Medtronic

MaxTack™ motorized fixation device vs. Securestrap™* absorbable strap fixation device

Consistently stronger absorbable fixation[1,†]

As the first powered fixation device on the market,[2] the MaxTack™ device offers distinct mesh fixation advantages over the Securestrap™* device.[1,3-7,†,‡]

Discover powerful benefits with the MaxTack™ device

Strong

Stronger fixation than other absorbable tackers securely fixating even in tough, dense tissue like Cooper's ligament[3,4,†]

1.6x
stronger than the Securestrap™* device[1,†]

Easy

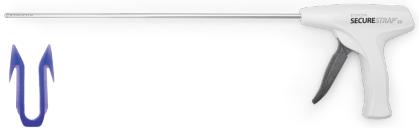
An in-line handle and a push-button firing mechanism provide greater hand comfort and ease of use[5,6,‡] while reducing ergonomic risk factors such as upper-body strain[7]

Consistent

A symmetrical, screw-like tack design delivers more consistent strength than the Securestrap™* device[1,†]

†Based on benchtop data, not necessarily indicative of human clinical outcomes.
‡Based on surgeon feedback.

A clear comparison. A clear choice.



	MaxTack™ motorized fixation device	Securestrap™* absorbable strap fixation device[8,9]
Company	**Medtronic**	**Ethicon**
Device quantity	6 per box	6 per box
Number of tacks/ straps per device	30 tacks	25 straps
Tack material	PGLA – absorbable	PDO/PGA – absorbable
Total tack length	7.0 mm	7.2 mm
Sharp piloting needle required?	No	Bifurcated piloting tip
Visualization (color)	First 25 tacks dyed with D&C violet No. 2; last 5 tacks dyed with D&C green No. 6	Violet straps
Tack removal	Tack can be unscrewed if necessary.	Straps must be cut.
Push-button firing mechanism?	Yes	No

Next-generation powered fixation is within your grasp – bring the MaxTack™ device to your OR.

Product code	Description	Quantity
MAXTACK30	MaxTack™ motorized fixation device with 30 absorbable tacks	6 per box

Contact your Medtronic representative or visit us at **medtronic.ca**

For a listing of indications, contraindications, precautions, warnings, and potential adverse events, please refer to the Instructions for Use.

Nonwoven, nonporous, or biologic prosthetic materials may compromise full engagement of the tack. The prosthetic material should be carefully evaluated prior to application. A minimum thickness of tissue over underlying bone, vessels, or viscera is needed for full engagement of the tack. The total distance from the surface of the tissue (including the material to be fixated) to the underlying bone, vessels, or viscera should be carefully evaluated prior to application of the device. Tacking into tissues that have a direct anatomic relationship to major vascular structures could result in critical injury to cardiac tissues or other major vascular structures. Depressing the trigger button when not in approximation to mesh and/or tissue will cause the device to deploy a tack, which could potentially fall into the body cavity.

1. Based on internal report #RE00437048, MaxTack™ device fixation strength claims. January 2023. **2.** Based on memorandum #RE00450435 Rev A, MaxTack™ first motorized fixation device Memo report. March 2023. **3.** Based on internal report #RE00452165, MaxTack™ device groin indication benchtop testing. March 2023. **4.** Based on internal report #RE00453235, MaxTack™ device groin indication preclinical study. March 2023. **5.** Based on internal report #RE00422041 Rev A, Effects of instrument design on body posture with repetitive motions of a lap ventral hernia repair surgeon protocol. October 2022. **6.** Based on internal report #RE00422048, Effects of instruments design on body posture with repetitive motions of lap ventral hernia repair surgeon report.August 2022. **7.** Based on internal report #RE00422048 Rev A, Effects of instrument design on body posture with repetitive motions of a lap ventral hernia repair surgeon report. October 20, 21, 26, and 27, 2022. **8.** Securestrap™* absorbable strap fixation device [instructions for use]. Ethicon, Inc. 2010. **9.** Muysoms FE, Novik B, Kyle-Leinhase I, Berrevoet F. Mesh fixation alternatives in laparoscopic ventral hernia repair. Surg Technol Int. 2012;22:125–132.

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