



## Safil<sup>®</sup> MESH

FOR TEMPORARY WOUND SUPPORT

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Dear Surgeon,

Hernia repair is one of the most frequent surgical procedures. As a surgeon, you are aiming to provide your patient with best surgical results which also means preventing short and long term complications.

B. Braun looks very intensively into this surgical indication and developed integrated solutions for all hernia repair techniques, starting with the surgical access to the closure of the skin. These integrated solutions are driven by aims to minimize trauma, improve visualization, safe hernia closure, reduce pain and avoid post operative abdominal wall defects.

B. Braun does not only provide single product concepts. Our offer combines the latest innovative and break through products with continuous training, support and service solutions in a sense that every step of the surgical procedure is positively influenced while not losing sight of economic considerations.

On the following pages you can find information on Safil® Mesh. Safil® Mesh is a fabric of uncoated and undyed filaments made of synthetic, absorbable homopolymer polyglycolic acid.

Safil® Mesh is very elastic and pliable to adapt itself to the patients anatomy. Its absorption profile of 60-90 days reduces the risk of late infections of the implant (1).



IT'S ALL ABOUT  
PREVENTION!

# Safil® MESH

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## ORDERING INFORMATION

DESCRIPTION	DIMENSION	UNITS / BOX	ART. NO.
Safil® Mesh	30 x 30 cm	1 pc.	<b>1065500</b>
Safil® Mesh	28 x 18 cm	1 pc.	<b>1065503</b>
Safil® Mesh	25 x 15 cm	1 pc.	<b>1065504</b>
Safil® Mesh	15 x 15 cm	1 pc.	<b>1065501</b>
Safil® Mesh	12 x 8 cm	3 pc.	<b>1065508</b>

- Very elastic and pliable mesh (2)
- Total absorption after 60–90 days (1)
- Porous mesh structure enhances tissue ingrowth and allows body fluids to pass through (3)
- Homogeneous elongation in horizontal and vertical direction (2)
- Strong support with a high tensile strength (4)
- Reduced foreign body material helps to minimize tissue reaction (3, 5)
- Low risk of late secondary infections due to the degradation of the material (3)

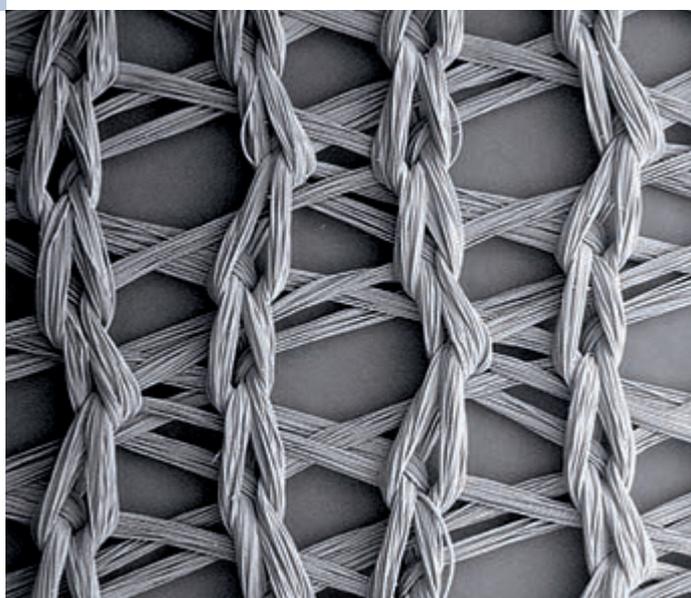
(1) de Araújo UR, Czczeko NG, Ribas-Filho JM, Malafaia O, Budel VM, Balderrama CM, Zimmermann E, et al. Intraperitoneal meshes in the repair of abdominal wall defects: comparison of polyester with collagen versus polypropylene with polyglycolic acid. Rev Col Bras Cir. 2009;36(3):241-9.

(2) STA-02-MSH-01-R18 (based on pre-clinical in vitro studies).

(3) Covance report Nr. 2052-001 (based in pre-clinical in-vivo studies).

(4) Report Ka-520 (based on pre-clinical in-vivo studies).

(5) Kalaba S, Gerhard E, Winder JS, Pauli EM, Haluck RS, Yang J. Design strategies and applications of biomaterials and devices forHernia repair. Bioact Mater. 2016;1(1):2-17.



MATERIAL	Polyglycolic acid
CONSTRUCTION	Knitted
PORE SIZE	0.75 mm
WEIGHT	56 g / m <sup>2</sup>
TENSILE STRENGTH RETENTION	18 days post implantation 50%
MASS ABSORPTION	Total absorption after 60–90 days

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