

Medtronic

ProGrip™ advanced self-gripping polypropylene mesh

Optimized for robotics.^{†,1,2}

Full surface fixation^{†,3} with ProGrip™ technology

Grips on one side help the mesh conform to the anatomy^{‡,2,4} and increase contact with the tissue, which may reduce seroma formation.^{†,§,3,5,6}

Grips the tissue – not itself.^{‡,2,4}

An absorbable collagen film helps the mesh unroll in the abdominal cavity^{‡,2,4} and allows easy introduction through trocars,^{¶,4,7} including 8 mm robotic trocars.^{‡‡,1,2}

Position and place. It's that easy.

A mesh marker of colored yarn stitching aids with centering and orientation during placement,^{‡,2,4} and the mesh can be easily repositioned.^{Δ,4,7}

Designed to behave like the abdominal wall.

The mesh is designed to match the elasticity of the abdominal wall, helping to reduce tissue stress, support healing and natural mobility, and reduce pain and complications.^{††,10-14}

Large pores. Better tissue integration.[∞]

Macroporosity (1.7 × 1.7 mm) allows for rapid cellular ingrowth and good tissue integration^{†,∞,1,3,8}. Large pores are associated with a reduced risk of infection and shrinkage.^{†,∞,1,8,9}

Risk statement: Mesh complications may include but are not limited to seroma, hematoma, recurrence, infection, inflammation, chronic/acute pain, extrusion/erosion.

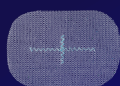
[†] Based on preclinical animal and/or benchtop studies, not necessarily indicative of human clinical outcomes. [‡] Based on feedback from 16 surgeons conducted in lab setting with cadaver.

[§] Compared to a flat sheet mesh affixed with 40% more fixation devices (i.e., sutures or tacks). [‡] Based on 16 answers: 50% (8) Extremely well, 38% (6) Very well, and 12% (2) Somewhat well. [¶] Based on 16 answers: 63% (10) Extremely well, 31% (5) Very well, and 6% (1) Somewhat well. Refer to the IFU for the trocar size recommendations. Do not force the mesh through the trocar. Inappropriate insertion may lead to textile and/or grips damage. ^Δ Based on in vitro solubility testing at 37°C in saline. ^Δ Based on 16 answers: 18% (3) Very easy, 44% (7) Easy, 32% (5) Quite easy, and 6% (1) Not easy. [∞] Compared to mesh with pores < 1.5 mm. ^{††} Based on biaxial tensile tests with strain measurements made on linea alba in human cadaver (data from Cooney et al., 2016) and on ProGrip™ advanced self-gripping polypropylene mesh (clamps adapted for textile use). ^{‡‡} Sizes up to 20 × 15 cm size is designed to be inserted in an 8 mm robotic trocar without being damaged.

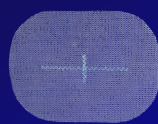
Strong as before. Easier than ever.^{†,‡,1-4,15}

Robotics is driving the future of hernia care – and the design of ProGrip™ advanced self-gripping polypropylene mesh is optimized for robotic ventral hernia surgery.^{†,1,2} Structured with one side designed for tissue ingrowth and the other facilitating ease of use,^{†,1-3} the mesh exhibits significantly higher ball burst maximum force compared to Bard™* soft mesh.^{§,16}

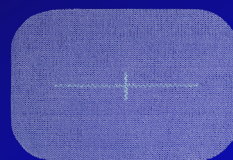
Ordering information



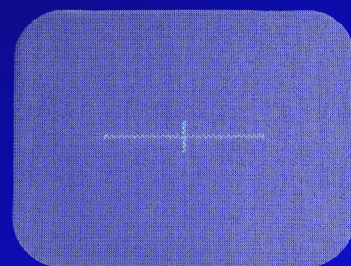
15 cm × 10 cm | 5.9 in × 3.9 in
Product code: ADG1510
Compatible with 8 mm trocar^{1,2}



20 cm × 15 cm | 7.9 in × 5.9 in
Product code: ADG2015
Compatible with 8 mm trocar^{1,2}



30 cm × 20 cm | 11.8 in × 7.9 in
Product code: ADG3020
Compatible with 12 mm trocar^{1,2}



40 cm × 30 cm | 15.7 in × 11.8 in
Product code: ADG4030
Compatible with 15 mm trocar^{1,2}



Experience our most
advanced robotic mesh yet.^{‡,1,2,17}

Discover more at medtronic.com/ProGripAdvanced

Important: Always refer to the instructions for use (IFU) supplied with products for complete instructions, indications, contraindications, warnings, and precautions.

