GORE® BIO-A® Tissue Reinforcement —

3D bioabsorbable scaffold providing a proven solution for a wide range of high risk abdominal wall reconstruction cases

The 3D bioabsorbable tissue-building scaffold that avoids risk for mesh-related complications after the targeted absorption period of six to seven months

Disruptive technology:
- Unique 3D scaffold constructed of 67% PGA / 33% TMC
- Highly interconnected, optimal pore structure elicits tissue response
- Targeted bioabsorption period supports the critical healing process over six to seven months
- Material is consistently absorbed by hydrolysis

Answers concerns associated with longer-term resorbable and permanent mesh:
- Cells infiltrate and form vascularized soft tissue, with 1:1 tissue replacement and the formation of dense, organized collagen
- No permanent material left behind
- Leaves behind only a strong repair

Unique 3D structure with optimal pore size

Clinical challenge – complex patients...complex repairs

- MORE than 150 publications
- LOW recurrence rates in hiatal hernias
- LOW recurrence rates in complex ventral hernias
- OVER 1700 patients in the clinical literature
- NO risk for long-term mesh-related complications
- Demonstrated economic value
Long-term outcomes

- **GORE® BIO-A® Tissue Reinforcement 18 months** after incisional hernia repair of a bilateral TAR
- Bottom arrow shows robust layer of organized collagen that fully replaced the GORE® BIO-A® Tissue Reinforcement mesh over the peritoneum
- **No risk of long-term complications** from GORE® BIO-A® Tissue Reinforcement after six to seven months

**Clinical observation after 18 months**

- The collagen type I is birefringent orange-red, highly oriented and densely packed with thick collagen fibers. Picrosirius red stain and polarized light microscopy.
- Mature densely packed vascularized collagen HE Stain.

**The surgeon perspective**

Garth R. Jacobsen, MD, director of hernia surgery and associate professor of surgery at the University of California in San Diego, California, presented his experience with GORE® BIO-A® Tissue Reinforcement in 140 patients between 2009 and 2016 (G. R. Jacobsen, MD, unpublished data, February 2017).

- Patients had an average age of 56 years, a mean BMI of 29 kg/m², and a mean defect size of 109 cm²
- Two-thirds of patients had CDC Class I wounds

“The [GORE® BIO-A® Tissue Reinforcement] will perform at least as well, if not better, than a biologic when used appropriately, and has the absolute benefit of a significantly reduced cost profile. The ease of use is an added advantage to the surgeon.”

— Garth Jacobsen, MD, FACS

At a mean follow-up of 908 days following placement of GORE® BIO-A® Tissue Reinforcement, only eight patients (6%) experienced a recurrence, which appears to be unassociated with wound class, anterior or posterior approach, or underlay vs onlay placement.

Currently, Dr. Jacobsen uses GORE® BIO-A® Tissue Reinforcement in clean wounds, high risk, and complex repairs. Data from this single center retrospective review is currently being submitted for publication.

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* Transversus abdominis muscle release (TAR)


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