


DynaCleft + Nasal Elevator

Evidence-based pre-surgical treatment of cleft lip and palate and nasal deformity

Proven as effective as NAM in pre-surgically approximating unilateral cleft lip and palate*

Developed in collaboration with Plastic Surgeons, Orthodontists, and Cleft Palate Teams, DynaCleft + NE System gently guides bone and soft tissue while supporting nasal alar cartilage; improve nasal symmetry and better positions a cleft lip and palate for optimal surgical results.

**DynaCleft Clinical Benefits**
- Controlled force re-positions prolabium, premaxilla and alvaolar segments for best possible surgical results
- Can be used alone or in conjunction with NAM, or any intra-oral plate
- Easy to apply and manage, increasing parental compliance with treatment
- Significant cost savings compared to NAM

**Nasal Elevator Clinical Benefits**
- Improves nasal symmetry
- Lengthens and straightens the columella
- Reduces need for primary nasal surgery
- Reduces length & extent of primary nasal surgery
- Facilitates nasal breathing
- Easy for parents to manage at home
- Can be used with DynaCleft tapes, NAM or any intra-oral plate

**Baby and Parent Benefits**
- Pre-surgical positioning of lip and palate optimizes cosmetic and functional outcomes
- Easy at-home treatment minimizes clinical visits - no professional adjustments necessary
- Does not interfere with feeding
- Non-invasive treatment maximizes comfort for baby - expands & contracts as baby’s mouth moves

Indications
Early incision management to reduce the risk of surgical site infections, complications and dehiscence

- Bridges the suture line, dynamically holding wound margins together
- Normalizes skin tension isolating the wound and allowing movement without pain
- Prevents dehiscence
- Reduces scarring
- Maintain constant wound visibility
Topical skin expansion is a common surgical procedure to grow extra skin through controlled mechanical over-stretch. It creates skin that matches the color, texture, and thickness of the surrounding tissue, while minimizing scars and rejection risks.

DynaClose's gentle, but unrelenting tension makes it ideal for stretching skin prior to a surgical intervention, creating a depot of skin that allows a primary closure after defect or flap excision. DynaClose's tension aligns collagen fibers and encourages new cell generation. The inherent elasticity of both the adhesive fabric and the silicone elastomer allow patient mobility as the device works.

- Topically applied in office 1-2 weeks pre-op
- Patient managed until day of surgery
- Enables primary skin closure after excision surgery
-Eliminates multi-staged surgical procedures
- Applied topically (atraumatic)
- Significantly improves cosmetic results
- Pre-surgical skin expansion using ABRA Adhesive Skin Closure enabled wide excision and subsequent primary closure of cutaneously based malignancies in many anatomical locations.
- ABRA Adhesive Skin Closure was used to pre-surgically expand skin around an 8.5x7.5cm scalp defect to allow complete excision and primary closure.

1. Peri- and Preoperative Use of Adhesive Skin Expanders Can Facilitate Resection and Improve Cosmesis in the Management of Selected Cutaneous Malignancies. Hristov H, George R. Division of Surgical Oncology, Cancer Centre of Southeastern Ontario and Queen's University, Kingston, ON, Canada.
DynaClose® provides an easy, painless and non-invasive method to close retracted or dehisced wounds up to 5cm in width. DynaClose® provides a second chance at skin closure for failing wounds, wounds under tension, wounds at risk of dehiscing, or when reduction of wound area under management is desirable. An elastic adhesive fabric bonds to the skin while a silicone elastomer progressively pulls the wound margins together. Compatible with current wound care protocols.

- Pulls open wounds closed
- Achieves primary closure without sutures, staples, grafts or negative pressure
- For use above and below wound dressings
- Ensures high tension incisions remain closed
- Reduces pain by relieving incisional tension
- Promotes patient mobility
The ABRA® Adhesive Skin Closure System provides non-invasive skin closure of retracted skin defects, leaving nothing behind except a sound primary repair.

