

ADVAPD[®]

Enduring performance for confidence
in extended wound support

Absorbable Suture



Polydioxanone

Complications in abdominal wall closure after midline incisions

Wound dehiscence

Dehiscence can lead to a burst abdomen and exposure of the abdominal contents, prolonged hospital stays and requires reoperation³

Mortality rates following dehiscence range from 15% to 20%⁴

Surgical site infections

SSIs can extend the inflammatory phase, during which the tissue has essentially no strength, increasing the risk of dehiscence and incisional hernia¹

On an average, a single SSI can extend a hospital stay by 2 to 11 days²

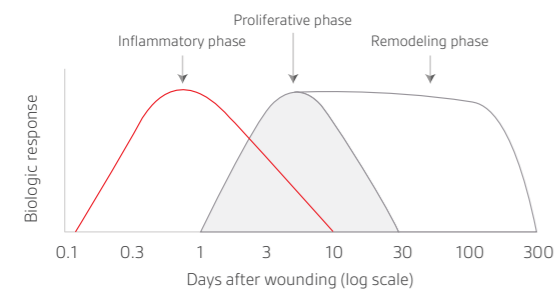
Incisional hernia

A wound dehiscence significantly increases the risk of incisional hernia by upto 43%⁵

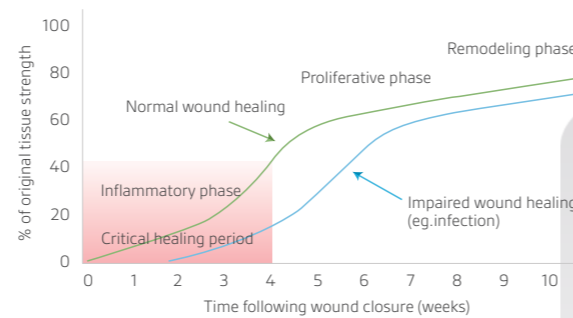
Challenges in abdominal wall closure

The phases of fascia healing

Fascia healing consists of 3 consecutive, overlapping phases⁶



Strength of abdominal wall⁷



Slow fascia healing

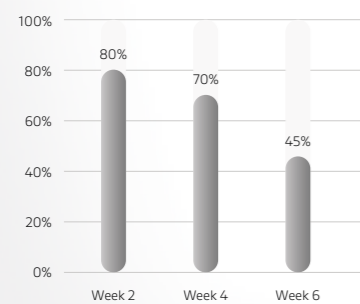
A. Fascial tissue achieves only 50% of original tensile strength even after 2 weeks¹

B. Fascia healing is further impaired with comorbidities - diabetics, smokers, elderly & cancer patients⁷

ADVAPD® Edge

The confidence to handle complications with ease

Absolute tensile strength Retention for upto 6 weeks⁸



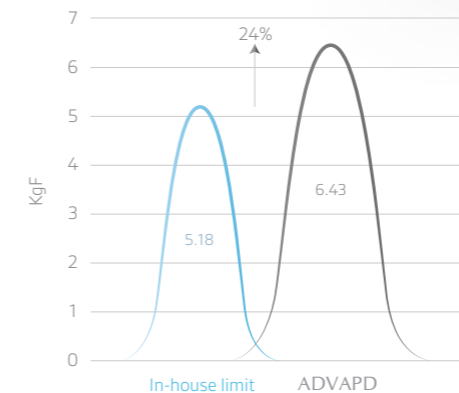
Enough to support the fascia throughout the critical healing period

The confidence to handle complications with ease

Long term absorbable sutures ensure lesser complications like incisional hernia vs mid-term absorbable suture¹⁰

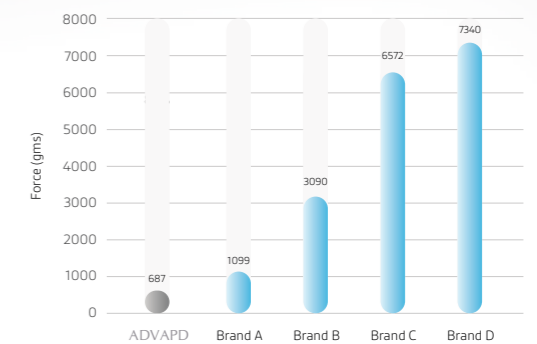
Reduced surface area and lack of interstitial spaces in monofilament sutures minimize the risk of bacterial colonization & infections¹¹

