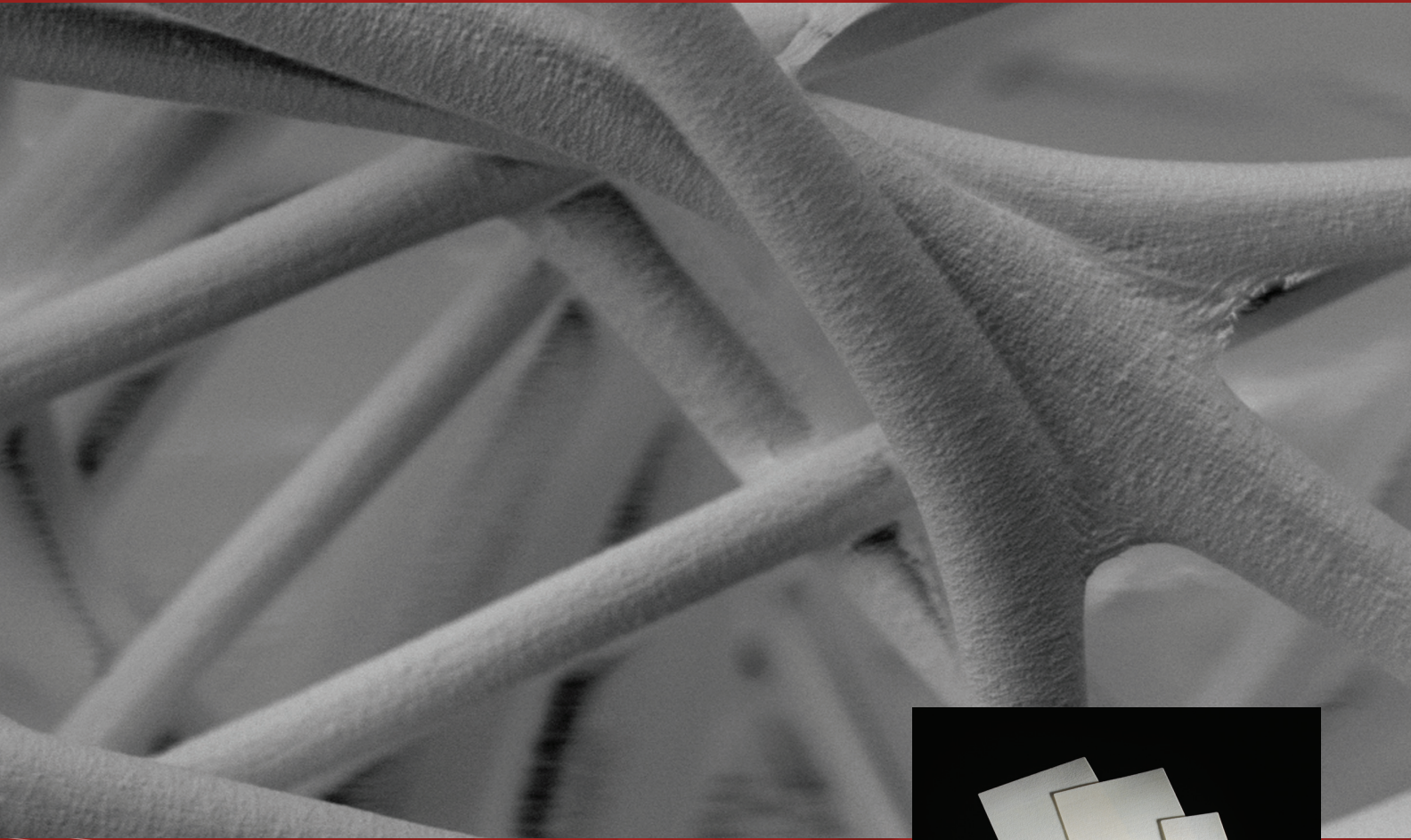
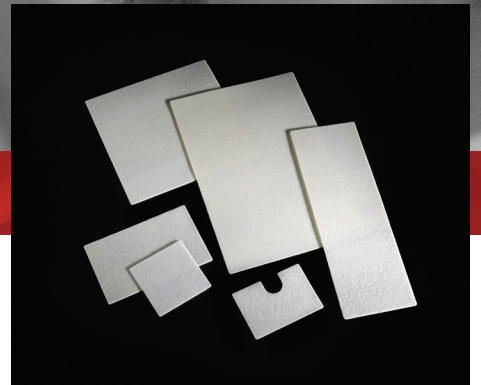


