

Our titanised hernia meshes TiMESH, TiLENE® Blue, TiLENE® and TiSURE® are hydrophilic with excellent bodycompatibilty providing better patient outcomes.

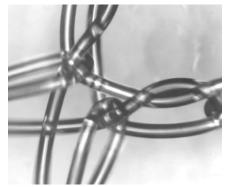
#### **General Benefits**

- Titanium's body compatibility properties transferred to a hernia mesh
- ▶ A better quality of life for patients¹
- ▶ Easy handling and excellent visibility
- One mesh for every hernia indication (incl. IPOM\*)

#### **General Details**

- Titanised type 1a polypropylene meshes
- Macroporous: pore size of 1 or 3 mm
- **Lightweight:** 16, 24, 35 or 65 g/m<sup>2</sup>
- Monofilament fabric

- ▶ Laser cut atraumatic edges
- Non-absorbable
- ▶ EO-sterilised (ethylene oxide), pyrogen-free



Monofilament fabric



Thread cross-section (titanium layer is not visible due to being less than 100 nm)



Atraumatic, laser cut mesh border

#### **Mesh configurations**

Product	Weight	Pore size
Timesh, Tilene®, Tisure®	16 g/m <sup>2</sup> , 35 g/m <sup>2</sup> , 65 g/m <sup>2</sup>	1 mm
TiLENE® Blue	24 g/m²	3 mm

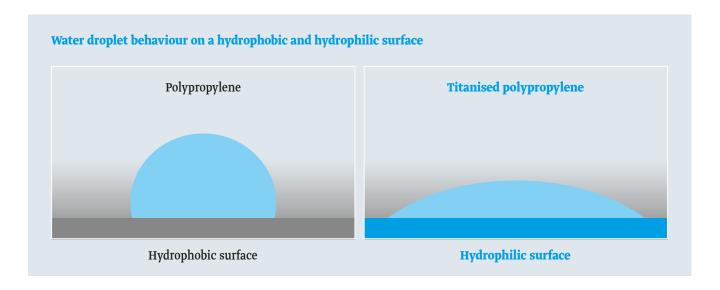
<sup>\*</sup> excl. Timesh 16 g/m<sup>2</sup>

#### Knowledge

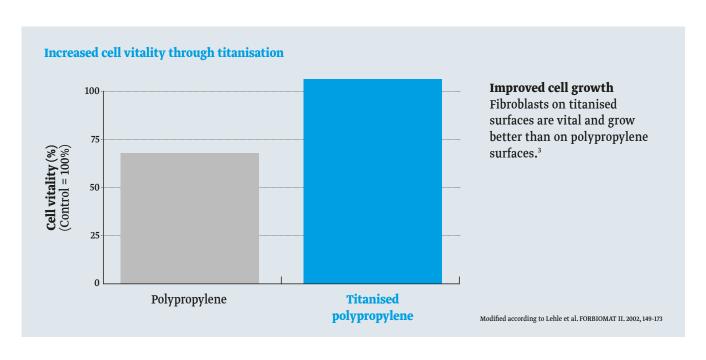
#### **Titanisation of mesh implants**

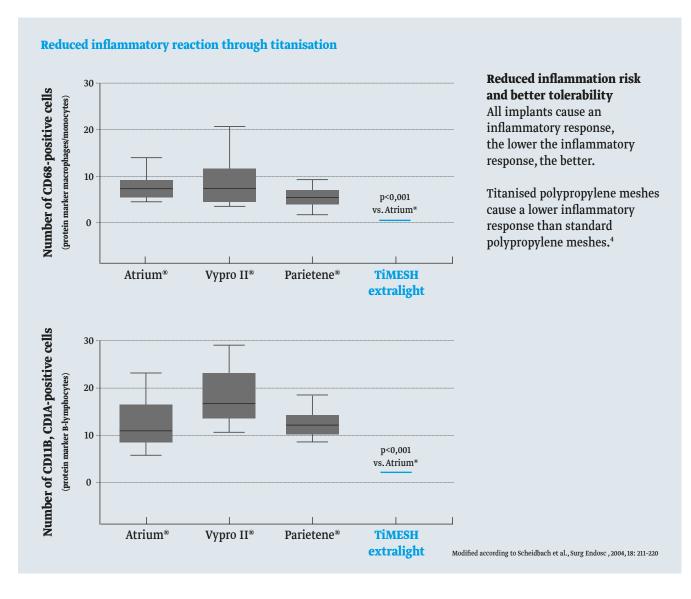
Titanium is one of the most biocompatible materials and the preferred alloy used in various surgical applications since 1946.<sup>2</sup> In 2002, pfm medical successfully developed the first procedure worldwide that permits the application of titanium to flexible and elastic primary materials, specifically polypropylene meshes.

