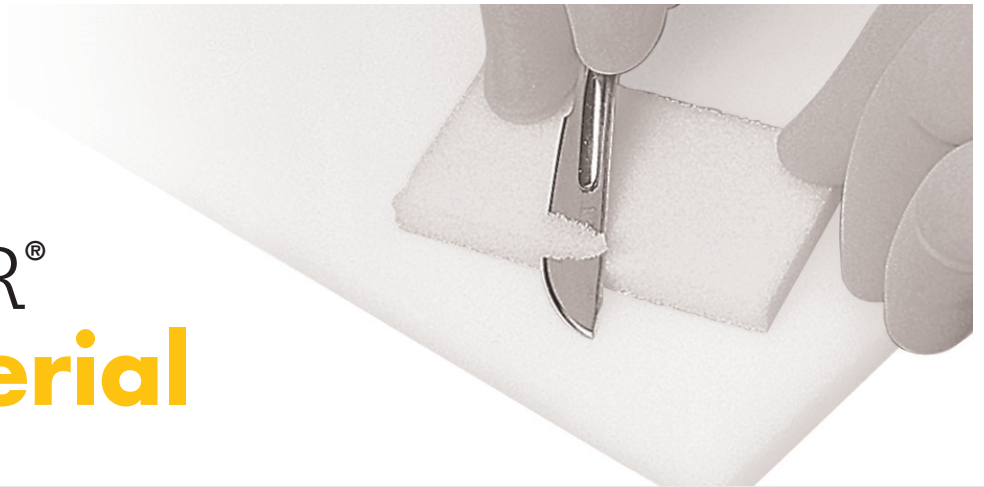


**MEDPOR®**

Oculoplastic surgery



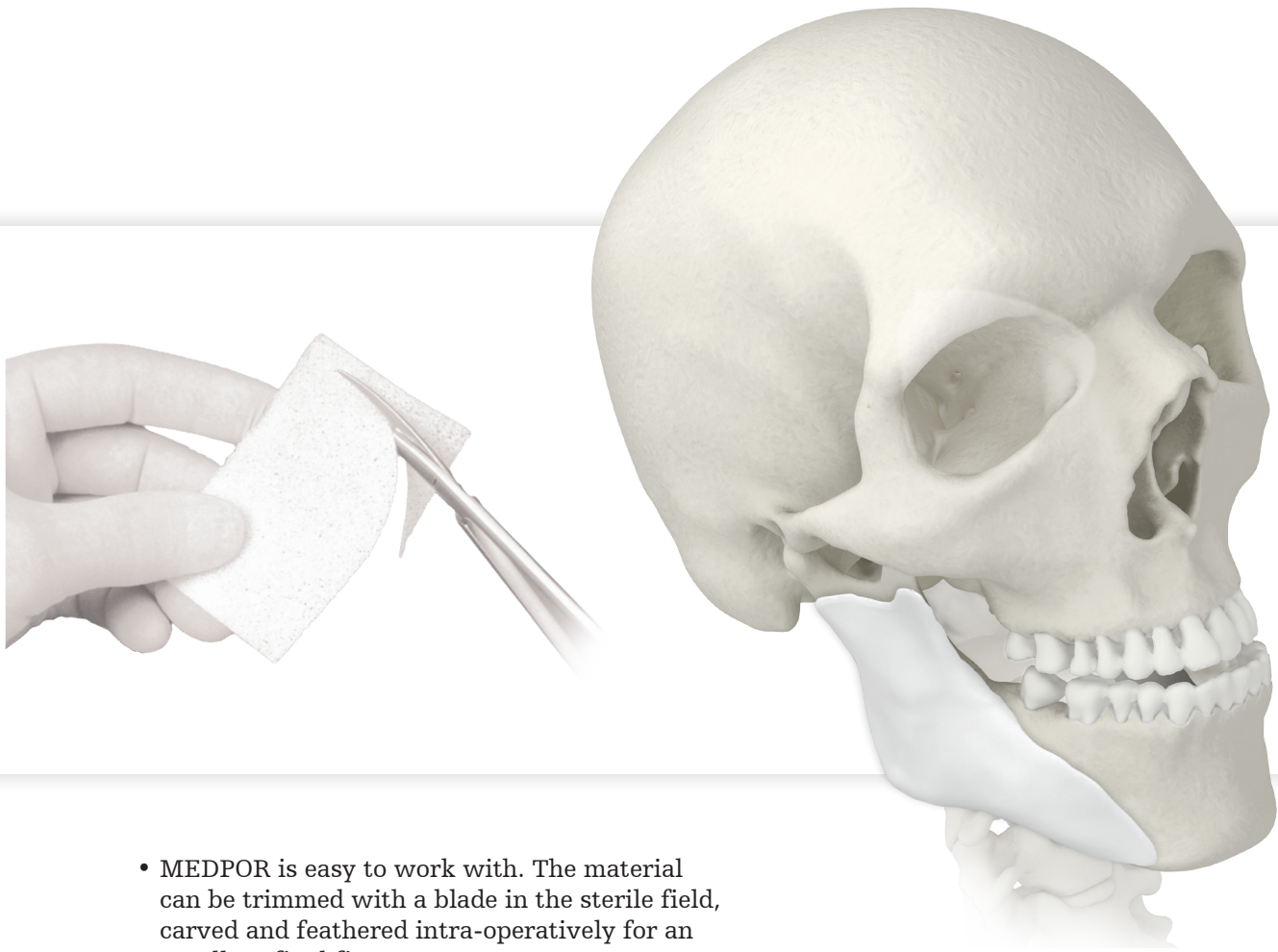
# MEDPOR<sup>®</sup> biomaterial



MEDPOR has been a trusted name in the industry since 1985, with hundreds of thousands of procedures performed, and hundreds of published clinical reports in reconstructive, cranial, Oculoplastic surgery, and cosmetic applications.

Our MEDPOR product line provides you an array of porous polyethylene solutions for your reconstruction and augmentation needs. We understand that biocompatibility characteristics of implants are paramount to help surgeons achieve positive patient outcomes. The omni-directional pore structure of our polyethylene implants may increase implant acceptance by allowing the patient's native tissue to integrate with the implant. In addition to our comprehensive line of stock MEDPOR implants.

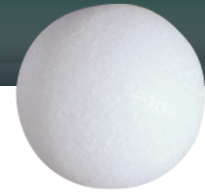
**30+**  
years of proven  
clinical history



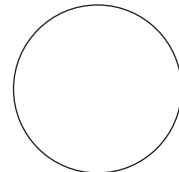
- MEDPOR is easy to work with. The material can be trimmed with a blade in the sterile field, carved and feathered intra-operatively for an excellent final fit.
- No pre-placing of fixation plates. MEDPOR can be easily drilled and fixated and is designed to accept screws and plates without cracking, giving the surgeon more flexibility in fixation options and placement.
- MEDPOR surgical implants can be cut with a variety of surgical instruments. Implants may require fitting to the defect area at the time of surgery. The implant edges can be delicately shaped and feathered for a smooth transition from the implant to the patient's own bony contour.
