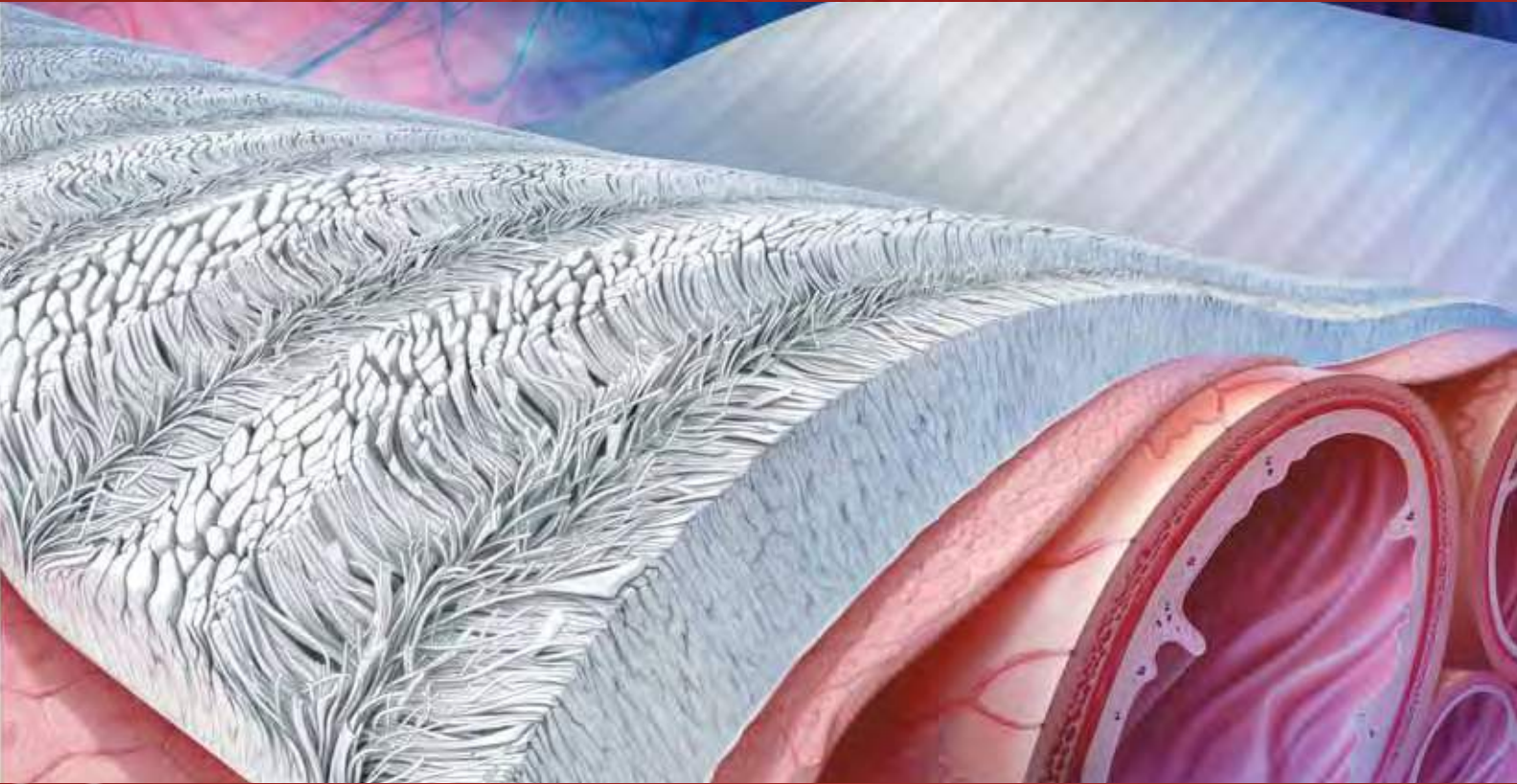


Proven reliability



PERFORMANCE through experience

- Proven visceral protection
- Versatile material – easily trimmable to fit defect
- CORDUROY® surface for tissue ingrowth
- Available with PLUS antimicrobial technology



DUALMESH®

BIOMATERIAL



Indications

For use in the reconstruction of hernias and soft tissue deficiencies and for the temporary bridging of fascial defects.

Also available with PLUS antimicrobial technology - designed to inhibit microbial colonization of, and resist initial biofilm formation on, the device for up to 14 days post implantation.



DUALMESH® PLUS

BIOMATERIAL

Gore developed and introduced the first ePTFE hernia repair biomaterial in 1983. Since then, Gore has continued to lead in ePTFE innovation by offering several configurations to meet and anticipate surgical needs.

