

+ Hand Surgery

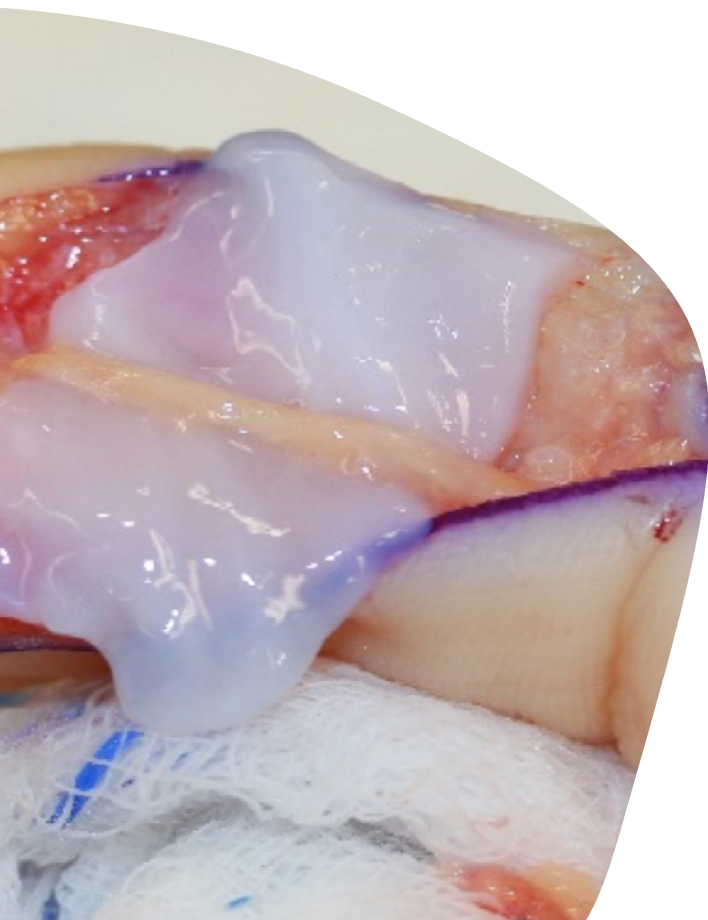
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Faster.

Aid repairs + Improve outcomes

Smith+Nephew

STRAVIX PL [◇]
Lyopreserved
Umbilical Tissue

STRAVIX [◇]
Cryopreserved
Umbilical Tissue



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STRAVIX Tissues

Faster healing. Restore range of motion.

A versatile barrier for a wide variety of hand surgeries

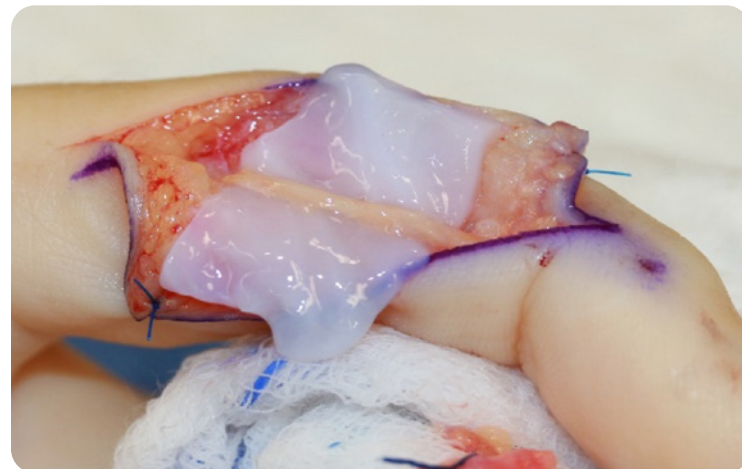
Digital nerve cover

Case study

49-year-old female presented with 3-week-old complex laceration to left (dominant) index finger with undiagnosed transection of radial digital nerve.

