

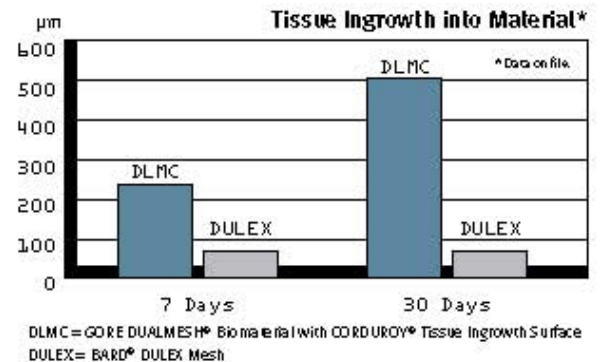
Performance, not just promises.

With more than 12 years of clinical history, GORE DUALMESH® Biomaterial has proven to be safe and effective. Compare GORE DUALMESH® Biomaterial to BARD® DULEX Mesh; the differences may surprise you.

When it comes to tissue ingrowth, GORE DUALMESH® Biomaterial is proven.

The CORDUROY® Tissue Ingrowth Surface of GORE DUALMESH® Biomaterial is uniquely designed to elicit a rapid tissue response and subsequent tissue attachment.

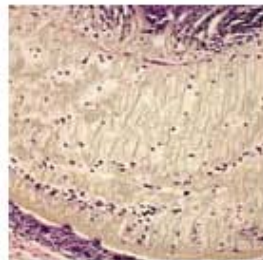
Studies have shown that ingrowth into GORE DUALMESH® Biomaterial with CORDUROY® Surface is several times greater than that seen in BARD® DULEX Mesh at both 7- and 30-day intervals.



GORE DUALMESH® Biomaterial

Tissue Ingrowth

GORE DUALMESH® Biomaterial with CORDUROY® Tissue Ingrowth Surface reveals ingrowth throughout the depth of the material.

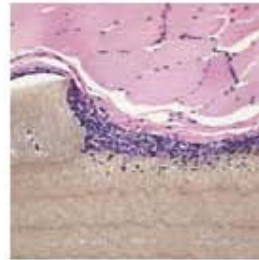


H&E 30 day explant, New Zealand White Rabbit, 25x magnification

BARD® DULEX Mesh

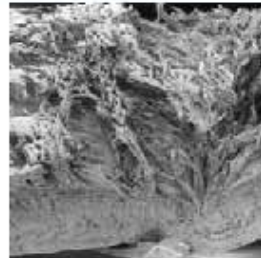
Tissue Ingrowth

BARD® DULEX Mesh has cellular growth only at the surface of the material.



Material Property

GORE DUALMESH® Biomaterial has a 22µ pore size that extends into 90% of the material, thus allowing for greater tissue ingrowth.



Scanning electron microscopy (SEM) comparison of the cross-sectional ePTFE structure of GORE DUALMESH® Biomaterial to BARD® DULEX mesh (50x magnification).

Material Property

BARD® DULEX Mesh has an 800µ pore size that extends into only 10% of the material.



Clinical Performance

"The product with the most data for intraperitoneal use is [GORE DUALMESH® Biomaterial] (W. L. Gore). This pure, expanded PTFE mesh has been used in thousands of repairs with excellent clinical results and acceptable cost profile."¹

Clinical Performance

There is minimal data on the use of BARD® DULEX published in the peer-reviewed literature.

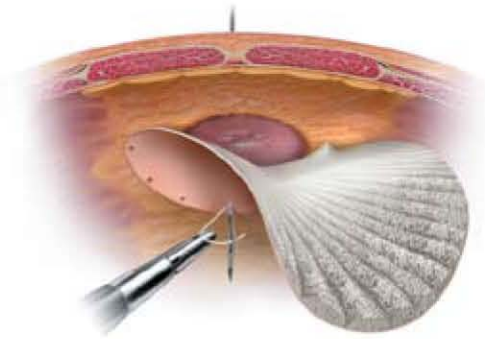
"There are no significant clinical studies published for this product."²

Antimicrobial Technology

GORE DUALMESH® PLUS Biomaterial contains two antimicrobial preservative agents, silver carbonate and chlorhexidine diacetate, which act to inhibit bacterial colonization of, and resist initial bio-film formation on, the patch for up to 14 days post-implantation.

Antimicrobial Technology

None Available



"ePTFE is the strongest, has the best fixation-retention strength, has the best durability, is the most inert, has the least inflammatory response, has the least foreign body response, has the least infectibility, has minimal adhesions, and has no reported bowel erosions or fistulizations. I believe the best biomaterial in the intraperitoneal position is e-PTFE Dual-Mesh Plus Biomaterial [GORE DUALMESH® PLUS Biomaterial]."³

SUMMARY

GORE DUALMESH® Biomaterial and GORE DUALMESH® PLUS Biomaterial have been successfully used in a wide range of applications. The clinical reputation of GORE DUALMESH® Biomaterial for the repair and reconstruction of ventral hernias is well known. These products are truly versatile. GORE DUALMESH® Biomaterial has been successfully used in the repair of less common hernia types including epigastric, lumbar, parastomal, and hiatal / paraesophageal hernias. Furthermore, the GORE DUALMESH® Biomaterial family of expanded polytetrafluoroethylene (ePTFE) patches are commonly used for other soft tissue deficiencies, chest wall reconstruction, congenital defects, temporary bridging, and TRAM flap procedures.

SIZES AVAILABLE

GORE DUALMESH® Biomaterial Catalogue Number (1 mm thickness)	GORE DUALMESH® PLUS Biomaterial Catalogue Number (1 mm thickness)	Nominal Width x Length
1DLMC02	1DLMCP02	8 cm x 12 cm
1DLMC03	1DLMCP03	10 cm x 15 cm*
1DLMC04	1DLMCP04	15 cm x 19 cm*
1DLMC05	1DLMCP05	7.5 cm x 10 cm
1DLMC06	1DLMCP06	18 cm x 24 cm
1DLMC07	1DLMCP07	20 cm x 30 cm
1DLMC08	1DLMCP08	26 cm x 34 cm*

* oval shaped

Also available in 2 mm thickness

¹D Earle and J Romaneli. Prosthetic materials for hernia: What's new. *Contemporary Surgery* 2007; 63(2):63-69.

²B Ramshaw and S Bachman, Surgical Materials for Ventral Hernia Repair Tissue-Separating Meshes Part 1 of 3. *General Surgery News* 2007.

³Toy FK. Laparoscopic ventral/incisional hernioplasty. In: MacFadyen BV, Arregui ME, Eubanks S, et al. eds. *Laparoscopic Surgery of the Abdomen*. New York, NY: Springer-Verlag; 2004:35:315-326

CONTRAINDICATIONS: Patients with hypersensitivity to chlorhexidine or silver; reconstruction of cardiovascular defects; reconstruction of central nervous system or peripheral nervous system defects; pre-term and neonatal populations. WARNINGS: Use with caution in patients with methemoglobinopathy or related disorders. When used as a temporary external bridging device, use measures to avoid contamination; the entire device should be removed as early as clinically feasible, not to exceed 45 days after placement. When unintentional exposure occurs, treat to avoid contamination or device removal may be necessary. Improper positioning of the smooth non-textured surface adjacent to fascial or subcutaneous tissue will result in minimal tissue attachment. POSSIBLE ADVERSE REACTIONS: Contamination, infection, inflammation, adhesion, fistula formation, seroma formation, hematoma and recurrence.

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