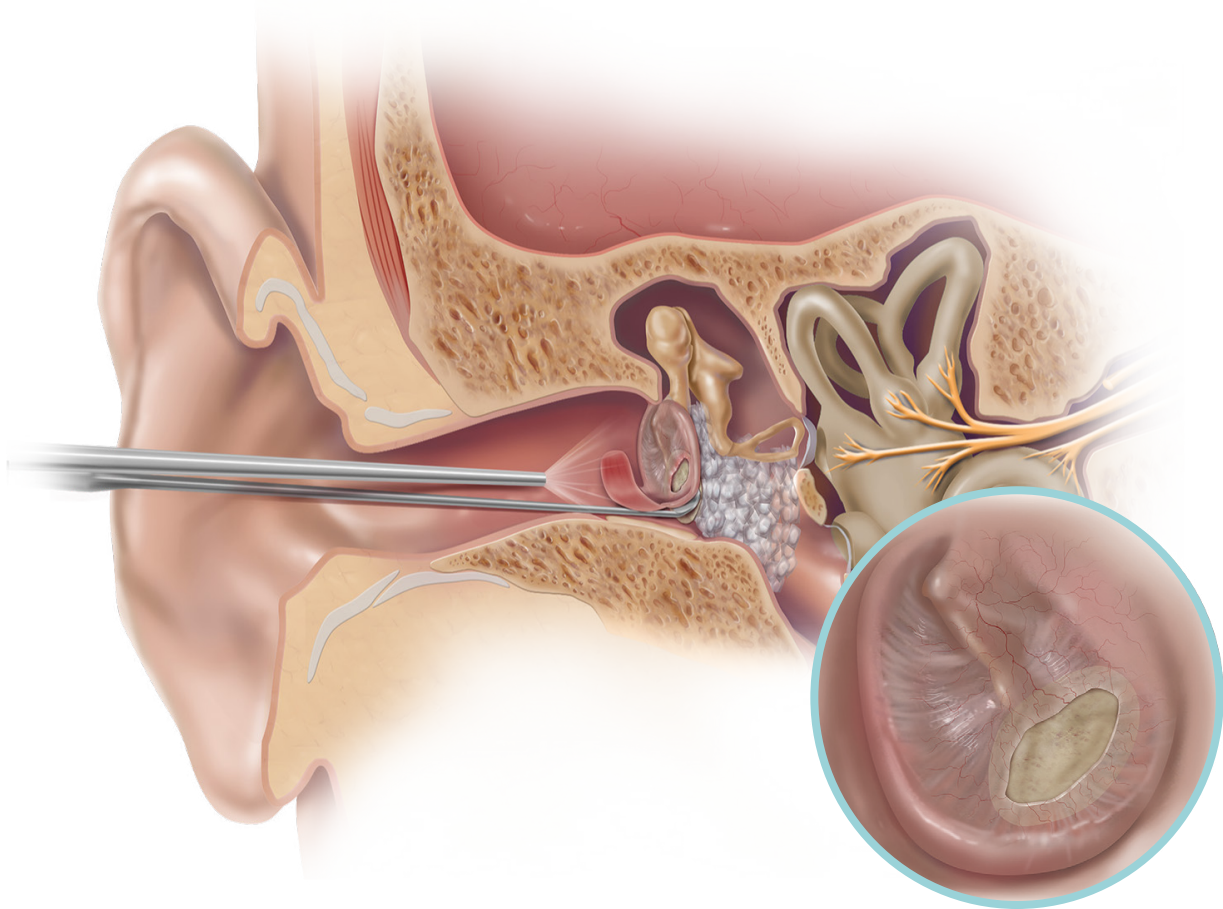


# Biodesign<sup>®</sup>

OTOLOGIC REPAIR GRAFT

---

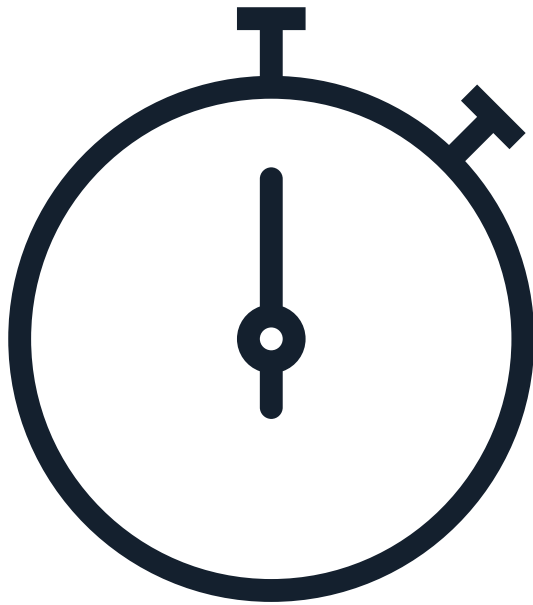
Harvest *results*,  
not patient tissue.<sup>1</sup>



The Biodesign Otologic Repair Graft is an implantable biomaterial that aids in the natural healing process in various otologic procedures including, but not limited to, myringoplasty and tympanoplasty.

# TIME SAVINGS

The Biodesign Otologic Repair Graft reduces the need to harvest patient tissue, resulting in an average of 10 minutes of time saved per procedure.<sup>2</sup>



# 10

MINUTES ON AVERAGE  
OF TIME SAVED WITH  
BIODESIGN GRAFTS<sup>2</sup>

TIPS TO HELP  
GET THE BEST  
POSSIBLE RESULTS:



Ensure adequate  
blood supply.



The underlay technique has been  
proven to be successful.<sup>1</sup>



Place the graft dry or hydrate it no  
longer than one minute prior  
to placement.

# RELIABLE CLOSURE

## THE BIODESIGN OTOLOGIC REPAIR GRAFT CLOSES THE PERFORATION

with neovascularization and  
avoids additional comorbidities  
