

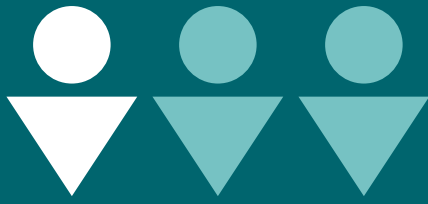


It's time for
SutureTOOL™

Revolutionizing abdominal
wall closure

SutureTOOL™ is FDA-cleared, not available in EU.

 Suturion®



1 in 3
patients experience
complications after
laparotomy¹

Every year, around 30 million patients worldwide undergo open abdominal surgery,² and more than 20 million cesarean sections are performed.³ Complications are common after laparotomy, often due to inadequate abdominal wall closure.^{1,4-8}

10–18%

incidence of surgical
site infections^{4,5}

Up to 7%

incidence of
burst abdomen^{6,7}

21–32%

incidence of
incisional hernia^{1,8}



Closing the abdominal wall – best practice

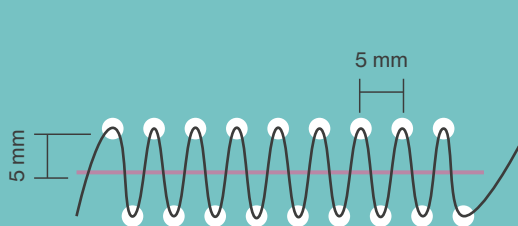
To reduce the risk of post-operative complications, clinical guidelines for correct abdominal wall closure have been developed by the European Hernia Association and American Hernia Association.⁹

Recommendation: A continuous small-bites suturing technique with a slowly absorbable suture for closing elective midline incisions.⁹

DID YOU KNOW
that **SL/WL ratio is key?**

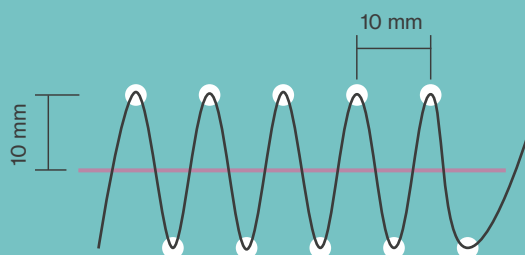
A suture length-to-wound length ratio (SL/WL) above 4 has been shown to significantly reduce the risk of incisional hernia formation¹⁰

Closing abdominal wall with small-bites technique reduces complications



Small-bites: Bite size of 5-8 mm and step interval of 5 mm¹

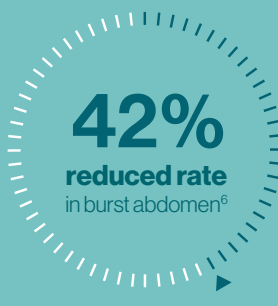
- includes only the fascia (aponeurosis)⁴
- avoids including fatty tissue and muscle fibers¹²
- provides better distribution of tension^{12,13}



Large-bites: Bite size of ≥ 10 mm and step interval of ≥ 10 mm

- incorporates fatty tissue and muscle fibers in the bite¹¹
- increases the risk of necrosis of fatty tissue and muscle fibers
- may result in separation of incisional edges¹⁴

Small bites BIG BENEFITS



Small-bites are often perceived as time-consuming, cumbersome, and complicated.¹⁵ **Only 24% of surgeons adhere to the small-bites technique.¹⁶**

SutureTOOL™ revolutionizes abdominal wall closure

- ▶ Standardized and consistent abdominal wall closure^{17,18}
- ▶ More efficient closure compared to manual suturing^{17,18}
- ▶ Safe closure with reduced risk of sharp injuries¹⁸
- ▶ Intuitive application and easy to learn¹⁸





Standardized and consistent closure

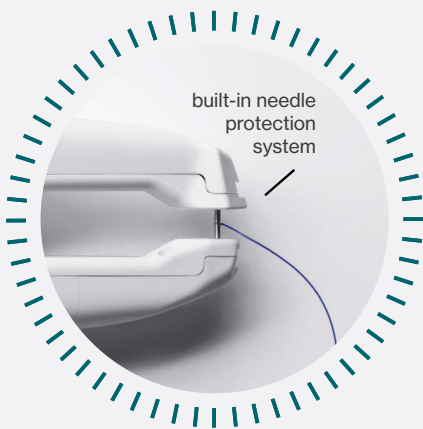
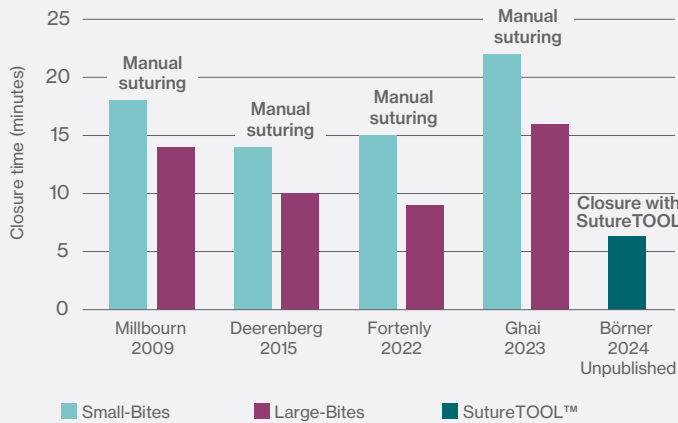
- The integrated small-bites guide enables surgeons to achieve small-bites with a SL/WL ratio of ≥ 4
- 100% of patients received a closure with a SL/WL ratio ≥ 4 in clinical setting¹⁹