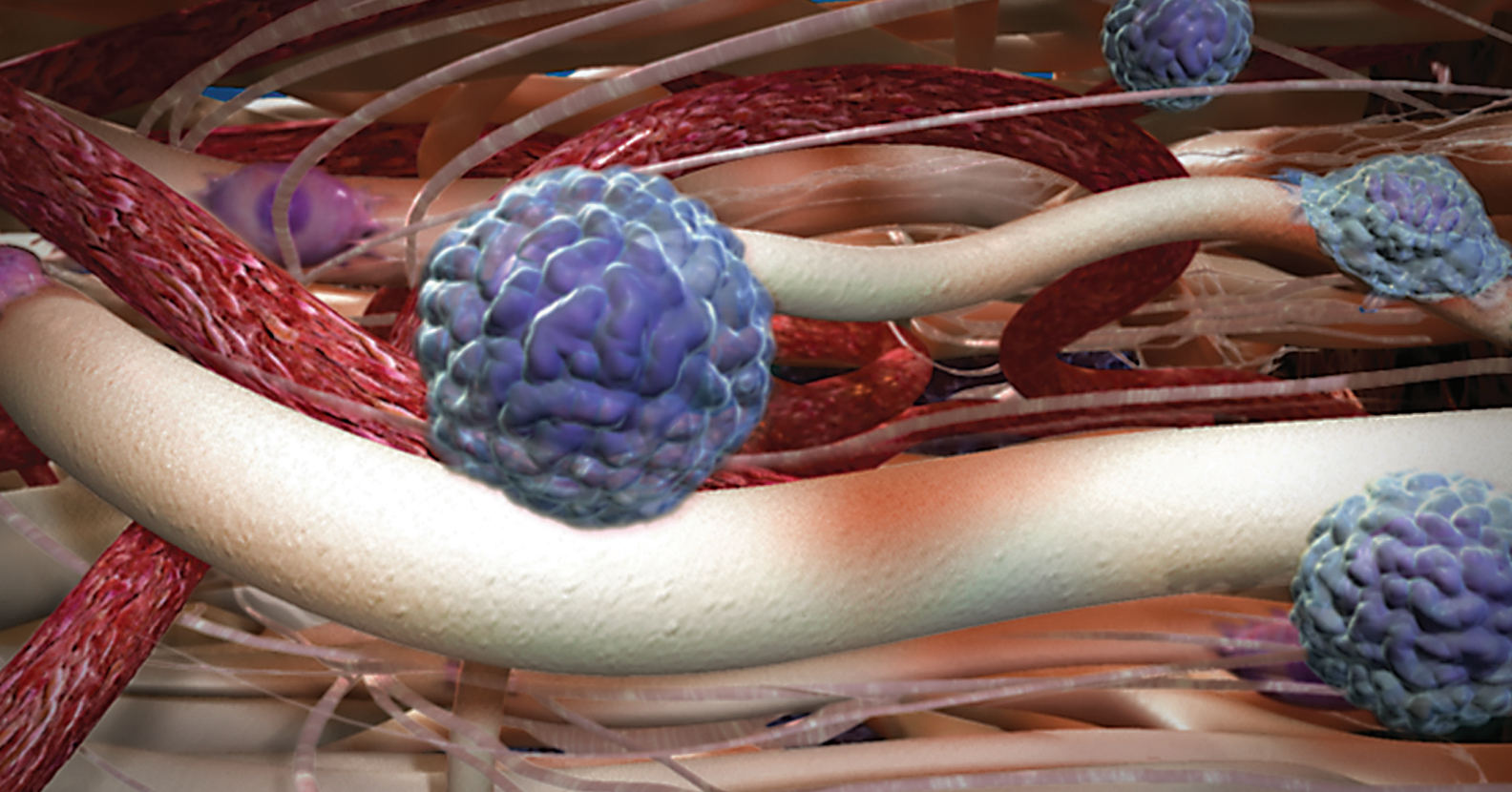
Matrix for Tissue Generation and Healing



PERFORMANCE through innovation



TISSUE
REINFORCEMENT



Valuable alternative for complex soft tissue reinforcement

Intended for use in the reinforcement of soft tissue, GORE® BIO-A® Tissue Reinforcement is a uniquely designed web of biocompatible synthetic polymers that is gradually absorbed by the body.

Its 3D matrix of open, highly interconnected pores facilitates cell infiltration and tissue generation, leaving no permanent material behind.