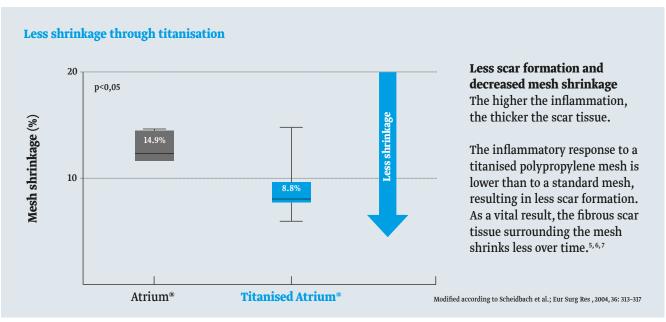
TiMESH, Tilene® Blue, Tilene® and Tisure® mesh implants are type 1a polypropylene meshes (macroporous, lightweight, and monofilamentous) which are hydrophilic due to titanisation. A hydrophilic mesh implant integrates better into surrounding tissue than a hydrophobic material.



#### Studies have proven hydrophilic surfaces to have the following advantages:







#### **Benefits for patients**

#### **Better tolerability**

The titanisation shows lower volumes of postoperative seromas.<sup>1</sup>

#### **Less postoperative pain**

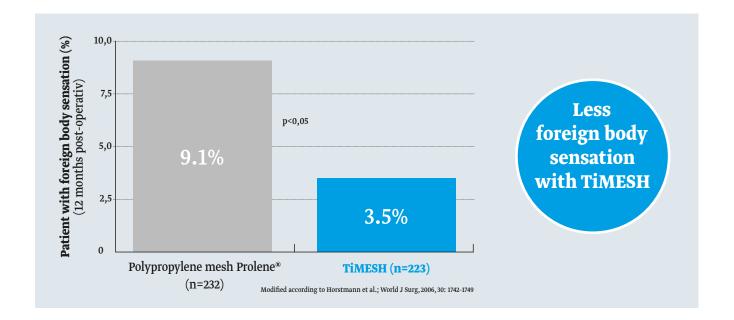
Patients suffer from less pain and thus, the consumption of analgesics is lower.8

#### **Quicker recovery time**

The use of titanised implants allows patients to return to a symptom-free everyday life earlier. 8,9

#### **Decreased foreign body sensation**

The titanisation reduces the inflammatory response, which causes less scarring and decreased mesh shrinkage.<sup>5,6,7</sup> Patients experience reduced foreign body sensation due to the excellent ingrowth.¹



# **Improved quality of life**In addition to the skills of

In addition to the skills of the surgeon, the quality of the mesh material is a critical factor in the long-term success of hernia repair. Studies show: Titanised meshes increase the patients' quality of life. 1,10

#### **Benefits for users**

#### **Easy handling**

The hydrophilic properties of the titanised surface allow the mesh to stick to the abdominal wall. Thus, excellent modelling characteristics are given.

#### **Outstanding visibility**

When the mesh sticks to the abdominal wall, the surgical field remains visible. This outstanding visibility minimises the risk of injury to nerves or vessels.

#### **Smooth trocar insertion**

Rolled-up titanised meshes can be directly inserted into the trocar (up to 3 mm trocar with TiMESH extralight 16 g/m $^2$ ). The excellent plasticity makes the unrolling just as straightforward.



Easy handling
TiMESH light (35 g/m²)
during TEP surgery
(with the kind permission of
Professor Dr. Ferdinand Köckerling,
Vivantes Klinikum Spandau,
Berlin, Germany)



Outstanding visibility
TiMESH extralight (16 g/m²)
during TAPP surgery
(with the kind permission of
Professor Dr. Hans Martin Schardey,
Krankenhaus Agatharied GmbH,
Hausham, Germany)



**Optimised workflow for surgeons** 

#### Application

#### One mesh for all hernia types

The titanised mesh implants are designed for universal application in all intra- and extraperitoneal types of hernias regardless of the surgical technique. After selecting the appropriate mesh size, the surgeon can use it for any surgical technique including IPOM\*. Individual mesh adaptation is possible at any time.