Procedure

- External neurolysis of the neuroma-in-situ of the radial digital nerve and surgical cover with STRAVIX Tissue



Outcome

- Incision closed at 2 weeks and patient regained full ROM of the digit in 3 weeks

Cover of a ruptured flexor tendon

Case study

- 54-year-old male sustained a complex laceration to the proximal one third of the proximal phalanx of the nondominant left middle finger
- Repaired 100% transection of long and short flexor tendons
- Three weeks later, patient sustained a secondary injury to the same finger, rupturing the repair of the long flexor tendon

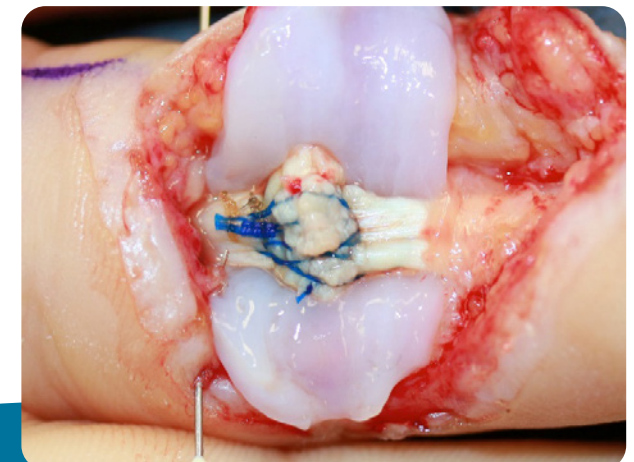
Procedure

- Mobilization of a fasciocutaneous flaps
- Repair of ruptured flexor tendon repair
- STRAVIX Tissue cover of repair



Outcome

- Finger had ROM at 4 weeks
- Return to work at 6 weeks



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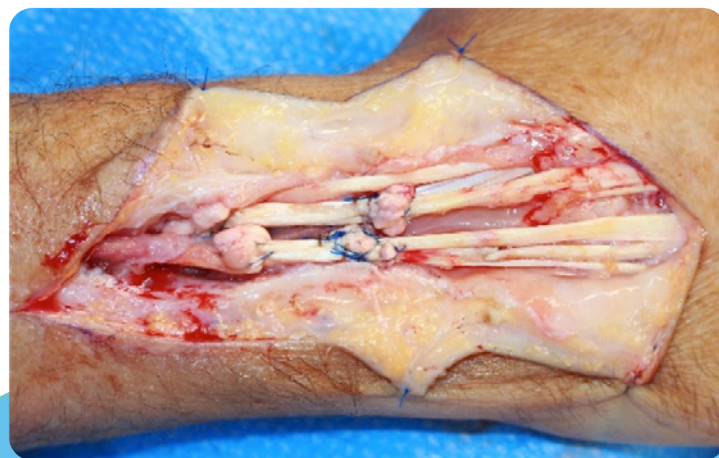
Tendon rupture/graft repair

Case study

49-year-old male presented with transection of the ETs to dominant right middle, ring and little fingers, secondary to previous rupture of extensor tendon and repairs.

Procedure

- Tenolysis, then harvest palmaris longus tendon graft.
- End-to-end repair of the tendon graft to the ends of the extensor tendons to ring and middle fingers.
- STRAVIX Tissue covered each repair



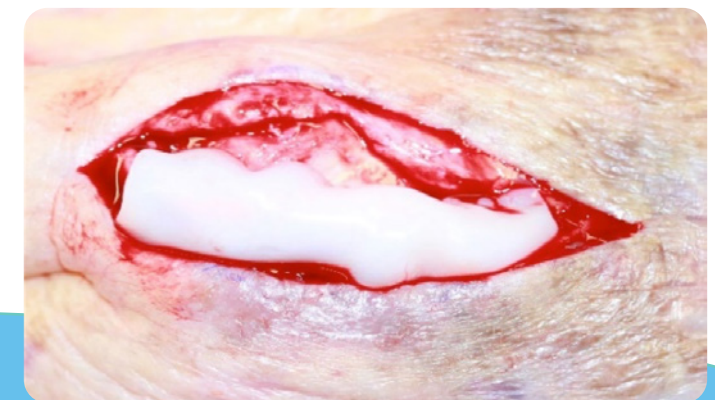
Extensor tendon exposure/tenodesis

Case study

87-year-old hypertensive diabetic male with chronic renal failure, presented with a non-healing (8-months) open wound with purulent exudate from post-fistula repair to the dorsal aspect of the left hand with extensor tendon exposure.

