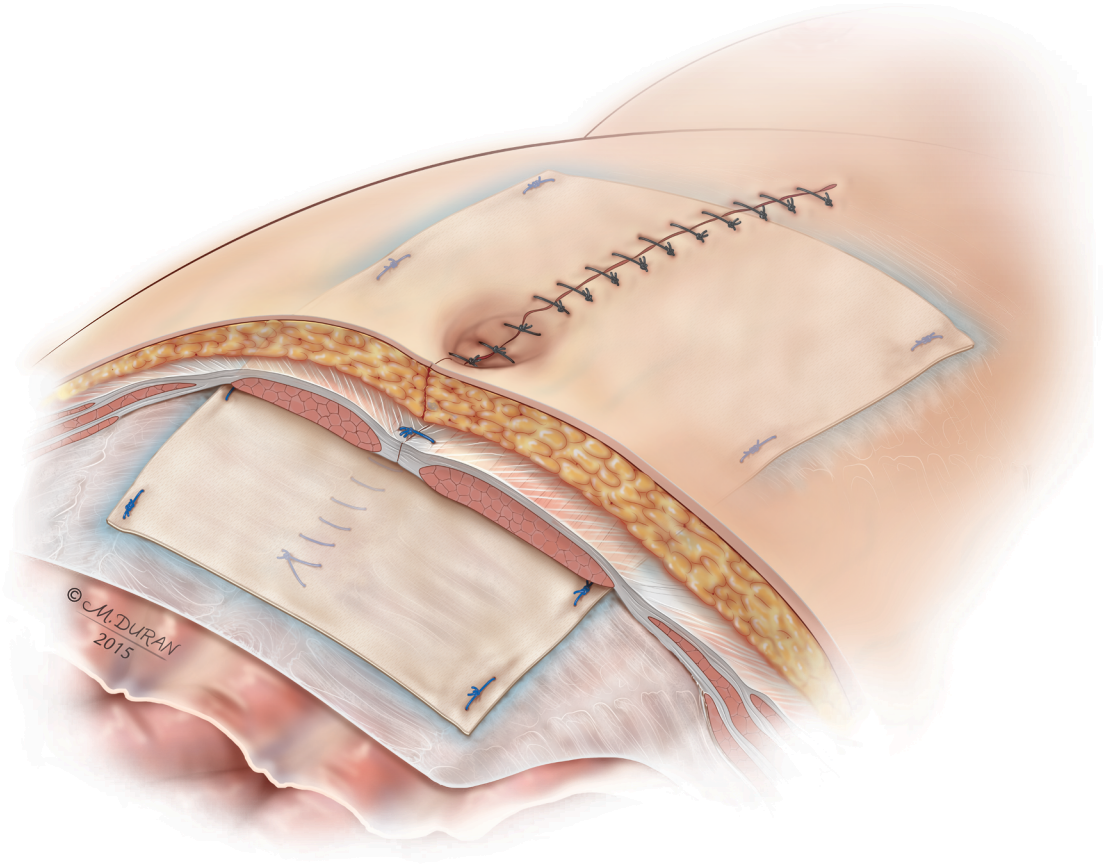
Gentrix®
SURGICAL MATRIX



Ventral Hernia Repair
Surgical Technique Guide

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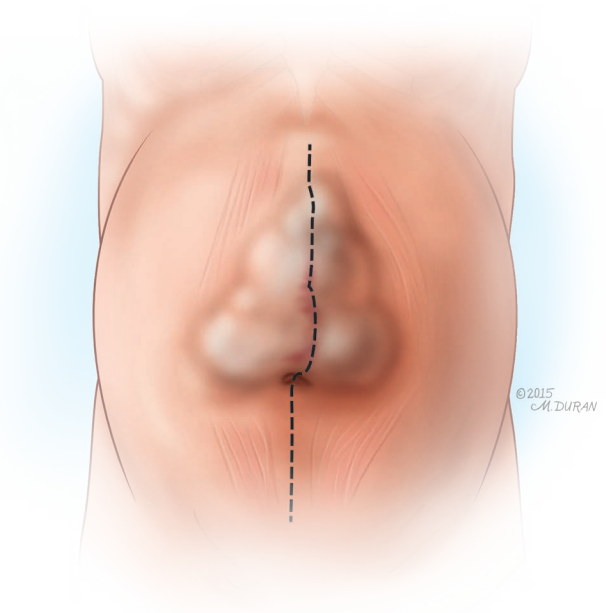
Ventral Hernia Repair
Surgical Technique Guide