#### Suitable for all kind of hernias

- ▶ Inguinal
- ▶ Femoral
- Incisional
- **▶** Umbilical
- **▶** Epigastric
- ▶ Parastomal
- ▶ Hiatal

#### **Advantages of standardisation**

- ▶ Reduced number of articles
- Simplified ordering process
- Less storage required in surgery rooms

#### **Intraperitoneal implantation procedures**

The IEHS guidelines permit the use of TiMESH/TiLENE® for laparoscopic treatment of ventral and incisional hernias due to the titanisation.¹¹

Fibroblasts quickly grow through the mesh, resulting in neoperitonealisation.<sup>3</sup>

Additional adhesion prophylaxis (e.g. collagen coating) is not necessary. 11,12 Compared to other IPOM meshes, both surfaces of the mesh implant are the same, hence simplifying the application.

#### Easy-IPOM advantages

- The mesh implant does not require preparation (e.g. moistening)
- No confusion between the peritoneal and visceral mesh surface
- ▶ Smooth trocar insertion
- All fixation systems can be used
- ▶ Excellent peritoneal ingrowth



#### Easy peritoneal application

TiMESH strong (65 g/m²) during IPOM surgery (with the kind permission of Professor Dr. Ferdinand Köckerling, Vivantes Klinikum Spandau, Berlin, Germany)

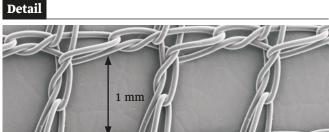
<sup>\*</sup> excl. TiMESH 16 g/m<sup>2</sup>

# **TiMESH**

Indicated for use in hernia surgery for all types of hernias and surgical techniques incl. IPOM\*.

#### View





TiMESH 1 m

1 mm pore, macroporous

#### Benefits

#### **Standardisation**

TiMESH is suitable for all intra- and extraperitoneal hernias and surgical techniques incl. IPOM\*. Only a few mesh variants suffice to cover all needs of hernia surgery.

#### Time and cost savings

The hydrophilic surface of TiMESH facilitates the handling during laparoscopic surgery. Furthermore, certain indications do not require fixation. <sup>13,14</sup> Consequently, the entire procedure becomes more time and cost efficient.

#### Different weights according to need

Timesh is available in a variety of weights. The material of Timesh extralight (16 g/m $^2$ ) is ideally suited for the treatment of inguinal hernias. The mesh weight of Timesh light (35 g/m $^2$ ) allows it to be applied universally to all types of hernias using any surgical technique. Timesh strong (65 g/m $^2$ ) can be selected as required for pronounced hernia defects.

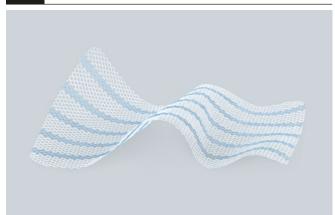
Indication	Product name	Mesh blank	Size (L x W/cm)	Weight	REF	
All hernia types	TiMESH		10 x 15	16 g/m²	6000004	
including IPOM*			15 x 12.5	16 g/m <sup>2</sup>	6000918	
			15 x 15	16 g/m²	6000029	
			6 x 9	35 g/m <sup>2</sup>	6000683	
			6 x 11	35 g/m <sup>2</sup>	6000682	
			10 x 15	35 g/m <sup>2</sup>	6000001	
			15 x 15	35 g/m <sup>2</sup>	6000030	
			20 x 15	35 g/m <sup>2</sup>	6000016	
			20 x 25	35 g/m <sup>2</sup>	6000744	
			20 x 30	35 g/m <sup>2</sup>	6000948	
			25 x 10	35 g/m <sup>2</sup>	6000718	
			30 x 30	35 g/m <sup>2</sup>	6000073	
			10 x 15	10 x 15	65 g/m²	6000470
			15 x 15	65 g/m²	6000471	
			20 x 15	65 g/m²	6000425	
			30 x 30	65 g/m²	6000426	

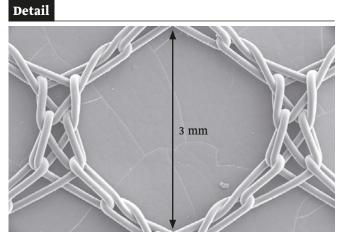
<sup>\*</sup> excl. TiMESH 16 g/m<sup>2</sup>

# TiLENE® Blue

Indicated for use in hernia surgery for all types of hernias and surgical techniques incl. IPOM.

### View





TiLENE® Blue

3 mm pore, macroporous

#### **Benefits**

#### **Standardisation**

Tilene® Blue is suitable for all intra- and extraperitoneal hernias and surgical techniques incl. IPOM. Only a few mesh variants suffice to cover all needs of hernia surgery.

