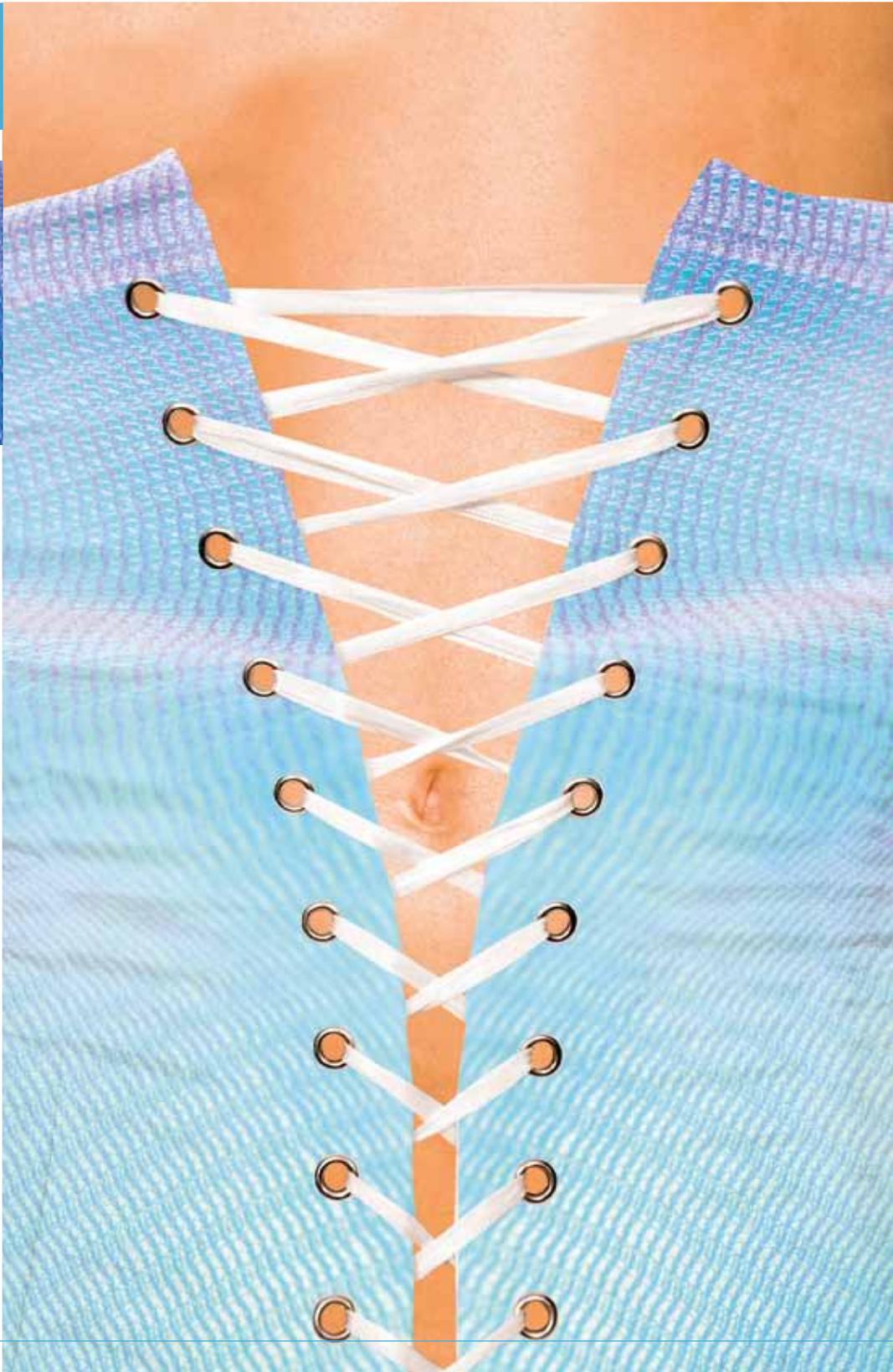
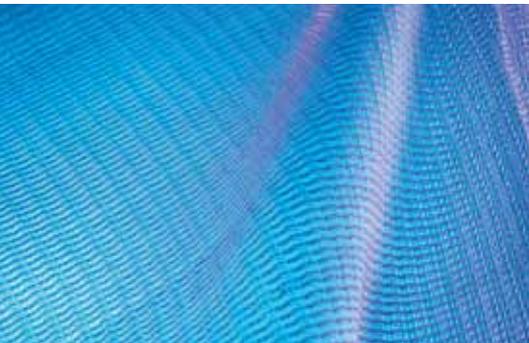