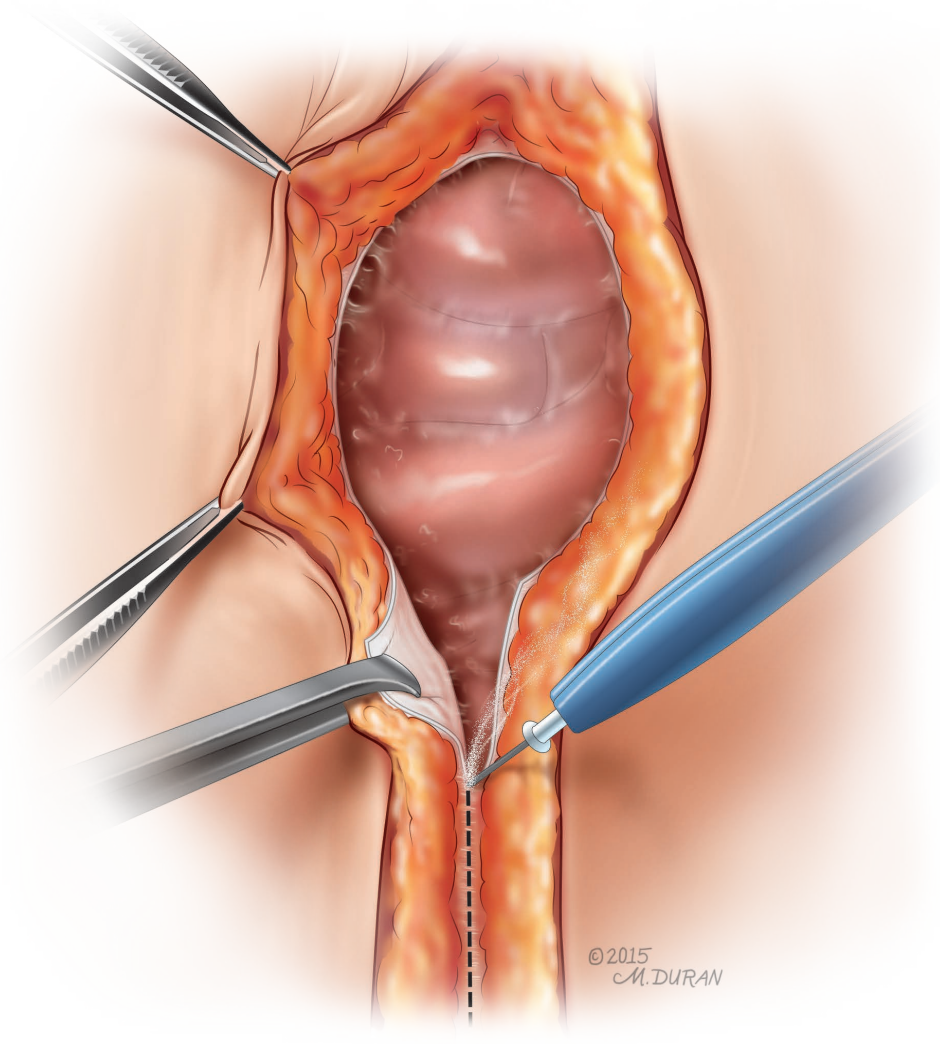
1. The technique presented herein is for informational purposes only. The decision of which technique(s) to use in a particular surgical application lies with the physician based on patient profile, particular circumstances surrounding the repair and previous surgical experiences.
2. Please refer to the Instructions for Use included with the applicable Gentrix Surgical Matrix device for indications, contraindications, cautions, warnings, precautions, potential complications, and other important information about Gentrix Surgical devices.
3. Gentrix Surgical Matrix previously marketed as MatriStem® Surgical Matrix.

