



24/7 SURGEON HOTLINE
 Experienced surgical colleagues are on hand with advice and support (guidance on use on request)!

0800-555 556 1

fasciotens®Pediatric development

Based on our expertise in successfully treating abdominal wall defects in adults and experienced paediatric surgeons' desire for a standardised solution, we have put our heart and soul into developing fasciotens®Pediatric for the youngest patients.

Our goal is to improve treatment outcomes in congenital and acquired abdominal wall defects in newborns and young infants by making quicker and more direct abdominal wall closure possible.

First-hand information

Do you have a question about our products or are you unsure whether fasciotens is suitable for your patients? No problem! Call us on our 24-hour surgeon hotline.

Note: Information on potential risks when using fasciotens products can be found in the instructions for use.

Read what your fellow surgeons have to say about fasciotens:

www.fasciotens.de/link/testimonials-en

Distribution partner:



NEED MORE INFORMATION
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fasciotens
 ABDOMINAL WALL SOLUTIONS

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fasciotens®Pediatric

The innovative abdominal wall defect therapy for the youngest*

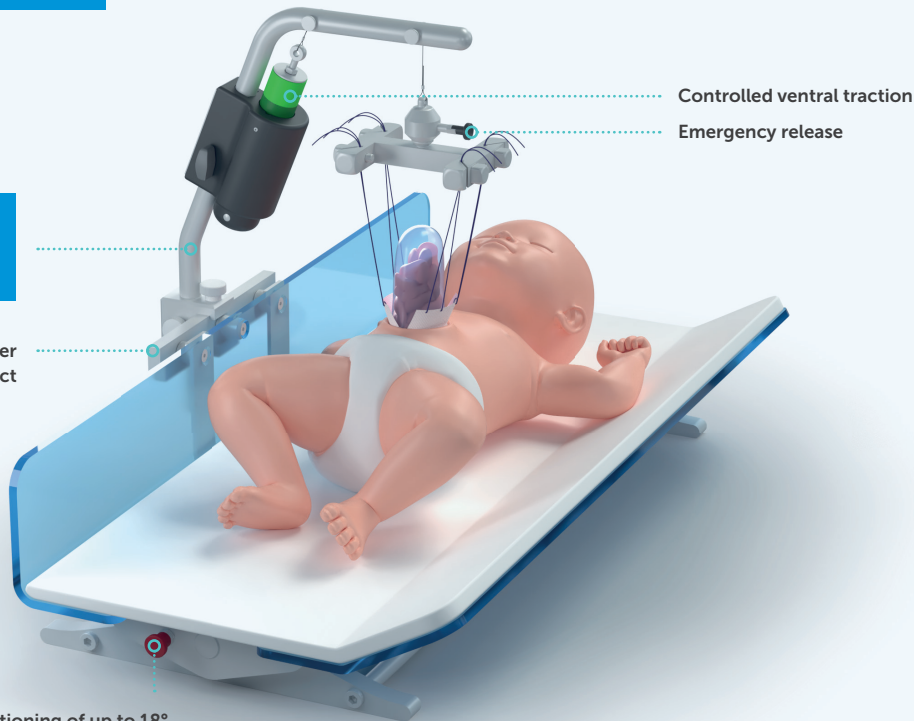
*for newborns and infants

fasciotens®Pediatric

fasciotens®Pediatric is used in combination with fasciotens®Cradle.

Adaptive positioning over the defect

Lateral positioning of up to 18°



fasciotens®Pediatric

Congenital abdominal wall defects

fasciotens®Pediatric is used for the treatment of congenital and acquired abdominal wall defects in newborns and young infants. fasciotens®Pediatric applies a standardised and quantifiable tensile force on the abdominal wall that can be reproduced at any time by all medical staff.

The abdominal wall is stretched via ventrally directed traction, enlarging the abdominal cavity and thus creating space for the organs. fasciotens®Cradle offers improved positioning options during therapy for pressure ulcer prophylaxis.

⊖ The problem

- Risk of intra-abdominal compartment syndrome caused by primary closure
- No standardised therapeutic procedure
- The force applied is currently not quantifiable and uniformly reproducible
- Acceptance of abdominal wall hernias and re-operations
- Very limited patient positioning

⊕ The solution

- + Enlarges the abdominal cavity by stretching the abdominal wall
- + Applies standardised and quantified traction to the abdominal wall
- + Applies tensile force that can be reproduced by the treatment team at any time
- + Makes direct fascial closure easier
- + Improves positioning under constant directional tensile force

All scientific publications can be found on our homepage at:

www.fasciotens.de/link/publications-en



How fasciotens®Pediatric works:

Just scan the QR code and watch the 40 second clip.