### 3DMax™ Mesh

<table>
<thead>
<tr>
<th>Catalog Number</th>
<th>Quantity</th>
<th>Description</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>0115310</td>
<td>1/cs.</td>
<td>Left, Medium</td>
<td>3” x 5” (8.5 cm x 13.7 cm)</td>
</tr>
<tr>
<td>0115311</td>
<td>1/cs.</td>
<td>Left, Large</td>
<td>4” x 6” (10.8 cm x 16 cm)</td>
</tr>
<tr>
<td>0115312</td>
<td>1/cs.</td>
<td>Left, Extra-Large</td>
<td>5” x 7” (12.4 cm x 17.3 cm)</td>
</tr>
<tr>
<td>0115320</td>
<td>1/cs.</td>
<td>Right, Medium</td>
<td>3” x 5” (8.5 cm x 13.7 cm)</td>
</tr>
<tr>
<td>0115321</td>
<td>1/cs.</td>
<td>Right, Large</td>
<td>4” x 6” (10.8 cm x 16 cm)</td>
</tr>
<tr>
<td>0115322</td>
<td>1/cs.</td>
<td>Right, Extra-Large</td>
<td>5” x 7” (12.4 cm x 17.3 cm)</td>
</tr>
</tbody>
</table>

### 3DMax™ Light Mesh

<table>
<thead>
<tr>
<th>Catalog Number</th>
<th>Quantity</th>
<th>Description</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>0117310</td>
<td>1/cs.</td>
<td>Left, Medium</td>
<td>3.1” x 5.3” (7.9 cm x 13.4 cm)</td>
</tr>
<tr>
<td>0117311</td>
<td>1/cs.</td>
<td>Left, Large</td>
<td>4.1” x 6.2” (10.3 cm x 15.7 cm)</td>
</tr>
<tr>
<td>0117312</td>
<td>1/cs.</td>
<td>Left, Extra-Large</td>
<td>4.8” x 6.7” (12.2 cm x 17.0 cm)</td>
</tr>
<tr>
<td>0117320</td>
<td>1/cs.</td>
<td>Right, Medium</td>
<td>3.1” x 5.3” (7.9 cm x 13.4 cm)</td>
</tr>
<tr>
<td>0117321</td>
<td>1/cs.</td>
<td>Right, Large</td>
<td>4.1” x 6.2” (10.3 cm x 15.7 cm)</td>
</tr>
<tr>
<td>0117322</td>
<td>1/cs.</td>
<td>Right, Extra-Large</td>
<td>4.8” x 6.7” (12.2 cm x 17.0 cm)</td>
</tr>
</tbody>
</table>

- Please add the 3DMax™ Mesh or 3DMax™ Light Mesh to my preference card.
- I would like to have the 3DMax™ Mesh or 3DMax™ Light Mesh in stock.

Surgeon’s Signature ________________________________________

Purchase Order Number ______________________________________

Catalog Number ____________________________________________

Date ___________________________ Quantity ________________

Davol Inc. • Subsidiary of C. R. Bard, Inc. • 100 Crossings Boulevard
Warwick, RI 02886 • 1.800.556.6275 • www.davol.com

Medical Services & Support 1.800.562.0027

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

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The techniques presented herein are for informational purposes only. The decision of which technique to use in a surgical application lies with the surgeon based on patient profile and previous surgical experience.

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**Benefits of 3DMax™ Mesh**

3DMax™ Mesh and 3DMax™ Light Mesh

**Unique:**
- 3D shape developed by a laparoscopic surgeon.
- Designed to conform to the inguinal anatomy.
- Contour minimizes buckling that may be seen with flat mesh.
- Design may reduce the need for fixation.*

**Precise:**
- Sealed edge and medial orientation marker facilitate accurate placement and positioning.
- Built-in memory maintains shape.

**3DMax™ Light Mesh**

For those who prefer a Lighter Weight Mesh:
- Less than 50% of the weight of 3DMax™ Mesh.
- Large pore knit provides excellent visibility.


**Unique Design**

1. Medial orientation marker
2. Crest corresponds to axis of inguinal ligament
3. Notch aligns with external iliac vessels
4. Lateral point facilitates alignment
5. Sealed edge facilitates mesh placement
**Mesh Introduction Techniques**

**3DMax™ Light Mesh**

Due to its lightweight nature, 3DMax™ Light Mesh is easy to deploy. The mesh does not need to be rolled around the grasper as it has a low profile.

