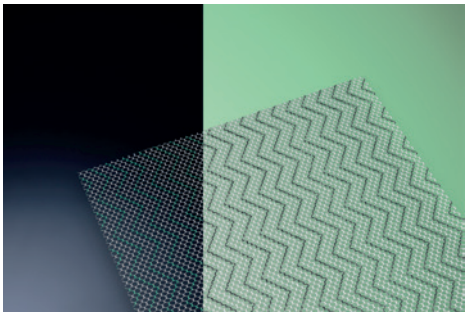
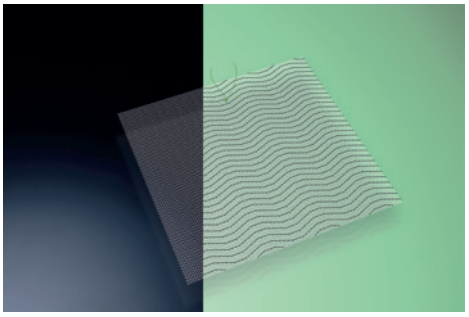
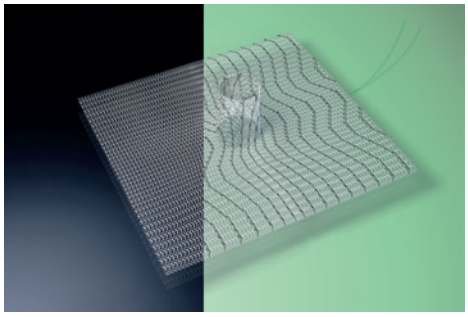
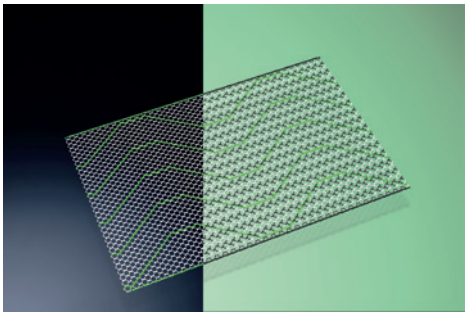
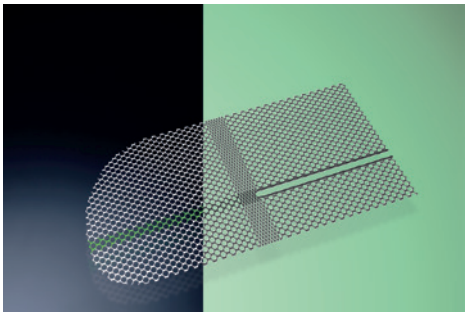
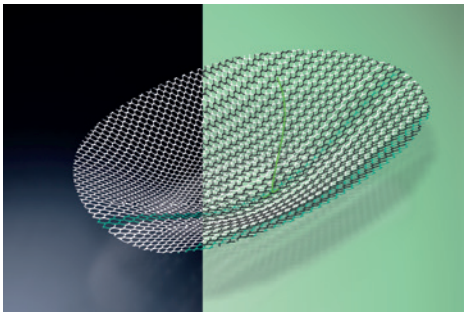
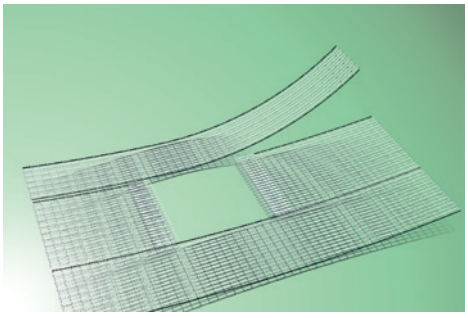
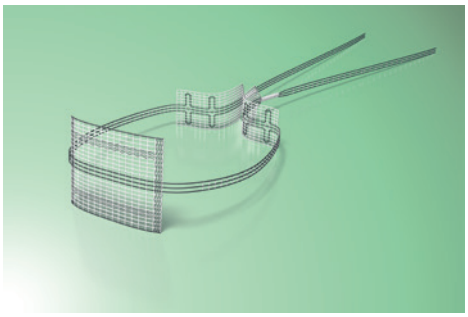








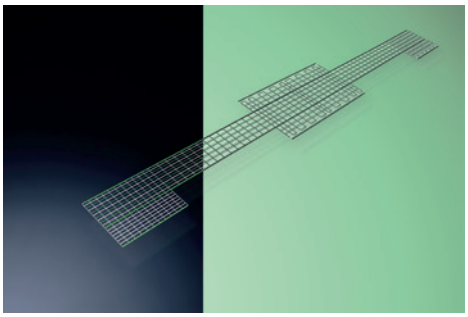
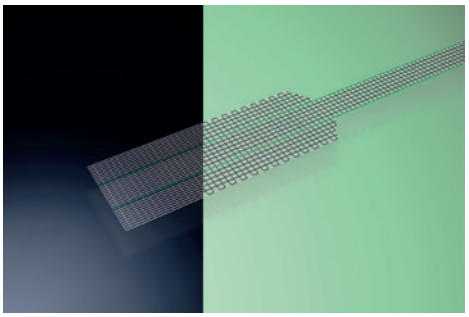
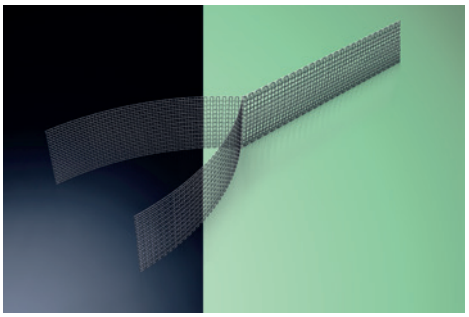
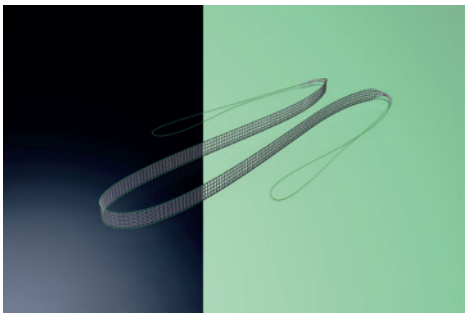
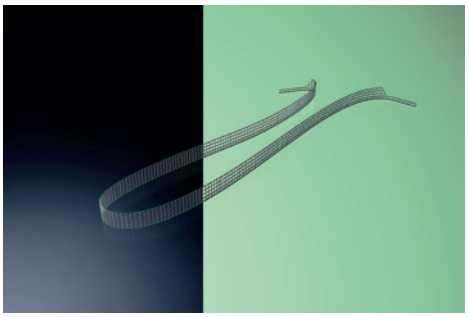
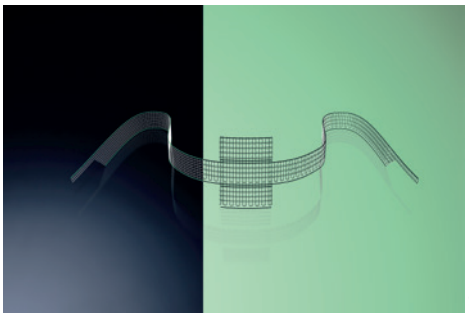
DynaMesh®

For Every Indication a Specific Solution



made
in
Germany

Tailored Implants
Made of **PVDF**

KS000001 en70 _2023-01-27_d

Profile and Competences

FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH (FEG) was established in Aachen in 1992 and since then has gained a reputation for exceptional innovations in the field of textile technology.

The company's dedicated and highly qualified staff, in-house research and development capacities as well as intelligent production facilities combine to make FEG Textiltechnik today's leading manufacturer of textile surgical implants in Germany. Under the brand name **DynaMesh®**, an internationally protected trademark, FEG's award-winning implants are successfully marketed in numerous countries around the world.

Constant and close contact with major scientific, medical and technical institutions ensures that FEG's high-quality products meet the latest requirements in terms of patient comfort and surgical handling. The sophisticated quality management system at FEG Textiltechnik is fully certified to DIN EN ISO 13485 for the manufacture of medical devices. All of FEG's products are CE approved (CE 0123) and are approved under relevant national regulations.

Focusing on its core competences and expertise in textile implants, FEG Textiltechnik will continue to set technical benchmarks in the future.

DynaMesh®

KS000101 en 70 _2022-08-09_ d

Milestones

1992 Founding of: FEG Textiltechnik

2003 Certification of: DynaMesh®

2011 Development of
MRI-visible technology

2014 New 4,200m²
offices & production plant

2020 Additional 600m²
production/storage capacity

1994 Active in medical technology

2004 First implant
for the surgical treatment of hernias

2005 First implant
for the surgical treatment of female urinary incontinence

2006 First implant
for the surgical treatment of female pelvic organ prolapse

2007 First implant
for the surgical treatment of parastomal hernias

2008 First implant
for the surgical treatment of male urinary incontinence

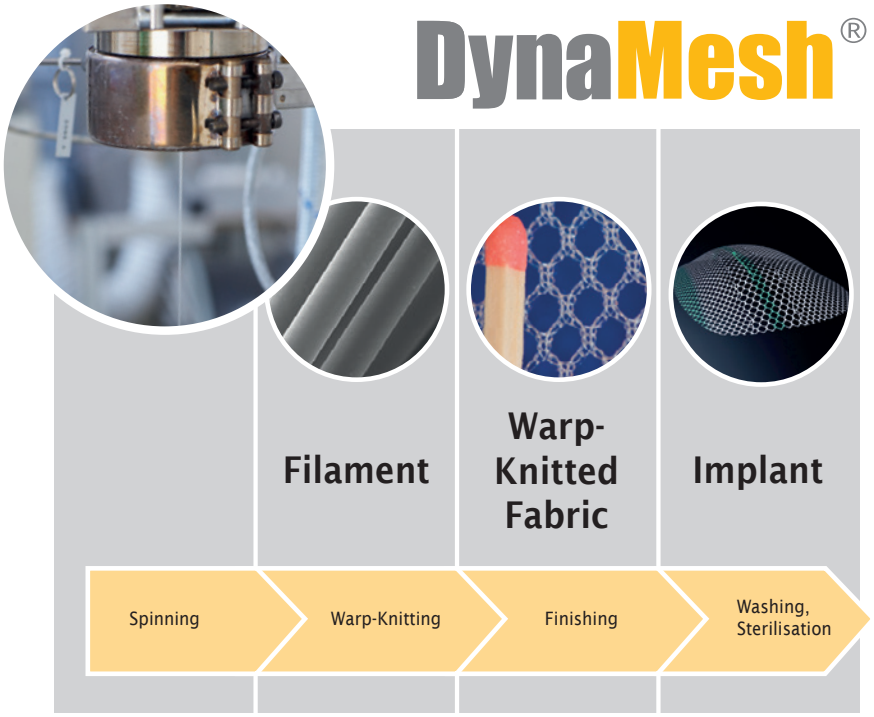
2016 First implant
for the surgical treatment of hiatal hernias

Business Fields:

- Implants for the surgical treatment of:
  - Hernias
  - Female Pelvic Organ Prolapse
  - Female Urinary Incontinence
  - Male Urinary Incontinence
- Sales in over 50 countries
- More than 70 employees

KS000201 en 70 _2021-02-01_d

Implants 'made in Germany'



From Thread to Implant:

Full quality control along the entire production chain.

Development and manufacturing in Aachen, Germany

made in Germany

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com

made in Germany

00.03.01.

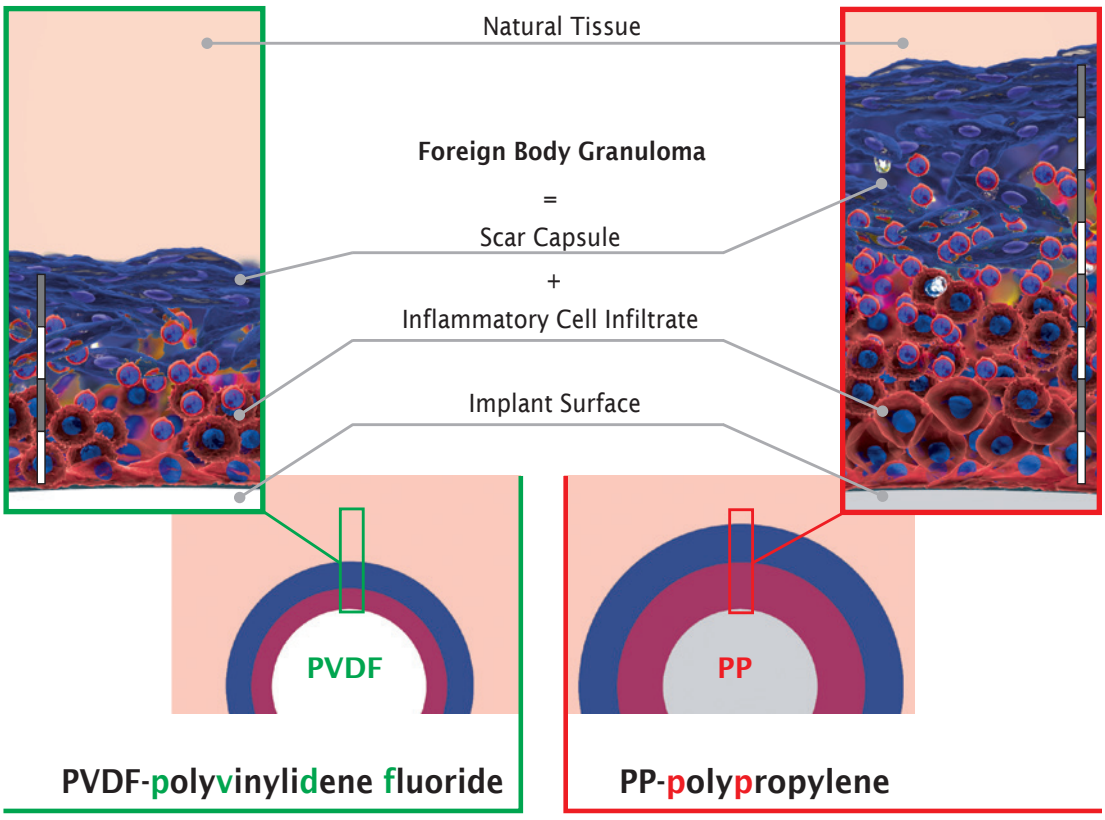
KS000301 en 70 _2021-02-01_d

Biocompatibility

PVDF mesh structures have good biocompatibility (assessed according to ISO 10993) and show significantly lower granuloma formation (scar tissue) [1[A],2[A],4[A],68[A],100[B]]. Therefore, the risk of undesirable foreign body reactions is minimised.

Cross-Sectional View

A comparison of different granuloma thicknesses



Vi001de	DynaMesh® Implantate - Animation: Fremdkörperreaktion – Vergleich zwischen PVDF und PP https://de.dyna-mesh.com/Vi001de	
Vi001en	DynaMesh® Implants - Animation: Foreign Body Reaction – Comparison of PVDF and PP https://de.dyna-mesh.com/Vi001en	

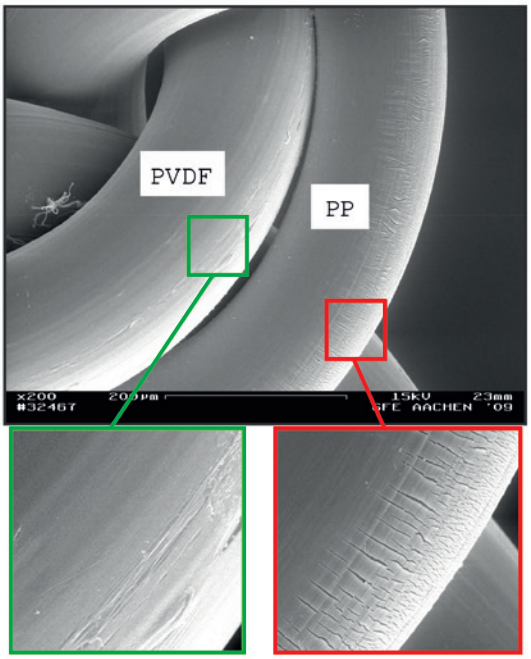
[#] Reference "#" (see "References")
[#[A]] Reference "#" (see "References"), "A": limitation "animal trial"
[#[B]] Reference "#" (see "References"), "B": limitation "in-vitro trial"

KS000401 en 70 _2022-08-09_ d

Ageing Resistance

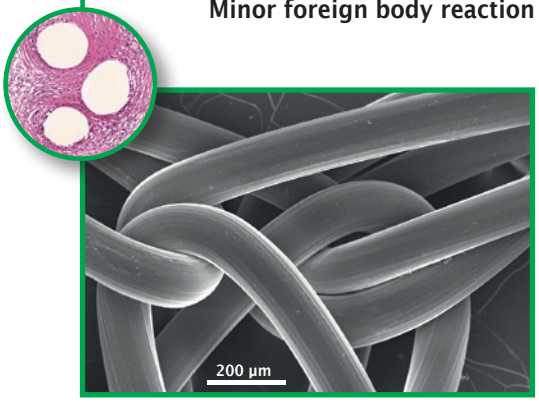
PVDF has been used as a surgical suture material for many decades with great success, even in the most demanding areas of application such as ophthalmology and cardiology [91].

Long-term data with observation periods of up to seven years prove that: The condition of the PVDF surface remains unchanged, filaments are still stable, nothing becomes brittle [101,2[A],5[B],27[A],52[B],93[A]].



PVDF

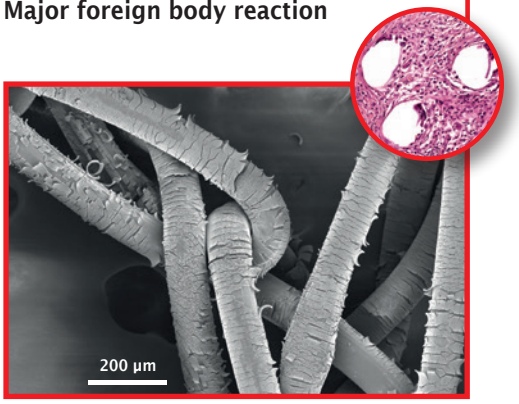
Low degradation ++
Minor foreign body reaction +



PVDF-polyvinylidene fluoride

– – Substantial degradation
– Major foreign body reaction

PP



PP-polypropylene

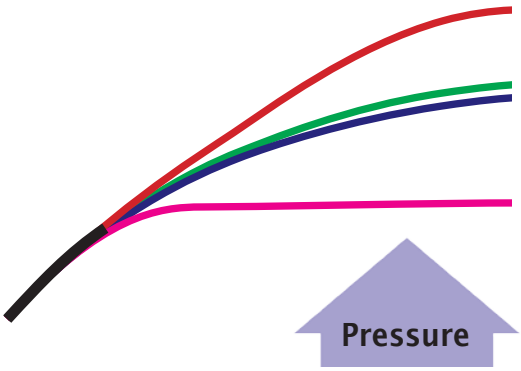
[#] Reference "#" (see "References")
[#[A]] Reference "#" (see "References"), "A": limitation "animal trial"
[#[B]] Reference "#" (see "References"), "B": limitation "in-vitro trial"

KS000402 en 70 _2021-09-01_d

Dynamometry

Textile implants must reinforce tissue. They have to cushion different forces – including the extreme stresses associated with coughing, sneezing and laughing. What is needed therefore, is a good interaction between stability and elasticity.

The behaviour of abdominal walls with different mesh implants under load

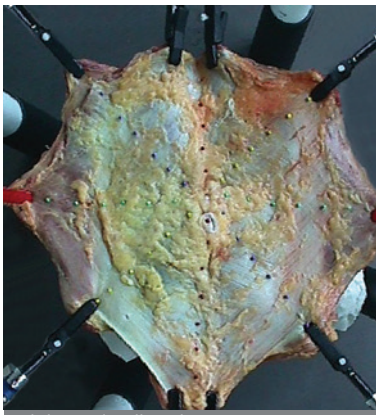


with implant that is too elastic

healthy abdominal wall without implant

with defined stability and elasticity

with implant that is too stiff



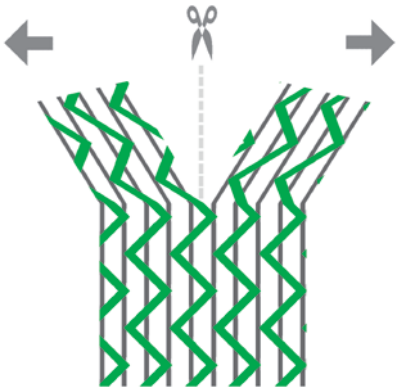
Abdominal wall explant

A study of explanted abdominal walls
(source: Aachen University Hospital, Germany)

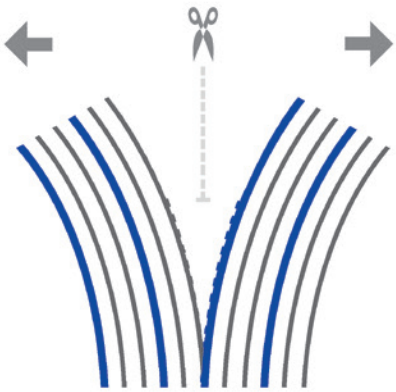
KS000501 en 70 _2021-09-01_d

Tear Propagation Resistance

The multiple meshing technique in warp-knitted* DynaMesh® structures minimises the risk of the zipper effect (once torn, the structure tears further).
The load-specific adapted tear resistance is one of the key properties of DynaMesh® implants.



