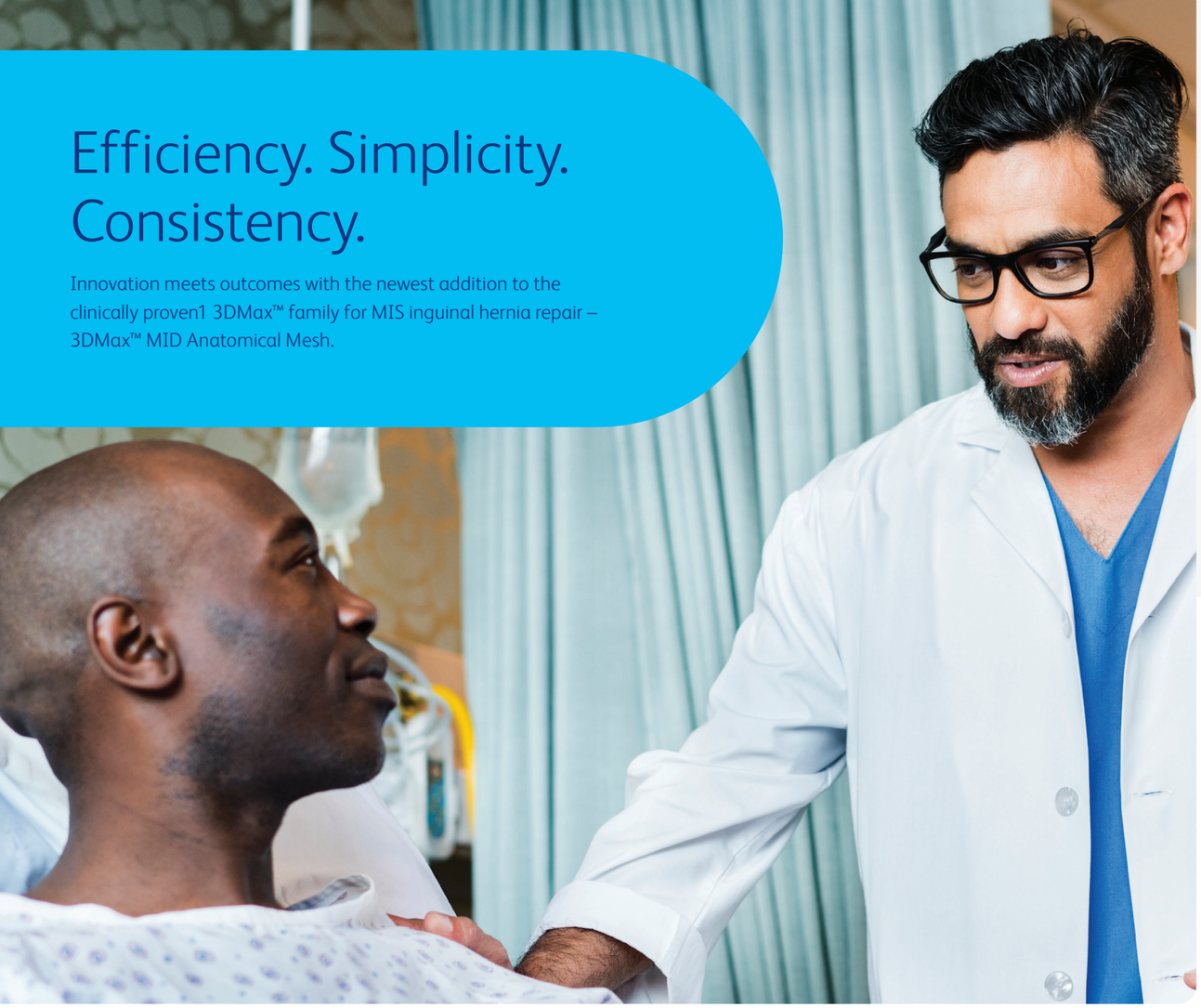
Innovation that simplifies. Consistency that counts.

3DMax™ MID Anatomical Mesh is optimized for robotic and laparoscopic inguinal hernia repair and designed for improved efficiency, ease of use and consistent patient outcomes.

BD

Efficiency. Simplicity. Consistency.

Innovation meets outcomes with the newest addition to the clinically proven1 3DMax™ family for MIS inguinal hernia repair – 3DMax™ MID Anatomical Mesh.



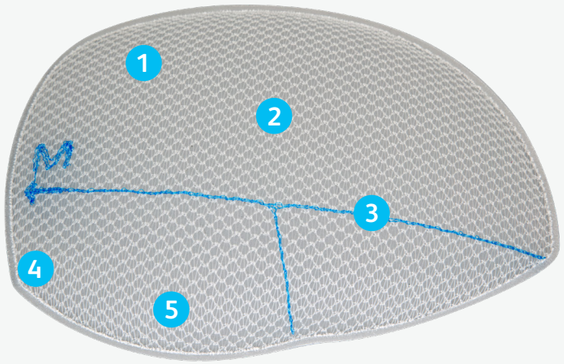
The next generation of 3D-contoured, clinically proven performance

Optimized for robotic approaches, the medium weight, open pore 3DMax™ MID achieves a desired balance of rigidity and flexibility. It features a built in recoil memory that allows the mesh to pop open and retain its contoured shape after insertion through an 8 mm trocar.[1] The 3DMax™ MID Anatomical Mesh is designed to deliver improved efficiency, enhanced simplicity and consistent patient outcomes.[1]

