IC SURGICAL

Using Interi in your breast reconstruction patients allows you to reduce post-surgical complications … from the inside out

- Post-mastectomy breast reconstruction is a complex procedure in compromised patients.
- There is a high rate of complications that can lead to significant short- and long-term issues.
- Interventions to treat complications can be costly, and providers are often required to absorb the cost of treatment.

One in every three patients will experience at least one costly complication following breast reconstruction.[1]

Complication rates reported in peer-reviewed studies

Complication	Rate of Occurrence[1-4]
Seroma	10 - 30%
Surgical Site Infection	3 – 15%
Skin Flap Necrosis	2 – 22%
Expander/Implant Loss	5 – 15%

Surgical complications lead to increased total cost of care

- Unplanned non-billable postop clinic visits for outpatient procedures
- Emergency Department visits
- Infection management therapies
- Unplanned reoperation
- Explanted tissue expander/implant
- Explanted compromised Acellular Dermal Matrix

[1]Bennett KG, et al. Comparison of 2-Year Complication Rates Among Common Techniques for Postmastectomy Breast Reconstruction. *JAMA Surg*. 2018 Oct 1;153(10):901-908. [2]George RE, et al. A Second Drain Decreases Seroma Formation in Prepectoral Immediate Breast Reconstruction with an Acellular Dermal Matrix. *Plast Reconstr Surg Glob Open*. 2022 Dec 12;10(12):e4667. [3]Matsen, C. et al. Skin Flap Necrosis After mastectomy With Reconstruction: A Perspective Study. *Ann Surg Oncol*. 2016;23(1) 257-264. [4]Blok YL, et al. Implant Loss and Associated Risk Factors following Implant-based Breast Reconstructions. *Plast Reconstr Surg Glob Open*. 2021 Jul 22;9(7):e3708. [5]Paul R. A Novel Internal Negative Pressure Delivery System in Prepectoral Breast Reconstruction-Preliminary Experience. *Plast Reconstr Surg Glob Open*. 2022 Jan 28;10(1):e4030. [6]Shestak, Kenneth C. The Internal Negative-Pressure Wound Control System: A Paradigm Shift for Promoting Deep Space Healing in Complex Surgically Created Wounds. Aesthetic Surgery Journal. 2021 Oct 15;41(11):NP1543-NP1549. [7]Alfonso D, Bengtson B, McGuire P. Defining Internal Tissue Closure: High-Resolution Ultrasound Evaluation of Interi-A Novel Internal Tissue Closure System. Aesthet Surg J Open Forum. 2022 Sep 20;4:ojac073. [8]Healthcare Bluebook.com accessed September 2024; other data sources on file.

ABOUT THIS DOCUMENT: The information in this piece was developed by IC Surgical, Inc. for hospital clinical and economic decision makers evaluating the potential impact of Interi System. Data in this document is specific to Interi use in implant-based breast reconstruction based on published studies. Similar results in other open surgical procedures have been observed but are not included in this document. Results may vary by institution.

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Interi is an innovative technology that delivers consistent, continuous internal negative pressure throughout surgically dissected tissue planes. In clinical studies, Interi System has demonstrated reduced post-surgical complications such as seroma and other related issues, and the ability to close internal dead space.[5,6,7]

Retrospective study of Interi in breast reconstruction demonstrated a significant reduction in complications and time on therapy compared to standard of care.[5]

100 patients in each group	Interi n=170 breasts	Standard drains n=166 breasts	*P*
Seroma	7 (4.1%)	38 (22.9%)	**<0.00001**
Skin/flap revision	18 (10.6%)	36 (21.7%)	**0.006**
Duration of therapy	16.7 days ± 3.5	19.7 days ± 7.0	**0.020**

- 82% reduction in seroma
- 51% reduction in skin/flap revisions
- 16% reduction in days on therapy

Comparing projected complications and associated costs in 100 patients

	Interi	Standard drain	# of complications avoided	Cost avoidance across the population*,[8]
Seroma	7	38	**31**	**$71k**
Skin/flap revision	18	36	**18**	**$54k**
TOTAL	25	74	**49**	**$125k**

*Cost assumptions per event calculations are based on weighted average costs factoring in range of severity:[6] **Seroma:** 5% @ $284 diagnosed no intervention; 25% @ $1,126 single clinic visit, aspiration, antibiotic; 64% @ $2,383 multiple clinic visits, aspirations, antibiotic, ultrasound/CT scan; and 6% @ $8,510 return to the OR = Average cost of seroma treatment $2,300. **Skin/flap revision:** 70% @ $1,484 clinic-based outpatient revision procedure; 30% @ $6,698 return to the OR = Average cost of skin/flap revision $3,000.
Even when accounting for incremental cost for Interi System versus standard of care (not included above) the net cost savings from reduced complications is significant.

Other detrimental impacts of complications on surgeons, hospitals and patients

- Delays in adjuvant cancer treatment
- Delays in progression to 2nd stage breast reconstruction
- Downstream reconstruction complications
- Decreased patient satisfaction with their providers and procedure
- Financial and emotional hardship related to additional care needs
- Physical risk to patient for unexpected procedures/anesthesia episodes
- Additional strain on OR/anesthesia team for add-on cases

Interi System impact on value and cost avoidance associated with the reduction in complications in Implant-based Breast Reconstruction. VACA Rev 2

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