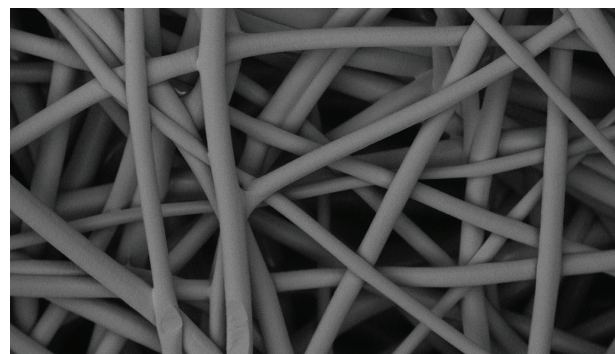
- 100% synthetic, bioabsorbable tissue scaffold
- Rapid cell population and vascularization
- Replaced 1:1 with native tissue
- Versatile for numerous applications
- Offers performance plus value

Gore bioabsorbable technology is proven and trusted. It is backed by more than 15 years of research and clinical use with a record of reliability in numerous parts of the body including:

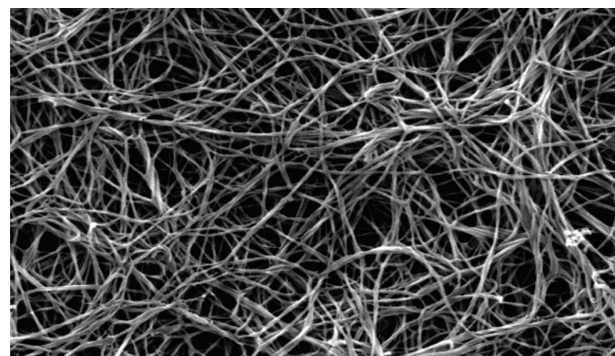
- Mouth
- Abdominal wall
- Colon
- Stomach
- Lungs
- Liver
- Stomach
- Pancreas
- Spleen

Structure: Open, highly porous 3D web

With a 3D matrix with highly interconnected pores, GORE® BIO-A® Tissue Reinforcement provides tunnels for cell migration, resulting in a structure that is similar to a collagen fiber network.



GORE® BIO-A® Tissue Reinforcement (SEM 100x)



Collagen Gel®

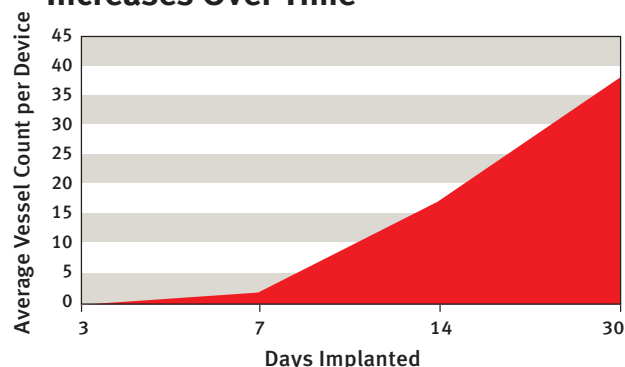
Material: 100% synthetic, bioabsorbable tissue scaffold

GORE® BIO-A® Tissue Reinforcement is constructed with a proven, 100 percent bioabsorbable material, polyglycolic acid:trimethylene carbonate (PGA:TMC) fibers. Without the risks associated with biologics, this synthetic tissue scaffold provides uniformity and consistency.

Derived neither from human nor animal tissue, GORE® BIO-A® Tissue Reinforcement is designed to break down primarily by hydrolysis. Within one to two weeks, the patient's cells migrate into the scaffold and begin generating vascularized soft tissue.

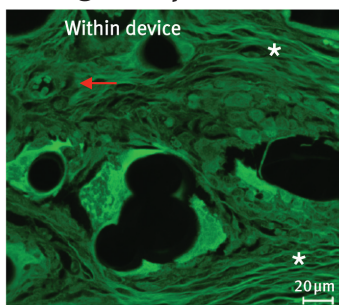
Gradually over approximately six to seven months, the material is absorbed by the body and replaced 1:1 with the patient's own favorable type I collagen.

Vascularity Within Devices Increases Over Time[†]



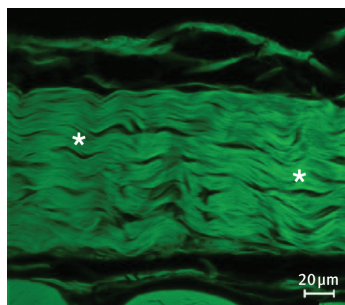
Generate Quality Tissue Fast

Collagen Deposition[†]



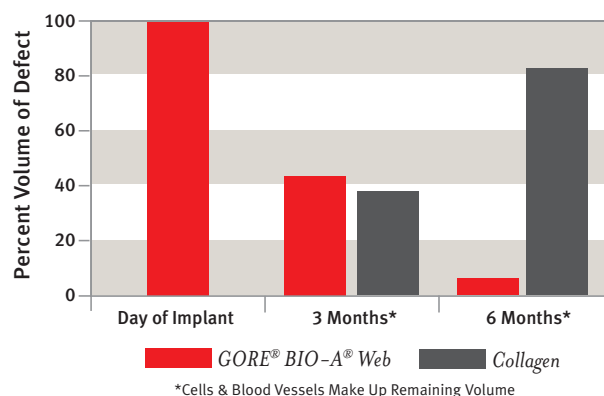
30 days: Collagen strands organized, blood vessel present (arrow)

Quantity & Quality Mimics Native Tissue



Adjacent native rabbit abdominal fascia. Organized collagen strands (*)

Material Replaced by Tissue at 1:1 Ratio¹



¹Morales-Conde S, Flores M, Fernández V, Morales-Méndez S. Bioabsorbable vs polypropylene plug for the "Mesh and Plug" inguinal hernia repair. Poster presented at the 9th Annual Meeting of the American Hernia Society; February 9-12, 2005; San Diego, CA.