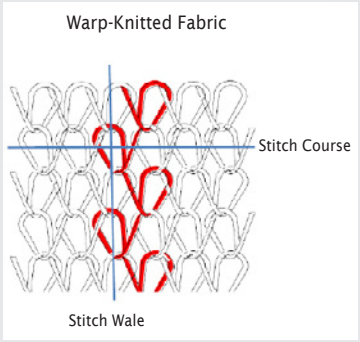
DynaMesh®



Conventional Mesh

DynaMesh® products are not woven or conventionally knitted, but warp-knitted*.
This technology, unlike any other, makes it possible to make specific variations in the shape and structure of a textile implant, which means that we can construct features with different characteristics in different places within the structure.
It is impossible to achieve a more accurate adaptation of implants to the relevant indication.

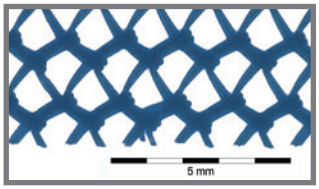
***Warp-Knitted Fabric**
Warp-knitted fabrics are a type of knitted fabric. They are produced industrially on warp-knitting machines via stitch formation from thread systems.



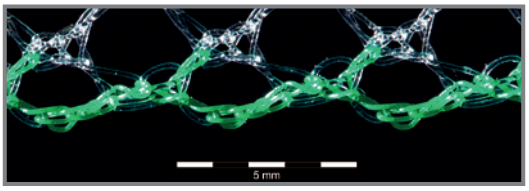
KS000502 en70 _2021-02-01_d

Specially Warp-knitted Selvedges

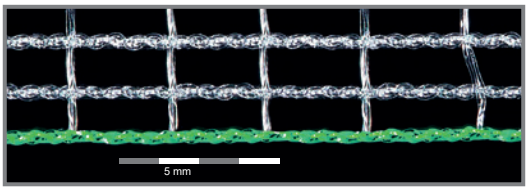
DynaMesh® products are not simply cut from a flat piece of mesh.
Special warp-knitting machines produce smooth selvedges
(no 'sawtooth' edges!).



Conventional Mesh

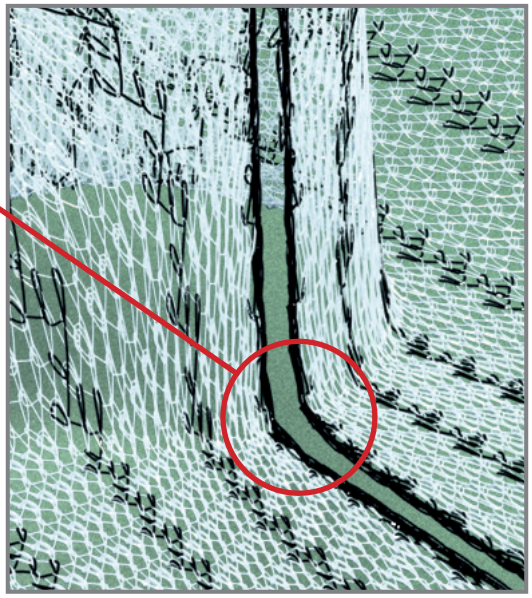


DynaMesh®-LICHTENSTEIN



DynaMesh®-SIS soft

Also in three-dimensionally shaped implants

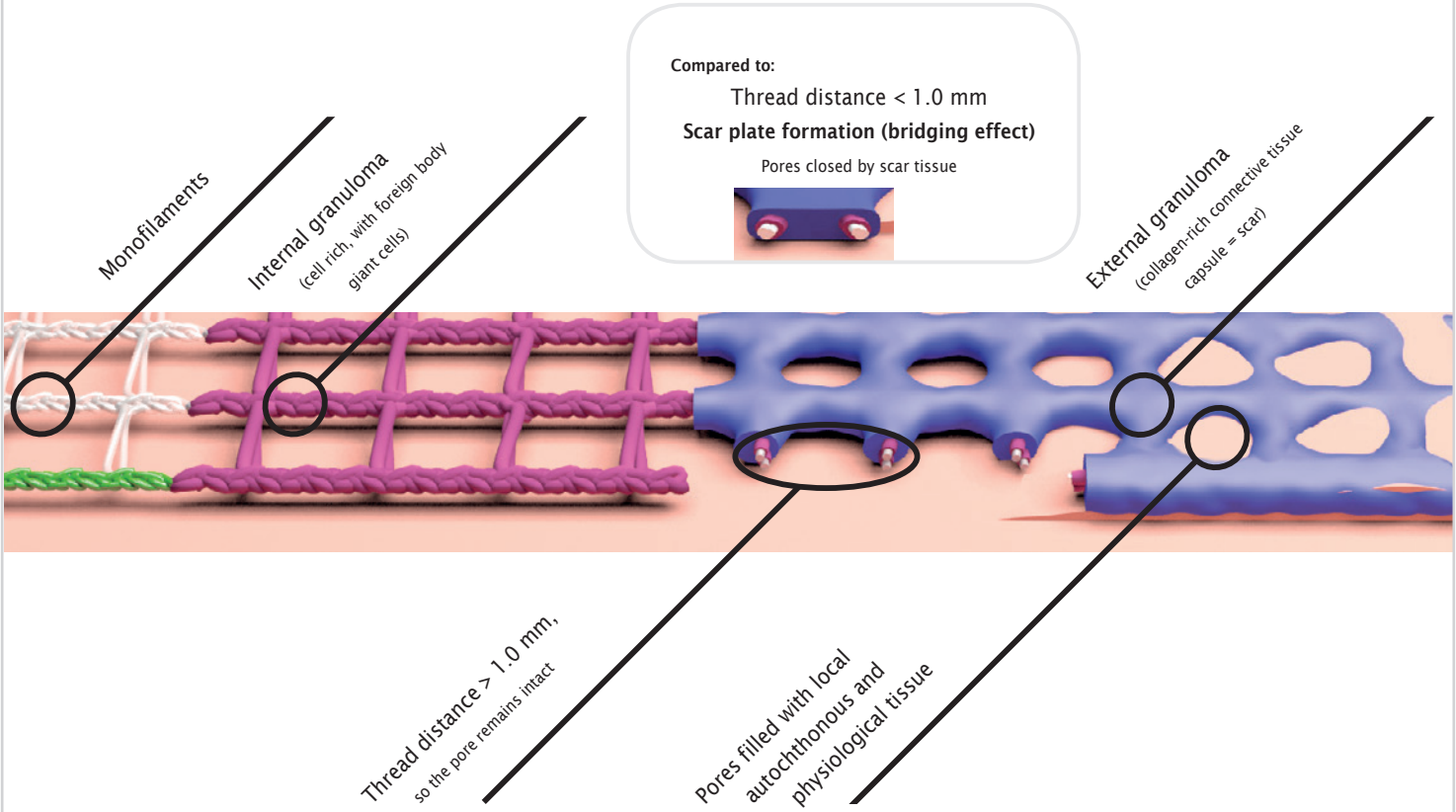


DynaMesh®-IPST-R visible

Effective Porosity

During incorporation, the filaments are enclosed by an internal and external granuloma. When filament distance is too small, there is a risk that the whole intervening space will be filled with scar tissue (closed pores). Sufficiently large pores can prevent this [8C].

How is this prevented? PP implants must have a **pore diameter of at least 1 mm** in all directions, even under load! In the case of **PVDF** implants, a diameter of **0.6 mm** is already sufficient to keep the pores open due to the lower granuloma thickness. Only in this way can local autochthonous tissue form through a pore [6,68A,105A].



[#] Reference "#" (see "References")
[#A] Reference "#" (see "References"), "A": limitation "animal trial"
[#C] Reference "#" (see "References"), "C": limitation "results based on the analysis of explants"

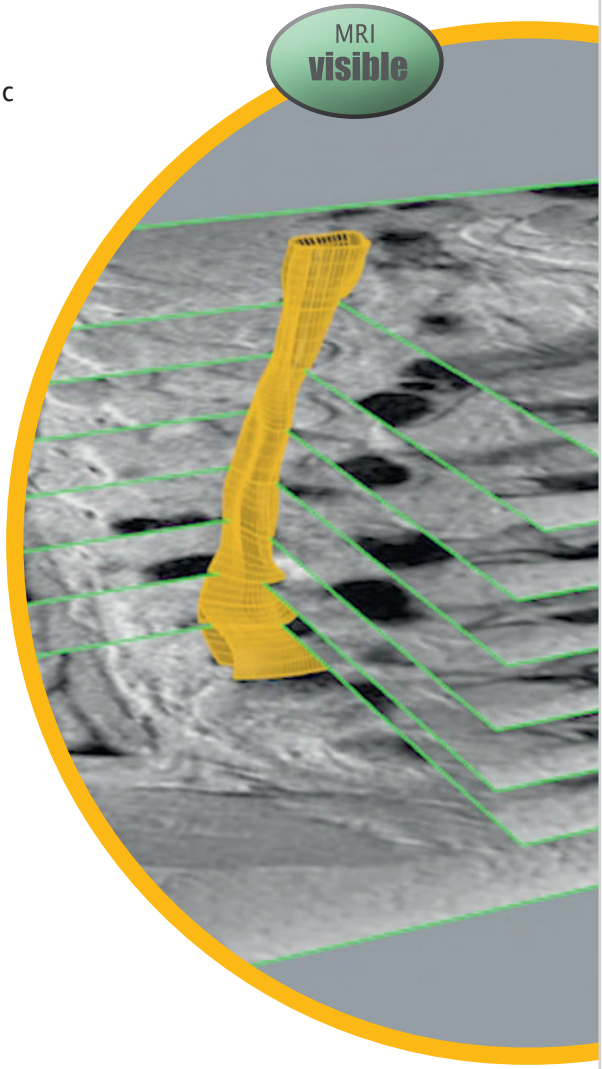
Textile porosity refers to the permeable component of a mesh implant **before** the body has reacted to it.

Effective porosity refers to the permeable component of a mesh implant **after** the body has reacted to it.

Rule of thumb:
A 'pore' less than 1 mm in diameter is closed by the body with scar tissue
= 0% effective porosity

KS000601 en 70 _2021-09-01_d

DynaMesh® visible



Conventional mesh implants are mostly undetectable in diagnostic radiology.

DynaMesh® visible implants can be detected using magnetic resonance imaging (MRI) [7,29A,51,54,56,62,69-71,76,90] - both in standard sequences and in high-resolution, three-dimensional images and even films. As such, position and condition of the implant can be determined reliably and accurately.

DynaMesh® visible is the world's first technology to visualise textile implants. The PVDF filament is mixed with ferromagnetic micro-pigments according to a proprietary process that ensures optimum pigment incorporation. This innovation has won an award from the German Federal Ministry of Education and Research (BMBF 01EZ 0849).

Award-winner in the innovation competition hosted by the

Bundesministerium für Bildung und Forschung

The development was sponsored by the German Federal Ministry of Education and Research (BMBF 01EZ 0849)

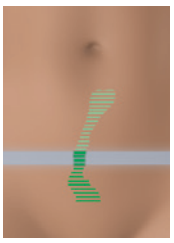
[#] Reference "#" (see "References")
[#A] Reference "#" (see "References"), "A": limitation "animal trial"

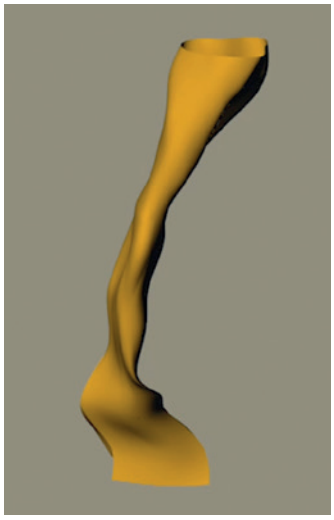
KS000701 en 70 _2021-09-01_d

DynaMesh® visible

DynaMesh®-PRS visible

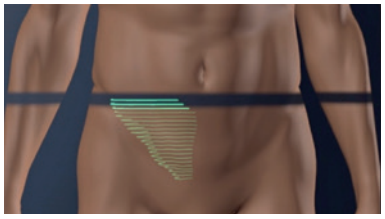
3-dimensional remodelling

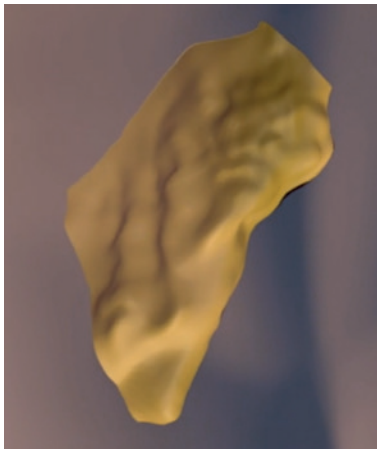




DynaMesh®-ENDOLAP visible

3-dimensional remodelling





During MRI scans, the part of the body being analysed is scanned step-by-step and deconstructed into many 'wafer-thin optical slices'. At the end, these 'slices' are reconstructed to form 3-dimensional images or motion sequences (remodelling).

Vi069XX	DynaMesh® MRI - Animation: MRI Reconstruction with DynaMesh®-PRP visible https://de.dyna-mesh.com/Vi069xx	
Vi067XX	DynaMesh® MRI - Animation: MRI Reconstruction with DynaMesh®-PRS visible https://de.dyna-mesh.com/Vi067xx	
Vi032XX	DynaMesh®-ENDOLAP visible - Animation: MRI visible - 3D Implant Remodelling https://de.dyna-mesh.com/Vi032xx	

KS000702 en70 _2022-08-09_d

LiSTO.academy
powered by DynaMesh®

LiSTO.academy is a comprehensive platform providing excellent customised surgical education and trainings. Through cooperations with experienced surgeons and renowned experts from around the world, **LiSTO.academy** enables physicians to achieve best patient outcomes using DynaMesh® implants.

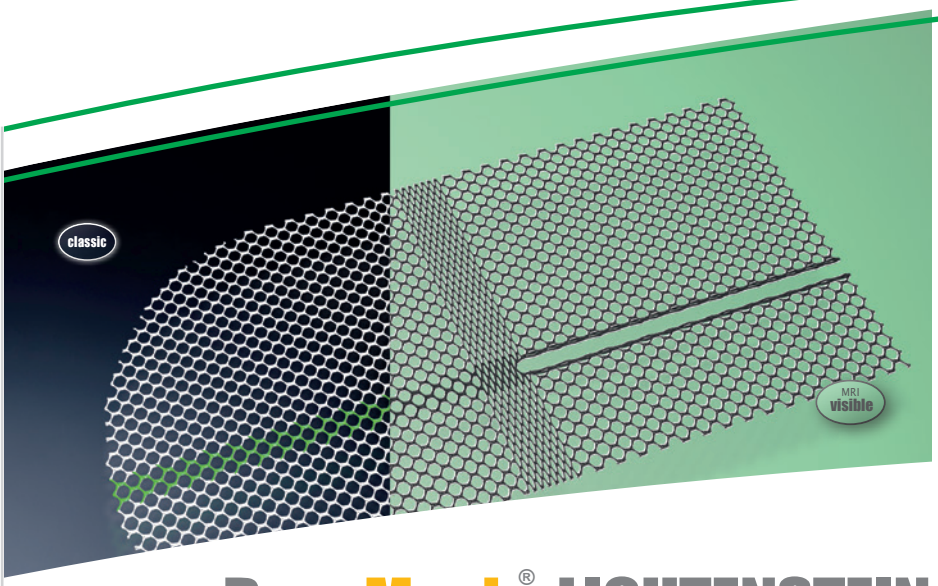
IN-PERSON

VIRTUAL

HYBRID

Visit us online:
www.listo.academy

KS500001 en70 _2022-08-09_d



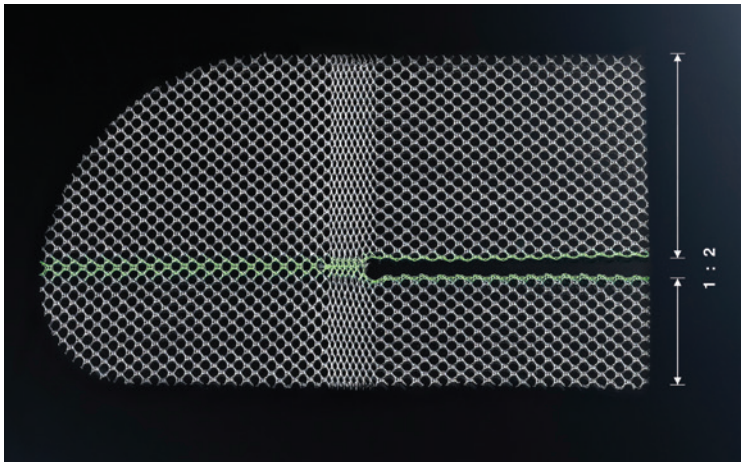
DynaMesh®-LICHTENSTEIN implants serve to support the tissue and stabilise the fascial structures of the inguinal region. They were specially developed for the conventional repair of inguinal hernias according to Lichtenstein and come in a size which fits the majority of patients and can therefore be used immediately without needing to be cut to size.

DynaMesh®-LICHTENSTEIN

When selecting the mesh size, ensure sufficient overlap!

DynaMesh®-LICHTENSTEIN	06 cm x 11 cm	PV110611F3	BX = 3 pieces
		PV110611F10	BX = 10 pieces
	7.5 cm x 15 cm	PV110715F1	BX = 1 piece
		PV110715F3	BX = 3 pieces
		PV110715F10	BX = 10 pieces
DynaMesh®-LICHTENSTEIN visible	7.5 cm x 15 cm	PV170715F1	BX = 1 piece

can be used both for the right and the left side



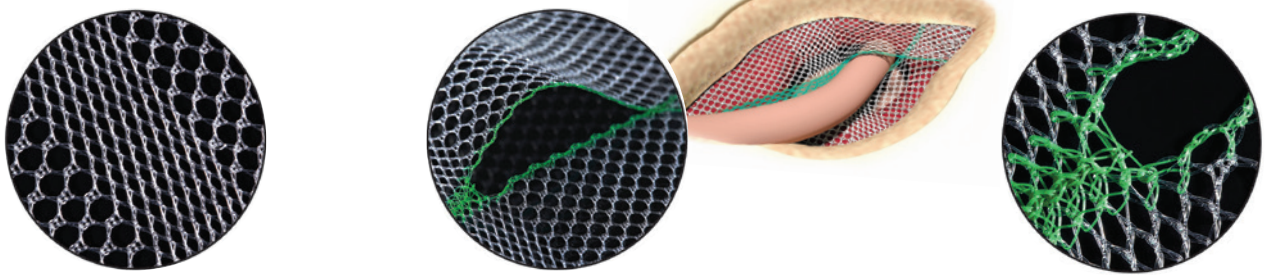
KS100101 en 70 _2021-02-01_d

DynaMesh®-LICHTENSTEIN

Use and Properties

Product	DynaMesh®-LICHTENSTEIN	DynaMesh®-LICHTENSTEIN visible
Field of application	inguinal hernia	
Surgical access	open	
Surgical technique	Lichtenstein	
Mesh position	anterior	
Fixation	sutures / adhesives	
Green/black line marker	●	
Specially Warp-knitted Selvedges	●	
Visible technology	○	●
Polymer (monofilament)	PVDF	
Biocompatibility	●	
Ageing resistance	●	
Dynamometry	●	
Tear propagation resistance	●	
No scar plate formation	●	
Classification (Klinge's classification [8])	1a	

For example: inguinal hernia, left side



Less Effort

The elastic zone in the mesh, incorporated by using a special warp-knitting technique, makes it easier for the surgeon to achieve **fold-free** positioning of the implant.

Less Risk

The special slit design enables tunnel modulation with **pressure distribution**.

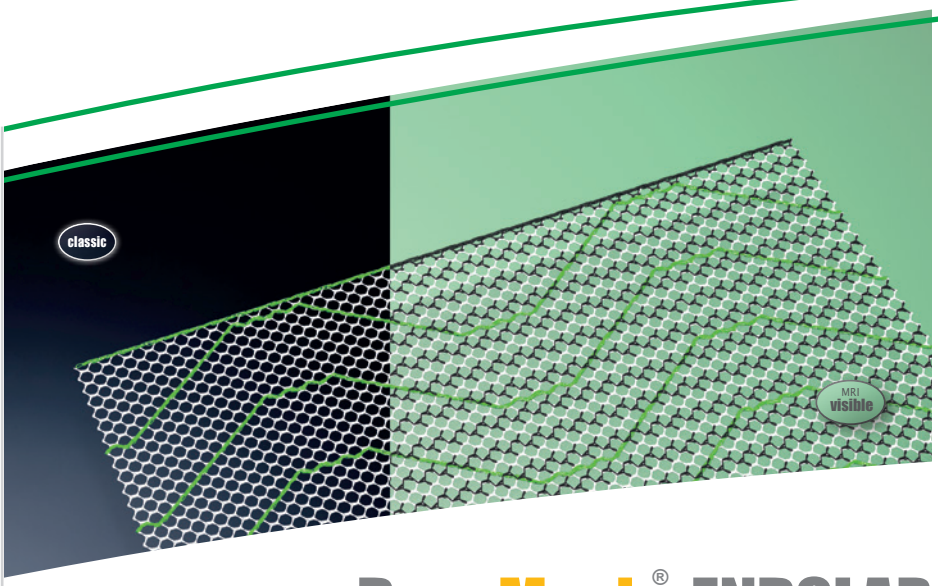
High Tear Propagation Resistance

The high tear propagation resistance at the end point of the slit **minimises** the risk of **mesh rupture**.

