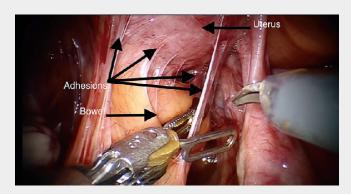
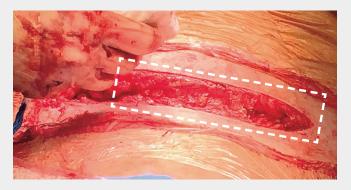


ADVANCED PLACENTAL-BASED ALLOGRAFTS OBSTETRIC AND GYNECOLOGIC SURGERY CASEBOOK



CASE SERIES - ENDOMETRIOSIS RESECTION WITH AMNIOFIX®



CAESAREAN SECTION WITH AMNIOFIX



KELOID SCAR REVISION WITH EPIFIX®

Tips for Minimally Invasive Surgical (MIS) Procedures

- AMNIOFIX sheet is the most common configuration choice for MIS procedures
- Cut AMNIOFIX to desired size, if needed, and prior to introduction into the port
- Minimum 8 mm port
- Irrigate and suction / aspirate the area prior to introducing AMNIOFIX to prevent accidental removal of the graft
- Surgical equipment and surgical site should be dry and clean of debris (pass gauze in and out of trocar)
- AMNIOFIX is introduced through the assistant port with an atraumatic grasper
- Ensure graft is not hydrated / wet prior to introduction



Common Method

- 1. Grasp the corner of dry graft
- 2. Wrap the graft around the atraumatic grasper
- 3. Introduce through the trocar

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Case Series - Endometriosis Resection With AMNIOFIX

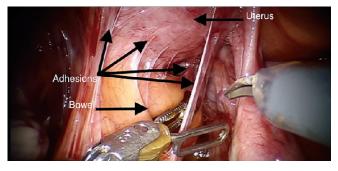
Dulemba J, Mirzakhani P, Istwan NB. Evaluation of Dehydrated Human Amnion/Chorion Membrane as an Adhesion Barrier in Women Undergoing Robotic Laparoscopy. *Gynecol Obstet (Sunnyvale)*. 2016 Oct; 6:10.

Peer Reviewed Publication Overview

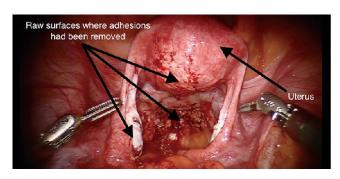
- Retrospective case series in 16 consecutive patients with surgery for endometriosis and pelvic pain.
- 31.2% of patients were obese and mean number of prior surgeries was 4.1 +/- 3.2.
- All 16 patients had significant abdominal adhesions at the time of surgery.
- One or more 4 cm x 6 cm AMNIOFIX grafts were placed without fixation after endometriosis resection and/or adhesiolysis.
- 2nd surgical procedure within 2 weeks to inspect for reformation of adhesions and lyse any additional endometriosis lesions or adhesions found.

Observed Outcomes

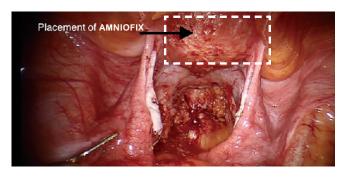
- No adhesions observed in 14 of the 15 patients where dehydrated Human Amnion/Chorion Membrane (dHACM) was placed / 1 of the 16 patients cancelled the 2nd surgery.
- In 1 case, adhesions were observed on the dHACM, but was more easily dissected than areas without dHACM.
- Only 1 graft moved from initial placement.
 In that case, adhesions observed near, but not on, the dHACM.
- No adverse events related to the use of dHACM.



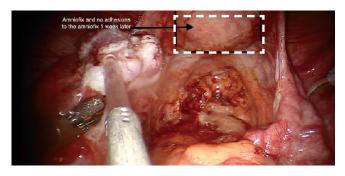
Surgery for endometriosis and pelvic pain



Endometriosis resection and/or adhesiolysis



4 cm x 6 cm AMNIOFIX applied without fixation



Second look within 2 weeks

Caesarean Section With AMNIOFIX

Angela F. Falany, MD | Obstetrics & Gynecology | Canton, GA

Clinical History

31-year-old G4, P2012 with a BMI of 46 scheduled for her 3rd full-term C-section and bilateral salpingectomy.