Reduce the tension in abdominal wall closure

SERASYNTH® MESH

Textile
implants



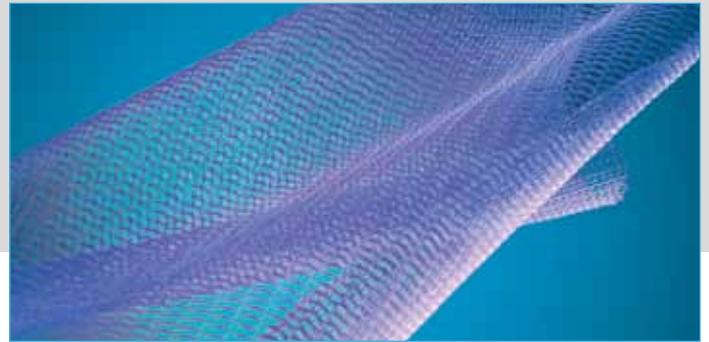
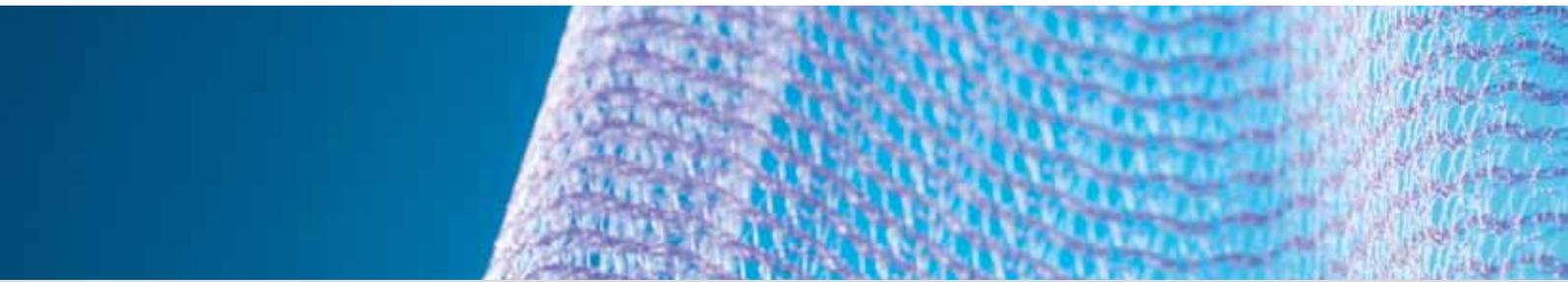
Fully
absorbable
over time

Dual
elasticity

150
YEARS
1866 - 2016



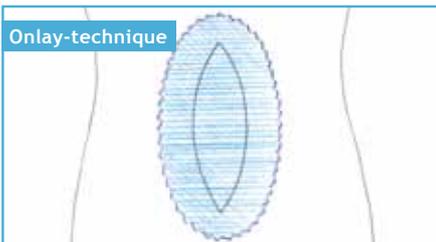
SERAG
WIESSNER



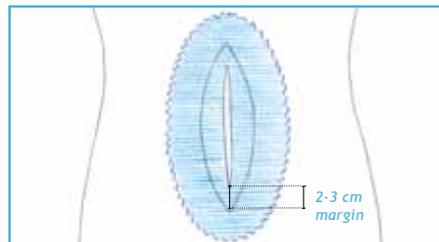
An optimal flexible covering for the treatment of “burst abdomen” (abdominal wound dehiscence) has been the subject of research for many years. Working together with Prof. Tido Junghans from Bremerhaven, SERAG-WIESSNER has now succeeded in developing SERASYNTH® MESH, a fully absorbable monofilament mesh implant, which meets these very requirements.

