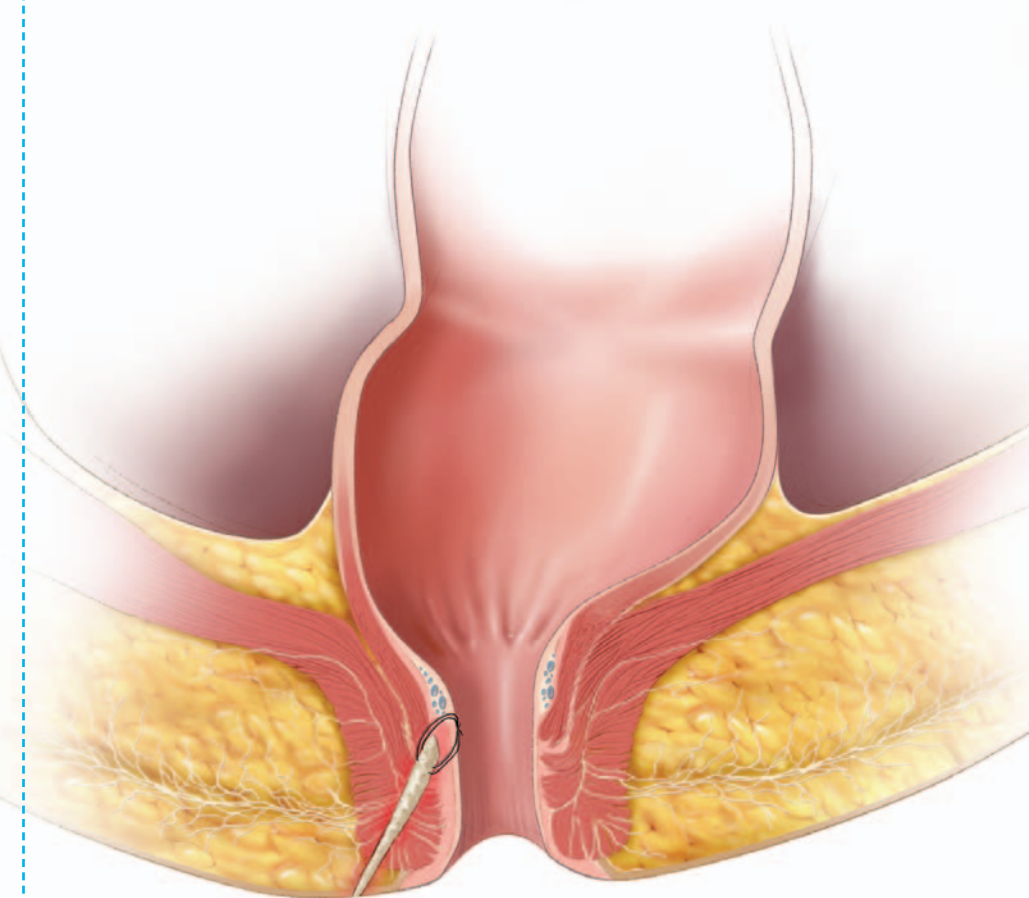




# Surgisis® Biodesign™

ANAL FISTULA PLUG

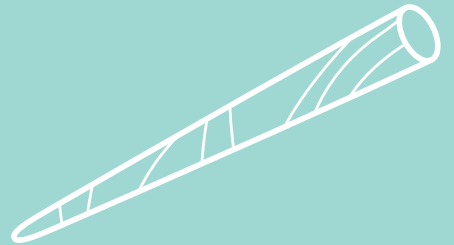


### A dramatic leap forward

The Surgisis Biodesign AFP has been called a “dramatic leap forward in surgery of fistulas.” That’s because it treats difficult fistulas without causing muscle damage that can lead to incontinence. With Surgisis Biodesign you can help your patients return to normal life, free from the pain and embarrassment fistulas can cause.

