High Performance Monolayer PTFE Mesh
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™ 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

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<tr>
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<tbody>
<tr>
<td>1: Mesh Infection Resistance</td>
<td>Higher</td>
<td>Equivalent - Lower</td>
<td>Equivalent - Lower</td>
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<tr>
<td>2: Tissue Incorporation</td>
<td>Higher</td>
<td>Equivalent - Higher</td>
<td>Higher</td>
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<td>3: Visceral Adhesion</td>
<td>Lower</td>
<td>Equivalent - Lower</td>
<td>Higher</td>
</tr>
<tr>
<td>4: Shrinkage</td>
<td>Lower</td>
<td>Equivalent</td>
<td>Lower</td>
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<td>5: Relative Pricepoint</td>
<td>ca. 60%</td>
<td>ca. 50% - 90%</td>
<td>ca. 10% - 30%</td>
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Product comparisons carried out in pre-clinical and clinical trials - Ref: 1,2,3,5,6

1. **MESH INFECTION RESISTANCE**

   - MotifMESH condensed PTFE material structure inhibits bacterial formation better than competing products.\(^1,2,3\)

2. **TISSUE INCORPORATION**

   - 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.

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)