

+ Plastic Surgery

Complex injuries, difficult wounds

Shelf-stable, suture-ready biological tissues

Aid repairs + Improve outcomes

Smith+Nephew

STRAVIX[◇]
Umbilical Tissue Products

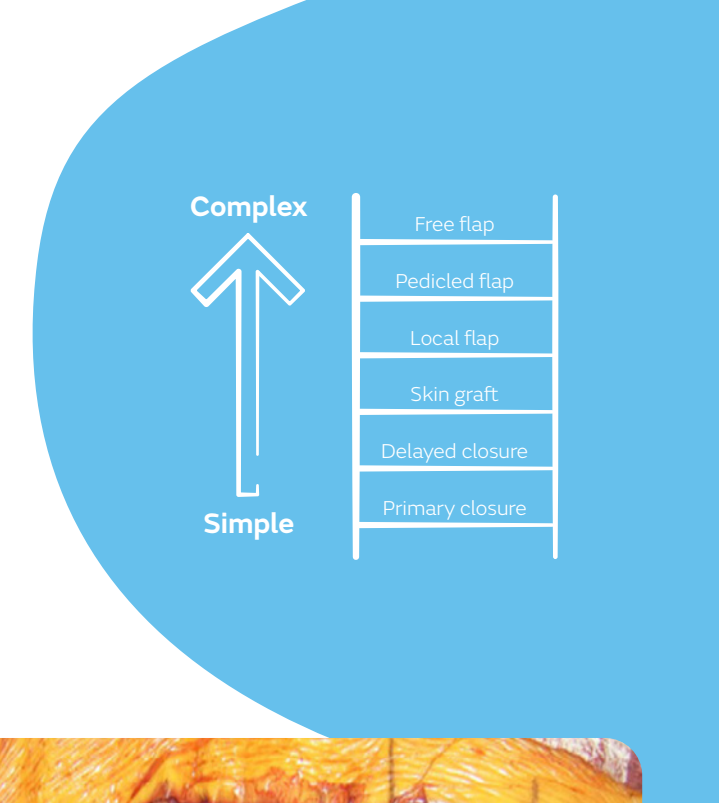
GRAFIX[◇]
Placental Membrane Products

OASIS[®]
Matrix Products

Contact me to learn more about
Smith+Nephew's tissue portfolio