Efficient and time-saving

- Midline abdominal closure with SutureTOOL is faster than manual suturing for both small and large bites
- The median closure time with SutureTOOL was 6.5 minutes*¹⁹

* The average incision length in the clinical trial was 16 cm.

Closure times for small- and large-bites performed with a needle driver from published clinical trials, compared to the closure time for SutureTOOL.



Safe for patients and clinicians

- Innovative design and built-in needle protection system prevents the needle from causing harm or injury
- Pre-clinical and clinical trial showed that no sharp injuries occurred when using SutureTOOL

Easy-to-use

- Intuitive with a short learning process
- The learning curve has been shown to stabilize after three closures¹⁷⁻¹⁹

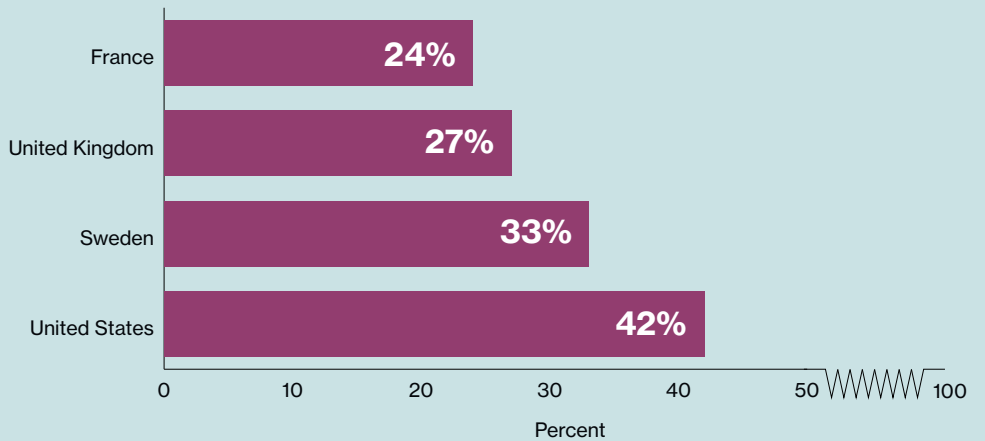


Up to 42% cost reduction vs manual suturing²⁰

SutureTOOL may help reduce healthcare costs and support improved surgical outcomes in open abdominal surgery by shortening operating time and facilitating the small-bites technique, which is associated with fewer post-operative complications.



Cost saving per patient*

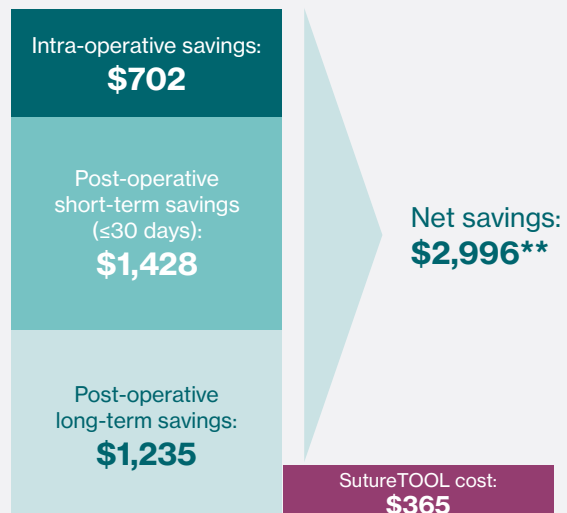


*Base case scenario. Data analysis based on cost input from respective countries.

United States: Net saving of \$2,996 per procedure²⁰

2/3 of savings are obtained within 30 days after surgery

- Substantially reduced operating time
- Reduced incidence of sharp injuries
- Reduced incidence of wound infections
- Lower incidence of wound dehiscence
- Reduced incidence of incisional hernia



**Base case scenario. Data analysis based on cost input from US market.

SutureTOOL™ benefits



- May reduce complications by up to 50%* by enabling the small-bites technique^{4,8,21}
- Supports improved patient outcomes and quality of life through standardized use of the small-bites technique²²

* Surgical site infections and incisional hernia.



- Enables standardized, efficient, and safe abdominal wall closure¹⁷⁻¹⁹
- Easy-to-use with a short learning curve^{17,18}



- Increases harmonization and efficiency in abdominal wall closures across hospital departments¹⁹
- May lead to cost savings by reducing operating time and post-operative short- and long-term complications through the small-bites technique²⁰



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Distributed by:



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