

Adhesion Barriers
are a Proven Method
of Enhancing Good
Surgical Technique by
Reducing Post-Surgical
Adhesions

# Surgery Causes Adhesions in Spite of Best Efforts

**93%** Adhesions with prior laparotomy<sup>1</sup>

**88%** Adhesions after laparoscopic myomectomy

Reduction of post-operative adhesion formation after laparoscopic ovarian cystectomy.<sup>2</sup>

#### **Adhesions Cause Problems**

Most women will develop adhesions after major gynecological surgery and some will develop clinical consequences<sup>3</sup> such as:

- Bowel obstruction<sup>4</sup>
- Infertility<sup>4</sup>
- Chronic pelvic pain<sup>5</sup>
- Intraoperative complications<sup>6</sup>

**~71%** Adhesion-related complications following abdominal procedures⁴

### **Reducing Adhesions is Beneficial**

**Enhanced Pregnancy Rate** 

~16% Not treated

**~45%** Treated

Treatment to reduce periadnexal adhesions (follow-up at 24 months)<sup>7</sup>

# **EFFECT** Oxiplex®/AP



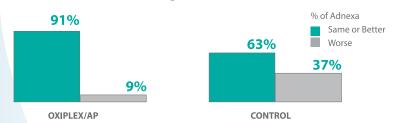
## **EFFECTIVE • EASY TO APPLY• PRECISE**

#### **EFFECTIVE**

Consistent superiority in results as demonstrated by the American Fertility Society (AFS) adnexal score comparing patients with Oxiplex/AP 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



Oxiplex/AP treated Adnexa AFS Category improved or did not worsen in 91% of cases, vs. only 63% in the control group

#### Additional Study Data<sup>11,12</sup>

Di Spiezio Sardo et al used Oxiplex/AP following hysteroscopic surgery in a randomized study of 110 patients.<sup>11</sup>

- Follow-up at one month showed that Oxiplex/AP treated patients had fewer 'de novo' adhesions (6% vs 22%) compared
- Patients treated with Oxiplex/AP also demonstrated improvement in the degree of patency of the internal uterine

Fuchs et al. used Oxiplex/AP following hysteroscopic surgery in a randomized study of 52 women.

- Follow up at 20 months showed that Oxiplex/AP treated patients had fewer moderate to severe intra-uterine adhesions (4% vs. 16%) compared to control.
- Patients treated with Oxiplex/AP had an improved fertility rate (27% vs 14%) compared to controls.

#### **EASY TO APPLY**

Simple to apply in 1 single layer

Targeted protection of traumatized tissue creates a temporary barrier during healing

Oxiplex/AP is intended to be used as an adjunct to peritoneal surgery for reducing the incidence, extent and severity of post-operative adhesions at the surgical site.

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  7. Tulandi T, Collins JA, Burrows E, Jarrell JF, McInnes RA, Wrixon W, Simpson CW. Treatment-dependent and treatment-independent pregnancy among women with periadnexal adhesions. Am J Obstet Gynecol. 1990 8. Sawada T, Nichizawa H, Nishio E, Kadowaki M. Postoperative adhesion prevention with an oxidized regenerared cellulose adhesion barrier in infertile women. J Reprod Med. 2000 may; 45(5):387-9.
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- 11. Di Spiezio Sardo et al. Efficacy of a polyethylene oxide-sodium carboxymethylcellulose gel in prevention of intrauterine adhesions after hysteroscopic surgery. JMIG.2011.Apr;18(4):462-9
- 12. Fuchs N, Smorgick N, et al. Intercoat (Oxiplex/AP Gel) for preventing instrauterine adhesions after opearative hysteroscopy for suspected retained products of conception: double-blind, prospective, randomized pilot study. JMIG.2013.Jul;21(1):126-130

