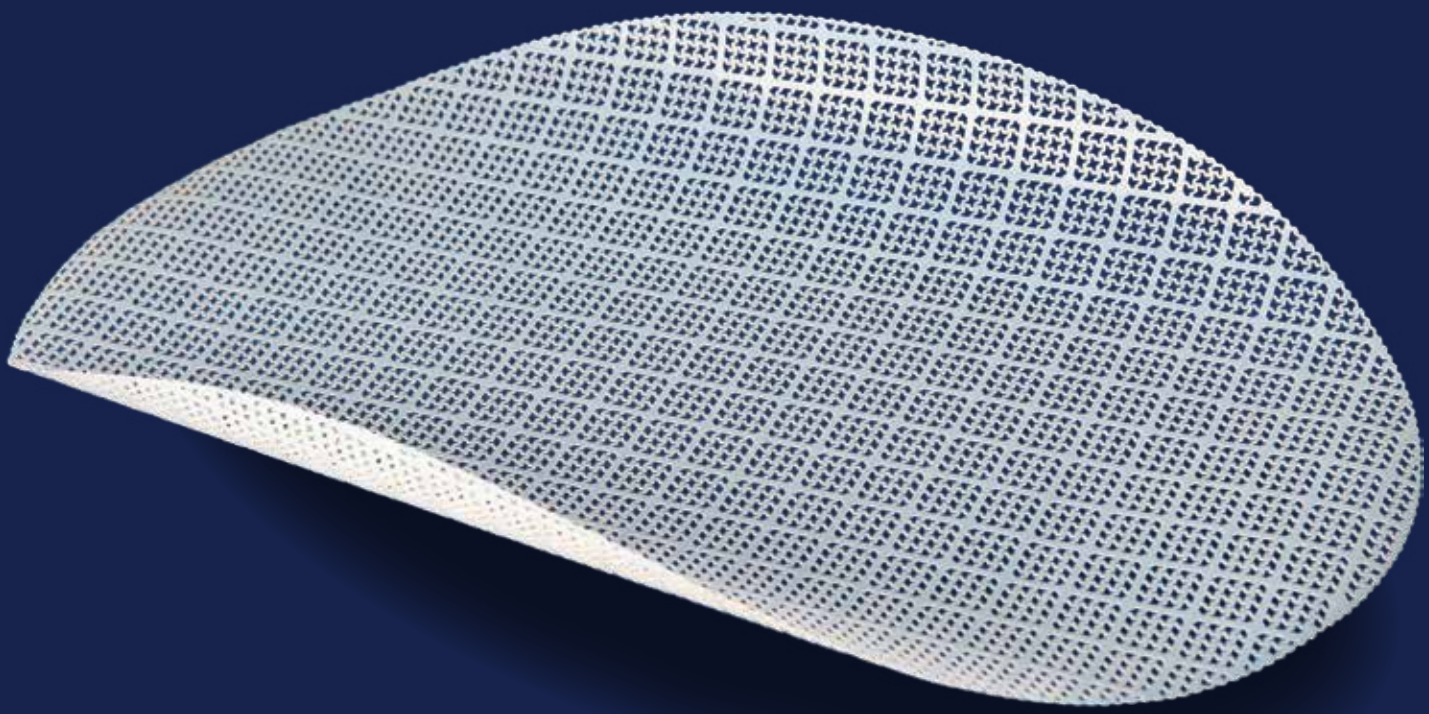
MotifMesh™

High Performance Monolayer PTFE Mesh

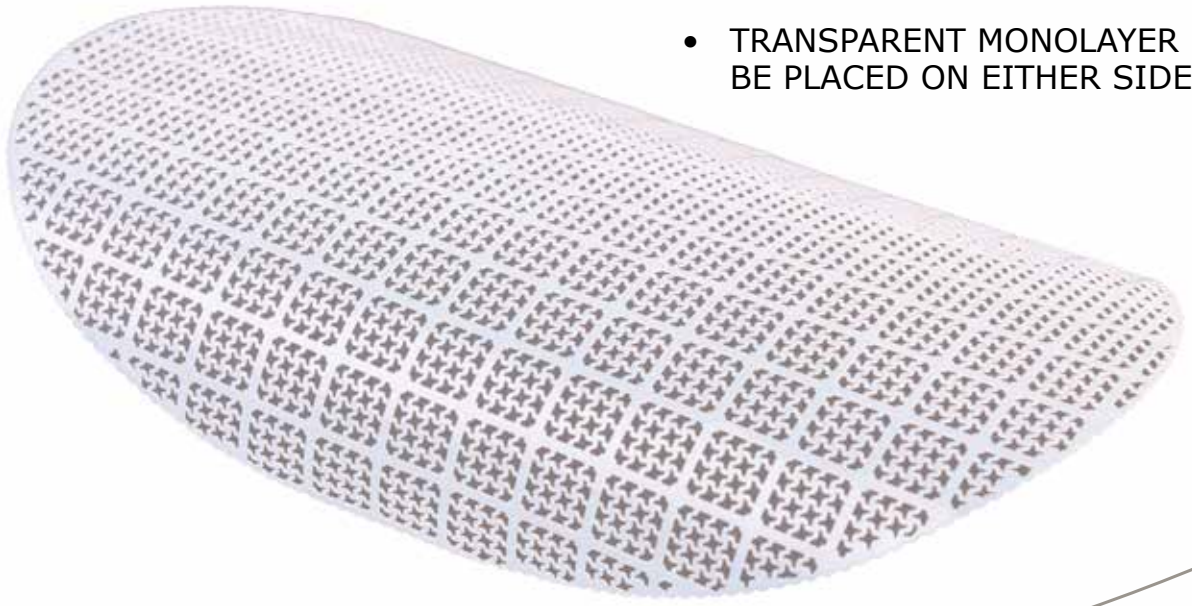


ARAN BIOMEDICAL

Tailored for Intraperitoneal (IPOM) Repair

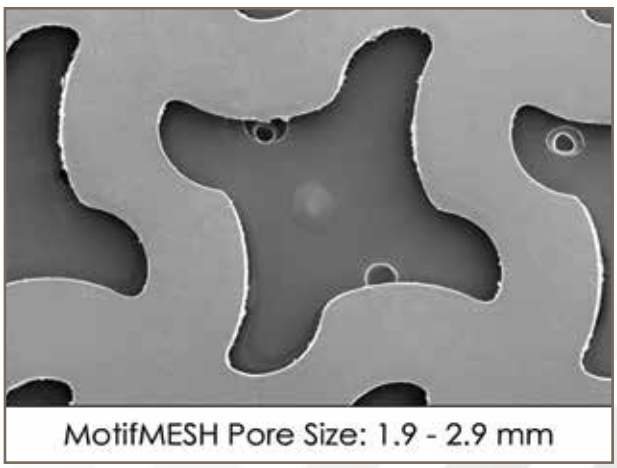
- ULTRA THIN FOR LAPAROSCOPIC DELIVERY
150 micron/ 0.006”

- NO ORIENTATION REQUIRED AS EQUAL STRENGTH IN EACH DIRECTION

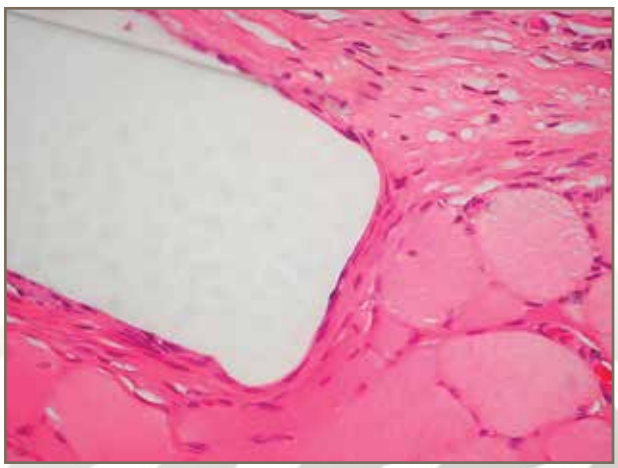


- TRANSPARENT MONOLAYER MESH[7] CAN BE PLACED ON EITHER SIDE

- SMOOTH BIOCOMPATIBLE PTFE MATERIAL
- MACROPOROUS FOR OPTIMAL TISSUE INTEGRATION
- INHERENT ANTI-ADHESIVE SURFACE PROPERTIES