ACell®
Healing Through Regenerative Medicine

1. Incision and Dissection

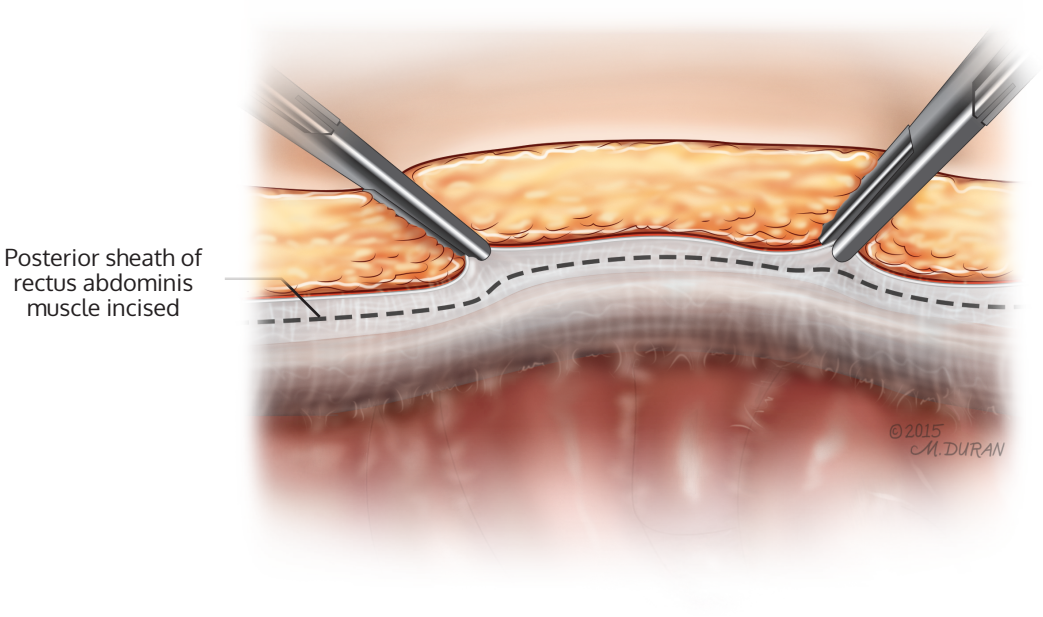
A midline incision is made encompassing an adequate distance cephalad and caudad to the hernia defect.