● Applies to all product sizes
○ Does not apply

Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS100102 en 70_2022-08-09_d



DynaMesh®-ENDOLAP implants serve to support the tissue and stabilise the fascial structures of the groin. They were specially developed for the endoscopic (laparoscopic) repair of inguinal hernias using common minimally invasive surgical techniques (TEP and TAPP).

DynaMesh®-ENDOLAP

When selecting the mesh size, ensure sufficient overlap!

DynaMesh®-ENDOLAP	10 cm x 15 cm	PV101015F1	BX = 1 piece
		PV101015F3	BX = 3 pieces
		PV101015F10	BX = 10 pieces
	12 cm x 15 cm	PV101215F3	BX = 3 pieces
		PV101215F10	BX = 10 pieces
	13 cm x 15 cm	PV101315F3	BX = 3 pieces
	13 cm x 17 cm	PV101317F3	BX = 3 pieces
		PV101317F10	BX = 10 pieces
	15 cm x 15 cm	PV101515F3	BX = 3 pieces
		PV101515F10	BX = 10 pieces
DynaMesh®-ENDOLAP visible	10 cm x 15 cm	PV141015F1	BX = 1 piece
		PV141015F10	BX = 10 pieces

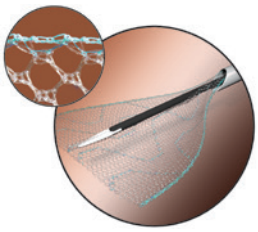
VI032xx	DynaMesh®-ENDOLAP visible - Animation: MRI visible - 3D Implant Remodelling *https://de.dyna-mesh.com/Vi032xx*	

KS100201 en 70 _2022-08-09_d

DynaMesh®-ENDOLAP

Use and Properties

Product	DynaMesh®-ENDOLAP	DynaMesh®-ENDOLAP visible
Field of application	inguinal hernia	
Surgical access	endoscopic / laparoscopic	
Surgical technique	TEP / TAPP	
Mesh position	preperitoneal (posterior)	
Fixation	none / sutures / adhesives / tacks	
Green line marker	●	
Specially Warp-knitted Selvedges	●	
Visible technology	○	●
Polymer (monofilament)	PVDF	
Biocompatibility	●	
Ageing resistance	●	
Dynamometry	●	
Tear propagation resistance	●	
No scar plate formation	●	
Classification (Klinge's classification [8])	1a	

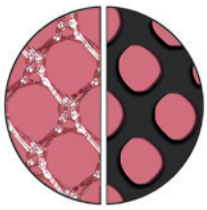


Intraoperative Unfolding

The special textile construction makes it easy to insert the mesh via the trocar and to unfold it intraoperatively. The **antislip** surface and special selvedges ensure fold-free positioning. The green marker lines perform a dual function. They are used for rapid orientation and visual monitoring of whether the mesh is positioned tension-free.

Choice of Method

DynaMesh®-ENDOLAP was developed specifically for **endo**scopic (TEP)[1] and **lap**aroscopic (TAPP) techniques. Should the surgeon consider fixation of the implant to be necessary, all fixation methods may be used.



Pore Size

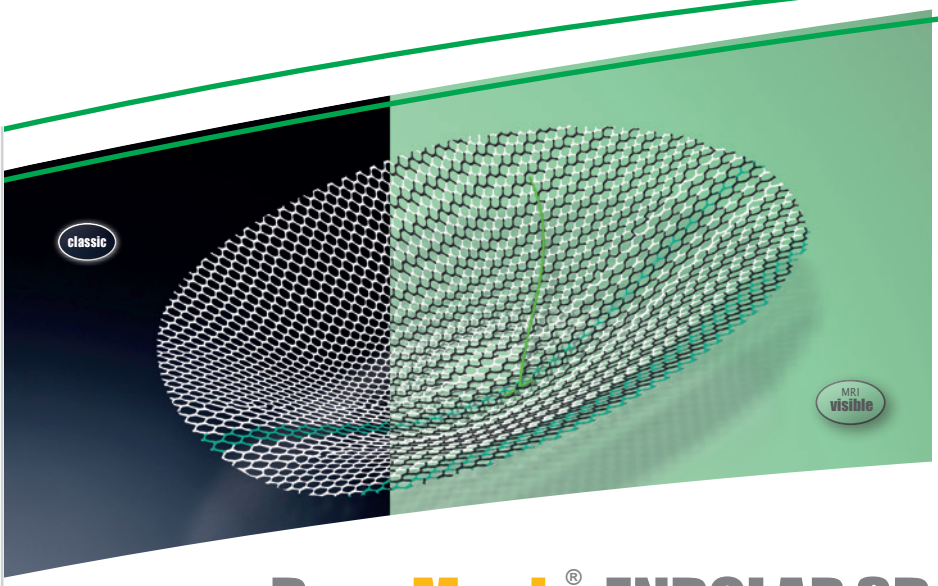
The special warp-knitted structure results in a high textile porosity. It is the basis for the **effective porosity** after the formation of the foreign body granuloma, which minimises the risk of scar plate formation.

[1] Image of surgery courtesy of Dr. A. Kuthe, DRK-Krankenhaus Clementinenhaus, Hanover, Germany

● Applies to all product sizes
○ Does not apply

Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS100202 en70 _2022-08-09_d



DynaMesh®-ENDOLAP 3D implants are used to reinforce connective tissue structures in the groin region. They were specially developed for the endoscopic (laparoscopic) repair of inguinal hernias using current minimally invasive surgical techniques (TEP and TAPP).

DynaMesh®-ENDOLAP 3D

When selecting the mesh size, ensure sufficient overlap!

DynaMesh®-ENDOLAP 3D	09 cm x 14 cm	PV130914F1	BX = 1 piece
		PV130914F3	BX = 3 pieces
	10 cm x 15 cm regular	PV131015F1	BX = 1 piece
		PV131015F3	BX = 3 pieces
	12 cm x 17 cm	PV131217F1	BX = 1 piece
		PV131217F5	BX = 5 pieces
DynaMesh®-ENDOLAP 3D visible	10 cm x 15 cm	PV121015F1	BX = 1 piece
		PV121015F3	BX = 3 pieces
	12 cm x 17 cm	PV121217F1	BX = 1 piece

can be used both for the right and the left side

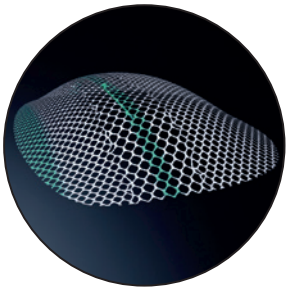
VI012xx	DynaMesh®-ENDOLAP 3D - Animation: Total Extraperitoneal Endoscopic Hernioplasty (TEP) *https://de.dyna-mesh.com/Vi012xx*	
VI013xx	DynaMesh®-ENDOLAP 3D - Animation: TAPP Technique for Treatment of Inguinal Hernia *https://de.dyna-mesh.com/Vi013xx*	

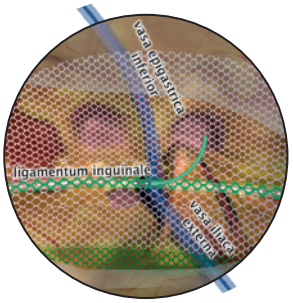
KS100301 en 70 _2022-08-09_d

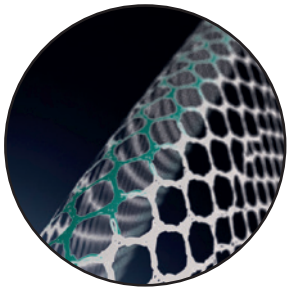
DynaMesh®-ENDOLAP 3D

Use and Properties

Product	DynaMesh®-ENDOLAP 3D	DynaMesh®-ENDOLAP 3D visible
Field of application	inguinal hernia	
Surgical access	endoscopic / laparoscopic	
Surgical technique	TEP / TAPP	
Mesh position	preperitoneal (posterior)	
Fixation	none / sutures / adhesives / tacks	
Green thread and line marker	●	
CURVATOR®	●	
Visible technology	○	●
Polymer (monofilament)	PVDF	
Biocompatibility	●	
Ageing resistance	●	
Dynamometry	●	
Tear propagation resistance	●	
No scar plate formation	●	
Classification (Klinge's classification [8])	1a	







Optimised Shape

The **three-dimensional** form of the mesh enables the adaptation to the anatomy of the groin region.

Standardised Positioning

The implants have a central marking and a longitudinal marking for **alignment** with the inguinal ligament.

CURVATOR®

The pore size of the mesh varies laterally to the longitudinal marking in order to **reduce postoperative creasing** along the length of the inguinal ligament and to ensure high effective porosity.

● Applies to all product sizes
○ Does not apply

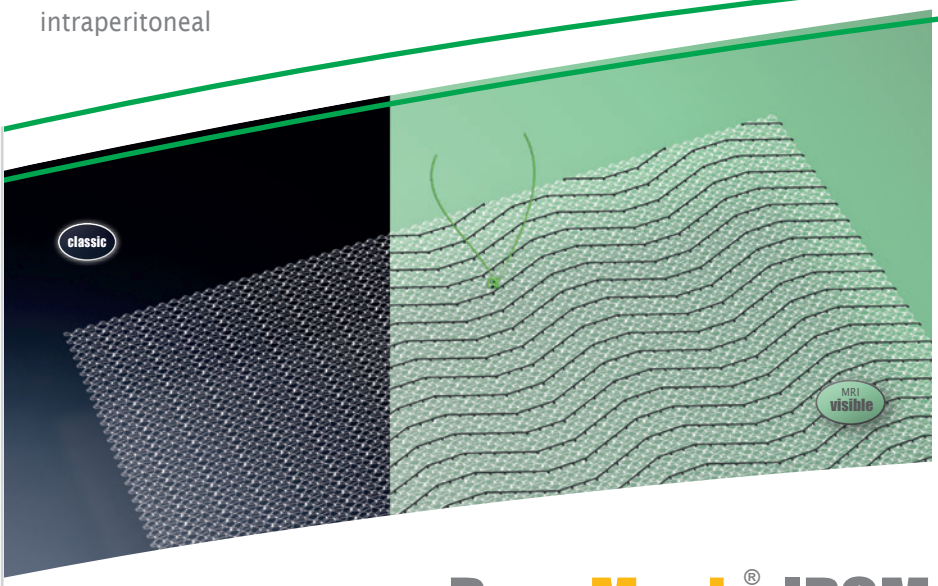
Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS100302 en 70_2022-08-09_d

Hernias

Abdominal Wall Hernia / Umbilical Hernia

intraperitoneal



DynaMesh®-IPOM implants are designed for soft tissue reinforcement and soft tissue bridging of the fascial and connective tissue structures of the abdominal wall as part of surgical treatment for epigastric hernias, umbilical or incisional hernias, and parastomal hernias following ostomy surgery.

DynaMesh®-IPOM

Abdominal Wall Hernia		Recommended sizes for the surgical treatment of abdominal wall hernias. When selecting the mesh size, ensure sufficient overlap!		
DynaMesh®-IPOM	○	d 12 cm round	IP070012F1	BX = 1 piece
			IP070012F3	BX = 3 pieces
	□	10 cm x 15 cm	IP071015F1	BX = 1 piece
			IP071015F3	BX = 3 pieces
		15 cm x 15 cm	IP071515F1	BX = 1 piece
			IP071515F3	BX = 3 pieces
		15 cm x 20 cm	IP071520F1	BX = 1 piece
			IP071520F3	BX = 3 pieces
		20 cm x 20 cm	IP072020F1	BX = 1 piece
		20 cm x 25 cm	IP072025F1	BX = 1 piece
		20 cm x 30 cm	IP072030F1	BX = 1 piece
			IP072030F3	BX = 3 pieces
		28 cm x 37 cm	IP072837F1	BX = 1 piece
		30 cm x 30 cm	IP073030F1	BX = 1 piece
		30 cm x 45 cm	IP073045F1	BX = 1 piece
DynaMesh®-IPOM visible		30 cm x 30 cm	IP083030F1	BX = 1 piece

Umbilical Hernia		Recommended sizes for the surgical treatment of umbilical hernias. When selecting the mesh size, ensure sufficient overlap!		
DynaMesh®-IPOM	□	07 cm x 06 cm	IP070706F5	BX = 5 pieces
	○	d 12 cm round	IP070012F1	BX = 1 piece
			IP070012F3	BX = 3 pieces
	□	10 cm x 15 cm	IP071015F1	BX = 1 piece
			IP071015F3	BX = 3 pieces
		15 cm x 15 cm	IP071515F1	BX = 1 piece
			IP071515F3	BX = 3 pieces

KS100401 en70 _2021-02-01_d

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com

made in Germany

Hernias
Abdominal Wall Hernia / Umbilical Hernia
intraperitoneal

DynaMesh®-IPOM

Use and Properties

Product	DynaMesh®-IPOM	DynaMesh®-IPOM visible
Field of application	abdominal wall hernia / umbilical hernia	
Surgical access	laparoscopic / open	
Surgical technique	IPOM	
Mesh position	intraperitoneal	
Fixation	sutures / tacks	
Green marker thread	●	
PVDF barrier	●	
Visible technology	○	●
Dual-component structure	PVDF monofilament > 85 % PP monofilament	
Biocompatibility	●	
Ageing resistance	●	
Dynamometry	●	
Tear propagation resistance	●	
No scar plate formation	●	
Classification (Klinge's classification [8])	1a	

DynaMesh®-IPOM implants have a parietal side and a visceral side.
The parietal side is identified by green-marked filament ends and consists of PVDF on the surface and a small proportion of PP, whereas the visceral side consists of PVDF on the surface.

VI003xx	DynaMesh®-IPOM - Animation: Laparoscopic Repair of Incisional Hernia *https://de.dyna-mesh.com/Vi003xx*	
VI108en	DynaMesh®-IPOM - Animation: The 3 Key Aspects for DynaMesh®-IPOM (best practice example) *https://de.dyna-mesh.com/Vi108en*	
VI051xx	DynaMesh®-IPOM visible - Amimation: 3D Implant Remodelling *https://de.dyna-mesh.com/Vi051xx*	

Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

● Applies to all product sizes
○ Does not apply

KS100402 en 70 _2022-11-09_d

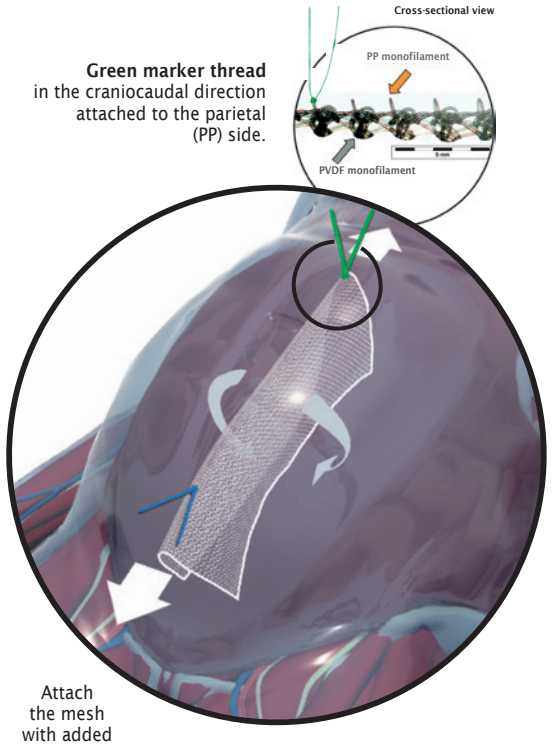
DynaMesh®-IPOM

Dual-Layer Composite Mesh

DynaMesh®-IPOM is a dual-component structure specifically developed for the IPOM technique and consists mainly of high-purity PVDF and a small proportion of polypropylene (PP). The parietal side (PP) promotes rapid and safe ingrowth into the abdominal wall. The PVDF layer on the visceral side forms a barrier to the intestines. PVDF demonstrably decreases the risks of adhesions compared with polypropylene [11] and thus reduces the risk of intestinal erosions. If implantation of several meshes is required (for example, the sandwich technique [9]), the open-pore structure means that implants can easily be overlapped.

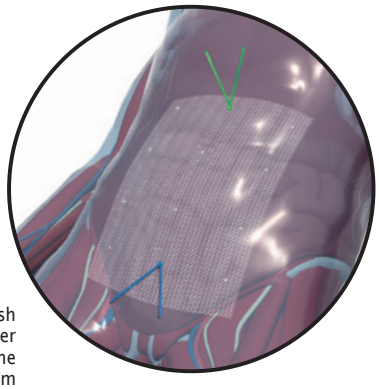
Correct Orientation

The parietal side (PP component) has a green marker thread and must face the abdominal wall. The marker thread is located on the front surface and simultaneously shows the correct direction of the elasticity in the craniocaudal direction.



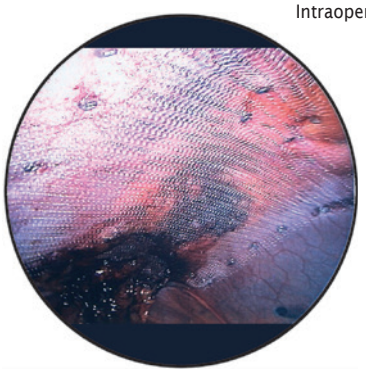
Green marker thread in the craniocaudal direction attached to the parietal (PP) side.

Attach the mesh with added holding sutures under pre-tension



Fold-free mesh positioning after draining the pneumoperitoneum

Intraoperative view



Advantages for the Patients

The open-pore mesh construction facilitates the break-down of seroma and reduces scar plate formation.

Minimal mesh shrinkage is achieved and long-term surgical success with high patient comfort is ensured [9-14] through the open-pore and elastic mesh construction made from PVDF, which offers long-term stability.

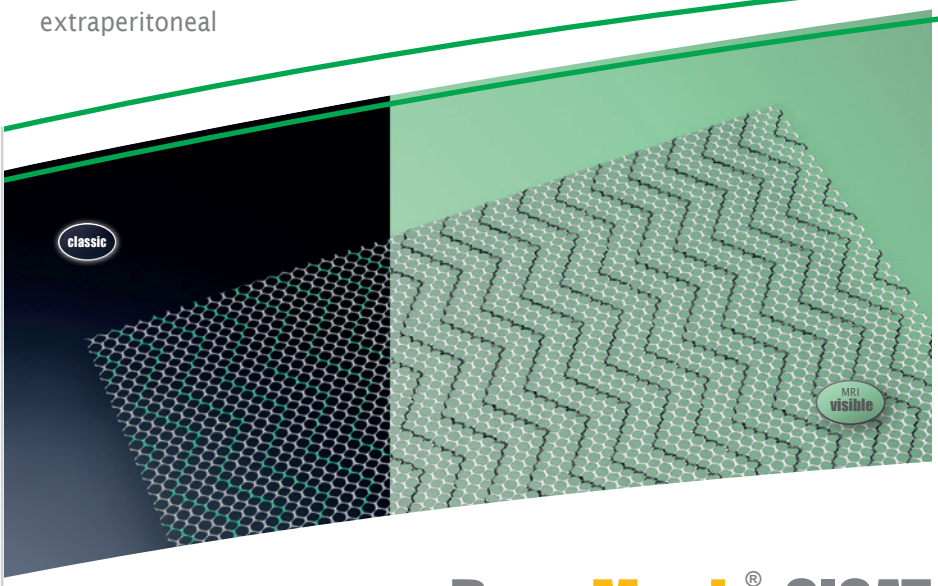
Distributed by:

CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora

Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS100403 en 70_2021-02-01_d

Hernias
Abdominal Wall Hernia / Umbilical Hernia
extraperitoneal



DynaMesh®-CICAT implants are designed for soft tissue reinforcement and soft tissue bridging of the fascial and connective tissue structures of the abdominal wall as part of surgical treatment for epigastric hernias, umbilical or incisional hernias, and also as part of incisional hernia prevention.

