

CLINICAL CHALLENGE

Omniflow™ II

When there is an increased
risk of infection

Situation

- Patient has a history of infection or has reduced resistance to systemic infections

Challenge

- Synthetic prostheses are susceptible to being colonised by bacteria
- Infections in synthetic prostheses are difficult to treat

Solution

Omniflow II – the biosynthetic vascular prosthesis for patients with an increased risk of infection

- Resistance to infection, even when frequently punctured for dialysis
- Integration into host tissue facilitates treatment or prophylaxis with antibiotics

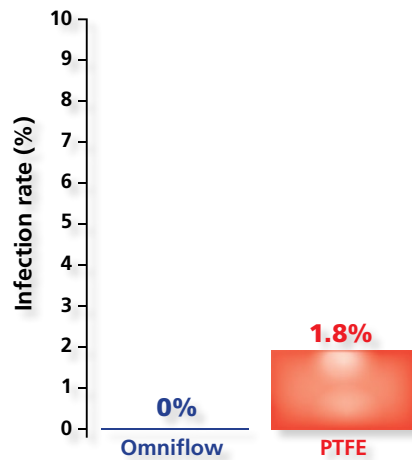


Omniflow demonstrates a low infection rate in femoropopliteal surgery and in AV access

A study was undertaken of 653 arterial femoropopliteal reconstructions (inclusive of above-knee, below-knee and femorocrural bypass), performed over an 8-year period. There were no infections in 270 Omniflow prosthesis compared with the rate for PTFE of 1.8%.

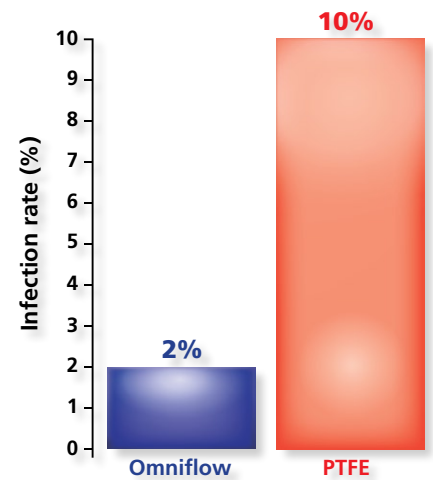
In a retrospective study comparing autologous AV fistulas, Omniflow, PTFE and bovine xenografts, Enzler et al reported a 2% frequency of infections in Omniflow patients compared with 10% for PTFE.

Femoropopliteal bypass operations



Koch G et al. Zentralbl Chir 1996; 121: 761-767.

AV access



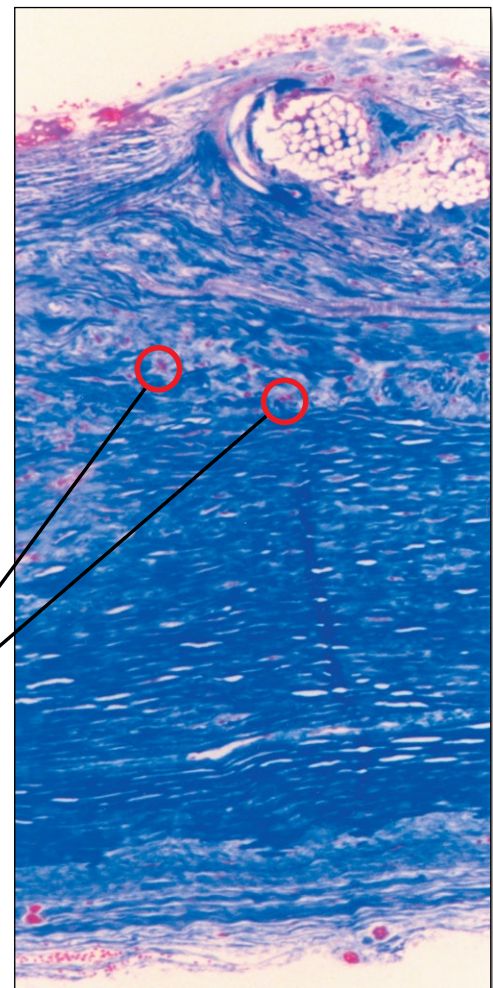
Enzler et al. Clin Transplant 1996; 10: 511-515.

Omniflow is fully integrated into the host tissue

An Omniflow explanted after 7 years in the femoropopliteal position showed that the graft was fully integrated into the host tissue.

The associated micro-vascularisation of the graft wall by the host contributes to resistance to infection by providing access to the host's immune system and to treatment or prophylaxis with antibiotics.

Micro-vascularisation of the graft wall may contribute to resistance against infections



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