



Carefully create loops of line that unfurl parallel to the water's surface

keep eye on fly during casting

for cold water angling, wear insulated waders

IN

Surgical Solutions from the People You Trust

C. R. Bard, Inc., is the market leader in comprehensive soft tissue reconstruction, delivering a growing line of mesh prosthetics, biologic implants, surgical instruments and techniques for inguinal, ventral and other hernia repair procedures. Our solutions have consistently demonstrated positive patient outcomes with proven results. Bard researchers are constantly engaged in expanding the range of soft tissue repair with products aimed at providing exceptional reliability and value – qualities that clinicians, physicians and patients have come to depend on.

For more information, visit www.davol.com.

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References:

¹Millikan K.W., Doolas A. A Long-Term Evaluation of the Modified Mesh-Plug Hernioplasty in Over 2,000 Patients. *Hernia*. 2008 Jun; 12 (3): 257-260.

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³Dr. Millikan has a consulting relationship with Bard.

Please consult product labels and inserts for any indications, contraindications, hazards, warnings, precautions and instructions for use.

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SUCCESS

rotate shoulders 90° during backswing

keep eye on the ball at all times

limit hip rotation to 20 - 45°

keep knees slightly flexed

IS



keep eye on the ball at all times

extend arm fully and slightly forward before striking the ball

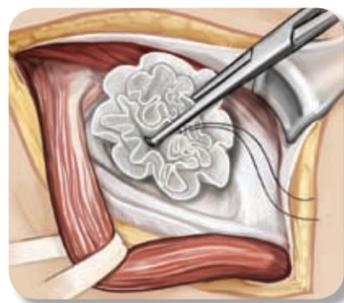
bring racquet back and up on its edge

transfer weight from back foot to front foot

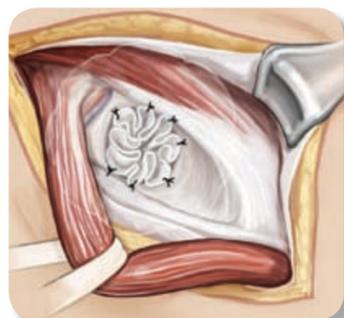
A Modified Technique with the Bard® PerFix® Plug

How a simple technique can transform the world of hernia repair.

After 10 years of proven application, a Modified Technique with the Bard® PerFix® Plug – pioneered by Dr. Keith Millikan¹ – is increasingly favored by surgeons worldwide as a simple, minimally-invasive, cost-effective open approach to inguinal hernia repair. This Modified Technique takes only about 28 minutes to complete and uses the inner petals of the mesh to fixate the plug, allowing the outer cone to open in the preperitoneal space and provide posterior coverage.¹ This eliminates the possibility of plug migration. Long-term results report only 18% of patients required prescription pain medication. Study authors believe this technique may reduce the incidence of medially-induced rectus muscle spasm and could make nerve entrapment almost non-existent.



Using an Allis clamp, grasp the inner cone and seat the plug deep into the preperitoneal space.



Secure the middle cone of the Bard® PerFix® Plug to the conjoined tendon, Cooper's ligament and the shelving margin of the inguinal ligament.



The outer cones of the plug will spread in the preperitoneal space and cover the posterior aspect of the defect.

Success by the Numbers

- 2038 patients studied
- 99% patient follow-up
- 6-year mean follow-up
- 3-day recovery
- 0.15% recurrence rate
- 10 years of clinical results



10 Years of Demonstrated Clinical Results

Outer cone provides preperitoneal coverage.



4 cm



5 cm



7 cm



7 cm

The Bard® PerFix® Plug is available in four sizes: small, medium, large and extra large (see diameters above). The inner petals can be trimmed to customize the Bard® PerFix® Plug to each individual patient. Each plug is packaged with an onlay patch.

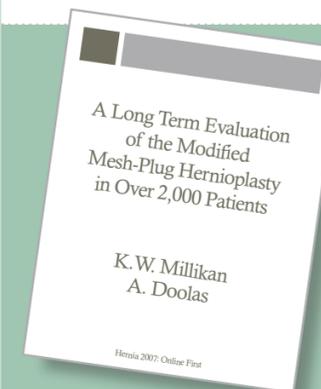
The Bard® PerFix® Plug. 4 million procedures... and counting.

Since its introduction, the Bard® PerFix® Plug has been the trusted solution for more than 4 million implants worldwide. The Bard® PerFix® Plug is designed with edges that conform readily to defects of various sizes. Its structure allows it to open and close so that the repair is completely tension-free.

Recent studies have proven the efficacy of a Modified Technique with the Bard® PerFix® Plug.



For your copy of the study supporting the safety and efficacy of a Modified Technique, visit davol.com/success, call 1-800-556-6275, or fill in and return the enclosed card.



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