and scarring associated with the  
harvest of patient tissue.<sup>1</sup>

**91 %**  
success rate  
across published  
literature.<sup>1-9</sup>



**Placement of a  
Biodesign Graft**



**40 days post-op**

Images courtesy of Dr. Giuseppe Panetti, Ascalesi  
Hospital-ASL, Napoli, Italy.

# AUDIOMETRIC RESULTS

ABG, PTA, air-to-air\*

Biodesign®  
Repair graft

Temporalis  
fascia

15 days  
post-op

60 days  
post-op

NO STATISTICALLY  
**SIGNIFICANT**  
DIFFERENCE

( $p = 0.7$ ) WHEN **COMPARED TO**

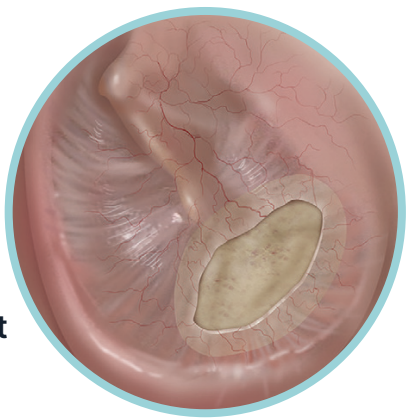
**TEMPORALIS FASCIA<sup>1</sup>**

\*Audiometric tests include air-bone gap (ABG), pure tone averages (PTA), and air-to-air thresholds.

Everis™

# EXCELLENT HANDLING

Biodesign material is easy to manipulate, allowing for improved precision during graft placement.<sup>1</sup> The convenient sizing and packaging help simplify repairs. It comes with a case and circular size options, or square sheet sizes that can be cut to a preferred size and shape.



## Available Product Sizes

Shown at actual size.



