SYNTHETIC RESORBABLE SCAFFOLD

TIGR[®] matrix

WHAT IS TIGR[®] Matrix?

TIGR®Matrix is the world's first long-term resorbable, 100 % synthetic surgical mesh. Its unique technology consists of dual-stage degradation and full resorption.

- Strong up to 9 months and gone in 3 years.^{1,5}
- Copolymers of lactide, glycolide and trimethylene carbonate.
 Same type of polymers that have been in clinical use since the 1970s.¹
- Macro-porosity, >1 mm², allows for good tissue integration.^{1,2}

- Ready to use directly out of the package, without rinsing.
- Warp-knitted multifilament fibers make it easy to handle, pliable and easy to cut.⁴
- A viable alternative to acellular dermal matrices, at a lower cost.^{2,3,4}

Tissue integration and collagen deposition

A pre-clinical study showed that collagen deposition significantly increased in the TIGR[®] Matrix group in comparison to the control group.¹

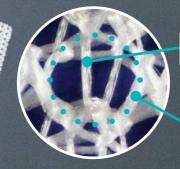
36 Months post implantation



TIGR[®] Matrix revealed a newly formed abdominal wall of approximately 6 mm.¹

Polypropylene control

mesh showed a wall thickness of approximately 1.3 mm.¹



Fast resorbing fiber

Slow resorbing fiber

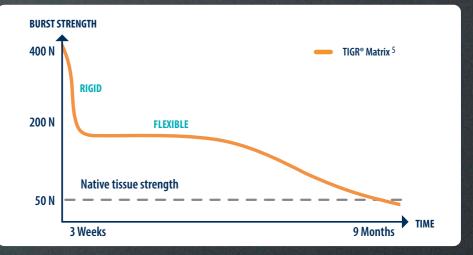
Dual-stage resorption

Dual-stage mechanics are achieved by arranging two fibers with different degradation times in an interlocking knitting pattern.

- Strength and stability in the mesh is high during initial wound-healing.⁵
- Gradual increase of flexibility and transfer of load to the tissue stimulates regeneration of wellstructured collagen.¹

Designed for soft tissue remodeling

The mesh is designed to adapt to the different woundhealing phases, resulting in a natural transfer of dynamic loads from the mesh to the tissue over time.



TIGR[®] Matrix SUPERIOR HANDLING CHARACTERISTICS

- Knitting process allows mesh to be cut to optimal size without fraying.
- Slight memory allowing fixation under gentle stretch preventing buckling of the mesh.
- With mesh taut, no buckling when anterior fascia is closed in TAR and other sub-lay techniques.

Ref.

- 1. Hjort et al, Hernia, 16:191–197, 2012.
- 2. Becker et al, Aesth Plast Surg, 37:914-921, 2013.
- 3. Ramshaw et al, Surg Technol Int, 26:135-142, 2015.
- 4. Schrenk, Breast Cancer Manag, 10.2217, 2016.
- 5. Data on file, in vitro resorption.

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