MTF offers FlexHD in a full range of sizes and shapes to meet your surgical needs:

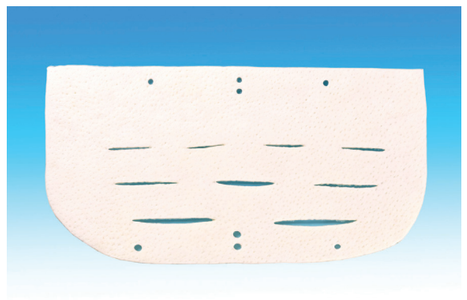
FlexHD Structural

FlexHD Pliable

Perforated & non-perforated

FlexHD Pliable Shaped

Perforated & non-perforated



FlexHD Pliable MAX

TRUST

As the world's largest tissue provider, MTF has a track record that speaks for itself.

- Strictest donor criteria surpassing industry standards
- Impeccable safety record
- More than 7 million allografts distributed worldwide
- 30 years as your trusted tissue source

INTEGRITY

With the highest standards in the industry, patients are our top priority.

- Non-profit
- Founded and governed by surgeons

INNOVATION

Creating new solutions for patients and surgeons is what we do.

- First pre-hydrated ADM
- Same donor, same thickness Breast Kits since 2012
- First to offer a scientifically engineered pre-fenestrated design

MTF
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(800) 433-6576 | 1-732-661-0202
www.mtf.org

FlexHD®

Specifically Designed for Breast Reconstruction

Graft Preparation Guide

FlexHD®

The in-process sterilization method used for FlexHD® achieves a **sterility assurance level (SAL) of 10^{-6}** *without the use of terminal radiation,* and its negative impact on matrix quality.

Since ADM was introduced in breast reconstruction surgery, many surgeons have adopted techniques to prepare the ADM for implantation. For example, some surgeons are employing a rinse protocol, and have found their preparation methods contribute to the success of their breast reconstruction procedures.

GENERAL GUIDELINES

A general procedure that can be employed to prepare FlexHD prior to implant is as follows:

- Use best practices with aseptic "no-touch" technique when handling FlexHD. Minimize direct handling of FlexHD until ready to implant, ensure frequent glove changes, and treat FlexHD as you would your expander and implant.
- In preparation for surgery with FlexHD, remove the graft from the package and place it in sterile solution.
- After the initial soak, transfer FlexHD to an antibiotic solution until ready for implantation. Avoid contact between FlexHD and patient skin or drape when transferring for implantation.

Some plastic and reconstructive surgeons who use FlexHD for breast reconstruction have adopted their own protocols for preparing the graft before implantation.

Here are a few specific protocols from plastic and reconstructive surgeons who use FlexHD:

Keyian Paydar, MD
Orange, CA

1. Remove FlexHD from package using flat forceps and place in 1 liter of normal saline or dilute betadine solution to dilute the packaging solution as much as possible. Allow the ADM to soak in the solution for 15 minutes, using forceps to briefly agitate it every 5 minutes.
2. Transfer the ADM into 250mL slurry of triple antibiotic saline solution (50,000 IU bacitracin, 80mg of gentamicin, and 1gm of cefazolin in 500mL of normal saline) until ready for implantation. Check for patient allergy prior to mixing this solution.
3. Prepare the breast pocket and surrounding skin with betadine, followed by a triple antibiotic solution before starting the reconstruction.
4. Using forceps, remove ADM from the triple antibiotic solution and suture into place. Avoid contact with patient's skin.
5. Wash the pocket with ADM in place using dilute betadine saline solution followed by triple antibiotic solution until the betadine stain clears from the ADM.
6. Insert a single 15 French round BLAKE® drain per breast in the subcutaneous pocket and deliver through a separate stab incision near the midaxillary line.
7. Secure the drain with Biopatch® Protective Disk and Tegaderm™ for one week.
8. Patients are placed on cephalexin 500mg TID until drain is removed. Drain removal occurs when daily output is ≤ 30cc for two consecutive days.

Aldona Spiegel, MD
Houston, TX

1. Remove FlexHD from package with clean gloves.
2. Holding the graft with your gloved hand over a basin, pour saline over the graft to rinse it.
3. Follow the saline rinse with a betadine rinse in the same manner.
4. After the betadine rinse, swirl the graft in the betadine-saline solution that is now in the basin.
5. Squeeze the excess betadine and saline from the graft by placing the graft between your fingers, running them along the length of the graft until most of the solution is removed.
6. Remove the run-off solution from the basin, then repeat steps 2-6.
7. Following the same procedure described in step 2, rinse the graft in a triple antibiotic solution consisting of bacitracin, gentamicin, and tobramycin.
8. Irrigate the pocket with triple antibiotic solution prior to inserting the ADM.
9. Insert two drains; one laterally, up to the axilla; the second medially, under the inframammary fold. The first drain is removed at one week; the second after two weeks or when daily output is < 25cc.
10. Patients are placed on Augmentin 500mg TID until both drains are removed.

Dennis Hammond, MD
Grand Rapids, MI

1. Ensure minimal handling of FlexHD and frequent glove changes.
2. Using forceps, transfer the FlexHD graft from the package to a solution of antibacterial irrigant. Allow the graft to soak in this solution for 3-5 minutes. Change gloves.
3. While in the antibacterial irrigant, use flat forceps to gently scrape the graft, compressing it to remove as much packaging solution as possible and facilitate penetration of the soaking solution.
4. Transfer the graft to a second bath of betadine solution. Allow the graft to soak in the solution for 3-5 minutes. Change gloves.
5. While in the betadine soak, once again, use flat forceps to compress and gently scrape the ADM to remove any residual solution and facilitate penetration of betadine solution into the graft.
6. Irrigate the pocket with saline until clear. Irrigate once more with triple antibiotic (bacitracin, gentamycin and Ancef) or half-strength betadine solution just before insertion of the ADM. After ADM and TE are sutured in place, pocket again is irrigated with saline until clear.
7. Place 2 drains per breast, ensuring that the drain is placed as far lateral to the drain opening as possible.
8. Secure the drain with a Biopatch® dressing and Tegaderm™ to minimize movement of the drain at the site of the drain opening.
9. Patients are placed on Keflex 500mg QID for 7 days.