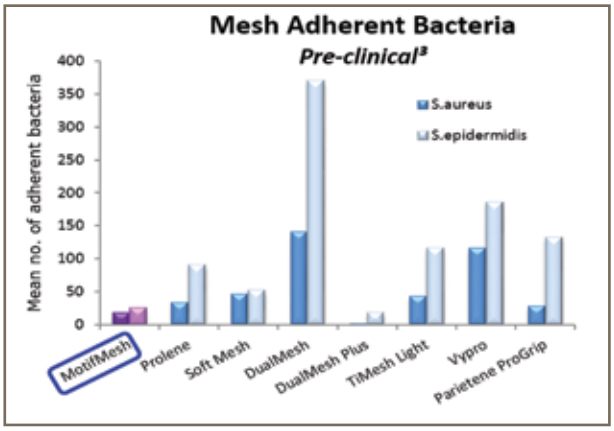
MotifMESH Pore Size: 1.9 - 2.9 mm



Proven Performance Across Key Criteria

Performance Criteria	v. Flatsheet PTFE Mesh	v. Composite Mesh	v. Biologic Mesh
1: Mesh Infection Resistance	Higher	Equivalent - Lower	Equivalent - Lower
2: Tissue Incorporation	Higher	Equivalent - Higher	Higher
3: Visceral Adhesion	Lower	Equivalent - Lower	Higher
4: Shrinkage	Lower	Equivalent	Lower
5: Relative Pricepoint	ca. 60%	ca. 50% - 90%	ca. 10% - 30%
Product comparisons carried out in pre-clinical and clinical trials - Ref: 1,2,3,5,6			