STRAVIX[®] Tissue supporting primary closure



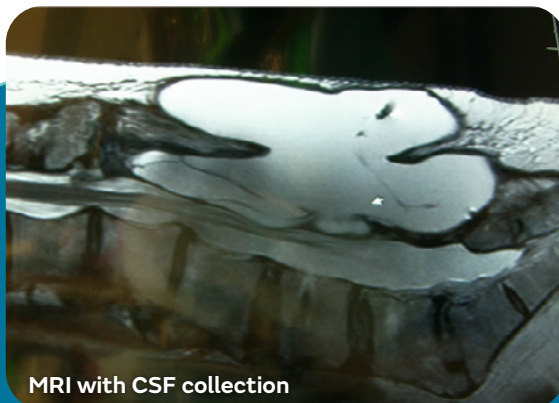
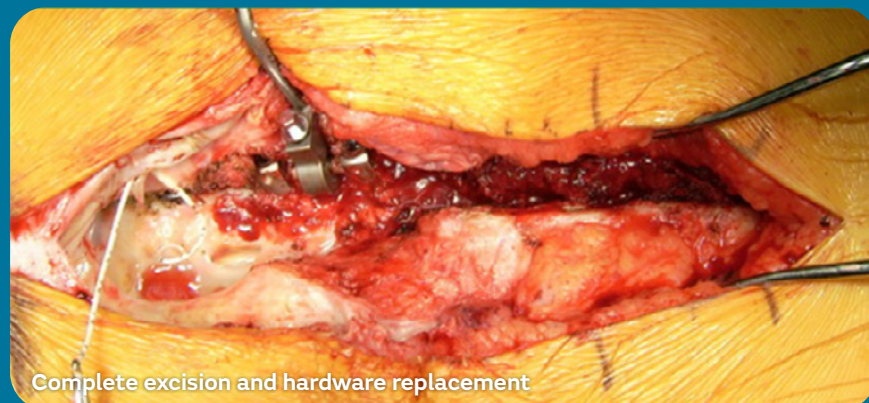
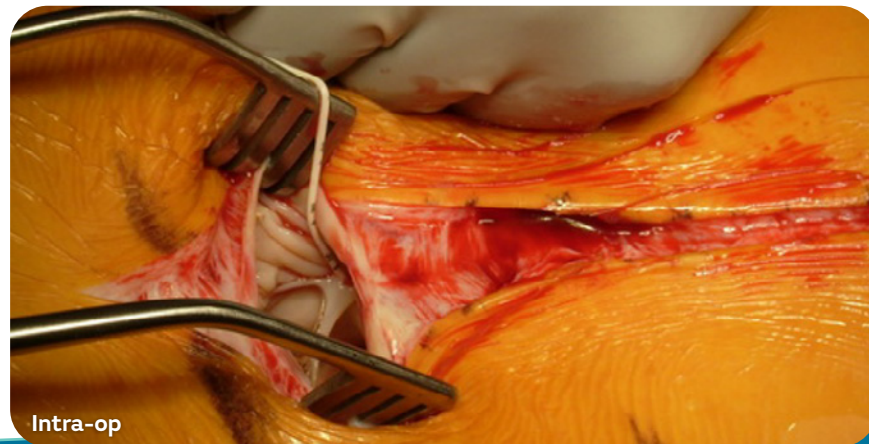
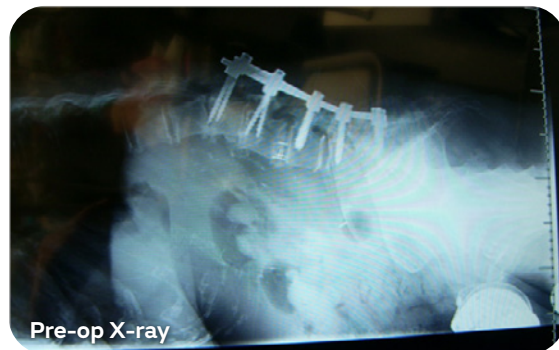
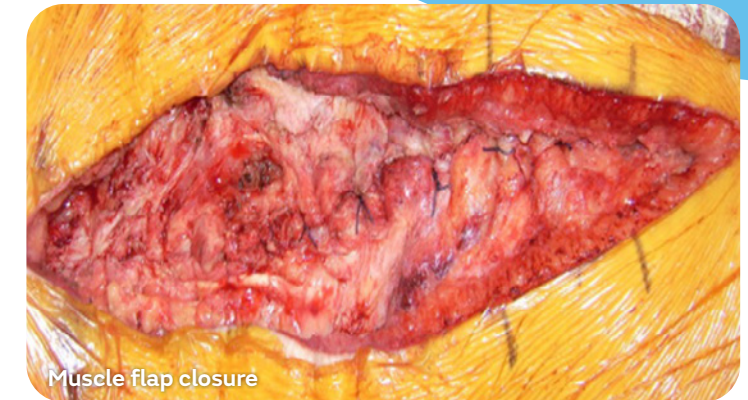
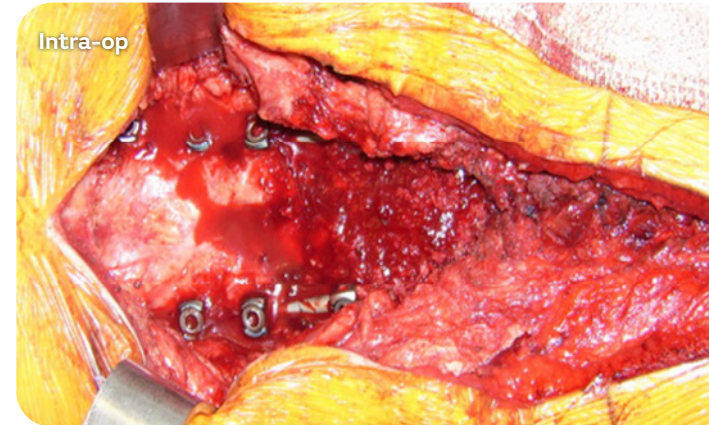
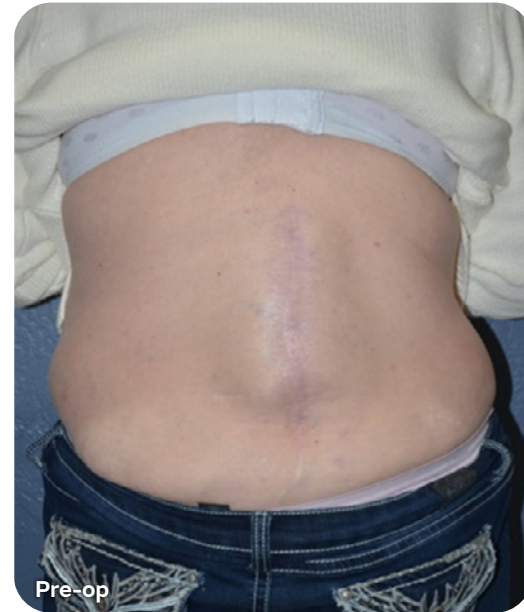
Pseudomeningocele¹