- MEDPOR surgical implants are provided sterile and should not be resterilized.
- Do not place or carve the implant on surgical drapes, surgical clothing or any other surface that may contaminate the implant with lint and other particulate matter.

# MEDPOR Oculoplastic surgery

## Spheres



MEDPOR spheres provide surgeons with porous, biocompatible materials for orbital reconstruction following enucleation and evisceration procedures. The interconnecting, omni-directional pore structure of the MEDPOR biomaterial may allow for vascularization and soft tissue ingrowth. Healthy extra-ocular muscles can be sutured directly to the implant or to an overlying tissue wrap.



SPHERES

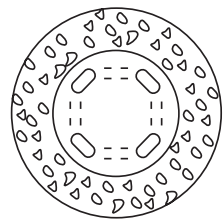
**CAT# Description Size (mm) diameter**

6316	Sphere	14
6326	Sphere	16
6327	Sphere	18
6317	Sphere	20
6322	Sphere	22

## Smooth Surface Tunnel spheres (SST-EZ)



Smooth Surface Tunnel (SST-EZ) spheres have a smooth, porous anterior surface and suture tunnels to allow easy rectus muscle attachment without the use of an implant wrap. The redesigned suture holes and curved tunnels of the new MEDPOR SST-EZ may allow for easier insertion of ophthalmic needles typically used to attach the extra-ocular muscles to the implant. Both suture arms from one muscle are passed through each tunnel. Each muscle end can be drawn to within 3mm of the implant anterior apex or allowed to hang back at the desired attachment location.



