

General company information

Company name

W. L. Gore & Associates, Inc.

Address:

1505 N. Fourth Street
Flagstaff, AZ 86004 USA
Telephone: 800 528 8763
Fax: 800 942 5315

Email address:

mpdcustomercare@wlgore.com

Internet website:

www.goremedical.com/eu

Manufacturer

W. L. Gore & Associates, Inc.
Medical Products Division
1505 N. Fourth Street
Flagstaff, AZ 86004 USA

Quality System certification

The Quality System is certified to be in accordance with ISO 13485.

Certifier of the Quality System

The Quality System is audited annually by the European Notified Body BSI Group, The Netherlands
B.V.  2797

Certifier website

www.bsigroup.com

Regulatory affairs

Email: TDS@wlgore.com

TECHNICAL DATA SHEET

Product information

Product Name

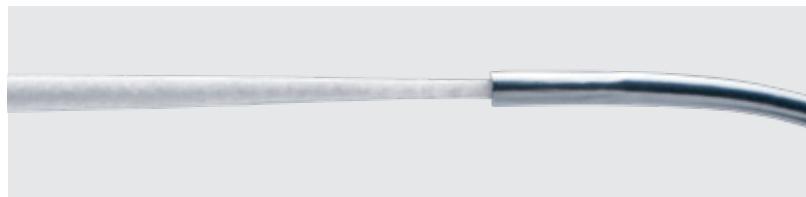
GORE-TEX® Suture

Synonym

Thread

Description and photo

The GORE-TEX® Suture is a nonabsorbable, monofilament suture manufactured from polytetrafluoroethylene (PTFE) that has been expanded to produce a porous microstructure which is approximately 50% air by volume. The porous nature of the GORE-TEX® Suture enables it to be swaged to needles that closely approximate the diameter of the thread, without compromising the strength of the needle attachment. The microporous structure facilitates tissue attachment using minimal surface friction and reduction of needle hole leakage. The suture is undyed and contains no additives.



GORE-TEX® Suture

Size	GORE-TEX® Suture limits on avg. knot-pull tensile strength (kg)
CV-8	0.075
CV-7	0.138
CV-6	0.25
CV-5	0.50
CV-4	0.75
CV-3	1.20
CV-2	1.8
CV-0	2.7

Indications for use/contraindications

Indications for use:

The GORE-TEX® Suture is indicated for use in surgical procedures where general soft tissue approximation and/or ligation is required including cardiovascular surgery, repair of mitral valves, and the replacement of chordae tendineae.

Contraindications:

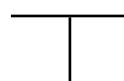
No known contraindications.

Item references

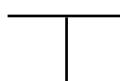
6



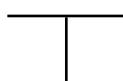
M



04



E



The first number
describes the
caliber of the thread:
CV-0, CV-2, CV-3, CV-4,
CV-5, CV-6, CV-7, CV-8

The letter describes the length
of the thread:
J = 46 cm, K = 61 cm,
M = 76 cm, N = 91 cm,
U = 122 cm

Last two
numbers indicate
a single or
double needle:
Even = double needle,
Odd = single needle

Europe

CE mark

Applicable CE directive: (EU) 2017/745 (MDR)

European medical device classification: Class III

CE certificate number: MDR 764344

Notified body: BSI Group, The Netherlands B.V.  2797

Original date of CE marking: 1995

Conformity assessment: Annex IX

Packaging characteristics

Product is packaged in a sterile barrier pouch and then placed into a multi-pack cardboard shelf carton.

