

EFFICACIOUS

EASY TO USE

PRECISE

ETHICON

Intercoat*

Absorbable Adhesion Barrier Gel

Prevent the cycle of adhesions

The IMPACT of Adhesions

SURGERY CAUSES ADHESIONS IN SPITE OF BEST EFFORTS

Adhesions with NO prior surgery

Adhesions with prior laparotomy

~10%

~93%

Adhesions after laparoscopic myomectomy

~88%

 $Reduction\ of\ postoperative\ adhesion\ formation\ after\ laparoscopic\ ovarian\ cystectomy.\ ^{2}$



ADHESIONS CAUSE PROBLEMS

Nearly ALL women will develop adhesions after major gynecological surgery and some will develop clinical consequences³ such as:

- Bowel Obstruction 4
- Infertility 4
- Chronic Pelvic Pain 5
- Intraoperative complications 6

Number of Readmissions per 100 abdominal procedures

~71%

TREATING ADHESIONS IS BENEFICIAL

Enhanced Pregnancy Rate

Not Treated

Treated

~16%

~45%

Treatment to reduce periadnexal adhesions (follow up at 24 months)7

ADHESION BARRIERS ARE A PROVEN METHOD OF ENHANCING GOOD SURGICAL TECHNIQUE IN REDUCING POST-SURGICAL ADHESIONS⁸

The IMPACT of ETHICON INTERCOAT

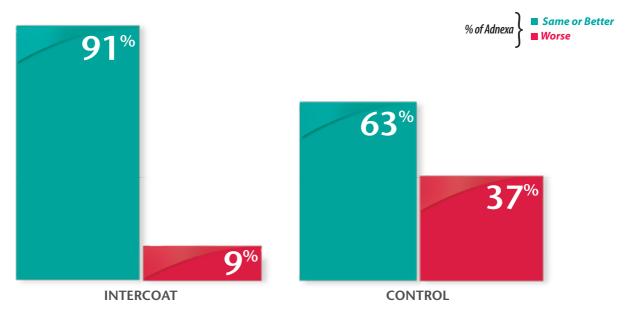


EFFICACIOUS

Consistent superiority in results as demonstrated by the American Fertility Society (AFS)[†] adnexal score comparing patients with ETHICON INTERCOAT vs. Control in 2 separate studies

- Prospective, randomized, third party blinded, parallel group multicenter studies
- Laparoscopic gynecological surgery with second look laparoscopy 6-10 weeks later
- American Fertility Society (AFS) adhesion scores quantified by blinded videotape review

COMBINED DATA FROM LUNDORFF et al.9 AND YOUNG et al.10



 $INTERCOAT\ treated\ Adnexa\ AFS\ Category\ improved\ or\ did\ not\ worsen\ in\ 91\%\ of\ cases,\ vs.\ only\ 63\%\ in\ the\ control\ group\ (p-value=0,0001)\ ^{\dagger}See\ back\ of\ the\ page.$



EASY TO USE Simple to apply in

1 single layer



PRECISE

Targeted protection of traumatized tissue

Creates a temporary barrier during healing



ORDERING Information

PRODUCT: ETHICON Intercoat Absorbable Adhesion Barrier Gel

ORDERING CODE: IC100

HOW SUPPLIED: 2x20 ml Sterile Syringes; 1 Applicator



Contact your local representative for information on ETHICON Intercoat Barrier Gel

† AMERICAN FERTILITY SOCIETY (AFS) CLASSIFICATION OF ADNEXAL ADHESIONS

| | SEVERITY | <u>EXTENT</u> | | | |
|---------------|--------------------|---------------|--------------------------|------------------------------|-------------------------|
| | Adhesions | NONE | <1/3 (Grade 1 Localized) | 1/3 - 2/3 (Grade 2 Moderate) | 2/3 (Grade 3 Extensive) |
| Tube (0-16) + | Not Present | 0 | | | |
| Ovary (0-16) | Mild (filmy) (1) | | 1 | 2 | 4 |
| Score (0-32) | Severe (dense) (2) | | 4 | 8 | 16 |

INTERCOAT* Absorbable Adhesion Barrier

INDICATIONS

ETHICON INTERCOAT is intended to be used as an adjunct to peritoneal surgery for reducing the incidence, extent, and severity of postoperative adhesions at the surgical site.

CONTRAINDICATIONSDo not use ETHICON INTERCOAT in the presence of infection

WARNINGS

PRECAUTIONS

TETHICON INTERCOAT must be used according to the instructions for use. The gel is supplied sterile and for single use only. Do not use if the package is damaged or opened. Do not resterilize ETHICON INTERCOAT. Discard any opened or unused ETHICON INTERCOAT. ETHICON INTERCOAT has not been studied in combination with other adhesion prevention products or in the presence of intraperitoneal medicinal agents, or hemostatic agents. ETHICON INTERCOAT has not been evaluated in children or pregnant or nursing women. Therefore, patients should be advised to avoid conception during the first menstrual cycle after the application of ETHICON INTERCOAT. ETHICON INTERCOAT has not been evaluated in the presence of malignancies in the peritoneal cavity. ETHICON INTERCOAT has not been evaluated following opening of the bowel, bladder, or other visceral organs. The gel has not been evaluated in the presence of blink. As with any implanted material, foreign body reactions may occur with ETHICON INTERCOAT. Do not in ringate the size is defice application of multiple layers of gel increases the risk of gel becoming dislodged from the intended site of application, and in some of these cases, a small amount of residual gel was observed during the clinical study follow up procedure 6 to 10 weeks later. Residual gel was not associated with clinical sequelae. 9.10

ADVERSE EFFECTS

Among the two completed clinical studies, no device-related adverse effects were reported.9,10

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