3D IMPLANTS®TECHNICAL DATASHEET

Synthetic mesh for inguinal hernia by laparoscopy







1. Administrative information about MICROVAL

MICROVAL

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2. Device information

- 2.1 Common name: Synthetic permanent implant for abdominal wall reinforcement
- 2.2 <u>Commercial name:</u> 3D implant®
- 2.3 Nomenclature code: GMDN 60300 EMDN P900202
- 2.4 Class of medical device: Ilb according to European Directive 93/42/CEE (2007/47/CE)

Notified Body number: 1639 Date of first sale: 1998 Manufacturer: MICROVAL

Basic UDI-DI : 37004584DT010-DIG-COEV8

SGS 1

Certificate No.: FR19-81843429

2.5 <u>Device's description:</u>

- These patented implants are macroporous, monofilament, medical grade polypropylene meshes with a shape memory that helps surgeon to deploy the device internally.
- Their anatomical shape perfectly fits the anatomical region which reduces the migration phenomenon.
- These permanent implants and their very high burst test resistance allow a durable inguinal reinforcement.
- A medical black ink marker allows the surgeon to easily identify the internal inferior edge in order to ease the implant's placement.
- These implants can be implanted with all coelioscopic/laparoscopic available techniques including robotic surgery (TAPP, TEP, eTEP, etc.), with or without fixation.

Characteristics	Value*		
Mesh type	Knitted monofilament polypropylene – lock stitch		
Thickness ¹	0.56 mm		
Weight ²	90 g/m²		
Max pore size ³	1.31 mm		
Porosity ⁴	≥77%		
Burst resistance ⁵ (max in vivo value ≈ 170mmHg³)	≥ 6135mmHg		
Strain at Ultimate Tensile Test ⁶	102% (longitudinal) 111% (transverse)		
Durability	Permanent		
Additional fixation	With or without		
Surgical technique	Laparoscopy/Coelioscopy (TAPP, TEP, eTEP, etc.)		
Microscopic view of the mesh			

*Average values given as an indication

¹ NF EN ISO 5084 (1996); ² ISO 3801 (1977) method 5 ³ NF S94-801(2007) method B; ⁴ NF S94-801(2007) method A ⁵ NF EN ISO 13938-1(2019); ⁶ NF EN ISO 13934-1 (2013)

^a Pott et al. 2012, « Mechanical Properties of Mesh Materials Used for Hernia Repair and Soft Tissue Augmentation », PLoS ONE 7(10): e46978. doi:10.1371/journal.pone.0046978

2.6 References:

3D®10x14 cm	right	410 000
	left	410 001
3D® 11x16 cm	right	410 010
	left	410 011

The choice of the size is made according to the morphology of the patient and the importance of the hernia. The choice of a left or right implant is made according to the laterality of the pathology.

- 2.7 Device composition: 100% polypropylene + biocompatible implantable silicon ink for marking.
 - ✓ No latex
 - √ No phthalates
 - √ No products of animal or organic origin
- 2.8 Field of use Indications: Reinforcement of abdominal wall. Treatment of inguinal hernias by laparoscopy.

3. Sterilization

- 3.1 Sterilized: ⊠YES □NO
- 3.2 Sterilization process: Ethylene oxide according to NF EN ISO11135:2014 and NF EN ISO10993-7:2008 (A1:2019)

4. Storage conditions

<u>Packaging:</u> 1 implant packed in simple PETG blister with protective cover AND filmed cardboard box 224mm x 152mm x 63mm (non-contractual photograph)





Expiration: 5 years after sterilization

Storage: no particular conditions, store at ambient temperature, please read D121 IFU

5. Safety

Please read Instructions for Use D121

6. Usage

- 6.1 IFU: D121
- 6.2 <u>Indication:</u> Abdominal wall reinforcement. Inguinal hernia repair through laparoscopic approach.
- 6.3 <u>Precautions of use:</u> Before operation, please check that all specific instruments for the operation are available and functional. Avoid any contact with objects which could damage the device. The damaged devices and/or that have been in contact with a patient must be isolated and disinfected before cleaning and possible back forwarding.
- 6.4 <u>Contra-indications:</u> Children during their growth, intensive and/or violent physical activities; Allergic reaction. Serious illness inducing a risk of dangerous post-operative complication. Infection and septicemia are absolute contra-indications.

7. Additional information concerning the product

Bibliography, test reports: specific data for Microval 3D

- Ref0507] "Laparoscopic totally extraperitoneal hernioplasty with nonfixation of three-dimensional mesh: Dulucq's technique", A L MEYER, J L DULUCQ, A MAHAJNA, Brazilian archives of digestive surgery 2013, 26(1):59-61
- [Ref0033] "Laparoscopic Totally Extraperitoneal Inguinal Hernia Repair: Nonfixation of Three-Dimensional Mesh", A L MEYER, D M BELLANDI, F DELACOSTE, J ATGER, E BERGER, M A A RANOYA, O MONTEIRO, P A ALONSO, L M V GUIMARAES, Bras. J. Video-Sur. 2010, 3(1): 019-023
- [Ref0030] "Laparoscopic totally extraperitoneal inguinal hernia repair: lessons learned from 3100 hernia repairs over 15 years", J L DULUCQ, P WINTRINUGER, A MAHAJNA, Surg Endosc. 2009 Mar;23(3):482-6. doi: 10.1007/s00464-008-0118-3
- [Ref0028] "Laparoscopic totally extraperitoneal inguinal hernioplasty: The use of a contoured three-dimensional mesh", P W Y CHIU, S-F HON, P B-S LAI, E K-W NG, Surgical Practice. 2005: 9 p25-27
- [Ref0020] "Etude rétrospective et analytique du traitement des hernies inguinales de l'adulte sur 130 patients de 1996 à 1997.", DULUCQ and P WINTRINUGER, étude PMCF Microval 1998

