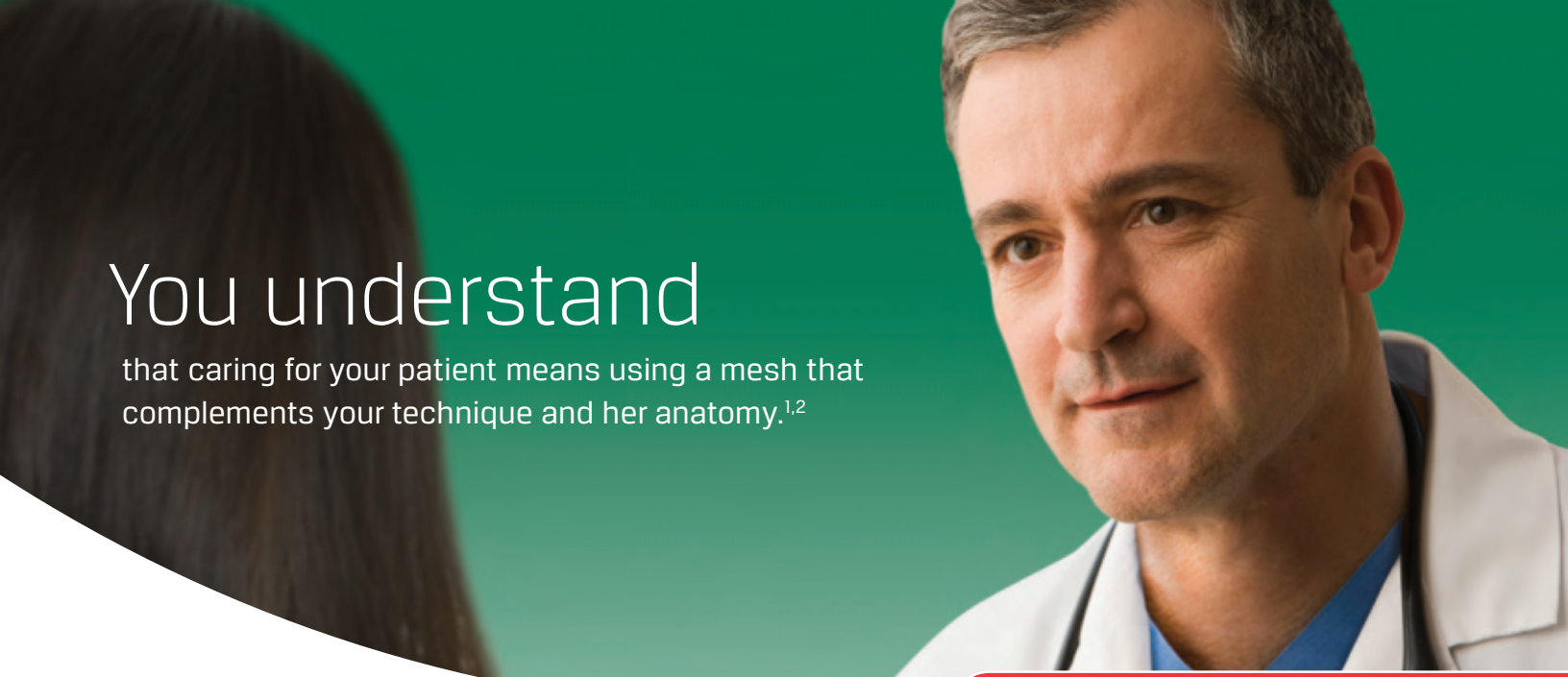


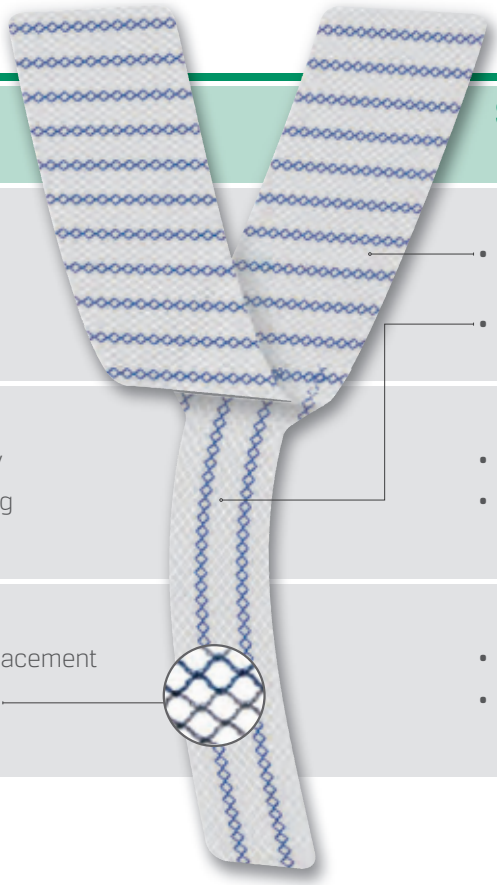
You understand

that caring for your patient means using a mesh that complements your technique and her anatomy.[1,2]

Indicated for **Sacrocolpopexy**[2]

We understand(*you*).

Introducing ARTISYN™, the only Y-Shaped Mesh designed to provide efficiency and support while ***evolving*** to leave less mesh behind.[1,2]



Efficiency
For the Surgeon[1,3]

Excellent Intra-Operative Handling[3]
- Mesh optimized to resist wrinkling and folding[3]
- Pre-creased vaginal flaps designed to reduce steps[1]

Easy Mesh Placement[1]
- Blue lines aid orientation and visibility
- Sacral arm tapered to reduce trimming

Precision During Fixation[1]
- Blue lines facilitate accurate suture placement
- Large pore size makes suturing easy

Support with Less Mesh
For the Patient[1,2]

Unique Bi-Directional Design[1]
- Vaginal flaps designed to accommodate lengthening and distention