DynaMesh®-CICAT

Abdominal Wall Hernia		Recommended sizes for the surgical treatment of abdominal wall hernias. When selecting the mesh size, ensure sufficient overlap! (P) Prophylaxis		
DynaMesh®-CICAT		d 10 cm round	PV090010F3	BX = 3 pieces
		10 cm x 10 cm	PV091010F3	BX = 3 pieces
		15 cm x 15 cm	PV091515F3	BX = 3 pieces
DynaMesh®-CICAT		**longitudinal**		
		10 cm x 35 cm (P)	PV091035F2	BX = 2 pieces
		15 cm x 25 cm	PV091525F2	BX = 2 pieces
			PV091525F5	BX = 5 pieces
		15 cm x 30 cm	PV091530F2	BX = 2 pieces
			PV091530F5	BX = 5 pieces
		18 cm x 40 cm	PV091840F2	BX = 2 pieces
		20 cm x 30 cm	PV092030F2	BX = 2 pieces
			PV092030F5	BX = 5 pieces
		30 cm x 45 cm	PV093045F1	BX = 1 piece
			PV093045F3	BX = 3 pieces
		45 cm x 60 cm	PV094560F1	BX = 1 piece
DynaMesh®-CICAT		**transversal**		
		40 cm x 20 cm	PV094020F1	BX = 1 piece
DynaMesh®-CICAT visible		20 cm x 30 cm	PV162030F1	BX = 1 piece
		45 cm x 60 cm	PV164560F1	BX = 1 piece

Umbilical Hernia		Recommended sizes for the surgical treatment of umbilical hernias. When selecting the mesh size, ensure sufficient overlap!		
DynaMesh®-CICAT		05 cm x 06 cm	PV090506F5	BX = 5 pieces
		d 10 cm round	PV090010F3	BX = 3 pieces
		10 cm x 10 cm	PV091010F3	BX = 3 pieces
		15 cm x 15 cm	PV091515F3	BX = 3 pieces
DynaMesh®-CICAT visible		05 cm x 06 cm	PV160506F5	BX = 5 pieces

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com
made in Germany

KS100501 en 70 _2021-02-01_d

Use and Properties

Product	DynaMesh®-CICAT	DynaMesh®-CICAT visible
Field of application	abdominal wall hernia / umbilical hernia	
Surgical access	open / mini-open / endoscopic / laparoscopic	
Surgical technique	all current extraperitoneal surgical techniques	
Mesh position	extraperitoneal (onlay, sublay and/or preperitoneal)	
Fixation	none / sutures / adhesives	
Green/black marking strips	●	
Visible technology	○	●
Polymer (monofilament)	PVDF	
Biocompatibility	●	
Ageing resistance	●	
Dynamometry	●	
Tear propagation resistance	●	
No scar plate formation	●	
Classification (Klinge's classification [8])	1a	

DynaMesh®-CICAT implants should be placed extraperitoneally in onlay, sublay and/or preperitoneal mesh position.

VI008xx	DynaMesh®-CICAT - Animation: Retromuscular Alloplasty - Incisional Hernia Repair *https://de.dyna-mesh.com/Vi008xx*	
VI002en	DynaMesh®-CICAT - Animation: Umbilical Hernia Repair in PUMP Technique *https://de.dyna-mesh.com/Vi002en*	
VI002de	DynaMesh®-CICAT - Animation: Reparation der Nabelhernie in der PUMP Technik *https://de.dyna-mesh.com/Vi002de*	
VI009xx	DynaMesh®-CICAT - Animation: MILOS Technique *https://de.dyna-mesh.com/Vi009xx*	

Distributed by:

CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora

Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

● Applies to all product sizes
○ Does not apply

KS100502 en 70_2022-08-09_d

Hernias

Abdominal Wall Hernia / Umbilical Hernia

extraperitoneal

DynaMesh®-CICAT

Clear-Cut Use

	Abdominal Wall Hernia			Umbilical Hernia	
	longitudinal	transversal		sublay	subfascial
Repair					
Prophylaxis (P)			—	—	—

Safe Positioning

A requirement for lasting surgical success is that the implant must be correctly positioned.
For this purpose, the implants are incorporated with **green orientation strips**. They must always run in the **craniocaudal** direction.

Safe Placement

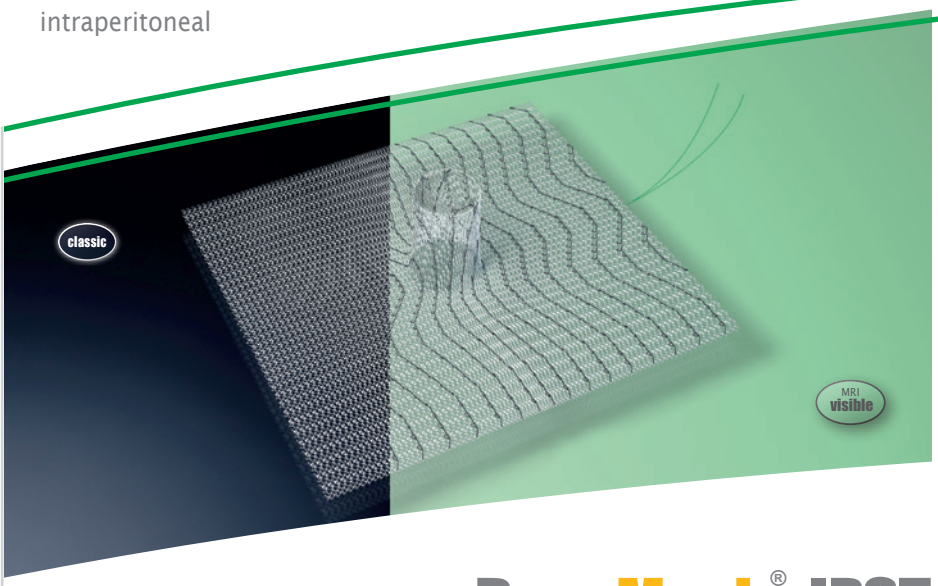
The **antislip surface** ensures stable positioning of the mesh. It also facilitates handling and fixation.
The high effective porosity allows direct contact of the tissue layers through the mesh and promotes rapid incorporation.

Please note: DynaMesh®-CICAT must not be placed intraperitoneally.

Distributed by:

CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS100503 en 70 _2021-02-01_d

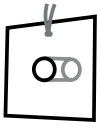
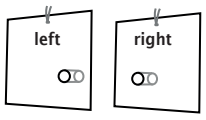


DynaMesh®-IPST implants are used in the prophylaxis and therapy of hernias and fascial defects in the abdominal wall after ostomy as well as to reinforce connective tissue structures and prevent prolapse of the diverted portion of the intestines.

DynaMesh®-IPST

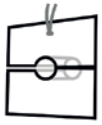
Repair and Prevention of Parastomal Hernia

When selecting the mesh size, ensure sufficient overlap!

DynaMesh®-IPST	**Funnel height: 4.0 cm**		
	ø 02 cm x 15 cm x 15 cm (L4)	IP072415F1	BX = 1 piece
	Funnel height: 2.5 cm		
	ø 02 cm x 15 cm x 15 cm	IP070215F1	BX = 1 piece
	ø 02 cm x 25 cm x 25 cm	IP070225F1	BX = 1 piece
	ø 03 cm x 16 cm x 16 cm	IP070316F1	BX = 1 piece
	ø 04 cm x 17 cm x 17 cm	IP070417F1	BX = 1 piece
DynaMesh®-IPST visible	**Funnel height: 4.0 cm**		
	ø 02 cm x 15 cm x 15 cm (L4)	IP082415F1	BX = 1 piece
	Funnel height: 2.5 cm		
	ø 02 cm x 15 cm x 15 cm	IP080215F1	BX = 1 piece
	ø 03 cm x 16 cm x 16 cm	IP080316F1	BX = 1 piece
DynaMesh®-IPST-D visible	**Funnel height: 4.0 cm**		
	ø 02 cm x 30 cm x 30 cm (L4) left	IP082431F1	BX = 1 piece
	ø 02 cm x 30 cm x 30 cm (L4) right	IP082432F1	BX = 1 piece
	Important: Side specificity (left-sided/right-sided stoma)		

Repair of Parastomal Hernia

When selecting the mesh size, ensure sufficient overlap!

DynaMesh®-IPST-R	**Funnel height: 3.5 cm**		
	ø 03 cm x 16 cm x 16 cm (L3.5)	IP103316F1	BX = 1 piece
DynaMesh®-IPST-R visible	**Funnel height: 3.5 cm**		
	ø 03 cm x 16 cm x 16 cm (L3.5)	IP113316F1	BX = 1 piece

KS100601 en70 _2023-01-27_d

Use and Properties

Product	DynaMesh®-IPST (1)/ -IPST visible (2)	DynaMesh®-IPST-D visible (3)	DynaMesh®-IPST-R (4) / -IPST-R visible (5)
Field of application	parastomal hernia (repair / prevention)		parastomal hernia (repair)
Surgical access	laparoscopic / open		
Surgical technique	IPOM		
Mesh position	intraperitoneal		
Fixation	sutures / tacks		
Green marker thread	●		
PVDF barrier	●		
Visible technology	○ (1) / ● (2)	● (3)	○ (4) / ● (5)
Dual-component structure	PVDF monofilament > 85 % PP monofilament		
Biocompatibility	●		
Ageing resistance	●		
Dynamometry	●		
Tear propagation resistance	●		
No scar plate formation	●		
Classification (Klinge's classification [8])	1a		

All **DynaMesh®-IPST** implants are used both in laparoscopy and in open surgery. Common applications follow the intraperitoneal onlay mesh technique since the mesh is composed of different materials, which allows intraperitoneal application.

All **DynaMesh®-IPST** implants have a parietal and a visceral side. The parietal side is marked with green thread ends and consists of PVDF and a small portion of PP on the surface, while the visceral side consists of PVDF on the surface.

DynaMesh®-IPST-D visible implants are used for the repair as well as the prevention of parastomal hernia with particularly large overlap in cranial and medial direction with intraperitoneal mesh position (side specificity: left-sided / right-sided stoma).

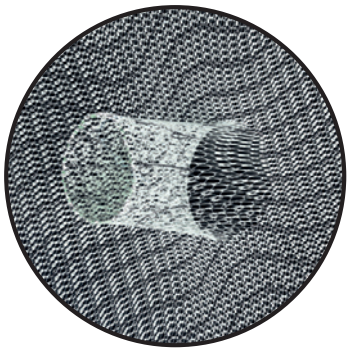
DynaMesh®-IPST-R implants are used to repair the parastomal hernia without detachment of the stoma from the abdominal wall with intraperitoneal mesh position. The prefabricated slit facilitates placement of the mesh implant around the terminal segment of the bowel.

VI087xx	DynaMesh®-IPST - Animation: Parastomal Hernia https://de.dyna-mesh.com/Vi087xx	

● Applies to all product sizes
○ Does not apply

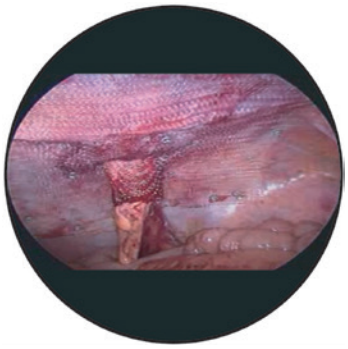
Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS100602 en 70_2022-08-09_d



Handling

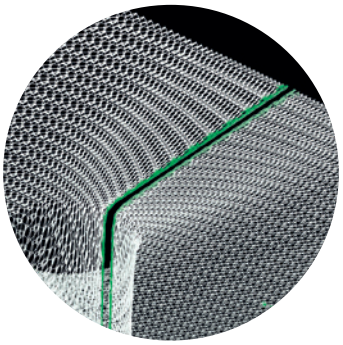
The implant is made from a single piece of mesh for a seamless junction with the elastic funnel. **DynaMesh®-IPST** is a **three-dimensional** preshaped implant providing excellent elasticity and flexibility – which facilitates stomaplasty preparation for the surgeon.



Elastic Funnel

The dual-layer composite structure promotes ingrowth into the abdominal wall while at the same time reducing the risks of adhesions on the visceral side.

The **elastic funnel** with no sharp selvedges leads to secure integration of the terminal segment of bowel and reliably prevents parastomal hernia formation [15,61].



Placement

DynaMesh®-IPST-R can be placed without detaching the stoma from the abdominal wall.

The prefabricated slit makes it easier to place the mesh implant around the terminal section of the bowel.

Distributed by:

CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS100603 en70 _2021-02-01_d

DynaMesh®-HIATUS implants are specially developed for prosthetic hiatoplasty and serve to achieve the long-lasting support and stabilisation of the diaphragm in the region of the oesophageal hiatus.

DynaMesh®-HIATUS

When selecting the mesh size, ensure sufficient overlap!

DynaMesh®-HIATUS	07 cm x 12 cm	PV610712F1	BX = 1 piece
		PV610712F3	BX = 3 pieces
	08 cm x 13 cm	PV610813F1	BX = 1 piece
		PV610813F3	BX = 3 pieces

VI014xx	DynaMesh®-HIATUS - Animation: Surgical Treatment of Hiatal Hernia in Laparoscopic Technique *https://de.dyna-mesh.com/Vi014xx*	

Use and Properties

Product	DynaMesh®-HIATUS
Field of application	hiatal hernia
Surgical access	laparoscopic
Surgical technique	hiatal hernia surgery with implant
Fixation	sutures / adhesives / tacks*
Shape stability	●
Specially Warp-knitted Selvedges	●
Visible technology	●
Polymer (monofilament)	PVDF
Biocompatibility	●
Ageing resistance	●
Dynamometry	●
Tear propagation resistance	●
No scar plate formation	●
Classification (Klinge's classification [8])	1a

* Tacks may only be used if injury to the pericardium can be ruled out with certainty.

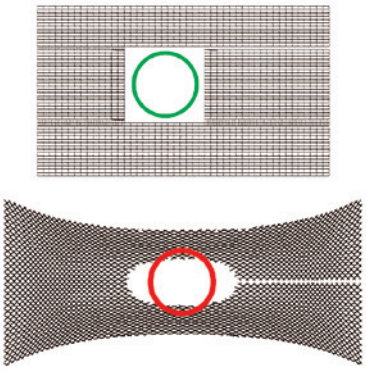
● Applies to all product sizes

KS100701 en70 _2022-08-09_d

DynaMesh®-HIATUS

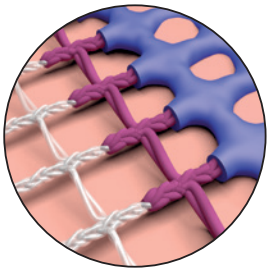
Shape Stability Under Load

Conventional mesh structures deform under load. Constriction of the mesh in the region of the hiatus may reduce the distance between mesh implant and oesophagus, eventually causing mesh erosion.
DynaMesh®-HIATUS is based on a sophisticated textile design with rectangular pores, which even under load retain a high degree of shape stability.



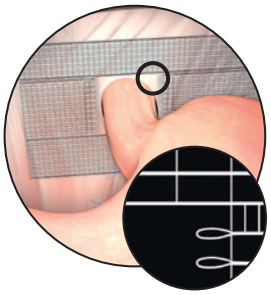
High Effective Porosity

Mesh implants tend to shrink after incorporation in vivo. **DynaMesh®-HIATUS** has a high effective porosity, which ensures that the mesh implant is thoroughly incorporated. During incorporation, the use of the proven and highly biocompatible PVDF polymer ensures that scarring is kept to a minimum. The good incorporation of the mesh implants combined with less scarring leads to minimisation of mesh shrinkage and permanently high flexibility of the incorporated implant.



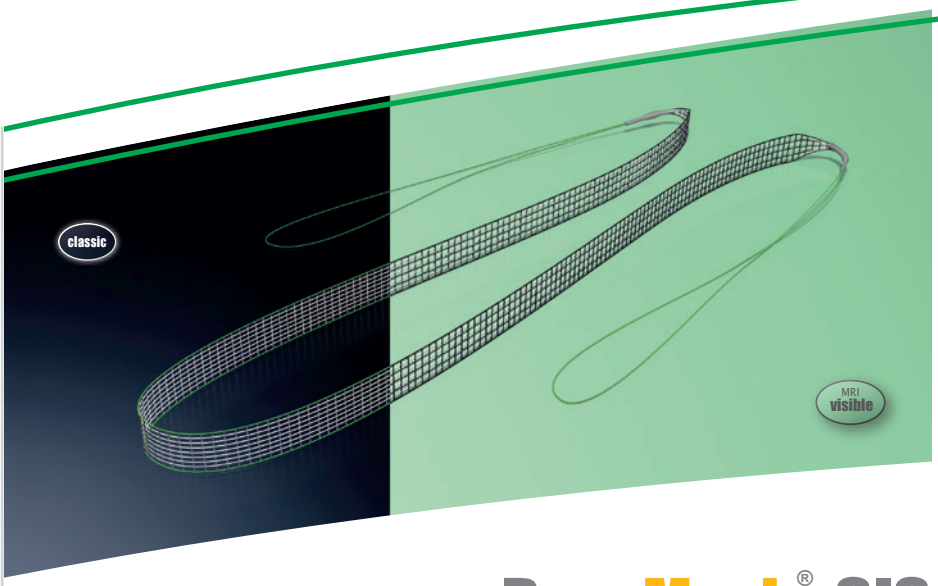
Smooth, Warp-Knitted Selvedges

If the mesh does come into contact with the oesophagus in spite of all measures to prevent it, **DynaMesh®-HIATUS** has smooth selvedges that can minimise the danger of mesh erosion.



Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

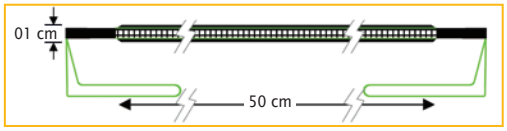
KS100702 en 70_2021-02-01_d



DynaMesh®-SIS implants are designed as a midurethral sling for soft tissue reinforcement of the pelvic floor as part of the surgical treatment of stress urinary incontinence caused by a hypermobile urethra and/or intrinsic sphincter deficiency.

DynaMesh®-SIS

DynaMesh®-SIS	01 cm x 50 cm	PV211056F1	BX = 1 piece
		PV211056F3	BX = 3 pieces
DynaMesh®-SIS soft	01 cm x 50 cm	PV411056F1	BX = 1 piece
		PV411056F3	BX = 3 pieces
DynaMesh®-SIS visible	01 cm x 50 cm	PV471056F1	BX = 1 piece
		PV471056F3	BX = 3 pieces



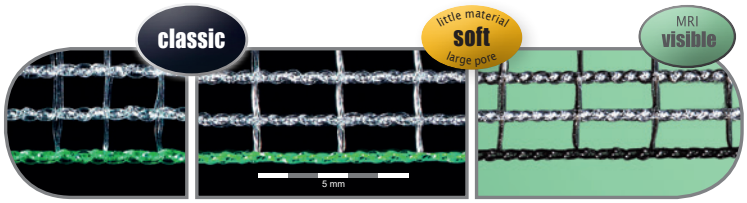
Use and Properties

Product	DynaMesh®-SIS	DynaMesh®-SIS soft	DynaMesh®-SIS visible
Field of application	stress urinary incontinence (SUI)		
Surgical access	transvaginal		
Surgical technique	TVT - retropubic - inside-out / TOT - transobturator - inside-out - outside-in		
Fixation	none		
Specially Warp-knitted Selvedges	●		
Shape stability [TR1,TR12]	●		
Defined elasticity [TR10]	●		
Visible technology	○	○	●
Polymer (monofilament)	PVDF		
Biocompatibility [1[A],2[A],4[A],68[A],100[A],TR1]	●		
Ageing resistance [101,2[A],5[B],52[B],93[A],27[A]]	●		
Classification (Klinge's classification [8]) [TR11]	1a		

● Applies to all product sizes
○ Does not apply
[#] Reference "#" (see "References")
[#[A]] Reference "#" (see "References"), "A": limitation "animal trial"
[#[B]] Reference "#" (see "References"), "B": limitation "in-vitro trial"
[TR#] Internal test-report (see "internal test-report references")

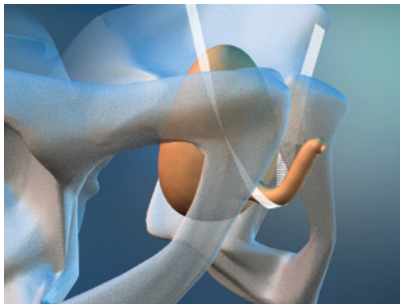
KS200101 en 70 _2023-01-27_d

DynaMesh®-SIS

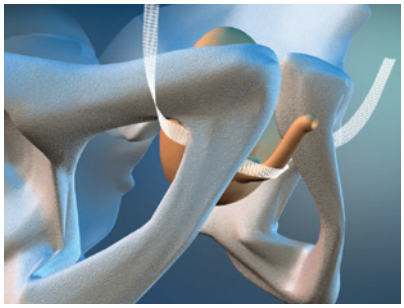


DynaMesh®-SIS | DynaMesh®-SIS soft | DynaMesh®-SIS visible

Retropubic
(inside-out / bottom-up)



Transobturator
(inside-out & outside-in)



DynaMesh®-SIS implants are positioned using the inside-out technique in case of a retropubic tape position, and using the outside-in or inside-out technique in case of a transobturator tape position.

DynaMesh®-SIS implants have a thread on both ends of the sling, which aids fixation to the surgical instrument.

Several reusable instruments are available separately to assist the positioning of **DynaMesh®-SIS** implants:

DynaMesh®-ISR01:
Instrument for retropubic positioning of DynaMesh®-SIS implants through transvaginal access using the inside-out technique.