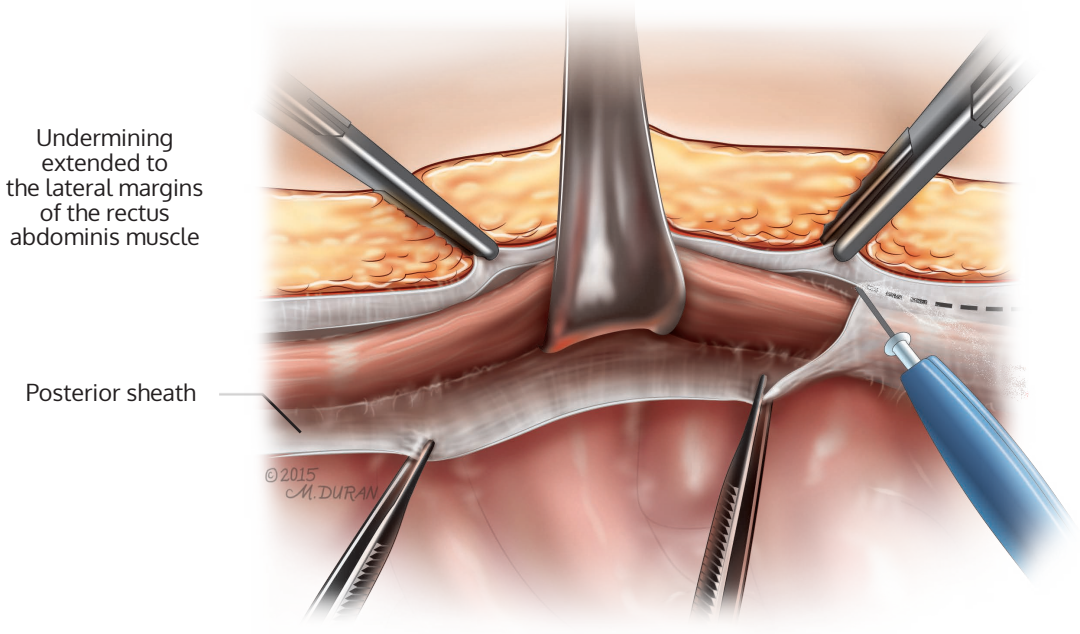




2. Posterior Dissection

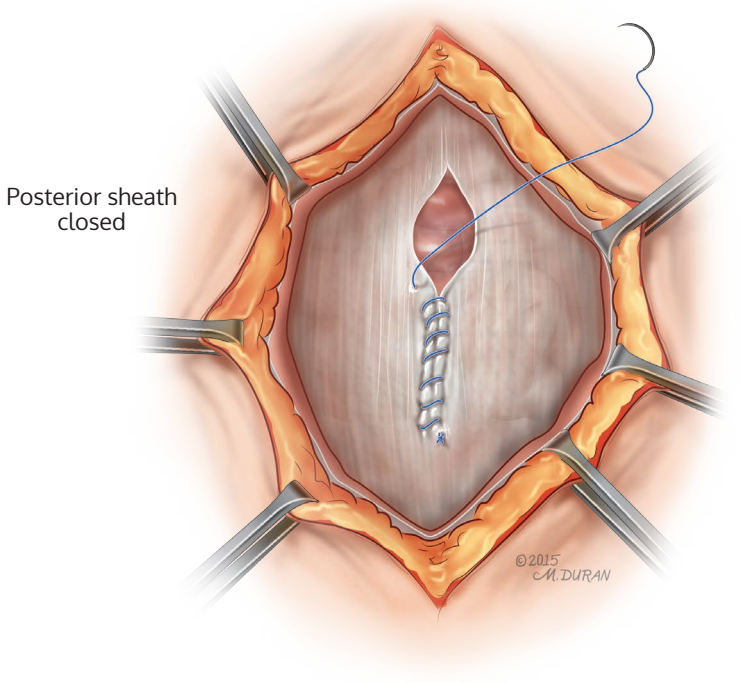
The retro-rectus space is entered by incising the posterior rectus sheath 0.5 cm from the edge. The space is developed by separating the rectus abdominis muscle from the posterior sheath.





3. Posterior Sheath Closure

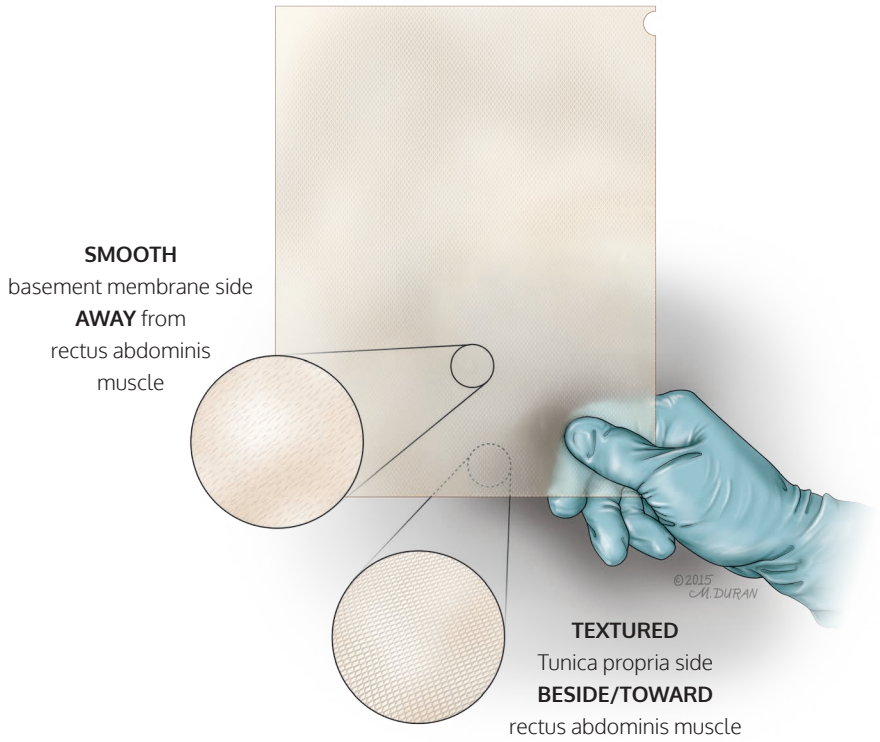
The mobilized edges of both posterior rectus sheaths are re-approximated by suturing in a continuous fashion.