[†] GORE® BIO-A® Tissue Reinforcement; Rabbit abdominal wall implant. Data on file.

Versatile for numerous applications

GORE® BIO-A® Tissue Reinforcement is intended for use in the reinforcement of soft tissue. Examples include hernia repair as suture line reinforcement, muscle flap reinforcement and general tissue reconstructions. Applications include:

Paraesophageal/hiatal hernia repair

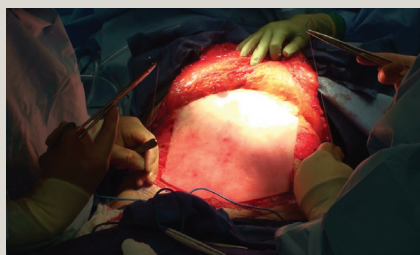


Onlay following primary closure of crura²

²Ehrlich TB. GORE BIO-A Tissue Reinforcement in Hiatal Hernia Repair. Flagstaff, AZ. W. L. Gore & Associates, Inc; 2008. [Case report]. AM2969-EN1.

Zehetner J, Demeester SR, Ayazi S, et al. Laparoscopic versus open repair of paraesophageal hernia: the second decade. *Journal of the American College of Surgeons* 2011;212(5):813-820.

Abdominal wall reconstruction

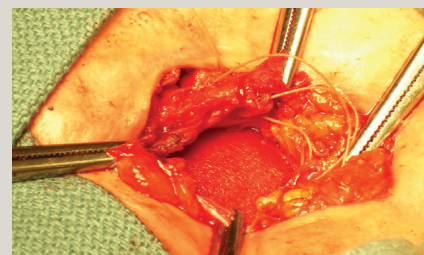


Suture line reinforcement following midline closure³

Jacobsen G. A new alternative to traditional biologics in complex abdominal wall reconstruction. Abstract presented at the 14th Annual Hernia Repair Meeting; March 16-19, 2011; San Francisco, CA. Page 264.

³Jacobsen GR. Clinical Use of GORE® BIO-A® Tissue Reinforcement in Ventral Hernia Repair Using the Components Separation Technique. [Case report]. Flagstaff, AZ. W. L. Gore & Associates, Inc; 2010. AP2975-EN1.

Stoma reversal



Device placed between anterior sheath and rectus muscle prior to primary closure of anterior sheath

Shen RR. GORE® BIO-A® Tissue Reinforcement in Colostomy Reversal. Flagstaff, AZ. W. L. Gore & Associates, Inc; 2008. [Case report]. AM3014-EN1.

Ramanujam P, Najafian H, Motamedi P, Pandey S. The use of a bioabsorbable mesh in ostomy closure. Presented at the 2012 Scientific Session of the Society of American Gastrointestinal & Endoscopic Surgeons (SAGES); March 7-10, 2012; San Diego, CA. *Surgical Endoscopy* 2012;26(Supplement 1):S262. Poster P066.

Performance Plus Value



Ease of use for surgeon and hospital

- No soaking, refrigeration or tracking required
- Trimmable
- Three year shelf life
- Available in large sizes up to 20 cm x 30 cm
- Good value per cm²

Product configuration and sizing chart

PRODUCT	SIZE
HH0710	7 cm x 10 cm*
FS0808	8 cm x 8 cm
FS0915	9 cm x 15 cm
FS1030	10 cm x 30 cm
FS2020	20 cm x 20 cm
FS2030	20 cm x 30 cm

*Configured for hiatal hernia repair



W. L. GORE & ASSOCIATES, INC.

Flagstaff, AZ 86004

+65.67332882 (Asia Pacific)
00800.6334.4673 (Europe)
800.437.8181 (United States)
928.779.2771 (United States)

goremedical.com

*Photo courtesy of Biophysical Society and Christopher B. Raub, Vinod Suresh, Tatiana Krasieva, Julia Lyubovitsky, Justin D. Mih, Andrew J. Putnam, Bruce J. Tromberg and Steven C. George - University of California Irvine.

Refer to *Instructions for Use* for a complete description of all warnings, precautions, and contraindications. [®] only

Products listed may not be available in all markets.
GORE®, BIO-A®, PERFORMANCE THROUGH INNOVATION, and designs are trademarks of W. L. Gore & Associates.
©2011, 2013 W. L. Gore & Associates, Inc. AQ3037-EN2 JANUARY 2013