Diameter: 5 - 7 cm

DynaMesh®-IST01/-IST02/-IST03:
Instrument set consisting of two instruments (right and left side) for transobturator positioning through transvaginal access using the inside-out or outside-in technique.

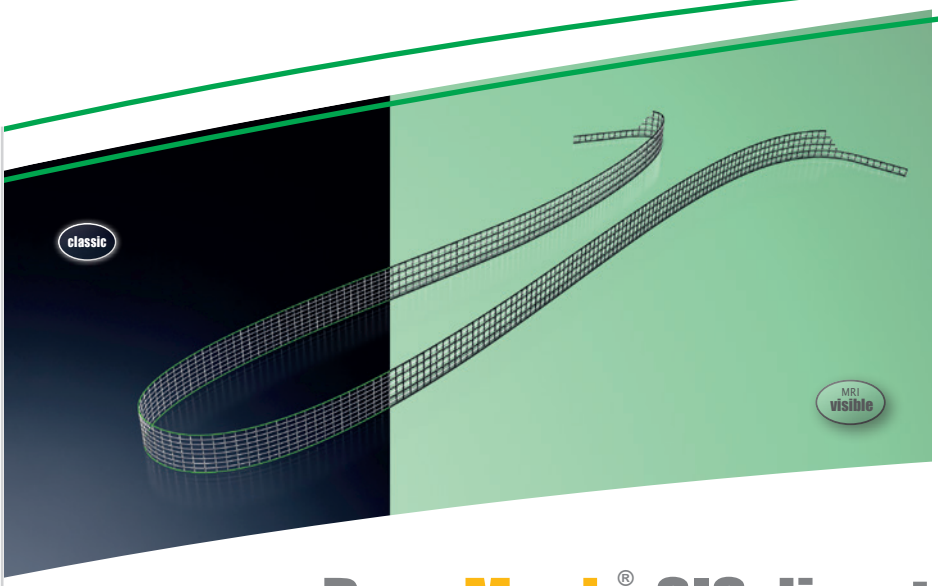
DynaMesh®-IVT01:
Instrument for transobturator positioning through transvaginal access using the outside-in technique.

VI040xx	DynaMesh®-SIS - Animation: Surgical Treatment of Stress Urinary Incontinence - SUI - TVT 8/4 https://de.dyna-mesh.com/Vi040xx	

Distributed by:

CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

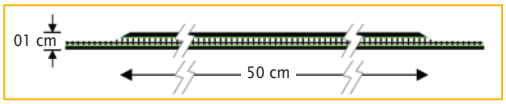
KS200102 en 70 _2022-08-09_d



DynaMesh®-SIS direct implants are designed as a midurethral sling for soft tissue reinforcement of the pelvic floor as part of the surgical treatment of stress urinary incontinence caused by a hypermobile urethra and/or intrinsic sphincter deficiency.

DynaMesh®-SIS direct

DynaMesh®-SIS direct	01 cm x 50 cm	PV211050F1	BX = 1 piece
		PV211050F3	BX = 3 pieces
DynaMesh®-SIS direct soft	01 cm x 50 cm	PV411050F1	BX = 1 piece
		PV411050F3	BX = 3 pieces
DynaMesh®-SIS direct visible	01 cm x 50 cm	PV471050F1	BX = 1 piece
		PV471050F3	BX = 3 pieces



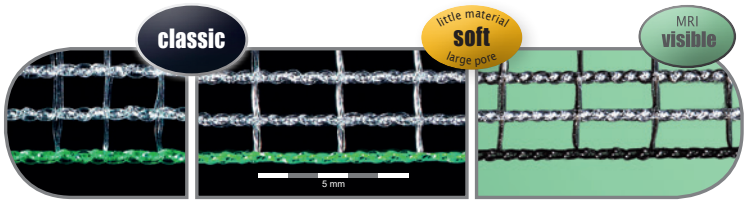
Use and Properties

Product	DynaMesh®-SIS direct	DynaMesh®-SIS direct soft	DynaMesh®-SIS direct visible
Field of application	stress urinary incontinence (SUI)		
Surgical access	transvaginal		
Surgical technique	TOT - transobturator - outside-in		
Fixation	none		
Specially Warp-knitted Selvedges	●		
Shape stability [TR1,TR12]	●		
Defined elasticity [TR10]	●		
Visible technology	○	○	●
Polymer (monofilament)	PVDF		
Biocompatibility [1[A],2[A],4[A],68[A],100[A],TR1]	●		
Ageing resistance [101,2[A],5[B],52[B],93[A],27[A]]	●		
Classification (Klinge's classification [8]) [TR11]	1a		

● Applies to all product sizes
○ Does not apply
[#] Reference "#" (see "References")
[#[A]] Reference "#" (see "References"), "A": limitation "animal trial"
[#[B]] Reference "#" (see "References"), "B": limitation "in-vitro trial"
[TR#] Internal test-report (see "internal test-report references")

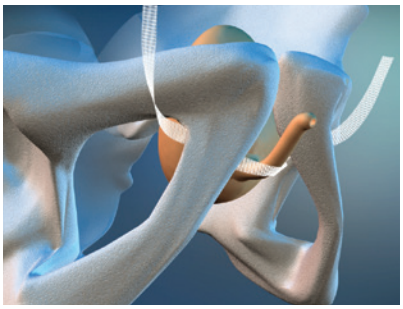
KS200201 en 70 _2023-01-27_d

DynaMesh®-SIS direct



DynaMesh®-SIS direct | DynaMesh®-SIS direct soft | DynaMesh®-SIS direct visible

Transobturator (outside-in)



DynaMesh®-SIS direct implants are positioned using the outside-in technique in a transobturator tape position.

Several reusable instruments are available separately to assist the positioning of **DynaMesh®-SIS direct** implants:

Diameter: 5 - 7 cm

DynaMesh®-IST01/-IST02/-IST03:
Instrument set consisting of two instruments (right and left side) for transobturator positioning through transvaginal access using the outside-in technique.

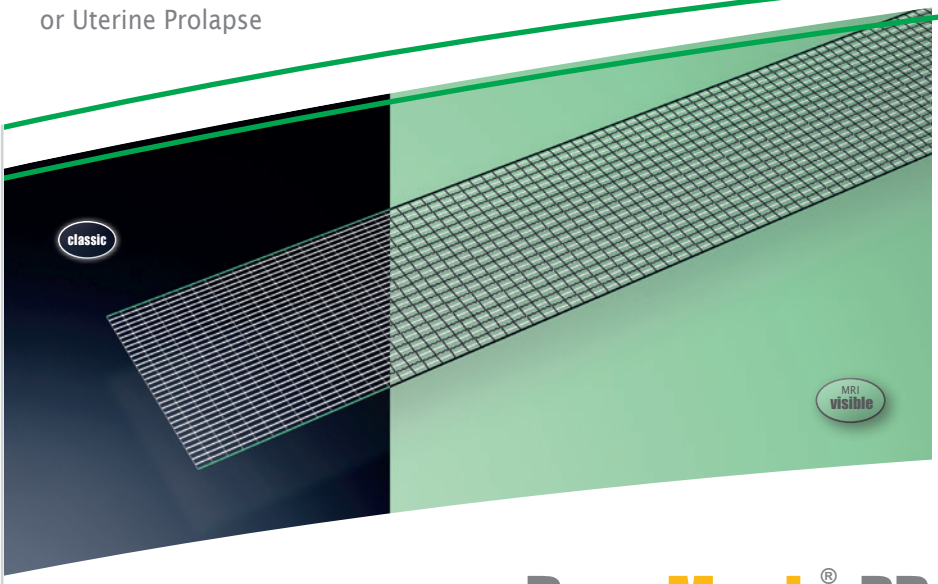
DynaMesh®-IVT01:
Instrument for transobturator positioning through transvaginal access using the outside-in technique.

VI045en	DynaMesh®-SIS direct - Animation: SUI Treatment - Transobturator (out/in) - TOT *https://de.dyna-mesh.com/Vi045en*	
VI021xx	DynaMesh®-SIS direct - Animation: SUI Treatment - Transobturator (out/in) - TOT 8/4 *https://de.dyna-mesh.com/Vi021xx*	

Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS200202 en 70_2022-08-09_d

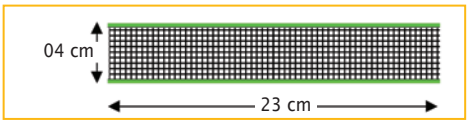
Female Pelvic Organ Prolapse
Vaginal/Cervical Stump Prolapse
or Uterine Prolapse



DynaMesh®-PR implants have been specially developed for pelvic floor reconstruction, in laparoscopic or open surgical technique, and serve to support and stabilise fascial structures, connective tissue and ligaments.

DynaMesh®-PR

DynaMesh®-PR soft	04 cm x 23 cm	PV500423F1	BX = 1 piece
		PV500423F3	BX = 3 pieces
DynaMesh®-PR visible	04 cm x 23 cm	PV700423F1	BX = 1 piece



Use and Properties

Product	DynaMesh®-PR soft	DynaMesh®-PR visible
Field of application	vaginal/cervical stump or uterine prolapse, concomitant cystocele/rectocele	
Surgical access	laparoscopic / open	
Surgical technique	colposacropexy / cervicosacropexy / hysterosacropexy unilateral	
Fixation on vagina / cervix	sutures	
Fixation on sacrum	sutures / tacks	
Specially Warp-knitted Selvedges	●	
Shape stability	●	
Defined elasticity	●	
Visible technology	○	●
Polymer (monofilament)	PVDF	
Biocompatibility	●	
Ageing resistance	●	
Dynamometry	●	
Tear propagation resistance	●	
Classification (Klinge's classification [8])	1a	

● Applies to all product sizes
○ Does not apply

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com

made in Germany

20.03.01.

KS200301 en 70 _2022-08-09_d

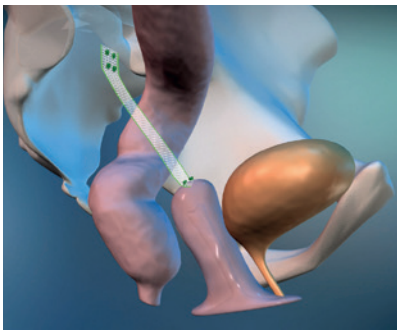
Female Pelvic Organ Prolapse

Vaginal/Cervical Stump Prolapse or Uterine Prolapse

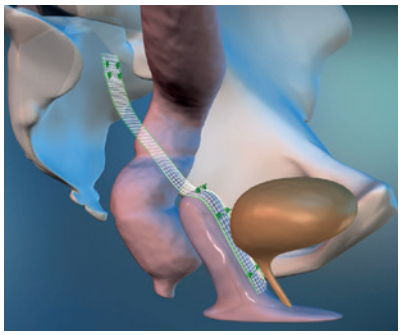
DynaMesh®-PR

DynaMesh®-PR implants are used in the surgical treatment of the vaginal/cervical stump or uterine prolapse, as well as in the treatment of a concomitant cystocele/rectocele.

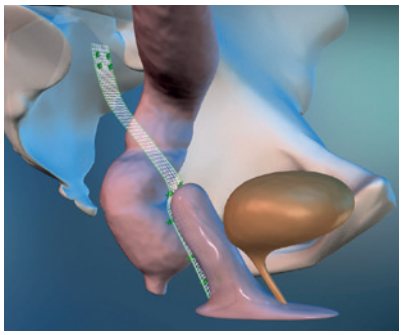
Application Examples:



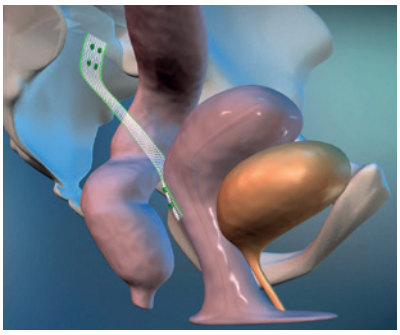
Colpo-/cervicosacropexy
- unilateral
- fixation on vaginal/cervical stump



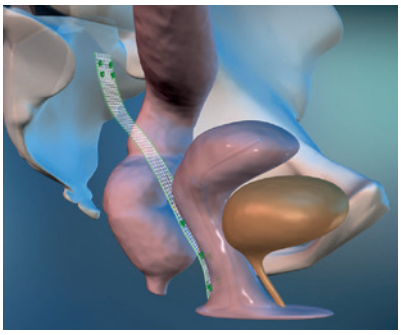
Colpo-/cervicosacropexy
- unilateral
- fixation on vaginal/cervical stump and anterior mesh plasty for concomitant cystocele



Colpo-/cervicosacropexy
- unilateral
- fixation on vaginal/cervical stump and posterior mesh plasty for concomitant rectocele



Hysterosacropexy
- unilateral
- posterior cervical fixation



Hysterosacropexy
- unilateral
- posterior cervical fixation and posterior mesh plasty for concomitant rectocele

VI086xx	DynaMesh®-PR - Animation: Colposacropexy https://de.dyna-mesh.com/Vi086xx	

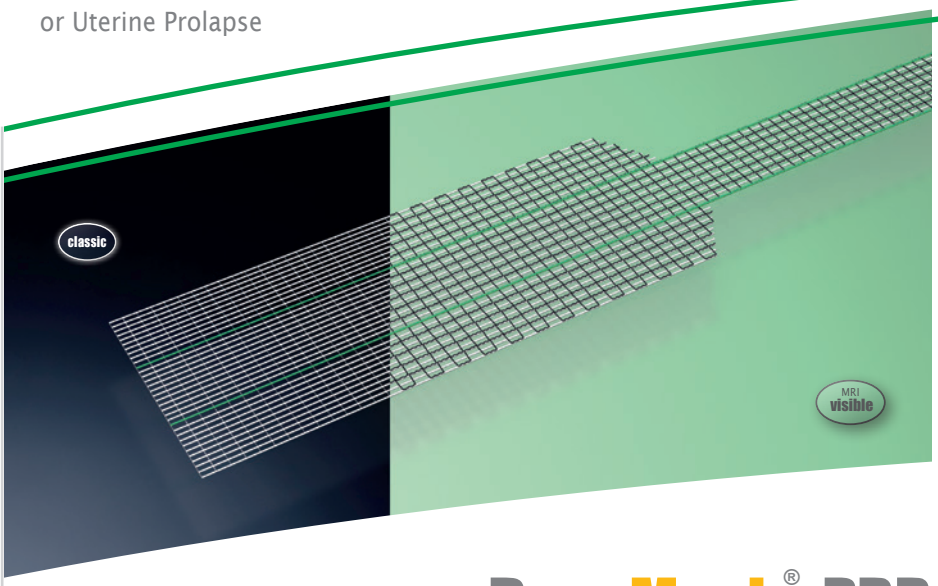
Distributed by:

CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora

Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS200302 en70 _2022-08-09_d

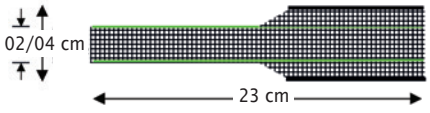
Female Pelvic Organ Prolapse
Vaginal/Cervical Stump Prolapse
or Uterine Prolapse



DynaMesh®-PRR implants have been specially developed for pelvic floor reconstruction, in laparoscopic or open surgical technique, and serve to support and stabilise fascial structures, connective tissue and ligaments.

DynaMesh®-PRR

DynaMesh®-PRR soft	02/04 cm x 23 cm	PV360423F1	BX = 1 piece
		PV360423F3	BX = 3 pieces
DynaMesh®-PRR visible	02/04 cm x 23 cm	PV760423F1	BX = 1 piece



Use and Properties

Product	DynaMesh®-PRR soft	DynaMesh®-PRR visible
Field of application	vaginal/cervical stump or uterine prolapse, concomitant cystocele/rectocele	
Surgical access	laparoscopic / open	
Surgical technique	colposacropexy / cervicosacropexy / hysterosacropexy unilateral	
Fixation on vagina / cervix	sutures	
Fixation on sacrum	sutures / tacks	
Specially Warp-knitted Selvedges	●	
Shape stability	●	
Defined elasticity	●	
Visible technology	○	●
Polymer (monofilament)	PVDF	
Biocompatibility	●	
Ageing resistance	●	
Dynamometry	●	
Tear propagation resistance	●	
Classification (Klinge's classification [8])	1a	

● Applies to all product sizes
○ Does not apply

KS200401 en 70 _2022-08-09_d

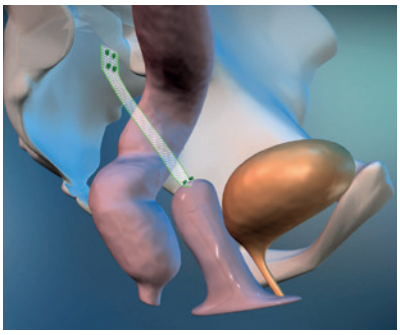
Female Pelvic Organ Prolapse

Vaginal/Cervical Stump Prolapse or Uterine Prolapse

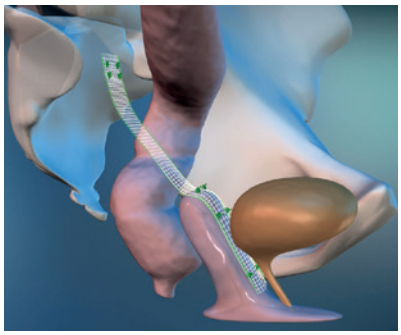
DynaMesh®-PRR

DynaMesh®-PRR implants are used in the surgical treatment of the vaginal/cervical stump or uterine prolapse, as well as in the treatment of a concomitant cystocele/rectocele.

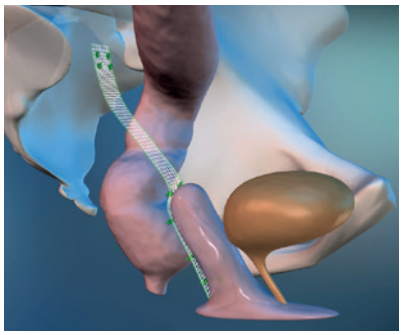
Application Examples:



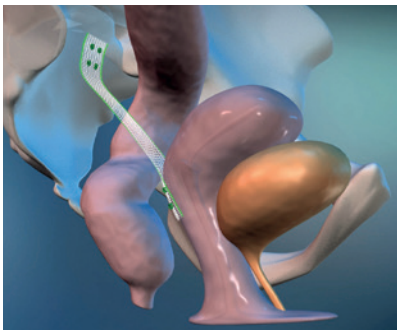
Colpo-/cervicosacropexy
- unilateral
- fixation on vaginal/cervical stump



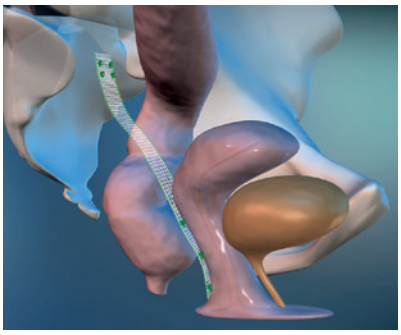
Colpo-/cervicosacropexy
- unilateral
- fixation on vaginal/cervical stump and anterior mesh plasty for concomitant cystocele



Colpo-/cervicosacropexy
- unilateral
- fixation on vaginal/cervical stump and posterior mesh plasty for concomitant rectocele



Hysterosacropexy
- unilateral
- posterior cervical fixation



Hysterosacropexy
- unilateral
- posterior cervical fixation and posterior mesh plasty for concomitant rectocele

VI083xx	DynaMesh®-PRR - Animation: Colposacropexy https://de.dyna-mesh.com/Vi083xx	
Vi062xx	DynaMesh®-PRR - Animation: Hysterosacropexy https://de.dyna-mesh.com/Vi062xx	

Distributed by:

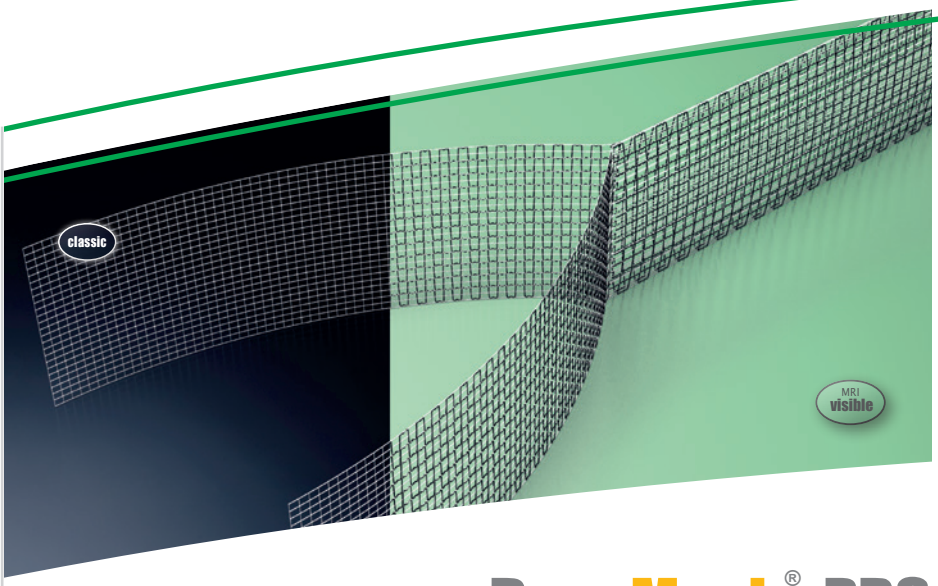
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS200402 en 70_2022-08-09_d

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com

made in Germany

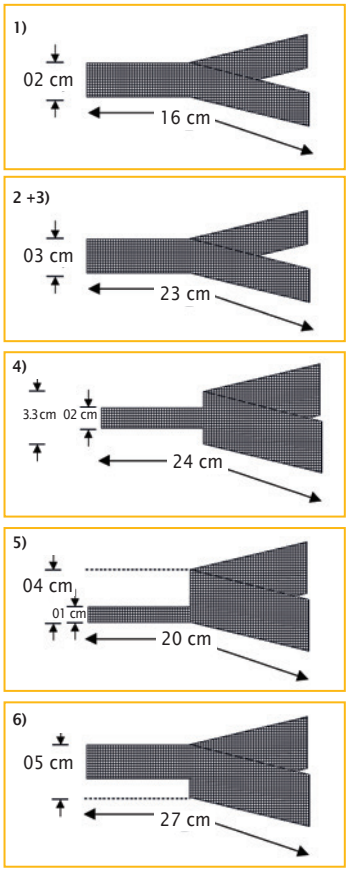
20.04.02.



