

3DMax™ Light Mesh

A Lightweight 3D-shaped Mesh for Laparoscopic Approaches
such as TAPP, TEP, and Robotic TAPP



See laparoscopic inguinal hernia repair in a whole new light

The unique shape of 3DMax™ Light Mesh was developed by a laparoscopic surgeon to conform to the inguinal anatomy and meet the specific challenges of laparoscopic hernia repair. The three-dimensional shape, sealed edge and medial orientation marker allow for easier positioning than conventional flat mesh

and also enhance the speed and simplicity of placement. This lighter-weight version of our popular 3DMax™ Mesh features a large pore knit. It is easy to deploy and provides excellent visibility while encouraging formation of a flexible and compliant abdominal wall.¹



3DMax™ Light Mesh is designed to conform to the inguinal anatomy and retain its shape following laparoscopic introduction.



Unique

- 3D shape developed by a laparoscopic surgeon
- Designed to conform to the inguinal anatomy
- Contour minimizes buckling that may be seen with flat mesh
- Design may reduce the need for fixation



Precise

- Sealed edge and medial orientation marker facilitate accurate placement and positioning
- Built-in memory maintains shape



Lighter weight

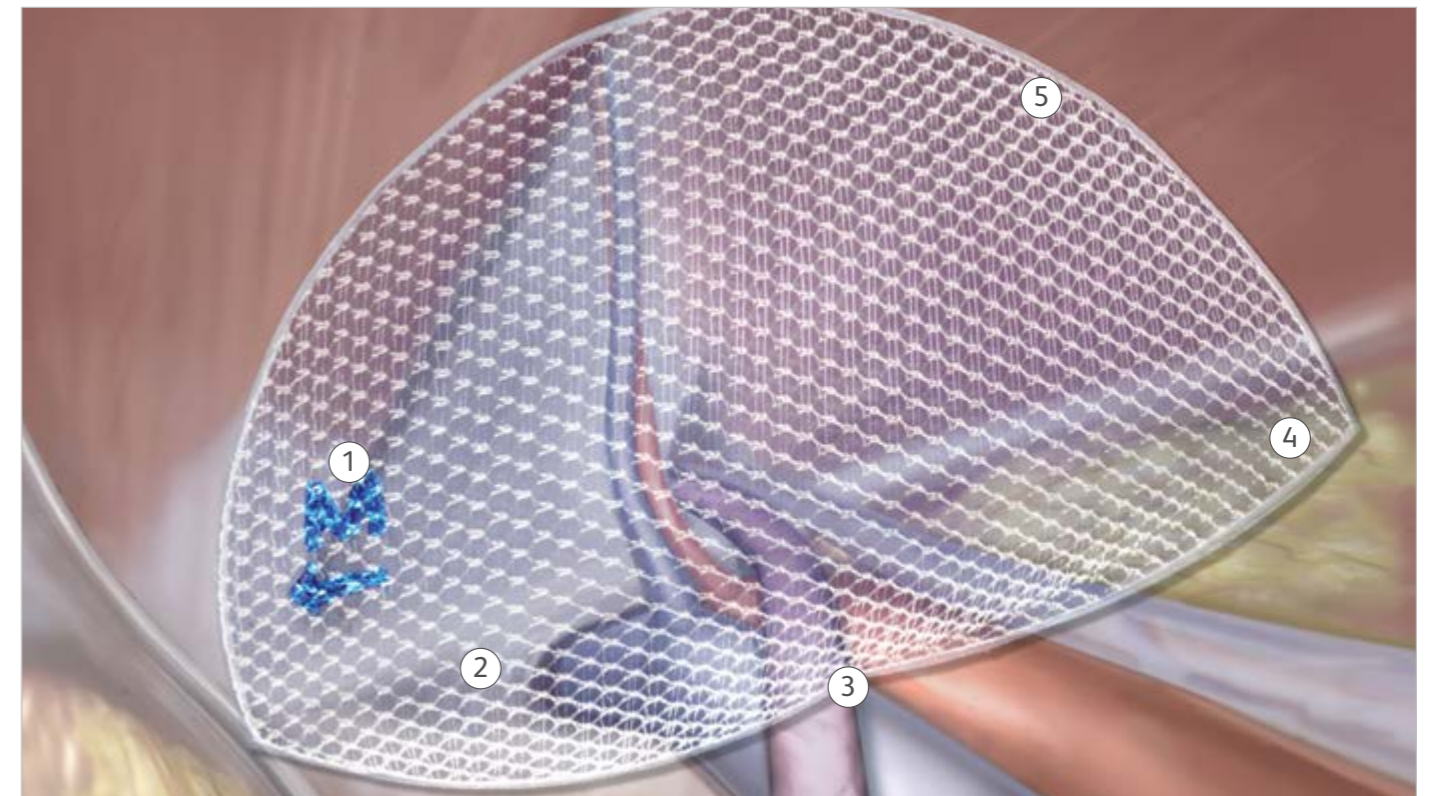
- Lighter-weight monofilament polypropylene mesh
- Large pore knit provides excellent visibility
- Encourages formation of a flexible and compliant abdominal wall¹

Unique

3DMax™ Light Mesh is a three-dimensional, anatomically-shaped mesh specifically designed for laparoscopic inguinal hernia repair.