50 × 50 mm



25 × 25 mm



9 mm  
diameter



6 mm  
diameter






4 mm  
diameter

Order Number	Reference Part Number	Size cm	Nominal Thickness mm
Biodesign® Otologic Repair Graft			
G44840	ENT-OTO-0.4-0.6	0.4, 0.6	0.25
G44839	ENT-OTO-0.6-0.9	0.6, 0.9	0.25
G44451	ENT-OTO-2.5X2.5	2.5 × 2.5	0.25
G44452	ENT-OTO-5X5	5.0 × 5.0	0.25

Some products or part numbers may not be available in all markets.  
Contact your local Everis representative or Customer Support for details.

The Biodesign Otologic Repair Graft enables a truly minimally invasive approach to ear surgery with no donor site required and, therefore, no additional scar for the patient.<sup>6</sup>

RELIABLE CLOSURE <sup>1</sup>	EXCELLENT HANDLING <sup>11</sup>	TIME SAVING <sup>1</sup>
 <p>Biodesign material remodels into natural host tissue with an overall success rate of 91% across published literature<sup>1-9</sup> and no statistically significant difference in audiometric results when compared to temporalis fascia.<sup>1,10</sup></p>	 <p>Biodesign material is easy to manipulate, allowing for improved surgical precision during graft placement.<sup>1</sup></p>	 <p>The Biodesign Otologic Repair Graft reduces the need to harvest autologous tissue, significantly decreasing intraoperative time.<sup>1</sup></p>

1. D'Eredità R. Porcine small intestinal submucosa (SIS) myringoplasty in children: a randomized controlled study. *Int J Pediatr Otorhinolaryngol.* 2015;79(7):1085-1089.
2. Redaelli De Zinis LO, Berlucchi M, Nassif N. Doublehanded endoscopic myringoplasty with a holding system in children: preliminary observations. *Int J Pediatr Otorhinolaryngol.* 2017;96:127-130.
3. Cass ND, Hebbe AL, Meier MR. et al. Pediatric primary tympanoplasty outcomes with autologous and nonautologous grafts. *Otol Neurotol.* 2022;43(1):94-100.
4. Chen CK, Hsieh LC. Clinical outcome of exclusive endoscopic tympanoplasty with porcine small intestine submucosa in 72 patients. *Clin Otolaryngol.* 2020;45(6):938-943.
5. Barron C, Lukens J, Niermeyer W, et al. Investigation of novel grafts in use for pediatric tympanoplasty. *Ann Otol Rhinol Laryngol.* 2019;128(12):1111-1115.
6. James AL. Endoscope or microscope-guided pediatric tympanoplasty? Comparison of grafting technique and outcome. *Laryngoscope.* 2017;127(11):2659-2664.
7. Ranguis SC, Leonard CG, James AL. Prospective comparison of pediatric endoscopic lateral graft and interlay tympanoplasty. *Otol Neurotol.* 2021;42(6):867-875.
8. Wang N, Isaacson G. Collagen matrix as a replacement for Gelfilm for post-tympanostomy tube myringoplasty. *Int J Pediatr Otorhinolaryngol.* 2020;135:110136.
9. Yawn RJ, Dedmon MM, O'Connel BP, et al. Tympanic membrane perforation repair using porcine small intestinal submucosal grafting. *Otol Neurotol.* 2018;39(5):e332-e335.
10. Dontu P, Shaigany K, Eisenman DJ. Anatomic and audiometric outcomes of porcine intestinal submucosa for tympanic membrane repair. *Laryngoscope Investig Otolaryngol.* 2022;7(6):2069-2075.
11. Bejjani GK, Zabramski J; Durasys Study Group. Safety and efficacy of the porcine small intestinal submucosa dural substitute: results of a prospective multicenter study and literature review. *J Neurosurg.* 2007;106(6):1028-1033.

For more detailed product information, including the Instructions for Use, which contains the indication statement, contraindications, precautions, and potential complications, visit [everismedical.com](https://www.everismedical.com)

® indicates U.S. trademark registration. All trademarks and/or images are the property of their respective owners or holders. Manufactured by Cook Biotech Incorporated.