Surgisis Biodesign provides fistula repair that is completely natural, making it stronger and more resistant to rejection or relapse than other treatment options. Surgisis Biodesign is a scaffold that communicates with your patient’s anatomy, signaling the body to close the gap on its own. And patients can experience immediate relief without lifelong discomfort and drainage.

Global Product Number	Order Number	Size cm
<b>Anal Fistula Plug</b>		
G36226	C-AFP-0.6X9.5	0.6x9.5



## FEATURES & BENEFITS

- Keeps sphincter intact to minimize post-op incontinence
- Convenient cone shape fits most fistula sizes
- Provides added durability for suturing
- Is suturable for better staying power than fibrin glue
- Reduces immediate post-op discomfort

## TIPS

- The Surgisis Biodesign one-size plug should fit snugly in the fistula tract.
- Gently debride the fistula tract, being careful not to make the tract wider or harder to close.
- When suturing the primary opening, suture deep to the internal sphincter and pass through the center of the plug. Do NOT suture the secondary (external) opening.
- Restrict patient physical activity for 2 weeks post-operatively. Drainage may occur up to 12 weeks post-op.
- If infections or sepsis are present, place a seton and wait 6 to 8 weeks before placing the Surgisis plug.

## DATA

1. Armstrong DN. A state-of-the-art idea for treating fistulas. Cook Medical Web site. Available at: <http://www.cookmedical.com/esc/educationArticle.do?id=2598>. Accessed May 21, 2007.
2. Johnson EK, Gaw JU, Armstrong D. Efficacy of anal fistula plug vs. fibrin glue in closure of anorectal fistulas. *Dis Colon Rectum*. 2006;49:371-376.
3. Robb BW, Nussbaum MN, Vogler SA, Sklow B. Early experience using porcine small intestinal submucosa to repair fistulas-in-ano. 2004 Annual Meeting of The American Society of Colon & Rectal Surgeons; Dallas, Texas.
4. Ellis CN. Bioprosthetic plugs for complex anal fistulas: an early experience. *J Surg Educ*. 2007;64(1):36-40.

5. O'Conner L, Champagne BJ, Ferguson MA, et al. Efficacy of anal fistula plug in closure of Crohn's anorectal fistulas. *Dis Colon Rectum*. 2006;49(10):1569-73.

## PROCEDURAL AREAS

### HERNIA REPAIR

### FISTULA REPAIR

### PLASTIC & RECONSTRUCTIVE/ENT

### STAPLE LINE REINFORCEMENT

### PEYRONIE'S REPAIR

### CONTINENCE RESTORATION

### DURAL REPAIR

### PELVIC FLOOR REPAIR

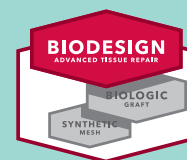
### ANAL FISTULA

### ANAL FISTULA PLUG

### RECTO-VAGINAL FISTULA

### ENTEROCUTANEOUS FISTULA

## EVOLUTION OF TISSUE REPAIR



Surgisis Biodesign is a breakthrough technology that provides signals and support for the body to restore itself. It incorporates the best attributes of a biologic graft—complete remodeling and resistance to infection—yet it's easy to use, widely available and moderately priced.



[www.cookmedical.com](http://www.cookmedical.com)

### COOK MEDICAL INCORPORATED

P.O. Box 4195, Bloomington, IN 47402-4195 U.S.A.

Phone: 812.339.2235, Toll Free: 800.457.4500, Toll Free Fax: 800.554.8335

### COOK (CANADA) INC.

111 Sandiford Drive, Stouffville, Ontario, L4A 7X5 CANADA

Phone: 905.640.7110, Toll Free: 800.668.0300

### WILLIAM A. COOK AUSTRALIA PTY. LTD.

Brisbane Technology Park, 12 Electronics Street, Eight Mile Plains

Brisbane, QLD 4113 AUSTRALIA, Phone: +61 7 38 41 11 88

### COOK IRELAND LTD.

O'Halloran Road, National Technology Park, Limerick, IRELAND

Phone: 353 613 34440

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