BREAST

TIGR® matrix

TIGR® Matrix IS DEVELOPED & **PRODUCED IN SWEDEN**

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STRONG WHEN YOU NEED IT GONE WHEN YOU DON'T

The ideal matrix for Breast Reconstruction with implant





The design

TIGR® Matrix Surgical Mesh is a resorbable surgical implant. It is made from two different synthetic polymer fibers that are knitted together to form a matrix.

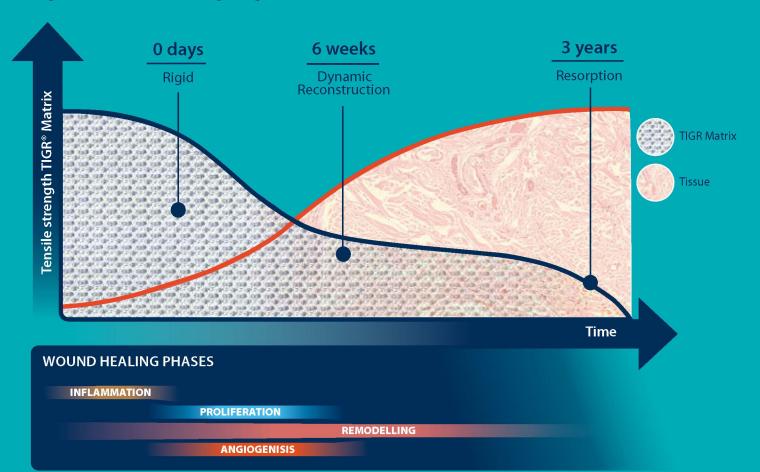
TIGR Matrix is characterized by long-term resorption and a dual stage degradation design that follows the natural wound healing and remodeling stages, this will allow the body to withstand the stresses after the matrix has been absorbed. The new connective tissue can then offer a long-term support.

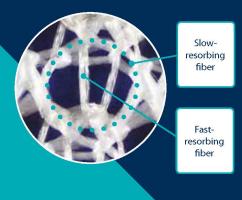
The result is a surgical mesh that is easy to use for a variety of reconstructive surgery applications where a balance between mechanical support and degradation time is needed.

TIGR Matrix is made from materials that have been in clinical use since the 1970's and the product is supported by a growing body of peer-reviewed clinical evidence.



Degradation and healing stages





THE MECHANISM

TIGR® Matrix

Dynamic Reconstruction

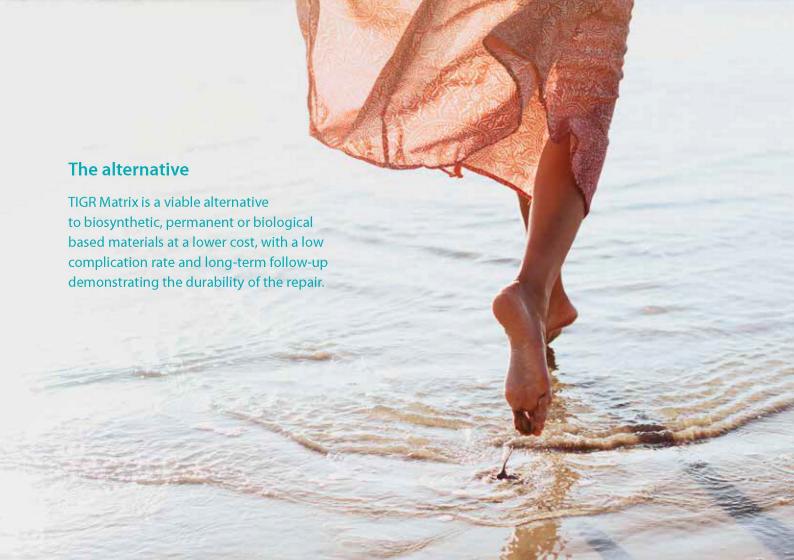
TIGR Matrix is designed with a multistage resorbable mechanism, defined by two fibers having different degradation characteristics.