#### **Time and cost savings**

The hydrophilic surface of TiLENE® Blue facilitates the handling during laparoscopic surgery. Furthermore, certain indications do not require fixation. <sup>13,14</sup> Consequently, the entire procedure becomes more time and cost efficient.

#### Easier alignment of the mesh

The blue orientation stripes facilitate the alignment of the mesh implant.

Indication	Product name	Mesh blank	Size (L x W/cm)	Weight	REF
All hernia types	TiLENE® Blue		10 x 15	24 g/m²	6000950
including IPOM*	ncluding IPOM*		15 x 15	24 g/m²	6000951
			20 x 15	24 g/m²	6000952
			30 x 30	24 g/m²	6000953

# TiLENE® Inguinal

Tilene® Inguinal can be used with the Lichtenstein technique for inguinal hernia repair.

Tilene® Inguinal-R (right-sided hernia) and Tilene® Inguinal-L (left-sided hernia) constitute multi-layer mesh implants for the laparoscopic treatment of inguinal hernias.

The pore size is 1 mm.

#### **Order information**

Indication	<b>Product name</b>	Mesh blank	Size (L x W/cm)	Weight	REF
Inguinal hernias	TiLENE® Inguinal		10 x 4.7	65 g/m²	6000648
			11 x 5.7	35 g/m <sup>2</sup>	6000954
	TiLENE® Inguinal-R		15 x 12 (basic mesh) 6 x 7.5 (flap)	35 g/m <sup>2</sup> 16 g/m <sup>2</sup>	6000643
	TiLENE® Inguinal-L		15 x 12 (basic mesh) 6 x 7.5 (flap)	35 g/m <sup>2</sup> 16 g/m <sup>2</sup>	6000644

# TiLENE® Plug

Tilene® Plug is a self-forming plug with three layers of fabric and is used in inguinal hernia repair. The plug is pushed through the internal ring, deep into the preperitoneal space.

The Tilene® Onlay Patch is placed on the anterior surface of the posterior wall of the inguinal canal. The opening is placed around the spermatic duct in order to repair an additional existing direct hernia and/or to provide strengthening.

The pore size is 1 mm.

Indication	Product name	Mesh blank	Size (L x W/cm)	Weight	REF
Inguinal hernias	TiLENE® Plug		Small (Ø 5)	35/65 g/m <sup>2</sup>	6000529
	riug		Medium (Ø 7)	35/65 g/m <sup>2</sup>	6000530
		Large (Ø 9)	35/65 g/m <sup>2</sup>	6000531	
	Tilene® Plug Set		Medium (Ø 7) 4.5 x 9 (patch)	35/65 g/m <sup>2</sup> 35 g/m <sup>2</sup>	6000611

# TiLENE® Strip

Tilene® Strip serves to prevent incisional hernias, e.g. during fascial closure following laparotomy. It can be applied using either the onlay or the sublay technique.

The pore size is 1 mm.

#### **Order information**

Indication	<b>Product name</b>	Mesh blank	Size (L x W/cm)	Weight	REF
Preventive use	TiLENE® Strip		6 x 40	35 g/m <sup>2</sup>	6000534
			8 x 40	35 g/m <sup>2</sup>	6000536
			10 x 40	35 g/m <sup>2</sup>	6000538

# TiLENE® Guard

Tilene® Guard meshes are multi-layered and serve to prevent and treat parastomal hernias. They are suitable for laparoscopic and open repair procedures. The Tilene® Guard Set also includes a patch to cover the stoma centrally using the sandwich technique.

The pore size is 1 mm.

#### **Order information**

Indication	<b>Product name</b>	Mesh blank	Size (L x W/cm)	Weight	REF
Parastomal hernias/ Preventive use	TiLENE® Guard		14 x 14	35 g/m <sup>2</sup>	6000605
			20 x 14	35 g/m <sup>2</sup>	6000607
	TiLENE® Guard Set		14 x 14 10 x 15 (patch)	35 g/m <sup>2</sup> 35 g/m <sup>2</sup>	6000525
		20 x 14 10 x 15 (patch)	35 g/m <sup>2</sup> 35 g/m <sup>2</sup>	6000527	

# TiSURE®

The multi-layered mesh  $TiSURE^{\circledast}$  serves to reinforce the diaphragm in the event of existing defects at the opening through which the oesophagus passes.

The pore size is 1 mm.