Grasp either the medial or lateral edge of mesh, then deploy through trocar. If grasping the medial edge, direct the umbilical trocar to the pubic tubercle. If grasping laterally, direct the umbilical trocar laterally. This will facilitate easy placement.

Use an appropriate sized trocar to allow mesh to slide down the trocar with minimal force.

**3DMax™ Mesh**

**Rolling Technique for 3DMax™ Mesh and Medium-Size Standard Weight Mesh**

Use the rolling technique demonstrated in steps 1-4 below for the medium sized mesh.

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**Mesh Introduction Techniques**

**Rolling Technique for Large 3DMax™ Mesh or Extra Large-Size Standard Weight Mesh**

- Follow the rolling technique demonstrated in steps 1-4 below.
- If the extra-large size mesh will not easily deploy down the trocar, remove trocar and insert mesh through the incision. Avoid skin contact. Reinsert trocar.
After the preperitoneal space is created and insufflated, the right indirect inguinal hernia (illustrated above) is identified. Note the hernia sac protruding through the internal ring.

**1 Identification**

*Dissect the hernia sac off the spermatic cord structures.*
*Ensure the hernia sac is completely reduced.*
3 Dissection of Preperitoneal Space

- Perform a wide dissection of the preperitoneal space and locate Cooper’s ligament.
- The space must be large enough to readily accommodate the 3DMax™ or 3DMax™ Light Mesh.

4 Positioning

- Position the 3DMax™ or 3DMax™ Light Mesh such that the notch is placed over the external iliac vessels.
- The crest of the mesh will correspond to the inguinal ligament.
- The blue medial orientation marker facilitates accurate alignment.
The top edge of the 3DMax™ or 3DMax™ Light Mesh is positioned far enough anteriorly to cover the space and not in direct contact with the bowel.

If mechanical fixation is used, constructs may be placed at the pubic tubercle, Cooper's ligament, and the iliopubic tract inferiorly and anteriorly to the rectus muscle.

It is critical to avoid other areas where vascular or nerve damage may occur.

A right indirect inguinal hernia is identified through the presence of a hole at the internal ring, with the hernia sac protruding into the inguinal canal.
2 Creation of Peritoneal Flap

The peritoneum is carefully incised and carefully dissected away from the underlying vital structures as shown to access the preperitoneal space.

3 Identification

The indirect hernia sac is identified and must be reduced.
4 Dissection of Hernia Sac

- Dissect any remaining sac off the spermatic cord structures.
- Ensure the hernia sac is completely reduced.

5 Dissection of Preperitoneal Space

- Carefully perform a wide dissection of the preperitoneal space so that it is large enough to readily accommodate the 3DMaX™ or 3DMaX™ Light Mesh.
- Identify and expose Cooper's ligament.
6 Positioning

- Position the 3DMax™ or 3DMax™ Light Mesh such that the notch is placed over the external iliac vessels.
- The crest of the mesh will correspond to the inguinal ligament.
- The blue medial orientation marker facilitates proper orientation of the mesh.

7 Placement

- Ensure 3DMax™ or 3DMax™ Light Mesh cover the entire myopectineal orifice.
- If mechanical fixation is used, constructs may be placed at the pubic tubercle, Cooper’s ligament, and the iliopubic tract inferiorly and anteriorly to the rectus muscle.
3DMax™ Light Mesh

Indications:
The 3DMax™ Light Mesh is indicated for use in the reinforcement of soft tissue where weakness exists, in the repair of inguinal hernias.

Contraindications:
1. Literature reports that there is a possibility for adhesion formation when polypropylene mesh is placed in direct contact with the bowel or viscera.
2. Do not use polypropylene mesh in infants and children, whereby future growth will be compromised by use of such material.

