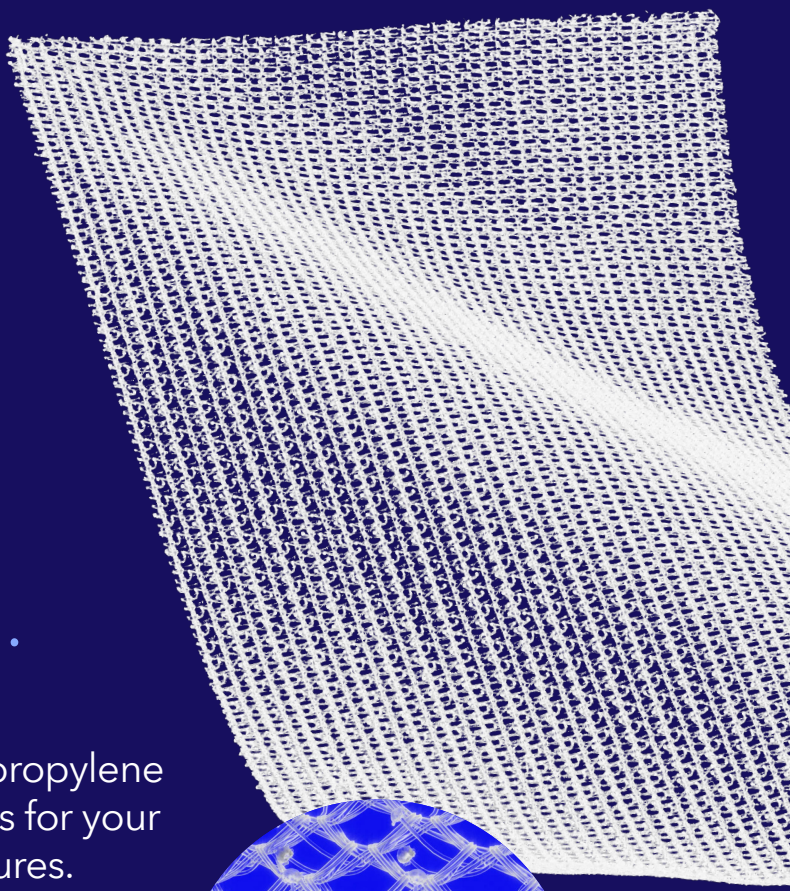
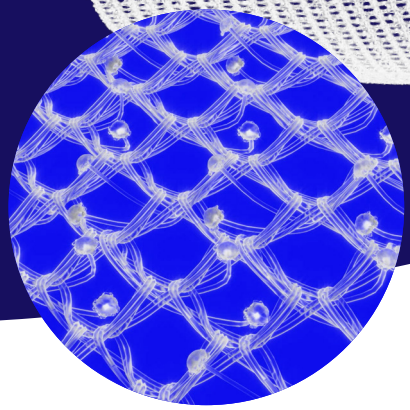
Medtronic

ProGrip™ self-gripping polypropylene mesh

Let's get your patients moving again.



The world of ProGrip™ self-gripping polypropylene mesh has expanded to provide more sizes for your inguinal and ventral hernia repair procedures.



Inguinal advantages

- Lower pain scores – and lower dosing of postoperative analgesics[1,†,‡,†††]
- Low recurrence rates and improved patient quality of life[2–5,†]
- Significantly shorter procedure times than sutured mesh[1,3,6,†]

Ventral benefits

- Resorbable microgrips provide uniform fixation across the mesh surface,[7,‡,§,Ω] support good tissue integration,[8,††] and prevent the mesh from shifting during placement[9,‡‡,§§]
- Immediate gripping facilitates easy positioning[9–11] and faster placement[9,‡‡,ΩΩ] of the mesh
- Reduced need for additional fixation,[12,‡,Ω] eliminating associated pain[3–6,11–14,‡]

†Applicable to PP1208DL, PP1208DR, PP1509G. ‡The textile self-gripping feature makes it possible to position the mesh without fixation, depending on the size of the defect, the hernia position, and the quality of the anatomical structures. §The technique used to fixate the mesh (suture and/or tacks) is left up to the surgeon. ΩBased on benchtop data, not necessarily indicative of human clinical outcomes. ††Based on animal study, not necessarily indicative of human clinical outcomes. ‡‡Based on preclinical data, not necessarily indicative of human clinical outcomes. §§Based on feedback from 6 surgeons, conducted in lab setting with cadaver. Surgeons compensated. ΩΩCompared to flat sheet meshes. Based on feedback from 6 answers, 5 surgeons (83%), conducted in lab setting with cadaver. Surgeons compensated. †††A study conducted by M. Kapischke showed a beneficial impact of the self-gripping mesh on pain score and a lower dosing of postoperative analgesics during hospital stay compared to a sheet of polypropylene mesh.