- Sacral flap designed to limit elongation

Mesh is Designed to be Strong[1]
- Strongest mesh tear strength*
- Strongest suture pullout strength in the sacral flap†

Mesh Evolves Over Time[2]
- 46% of the mesh absorbs by 84 days[1,2]
- Remaining mesh stays strong after tissue integration[1,3]

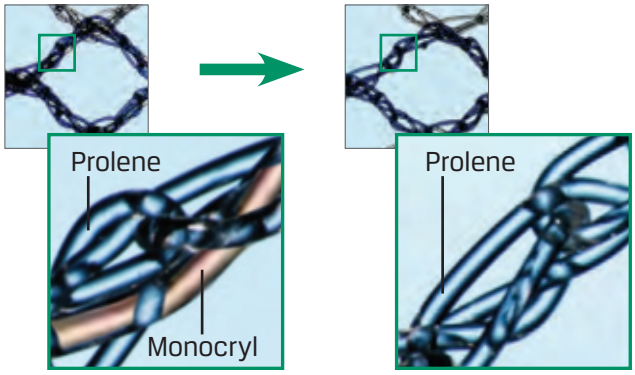
ARTISYN™
Y-Shaped Mesh

ETHICON GYNECARE
Your purpose. Our promise

* ARTISYN™ displayed strongest mesh tear strength at implantation compared to Mpathy Restorelle™ Y Smartmesh™, Bard ALYTE® Y-Mesh Graft, and AMS IntePro® Y-Graft polypropylene mesh in bench top testing.[1]

† ARTISYN™ displayed strongest suture pullout strength at implantation compared to Mpathy Restorelle™ Y Smartmesh™, Bard ALYTE® Y-Mesh Graft, and AMS IntePro® Y-Graft polypropylene mesh in bench top testing.[1]

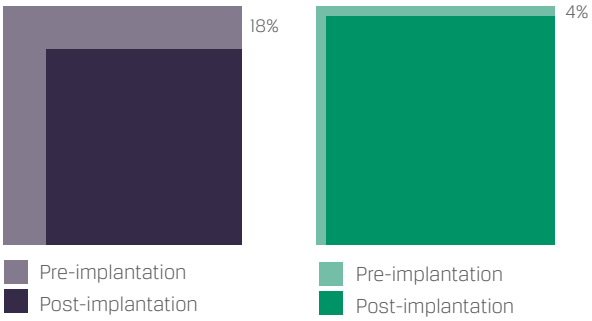
The mesh in ARTISYN™ evolves over time… with less tissue-mesh contracture post integration[2,4]



