The ProTack™ fixation device is built on 20 years of clinical use in hernia repair. And with more than 60 million titanium tacks deployed worldwide, the ProTack™ device is the gold standard in fixation.1,2

Below are some common questions regarding the clinical relevance of artifacts caused by metal tacks in MRI (Magnetic Resonance Imaging).

Q: Does MRI artifact size vary based on type of tack material?

Non-clinical MRI testing demonstrates that although metal tacks create artifacts, the size of the artifact varies depending on the tack material.3,4

Q. What is the difference between MRI artifacts caused by ProTack™ tacks compared to CapSure™* tacks?

- CapSure™* (made from 316L stainless steel) creates larger MRI artifacts compared to the ProTack™ device (made from titanium), even though the metal coil in the ProTack™ device is larger than the coil in CapSure.™*

  - When tested at the parameters outlined in the IFU, CapSure™* MRI artifacts are 43% larger than ProTack™ MRI artifacts3,4,†

  - Based on testing at seven different MRI settings, CapSure™* MRI artifacts are 43% to 250% larger than ProTack™ MRI artifacts3,4,‡
Q. Are artifacts caused by tacks clinically relevant? What impact could tack-related artifacts have on diagnoses performed from MRI?

- Artifacts caused by tacks can be clinically relevant in diagnosing disease from MRI images of the inguinal canal, pubic bones, prostate, and potentially other anatomical locations.  
- Larger artifacts are more likely to interfere with clinical diagnosis, compared to smaller artifacts.
- Artifacts cause dark areas on MRI, which could hinder exclusion of cancer metastasis.
- The blooming artifact from tacks could falsely indicate the presence of endometrial implantation, when diagnosing female patients with chronic pelvic pain for endometriosis.
- When diagnosis is impeded due to the artifact, some options for the clinician are to:
  - Repeat the MRI for the patient
  - Pursue a different imaging modality to perform the diagnoses

**NOTE:** This information is not intended to be a clinical recommendation or to replace surgeon judgement in choosing the most appropriate device for the patient.

† Images taken at 1.5 Tesla sequence T1 Dixon.