To prevent fascial retraction, the fascial defect may be initially bridged with a cost-effective monofilament polypropylene mesh. However, should it then become clear that the fascia cannot be closed (after two weeks at the latest) SERASYNTH® MESH is recommended as an alternative or in addition to vacuum-assisted closure.

Monofilament polydioxanone threads have been worked into SERASYNTH® MESH: these threads have a half-life of 28-42 days and are fully absorbed after 180-210 days. The optimally designed structure of the mesh allows it to stretch and adapt to the particular anatomical and functional needs. Onlay and sublay techniques are described below.



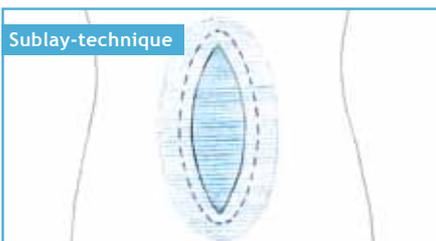
Onlay-technique
Fix SERASYNTH® MESH loosely to the abdominal wall with a continuous suture. Stabilise/tension with a tuck, if necessary.



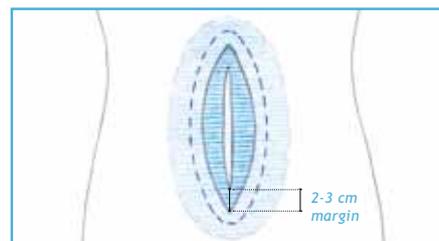
Divide the SERASYNTH® MESH in the midline, leaving a margin of at least 2-3 cm from the upper and lower edges of the wound. After lavage, close and re-tension the mesh with a purse-string suture. Repeat as often as necessary until the abdominal wall is closed.



Once the fascia has adapted sufficiently, close with interrupted sutures.



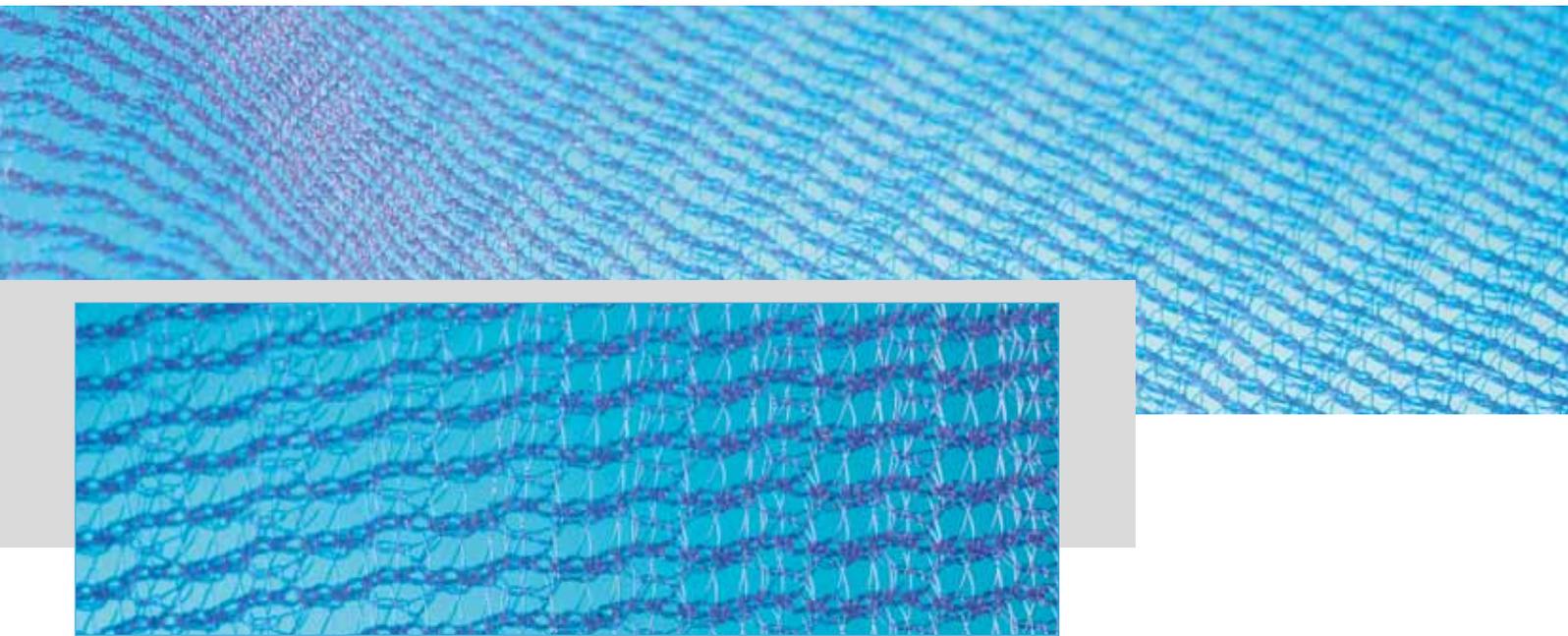
Sublay-technique
Slide the SERASYNTH® MESH beneath the fascial margins and fix loosely with a tacking stitch. Stabilise/tension with a tuck, if necessary.