Risk statement: Mesh complications may include but are not limited to seroma, hematoma, recurrence, infection, inflammation, chronic/acute pain, extrusion/erosion.

[†] Based on preclinical animal and/or benchtop studies, not necessarily indicative of human clinical outcomes.

[‡] Easier compared to ProGrip™ self-gripping polypropylene mesh in terms of mesh deployment.

[§] Based on comparative bench testing measuring maximum ball-burst. Data on file.

[‡] Compared to all Medtronic meshes indicated for robotic ventral hernia repair.

References

1. Based on internal report 43463CR506, Design verification report. **2.** Based on internal report 43463CR740, Design validation lab of ProGrip™ advanced self-gripping polypropylene mesh by MIS and open surgical approach. **3.** Based on internal report 43463CR731, Evaluation of ProGrip™ advanced self-gripping polypropylene mesh contribution to the fixation and tissue integration in a porcine model. **4.** Based on internal report 43463CR563, Marketing evaluation of ProGrip™ self-gripping polypropylene mesh for MIS and ProGrip™ advanced self-gripping polypropylene mesh. October 2024. **5.** Jin J, Schomisch S, Rosen MJ. In vitro evaluation of the permeability of prosthetic meshes as the possible cause of postoperative seroma formation. *Surg Innov.* 2009;16(2):129-133. **6.** He C, Lu J, Ong MW, Lee DJK, Tan KY, Chia CLK. Seroma prevention strategies in laparoscopic ventral hernia repair: a systematic review. *Hernia.* 2020;24(4):717-731. **7.** Based on internal report 43463CR510, Summative usability (human factors) evaluation of ProGrip™ advanced self-gripping polypropylene mesh by MIS approach. September 2024. **8.** Weyhe D, Cobb W, Lecuivre J, et al. Large pore size and controlled mesh elongation are relevant predictors for mesh integration quality and low shrinkage—Systematic analysis of key parameters of meshes in a novel minipig hernia model. *Int J Surg.* 2015;22:46-53. **9.** Brown CN, Finch JG. Which mesh for hernia repair? *Ann R Coll Surg Engl.* 2010;92(4):272-278. **10.** Based on internal report 43463CR756, Biomechanical ProGrip™ advanced claim. April 2026. **11.** Maurer MM, Röhrnbauer B, Feola A, Deprest J, Mazza E. Mechanical biocompatibility of prosthetic meshes: a comprehensive protocol for mechanical characterization. *J Mech Behav Biomed Mater.* 2014;40:42-58. **12.** Kallinowski F, Gutjahr D, Harder F, et al. The Grip Concept of Incisional Hernia Repair-Dynamic Bench Test, CT Abdomen With Valsalva and 1-Year Clinical Results. *Front Surg.* 2021;8:602181. **13.** Beets GL, van Geldere D, Baeten CG, Go PM. Long-term results of giant prosthetic reinforcement of the visceral sac for complex recurrent inguinal hernia. *Br J Surg.* 1996;83(2):203-206. **14.** Junge K, Klinge U, Prescher A, Giboni P, Niewiera M, Schumpelick V. Elasticity of the anterior abdominal wall and impact for reparation of incisional hernias using mesh implants. *Hernia.* 2001;5(3):113-118. **15.** Based on internal report 43463CR677, ProGrip™ advanced self-gripping polypropylene mesh – 510(k). **16.** Based on internal report 43463CR755, Memorandum – ProGrip™ advanced self-gripping mesh vs. Bard™ Soft Mesh – statistical comparison of mechanical performances. March 2026. **17.** Based on internal report 43463CR757, Memorandum – ProGrip™ advanced self-gripping polypropylene mesh – advanced robotic mesh.

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