The area of the inguinal anatomy is contoured and not at all flat. The unique shape of 3DMax™ Light Mesh is designed to conform to the anatomy and minimizes buckling that may be

seen with ordinary flat mesh, which may reduce the need for mechanical fixation.



- ① Medial orientation marker
- ② Crest corresponds to axis of inguinal ligament
- ③ Notch aligns with external iliac vessels
- ④ Lateral point facilitates alignment
- ⑤ Sealed edge facilitates mesh placement

Laparoscopic surgeons report on their experience with the unique shape of Bard™ 3DMax™ Mesh:

“Mechanical fixation is associated with pain syndromes, and mesh migration may occur without fixation of flat prostheses. An anatomically contoured mesh using no or minimal fixation would avoid these problems.”
R.C.W. Bell, M.D., et al., Swedish Medical Center, Englewood, CO⁵

“Its shape prevents curling.”
Philippe Pajotin, M.D., Polyclinic duParc, Cholet, France^{3,††}

“Once inside the abdomen it recovers its shape, thus making positioning easier.”
Philippe Pajotin, M.D., Polyclinic duParc, Cholet, France^{2,††}

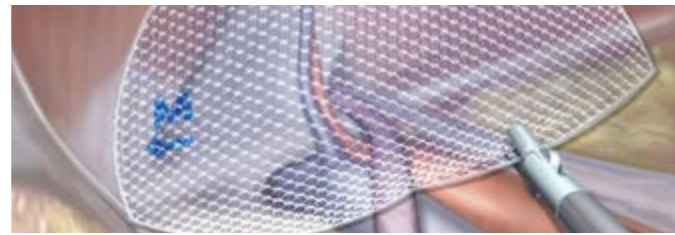
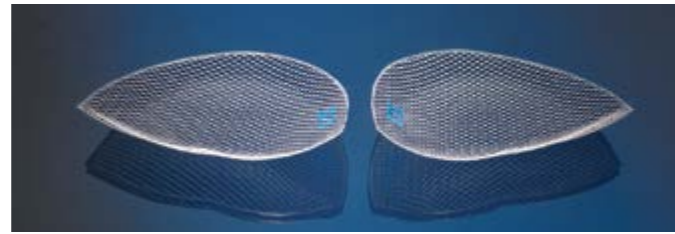
“Inserting preformed, tackless mesh does not appear to make the operation more difficult.”
Cody Koch, et al., Mayo Clinic, Rochester, MN⁴

Precise

The design of 3DMax™ Light Mesh facilitates proper mesh placement and positioning.

The 3D design allows the mesh to conform to the inguinal anatomy and features a sealed edge and a medial orientation marker that facilitates proper mesh alignment and positioning which also enhances the speed and simplicity of placement.

Adequate mesh coverage is a significant part of a successful laparoscopic inguinal hernia repair. 3DMax™ Light Mesh is available in a variety of sizes and in left and right orientations to help you meet the individual needs of your patients.



Ordering information

Product code	Qty.	Description	Dimensions	
0117310	1/cs.	Left, Medium	7.9 cm x 13.4 cm 3.1" x 5.3"	<input type="checkbox"/>
0117311	1/cs.	Left, Large	10.3 cm x 15.7 cm 4.1" x 6.2"	<input type="checkbox"/>
0117312	1/cs.	Left, Extra-Large	12.2 cm x 17.0 cm 4.8" x 6.7"	<input type="checkbox"/>
0117320	1/cs.	Right, Medium	7.9 cm x 13.4 cm 3.1" x 5.3"	<input type="checkbox"/>
0117321	1/cs.	Right, Large	10.3 cm x 15.7 cm 4.1" x 6.2"	<input type="checkbox"/>
0117322	1/cs.	Right, Extra-Large	12.2 cm x 17.0 cm 4.8" x 6.7"	<input type="checkbox"/>