Case study

57-year-old female with diabetes, arthritis, gout, hypertension, pulmonary embolism, atrial fibrillation, history of smoking (35-pack years) underwent lumbar (L1-2) laminectomy to removal of Pedicle screws (T10-L2) bilateral rods (T10-S1).

Procedure

- Excision of pseudomeningocele and reconstruction with bilateral trapezius muscle flap
- STRAVIX Tissue application 36 cm² placed before closure of the muscle flap
- Negative pressure dressing applied after skin closure



Outcome

- No problems were noted with immediate follow-up care
- At one month, patient fell and developed a small seroma that was aspirated and resolved
- At one-month full closure was achieved.



GRAFIX[®] Membrane to support delayed closure

Facial, arm and hand burns¹

Case study

74-year-old white male with coronary artery disease status post stents, arthritis was referred three days injury from burning vehicle. Second-degree facial burns, deep 2nd° burns with some 3rd° burns on the arms.

Procedure

- After initial assessment, sharp debridement performed
- GRAFIX PL[®] Membrane placed at week 2 (250 cm²), at week 3 (50 cm², hand only), at week 4 (150 cm²), and at week 6 (100 cm²). Foam dressing changed until completely healed



Outcome

- At three months wounds were completely closed



OASIS[®] Matrix to prepare for skin grafting & flaps

Necrotizing fasciitis²

Case study

52-year-old male with new onset IDDM (BS > 600 on admission) and significant 2 vessel disease, presented 4-days prior to admission with necrotizing fasciitis

Procedure

- Over 3-weeks, wound was debrided x 3 with NPWT by orthopedic surgery yet patient was recommended for amputation by three surgical services.
- Due to multivessel disease and no donor vessel, a plan for staged reconstruction was executed.
- NPWT was discontinued, the Achilles tendon was resected, OASIS[®] ULTRA Tri-Layer Matrix was applied
- Sural based adipofascial flap, FTSG to donor site, STSG to foot wound



Initial presentation



Initial presentation



Follow up after Achilles resection and a single application of OASIS[®] ULTRA Tri-layer Matrix



OASIS[®] ULTRA Tri-Layer Matrix placed over flap in preparation for STSG

Outcome

- Healed STSG over flap from resection of Achilles tendon at 23 days and patient able to ambulate



Patient has achieved functional ankle fusion



Patient ambulating



OASIS[®] Matrix case study: preparation for skin grafting

Complex necrotizing fasciitis case²

Case study

A 52-year-old IDDM, male with colostomy and previous debridement for necrotizing fasciitis presented for treatment.

Procedure

- On day one, FTSG to penis, STSG to donor site of FTSG, and STSG to perineum and peri-genital area. OASIS[®] ULTRA Tri-Layer Matrix placed on all exposed muscle tissue.

Note: No anterior fascia below arcuate line (Hernia).