The warp-knitted untwisted multifilaments give a unique structure which together with a macro-porosity design allows for good tissue integration. As the different fibers degrade, a gradual transfer of loads, from the mesh to the remodeling tissue occurs.

The result of this dynamic reconstruction is a more structured and hence stronger, connective tissue.

The fast-resorbing fiber, making up approximately 40% of the matrix by weight, is a copolymer of glycolide, lactide, and trimethylene carbonate. It loses its mechanical strength after 2 weeks and is fully absorbed after 4 months.

The slow-resorbing fiber, making up approximately 60% of the matrix by weight, is a copolymer of lactide and trimethylene carbonate. This fiber maintains its mechanical strength for 6 months and is absorbed after approximately 36 months.





Medical device	Yes
Manufactured by	Novus Scientific AB
Country of origin	Sweden
Ball Burst Strength (N/cm)	> 300
Certifying body's ID-number	2797 (BSI)
Macroporous Structure	Yes > 1mm
Device classification (EU)	CLASS III
Presence of latex	Latex Free
Medical device supplied sterile	Yes
Shelf life	3 years
Chemical composition	Fast: PGA:PLLA:PTMC Slow: PLLA:PTMC
Storage	Room temp
Soaking	No
Method of sterilization	Ethylene Oxide

CLINICAL DATA USING	Hallberg 49	Pompei 49	si Sharma Becker 105 62		Quinn* <i>121</i>	Marthan** 195 patients	
TIGR® Matrix	patients	patients	patients	patients	patients	145 sub-pec.	78 pre-pec.
Average follow-up	17 Months	12 Months	18 Months	16 Months	23,6 Months	32 Months	32 Months
Seroma	3.1%	3.3%	0 %	1.8%	N/A	0.4%	3%
Hematoma	1.5%	6.7%	0%	N/A	1%	5%	4%
Infection	1.5%	1.7%	10.8%	3.6%	11%	7.6%	4%
Flap necrosis	1.5%	5.0%	0%	1.8%	2%	1.4%	2.6%
Implant loss	3.1%	N/A	6.7%	N/A	6%	10%	5%

CAPSULAR CONTRACTURE	Hallberg 49 patients	Quinn* 121 patients	Marthan** 195 patients
No adjuvant radiotherapy	4.9%	6%	9% (154 breasts)
Adjuvant radiotherapy	N/A	N/A	51% (69 breasts)

CLINICAL DATA

Using TIGR® Matrix

TOTAL NUMBER OF PATIENTS 581

*In the skin-sparing mastectomy group ** No exclusion criteria, high risk cancer Please check www.novusscientific.com for the latest publications on TIGR Matrix.

Clinical data using TIGR® Matrix

- Hallberg, H., Lewin, R., Elander, A., Hansson, E. (2018). J Plast Surg Hand Surg 52(4), 253-258
- Pompei, S., Evangildou, D., Arelli, F., Ferrante, G. (2018). Clin Plast Surg 45(1):65-73
- Sharma, S., Van Barsel, S., Barry, M., Kell, R.M. (2017). Eur J Plast Surg 49(21), 17-22
- Becker, H., Lind, J.G. (2013). Aesth Plast Surg 37, 914-921
- Quinn, E., Barry, M., Kell, M. Dec (2019). Eur J Plast Surg
- Marthan, J. (2019). Reconstruction mammaire prothéthique immédiate avec matrice synthétique résorbable.
 Thèse de doctorat, Université Paris Diderot. Dr Jessica Marthan, Institut Gustave Roussy

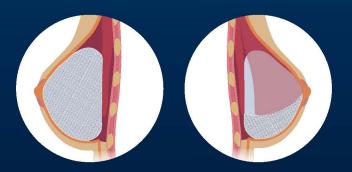
Capsular contracture references

- Hallberg, H. (2019). Mesh-based Immediate Breast Reconstruction. Sahlgrenska Academy,
 University of Gothenburg
- Quinn, E. (2019). et.al; Eur. J. Plast. Surg
- Marthan, J. (2019). Reconstruction mammaire prothéthique immédiate avec matrice synthétique résorbable.
 Thèse de doctorat, Université Paris Diderot, Dr Jessica Marthan, Institut Gustave Roussy



Prepectoral

- An implant is placed above the pectoralis major muscle and TIGR Matrix supports and stabilizes the implant in place while promoting tissue repair and long-term soft tissue support.
- Complete coverage or anterior coverage of the implant with TIGR Matrix is possible.
- The prepectoral procedure is a less invasive technique becoming more popular due to reduced post-operative pain and better quality of life for the patient.
- Immediate reconstruction after a mastectomy is possible, allowing the patient to recover faster, have a better body image as well as obtaining satisfying aesthetic outcome.



