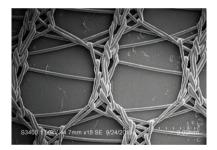
The macroporous knit of dense, monofilament PTFE fibers may reduce the risk of bacterial adherence<sup>11</sup> and along with increased vascularity<sup>5</sup> may aid in the overall treatability of the device to minimize the need for removal if postoperative infection were to occur (data on file 2020; W. L. Gore & Associates, Inc; Flagstaff, AZ.).

#### Optimal porosity

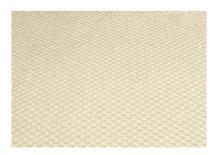
The PTFE knit of GORE<sup>®</sup> SYNECOR Intraperitoneal Biomaterial has a large pore size (1–3 mm). As demonstrated in animal models, large pore sizes have been shown to improve mechanical strength of tissue ingrowth<sup>12</sup> and reduce scar plate formation.<sup>13</sup>



GORE<sup>®</sup> SYNECOR Biomaterial: Macroporous knit of dense monofilament PTFE fiber



Polypropylene knit



Unique tri-layer hybrid device: GORE<sup>®</sup> SYNECOR Intraperitoneal Biomaterial

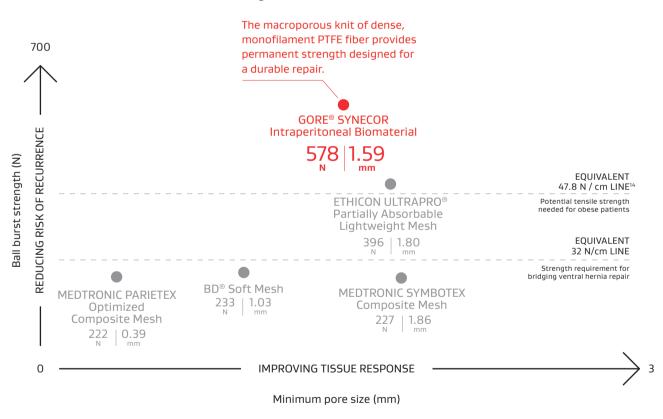
## Provides strength for large defects and higher BMIs

#### Strong and compliant

PTFE knit is designed with a fiber diameter similar to lightweight mesh but with the strength of heavyweight mesh.

#### Permanent strength

Burst strength is > 500 N. This provides strength for large defects and higher BMIs at almost two times the strength requirement for bridging ventral hernia repairs (data on file 2016; W.L. Gore & Associates, Inc; Flagstaff, AZ.).<sup>14,15</sup>



### Durable strength of the material helps to support robust healing

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 May lower risk of recurrence versus lightweight and mid-weight meshes, which may have inadequate strength in complex patients (VHWG 2).<sup>1-3</sup>

### PTFE fibers may reduce the risk of bacterial adherence<sup>11</sup>

Bacterial adherence was examined among various materials, including, the PTFE knit of GORE<sup>®</sup> SYNECOR Intraperitoneal Biomaterial, various polypropylene knits and a polyvinylidene fluoride/polypropylene construct.

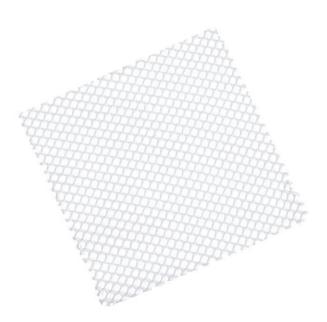
The materials were incubated in Staphylococcus aureus overnight, rinsed and subjected to staining and analysis through confocal microscopy.

This allowed for analysis of where bacteria attached.

Overall, bacteria localize to the knots and fiber surfaces of all test articles examined in this study.

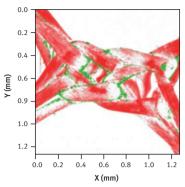
Confocal images suggest that no bacteria are located within the PTFE knit fibers and overall fewer bacteria are located on PTFE knit fibers than other materials.

## PTFE knit had the least bacterial adherence on the surface when compared with other competitive polypropylene knits.<sup>11</sup>

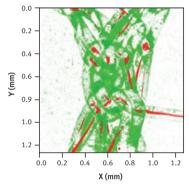


Gore latest-generation PTFE macroporous knit.

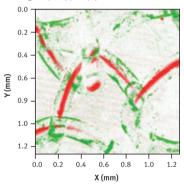
PTFE knit (10×)



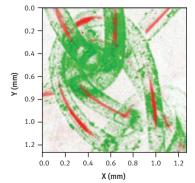
Polypropylene knit (10×)



Lightweight polypropylene knit (10×)



Polyvinylidene/Polypropylene knit (10×)



Staphylococcus aureus stains green; red represents the fiber materials as reflected light.

# Designed to provide predictable performance

#### Minimal contraction

All biomaterials, including polypropylene, polyester and PTFE, will contract to some degree after implantation due to the activity of myofibroblasts during wound healing. Animal studies show GORE<sup>®</sup> SYNECOR Intraperitoneal Biomaterial has minimal contraction at 30 and 180 days (data on file 2015; W. L. Gore & Associates, Inc; Flagstaff, AZ.).

Protection from abdominal adhesion formation may lower the risk of postoperative complications and reoperation. Visceral Layer: Non-porous PGA:TMC film provides intra-abdominal protection, minimizing risk of adhesion formation<sup>7</sup> (data on file 2015; W. L. Gore & Associates, Inc; Flagstaff, AZ.).