Warnings:
1. This device is supplied sterile. Inspect the packaging to be sure it is intact and undamaged prior to use.
2. This device is for single use only. Do not resterilize or reuse any portion of the 3DMax™ Light Mesh.
3. This device has been designed for single use only. Reuse, reprocessing, resterilization or repackaging may compromise the structural integrity and/or essential material and design characteristics that are critical to the overall performance of the device and may lead to device failure which may result in injury to the patient. Reuse, reprocessing, resterilization or repackaging may also create a risk of contamination of the device and/or cause patient infection or cross infection, including, but not limited to, the transmission of infectious diseases from one patient to another. Contamination of the device may lead to injury, illness or death of the patient or end user.
4. The use of any permanent mesh or patch in a contaminated or infected wound could lead to

Reapproximation of Peritoneum

- Ensure that the entire mesh is completely covered with peritoneum to avoid direct contact between mesh and bowel; carefully avoiding vasculature, nerves and other vital structures.
- Reapproximate the peritoneal flap with the SorbaFix™ Absorbable Fixation System.
- Reduction of intraabdominal pressure may facilitate the reapproximation.
fistula formation and/or extrusion of the prosthesis.

5. If an infection develops, treat the infection aggressively. Consideration should be given regarding the need to remove the mesh. An unresolved infection may require removal of the device.

6. To prevent recurrences when repairing hernias, the prosthesis must be large enough to extend well beyond the margins of the defect.

7. To avoid injury, careful attention is required if fixating the mesh in the presence of nerves and vessels.

Precautions:

1. Please read all instructions prior to use.

2. Only physicians qualified in appropriate surgical techniques should use this prosthesis.

3. Do not cut or reshape the 3DMax™ Light Mesh as this may affect its effectiveness.

4. Use an appropriate sized trocar to allow mesh to slide down the trocar with minimal force.

5. If fixation is used, BARD® permanent or absorbable fixation devices or nonabsorbable monofilament sutures are recommended to properly secure the device. If other fixation devices are used, they must be indicated for use in hernia repair.

6. If fixation is used, care should be taken to ensure that the mesh is adequately fixated to the abdominal wall. If necessary, additional fasteners and/or sutures should be used.

PK3795860

3DMax™ Mesh

Indications:
The 3DMax™ Mesh is indicated to reinforce soft tissue where weakness exists, e.g., for repair of hernia and chest wall defects.

Contraindications:

1. Literature reports that there is a possibility for adhesion formation when BARD® 3DMax™ mesh is placed in direct contact with the bowel or viscera.

2. Do not use BARD® 3DMax™ mesh in infants and children, whereby future growth will be compromised by use of such material.

Warnings:

1. This device is supplied sterile. Inspect the packaging to be sure it is intact and undamaged prior to use.

2. This device is for single use only. DO NOT RESTERILIZE. After opening, discard unused portions of the prosthesis.

3. This device has been designed for single use only. Reuse, reprocessing, resterilization or repackaging may compromise the structural integrity and/or essential material and design characteristics that are critical to the overall performance of the device and may lead to device failure which may result in injury to the patient. Reuse, reprocessing, resterilization or repackaging may also create a risk of contamination of the device and/or cause patient infection or cross infection, including, but not limited to, the transmission of infectious diseases from one patient to another. Contamination of the device may lead to injury, illness or death of the patient or end user.

4. The use of any permanent mesh or patch in a contaminated or infected wound could lead to fistula
formation and/or extrusion of the prosthesis.

5. If an infection develops, treat the infection aggressively. Consideration should be given regarding the need to remove the mesh. An unresolved infection may require removal of the device.

6. To prevent recurrences when repairing hernias, the prosthesis should be large enough to extend beyond the margins of the defect.

7. Careful attention is required if fixating the mesh in the presence of nerves and vessels.

**Precautions:**

1. Please read all instructions prior to use.

2. Only physicians qualified in appropriate surgical techniques should use this prosthesis.

3. Do not cut or reshape the Bard® 3DMax™ mesh as this may affect its effectiveness.

4. It is recommended to use a 10mm internal diameter trocar to introduce a medium Bard® 3DMax™ mesh, and an 11mm internal diameter trocar to introduce a large Bard® 3DMax™ mesh. The size of the extra-large Bard® 3DMax™ mesh mesh may inhibit deployment through a trocar. Use an appropriate sized trocar to allow mesh to slide down the trocar with minimal force. If mesh will not easily deploy down the trocar, remove trocar and insert mesh through incision. Reinsert trocar.

5. If fixation is used, care should be taken to ensure that the mesh is adequately fixated to the abdominal wall. If necessary, additional fasteners and/or sutures should be used.

6. If sutures are used to secure the mesh in place, nonabsorbable monofilament sutures are recommended.

*PK3795678*