Submuscular

- Cutting the pectoralis major muscle at the low insertion and placing the breast implant under the muscle flap is the standard approach.
- Placing the implant behind the pectoralis major muscle may increase rates of acute and chronic post-operative pain due to muscle trauma and discomfort with any physical activity, a longer duration with drains, a higher rate of capsular contraction and implant displacement.
- Implant malposition and lack of tissue in the lower pole increases risks of implant exposure.
- To achieve coverage of the lower pole of the breast, TIGR
 Matrix is sutured to the inframammary fold and to the lower
 part of the pectoral muscle and laterally to the chest wall.
 Partial muscle coverage together with TIGR Matrix allows
 for better predictability.
- The introduction of TIGR Matrix long-term resorbable synthetic mesh offers a solution to many of the shortcomings associated with muscle coverage.



Today TIGR® Matrix is a clinically proven medical device used by surgeons around the world with long-term outcomes and experience demonstrating long-term durability

Three-year results from a preclinical implantation study of a long-term resorbable surgical mesh with time-dependent mechanical characteristics

Hjort, H., Mathisen, T., Alves, A., Clermont, G., Boutrand, J. P. Hernia (2012) 16:191–197

The Use of Synthetic Mesh in Reconstruction, Revision, and Cosmetic Breast Surgery

Becker, H., Lind, J. G. Aesth Plast Surg (2013) 37:914–921

Immediate implant based breast reconstruction using the TIGR® Matrix

Schrenk, P. (2014). Breast Cancer Manag. 5(2), 53-59

De novo experience of resorbable woven mesh in immediate breast reconstruction post-mastectomy

Sharma, S., Van Barsel, S., Barry, M., Kell, R.M. (2016) Eur J. Plast Surg. 40(1):17-22

Bi-pedicle nipple-sparring mastectomy (modified Letterman technique) and TIGR® Matrix mesh-assisted immediate implant reconstruction, in a patient with Cowden syndrome

Todd, J. Gland Surg. 2016 Jun;5(3):306-11

The use of TIGR® Matrix in Breast Aesthetic and Reconstructive Surgery Is a Resorbable Synthetic Mesh a Viable Alternative to Acellular Dermal Matrices?

Pompei, S., Evangelidou, D., Arelli, F., Ferrante, G. (2018) Clin Plast Surg. 45(1):65

TIGR® Matrix surgical mesh – a two-year follow-up study and complication analysis in 65 immediate breast reconstructions

Hallberg, H., Lewin, R., Elander, A., Hansson, E. (2018) J Plast Surg Hand Surg. 52(4):253

Immediate implant reconstruction using absorbable TIGR® Matrix mesh after nipple-sparing mastectomy

Quinn, E.M., Barry, M., Kell, M.R. European Journal of Plastic Surgery, 43, pages 279–284 (2020)

Drain secretion and seroma formation after immediate breast reconstruction with a biological and a synthetic mesh, respectively: A randomized controlled study

Hansson, E., Edvinsson, A-C., Elander, A., Kölby, L., Hallberg, H. Breast J. 2020;26:1756–1759

First-year complications after immediate breast reconstruction with a biological and a synthetic mesh in the same patient: A randomized controlled study

Hansson, E., Edvinsson, A-C., Elander, A., Kölby, L., Hallberg, H. J Surg Oncol. 2021;123:80–88



SIZE	REF. NO.
10 x 15 cm	NSTM1015E
15 x 20 cm	NSTM1520E
20 x 30 cm	NSTM2030E