4. Gentrix Graft Preparation

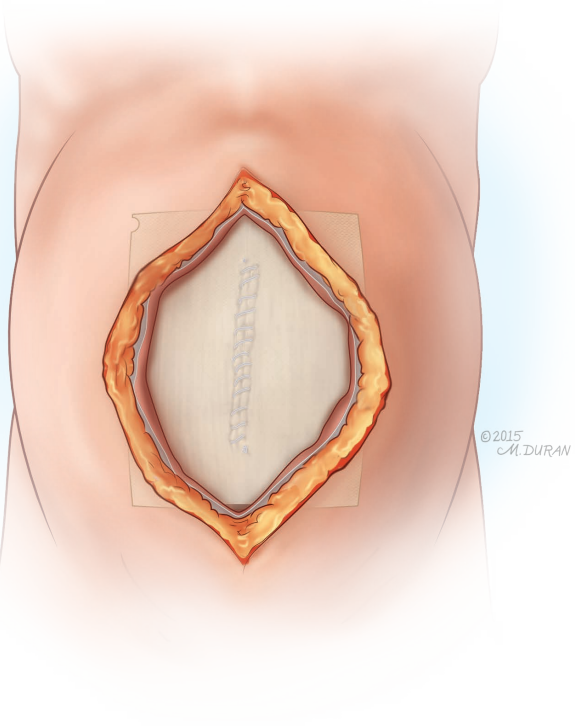
The graft (i.e Gentrix Surgical Matrix Thick) should be hydrated in sterile saline solution per the instructions for use prior to placement in the surgical site.

