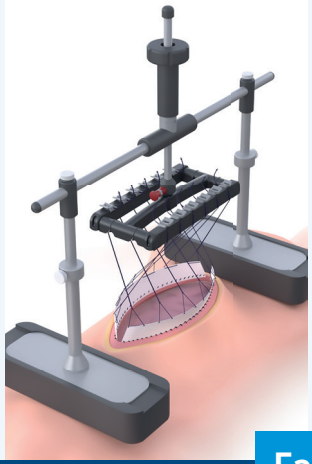
fasciotens

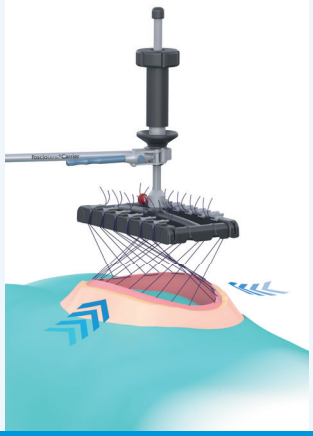
ABDOMINAL WALL SOLUTIONS

MADE IN GERMANY

Abdomen



Hernia



Pediatric

Fascial tension is the answer

Developed by surgeons for surgeons

The history of fasciotens

fasciotens has been developed by surgeons for surgeons. The idea behind fasciotens came to the two founders, Dr Lill and Dr Beyer, while treating a young patient with an open abdomen who was not a suitable candidate for abdominal closure.

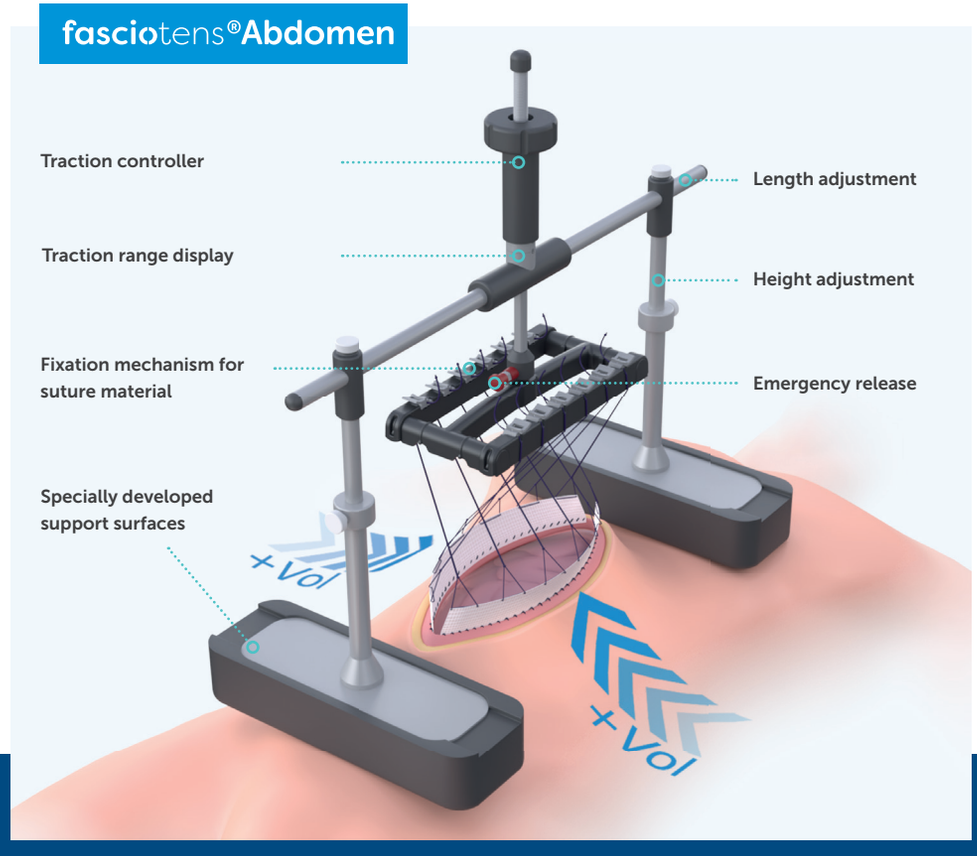
The development is based on a simple idea: to counteract fascia retraction, which was then ultimately an almost inevitable complication, with ventral traction.

Fascial tension is the answer

fasciotens®Abdomen was launched in 2019 and its outstanding results have won over many surgeons. Clinical practice has shown that the idea of ventral fascial traction of an open abdomen can be applied to major hernias and a range of abdominal wall defects in newborn infants. With the collaboration of renowned surgeons, two new products have been developed: fasciotens®Hernia and fasciotens® Pediatric.