The visceral interface side has a pore size consistently less than three microns that has been clinically documented to result in minimal tissue attachment¹. The fascial interface side – the patented* CORDUROY® surface – features expanded polytetrafluoroethylene (ePTFE) “ridges” and “valleys.” Animal models have shown that the CORDUROY® surface stimulates a heightened tissue fixation process rendering the material translucent in less than one week, due to the rapid influx of cells and proteinaceous fluids. Long-term, the product is designed to bond firmly to host fascia, yet function as a physically smooth and conformable abdominal wall prosthesis.

Composed entirely of ePTFE, GORE® DUALMESH® Biomaterial configuration can be cut, folded and sewn without fear of material separation, which has been a reported drawback of hybrid meshes on the market. Moreover, several surgeons evaluating the material report that the “ridges” on the patented CORDUROY® surface significantly aid in the abdominal laparoscopic introduction of the material as well as facilitate the unrolling and placement of the material.

GORE® DUALMESH® Biomaterial has been successfully used in a wide range of applications. These materials are well known for their successful use in the repair and reconstruction of ventral hernias. In addition, our family of ePTFE patches is commonly used for soft tissue deficiencies, chest wall reconstruction, congenital defects, temporary bridging, and TRAM flap procedures. Gore ePTFE is used on a regular basis for incisional/ventral hernias and occasionally for inguinal hernias. Other less common types of hernias, such as epigastric, lumbar, parastomal, and hiatal/paraesophageal, can also be repaired utilizing GORE® DUALMESH® Biomaterials.

As shown by extensive literature support and long clinical history, GORE® DUALMESH® Biomaterial and GORE® DUALMESH® PLUS Biomaterial are compelling choices for ventral and incisional hernia repairs.

Surface Orientation

Proper surface orientation is essential for GORE® DUALMESH® Biomaterial to function as intended.

The smoother surface should be placed adjacent to those tissues or structures where minimal tissue attachment is desired. The patented CORDUROY® surface has an open microstructure that stimulates host tissue incorporation and should be placed adjacent to those tissues where incorporation is desired.

Suture/Staple Recommendations

- ▶ Use only nonabsorbable sutures, such as GORE-TEX® Suture, with a noncutting needle (such as taper or piercing point). For best results, use monofilament sutures.
- ▶ Suture size should be determined by surgeon preference and the nature of the reconstruction. A bite and spacing ratio of 1:1 is recommended.²
- ▶ Staples or helical tacks (also known as helical coils) can be used as an alternative to sutures. Staple size and staple or tack spacing should be determined by surgeon preference.

Surgical Drains/Seroma

- ▶ Use of a drain should reflect surgeon preference.^{3,4} Closed-suction drains rather than gravity drains are recommended to prevent handling-related infections.
- ▶ In any hernia defect repair, it is possible for seroma to occur up to six weeks postoperatively. Aspiration or placement of a drain, followed by pressure dressing, may resolve the seroma.^{5,6,7,8}

Use in a Contaminated Field Postoperative Infection

- ▶ GORE® DUALMESH® Biomaterial is not recommended for use in grossly infected tissue.
- ▶ Appropriate preoperative and postoperative use of local and systemic antibiotics is highly recommended. In the event of a postoperative infection, an aggressive regimen of antibiotic treatment, possibly including antibiotic irrigation, aspiration and debridement of the affected area may resolve the infection. Persistent infection may necessitate removal of the device.

Open Healing

- ▶ When using this device as a temporary external bridging device where primary closure is not possible, use measures to avoid contamination. The entire device should be removed as early as clinically feasible, not to exceed 45 days after placement.
- ▶ When using this device as a permanent implant and unintentional exposure occurs, treat to avoid contamination, or device removal may be necessary.