**Indications**
- Retracted skin defects
- Fasciotomies
- Compound fracture wounds
- Dehisced wounds
- Pediatric wounds
- Reinforcing high tension closures
- Sternotomies

**Hallmarks**
- Achieves primary closure
- Eliminates needs for grafts and flaps
- Improves cosmesis
- Promotes patient mobility
- Reduces LOS and OR procedures

**Value Proposition**
- Early results with ABRA Adhesive Skin Closure demonstrated cosmetically acceptable, delayed primary closure of difficult fasciotomy wounds
- On an outpatient basis, using only ABRA Adhesive Skin Closure, sternal wound infections were closed without additional procedures
- The staged closure of a giant neonatal omphalocele with ABRA Adhesive Skin Closure shows that it may also prove useful in the treatment of other congenital tissue defects

The ABRA® Surgical Skin Closure System engages full-thickness skin and closes high-tension, retracted skin defects, leaving nothing behind except a sound primary repair.

**Indications**
- Retracted skin defects
- Fasciotomies
- Compound fracture wounds
- Abdominal skin closure over mesh or hernia

**Hallmarks**
- Normalized compartment pressure
- Restores normal skin integrity
- Achieves a primary closure
- Eliminates the need for mesh, grafts and flaps
- Reduces LOS and OR procedures
- Promotes patient mobility

**Value Proposition**
- Achieves primary closure in 2.6 days at 91% rate*
- Fasciotomies were closed primarily in an average of 2.6 days using ABRA Surgical Skin Closure, several times faster than standard techniques and instead of covering with grafts1
- ABRA Surgical Skin Closure eliminates the need for skin grafting and provides excellent cosmetic result. Adjustment at bedside minimizes the need for multiple operations2
- Early results with ABRA Surgical Skin Closure demonstrated cosmetically acceptable, delayed primary closure of difficult fasciotomy wounds3
- Fasciotomy wounds were closed in an average of 5.6 days saving an average of $8,062 per patient over other methods4
- Cost savings of up to $28,000 per patient ($5,000 - $28,000 for various age groups), when ABRA is used for fasciotomies5

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4. Canica Datasheet #2 - Using data from TOH review, the US analysis shows an estimated cost savings of up to $28,000 per patient ($5,000 - $28,000) in the US for the various age groups, when ABRA Surgical Skin Closure is used for fasciotomies.
The ABRA® Abdominal Wall Closure System restores the primary closure option or full-thickness, retracted mid-line abdominal defects. This dynamic tissue management system pulls muscle planes together under low tension while leaving fascial margins intact and ready to suture, for a sound primary closure.

**Indications**
- Retracted, full-thickness midline abdominal closure after laparotomy for abdominal compartment syndrome (ACS), abdominal hernia, mesh removal, AAA, or abdominal trauma and for retention of abdominal wall closure

**Hallmarks**
- Eliminates the hernia without the need for mesh and re-approximates the skin margins, eliminating the need to graft
- Restores domain
- Restores normal physiology

**Value Proposition**
- In 92% of cases, full thickness primary closure of complex open abdomens was achieved in an average of 7 days¹
  - 50% reduction in abdominal OR procedures (6.8 vs. 13.7)
  - 68% reduction in the number of days to any closure (15.8 vs. 50.1)
  - No skin grafts required when using ABRA vs. 43% of patients without ABRA required skin grafts
  - Estimated cost reduction of $12,370 to $47,070 per patient
- ABRA Abdominal Wall Closure and NPWT is an easy and reproducible option for primary fascial closure following severe Abdominal Compartment Syndrome (ACS)²
  - Achieve primary fascial closure following decompressive laparotomy using ABRA Abdominal Wall Closure³
  - Using ABRA Abdominal Wall Closure resulted in a 95% reduction in wound area⁴
  - ABRA Abdominal Wall Closure can restore lost abdominal domain and achieve complete repair of the musculofascial support of the abdominal wall, achieving primary closure⁵
  - ABRA uses significantly fewer OR resources, 70% fewer trips to the OR and 76% less OR time because it is adjusted at bedside and allows bedside dressing changes⁶

¹. Early Primary Closure of Open Abdominal Wounds Using the Abdominal Reapproximation Anchor (ABRA®) System. Crenshaw RL, et al. University of Nevada School of Medicine, Division of Trauma and Critical Care, University Medical Center of Southern Nevada, Las Vegas, NV. Poster: Southwestern Surgical Congress, Coronado, CA, March 22-25, 2009.