

Reducing post-surgical complications . . . from the inside out





Tissue injury is inevitable during surgery

- Dissected internal tissue planes often do not heal properly, leading to costly complications.¹
- These complications occur at an unacceptably high rate, and have major impacts on surgeons and patients.
- The number one reported post-surgical complication is seroma.
- Seroma is a marker of poor internal healing and can lead to infection, mesh/ADM failure to integrate, loss of flaps, implant loss, and tissue edema.

The possibilities of delivering internal negative pressure

- Negative pressure applied to surface tissues is a widely established therapy to support improved healing through revascularization and cell repopulation.²
- Now, negative pressure can be delivered internally to close down dead space and improve tissue healing.

Interi System is a paradigm shift in surgery

- Interi is an innovative technology that delivers consistent, continuous negative pressure throughout surgically dissected tissue planes.
- The multibranched Interi Manifold reaches four internal areas and tissue planes with only one exit site.
- Interi offers unsurpassed patient ease of use in a simple, quiet, portable closed system.
- Interi eliminates the need for conventional surgical drains which are broadly disliked by patients.



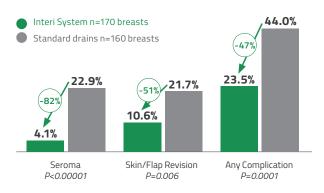
A New Approach to Post-Surgical Healing



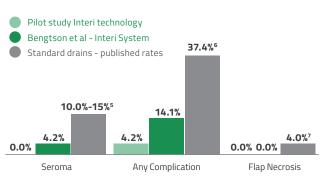
Reduced Complications

- Statistically significant reduction in seroma, flap revision, and duration of therapy were reported in a study of post-mastectomy breast reconstruction patients.
- Interi resulted in zero or very low rates of seroma in two clinical studies of abdominoplasty patients.

Demonstrated Significant Reduction in Complications in Breast Reconstruction³



Low Complication Rates with Interi in Abdominoplasty^{1,4}





Strong Performance

- Interi System has been shown to close down dead space by delivering continuous, consistent –125 mm/Hg negative pressure internally.⁴
- Interi allows for broad coverage of the internal spaces with a single exit site, thereby minimizing patient discomfort and opportunity for infection.⁸
- Duration of therapy is statistically shorter with Interi than standard of care.

4 INTERNAL BRANCHES

Provide Broad Coverage of Internal Tissue Planes.

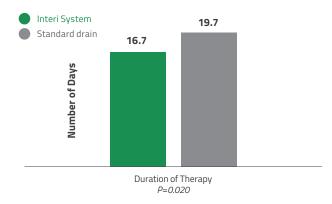
1 EXIT SITE

Minimizes Patient Discomfort and Opportunity for Infection.8

3-DAY REDUCTION

In Therapy Time as Compared to Standard Drains.

Shorter Time On Therapy With Interi³

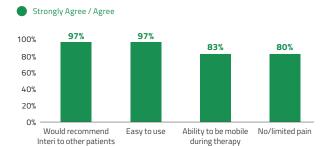




Easy to Use

- The Interi Therapy Unit is single use, disposable, fully mechanical with no battery or charging required.
- Interi is a closed system resulting in no mess, no contact with bodily fluid, no hassle of measuring and emptying for the patient.
- 97% of patients would recommend Interi to other patients.⁹

High Patient Satisfaction with Post-Surgical Experience Using Interi⁹



n=39 patients enrolled in a prospective pilot study of Interi.



Patient at home with Interi Therapy Unit in the provided fanny pack.



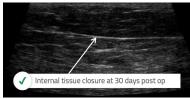
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Representative cross sections from porcine model and clinical studies demonstrating physical difference in the appearance of the internal tissue^{4,9}









Interi effectively closes dead space and evacuates fluid from internal tissue planes, mitigating seroma formation and associated complications compared to standard drains. Interi is effective across a broad spectrum of patients, including those who are at high risk of developing complications.³

Robert Paul, MD Indianapolis, Indiana

Surgical Placement of Interi Manifold



Abdominoplasty Courtesy of Brad Bengtson, M.D.



Implant-Based Breast ReconstructionCourtesy of Robert Paul, M.D.



Mastectomy Courtesy of Suniti Nimbkar, M.D.



DIEP Donor SiteCourtesy of M. Asher Schusterman II, M.D.



To view a product demonstration and other informational videos, visit icsurgical.com

- 1 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.
- $2 \quad \text{Huang C, Leavitt T, Bayer LR, Orgill DP. Effect of negative pressure wound the rapy on wound healing. Curr Probl Surg. 2014 Jul; 51(7):301-31.}$
- $3\quad Paul\,R.\,Reduction\,in\,Seroma\,and\,Other\,Complications\,with\,A\,Novel\,Internal\,Negative\,Pressure\,Delivery\,System\,in\,Breast\,Reconstruction,\,Plast\,Reconstr\,Surg\,Glob\,Open.\,2023\,Sept.$
- 4 David Alfonso, MD FACS, Bradley Bengtson, MD FACS, Patricia McGuire, MD FACS, Defining Internal Tissue Closure: High Resolution Ultrasound Evaluation of Interi A Novel Internal Tissue Closure System, Aesthetic Surgery Journal Open Forum, 2022 Sep 20; ojac073.
- 5 Shestak KC, Rios L, Pollock TA, Aly A. Evidenced-Based Approach to Abdominoplasty Update. Aesthetic Surgery Journal. 2019 May 16;39(6):628-642.
- 6 Neaman KC, Hansen JE. Analysis of complications from abdominoplasty: a review of 206 cases at a university hospital. Ann Plast Surg. 2007 Mar;58(3):292-8.
- 7 Vidal P, Berner JE, Will PA. Managing Complications in Abdominoplasty: A Literature Review. Arch Plast Surg. 2017 Sep;44(5):457-468.
- 8 Murray JD, Elwood ET, Jones GE, Barrick R, Feng J. Decreasing expander breast infection: A new drain care protocol. Can J Plast Surg. 2009 Spring;17(1):17-21.
- 9 Data on File, IC Surgical.