DynaMesh®-PRS implants have been specially developed for pelvic floor reconstruction, in laparoscopic or open surgical technique, and serve to support and stabilise fascial structures, connective tissue and ligaments.
The implants are used in the surgical treatment of the vaginal or cervical stump prolapse, as well as in the treatment of a concomitant cystocele and/or rectocele.

DynaMesh®-PRS

DynaMesh®-PRS soft	1) 02 cm x 16 cm	PV350216F1	BX = 1 piece
DynaMesh®-PRS soft	2) 03 cm x 23 cm	PV350323F1	BX = 1 piece
DynaMesh®-PRS visible	3) 03 cm x 23 cm	PV750323F1	BX = 1 piece
DynaMesh®-PRS visible	4) 3.3 cm x 24 cm	PV750424F1	BX = 1 piece
		PV750424F10	BX = 10 pieces
DynaMesh®-PRS visible	5) 04 cm x 20 cm	PV750420F1	BX = 1 piece
		PV750420F10	BX = 10 pieces
DynaMesh®-PRS soft	6) 05 cm x 27 cm	PV350527F1	BX = 1 piece



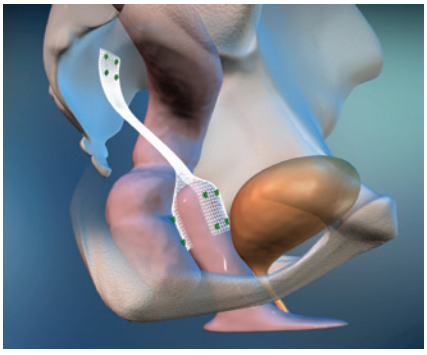
VI046xx	DynaMesh®-PRS - Animation: Colposacropexy https://de.dyna-mesh.com/Vi046xx	
VI048xx	DynaMesh®-PRS - Animation: Colposacropexy https://de.dyna-mesh.com/Vi048xx	
VI067xx	DynaMesh® MRI - Animation: MRI Reconstruction with DynaMesh®-PRS visible https://de.dyna-mesh.com/Vi067xx	

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com
made in Germany
20.05.01.
KS200501 en 70 _2022-08-09_d

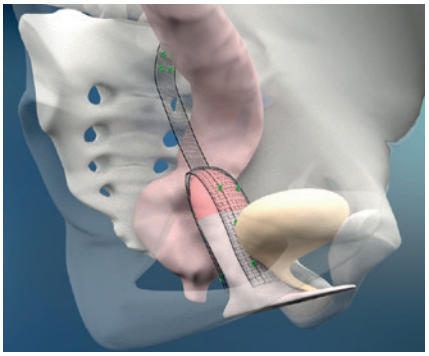
Use and Properties

Product	DynaMesh®-PRS soft 02 cm x 16 cm (1) 03 cm x 23 cm (2) 05 cm x 27 cm (6)	DynaMesh®-PRS visible 03 cm x 23 cm (3) 3.3 cm x 24 cm (4) 04 cm x 20 cm (5)
Field of application	vaginal/cervical stump prolapse, concomitant cystocele/rectocele	
Surgical access	laparoscopic / open	
Surgical technique	colposacropexy / cervicosacropexy unilateral	
Fixation on vagina / cervix	sutures	
Fixation on sacrum	sutures / tacks	
Specially Warp-knitted Selvedges	●	
Shape stability	●	
Defined elasticity	●	
Visible technology	○ (1,2,6)	● (3,4,5)
Polymer (monofilament)	PVDF	
Biocompatibility	●	
Ageing resistance	●	
Dynamometry	●	
Tear propagation resistance	●	
Classification (Klinge's classification [8])	1a	

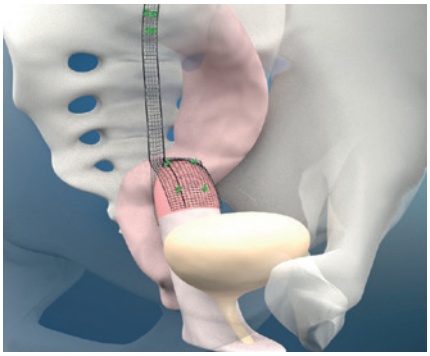
Application Examples:



Colpo-/cervicosacropexy
- unilateral



Colpo-/cervicosacropexy
- unilateral
- anterior/posterior mesh plasty (for concomitant cystocele/rectocele)



Colpo-/cervicosacropexy
- unilateral

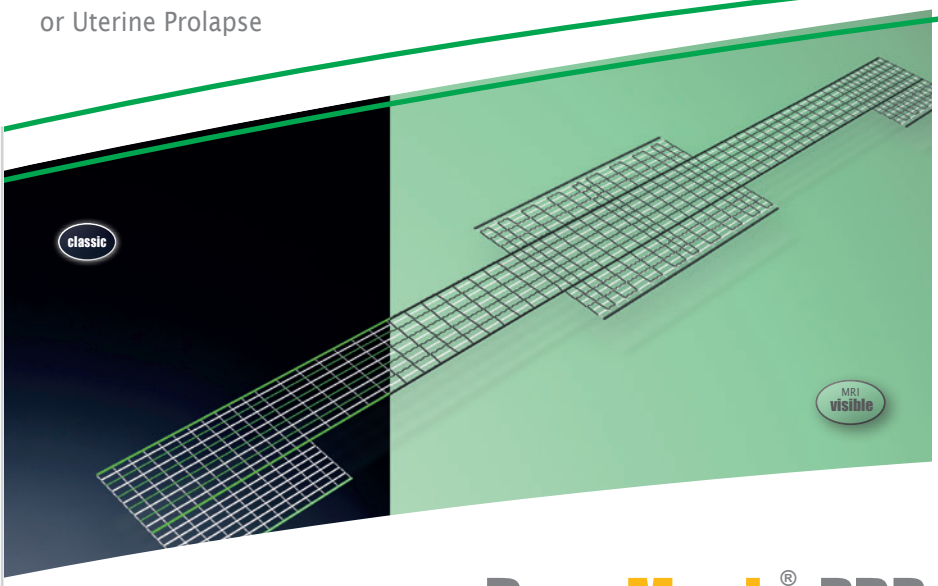
● Applies to all product sizes
○ Does not apply

Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS200502 en 70_2022-08-09_d

Female Pelvic Organ Prolapse

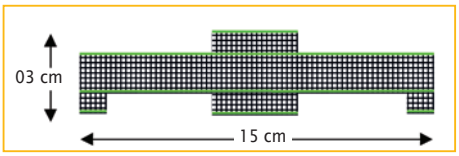
Vaginal/Cervical Stump Prolapse
or Uterine Prolapse



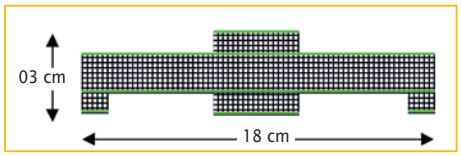
DynaMesh®-PRP implants have been specially developed for pelvic floor reconstruction, in laparoscopic or open surgical technique, and serve to support and stabilise fascial structures, connective tissue and ligaments.
The implants are used in the surgical treatment of a prolapse of the vaginal/ cervical stump or uterine prolapse in the pectopexy technique.

DynaMesh®-PRP

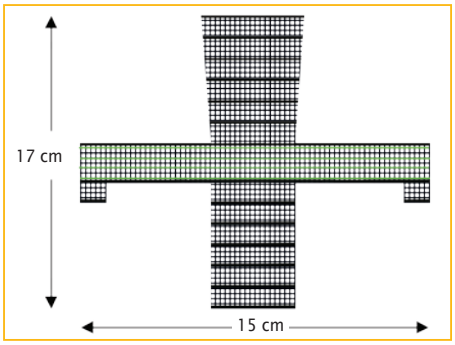
DynaMesh®-PRP soft	[1] 03 cm x 15 cm	PV540315F1	BX = 1 piece
	[1] 03 cm x 15 cm	PV540315F3	BX = 3 pieces
DynaMesh®-PRP visible	[2] 03 cm x 15 cm	PV780315F1	BX = 1 piece



DynaMesh®-PRP visible	[3] 03 cm x 18 cm	PV780318F1	BX = 1 piece
		PV780318F3	BX = 3 pieces



DynaMesh®-PRP visible	[4] 17 cm x 15 cm	PV781715F1	BX = 1 piece
		PV781715F3	BX = 3 pieces



VI042xx	DynaMesh®-PRP - Animation: Pectopexy *https://de.dyna-mesh.com/Vi042xx*	
VI061xx	DynaMesh®-PRP - Animation: Hysteropectopexy - Anterior Fixation *https://de.dyna-mesh.com/Vi061xx*	
VI053xx	DynaMesh®-PRP - Animation: Hysteropectopexy - Posterior Fixation *https://de.dyna-mesh.com/Vi053xx*	
VI054xx	DynaMesh®-PRP - Animation: Pectopexy with Anterior & Posterior Mesh Repair *https://de.dyna-mesh.com/Vi054xx*	
VI069xx	DynaMesh® MRI - Animation: MRI Reconstruction with DynaMesh®-PRP visible *https://de.dyna-mesh.com/Vi069xx*	

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com

made in Germany

20.06.01.

KS200601 en 70 _2022-08-09_d

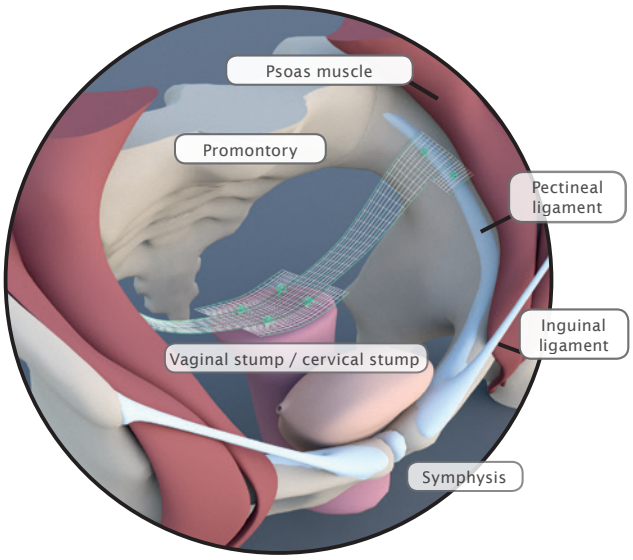
Female Pelvic Organ Prolapse

Vaginal/Cervical Stump Prolapse
or Uterine Prolapse

DynaMesh®-PRP

Use and Properties

Product	DynaMesh®-PRP soft (1) / visible (2) 03 cm x 15 cm	DynaMesh®-PRP visible 03 cm x 18 cm (3)	DynaMesh®-PRP visible 17 cm x 15 cm (4)
Field of application	vaginal/cervical stump or uterine prolapse	vaginal stump or uterine prolapse	vaginal/cervical stump prolapse, concomitant cystocele/rectocele
Surgical access	laparoscopic / open		
Surgical technique	pectopexy bilateral		
Fixation on vagina / cervix	sutures		
Fixation on pectineal ligament	sutures		
Specially Warp-knitted Selvedges	●		
Shape stability	●		
Defined elasticity	●		
Visible technology	○ (1) / ● (2)	● (3,4)	
Polymer (monofilament)	PVDF		
Biocompatibility	●		
Ageing resistance	●		
Dynamometry	●		
Tear propagation resistance	●		
Classification (Klinge's classification [8])	1a		



Pectopexy

Bilateral Fixation on the Pectineal Ligament

Fig. left:
Apical mesh repair following hysterectomy with **DynaMesh®-PRP soft / visible** (03 cm x 15 cm)

● Applies to all product sizes
○ Does not apply

Distributed by:

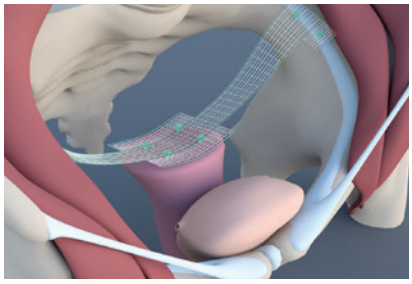
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS200602 en 70 _2021-08-09_d

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com

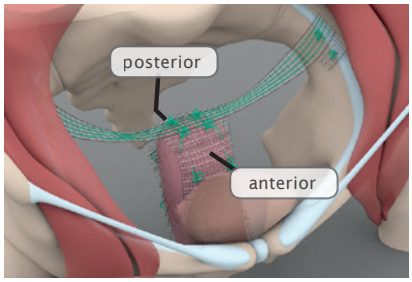
made in Germany

20.06.02.



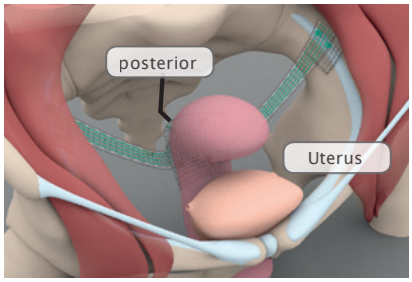
Pectopexy after vaginal/cervical prolapse:

- Two implant sizes are available in the following dimensions **DynaMesh®-PRP soft / visible 03 cm x 15 cm** and **DynaMesh®-PRP visible 03 cm x 18 cm**.
- With greatly shortened vaginas, e.g., following a radical hysterectomy, **DynaMesh®-PRP visible 03 cm x 18 cm** can be optionally used.



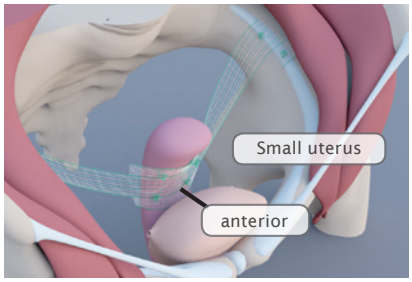
Pectopexy after vaginal/cervical prolapse with concomitant cystocele and/or rectocele: (pulsion cystocele / rectocele)

- Additional stabilisation of the affected vaginal wall can be achieved with **DynaMesh®-PRP visible 17 cm x 15 cm.**



Pectopexy after uterine prolapse with uterine preservation:

- With a normal sized uterus, **DynaMesh®-PRP visible 03 cm x 18 cm** should be used and fixed in place on the posterior cervix.



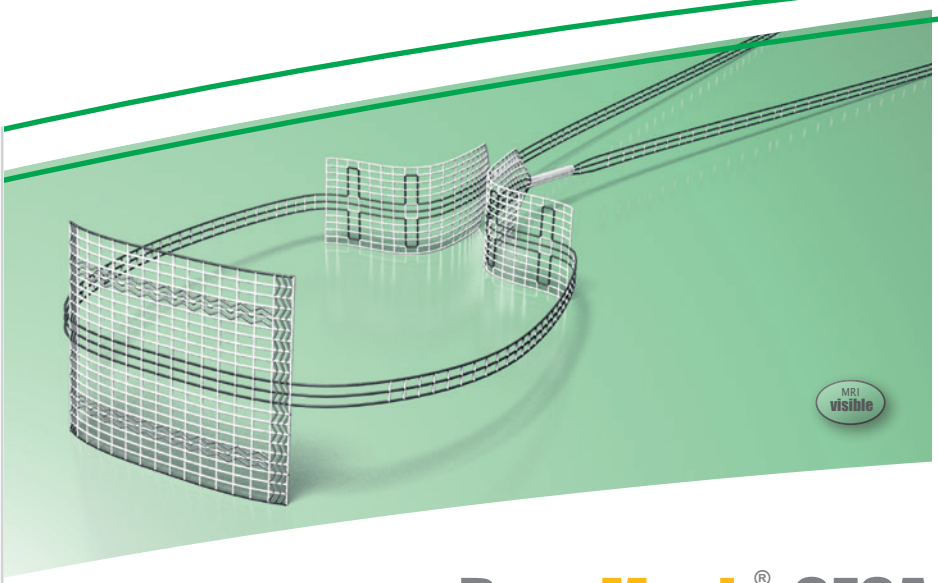
Pectopexy after uterine prolapse with uterine preservation:

- With smaller uteri (below 100 g), anterior fixation of **DynaMesh®-PRP soft / visible 03 cm x 15 cm** can be selected as an alternative.

Distributed by:

CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

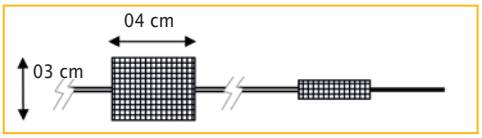
KS200603 en 70 _2021-02-01_d



DynaMesh®-CESA implants have been specially developed for pelvic floor reconstruction, and particularly for reinforcing or replacing the uterosacral ligaments, in laparoscopic or open surgical technique.
The implants are used in the treatment of a prolapse of the internal genitalia, such as a cervical stump prolapse.

DynaMesh®-CESA

DynaMesh®-CESA	03 cm x 04 cm	PV740404F1	BX = 1 piece
		PV740404F3	BX = 3 pieces



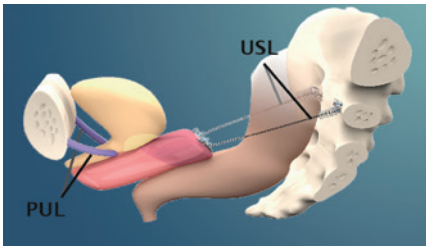
Use and Properties

Product	DynaMesh®-CESA
Field of application	cervical stump prolapse
Surgical access	laparoscopic / open
Surgical technique	cervicosacropexy (CESA) bilateral
Fixation on cervical stump	sutures
Fixation on sacrum	sutures / tacks
Specially Warp-knitted Selvedges	●
Shape stability	●
Defined elasticity	●
Visible technology	●
Polymer (monofilament)	PVDF
Biocompatibility	●
Ageing resistance	●
Dynamometry	●
Tear propagation resistance	●
Classification (Klinge's classification [8])	1a

● Applies to all product sizes

KS200701 en70 _2022-08-09_d

DynaMesh®-CESA



DynaMesh®-CESA
(**CE**rvico-**SA**cropexy)

The surgical technique CESA is a modified abdominal cervicosacropexy procedure (laparoscopic/open), in which the uterosacral ligaments are bilaterally reinforced or replaced by the implant.

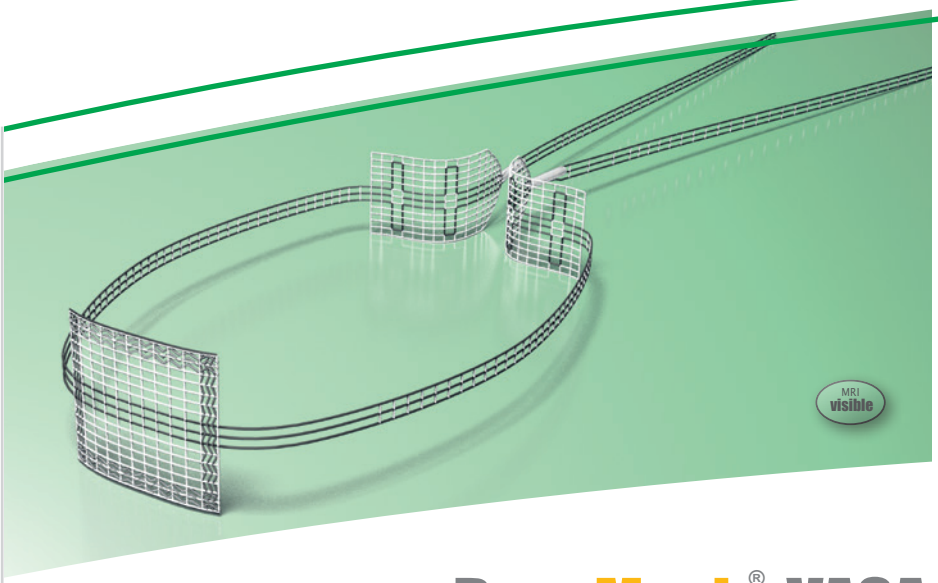
DynaMesh®-IVT02 instrument for **DynaMesh®-CESA** in retroperitoneal tape position through laparotomic access.
Reusable instrument made of surgical steel.
Length: 32 cm

- Extraperitoneal tunnelling
- Anatomically adapted to the pelvis
- Eyelet on instrument tip with slanted, atraumatic edges
- Use in laparoscopy
- Reusable instrument

VI094xx	DynaMesh®-CESA - Animation: Cervicosacropexy - Bilateral Fixation - Level Promontory *https://de.dyna-mesh.com/Vi094xx*	
VI084xx	DynaMesh®-CESA - Animation: Cervicosacropexy - Bilateral Fixation - Level S2 *https://de.dyna-mesh.com/Vi084xx*	

Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

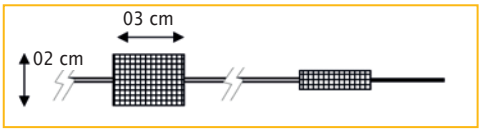
KS200702 en 70 _2022-08-09_d



DynaMesh®-VASA implants have been specially developed for pelvic floor reconstruction, and particularly for reinforcing or replacing the uterosacral ligaments, in laparoscopic or open surgical technique.
The implants are used in the treatment of a prolapse of the internal genitalia, such as a vaginal stump prolapse.