Read what your colleagues have to say about fasciotens:

www.fasciotens.de/en/references/testimonials



The problem

- Unrestricted fascia retraction
- Closure often difficult or impossible as a result
- Intra-abdominal volume deficit

How fasciotens® Abdomen works:

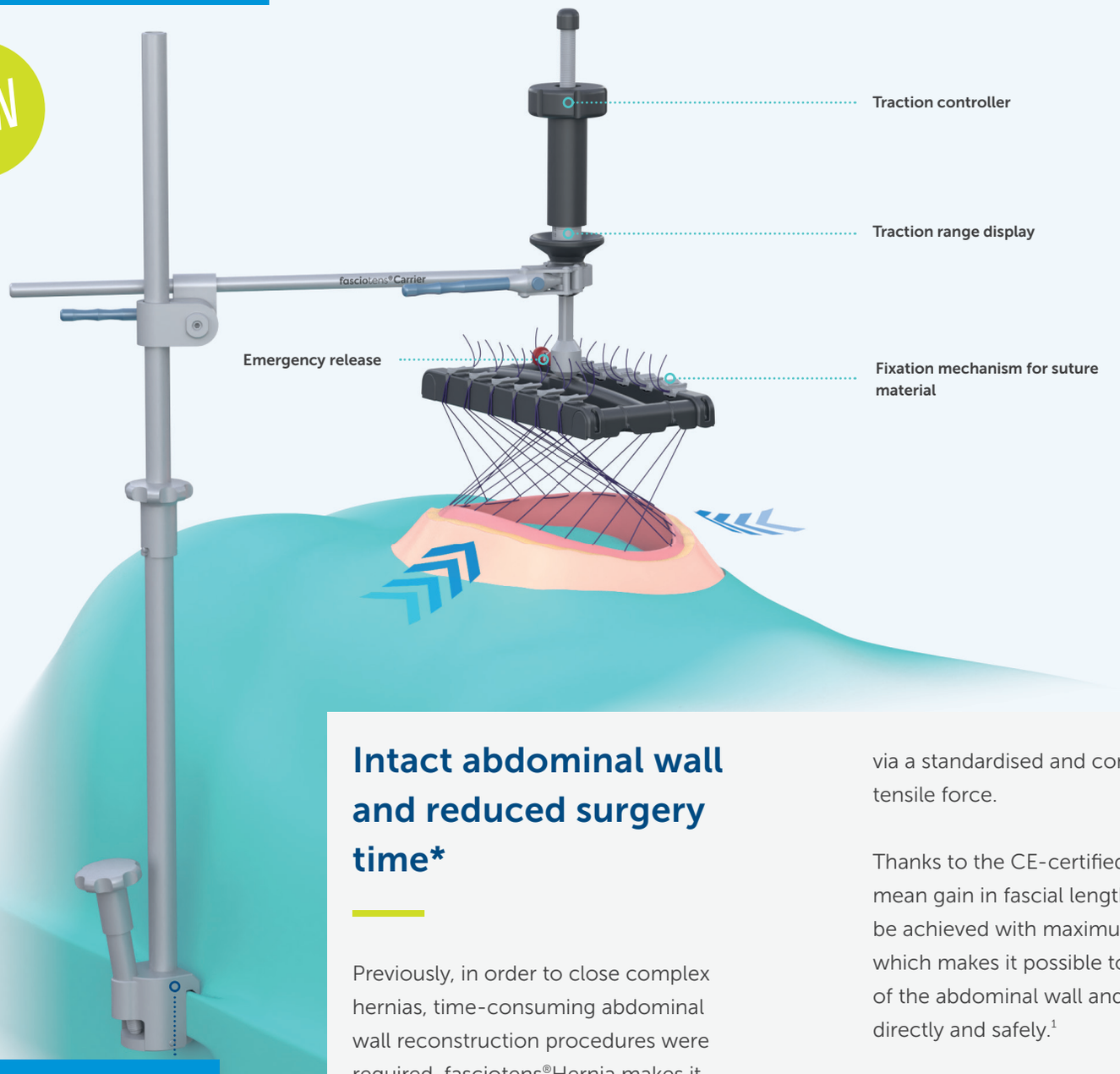
Just scan the QR code and watch a 30 second clip.

The solution

+ Prevents fascia retraction
+ Keeps the abdominal wall under tension
+ Thus increases the intra-abdominal volume and lowers the intra-abdominal pressure
+ Enables direct, early closure
+ Can reduce complications
+ CE-certified product

fasciotens®Hernia

NEW



fasciotens®Hernia is conveniently and securely attached to the operating table using the **fasciotens®Carrier.**

Intact abdominal wall and reduced surgery time*

Previously, in order to close complex hernias, time-consuming abdominal wall reconstruction procedures were required. fasciotens®Hernia makes it possible to stretch the abdominal wall intraoperatively in approx. 30 minutes via a standardised and controlled tensile force.

