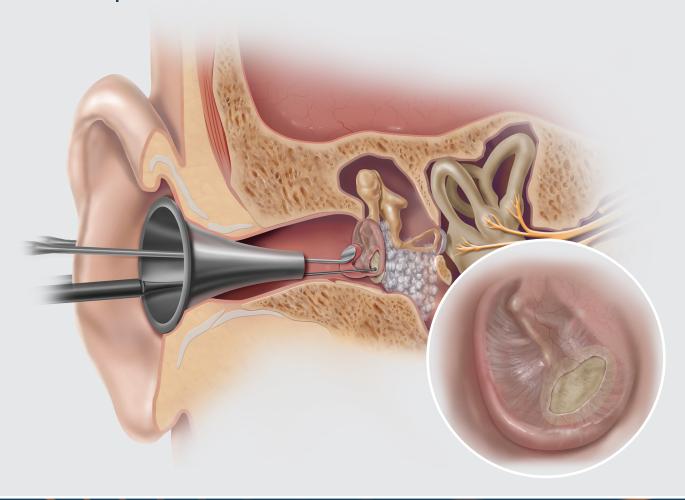
# Harvest *results*, not patient tissue.



# Biodesign®

#### Reliable closure

Biodesign material remodels into natural host tissue with an overall success rate of 91% across published literature<sup>1-9</sup> with no statistically significant difference in audiometric results when compared to temporalis fascia.<sup>1,10</sup>

### **Excellent handling**

Biodesign material is easy to manipulate, allowing for improved surgical precision during graft placement.<sup>1</sup>

### Time saving

The Biodesign Otologic Repair Graft reduces the need to harvest autologous tissue, significantly decreasing intraoperative time.<sup>1</sup>



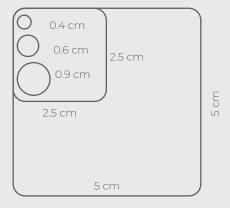
## Biodesign®

Tips to help get the best possible results:

- · Ensure adequate blood supply.
- · Size the graft to allow some tissue overlap.
- Place the graft dry or hydrate it for less than one minute before placement.

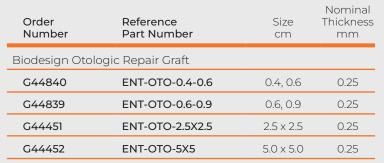
#### Available product sizes

Shown at actual size.



_	_			
Re:	fΔ	rai	nc	20

- D'Ereditâ R. Porcine small intestinal submucosa (SIS) myringoplasty in children: a randomized controlled study. Int J Pediatr Otorhinolaryngol. 2015;79(7):1085-1089.
- Cass ND, Hebbe AL, Meier MR, et al. Pediatric primary tympanoplasty outcomes with autologous and nonautologous grafts. *Otol Neurotol*. 2022;43(1):94-100.
- Chen CK, Hsieh LC. Clinical outcome of exclusive endoscopic tympanoplasty with porcine small intestine submucosa in 72 patients. Clin Otolarungol. 2020;45(6):938-943.
- 4. Barron C, Lukens J, Niermeyer W, et al. Investigation of novel grafts in use for pediatric tympanoplasty. *Ann Otol Rhinol Laryngol.* 2019;128(12):1111–1115.
- Redaelli De Zinis LO, Berlucchi M, Nassif N. Double-handed endoscopic myringoplasty with a holding system in children: preliminary observations. *Int J Pediatr Otorhinolaryngol*. 2017;96:127-130.
- James AL. Endoscope or microscope-guided pediatric tympanoplasty? Comparison of grafting technique and outcome. *Laryngoscope* 2017;127(11):2659-2664.



Some products or part numbers may not be available in all markets. Contact your local C2Dx representative or Customer Support for details.

#### Biodesign® Otologic Repair Graft

INTENDED USE: The Cook® Biodesign® Otologic Repair Graft is intended for use as an implant material to aid in surgical repairs and as an adjunct to aid in the natural healing process in various otologic procedures, including but not limited to myringoplasty and tympanoplasty. The device is supplied sterile and is intended for one-time use. [Sc ONLY] This symbol means the following: CAUTION: Federal (U.S.A.) law restricts this device to sale by or on the order of a physician. This product is intended for use by trained medical professionals. OTOLOGIC REPAIR GRAFT This symbol means the following: Otologic Repair Graft

**CONTRAINDICATIONS:** This device is derived from a porcine source and should not be used for patients with known sensitivity to porcine material.

PRECAUTIONS: This device is designed for single use only. Attempts to reprocess, resterilize, and/or reuse may lead to device failure and/or transmission of disease. • Do not resterilize. Discard all open and unused portions of the device. • The device is sterile if the package is dry, unopened and undamaged. Do not use if the package seal is broken. • Discard device if mishandling has caused possible damage or contamination, or if the device is past its expiration date. • Avoid packing external canal with adherent dressings or applying excessive pressure in the ear canal. • Please take care when opening tray packaging to ensure that device remains seated in the tray.

POTENTIAL COMPLICATIONS: The following complications are possible with the use of surgical device materials in otologic procedures: - Abscess formation - Allergic reaction - Calcification - Cholesteatoma - Excessive redness, pain, swelling, or blistering - Fever - Infection - Inflammation (initial application of surgical device materials may be associated with transient, mild, localized inflammation) - Mastoiditis - Migration - Persistence of perforation - Recurrence - Retraction pockets - Seroma - Squamous cysts - Thickening of the tympanic membrane

See instructions for use for full product information.

AB\_FP0108-01\_REV3

- Ranguis SC, Leonard CG, James AL. Prospective comparison of pediatric endoscopic lateral graft and interlay tympanoplasty. *Otol Neurotol*. 2021;42(6):867-875.
- 8. Wang N, Isaacson G. Collagen matrix as a replacement for Gelfilm for post-tympanostomy tube myringoplasty. *Int J Pediatr Otorhinolaryngol*. 2020;135:110136.
- Yawn RJ, Dedmon MM, O'Connel BP, et al. Tympanic membrane perforation repair using porcine small intestinal submucosal grafting. *Otol Neurotol*. 2018;39(5):e332-e335.
- Dontu P, Shaigany K, Eisenman DJ. Anatomic and audiometric outcomes of porcine intestinal submucosa compared to autologous fascia for tympanic membrane repair. Poster presented at: Combined Otolaryngology Spring Meetings, COSM 2022; April 27 – May 1, 2022; Dallas, TX.

 $\ensuremath{\mathbb{B}}$  indicates U.S. trademark registration. All trademarks and/or images are the property of their respective owners or holders.

To learn more, visit c2dx.com

Copyright© 2024 C2Dx

555 East Eliza St, Ste. A

Schoolcraft, MI 49087 USA

t: 888 902 2239

www.c2dx.com