DynaMesh®-VASA

DynaMesh®-VASA	02 cm x 03 cm	PV740203F1	BX = 1 piece
		PV740203F3	BX = 3 pieces



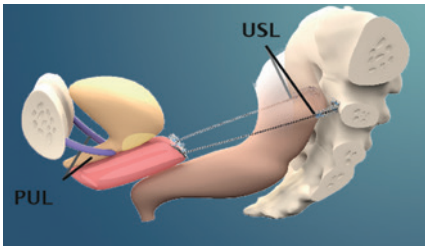
Use and Properties

Product	DynaMesh®-VASA
Field of application	vaginal stump prolapse
Surgical access	laparoscopic / open
Surgical technique	colposacropexy (VASA) bilateral
Fixation on vaginal stump	sutures
Fixation on sacrum	sutures / tacks
Specially Warp-knitted Selvedges	●
Shape stability	●
Defined elasticity	●
Visible technology	●
Polymer (monofilament)	PVDF
Biocompatibility	●
Ageing resistance	●
Dynamometry	●
Tear propagation resistance	●
Classification (Klinge's classification [8])	1a

● Applies to all product sizes

KS200801 en70 _2022-08-09_d

DynaMesh®-VASA



DynaMesh®-VASA
(**VA**gino-**SA**cropexy)

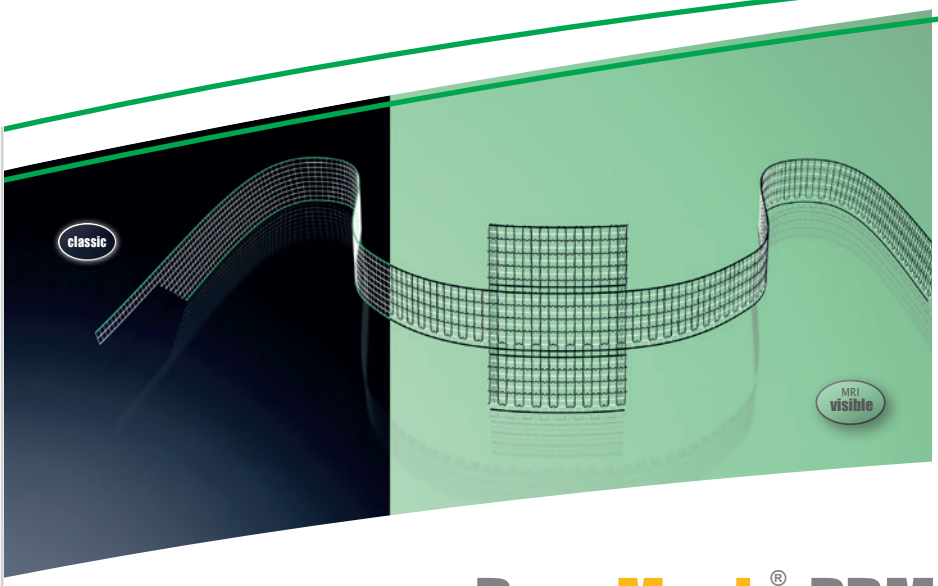
The surgical technique VASA is a modified abdominal colposacropexy procedure (laparoscopic/open), in which the uterosacral ligaments are bilaterally reinforced or replaced by the implant.

DynaMesh®-IVT02 instrument for **DynaMesh®-VASA** in retroperitoneal tape position through laparotomic access.
Reusable instrument made of surgical steel.
Length: 32 cm

- Extraperitoneal tunnelling
- Anatomically adapted to the pelvis
- Eyelet on instrument tip with slanted, atraumatic edges
- Use in laparoscopy
- Reusable instrument

Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

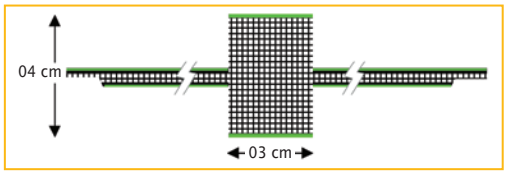
KS200802 en 70 _2021-02-01_d



DynaMesh®-PRM implants are used to support and stabilise connective tissue structures and ligaments. Common applications are suburethral slings for treating male stress urinary incontinence.

DynaMesh®-PRM

DynaMesh®-PRM	04 cm x 03 cm	PV330453F1	BX = 1 piece
DynaMesh®-PRM visible	04 cm x 03 cm	PV730453F1	BX = 1 piece



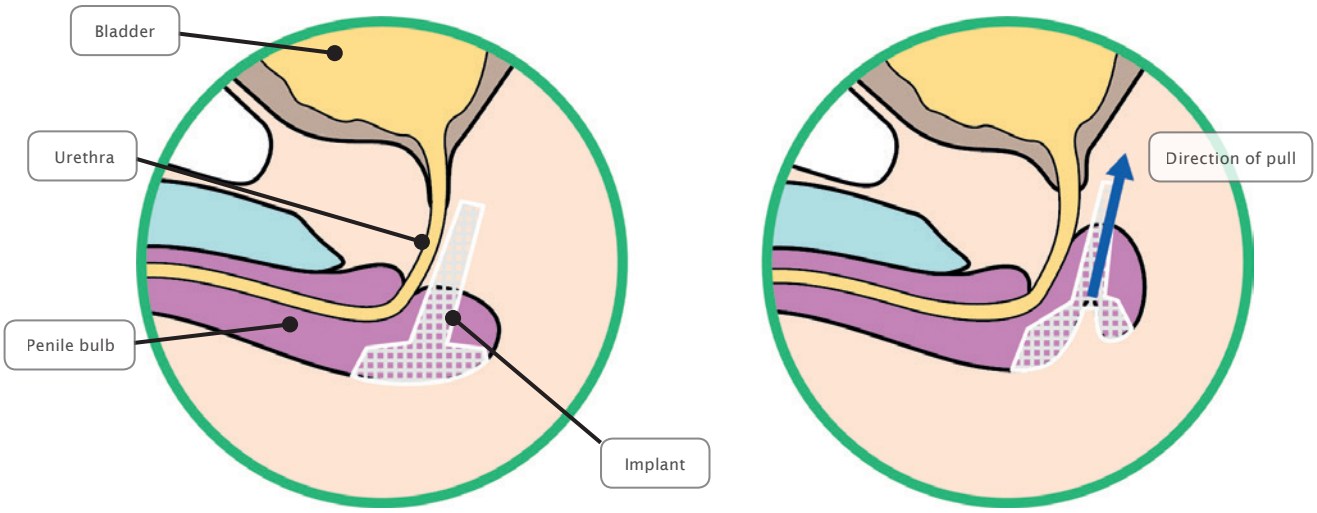
Use and Properties

Product	DynaMesh®-PRM	DynaMesh®-PRM visible
Field of application	stress urinary incontinence (SUI)	
Surgical access	perineal	
Surgical technique	Male Sling TOT - transobturator - outside-in	
Fixation	synthetic adhesives / sutures	
Specially Warp-knitted Selvedges	●	
Shape stability	●	
Defined elasticity	●	
Visible technology	○	●
Polymer (monofilament)	PVDF	
Biocompatibility	●	
Ageing resistance	●	
Dynamometry	●	
Tear propagation resistance	●	
Classification (Klinge's classification [8])	1a	

● Applies to all product sizes
○ Does not apply

KS300101 en70 _2022-08-09_d

Application of the implant through perineal access
Transobturator position



DynaMesh®-IST03
Diameter: 5 cm

DynaMesh®-IST02
Diameter: 7 cm

DynaMesh®-IST03/-IST02:
Instrument set consisting of two instruments (right and left side) for transobturator positioning using the outside-in technique.

Distributed by:
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

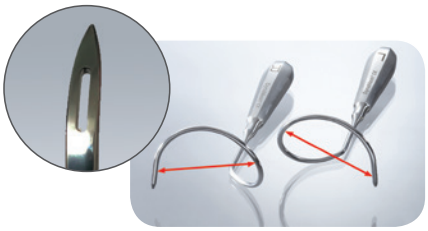
KS300102 en 70 _2021-02-01_d

Reusable Instruments

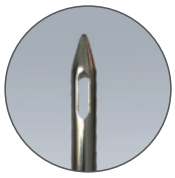
Manufactured from surgical steel (resterilisable)

For **transobturator** application

DynaMesh®-IST03
Surgical instrument
Diameter: 5 cm
IST03F1
BX = 1 set (l+r)



DynaMesh®-IST01
Surgical instrument
Diameter: 6 cm
IST01F1
BX = 1 set (l+r)

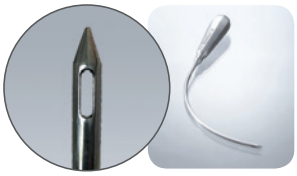


DynaMesh®-IST02
Surgical instrument
Diameter: 7 cm
IST02F1
BX = 1 set (l+r)

DynaMesh®-IVT01
Surgical instrument
IVT01F1
BX = 1 piece

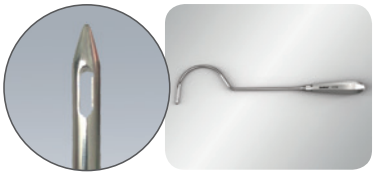
For **retropubic** application

DynaMesh®-ISR01
Surgical instrument
ISR01F1
BX = 1 piece



For **laparotomical** application
of DynaMesh®-CESA/-VASA

DynaMesh®-IVT02
Surgical instrument
IVT02F1
BX = 1 piece



Distributed by:

CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora
Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS400001 en70 _2021-02-01_d

Implant Material

1. Klinge U, Klosterhalfen B, Ottinger AP, et al (2002)
PVDF as a new polymer for the construction of surgical meshes.
Biomaterials 23:3487–3493

2. Klink CD, Junge K, Binnebösel M, et al (2011)
Comparison of long-term biocompability of PVDF and PP meshes.
J Invest Surg 24:292–299. https://doi.org/10.3109/08941939.2011.589883

3. Gerullis H, Georgas E, Eimer C, et al (2011)
Evaluation of Biocompatibility of Alloplastic Materials: Development of a Tissue Culture In Vitro Test System.
Surgical technology international 21:21

4. Gerullis H, Klosterhalfen B, Borós M, et al (2013)
IDEAL in Meshes for Prolapse, Urinary Incontinence, and Hernia Repair.
Surg Innov. https://doi.org/10.1177/1553350612472987

5. Laroche G, Marois Y, Schwarz E, et al (1995)
Polyvinylidene fluoride monofilament sutures: can they be used safely for long-term anastomoses in the thoracic aorta?
Artif Organs 19:1190–1199

10. Berger D, Bientzle M (2008)
Polyvinylidene fluoride: a suitable mesh material for laparoscopic incisional and parastomal hernia repair!
Hernia 13:167–172. https://doi.org/10.1007/s10029-008-0435-4

11. Junge K, Binnebösel M, Rosch R, et al (2008)
Adhesion formation of a polyvinylidenfluoride/polypropylene mesh for intra-abdominal placement in a rodent animal model
Surgical Endoscopy 23:327–333. https://doi.org/10.1007/s00464-008-9923-y

20. Göretzlehner U, Müllen A (2007)
PVDF als Implantat-Werkstoff in der Urogynäkologie.
BIOmaterialien 8 (S1):28–29

27. Mary C, Marois Y, King MW, et al (1998)
Comparison of the in vivo behavior of polyvinylidene fluoride and polypropylene sutures used in vascular surgery.
ASAIO J 44:199–206

50. Roman S, Urbánková I, Callewaert G, et al (2016)
Evaluating Alternative Materials for the Treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse: A Comparison of the In Vivo Response to Meshes Implanted in Rabbits.
The Journal of Urology 196:261–269. https://doi.org/10.1016/j.juro.2016.02.067

52. Silva RA, Silva PA, Carvalho ME (2007)
Degradation studies of some polymeric biomaterials: Polypropylene (PP) and polyvinylidene difluoride (PVDF).
THERMEC 2006, Pts 1-5 539–543:573–576

68. Conze J, Junge K, Weiss C, et al (2008)
New polymer for intra-abdominal meshes--PVDF copolymer.
J Biomed Mater Res Part B Appl Biomater 87:321–328. https://doi.org/10.1002/jbm.b.31106

KS500101 en 70 _2021-09-01_d

Implant Material

91. Hara T (2004)
Ten-Year Results of Anterior Chamber Fixation of the Posterior ChamberIntraocular Lens.
Arch Ophthalmol 122:1112. https://doi.org/10.1001/archopht.122.8.1112

93. Wang H, Klosterhalfen B, Müllen A, et al (2021)
Degradation resistance of PVDF mesh in vivo in comparison to PP mesh.
J Mech Behav Biomed Mater 119:104490. https://doi.org/10.1016/j.jmbbm.2021.104490

100. Karabulut A, Simavlı SA, Abban GM, et al (2016)
Tissue reaction to urogynecologic meshes: effect of steroid soaking in two different mesh models.
Int Urogynecol J 27:1583–1589. https://doi.org/10.1007/s00192-016-3013-9

KS500102 en70 _2021-09-01_d

Product Design

6. Mühl T, Binnebösel M, Klinge U, Goedderz T (2008)
New objective measurement to characterize the porosity of textile implants.
Journal of Biomedical Materials Research Part B: Applied Biomaterials 84B:176–183. https://doi.org/10.1002/jbm.b.30859

8. Klinge U, Klosterhalfen B (2012)
Modified classification of surgical meshes for hernia repair based on the analyses of 1,000 explanted meshes.
Hernia 16:251–258. https://doi.org/10.1007/s10029-012-0913-6

25. Klosterhalfen B, Junge K, Klinge U (2005)
The lightweight and large porous mesh concept for hernia repair.
Expert Rev Med Devices 2:103–117. https://doi.org/10.1586/17434440.2.1.103

26. Otto J, Kaldenhoff E, Kirschner-Hermanns R, et al (2013)
Elongation of textile pelvic floor implants under load is related to complete loss of effective porosity, thereby favouring incorporation in scar plates.
Journal of Biomedical Materials Research Part A n/a-n/a. https://doi.org/10.1002/jbm.a.34767

38. Kaldenhoff E, Klinge U, Klosterhalfen B, et al (2013)
Von der Prolaps- zur Problempatientin: Schenken wir der Qualität von Netzimplantaten genügend Aufmerksamkeit?
Der Gynäkologe 46:469–476. https://doi.org/10.1007/s00129-012-3124-4

53. Zhu L-M, Schuster P, Klinge U (2015)
An overview of crucial mesh parameters.
World Journal of Gastrointestinal Surgery

102. Klinge U, Park J-K, Klosterhalfen B (2013)
The Ideal Mesh.
Pathobiology 80:169–175. https://doi.org/10.1159/000348446

103. Klosterhalfen B, Klinge U (2013)
Retrieval study at 623 human mesh explants made of polypropylene - impact of mesh class and indication for mesh removal on tissue reaction.
Journal of Biomedical Materials Research Part B: Applied Biomaterials n/a-n/a. https://doi.org/10.1002/jbmb.32958

104. Klinge U, Junge K, Spellerberg B, et al (2002)
Do multifilament alloplastic meshes increase the infection rate? Analysis of the polymeric surface, the bacteria adherence, and the in vivo consequences in a rat model.
J Biomed Mater Res 63:765–771. https://doi.org/10.1002/jbm.10449

105. Klinge U, Klosterhalfen B, Birkenhauer V, et al (2002)
Impact of polymer pore size on the interface scar formation in a rat model.
J Surg Res 103:208–214. https://doi.org/10.1006/jsre.2002.6358

KS500201 en 70 _2021-09-01_d

DynaMesh® visible

7. Hansen NL, Barabasch A, Distelmaier M, et al (2013)
First In-Human Magnetic Resonance Visualization of Surgical Mesh Implants for Inguinal Hernia Treatment.
Invest Radiol. https://doi.org/10.1097/RLI.0b013e31829806ce

29. Kuehnert N, Kraemer NA, Otto J, et al (2011)
In vivo MRI visualization of mesh shrinkage using surgical implants loaded with superparamagnetic iron oxides.
Surgical Endoscopy 26:1468–1475. https://doi.org/10.1007/s00464-011-2057-7

51. Köhler G, Pallwein-Prettner L, Lechner M, et al (2015)
First human magnetic resonance visualisation of prosthetics for laparoscopic large hiatal hernia repair.
Hernia 19:975–982. https://doi.org/10.1007/s10029-015-1398-x

54. Muysoms F, Beckers R, Kyle-Leinhase I (2018)
Prospective cohort study on mesh shrinkage measured with MRI after laparoscopic ventral hernia repair with an intraperitoneal iron oxide-loaded PVDF mesh.
Surgical Endoscopy 32:2822–2830. https://doi.org/10.1007/s00464-017-5987-x

56. Köhler G, Pallwein-Prettner L, Koch OO, et al (2015)
Magnetic Resonance–Visible Meshes for Laparoscopic Ventral Hernia Repair.
JSLS : Journal of the Society of Laparoendoscopic Surgeons 19:e2014.00175. https://doi.org/10.4293/JSLS.2014.00175

62. Köhler G, Wundsam H, Pallwein-Prettner L, et al (2015)
Magnetic resonance visible 3-D funnel meshes for laparoscopic parastomal hernia prevention and treatment.
European Surgery 47:127–132. https://doi.org/10.1007/s10353-015-0319-7

69. Kuehnert N, Otto J, Conze J, et al (2014)
Time-Dependent Changes of Magnetic Resonance Imaging-Visible Mesh Implants in Patients

70. Hansen NL, Ciritsis A, Otto J, et al (2015)
Utility of Magnetic Resonance Imaging to Monitor Surgical Meshes: Correlating Imaging and Clinical Outcome of Patients Undergoing Inguinal Hernia Repair.
Invest Radiol. https://doi.org/10.1097/RLI.0000000000000148

71. Weyhe D, Klinge U, Uslar VN, et al (2019)
Follow Up Data of MRI-Visible Synthetic Meshes for Reinforcement in Large Hiatal Hernia in Comparison to None-Mesh Repair – A Prospective Cohort Study.
Front Surg 6:. https://doi.org/10.3389/fsurg.2019.00017

76. Lechner M, Meissnitzer M, Borhanian K, et al (2019)
Surgical and radiological behavior of MRI-depictable mesh implants after TAPP repair: the IRONMAN study.
Hernia. https://doi.org/10.1007/s10029-019-02019-2

90. Özveri E, Şanlı DET, Yıldırım D, et al (2020)
Magnetic resonance visualization of iron-loaded meshes in patients with pain after inguinal hernia repair.
Hernia. https://doi.org/10.1007/s10029-020-02168-9

KS500301 en 70 _2021-09-01_d

Implant Fixation

79. Villalobos RN, Mias MC, Gas C, et al (2019)
Atraumatic laparoscopic intraperitoneal mesh fixation using a new laparoscopic device: an animal experimental study.
Hernia. https://doi.org/10.1007/s10029-019-02008-5

86. Wilson P (2020)
Laparoscopic intraperitoneal onlay mesh (IPOM) repair using n-butyl-2-cyanoacrylate (Liquiband Fix8TM) for mesh fixation: learning experience and short-medium term results.
Hernia. https://doi.org/10.1007/s10029-020-02144-3

97. Carus T (2021)
Die laparoskopische IPOM-Operation bei Nabel- und Bauchwandhernien – Netzfixierung in Klebetechnik.
6

KS500401 en70 _2021-09-01_d

Hernias

Inguinal Hernia

16. Junge K, Binnebösel M, Kauffmann C, et al (2010)
Damage to the spermatic cord by the Lichtenstein and TAPP procedures in a pig model.
Surgical Endoscopy 25:146–152. https://doi.org/10.1007/s00464-010-1148-1