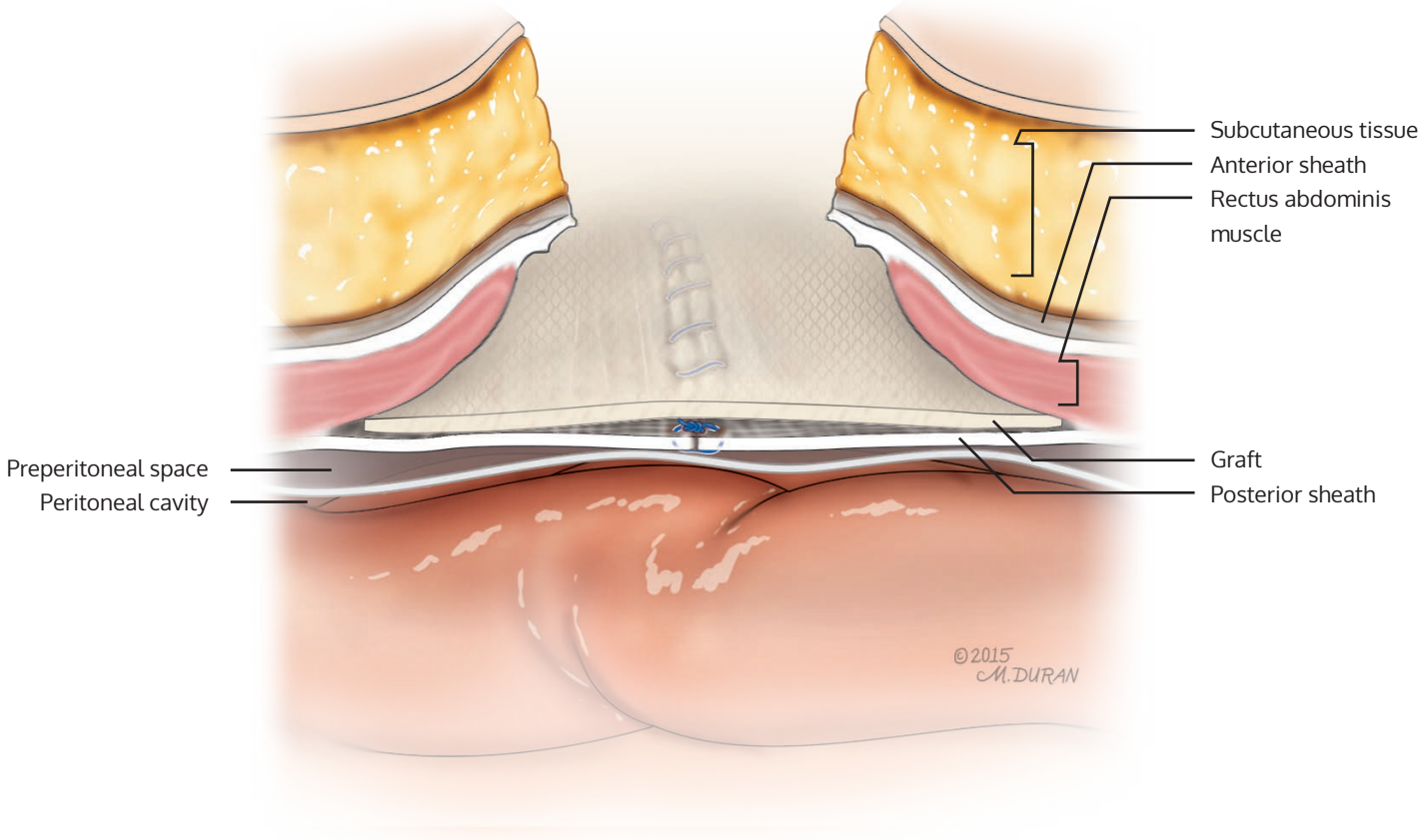
When notched edge is in the location shown in the image, basement membrane side of device is facing the user.



5. Mesh Placement

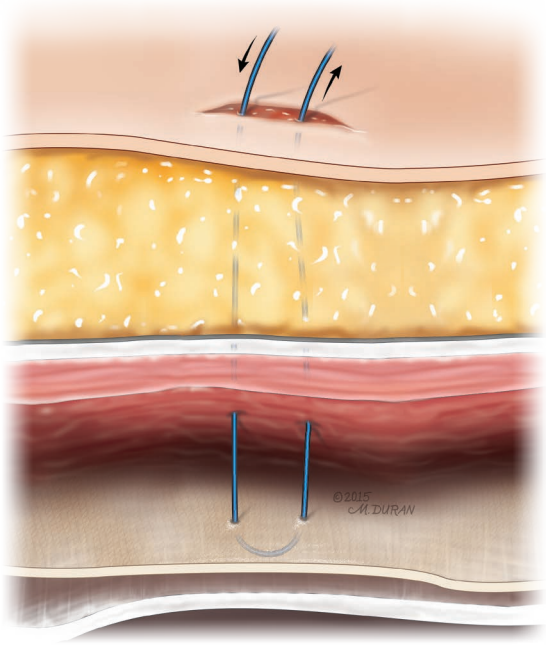
The graft is placed in the retro-rectus space to provide at least 5 cm overlap to the midline.