- PGA:TMC film: A non-porous film, minimizes visceral attachment to the material.
- Designed to limit cellular penetration.
- Film provides a uniform surface while the neoperitoneum is forming.
- PGA:TMC film absorbs in six to seven months (data on file 2015; W. L. Gore & Associates, Inc; Flagstaff, AZ.).
- Animal studies have shown no mid-substance adhesions to the material at both 30 and 180 days (data on file 2015; W. L. Gore & Associates, Inc; Flagstaff, AZ.).

### No Gore biomaterials are human, animal or tissue-derived

These biomaterials eliminate the risk of disease transmission by tissue-derived products, residual cellular debris or conflict with religious beliefs/cultural practices.<sup>16</sup>

# Innovative Materials for Specialized Solutions

### Competitor reference chart

Based on patient selection criteria, clinicians may utilize GORE<sup>®</sup> SYNECOR Intraperitoneal Biomaterial in place of the following products:

Company	Product name	Biosynthetic mesh	Permanent mesh	Composite mesh*
BD®	COMPOSIX E/X Mesh		•	
BD®	COMPOSIX L/P Mesh		•	
BD®	DULEX Mesh		•	
BD®	SEPRAMESH IP Composite			•
BD®	VENTRALIGHT ST Mesh			•
BD®	VENTRIO Hernia Patch		•	
BD®	VENTRIO ST Hernia Patch			•
BD®	PHASIX ST Mesh	•		
FEG TEXTILTECHNIK	DYNAMESH <sup>®</sup> -IPOM		•	
MEDTRONIC	PARIETEX Optimized Composite (PCOx) Mesh	1		•
MEDTRONIC	SYMBOTEX Composite Mesh			•

\* Composite meshes are permanent mesh with an absorbable visceral protection layer.

### Sizing

Catalogue number	Description		
GKFC12E	12 cm diameter circle		
GKFV1015E	10 cm × 15 cm oval		
GKFV1520E	15 cm × 20 cm oval		
GKFR2025E	20 cm × 25 cm rectangle		
GKFR2030E	20 cm × 30 cm rectangle		

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#### References

- 1. Petro CC, Nahabet EH, Criss CN, et al. Central failures of lightweight monofilament polyester mesh causing hernia recurrence: a cautionary note. Hernia 2015;19(1):155-159.
- 2. Cobb WS, Warren JA, Ewing JA, Burnikel A, Merchant M, Carbonell AM. Open retromuscular mesh repair of complex incisional hernia: predictors of wound events and recurrence. *Journal of the American College of Surgeons* 2015;220(4):606-613.
- 3. Warren JA, McGrath SP, Hale AL, Ewing JA, Carbonell AM 2nd, Cobb WS 4th. Patterns of recurrence and mechanisms of failure after open ventral hernia repair with mesh. *American Surgeon* 2017;83(11):1275-1282.
- Sharkawy AA, Klitzman B, Truskey GA, Reichert WM. Engineering the tissue which encapsulates subcutaneous implants. II. Plasma-tissue exchange properties. Journal of Biomedical Materials Research 1998;40(4):586-597.
- 5. Holt DJ, Grainger DW. Host response to biomaterials. In: Hollinger JO, ed. An Introduction to Biomaterials. 2nd ed. Boca Raton, FL: CRC Press; 2012;6:91-118.
- 6. Ventral Hernia Working Group, Breuing K, Butler CE, et al. Incisional ventral hernias: review of the literature and recommendations regarding the grading and technique of repair. Surgery 2010;148(3):544-558.
- 7. Matthews BD. Absorbable and nonabsorbable barriers on prosthetic biomaterials for adhesion prevention after intraperitoneal placement of mesh. International Surgery 2005;90(3) Supplement: S30-S34.
- 8. Crawford N. Assessment of Vascularity via Micro CT in Various Patch Devices. Flagstaff, AZ: W. L. Gore & Associates, Inc; 2016. [Final study report]. 2344TL.
- 9. Morales-Conde S, Flores M, Fernández V, Morales-Méndez S. Bioabsorbable vs polypropylene plug for the "Mesh and Plug" inguinal hernia repair. Poster presented at the 9th Annual Meeting of the American Hernia Society. February 9-12, 2005; San Diego, CA.
- LeBlanc, KA, Heniford BT, Voeller GR. Innovations in ventral hernia repair. Materials and techniques to reduce MRSA and other infections. Contemporary Surgery 2006;62(4) Supplement: 1-8.
- 11. Clinger L. PTFE Knit Microbial Placement. Flagstaff, AZ; W. L. Gore & Associates, Inc; 2018. [Work plan]. WP110158.
- 12. Lake SP, Ray S, Zihni AM, Thompson DM Jr, Gluckstein J, Deeken CR. Pore size and pore shape—but not mesh density—alter the mechanical strength of tissue ingrowth and host tissue response to synthetic mesh materials in a porcine model of ventral hernia repair. *Journal of the Mechanical Behavior of Biomedical Materials* 2015; 42:186-197.
- 13. Klinge U, Klosterhalfen B, Birkenhauer V, Junge K, Conze J, Schumpelick V. Impact of polymer pore size on the interface scar formation in a rat model. Journal of Surgical Research 2002;103(2):208-214.
- 14. Zhu LM, Schuster P, Klinge U Mesh implants: an overview of crucial mesh parameters World Journal of Gastrointestinal Surgery 2015; 7(10):226-236.
- 15. Klinge U, Klosterhalfen B, Conze J, et al. Modified mesh for hernia repair that is adapted to the physiology of the abdominal wall.
- *European Journal of Surgery* 1998;164(12):951-960.
- Jenkins ED, Yip M, Melman L, Frisella MM, Matthews BD Informed consent: cultural and religious issues associated with of allogeneic and xenogeneic mesh products. Journal of the American College of Surgeons 2010;210(4):402-410.



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