Sizes you need. Grips you love.

Item number	Description	Dimensions	Shape	Side	Qty.
PP1208DL	ProGrip™ self-gripping polypropylene mesh	12 cm × 8 cm (4.7 in × 3.0 in)	Elliptical pre-cut with flap, marking	Left	1
PP1208DR	ProGrip™ self-gripping polypropylene mesh	12 cm × 8 cm (4.7 in × 3.0 in)	Elliptical pre-cut with flap, marking	Right	1
PP1509G	ProGrip™ self-gripping polypropylene mesh	15 cm × 9 cm (6.0 in × 3.5 in)	Rectangular	N/A	1
PP1515G	ProGrip™ self-gripping polypropylene mesh	15 cm × 15 cm (5.9 in × 5.9 in)	Square	N/A	1
PP2015G	ProGrip™ self-gripping polypropylene mesh	20 cm × 15 cm (7.9 in × 5.9 in)	Rectangular	N/A	1
PP3020G	ProGrip™ self-gripping polypropylene mesh	30 cm × 20 cm (11.8 in × 7.9 in)	Rectangular	N/A	1
PP3030G	ProGrip™ self-gripping polypropylene mesh	30 cm × 30 cm (11.8 in × 11.8 in)	Square	N/A	1
PP4030G	ProGrip™ self-gripping polypropylene mesh	40 cm × 30 cm (15.7 in × 11.8 in)	Rectangular	N/A	1

We're here to support you and your patients.
Discover more at **Medtronic.com/progrip-pp**

Inguinal risk statement (PP1208DL, PP1208DR, PP1509G): Mesh complications may include but are not limited to acute and chronic pain, extrusion/erosion, hematoma, infection, inflammation, recurrence, and/or seroma. Please refer to IFU for complete contraindication and risk information.

Ventral risk statement (PP1515G, PP2015G, PP3020G, PP3030G, PP4030G): Mesh complications may include but are not limited to acute and chronic pain, extrusion/erosion, hematoma, infection, inflammation, recurrence, and/or seroma. Please refer to IFU for complete contraindication and risk information.

References
1. Kapischke M, Schulze H, Caliebe A. Self-fixating mesh for the Lichtenstein procedure--a prestudy. *Langenbecks Arch Surg*. 2010;395(4):317–322. **2.** Quyn AJ, Weatherhead KM, Daniel T. Chronic pain after open inguinal hernia surgery: suture fixation versus self-adhesive mesh repair. *Langenbecks Arch Surg*. 2012;397(8):1215–1218. **3.** Bruna Esteban M, Cantos Pallarés M, Artigues Sánchez de Rojas E, Vila MJ. [Prospective randomized trial of long-term results of inguinal hernia repair using autoadhesive mesh compared to classic Lichtenstein technique with sutures and polypropylene mesh]. *Cir Esp*. 2014;92(3):195–200. **4.** Jorgensen LN, Sommer T, Assaadzadeh S, et al. Randomized clinical trial of self-gripping mesh versus sutured mesh for Lichtenstein hernia repair. *Br J Surg*. 2013;100(4):474–481. **5.** Based on internal report #RE00475736, Herniamed Registry data extraction report 5-year follow-up inguinal hernia repair – fixation/no fixation. August 2022. **6.** Pierides G, Scheinin T, Remes V, Hermunen K, Vironen J. Randomized comparison of self-fixating and sutured mesh in open inguinal hernia repair. *Br J Surg*. 2012;99(5):630–636. **7.** Based on internal test report #43615CR042, Design output file. July 2023. **8.** Benito-Martínez S, Rodríguez M, García-Moreno F, et al. Self-adhesive hydrogel meshes reduce tissue incorporation and mechanical behavior versus microgrips self-fixation: a preclinical study. *Hernia*. 2022;26(2):543–555. **9.** Based on internal test report #43615CR103, GROOT marketing questionnaire. July 2023. **10.** Based on internal test report #43615CR073, Design validation report. July 2023. **11.** Anadol AZ, Akin M, Kurukahvecioglu O, Tezel E, Ersoy E. A prospective comparative study of the efficacy of conventional Lichtenstein versus self-adhesive mesh repair for inguinal hernia. *Surg Today*. 2011;41(11):1498–1503. **12.** Based on internal test report #43615CR123, Fixation information for ProGrip™ self-gripping polypropylene mesh in ventral hernia repair. September 2023 **13.** Köhler G, Lechner M, Mayer F, et al. Self-Gripping Meshes for Lichtenstein Repair. Do We Need Additional Suture Fixation? *World J Surg*. 2016;40(2):298–308. **14.** Bruna Esteban M, Cantos Pallarés M, Artigues Sánchez De Rojas E. Use of adhesive mesh in hernioplasty compared to the conventional technique. Results of a randomized prospective study. *Cir Esp*. 2010;88(4):253–258.

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