- On day 8, healing genital and peri-genital skin grafting noted as well as improved granulation tissue to muscular abdomen. Lightweight large pore polypropylene mesh onlay placed and covered with second application OASIS[®] ULTRA Tri-Layer Matrix and NPWT.



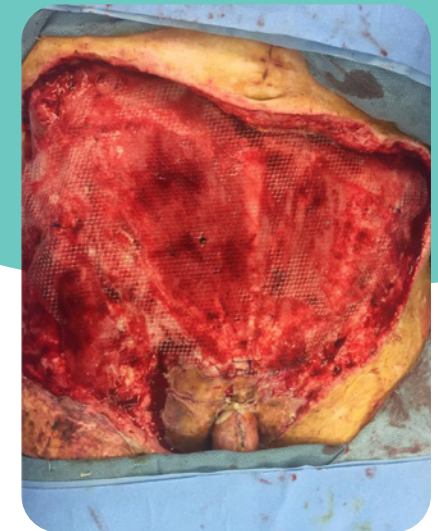
Initial presentation



Day 1 of reconstruction



Day 8 of reconstruction



Day 22 of reconstruction



Outcome

- On day 22, good granulation tissue covering mesh was noted as well as STSG to abdomen where onlay mesh was placed.
- Appearance at four years shows little evidence of the extensive wounds and grafts.



Abdomen appearance 4 years later



GRAFIX[◇] Membrane to support split thickness skin grafting

Compartment syndrome¹

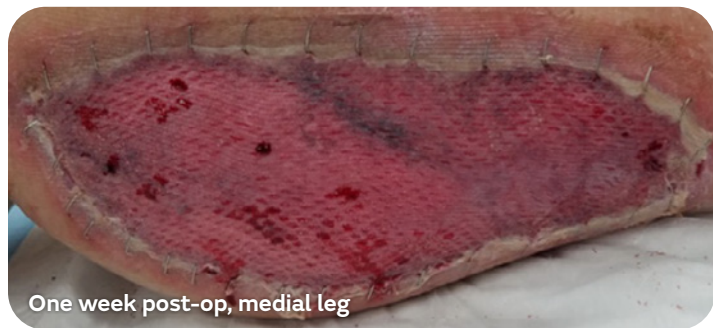
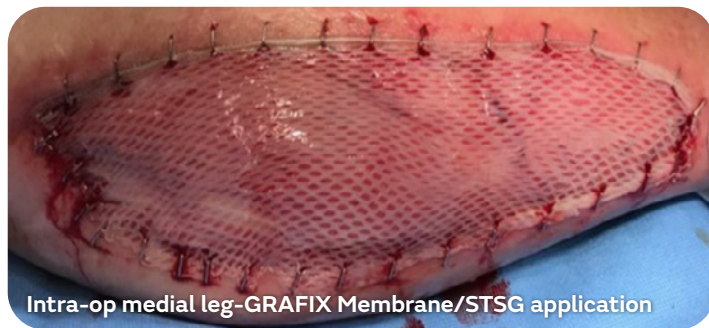
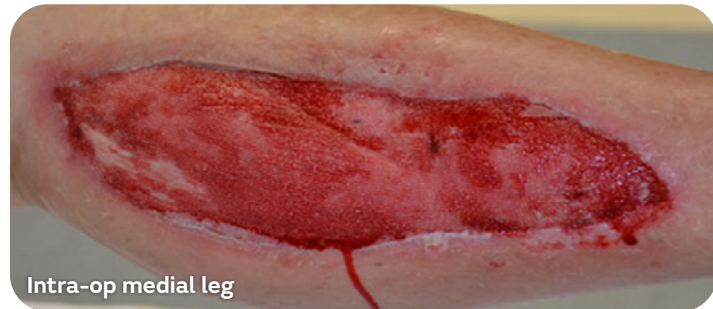
Case study

Patient and diagnosis

- 83 year old male with a history of severe PVD, atrial fibrillation, anticoagulated
- Compartment syndrome after revascularization requiring lateral and medial fasciotomy

Wound treatment and outcome

- Split thickness skin graft 360 cm²
- GRAFIX Membrane 5 x 5 cm times two with NPWT dressing
- 100% take in 2 weeks
- Chronic edema/lymphedema consult
- Deterioration of foot secondary to PVD, breakdown of wound
- Revascularization, toe amp, complete closure of wounds



No matter the size, Smith+Nephew's CTPs have you covered.