Latest addition to the industry leader 3DMax™ family

Clinically proven three-dimensional anatomical shape

More than 4 million 3DMax™ family implants globally



Designed to deliver improved efficiency, simplicity and consistency

1. 3D-contoured anatomical shape
2. Medium weight, open pore monofilament polypropylene
3. Anatomical orientation markers
4. Built-in recoil memory
5. Compatible with robotic 8 mm trocars

Improved efficiency

- All sizes compatible with robotic 8 mm trocars[1]
- Retains shape after insertion through trocar and conforms to inguinal anatomy[1,2,3]
- Minimizes excessive mesh handling and positioning time[1]

Simplicity that performs

- Fixation may not be required*
- Anatomical orientation lines guide mesh positioning and placement[1]
- Open pore design allows direct visualization of the underlying anatomy[1]
- Built-in recoil memory allows mesh to pop open and retain shape after insertion[1]

Confidence in consistent outcomes

- Anatomical orientation lines assist in providing consistent and reproducible outcomes in inconsistent patient profiles[1]
- Easy to move and position into desired overlap of defect for minimized recurrence risk[1]
- Clinically proven 3D-contoured shape covers entire myopectineal space[1]

*The need for fixation is at surgeon's discretion, depends on defect size, overlap of mesh, and surgical techniques applied.

Leading the way in soft tissue reconstruction

BD is the leader in soft tissue repair and reconstruction[5] delivering a growing line of mesh prosthetics, biologic implants and fixation systems to complement innovative techniques for inguinal, ventral and other hernia repair procedures. Our committed focus on delivering unparalleled products, processes and services means one thing –you can keep your focus on providing patients with the best care possible.

Ordering Information			
Product code	**Qty.**	**Configuration**	**Size**
0116310	1/case	Left, medium	8 cm x 14 cm (3” x 5”)
0116311	1/case	Left, large	10 cm x 16 cm (4” x 6”)
0116312	1/case	Left, extra-large	12 cm x 17 cm (5” x 7”)
0116320	1/case	Right, medium	8 cm x 14 cm (3” x 5”)
0116321	1/case	Right, large	10 cm x 16 cm (4” x 6”)
0116322	1/case	Right, extra-large	12 cm x 17 cm (5” x 7”)

To learn more, contact your BD sales consultant.

References: 1 BD Data on file. **2** Tanoue, K., Okino, H., Kanazawa, M. et al. Single-incision laparoscopic transabdominal preperitoneal mesh hernioplasty: results in 182 Japanese patients. Hernia. 2016 Dec;20(6):797-803. **3** Bell, R., Price, J. Laparoscopic inguinal hernia repair using an anatomically contoured three-dimensional mesh. Surg Endosc. 2003 Nov;17(11):1784-8. **4** Hernia Surge Group. International guidelines for groin hernia management. Hernia. 2018;22(1):1–165. **5** Hernia repair devices global market analysis, 2017, Millennium Research Group, Inc.

Indications. The 3DMax™ MID Anatomical Mesh is indicated for use in the reinforcement of soft tissue where weakness exists in the repair of inguinal hernias. **Contraindications.** 1. Do not use this mesh in infants, children or pregnant or breastfeeding women, whereby future growth will be compromised by use of such mesh material. 2. The use of this mesh has not been studied in pregnant or breastfeeding women. 3. Literature reports that there may be a possibility for adhesion formation when polypropylene mesh is placed in direct contact with the bowel or viscera. **Warnings.**1. The use of any permanent mesh or patch in a contaminated or infected wound could lead to fi stula formation and/or extrusion of the mesh. 2. 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 mesh. 3. If unused mesh has been in contact with instruments or supplies used on a patient or contaminated with bodily fl uids, discard mesh with care to prevent risk of transmission of viral infections. 4. To prevent recurrences when repairing hernias, the mesh should be sized with appropriate overlap for the size and location of the defect, taking into consideration any additional clinical factors applicable to the patient. Careful attention to mesh fixation placement and spacing will help prevent excessive tension or gap formation between the mesh and fascial tissue. 5. This mesh is supplied sterile. Inspect the packaging to be sure it is intact and undamaged prior to use. 6. This mesh has been designed for single use only. Reuse, reprocessing, resterilization or repackaging may compromise the structural integrity and/or essential material and design characteristics that are critical to the overall performance of the mesh and may lead to device failure which may result in injury to the patient. Reuse, reprocessing,resterilization or repackaging may also create a risk of contamination of the mesh and/or cause patient infection or cross infection, including, but not limited to, the transmission of infectious diseases from one patient to another. Contamination of the device may lead to injury, illness or death of the patient or end user.

7. To avoid injury, careful attention is required if fixating the mesh in the presence of nerves, vessels or the spermatic cord. Fastener penetration into underlying tissue containing nerves or blood vessels may result in the need for medical/surgical intervention, cause serious injury or permanent impairment to a body structure.8. This device is not for the use of repair of pelvic organ prolapse.9. This device is not for the use of treatment of stress urinary incontinence. **Precautions.** 1. Please read all instructions prior to use. 2. Only physicians qualifi ed in appropriate surgical techniques should use this mesh. 3. Do not cut or reshape the 3DMax™ MID Anatomical Mesh as this may affect its effectiveness. 4. Use an appropriately sized trocar to allow mesh to slide down the trocar with minimal force. **Adverse Reactions.** Possible complications may include, but are not limited to, seroma, adhesion, hematoma, pain, infection, inflammation, extrusion, erosion, migration, fistula formation, allergic reaction, wound dehiscence and recurrence of the hernia or soft tissue defect.

Please consult product labels and inserts for any indications, contraindications,hazards, warnings, precautions and instructions for use. Not all products, services, claims or features of products may be available or valid in your local area. Please check with your local BD Representative.

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