Pre-implantation

84 days post-implantation[2]

Tissue-mesh contracture post integration at 120 days[4]



In animal studies it was shown that the mesh material used in ARTISYN™:

- Demonstrated significantly less tissue-mesh contracture vs another lightweight mesh post integration[4]
- Remained pliable[2,3]

Mesh used in experiment:

* PP-8 (Polypropylene of 7.6g/m^2).

† PP-32 (Polypropylene with absorbable fibers; 32.0g/m^2).

‡ In an internal Ethicon animal study, the mesh used in ARTISYN™ led to 8% tissue-mesh contraction 140 days post implantation, while Ethicon Polypropylene mesh led to 21.2% tissue-mesh contraction 182 days post implantation.[1]

To order, call 1-800-255-2500.
To locate your local representative, call **1-877-ETHICON.**

ORDERING INFORMATION

Description	Ordering Code	QTY	Dimensions Length	Width
ARTISYN™ Y-Shaped Mesh	ARTY	1 unit	27cm	5cm

ETHICON GYNECARE

Your purpose. Our promise.

Johsnon & Johnson Poland Sp. z o.o.
ul. Iłżecka 24, 02-135 Warszawa
tel. (22) 237-83-02, (22) 237-83-05

ESSENTIAL PRODUCT INFORMATION

INDICATIONS
ARTISYN™ Y-Shaped Mesh is indicated for use as a bridging material for sacrocolposuspension/ sacrocolpopexy (laparotomy or laparoscopic approach) where surgical treatment for vaginal vault prolapse is warranted.

CONTRAINDICATIONS
ARTISYN™ Y-Shaped Mesh should not be used in infants, children, pregnant women, or in women planning future pregnancies, because the mesh will not stretch significantly as the patient grows. ARTISYN™ Y-Shaped Mesh must always be separated from the abdominal cavity by peritoneum. ARTISYN™ Y-Shaped Mesh must not be used following planned intraoperative or accidental opening of the gastrointestinal tract. Use in these cases may result in contamination of the mesh, which could lead to infection that may require removal of the mesh. ARTISYN™ Y-Shaped Mesh should not be used in the presence of active or latent infections or cancers of the vagina, cervix, or uterus.

ADVERSE EVENTS
Potential adverse reactions are those typically associated with surgery employing implantable materials of this type, including hematoma, urinary incontinence, urinary retention or obstruction, voiding dysfunction, pain, infection potentiation, wound dehiscence, nerve damage, recurrent prolapse, inflammation, adhesion formation, fistula formation, contracture, scarring, and mesh exposure, erosion, or extrusion, e.g., through vaginal epithelium. Potential adverse reactions are those typically associated with pelvic organ prolapse repair procedures, including pelvic pain or pain with intercourse. These may resolve with time. Dissection for pelvic floor repair procedures has the potential to impair normal voiding for a variable length of time.

For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full Instructions for Use.

References: 1. Data on file, Ethicon, Inc. **2.** ARTISYN™ Instructions for Use. Somerville, NJ: Ethicon, Inc; 2012. **3.** Cobb WS, Burns JM, Peindl RD, Carbonell AM, Matthews BD, Kercher KW, Heniford BT. Textile Analysis of Heavy Weight, Mid-Weight and Light Weight Polypropylene Mesh in a Porcine Ventral Hernia Model. *J Surg* Res. 2006;136(1):1-7. **4.** Ozog Y, Konstantinovic ML, Werbrouck E, De Ridder D, Edoardo M, Deprest J. Shrinkage and biomechanical evaluation of lightweight synthetics in a rabbit model for primary fascial repair. *Int Urogynecol J.* 2011;22(9):1099-108. Epub 2011 May 12.