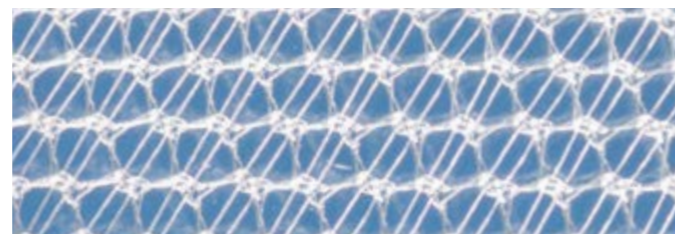


Lighter weight

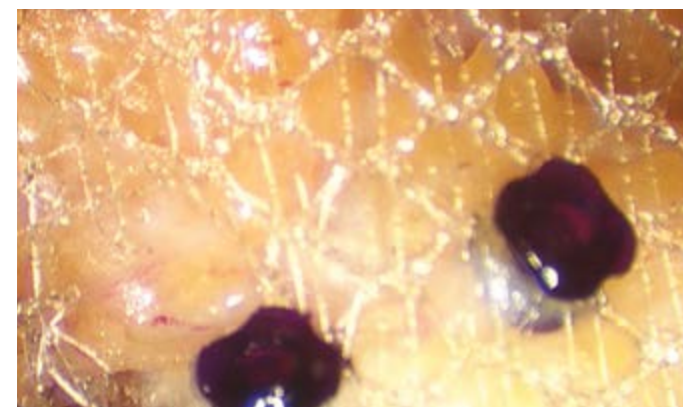
3DMax™ Light Mesh offers surgeons the same shape and performance features as 3DMax™ Mesh in a lighter-weight design.

The large pore knit makes this mesh less than 50% of the weight of 3DMax™ Mesh, but does not sacrifice the consistent performance of monofilament polypropylene mesh. The large pore knit also provides excellent visibility while encouraging formation of a flexible and compliant abdominal wall.¹

Lighter weight without sacrificing strength

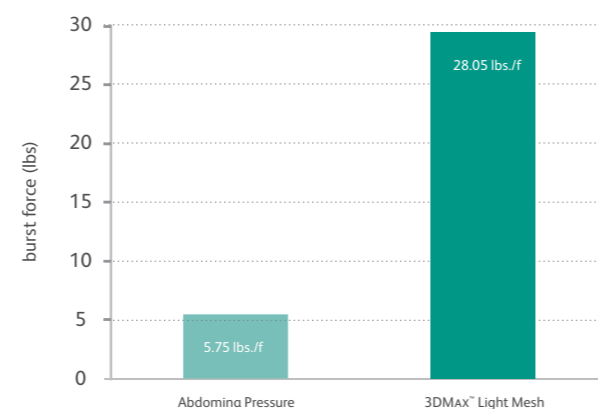


New lighter-weight, large pore construction with cross-weave



A cross-weave through each pore enhances security when mesh is used with mechanical fixation⁶

Burst strength



Indications. 3DMax™ Mesh is indicated to reinforce soft tissue where weakness exists, e.g., for repair of hernia and chest wall defects.
Contraindications. Literature reports that there is a possibility for adhesion formation when 3DMax™ Mesh is placed in direct contact with the bowel or viscera. Do not use 3DMax™ Mesh in infants and children, whereby future growth will be compromised by use of such material.
Warnings. The use of any permanent mesh or patch in a contaminated or infected wound could lead to fistula formation and/or extrusion of the prosthesis. If an infection develops, treat the infection aggressively. Consideration should be given

regarding the need to remove the mesh. An unresolved infection may require removal of the device.
Precautions. Do not cut or reshape the 3DMax™ Mesh as this may affect its effectiveness. If sutures are used to secure the mesh in place, nonabsorbable monofilament sutures are recommended.
Adverse Reactions. Possible complications include seromas, adhesions, hematomas, inflammation, extrusion, fistula formation and recurrence of the hernia of soft tissue defect.

Please consult package insert for more detailed safety information and instructions for use.

¹ Data generated from an animal and/or bench study. Data on file. Results may not correlate to performance in humans.
² Pajotin. Laparoscopic Groin Hernia Repair Using a Curved Prosthesis Without Fixation. Le Journal de Celio – Chirurgie. 1998;28:64-68.
³ Pajotin. Shaped Preformed Prosthesis in the Panetal Repair of Inguinal Hernias by Trans-pentoneal Laparoscopy. Le Journal de cello-chirurgie. 1996;17:73-75.
⁴ Koch, Greenlee, et al. Randomized Prospective Study of Totally Extraperitoneal Inguinal Hernia Repair: Fixation Versus No Fixation. Journal of the Society of Laparoendoscopic Surgeons, October 2006;10(4):457-460.
⁵ Bell, Price. Laparoscopic Inguinal Hernia Repair Using an Anatomically Contoured Three-Dimensional Mesh. Surgical Endoscopy, 2003;17:1784-1788.
⁶ This image is from a cadaver lab using 3DMax™ Light Mesh. Data on file. 3DMax, AlloMax, Bard, CollaMend, Composix, CruraSoft, Davol, Dulex, Kugel, MK, PerFix, PermaSorb, SorbaFix, Ventralex, Ventrilo, Visilex and XenMatrix are trademarks and/or registered trademarks of C. R. Bard, Inc., or an affiliate. Sepramesh is a registered trademark of Genzyme Corporation licensed to C. R. Bard, Inc., or an affiliate. Please consult product labels and inserts for any indications, contraindications, hazards, warnings, precautions and instructions for use.
†) Modified Kugel™ Patch
† †) Dr. Pajotin receives royalties for this product from Davol Inc.

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