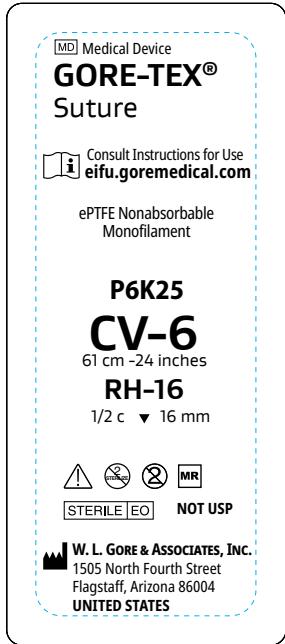
Size of the GORE-TEX® Suture carton

Thread count	Carton size (mm) Length x width x depth	Maximum weight (kg)
12	149 x 60 x 57	0.15

Delivery unit: 1 box of 12 threads

Minimum quantity for delivery: 1 box of 12 threads

Primary packaging



Secondary packaging



Labeling definitions

 EC REP Authorised Representative in the European Community

 LOT Batch Code

 REF Catalogue Number

 Caution

 Rx Only CAUTION: USA Federal Law restricts the sale, distribution, or use of this device to, by, or on the order of a physician.

 Consult Instructions for Use

 Date of Manufacture

 Do Not Resterilize

 Do Not Reuse

 Do Not Use if Package is Damaged

 Importer into the European Community

 Keep Dry

 Manufacturer

 MD Medical Device

 MR Safe

 Single Sterile Barrier System with Protective Packaging Inside

 STERILE EO Sterilized using Ethylene Oxide

 Store at 15°C - 30°C

 UDI Unique Device Identifier

 Use By

 Piercing Point Needle

 QTY Quantity

 ▼ Reverse Cutting Needle

 ⓧ Taper Point Needle

Barcode

The barcode follows the global standards 1 (GS1) system (www.gs1.org).

Sample barcode:

Contains the Device Identifiers (DI) or GTIN: (01)00733132610235

(01) GS1 Application Identifier for GTIN
0 Indicator Digit (Packaging Level Indicator)
0733132 GS1 Company Prefix (GPC)
61023 Manufacturer Item Reference
5 and check digit

Contains the Production Identifiers (PI): (17)130831(10)06452037

(17) GS1 Application Identifier for Expiry Date
130831 Expiry Date in YYMMDD GS1 Format
(10) GS1 Application Identifier for Lot Number (NOTE: (21) for Serial Number)
06452037 Lot Number

Traceability

The traceability is secured by the unique device identification (UDI) included in the package labels and carton labels.

Product components

Main components:

- ePTFE (expanded polytetrafluoroethylene)
- 300-series stainless steel (with or without silicone coating)

The following chemicals and substances are not used in the manufacture of this product or packaging materials:

- Latex
- Phthalates
- Polyvinyl Chloride
- Animal Origin Substances

Sterilization

Sterilization procedure:

The sterilization by ethylene oxide is certified to be in accordance with the standard ISO 11135.

Mode of cleaning/resterilization:

The GORE-TEX® Suture is designed for single use only; do not reuse device. Do not resterilize.

Storing and stocking conditions

Storing conditions:

Keep dry and store at 15°C - 30°C.

Product shelf life:

Provided that the integrity of the package is not compromised in any way, the shelf-life of the device is five years. Do not use the device beyond the "Use By" expiration date printed on the box.

Additional information

MRI safety:

MR Safe – Needles are not intended to be implanted.

Risk management:

The Risk Management process utilizes established procedures to identify, analyze, control, and monitor risks as they apply to medical device product safety. These activities are reviewed and documented in accordance with ISO 14971.

Biocompatibility:

Biocompatibility per ISO 10993-1

Suggested reading:

Soft tissue approximation and/or ligation

Cahill J, Northeast AD, Jarret PE, Leach RD. Sutures for inguinal herniorrhaphy--a comparison of monofilaments with PTFE. *Ann R Coll Surg Engl.* 1989;71(2):128-130.

Chiesa R, Marone EM, Tshomba Y, Logaldo D, Castellano R, Melissano G. Aortobifemoral bypass grafting using expanded polytetrafluoroethylene stretch grafts in patients with occlusive atherosclerotic disease. *Ann Vasc Surg.* 2009;23(6):764-769.

Franco J, Kelly E, Kelly M. Periareolar augmentation mastopexy with interlocking gore-tex suture, retrospective review of 50 consecutive patients. *Arch Plast Surg.* 2014;41(6):728-733.