67. Garcia-Pastor P, Porrero-Carro J, et al. (2018)
Prospective Multicenter Blinded Randomized Study Comparing PP and PVDF Mesh Implants in Lichtenstein Procedure with Respect to Pain and Recurrence.
JSM Surgical Procedures 1:

72. Guadalajara Jurado JF, Suárez Grau JM, Bellido Luque JA, et al (2016)
Initial experience in laparoscopic bilateral inguinal hernia repair (TEP) with new anatomical mesh with large pore and low weight (Dynamesh Endolap) in short stay (6 months follow-up).
Ambulatory Surgery 22:

90. Özveri E, Şanlı DET, Yıldırım D, et al (2020)
Magnetic resonance visualization of iron-loaded meshes in patients with pain after inguinal hernia repair.
Hernia. https://doi.org/10.1007/s10029-020-02168-9

94. Ramser M, Baur J, Keller N, et al (2021)
Robotische Hernienchirurgie: Teil I: Robotische Leistenhernienversorgung (r TAPP). Videobeitrag und Ergebnisse einer Kohortenstudie an 302 operierten Hernien.
Chirurg. https://doi.org/10.1007/s00104-021-01425-6

101. The HerniaSurge Group (2018)
International guidelines for groin hernia management.
Hernia. https://doi.org/10.1007/s10029-017-1668-x

KS501001 en70 _2021-09-01_d

Hernias

Abdominal Wall Hernia Repair

10. Berger D, Bientzle M (2008)
Polyvinylidene fluoride: a suitable mesh material for laparoscopic incisional and parastomal hernia repair!
Hernia 13:167–172. https://doi.org/10.1007/s10029-008-0435-4

14. Berger D, Bientzle M (2006)
Principles of laparoscopic repair of ventral hernias.
European Surgery 38:393–398. https://doi.org/10.1007/s10353-006-0284-2

54. Muysoms F, Beckers R, Kyle-Leinhase I (2018)
Prospective cohort study on mesh shrinkage measured with MRI after laparoscopic ventral hernia repair with an intraperitoneal iron oxide-loaded PVDF mesh.
Surgical Endoscopy 32:2822–2830. https://doi.org/10.1007/s00464-017-5987-x

56. Köhler G, Pallwein-Prettner L, Koch OO, et al (2015)
Magnetic Resonance–Visible Meshes for Laparoscopic Ventral Hernia Repair.
JSLS : Journal of the Society of Laparoendoscopic Surgeons 19:e2014.00175. https://doi.org/10.4293/JSLS.2014.00175

58. Verbo A, Pafundi P, Manno A, et al (2016)
Polyvinylidene Fluoride Mesh (PVDF, DynaMesh®-IPOM) in The Laparoscopic Treatment of Incisional Hernia: A Prospective Comparative Trial versus Gore® ePTFE DUALMESH® Plus.
Surgical technology international 28:147–151

87. Sánchez-Arteaga A, Tallón-Aguilar L, Tinoco-González J, et al (2020)
Use of polyvinylidene fluoride (PVDF) meshes for ventral hernia repair in emergency surgery.
Hernia. https://doi.org/10.1007/s10029-020-02209-3

KS501101 en 70 _2021-12-01_d

Hernias

Abdominal Wall Hernia Prevention

55. Kohler A, Lavanchy JL, Lenoir U, et al (2019)
Effectiveness of Prophylactic Intraperitoneal Mesh Implantation for Prevention of Incisional Hernia in Patients Undergoing Open Abdominal Surgery: A Randomized Clinical Trial.
JAMA Surgery 154:109. https://doi.org/10.1001/jamasurg.2018.4221

74. Bravo-Salva A, González-Castillo AM, Vela-Polanco FF, et al (2019)
Incidence of Incisional Hernia After Emergency Subcostal Unilateral Laparotomy: Does Augmentation Prophylaxis Play a Role?
World J Surg. https://doi.org/10.1007/s00268-019-05282-7

89. Pereira JA, Pera M, López-Cano M, et al (2019)
Hernias at the Extraction Incision After Laparoscopic Colon and Rectal Resection: Influence of Incision Location and Use of Prophylactic Mesh.
Cirugía Española (English Edition) 97:20–26

KS501201 en 70 _2021-09-01_d

Hernias

Parastomal Hernia Repair

9. Berger D, Bientzle M (2007)
Laparoscopic Repair of Parastomal Hernias: A Single Surgeon's Experience in 66 Patients.
Diseases of the Colon & Rectum 50:1668–1673. https://doi.org/10.1007/s10350-007-9028-z

12. Berger D (2010)
Laparoskopische Reparation der parastomalen Hernie.
Der Chirurg 81:988–992. https://doi.org/10.1007/s00104-010-1933-3

60. Fischer I, Wundsam H, Mitteregger M, Köhler G (2017)
Parastomal Hernia Repair with a 3D Funnel Intraperitoneal Mesh Device and Same-Sided Stoma Relocation: Results of 56 Cases.
World Journal of Surgery 41:3212–3217. https://doi.org/10.1007/s00268-017-4130-4

62. Köhler G, Wundsam H, Pallwein-Prettner L, et al (2015)
Magnetic resonance visible 3-D funnel meshes for laparoscopic parastomal hernia prevention and treatment.
European Surgery 47:127–132. https://doi.org/10.1007/s10353-015-0319-7

63. Köhler G, Emmanuel K (2017)
Laparoscopic stoma relocation for parastomal hernia treatment by using a magnetic resonance visible three-dimensional implant.
ANZ Journal of Surgery 87:411–412. https://doi.org/10.1111/ans.12899

64. Köhler G, Fischer I, Wundsam H (2018)
A Novel Technique for Parastomal Hernia Repair Combining a Laparoscopic and Ostomy-Opening Approach.
Journal of Laparoendoscopic & Advanced Surgical Techniques 28:209–214. https://doi.org/10.1089/lap.2017.0313

65. Köhler G, Mayer F, Wundsam H, et al (2015)
Changes in the Surgical Management of Parastomal Hernias Over 15 Years: Results of 135 Cases.
World Journal of Surgery 39:2795–2804. https://doi.org/10.1007/s00268-015-3187-1

66. Zhang H, Xie J, Miao J, Wu H (2016)
Hybrid Approaches for Complex Parastomal Hernia Repair.
Journal of the College of Physicians and Surgeons Pakistan 26:72–73

75. Köhler G (2019)
Prinzipien und Parallelen der Prävention und Reparation parastomaler Hernien mit Netzen.
Chirurg. https://doi.org/10.1007/s00104-019-01047-z

77. Szczepkowski M, Skoneczny P, Przywózka A, et al (2015)
Leading article: Methods paper New minimally invasive technique of parastomal hernia repair - methods and review.
wiitm 1:1–7. https://doi.org/10.5114/wiitm.2015.50052

78. Tully KH, Roghmann F, Pastor J, et al (2019)
Parastomal Hernia Repair With 3-D Mesh Implants After Radical Cystectomy and Ileal Conduit Urinary Diversion - A Single-center Experience Using a Purpose Made Alloplastic Mesh Implant.
Urology 131:245–249. https://doi.org/10.1016/j.urology.2019.05.006

KS501301 en70 _2021-09-01_d

Parastomal Hernia Repair

92. Bustos-Jiménez M, Martín-Cartes JA (2020)
Surgical Treatment of Parostomal Hernias by Using A 3D Mesh.
05:6

96. Cartes JAM, Bustos-Jiménez M, Tamayo-López MJ (2018)
Parostomal Hernia: A More and More Frequent Surgical Challenge.
General Surgery 3:5

KS501302 en 70 _2021-09-01_d

Parastomal Hernia Prevention

15. Berger D (2007)
Prevention of parastomal hernias by prophylactic use of a specially designed intraperitoneal onlay mesh (Dynamesh IPST®).
Hernia 12:243–246. https://doi.org/10.1007/s10029-007-0318-0

59. Conde-Muíño R, Díez J-L, Martínez A, et al (2017)
Preventing parastomal hernias with systematic intraperitoneal specifically designed mesh.
BMC Surgery 17:. https://doi.org/10.1186/s12893-017-0237-7

61. Köhler G, Hofmann A, Lechner M, et al (2016)
Prevention of parastomal hernias with 3D funnel meshes in intraperitoneal onlay position by placement during initial stoma formation.
Hernia 20:151–159. https://doi.org/10.1007/s10029-015-1380-7

62. Köhler G, Wundsam H, Pallwein-Prettner L, et al (2015)
Magnetic resonance visible 3-D funnel meshes for laparoscopic parastomal hernia prevention and treatment.
European Surgery 47:127–132. https://doi.org/10.1007/s10353-015-0319-7

75. Köhler G (2019)
Prinzipien und Parallelen der Prävention und Reparation parastomaler Hernien mit Netzen.
Chirurg. https://doi.org/10.1007/s00104-019-01047-z

80. López-Borao J, Madrazo-González Z, Kreisler E, Biondo S (2019)
Prevention of parastomal hernia after abdominoperineal excision with a prophylactic three-dimensional funnel mesh.
Colorectal Dis 21:1326–1334. https://doi.org/10.1111/codi.14738

88. Mäkäräinen-Uhlbäck EJ, Klintrup KHB, Vierimaa MT, et al (2020)
Prospective, Randomized Study on the Use of Prosthetic Mesh to Prevent a Parastomal Hernia in a Permanent Colostomy: Results of a Long-term Follow-up.
Diseases of the Colon & Rectum 63:678–684. https://doi.org/10.1097/DCR.0000000000001599

95. Ammann Y, Widmann B, Sparn M, et al (2021)
Prophylactic Funnel Mesh to Prevent Parastomal Hernia in Permanent End Colostomy: A Retrospective Cohort Study.
Colorectal Dis. https://doi.org/10.1111/codi.15817

KS501401 en 70_2021-09-01_d

Hiatal Hernia Repair

51. Köhler G, Pallwein-Prettner L, Lechner M, et al (2015)
First human magnetic resonance visualisation of prosthetics for laparoscopic large hiatal hernia repair.
Hernia 19:975–982. https://doi.org/10.1007/s10029-015-1398-x

71. Weyhe D, Klinge U, Uslar VN, et al (2019)
Follow Up Data of MRI-Visible Synthetic Meshes for Reinforcement in Large Hiatal Hernia in Comparison to None-Mesh Repair – A Prospective Cohort Study.
Front Surg 6:. https://doi.org/10.3389/fsurg.2019.00017

KS501501 en 70_2021-09-01_d

DynaMesh®-PR / -PRR

57. Jan H, Ghai V, Thakar R (2018)
Simplified Laparoscopic Sacrohysteropexy.
Journal of Minimally Invasive Gynecology 25:1134. https://doi.org/10.1016/j.jmig.2018.01.014

KS502001 en 70 _2021-09-01_d

Female Pelvic Organ Prolapse

DynaMesh®-PRS

42. Balsamo R, Illiano E, Zucchi A, et al (2018)
Sacrocolpopexy with polyvinylidene fluoride mesh for pelvic organ prolapse: Mid term comparative outcomes with polypropylene mesh.
European Journal of Obstetrics & Gynecology and Reproductive Biology 220:74–78. https://doi.org/10.1016/j.ejogrb.2017.11.018

KS502002 en70 _2021-09-01_d

Female Pelvic Organ Prolapse

DynaMesh®-PRP

22. Noé KG, Spüntrup C, Anapolski M (2013)
Laparoscopic pectopexy: a randomised comparative clinical trial of standard laparoscopic sacral colpo-cervicopexy to the new laparoscopic pectopexy. Short-term postoperative results.
Arch Gynecol Obstet 287:275–280. https://doi.org/10.1007/s00404-012-2536-7

32. Noé K-G, Schiermeier S, Alkatout I, Anapolski M (2015)
Laparoscopic Pectopexy: A Prospective, Randomized, Comparative Clinical Trial of Standard Laparoscopic Sacral Colpocervicopexy with the New Laparoscopic Pectopexy—Postoperative Results and Intermediate-Term Follow-Up in a Pilot Study.
Journal of Endourology 29:210–215. https://doi.org/10.1089/end.2014.0413

45. Kale A, Biler A, Terzi H, et al (2017)
Laparoscopic pectopexy: initial experience of single center with a new technique for apical prolapse surgery.
International braz j urol 43:903–909. https://doi.org/10.1590/s1677-5538.ibju.2017.0070

84. Noé GK, Schiermeier S, Papathemelis T, et al (2020)
Prospective international multicenter pectopexy trial: Interim results and findings post surgery.
European Journal of Obstetrics & Gynecology and Reproductive Biology 244:81–86. https://doi.org/10.1016/j.ejogrb.2019.10.022

98. Noé GK, Schiermeier S, Papathemelis T, et al (2021)
Prospective International Multicenter Pelvic Floor Study: Short-Term Follow-Up and Clinical Findings for Combined Pectopexy and Native Tissue Repair.
JCM 10:217. https://doi.org/10.3390/jcm10020217

KS502003 en70 _2021-09-01_d

Female Pelvic Organ Prolapse

DynaMesh®-CESA / -VASA

33. Jaeger et al. (2016)
Does the Patients Age have an Influence on the Outcome of Cesa (Cervico-Sacropexy) and Vasa (Vagino-Sacropexy) for the Treatment of Urinary Incontinence in Women?
| Open Access | OMICS International

34. Rajshekhar S, Mukhopadhyay S, Morris E (2016)
Early safety and efficacy outcomes of a novel technique of sacrocolpopexy for the treatment of apical prolapse.
International Journal of Gynecology and Obstetrics 0: https://doi.org/10.1016/j.ijgo.2016.05.007

35. Ludwig S, Stumm M, Mallmann P, Jager W (2016)
Surgical replacement of the uterosacral-and pubourethral-ligaments as treatment for urgency urinary incontinence.
Austin J Womens Health 3:1019

36. Joukhadar R, Meyberg-Solomayer G, Hamza A, et al (2015)
A Novel Operative Procedure for Pelvic Organ Prolapse Utilizing a MRI-Visible Mesh Implant: Safety and Outcome of Modified Laparoscopic Bilateral Sacropexy.
BioMed Research International 2015:1–9. https://doi.org/10.1155/2015/860784

73. Cassis C, Mukhopadhyay S, Morris E (2019)
Standardizing abdominal sacrocolpopexy for the treatment of apical prolapse: One year on.
Int J Gynecol Obstet ijgo.12935. https://doi.org/10.1002/ijgo.12935

85. Rexhepi S, Rexhepi E, Stumm M, et al (2018)
Laparoscopic Bilateral Cervicosacropexy and Vaginosacropexy: New Surgical Treatment Option in Women with Pelvic Organ Prolapse and Urinary Incontinence.
Journal of Endourology 32:1058–1064. https://doi.org/10.1089/end.2018.0474

KS502004 en 70_2021-09-01_d

Female Urinary Incontinence

21. Klinge U, Binneboesel M, Kuschel S, Schuessler B (2007)
Demands and properties of alloplastic implants for the treatment of stress urinary incontinence.
Expert Rev Med Devices 4:349–359. https://doi.org/10.1586/17434440.4.3.349

31. Naumann G, Albrich S, Skala C, et al (2012)
Single-Incision Slings (SIS) - a New Option for the Surgical Treatment of Female Stress Urinary Incontinence.
Geburtshilfe und Frauenheilkunde 72:125–131. https://doi.org/10.1055/s-0031-1298275

39. Ludwig S, Stumm M, Mallmann P, Jager W (2016)
TOT 8/4: A Way to Standardize the Surgical Procedure of a Transobturator Tape.
BioMed Research International 2016:1–4. https://doi.org/10.1155/2016/4941304

40. Najjari L, Hennemann J, Kirschner-Hermanns R, et al (2014)
Visualization of Polypropylene and Polyvinylidene Fluoride Slings in Perineal Ultrasound and Correlation with Clinical Outcome.
BioMed Research International. https://doi.org/10.1155/2014/181035

41. Sabadell J, Larrain F, Gracia-Perez-Bonfils A, et al (2016)
Comparative study of polyvinylidene fluoride and polypropylene suburethral slings in the treatment of female stress urinary incontinence: PVDF/polypropylene in suburethral slings.
Journal of Obstetrics and Gynaecology Research 42:291–296. https://doi.org/10.1111/jog.12899

44. Ludwig S, Stumm M (2016)
Surgical Treatment of Urgency Urinary Incontinence, OAB (Wet), Mixed Urinary Incontinence, and Total Incontinence by Cervicosacropexy or Vaginosacropexy.
Gynecology & Obstetrics 6:. https://doi.org/10.4172/2161-0932.1000404

49. Najjari L, Gräf CM, Kupec T, et al (2016)
Tomographic Ultrasound Imaging to Control the Placement of Tension-Free Transobturator Tape in Female Urinary Stress Incontinence.
BioMed Research International 2016:1–6. https://doi.org/10.1155/2016/6495858

83. Ludwig S, Becker I, Mallmann P, Jäger W (2019)
Comparison of Solifenacin and Bilateral Apical Fixation in the Treatment of Mixed and Urgency Urinary Incontinence in Women: URGE 1 Study, A Randomized Clinical Trial.
In Vivo 33:1949–1957. https://doi.org/10.21873/invivo.11690

99. Sabadell J, Pereda-Núñez A, Ojeda-de-los-Santos F, et al (2021)
Polypropylene and polyvinylidene fluoride transobturator slings for the treatment of female stress urinary incontinence: 1-Year outcomes from a multicentre randomized trial.
Neurourology and Urodynamics 40:475–482. https://doi.org/10.1002/nau.24586

KS502101 en 70 _2021-09-01_d

Male Urinary Incontinence

81. Costa Cruz DSL da, D´Ancona CAL, Silva Filho WP da, et al (2020)
Parameters of 2-Dimensional Perineal Ultrasonography Before and After Male Sling Procedure for Urinary Incontinence After Radical Prostatectomy.
Urology 136:257–262. https://doi.org/10.1016/j.urology.2019.10.004

KS503001 en70 _2021-09-01_d

Internal test-reports

TR1. CF_F02 **“Biocompatibility”**

TR10. I1_F03-01_SIS1_X **Stability and Elongation** *(bench test)*

TR11. I1_F03-02_SIS1_X **Porosity and Formstability** *(bench test)*

TR12. I1_F03-03_SIS1_X **Formstability** *(bench test)*

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com

made in Germany

Some of our products may not be available in your country. Please contact your local distributor for more information.

www.dyna-mesh.com

hergestellt durch / manufactured by /
fabriqué par / fabricado por / fabbricato da

FEG Textiltechnik
Forschungs- und Entwicklungsgesellschaft mbH

Prager Ring 70
52070 Aachen, Germany

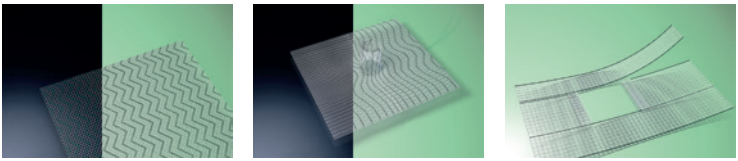
Distributed by:

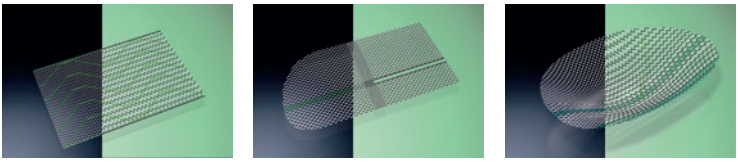
CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora

Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

KS000002 en70 _2021-04-01_d

KS700065 en70 _2023-01-27_d .PDF





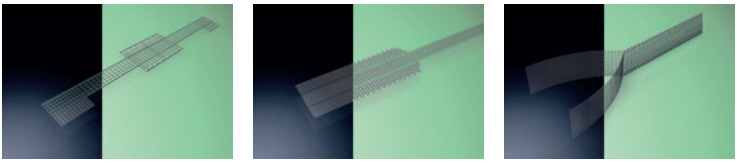
DynaMesh®

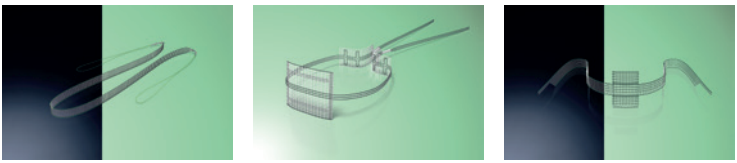
For Every Indication a Specific Solution

Download Catalogue

made in Germany

Tailored Implants Made of PVDF





hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com

Distributed by:

CARDIOLINK
PORTUGAL
Tecnologia Médica Inovadora

Cardiolink
Edificio 3, Rua da cruz, 75 Centro Empresarial
2725193 Mem-Martins
www.cardiolink.pt

VH014 en 70_2023-01-27_d

LiSTO.academy
powered by DynaMesh®

LiSTO.academy is a comprehensive platform providing excellent customised surgical education and trainings. Through cooperations with experienced surgeons and renowned experts from around the world, **LiSTO.academy** enables physicians to achieve best patient outcomes using DynaMesh® implants.

IN-PERSON

VIRTUAL

HYBRID

Visit us online:
www.listo.academy

VH019 en 70_2022-11-09_d