Divide the SERASYNTH® MESH in the midline, leaving a margin of at least 2-3 cm from the upper and lower edges of the wound. After lavage, close and re-tension the mesh with a purse-string suture. Repeat as often as necessary until the abdominal wall is closed.



Once the fascia has adapted sufficiently, close with interrupted sutures. Any residual mesh can remain in the body and will be fully absorbed within 180-210 days.



Procedure

1. Depending on the healing process and the surgeon's assessment of the situation, fix SERASYNTH® MESH over the wound at the appropriate time using either an onlay or a sublay technique. Hold in place with retention sutures, leaving a generous 1 - 2 cm border, and cover with a film dressing. We recommend using 150 cm USP 0 SERASYNTH® thread (Article no. 91405148) for the sutures. "Edge-to-edge" fixation is not recommended as this may result in the mesh detaching itself on both sides. When fixing the mesh, cut to size first on one side and then the other, according to the patient's anatomy

2. If necessary, stabilise the mesh with a midline tuck. Do not gather in too much initially, as intra-abdominal pressure may increase in the first few days. If the pressure becomes excessive, let the tuck out again. This allows the fascial edges to be gently adapted/tensioned by the mesh, thereby preventing the development of compartment syndrome.

3. To perform lavage, divide the mesh in the midline, letting out any tucks. When cutting the mesh, take great care to leave a margin of at least 2 cm from the wound edge at the top and bottom of the mesh. After lavage, repair the slit in the mesh with a continuous suture. Repeat as often as necessary.

4. With decreasing intra-abdominal pressure, tighten the mesh a little after every lavage, by shortening it in the middle each time, until the fascial layers of the abdominal wall can be finally fully closed. Leave any residual mesh from the sublay technique in the body. It will be absorbed within 180-210 days. Remove any mesh left after the onlay technique. An incisional hernia may develop, but this can be treated with a partially absorbable polypropylene/polyglycolic acid-caprolactone mesh implant such as SERAMESH® PA.

Advantages

Stable when cut, adapts well

No wicking, due to the monofilament threads

Optimised stretch

Ideal absorption in the follow-up period:
- half-life: 28-42 days
- complete absorption: 180-210 days

In cooperation with
Prof. Tido Junghans, Senior Consultant,
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and Vascular Surgery Reinkenheide Hospital
Bremerhaven, Germany.

150
YEARS
1866 - 2016



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