Procedure

- Mobilization of skin flaps, extensive extensor tenolysis, and STRAVIX Tissue cover and closure



Outcome

- Incision closed at 2 weeks and patient regained full ROM at 8 weeks



Outcome

- Incision closed at 2 weeks, functional range-of-motion at 8 weeks – 15-degree extension lag but full composite fist



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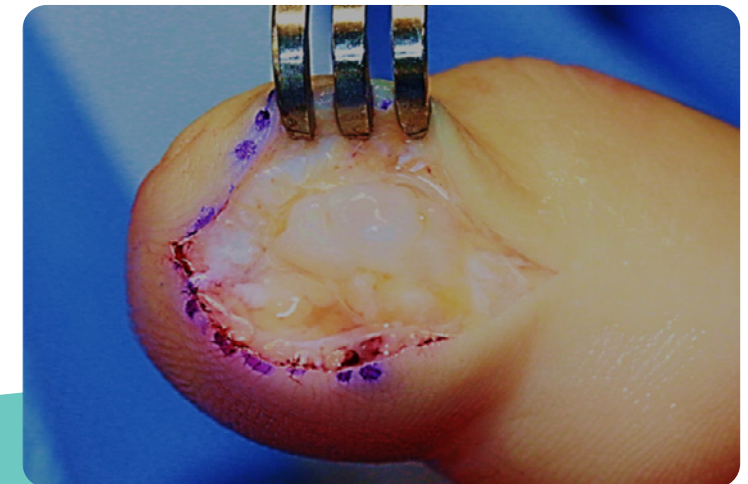
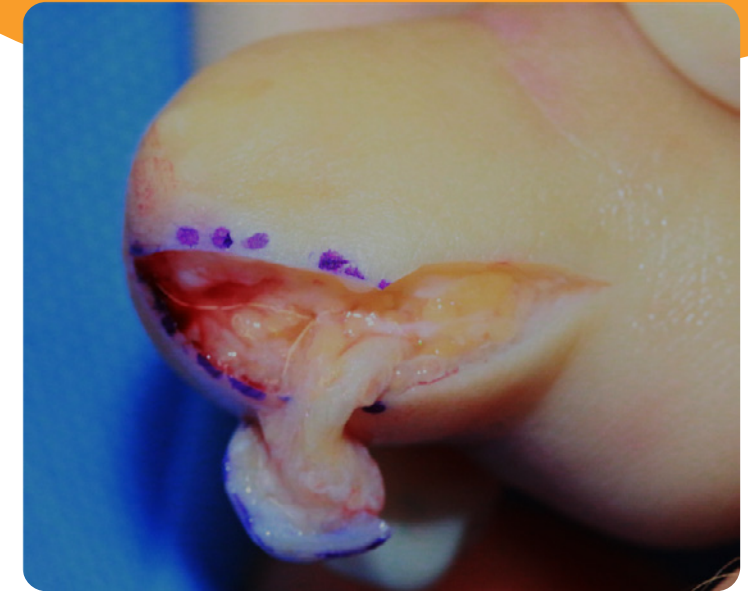
Cover of a painful digital neuroma

Case study

45-year-old male post amputation/flap reconstruction from crush injury to distal phalanx of left index finger presented with exquisitely painful ulnar digital neuroma with trigger point inhibiting work and activities.

Procedure

- Mobilization of a fasciocutaneous flap, excision of ulnar digital nerve neuroma, STRAVIX Tissue cover of residual digital nerve and closure



Outcome

- Incision closed at 2 weeks with finger range-of-motion at 4 weeks and Patient returned work at 6 weeks

Improve outcomes faster, conveniently, affordably

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Tissue source	Product description	Part #
Lyopreserved umbilical tissue (stored at room temperature)	STRAVIX PL ^o 2 cm x 2 cm (4 cm ²)	PS61022
	STRAVIX PL 2 cm x 4 cm (8 cm ²)	PS61024
	STRAVIX PL 3 cm x 6 cm (18 cm ²)	PS61036
Cryopreserved umbilical tissue (stored between -75°C & -85°C)	STRAVIX Meshed 3 x 6 cm (18 cm ² *)	PS60036
	STRAVIX ^o 2 x 2 cm (4 cm ²)	PS60006
	STRAVIX 2 cm x 4 cm (8 cm ²)	PS60005
	STRAVIX 3 cm x 6 cm (18 cm ²)	PS60008

*PS60036 can be stretched to cover up to 30 cm²

Please see each products' Instructions for Use for indications, contraindications, warnings, precautions and other important safety information.

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