STRAVIX Meshed



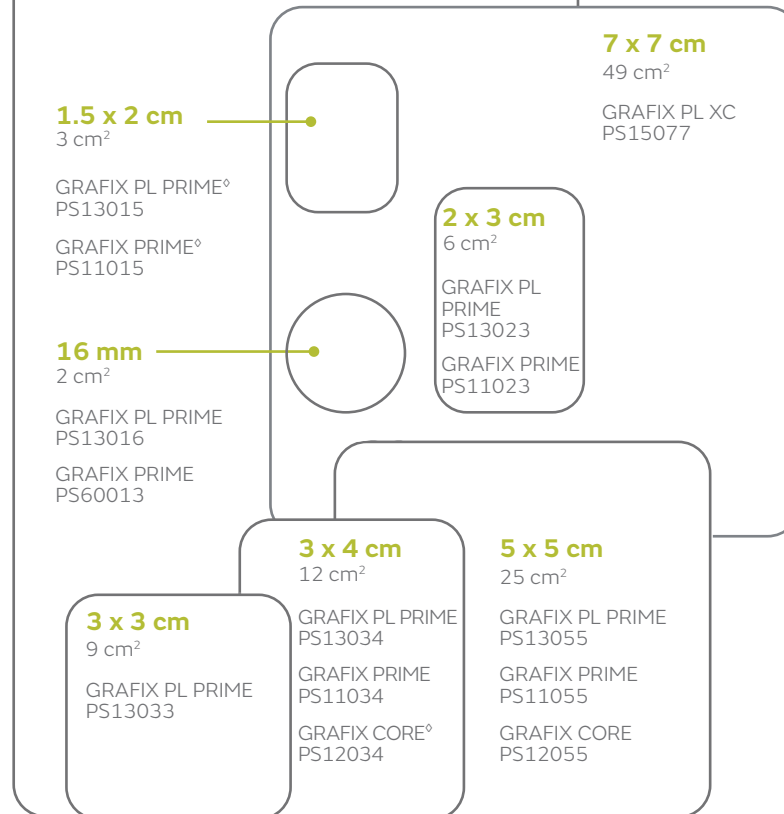
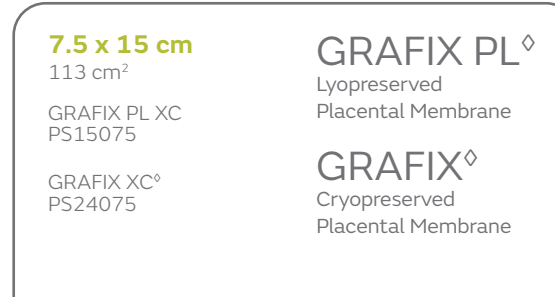
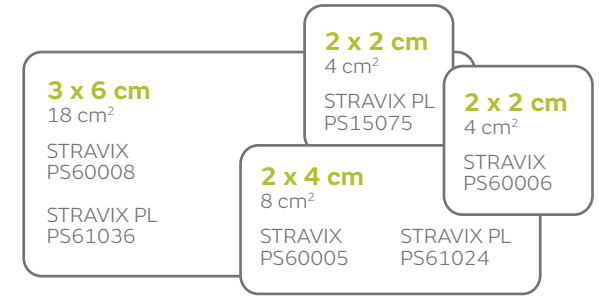
*PS60036 can be stretched to cover up to 30 cm²

STRAVIX PL[◇]