**CAT# Description Size (mm)**

80008	SST-EZ sphere	16
80010	SST-EZ sphere	18
80012	SST-EZ sphere	20
80014	SST-EZ sphere	22

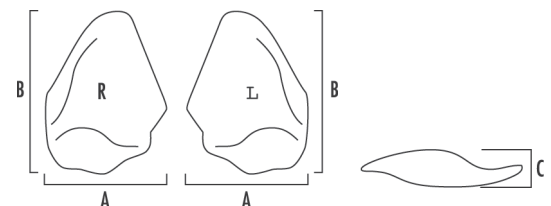
## Enophthalmos wedge



The MEDPOR enophthalmos wedge mimics the contour of the orbital floor and is designed to provide volume to restore the orbit to its normal shape and size.

**CAT# Description A (mm) B (mm) Thickness**

9541	Regular – left	22	31	7.00
9542	Regular – right	22	31	7.00
9543	Large – left	28	40	7.50
9544	Large – right	28	40	7.50



# MEDPOR TITAN<sup>®</sup>

**Combines high-density polyethylene and titanium mesh in a single implant for increased flexibility, shape retention, radiographic visualization and strength<sup>2</sup>.**

## Configurations

### **MTM**

Titanium mesh embedded within porous, high-density polyethylene.

### **MTB**

Titanium mesh embedded within a porous polyethylene matrix with a solid, barrier surface on one side, potentially allowing for fibrovascular ingrowth only on the porous side of the implant.

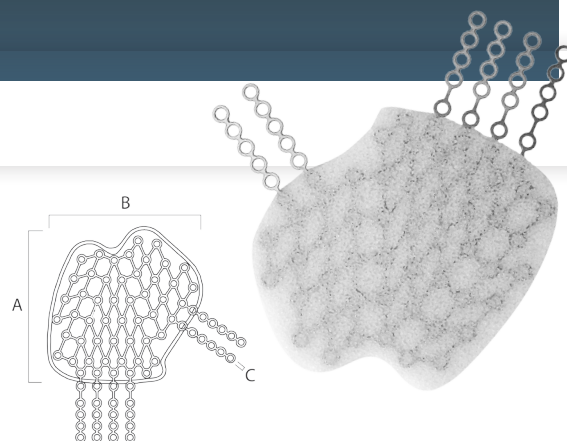
### **BTB**

Titanium mesh embedded within solid, non-porous high-density polyethylene. The smooth barrier surface can prevent fibrovascular ingrowth.

## TITAN Orbital Floor and Wall (OFW)

US Patent 7,655,047

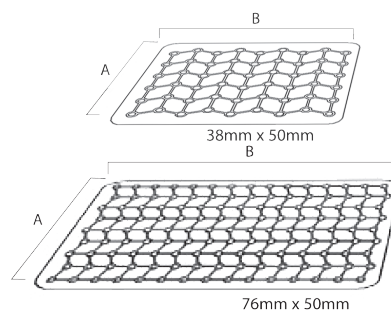
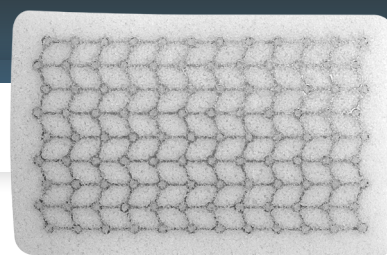
CAT#	Description	A (mm)	B (mm)	C (mm)	Thickness
81030	MTM	42	41	0.5	0.85
81031	MTB - Left	42	41	0.5	1.0
81032	MTB - Right	42	41	0.5	1.0
81033	BTB	42	41	0.5	0.6



## TITAN implants

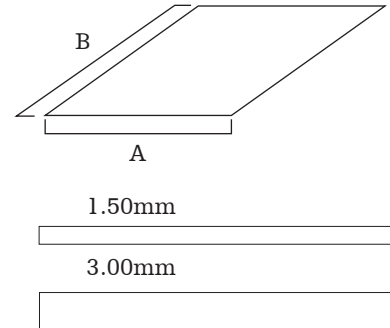
CAT#	Description	A (mm)	B (mm)	Thickness
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81020	MTM	50	76	0.85
81021	MTM	38	50	0.85
81022	MTM	38	50	1.50
81023	MTM	50	76	1.50
81024	BTB	38	50	0.60
81025	BTB	50	76	0.60
81026	MTB	38	50	1.00
81027	MTB	50	76	1.00
81028	MTB	38	50	1.60
81029	MTB	50	76	1.60



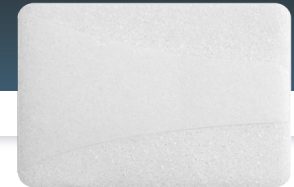
## Sheets

MEDPOR biomaterial sheets provide the surgeon with options for craniofacial reconstruction and augmentation.

