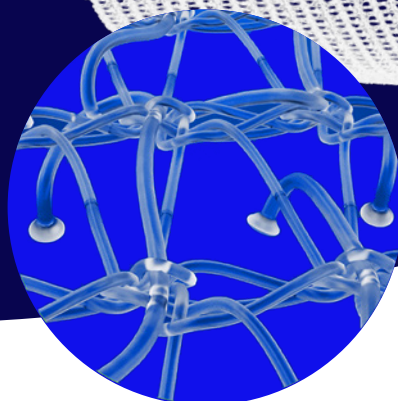


ProGrip™ self-gripping polypropylene mesh

Sizes you need. Grips you love.

The world of ProGrip™ self-gripping polypropylene mesh has expanded to provide more sizes for your inguinal and ventral hernia repair procedures.



Inguinal advantages

- Lower pain scores – and lower dosing of postoperative analgesics^{1,†,‡,††}
- Low recurrence rates and improved patient quality of life^{2-5,†}
- Significantly shorter procedure times than sutured mesh^{1,3,6,†}

Ventral benefits

- Resorbable microgrips provide uniform fixation across the mesh surface,^{7,‡,§,Ω} support good tissue integration,^{8,††} and prevent the mesh from shifting during placement^{9,‡†,§§}
- Immediate gripping facilitates easy positioning⁹⁻¹¹ and faster placement^{9,‡†,ΩΩ} of the mesh
- Reduced need for additional fixation,^{12,‡,Ω} eliminating associated pain^{3-6,11-14,‡}

[†]Applicable to PP1208DL, PP1208DR, PP1509G. [‡]The textile self-gripping feature makes it possible to position the mesh without fixation, depending on the size of the defect, the hernia position, and the quality of the anatomical structures. [§]The technique used to fixate the mesh (suture and/or tacks) is left up to the surgeon. ^ΩBased on benchtop data, not necessarily indicative of human clinical outcomes. ^{††}Based on animal study, not necessarily indicative of human clinical outcomes. ^{‡‡}Based on preclinical data, not necessarily indicative of human clinical outcomes. ^{§§}Based on feedback from 6 surgeons, conducted in lab setting with cadaver. Surgeons compensated. ^{ΩΩ}Compared to flat sheet meshes. Based on feedback from 6 answers, 5 surgeons (83%), conducted in lab setting with cadaver. Surgeons compensated. ^{†††}A study conducted by M. Kapischke showed a beneficial impact of the self-gripping mesh on pain score and a lower dosing of postoperative analgesics during hospital stay compared to a sheet of polypropylene mesh.

Sizes you need.

Item number	Description	Dimensions	Shape	Side	Qty.
PP1208DL	ProGrip™ self-gripping polypropylene mesh	12 cm × 8 cm (4.7 in × 3.0 in)	Elliptical pre-cut with flap, marking	Left	1
PP1208DR	ProGrip™ self-gripping polypropylene mesh	12 cm × 8 cm (4.7 in × 3.0 in)	Elliptical pre-cut with flap, marking	Right	1
PP1509G	ProGrip™ self-gripping polypropylene mesh	15 cm × 9 cm (6.0 in × 3.5 in)	Rectangular	N/A	1
PP1515G	ProGrip™ self-gripping polypropylene mesh	15 cm × 15 cm (5.9 in × 5.9 in)	Square	N/A	1
PP2015G	ProGrip™ self-gripping polypropylene mesh	20 cm × 15 cm (7.9 in × 5.9 in)	Rectangular	N/A	1
PP3020G	ProGrip™ self-gripping polypropylene mesh	30 cm × 20 cm (11.8 in × 7.9 in)	Rectangular	N/A	1
PP3030G	ProGrip™ self-gripping polypropylene mesh	30 cm × 30 cm (11.8 in × 11.8 in)	Square	N/A	1
PP4030G	ProGrip™ self-gripping polypropylene mesh	40 cm × 30 cm (15.7 in × 11.8 in)	Rectangular	N/A	1

Inguinal risk statement (PP1208DL, PP1208DR, PP1509G): Mesh complications may include but are not limited to acute and chronic pain, extrusion/erosion, hematoma, infection, inflammation, recurrence, and/or seroma. Please refer to IFU for complete contraindication and risk information.

Ventral risk statement (PP1515G, PP2015G, PP3020G, PP3030G, PP4030G): Mesh complications may include but are not limited to acute and chronic pain, extrusion/erosion, hematoma, infection, inflammation, recurrence, and/or seroma. Please refer to IFU for complete contraindication and risk information.

References

1. Kapischke M, Schulze H, Caliebe A. Self-fixating mesh for the Lichtenstein procedure--a prestudy. *Langenbecks Arch Surg.* 2010;395(4):317-322. 2. Quyn AJ, Weatherhead KM, Daniel T. Chronic pain after open inguinal hernia surgery: suture fixation versus self-adhesive mesh repair. *Langenbecks Arch Surg.* 2012;397(8):1215-1218. 3. Bruna Esteban M, Cantos Pallarés M, Artigues Sánchez de Rojas E, Vila M.J. [Prospective randomized trial of long-term results of inguinal hernia repair using autoadhesive mesh compared to classic Lichtenstein technique with sutures and polypropylene mesh]. *Cir Esp.* 2014;92(3):195-200. 4. Jorgensen LN, Sommer T, Assaadzadeh S, et al. Randomized clinical trial of self-gripping mesh versus sutured mesh for Lichtenstein hernia repair. *Br J Surg.* 2013;100(4):474-481. 5. Based on internal report #RE00475736, Herniamed Registry data extraction report 5-year follow-up inguinal hernia repair – fixation/no fixation. August 2022. 6. Pierides G, Scheinin T, Remes V, Hermunen K, Vironen J. Randomized comparison of self-fixating and sutured mesh in open inguinal hernia repair. *Br J Surg.* 2012;99(5):630-636. 7. Based on internal test report #43615CR042, Design output file. July 2023. 8. Benito-Martínez S, Rodríguez M, García-Moreno F, et al. Self-adhesive hydrogel meshes reduce tissue incorporation and mechanical behavior versus microgrips self-fixation: a preclinical study. *Hernia.* 2022;26(2):543-555. 9. Based on internal test report #43615CR103, GROOT marketing questionnaire. July 2023. 10. Based on internal test report #43615CR073, Design validation report. July 2023. 11. Anadol AZ, Akin M, Kurukahvecioglu O, Tezel E, Ersoy E. A prospective comparative study of the efficacy of conventional Lichtenstein versus self-adhesive mesh repair for inguinal hernia. *Surg Today.* 2011;41(11):1498-1503. 12. Based on internal test report #43615CR123, Fixation information for ProGrip™ self-gripping polypropylene mesh in ventral hernia repair. September 2023. 13. Köhler G, Lechner M, Mayer F, et al. Self-Gripping Meshes for Lichtenstein Repair. Do We Need Additional Suture Fixation? *World J Surg.* 2016;40(2):298-308. 14. Bruna Esteban M, Cantos Pallarés M, Artigues Sánchez De Rojas E. Use of adhesive mesh in hernioplasty compared to the conventional technique. Results of a randomized prospective study. *Cir Esp.* 2010;88(4):253-258.