Indication	<b>Product name</b>	Mesh blank	Size (L x W/cm)	Weight	REF
Hiatal hernias	TiSURE®		7 x 10	35 g/m <sup>2</sup>	6000438

#### Literature

- 1. Horstmann R., Hellwig M., Classen C., Röttgermann S., Palmes D., Impact of polypropylene amount on functional outcome and quality of life after inguinal hernia repair by the TAPP procedure using pure, mixed, and titanium-coated meshes. World J Surg., 2006. 30(9): p. 1742-1749.
- 2. Wintermantel, E., S.-W.H., Medizintechnik Life Science Engineering. 5 ed. 2009, Berlin Heidelberg: Springer-Verlag.
- 3. Lehle K., Lohn S., Verbesserung des Langzeitverhaltens von Implantaten und anderen Biomaterialien auf Kunststoffbasis durch plasmaaktivierte Gasphasenabscheidung (PACVD), Abschlussbericht Forschungsverbund "Biomaterialien (FORBIOMAT II)" 2002, 149–173.
- 4. Scheidbach H., Tamme C., Tannapfel A., Lippert H., Köckerling F., In vivo studies comparing the biocompatibility of various polypropylene meshes and their handling properties during endoscopic total extraperitoneal (TEP) patchplasty: an experimental study in pigs. Surg Endosc., 2004. 18(2): p. 211-220.
- 5. Scheidbach H., Tannapfel A., Schmidt U., Lippert H., Köckerling F., Influence of titanium coating on the biocompatibility of a heavyweight polypropylene mesh. An animal experimental model. Eur Surg. Res., 2004. 36(5): p. 313-317.
- 6. Zhu L. M., Schuster P., Klinge U., Mesh implants: An overview of crucial mesh parameters. World J Gastrointest Surg, 2015. 7(10): p. 226-236.
- 7. Wood A.J., Cozad M.J., Grant D.A., Ostdiek A.M., Bachman S.L., Grant S.A., Materials characterization and histological analysis of explanted polypropylene, PTFE, and PET hernia meshes from an individual patient. J Mater Sci Mater Med, 2013. 24(4): p. 1113-1122.
- 8. Moreno-Egea A., Carrillo-Alcaraz A., Soria-Aledo V., Randomized clinical trial of laparoscopic hernia repair comparing titanium-coated lightweight mesh and medium-weight composite mesh. Surg Endosc, 2013. 27(1): p. 231-239.
- 9. Koch A., Bringman S., Myrelid P., Smeds S., Kald A., Randomized clinical trial of groin hernia repair with titanium-coated lightweight mesh compared with standard polypropylene mesh. Br. J. Surg., 2008. 95(10): p. 1226-1231.
- 10. Köckerling F., Schug-Pass C., What do we know about titanized polypropylene meshes? An evidence-based review of the literature. Hernia, 2014. 18(4): p. 445-457.
- 11. Bittner R., Bingener-Casey J., Dietz U., Fabian M., Ferzli G., Fortelny R., Köckerling F., Kukleta J., LeBlanc K., Lomanto D., Misra M., Morales-Conde S., Ramshaw B., Reinpold W., Rim S., Rohr M., Schrittwieser R., Simon T., Smietanski M., Stechemesser B., Timoney M., Chowbey P., Guidelines for laparoscopic treatment of ventral and incisional abdominal wall hernias (International Endohernia Society [IEHS])-Part III. Surg Endosc., 2014. 28: p. 380-404.
- 12. Köckerling F., Simon T., Hukauf M., Hellinger A., Fortelny R., Reinpold W., Bittner R., The importance of registries in the postmarketing surveillance of surgical meshes. Ann Surg., 2018. 268(6): p. 1097-1104.
- 13. Tamme C., Garde N., Klingler A., Hampe C., Wunder R., Köckerling F., Totally extraperitoneal inguinal hernioplasty with titanium-coated lightweight polypropylene mesh: early results. Surg Endosc., 2005. 19(8): p. 1125-1129.
- 14. Bittner R., Schmedt C. G., Leibl B. J., Schwarz J., Early postoperative and one year results of a randomized controlled trial comparing the impact of extralight titanized polypropylene mesh and traditional heavyweight polypropylene mesh on pain and seroma production in laparoscopic hernia repair (TAPP). World J Surg., 2011. 35(8): p. 1791-1797.

www.pfmmedical.com/meshvideos		www.pfmmedical.com/meshworkshops		
Contact				
Should you have any q Solutions Team will be	uestions our Customer e glad to assist you.			
service@pfmmedica +49 (0)2236 9641-220 +49 (0)2236 9641-51	l.com	_		
pfm medical ag Wankelstraße 60 50996 Köln Germany	Certified according to DIN EN ISO 13485			
Manufacturer pfm medical titanium gmbl	ı, Südwestpark 42, 90449 Nürnberg, Gern	nany, <b>C €</b> 0124		