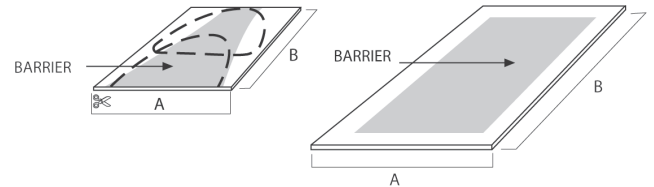


CAT#	Description	A (mm)	B (mm)	Thickness
6330	Sheet	38	50	1.50
6331	Sheet	50	76	1.50
8662	Sheet	76	127	1.50
9562	Sheet	38	50	3.00

## MEDPOR BARRIER Implants



CAT#	Description	A (mm)	B (mm)	Thickness
8305	Orbital floor implant	38	50	1.00
9305	Orbital floor implant	38	50	1.60
8312	Rectangle	50	76	1.00
9312	Rectangle	50	76	1.60



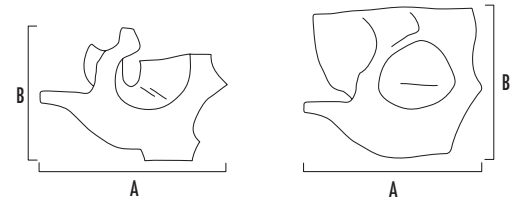
## Complete and 2/3 orbit shapes

Complete and inferior 2/3 orbit implants are designed to replace non-load bearing, bony structures of the orbital area. Complete and 2/3 orbits are typically carved with a blade or scissors to fit the patient's defect and fixed with sutures, wires or craniofacial screws and plates.



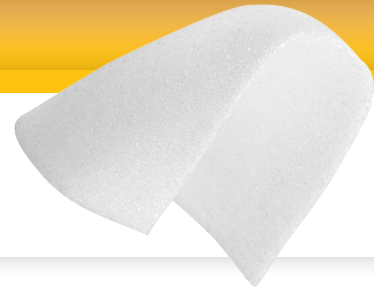
CAT#	Description	A (mm)	B (mm)
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9567	Inferior 2/3 orbit - left	108	75
9568	Inferior 2/3 orbit - right	108	75
9569	Complete orbit - left	93	75
9570	Complete orbit - right	93	75



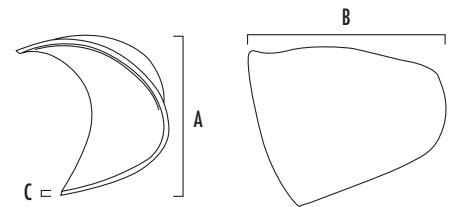
## Orbito-Zygomatic (OZ)

The MEDPOR Orbito-Zygomatic (OZ) implant is designed for reconstruction of the superior and lateral surfaces of the orbital roof.



CAT#	Description	A (mm)	B (mm)	C (mm)
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81013	Left	33	38	0.80
81014	Right	33	38	0.80





# MEDPOR Oculoplastic surgery

## Inferior orbital rim

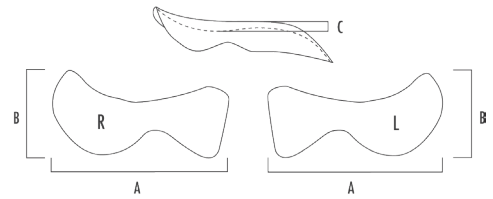
The MEDPOR inferior orbital rim implant can provide up to 5mm of anterior projection and is designed to be trimmed to meet the needs of the individual patient. A small flange allows it to rest on the most anterior aspect of the orbital floor. This flange allows for positioning of the implant and a possible area for screw fixation to the skeleton.



