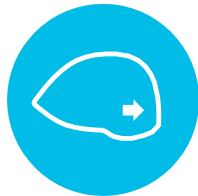




3D Max™ and 3D Max™ Light Mesh

Unique three-dimensional polypropylene mesh for laparoscopic inguinal hernia repair.

Choose the original



Easy positioning

- Unique 3D shape with built-in memory
- Anatomical design
- Precise Sealed edge and medial orientation marker for accurate placement
- Fixation-free possibility

Rely on knowledge



Variation in procedural applications

- TAPP
- TEP
- Robotic TAPP

Reduced patient pain

- 965 cases (757 patients) in 9 fixation-free clinical studies
- 0.62% incidence of chronic pain and recurrence, average 17-month follow-up^{2,4}

Go for experience



A product that is clinically proven

Patients

- Globally, approximately 4 million patients have been treated

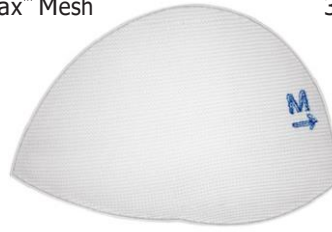
Clinical data

- A 2019 clinical publication - total of 1,424 laparoscopic inguinal hernia repairs – 0.56% recurrence rate - 804 cases using 3DMax™ Light - average follow-up of 21.8 months



The one and only

3D Max™ Mesh



3D Max™ Light Mesh



Ordering information

3D Max™ Mesh - Knitted Polypropylene Pre-formed Mesh

Catalogue no.	Size	Configuration	Quantity
0115310	8.5 cm x 13.7 cm	Medium left	1 per case
0115311	10.8 cm x 16.0 cm	Large left	1 per case
0115312	12.4 cm x 17.3 cm	X-Large left	1 per case
0115320	8.5 cm x 13.7 cm	Medium right	1 per case
0115321	10.8 cm x 16.0 cm	Large right	1 per case
0115322	12.4 cm x 17.3 cm	X-Large right	1 per case

3D Max™ Light Mesh - Knitted Polypropylene Pre-formed Mesh

Catalogue no.	Size	Configuration	Quantity
0117310	7.9 cm x 13.4 cm	Medium left	1 per case
0117311	10.3 cm x 15.7 cm	Large left	1 per case
0117312	12.2 cm x 17.0 cm	Extra-large left	1 per case
0117320	7.9 cm x 13.4 cm	Medium right	1 per case
0117321	10.3 cm x 15.7 cm	Large right	1 per case

References

1. Koch et al. Randomized Prospective Study of Totally Extraperitoneal Inguinal Hernia Repair: Fixation Versus No Fixation of Mesh. *Journal of the Society of Laparoendoscopic Surgeons*. 2006;10:457-460.
2. Bell, Price. Laparoscopic Inguinal Hernia Repair Using an Anatomically Contoured Three-Dimensional Mesh. *Surgical Endoscopy*. 2003;17:1784-1788.
3. Amid, Shulman, Lichtenstein. Selecting Synthetic Mesh for the Repair of Groin Hernia. *Postgraduate General Surgery*. 1992;4:150-155.
4. Pajotin. Laparoscopic Groin Hernia Repair Using a Curved Prosthesis Without Fixation. *Le Journal de Celio – Chirurgie*. 1998;28:64-68.

Indications

To reinforce soft tissue where weakness exists, e.g., for repair of hernia and chest wall defects.

Contraindications

Literature reports that there is a possibility for adhesion formation when placed in direct contact with the bowel or viscera. Do not use polypropylene mesh in infants and children, whereby future growth will be compromised by use of such material.

Warnings

The use of any permanent mesh or patch in a contaminated or infected wound could lead to fistula formation and/or extrusion of the prosthesis. If an infection develops, treat the infection aggressively. Consideration should be given regarding the need to remove the mesh. An unresolved infection may require removal of the device.

Precautions

Do not cut or reshape the mesh as this may affect its effectiveness. If sutures are used to secure the mesh in place, nonabsorbable monofilament sutures are recommended. If fixation is used, care should be taken to ensure that the mesh is adequately fixated to the abdominal wall.

Adverse Reactions

Possible complications include seromas, adhesions, hematomas, inflammation, extrusion, fistula formation and recurrence of the hernia of soft tissue defect.

Please consult product labels and inserts for any indications, contraindications, hazards, warnings, precautions and instructions for use.

BD Switzerland Sarl
Terre Bonne Park - A4, Route De Crassier, 17, 1262 Eysins, Vaud, Switzerland
T: +41 21 556 3000

CE
2797

bd.com