Exceptional knot pull tensile Strength ensures knot security⁹



24% more knot pull tensile strength

Least moisture content per pack (ug)⁹



Ensures strength & sterility of the product⁸

ADVVALLOY

Quantum leap in needle technology
Needles that ensure an unsurpassed suturing experience²

Durable coat Retains sharpness pass after pass



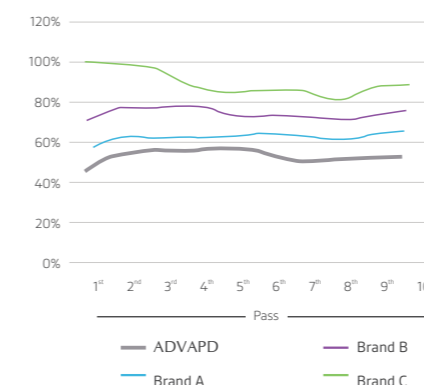
Maintains needle sharpness over the duration of procedure, resulting in consistent penetration pass after pass thus less potential for tissue trauma.

Ribbed body* For superior control

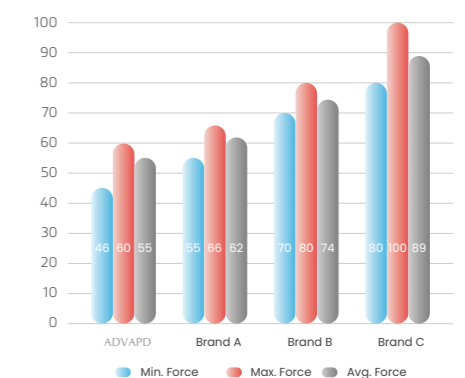


For superior grasping and stability of needle in needle forceps.

Incremental penetration force⁹



Needle penetration Study⁹



7. Rath AM, Chevrel JP. The healing of laparotomies: review of the literature. September 1998, Volume 2, Issue 3, pp 145 - 149 | 8. ADVAPD IFU - Data on file with AMS
9. Data on file with AMS - Bench test done on Polydioxanone U.S.P. size - 1, 40 mm Round bodied needle | 10. Diener et. al. Ann. Surg. 2010, May 2010 - Volume 251 - Issue 5 - pp 843 - 856








* Certain features are common in specific needles | 11. Bacterial Contamination of Surgical Suture Resembles a Biofilm - Surg Infect (Larchmt). 2010 Oct; 11(5)

ADVA TRAY® - the confidence to suture with ease



ADVA TRAY® - patented dispensing system designed to deliver ease of suture dispensing with minimal memory in the suture strand.

Product Description

<p>Composition Polydioxanone</p> 	<p>Colour Violet</p> 
<p>Available Sizes U.S.P. 2 to 9-0</p> 	<p>Coating None</p> 
<p>Absorption Profile Essentially complete between 180 to 220 days</p> 	<p>Tensile Strength ~80% 14 Days ~70% 28 Days ~45% 42 Days</p> 
<p>Needle Type</p> <p>A wide variety of Round Bodied (Taper Point), Ball Point, Cutting, Taper Cut, Trocar, Reverse Cutting, Blunt Point, Oval Round Bodied, Diamond Point & Spatula Micro Point needles</p> 	

REFERENCES

1. Dubay, DA. " Acute wound healing: the biology of acute wound failure". Surg Clin North Am. 2003 Jun; 83(3): 463 - 81 | 2. Surgical site infection: incidence and impact on hospital utilization and treatment costs - Am J Infect Control. 2009 Jun; 37(5) : 387 - 97 | 3. Abdominal Wound Dehiscence in Adults: Development and Validation of a Risk Model - World J Surg. 2010 Jan; 34(1): 20 - 27 | 4. Mechanical factors in abdominal wound closure: the prevention of fascial dehiscence - Surgery. 1985 Jun; 97(6): 631 - 40 | 5. Incisional hernia after repair of wound dehiscence: incidence and risk factors - Am Surg. 2004 Apr; 70(4): 281 - 6 | 6. Douglas. Br J Surg. 1952; 40: 79



Manufacturing: P-21-22, 25-26 & 34-35, GIDC Manjusar, Tal - Savli,
Dist. - Vadodara - 391775, Gujarat, India
T: +91 2667 271302 | E: info@amsltd.com | amsltd.com

Corporate: 111 Somerset Road, #07-08 111 Somerset, Singapore - 238164
T: (65) 636910 80