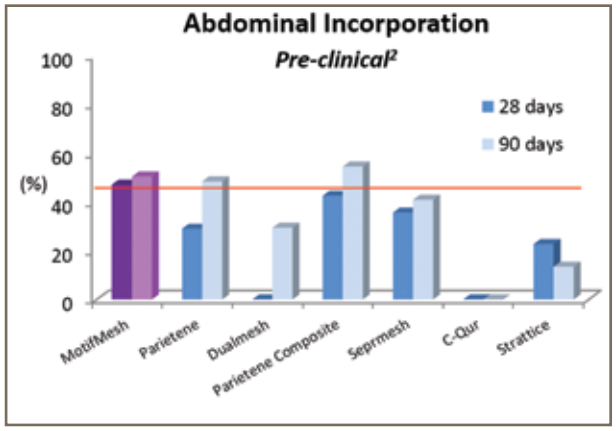
1. MESH INFECTION RESISTANCE



Refernce 3 - Sanders et al, 2013

- MotifMESH condenced PTFE material structure inhibits bacterial formation better than competing products.[1, 2, 3]

2. TISSUE INCORPORATION



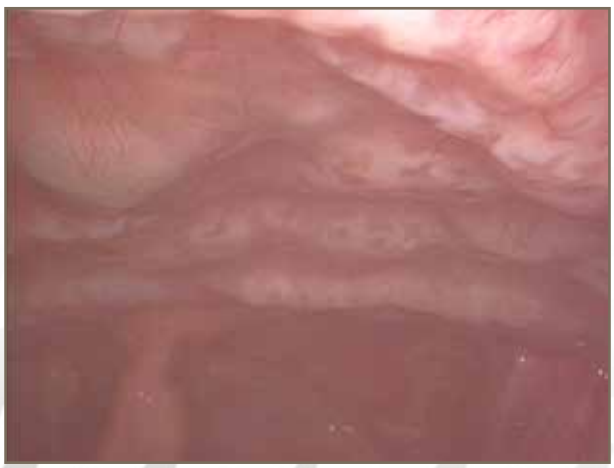
Reference 2 - Deerenberg et al, 2012

- Study shows MotifMESH has faster Abdominal incorporation after 28 days than any other synthetic or biologic mesh.[2]
- Macroporous design promotes rapid healing and dense collagen formation.[5, 6]

3. VISCERAL ADHESION

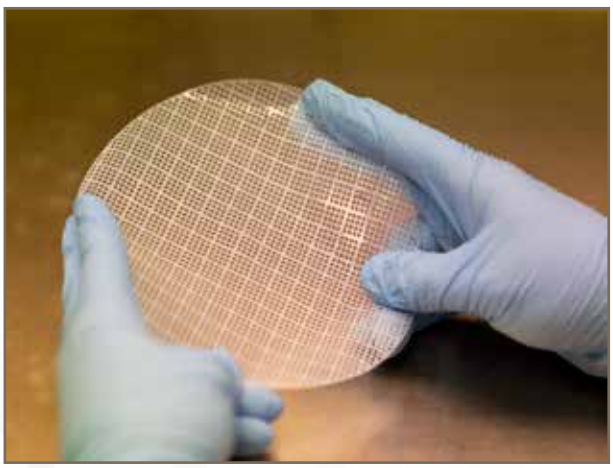
- Ultra smooth, non porous PTFE material provides inherent anti-adhesive qualities.[6]
- Image below showing good peritoneal covering with vascularisation of new peritoneum - homogeneous covering over undulating mesh with no adhesions to the mesh - one to a tack.

In-vivo study - MotifMESH 1yr post implantation



4. SHRINKAGE

- Shrinkage 10-15%, in line with most composite and non-composite mesh after 90 days, versus 23% shrinkage for biologic mesh.[2]
- Facilitates repair of large hernias.



References

1. *"Macroporosity and hypdrophobicity of surgical meshes reduce in vivo staphylococcus aureus infection and anchorage"Voskerician et al. (Presented at 4th International Hernia Congress, Sept. 2009)*
2. *"Experimental Study on Synthetic and Biological Mesh Implantation in a Contaminated Environment", Deerenberg et al. (BJS Journal Vol. 99, Issue 12, Dec. 2012)*
3. *"An in vitro study assessing the effect of mesh morphology and suture fixation on bacterial adherence", D Sanders et al. (Springer Link, Hernia, Vol. 17, Issue 6, 779-789, Dec. 2013)*
4. *"Foreign body reaction to meshes used for the repair of abdominal wall hernias," Klinge, U. et al, Eur J Surg (1999); 165: 665-673*
5. *"Macroporous condensed poly(tetrafluoroethylene) I. In vivo inflammatory response and healing characteristics", Voskerician, G et al, J Bio Mat res (2006); 76A: 232-242.*
6. *"Macroporous condensed poly(tetrafluoroethylene). II. In vivo effect on adhesion formation and tissue integration", Voskerician, G et al, J Biomed Mater Res A. 2007 Aug; 82(2):426-35.)*
7. *In house benchmark study - data on file.*