6. Mesh Anchor

The mesh is fixated posterior to the rectus abdominis muscle with full thickness transabdominal mattress sutures. The posterior sheath and peritoneum are not included in these stitches.

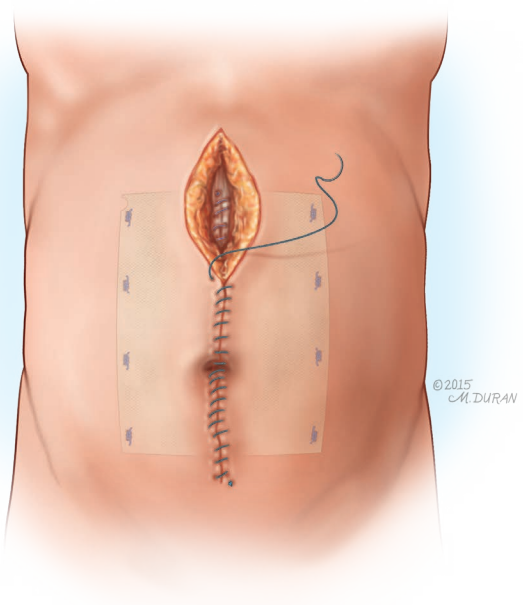


7. Closure

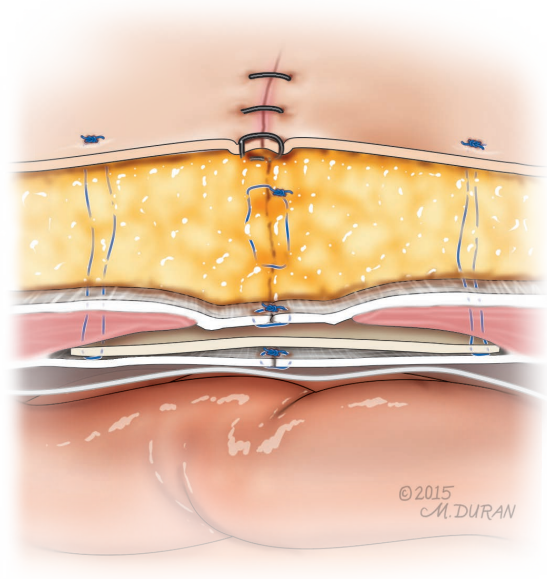
A) The anterior rectus sheath is then re-approximated with a drain placed above the mesh but deep to this fascial layer if desired.