References

1. Koehler Rh, Begos D, et al. Minimal adhesions to ePTFE mesh after laparoscopic ventral incisional hernia repair: Reoperative findings in 65 cases. J Soc Lapar Surg 2003; 7(4): 335-340.
2. Nealon TF. Fundamental skills in surgery. Philadelphia: Saunders, 1979:47.
3. Nyhus LM, Condon RE, eds. Hernia. 4th ed. Philadelphia: Lippincott, 1995:331-6.
4. Hamer-Hodges DW, Scott NB. Replacement of an abdominal wall defect using expanded PTFE sheet (GORE-TEX). J R Coll Surg Edinb 1985;30:65-7.
5. Ponka JL. Hernias of the abdominal wall. Philadelphia: Saunders, 1980:339, 352, 392.
6. Durden JG, Pemberton LB. Dacron mesh in ventral and inguinal hernias. Am Surg 1974;40:662-5.
7. Reisfeld D, Schechner R, Wetzel W. Traumatic lumbar hernia. Surg Rounds 1989 Mar;12:69-72.
8. Nichter LS, Morgan RF, Dufresne CR, Lambruschi P, Edgerton MT. Rapid management of persistent seromas by sclerotherapy. Ann Plast Surg 1983;11:233-6.
9. U. Klinge, B. Klosterhalfen, J. Conze, W. Limberg, B. Oolenski, A. Oetinger and V. Schumplick; Modified Mesh for Hernia Repair that is Adapted to the Physiology of the Abdominal Wall; Eur J Surg 1998; 164:951-960.
10. K. Junge, U. Klinge, A. Prescher, P. Giboni, M. Niewiera, V. Schumpelick; Elasticity of the Anterior Abdominal Wall and Impact for Reparation of Incisional Hernias Using Mesh Implants; Hernia (2001) 5:113 – 118.
11. C. Song, A. Alijani, T. Frank, G. B. Hanna, A. Cuschieri; Mechanical Properties of the Human Abdominal Wall Measured in vivo during Insufflation for Laparoscopic Surgery; Surg Endosc 2006; 20: 987 – 990.

Contact Information

To receive further information on available sizes and custom configurations for GORE® DUALMESH® Biomaterial, contact your Technical Sales Associate or a Product Specialist at **800.437.8181**. For orders and overnight delivery, call **800.528.8763**.

Sizes Available

CATALOGUE NUMBER		NOMINAL WIDTH x LENGTH
1 mm Nominal Thickness	2 mm Nominal Thickness	
1DLMC02	—	8 CM x 12 CM
1DLMC03	1DLMC200	10 CM x 15 CM*
1DLMC04	1DLMC201	15 CM x 19 CM*
1DLMC05	—	7.5 CM x 10 CM*
1DLMC06	1DLMC202	18 CM x 24 CM
1DLMC07	1DLMC203	20 CM x 30 CM
1DLMC08	1DLMC204	26 CM x 34 CM*
1DLMC09	—	12 CM**

*OVAL SHAPED
**ROUND

PACKAGED STERILE



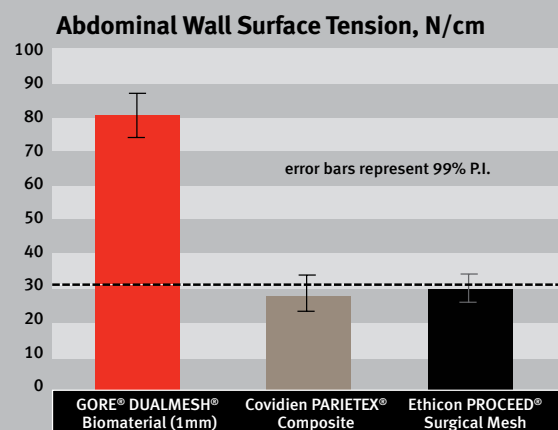
Remember GORE-TEX® Suture:
The Perfect Close to Your
Soft Tissue Repairs

Commonly Requested GORE-TEX® Sutures for Ventral Hernia Repairs

THREAD SIZE	NEEDLES	CATALOGUE NUMBER
CV-0	THX-36	ON07
	TH-50	OU01
CV-2	TH-26	2N02
	THX-26	2N05, 2N06, 2U05



*At 16 months, GORE® DUALMESH®
Biomaterial develops a neomesothelialization
or reperitonealization on the visceral side.*



Based upon the samples tested, GORE® DUALMESH® Biomaterial has a statistically higher abdominal wall surface tension than either PARIETEX® composite or PROCEED® mesh*, which is above the clinically calculated strength requirement of 32 N/cm^{9,10,11}. The absorbable barriers were removed prior to testing simply by soaking in water in order to assess long term strength.

* Data on File

Contraindications

Not for reconstruction of cardiovascular defects.

Use of this product in applications other than those indicated has the **potential for serious complications**, such as aneurysm formation or undesired healing to surrounding tissues.



Products listed may not be available in all markets.
GORE®, GORE-TEX®, CORDUROY®, DUALMESH®, DUALMESH® PLUS,
PERFORMANCE THROUGH EXPERIENCE, and designs are trademarks of W. L. Gore & Associates.
PROCEED, is a trademark of Ethicon, Inc. PARIETEX is a trademark of Covidien AG or its affiliates.
*US 6,780,497; US D445,188; US D444,878; Patents Pending
© 2010 W.L. Gore & Associates, Inc. AD0205-EN5 SEPTEMBER 2010

W. L. GORE & ASSOCIATES, INC.
Flagstaff, AZ 86004

+65.67332882 (Asia Pacific)
00800.6334.4673 (Europe)
800.437.8181 (United States)
928.779.2771 (United States)

goremedical.com