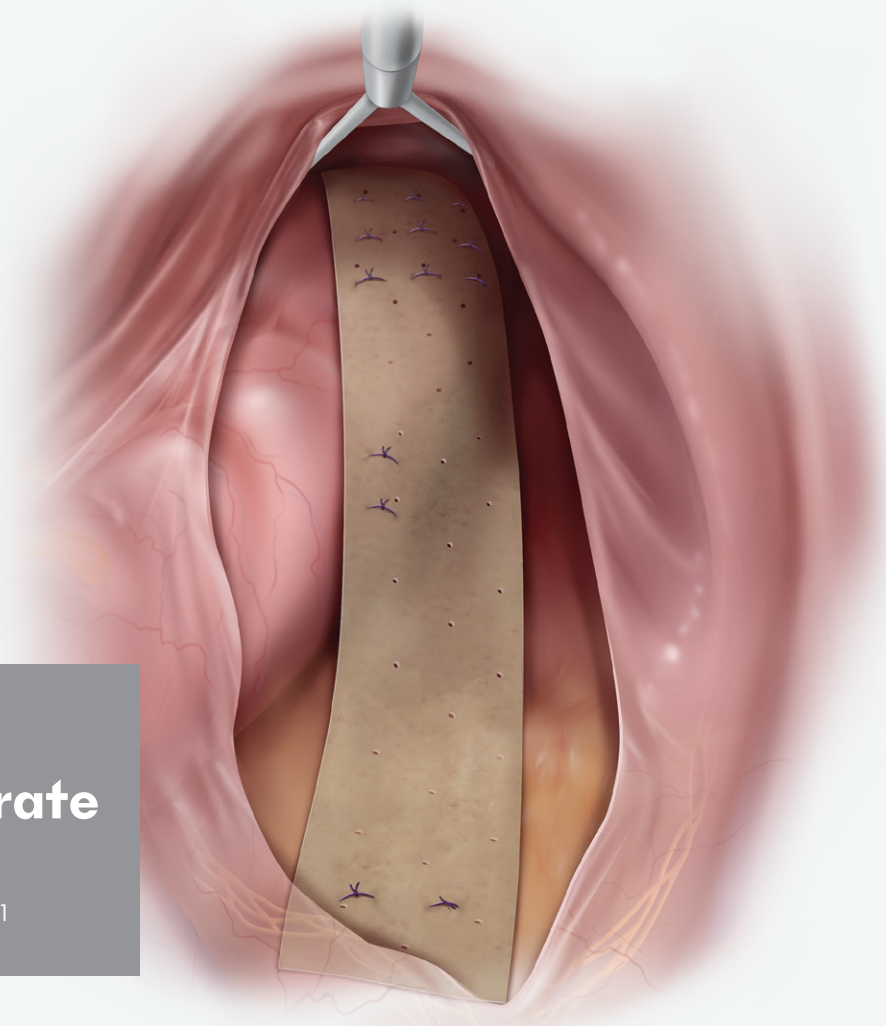


Biodesign® Rectopexy Graft

Specifically indicated for rectal prolapse repair



4.8%
recurrence rate
with Biodesign
rectopexy graft¹

**The Biodesign Rectopexy Graft
results in low recurrence rates
in ventral rectopexy.¹**

Graft information

Biodesign Rectopexy Graft

For the reinforcement of soft tissue where weakness exists in the gastroenterological anatomy including transabdominal repair of colon and rectal prolapse

Order number	Reference part number	Size
G35247	C-BRG-7X20-US	7 x 20cm

Graft features

- Manufactured in the U.S.
- Biologic xenograft made from porcine SIS
- Non-crosslinked, non-dermis
- Easily hydrated in the operating room
- No special orientation or sidedness
- Suitable for use in open², laparoscopic³ or robotic³ procedures
- Off-the-shelf graft that does not require special storage
- Translucent once hydrated to easily visualize suture positioning
- Does not require AATB tissue tracking
- MRI safe

RISK INFORMATION: BIODESIGN RECTOPEXY GRAFT

INTENDED USE

The Biodesign® Rectopexy Graft is intended to reinforce soft tissue where weakness exists in the gastroenterological anatomy including transabdominal repair of colon and rectal prolapse. The device is supplied sterile and is intended for one time use.

CONTRAINDICATIONS

This graft is derived from a porcine source and should not be used in patients with known sensitivity to porcine material.

PRECAUTIONS

• This graft is designed for single use only. Attempts to reprocess, resterilize, and/or reuse may lead to device failure and/or transmission of disease. • **Do not resterilize.** • Ensure that the graft is hydrated prior to suturing, stapling or tacking. • Graft performance has not been evaluated with suture spacing greater than 2 mm. • Suturing, stapling, or tacking more than one graft together may decrease graft performance. • Care should be taken to avoid implanting the graft in an infected surgical field.

POTENTIAL COMPLICATIONS

Complications that can occur with the use of any prosthesis may include, but are not limited to: • Abscess • Adhesions • Allergic reaction • Bowel obstruction • Bowel or vaginal erosion • Constipation • De novo stress urinary incontinence • Fever • Impaction • Incisional herniation • Induration • Infection • Inflammation • Migration • Nerve damage • Osteomyelitis • Pain • Peritonitis • Recurrent prolapse • Seroma • Spondylodiscitis • Urinary retention • Vaginal or rectal wall perforation

If any of these conditions occur and cannot be resolved, graft removal should be considered.

ERI_FP0099-01B

REFERENCES

1. Data on file at Evergen.
2. Mercer-Jones MA, D'Hoore A, Dixon AR, et al. Consensus on ventral rectopexy: report of a panel of experts. *Colorectal Dis.* 2014;16(2):82-88.
3. Lonne MLR, Cao AMY, Jenkin A, et al. Long-term outcomes after minimally invasive ventral rectopexy for rectal prolapse using biologic graft prosthesis: a 15-year retrospective cohort study. *Dis Colon Rectum.* 2025.

Biodesign grafts are manufactured by Cook Biotech Incorporated.

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