Lyopreserved Umbilical Tissue

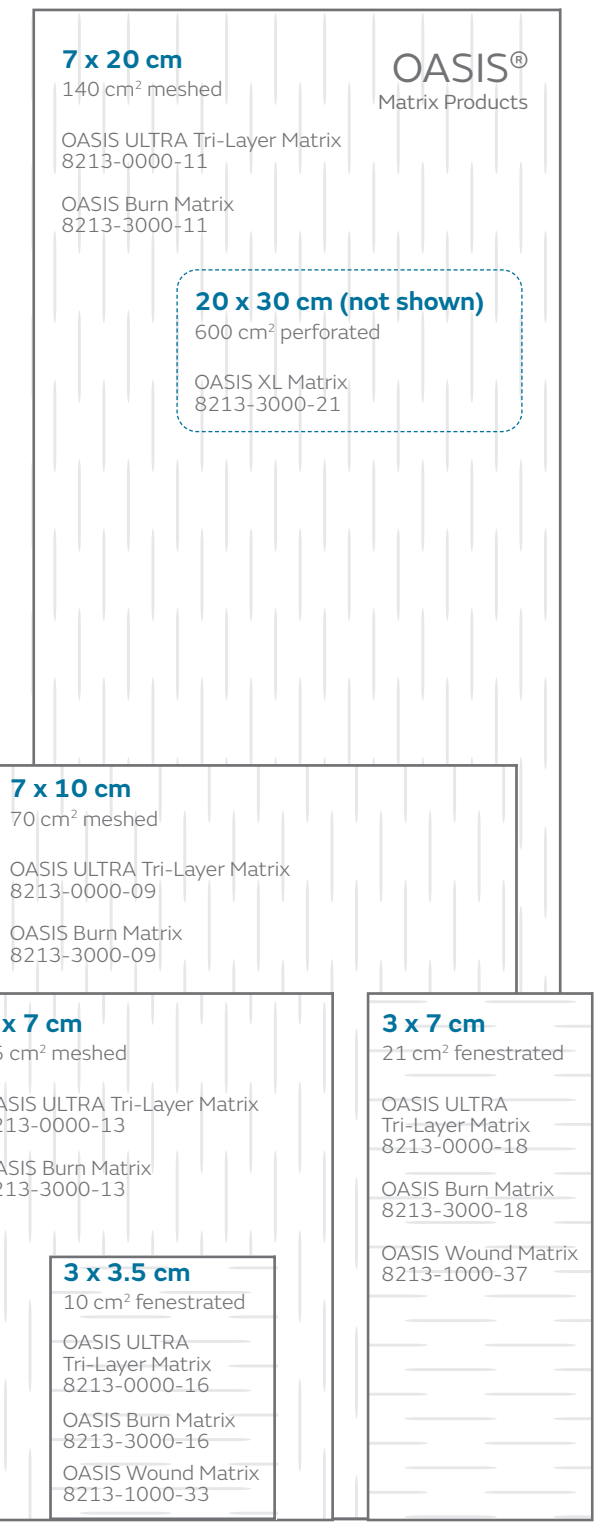
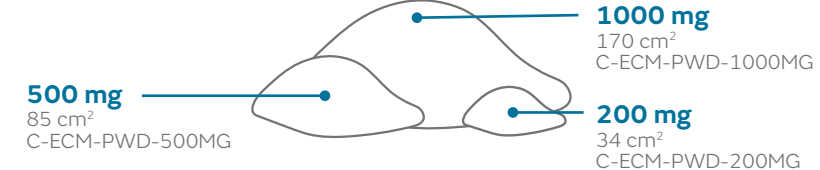
STRAVIX[◇]

Cryopreserved Umbilical Tissue



OASIS[®] MICRO

Micronized Wound Matrix



Convenient, affordable solutions for complex injuries and difficult wounds

Common inpatient usage

Product	
GRAFIX PL/GRAFIX STRAVIX PL ^o /STRAVIX ^o	Cover for complex wounds with exposed structures, cover around repair sites such as tendon/bone/nerve, barrier under incisions
OASIS ^o Matrix Products	Cover for large wounds (such as trauma wounds, burns, donor sites)
OASIS MICRO	Filler for tunneling wounds and deeper wounds with crevices

1. Case studies provided by Brian Kiesnowski, MD, MPH, Appleton, WI. 2. Case studies provided by David D. Zabel, MD, FACS, Newark, DE. Please see each products' Instructions for Use for important safety information including approved uses.

Advanced Wound Management

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West Lafayette, IN 47906

OASIS is distributed by:

Advanced Wound Management
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