



# Innovation that simplifies. Consistency that counts.

3DMax™ MID Anatomical Mesh is optimized for robotic and laparoscopic inguinal hernia repair and designed for improved efficiency, ease of use and consistent patient outcomes.



# Efficiency. Simplicity. Consistency.

Innovation meets outcomes with the newest addition to the clinically proven<sup>1</sup> 3DMax™ family for MIS inguinal hernia repair – 3DMax™ MID Anatomical Mesh.



## The next generation of 3D-contoured, clinically proven performance

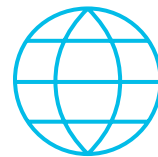
Optimized for robotic approaches, the medium weight, open pore 3DMax™ MID achieves a desired balance of rigidity and flexibility. It features a built in recoil memory that allows the mesh to pop open and retain its contoured shape after insertion through an 8 mm trocar.<sup>1</sup> The 3DMax™ MID Anatomical Mesh is designed to deliver improved efficiency, enhanced simplicity and consistent patient outcomes.<sup>1</sup>



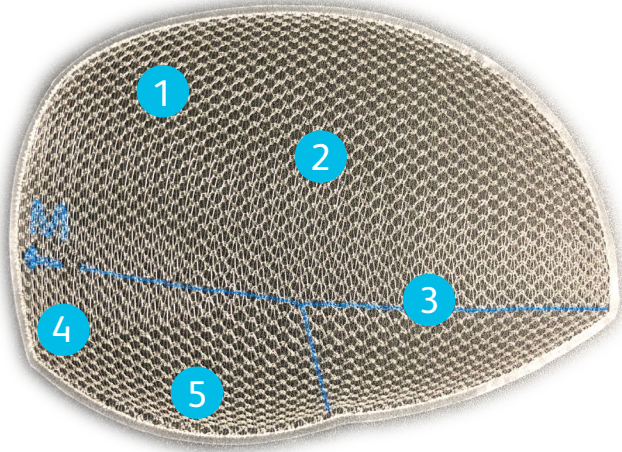
Latest addition to the industry leader 3DMax™ family



Clinically proven three-dimensional anatomical shape

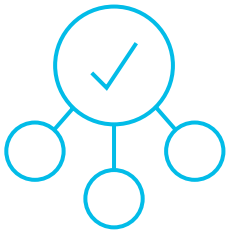


More than 4 million 3DMax™ family implants globally



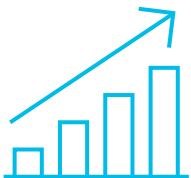
## Designed to deliver improved efficiency, simplicity and consistency

- 1 3D-contoured anatomical shape
- 2 Medium weight, open pore monofilament polypropylene
- 3 Anatomical orientation markers
- 4 Built-in recoil memory
- 5 Compatible with robotic 8 mm trocars



### Improved efficiency

- All sizes compatible with robotic 8 mm trocars
- Retains shape after insertion through trocar and conforms to inguinal anatomy<sup>1,2,3</sup>
- Minimizes excessive mesh handling and positioning time<sup>1</sup>



### Simplicity that performs

- Fixation may not be required\*
- Anatomical orientation lines guide mesh positioning and placement
- Open pore design allows direct visualization of the underlying anatomy<sup>1</sup>
- Built-in recoil memory allows mesh to pop open and retain shape after insertion<sup>1</sup>



### Confidence in consistent outcomes

- Anatomical orientation lines assist in providing consistent and reproducible outcomes in inconsistent patient profiles<sup>1</sup>
- Easy to move and position into desired overlap of defect for minimized recurrence risk<sup>1</sup>
- Clinically proven 3D-contoured shape covers entire myopectineal space<sup>1</sup>

\*The need for fixation depends on defect size, overlap of mesh, and surgical techniques applied.

# Leading the way in soft tissue reconstruction

BD is the leader in comprehensive soft tissue reconstruction,<sup>5</sup> delivering a growing line of mesh prosthetics, biologic implants and fixation systems to complement innovative techniques for inguinal, ventral and other hernia repair procedures. Our committed focus on delivering unparalleled products, processes and services means one thing –you can keep your focus on providing patients with the best care possible.

## Ordering information

Product code	Qty.	Configuration	Size
0116310	1/case	Left, medium	8 cm x 14 cm (3" x 5")
0116311	1/case	Left, large	10 cm x 16 cm (4" x 6")
0116312	1/case	Left, extra-large	12 cm x 17 cm (5" x 7")
0116320	1/case	Right, medium	8 cm x 14 cm (3" x 5")
0116321	1/case	Right, large	10 cm x 16 cm (4" x 6")
0116322	1/case	Right, extra-large	12 cm x 17 cm (5" x 7")

To learn more, contact your BD sales consultant.

### Indications

The 3DMax™ MID Anatomical Mesh is indicated for use in the reinforcement of soft tissue where weakness exists in the repair of inguinal hernias.

### Contraindications

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

### Warnings

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. 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.

### Precautions

Please read all instructions prior to use. Do not cut or reshape the 3DMax™ MID Anatomical Mesh as this may affect its effectiveness.

### Fixation

Fixation may not be required. If you choose to fixate, care should be taken to avoid fixating on vessels and nerves.

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

### References

1 BD Data on file. 2 Tanoue, K., Okino, H., Kanazawa, M. et al. Single-incision laparoscopic transabdominal preperitoneal mesh hernioplasty: results in 182 Japanese patients. *Hernia*. 2016 Dec;20(6):797-803. 3 Bell, R., Price, J. Laparoscopic inguinal hernia repair using an anatomically contoured three-dimensional mesh. *Surg Endosc*. 2003 Nov;17(11):1784-8. 4 Hernia Surge Group. International guidelines for groin hernia management. *Hernia*. 2018;22(1):1–165. 5. Hernia repair devices global market analysis, 2017, Millennium Research Group, Inc.

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