Thanks to the CE-certified fasciotens®Hernia, a mean gain in fascial length of approx. 10 cm can be achieved with maximum preservation of tissue, which makes it possible to preserve the integrity of the abdominal wall and to close the hernia directly and safely.[1]

1 Niebuhr et al, Front. Surg. 2021 (7): 616669; doi: 10.3389/fsurg.2020.616669

*without extended mobilisation procedures

The problem

- Direct closure of complex hernias is often difficult
- Extensive reconstruction procedures can weaken the abdominal wall
- High complication rates
- Increased long-term morbidity

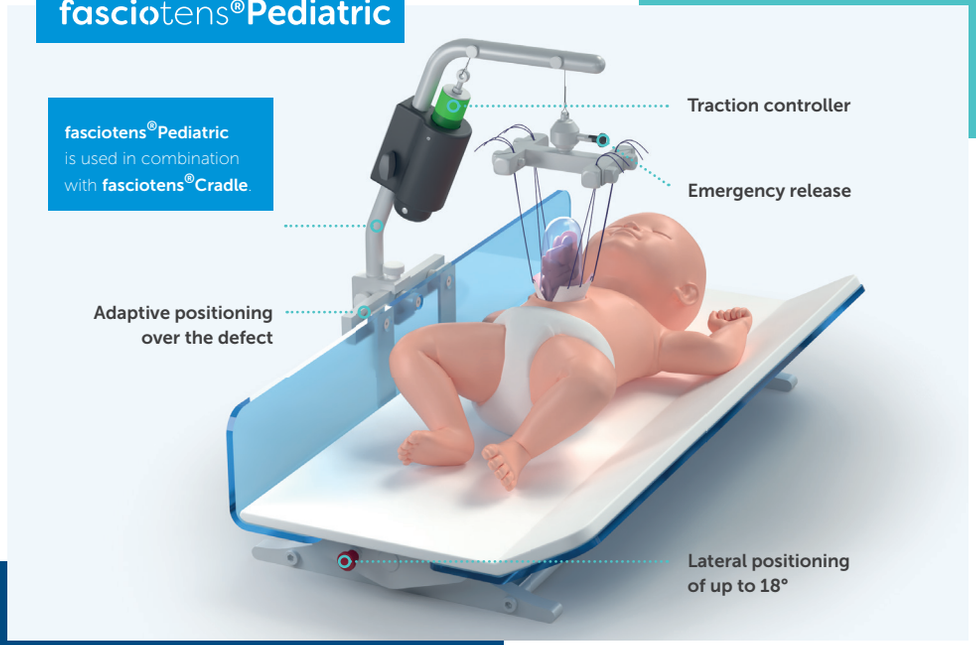
The solution

+ Enables direct closure of complex hernias
+ Respects the anatomical integrity of the abdominal wall
+ Standardised and quantifiable traction
+ CE-certified product

How fasciotens® Hernia works:

Just scan the QR code and watch a 30 second clip.

fasciotens®Pediatric



The problem

- Risk of intra-abdominal compartment syndrome caused by primary closure
- Prolonged reconstruction procedures involve the calculated risk of an abdominal wall hernia

The solution

+ Reduces intra-abdominal pressure by enlarging the abdominal cavity
+ Targeted fascial stretching allows early closure
+ CE-certified product

fasciotens®Pediatric-study

We have put our heart and soul into developing fasciotens®Pediatric for our youngest patients born with a range of abdominal wall defects. A multidisciplinary prospective study is currently underway to investigate the use of fasciotens®Pediatric. It is anticipated that our smallest patients will reap just as much benefit from the innovative fasciotens-method as their adult counterparts.

From the idea to application:

Chirurgische Allgemeine, 3/2021:

Maintaining abdominal wall integrity: closure of W3 hernias using standardised fascial stretching

The authors Niebuhr, Köckerling, Reinpold, Dag, Malaibari et al. report on their experiences.

Frontiers in Surgery, 2021, Vol7,p171:

Intraoperative fascia tension as an alternative to component Separation – prospective observational study

Prof. Niebuhr reports on an observational study with 21 patients.

Chirurgische Allgemeine, 4/2020:

Fascia stretching for abdominal closure ... after perforated abdominal aortic aneurysm – a new therapeutic option

The case presented in "Chirurgische Allgemeine" describes successful abdominal closure using fasciotens®Abdomen.

Hindawi Case Reports in Surgery, Volume 2020:

Prevention of fascial retraction in the open abdomen and awake patients

The use of direct, controlled fascial traction of 50-60 Newtons,prevented fascial retraction in open abdomen.

Case Report of the Uniklinik Düsseldorf, Lupine Publishers, 12/2019:

fasciotens prevents abdominal wall retraction and facilitates early abdominal wall closure

Passion Chirurgie, 2019 December:

One year of fasciotens – what users report

For further references, please visit our website at:
www.fasciotens.de/en/publications

Is fasciotens the right solution for you and your patients?

24/7 SURGEON HOTLINE

Experienced surgical colleagues are on hand with advice and support (application advice and support on request).

+49 201 99999 633

Advancing medicine together

Our Webseite features further product information:

- interesting case studies
- compelling publications
- testimonies from colleagues
- answers to frequently asked questions

Visit us at www.fasciotens.com

Note: Information on possible risks associated with the use of fasciotens products can be found in the instructions for use.

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