Garcia-Rinaldi R, Revuelta JM, Poeppel K, Treager K, Black D, Kirby JM. Clinical experience with expanded polytetrafluoroethylene suture. *Boletín de la Asociación Médica de Puerto Rico.* 1986;78(8):335-338.

Karapantzou C, Dressler D, Rohrbach S, Laskawi R. Frontalis suspension surgery to treat patients with essential blepharospasm and apraxia of eyelid opening-technique and results. *Head Face Med.* 2014;10:44.

Yaman D, Paksoy T, Ustaoglu G, Demirci M. Evaluation of Bacterial Colonization and Clinical Properties of Different Suture Materials in Dentoalveolar Surgery. *J Oral Maxillofac Surg.* 2022;80(2):313-326.

Chordae tendineae replacement

Chotivatanapong T, Chaiseri P, Kasemsarn C, Sungkhaapong V. Chordal replacement with expanded polytetrafluoroethylene suture: Early results. *Asian Cardiovasc Thorac Ann.* 1998;6(1):49-51.

David TE, David CM, Lafreniere-Roula M, Manliot C. Long-term outcomes of chordal replacement with expanded polytetrafluoroethylene sutures to repair mitral leaflet prolapse. *J Thorac Cardiovasc Surg.* 2020;160(2):385-394.e381.

Domenech A, Marenchino RG, Posatini R, Fortunato GA, Rossi E, Kotowicz V. Leaflet resection versus chordal replacement for degenerative mitral regurgitation: Long-term outcomes according to the technique used. *Rev Argent Cardiol.* 2019;87(3):187-192.

Hysi I, Gautier L, Rebet O, Carjaliu I, Radutoiu M, Fabre O. Standardized loop technique for mitral valve repair offers good midterm results. *Asian Cardiovasc Thorac Ann.* 2020;28(8):482-487.

Kakuta T, Fukushima S, Shimahara Y, et al. Early results of robotically assisted mitral valve repair in a single institution: report of the first 100 cases. *Gen Thorac Cardiovasc Surg.* 2020;68(10):1079-1085.

Kasegawa H, Shimokawa T, Shibasaki I, Hayashi H, Koyanagi T, Ida T. Mitral Valve Repair for Anterior Leaflet Prolapse With Expanded Polytetrafluoroethylene Sutures. *Ann Thorac Surg.* 2006;81(5):1625-1631.

Lewis CT, Stephens RL, Tyndal CM, Cline JL. Concomitant robotic mitral and tricuspid valve repair: technique and early experience. *Ann Thoracic Surg.* 2014;97(3):782-787.

Maeda S, Funatsu T, Kondoh H, et al. Intermediate-term outcomes of our original multiple-knot technique using ePTFE sutures for anterior mitral leaflet prolapse. *Surg Today.* 2019;49(4):350-356.

Ma J, Liu J, Wei P, et al. Quadrangular resection versus chordal replacement for degenerative posterior mitral leaflet prolapse. *Ann Transl Med.* 2021;9(1):Med.

Mutsuga M, Tokuda Y, Fujimoto K, et al. Surgery for Anomalous Papillary Muscle Directly Into the Anterior Mitral Leaflet. *Ann Thoracic Surg.* 2021;111(5):1512-1518.

Takahashi Y, Abe Y, Fujii H, Morisaki A, Sakon Y, Shibata T. Loop technique for degenerative mitral regurgitation due to extended prolapse. *J Card Surg.* 2021;36(12):4485-4496.

Woo YJ, MacArthur JW, Jr. Posterior ventricular anchoring neochordal repair of degenerative mitral regurgitation efficiently remodels and repositions posterior leaflet prolapse. *European journal of cardio-thoracic surgery: official journal of the Eur J Cardiothorac Surg.* 2013;44(3):485-489; discussion 489.



Consult Instructions
for Use
eifu.goremedical.com

Refer to *Instructions for Use* at eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available. Rx Only

Products listed may not be available in all markets.

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