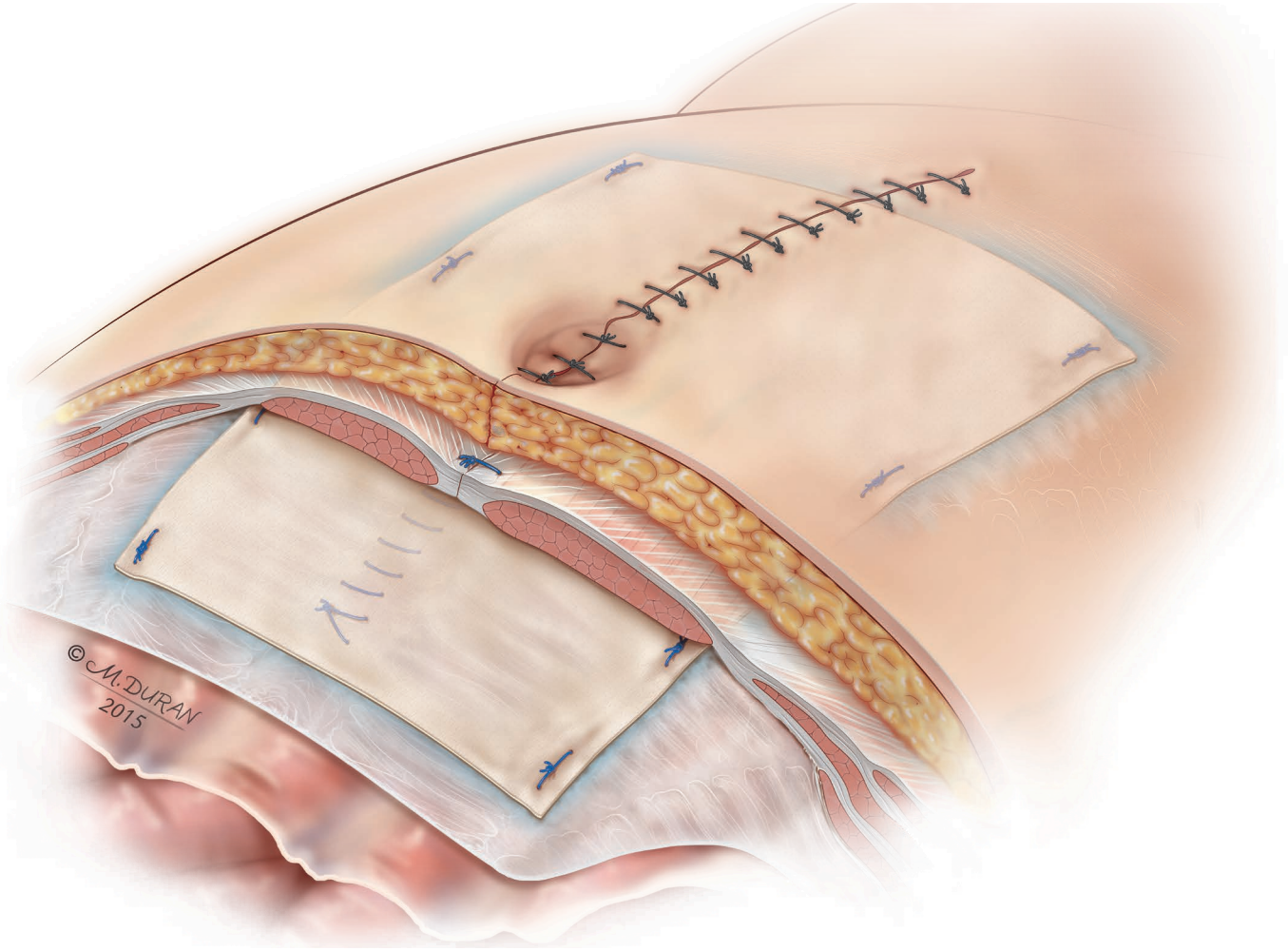
B) The subcutaneous tissue and skin are then closed separately. Based on patient, multiple layers of subcutaneous tissue closure may be used.

A



B





8. Completion of Procedure

Layered closure is complete. The Gentrix Surgical Matrix device will gradually resorb as it is remodeled with site-appropriate, biomechanically functional tissue.

Note: *Routine drain placement, while commonly performed, should be left to the discretion of the surgeon. ACell recommends drain removal when minimal fluid output is observed.*

Gentrix®
SURGICAL MATRIX

Gentrix Surgical Matrix® devices are available in a variety of sizes and thicknesses to meet the clinical needs of surgeons and patients.

Learn more at **www.acell.com**

About Gentrix Surgical Matrix Devices

Gentrix Surgical Matrix® products are medical devices comprised of naturally-occurring urinary bladder matrix (UBM) and are intended for implantation to reinforce soft tissue where weakness exists. The Gentrix extracellular matrix scaffold has been shown to facilitate remodeling of site-appropriate, biomechanically functional tissue where scarring would be expected[1,2].

1. Gilbert TW, Nieponice A, Spievack AR, Holcomb J, Gilbert S, Badylak SF. Repaire of the thoracic wall with an extracellular matrix scaffold in a canine model. J Surg REs. 2008 Jun; 1:147(1):61-7.
2. Brown BN, Londono R, Tottey S, Zhang L, Kukla KA, Wolf MT, Daly KA, Reing JE, Badylak SF. Macrophage phenotype as a predictor of constructive remodeling following the implantation of biologically derived surgical mesh materials. Acta Biomaterialia. 2012 Mar;8(3):978-87.

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