CAT#	Description	A (mm)	B (mm)	C (mm)
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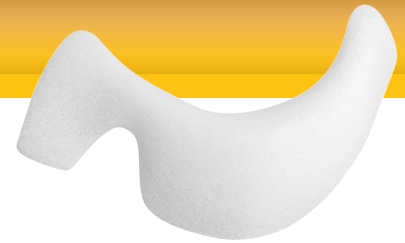
9429	Inferior orbital rim - left	43	18	3.2
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9430	Inferior orbital rim - right	43	18	3.2
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## Extended orbital rim implants

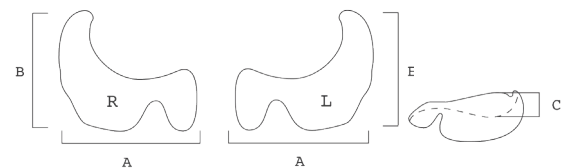
MEDPOR extended orbital rim implants are designed to provide the surgeon with an option for augmenting the inferior rim.



CAT#	Description	A (mm)	B (mm)	C (mm)
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9539	Orbital rim - extended left	47	40	6.3
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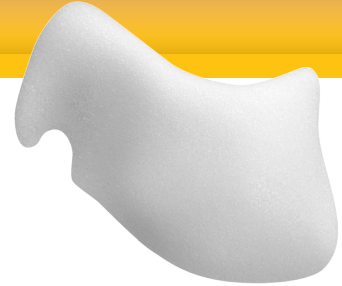
9540	Orbital rim - extended right	47	40	6.3
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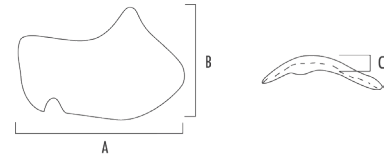
## Midface contour implant

The MEDPOR midface contour implant is designed to aid in reconstruction or augmentation of the midface. The shell-type design of the implant allows the surgeon to carve portions of the implant most appropriate for each patient.

The MEDPOR Midface contour implant is packaged with a sterile silicone template.



CAT#	Description	A (mm)	B (mm)	C (mm)
83007	Midface contour implant - left	60	40	4
83008	Midface contour implant - right	60	40	4

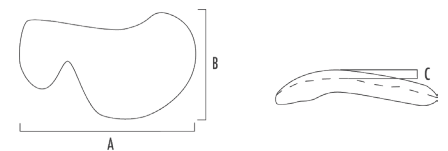


## Midface rim

The MEDPOR midface rim is designed to augment areas of bony concavities of the midface, including the inferior orbital rim and malar.



CAT#	Description	A (mm)	B (mm)	C (mm)
83003	Midface rim - left	47	28	3
83004	Midface rim - right	47	28	3



# MEDPOR Oculoplastic surgery

## Orbital rim onlay implants

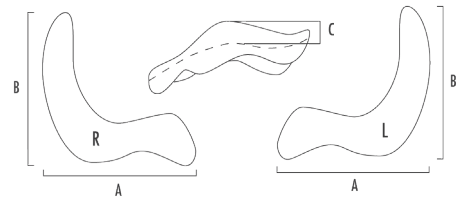
The MEDPOR orbital rim onlay implants are designed to augment the inferior and lateral orbital rims and increase the anterior rim projection.



CAT#	Description	A (mm)	B (mm)	C (mm)
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81001	Orbital rim onlay - left	40	40	8.45
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81002	Orbital rim onlay - right	40	40	8.45
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## Inferior Medial Orbital Rim Implant (IMORI)

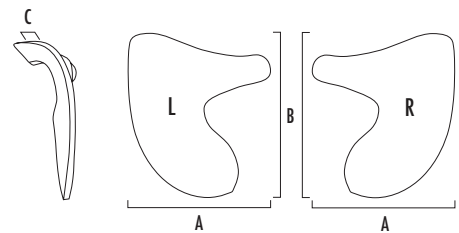
The MEDPOR Inferior Medial Orbital Rim Implant (IMORI) is designed to wrap over the inferior orbital rim and extend superiorly and inferiorly medial to the inferior orbital nerve.



CAT#	Description	A (mm)	B (mm)	C (mm)
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87003	Inferior medial orbital rim - left	25	26	2.50
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87004	Inferior medial orbital rim - right	25	26	2.50
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