Challenge

Adhesions were expected after two prior full-term C-section deliveries, and there were concerns for postoperative wound complications due to the patient's obesity and large pannus.

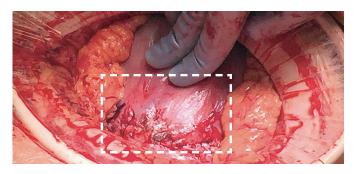
Surgical Intervention

Dense adhesions were present while gaining access to the uterus as well as between the bladder and the uterus. Adhesiolysis left a defect in the uterus and bilateral salpingectomy was performed. AMNIOFIX was placed on each tubal excision site and the uterus defect closure. (NOTE: Normally, this surgeon would have preferred to place AMNIOFIX on the entire uterine suture line, especially if a future C-section was expected.)

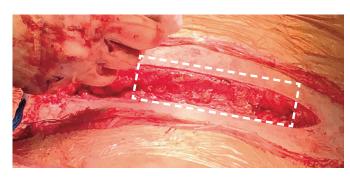
After fascial closure, a 2 cm x 12 cm AMNIOFIX graft was also placed in the incision site and then the skin was closed.

Follow-Up

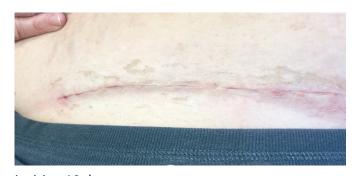
At 10 day follow-up, the incision was fully closed without signs of infection. This was impressive considering the large pannus fully covering the incision site. The patient also indicated that she had a faster recovery compared to her prior deliveries.



AMNIOFIX placed on uterus defect closure



AMNIOFIX placed in subcutaneous space after fascial closure



Incision 10 days postop

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Keloid Scar Revision With EPIFIX

John A. Marascalco, MD | Dermatology | Grenada, MS

Clinical History

Patient presented with keloid scar after Caesarean section procedure.

Treatment

One third of the keloid scar was treated with EPIFIX in revision surgery to evaluate its outcome prior to treating the remainder of the scar. EPIFIX was placed within the incision site before suturing.

EPIFIX is a dehydrated human amnion/chorion membrane allograft. The product provides a semi-permeable barrier that supports the healing cascade and protects the wound bed to aid in the development of granulation tissue in acute and chronic closures. It provides a biocompatible human extracellular matrix and retains 300+ regulatory proteins.¹⁻³

Follow-Up

The scar was greatly reduced in height and in color. Subsequent revision surgery treated the remainder of the keloid scar with EPIFIX.



Preoperative presentation



Post-scar revision using EPIFIX on 1/3 portion of original scar



Scar one year post EPIFIX treatment

MIMEDX® ADVANCED TREATMENTS IN THE OR

AMNIOFIX®



- AMNIOFIX is a dehydrated human amnion/ chorion membrane allograft
- AMNIOFIX provides a semi-permeable protective barrier that supports the healing cascade
- AMNIOFIX protects the wound bed to aid in the development of granulation tissue
- AMNIOFIX provides a human biocompatible extracellular matrix (ECM) and retains 300+ regulatory proteins¹⁻³

To find out more about MIMEDX products:





Please Call: 866.477.4219 @ Email: customerservice@mimedx.com

REFERENCES 1. Koob TJ, Lim JJ, Massee M, Zabek N, Denozière G. Properties of dehydrated human amnion/chorion composite grafts: Implications for wound repair and soft tissue regeneration. J Biomed Mater Res B Appl Biomater. 2014;102(6):1353–1362. 2. Lei J, Priddy LB, Lim JJ, Massee M, Koob TJ. Identification of Extracellular Matrix Components and Biological Factors in Micronized Dehydrated Human Amnion/Chorion Membrane. Adv Wound Care (New Rochelle). 2017;6(2):43-53. 3. MM-RD-00086, Proteome Characterization of PURION Processed Dehydrated Human Amnion Chorion Membrane (dHACM) and PURION Plus Processed Dehydrated Human Umbilical Cord (dHUC) Allografts.



