Advertorial

Discover SERI® Surgical Scaffold in breast revision

For lasting support and strength from native tissue[1,2,*]

*At 24 months, newly generated native tissue was stronger than fascia sampled from the rectus abdominis and internal oblique in an ovine subcutaneous thoracic wall implant study designed to measure the strength and thickness of SERI® and newly generated tissue at up to 24 months after implantation of SERI® Surgical Scaffold.[1]

Note: Similar results in humans have not been confirmed.

Breast procedures are associated with a high reoperation rate, with approximately 15% to 30% of patients undergoing revision surgery after primary augmentation within the first 3 to 6 years.[3-6] Among revision augmentation patients, approximately 30% to 40% require further reoperation within 6 years.[3-5] Complications from previous procedures, such as capsular contracture, implant malposition, and ptosis, are key contributors to the high rate of revisions.[3,4,7] As Dr. Bradley Bengtson has stated: "*A breast revision is the best indicator of a breast revision.*" These high rates reported in the literature signal the importance of addressing the risk of recurrence in revision augmentation cases.[3] Proper management of compromised soft tissue is critical, which includes the need for sufficient support and strength. Literature also suggests that soft tissue support and repair may be a reliable way to support and strengthen the patient's soft tissue, positively affecting surgical outcomes.[3,7] With this in mind, a growing number of surgeons have integrated SERI® Surgical Scaffold for soft tissue support and repair in breast revision as it delivers lasting support and strength from native tissue.[1,2,*]

Clinical value that matters to surgeons

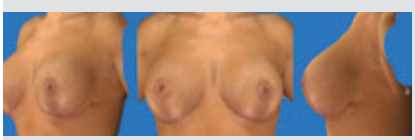
Dr. Bradley Bengtson believes in the clinical value SERI® Surgical Scaffold provides for soft tissue support in breast revision procedures. "*SERI® Surgical Scaffold is great for soft tissue support and repair in breast revision procedures that address fold malposition, stretch deformity in the lower pole, and wrinkling/rippling. It helps support the entire lower pole of the breast with strength and pliability. It is also bioresorbed over time so that the patient's resulting collagen framework can provide lasting strength.*"

Case review: Revision mastopexy with augmentation using SERI® Surgical Scaffold for soft tissue support and repair

Courtesy of
Max R. Lehfeldt, MD
Pasadena, California

Postoperative results: 8 months

Before use of SERI® Surgical Scaffold



After use of SERI® Surgical Scaffold

Results shown with Vectra® XT *imaging. Individual results may vary.*

Patient assessment

- A 29-year-old woman presented with wrinkling, rippling, stretch deformity, loss of superior-pole fullness, severely thin and compromised soft tissues, and pseudoptosis
- She had recently experienced massive weight loss
- Her relevant history was significant for subglandular breast mastopexy-augmentation with 350-cc implants; she had undergone 2 revision surgeries due to recurrent rippling and stretching

Surgical plan

- The surgical plan was to perform a revision mastopexy-augmentation using a Wise-pattern/inverted-T incision approach and removing excess transverse breast skin along the IMF, without repositioning the nipples
- SERI® Surgical Scaffold would be used to provide soft tissue support of the lower pole, to help mitigate the forces that could contribute to future stretch deformity
- With a preoperative N:IMF on stretch of 13.3 cm left and 13.1 cm right, the postoperative goal was an N:IMF on stretch of 9.1 cm left and 9.3 cm right

Case conclusions

- Dr. Lehfeldt found no palpability of SERI® Surgical Scaffold at the first postoperative visit on day 5 or at the 4-week follow-up visit
- The patient had no complications from surgery
- She was pleased with the result

Indications for Use

SERI® Surgical Scaffold is indicated for use as a transitory scaffold for soft tissue support and repair to reinforce deficiencies where weakness or voids exist that require the addition of material to obtain the desired surgical outcome. This includes reinforcement of soft tissue in plastic and reconstructive surgery, and general soft tissue reconstruction.

Important Safety Information

Contraindications

- Patients with a known allergy to silk
- Contraindicated for direct contact with bowel or viscera where formation of adhesions may occur

Please see additional Important Safety Information on next page.

SERI® Surgical Scaffold

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Advertorial

Important benefits for today's breast revision procedures

Dr. Max Lehfeldt appreciates what SERI® Surgical Scaffold can offer to support soft tissue for his breast revision patients. "So far, *I have seen results that last through 3 years because it offers strength to support the soft tissue in the glands. Another important reason I use SERI® Surgical Scaffold exclusively for all my breast revision cases is that it's gradually replaced by the patient's native collagen for long-term support. You get this benefit from a very consistent product, which is a nice value for breast revision patients.*"

SERI® Surgical Scaffold offers an exciting product technology only from Allergan. Through bioreplacement, SERI® Surgical Scaffold facilitates the generation of native, well-vascularized tissue that is ≈ twice the starting thickness of the scaffold alone at 24 months.[1,*] This newly generated tissue is also strong and supportive.[1,*] At 24 months, tissue ingrowth demonstrated nearly twice the average strength of ovine fascia in a full-scale animal model study.[1,*] In addition, 57% of surveyed surgeons (n = 51) expect patients to choose SERI® Surgical Scaffold for their procedure when discussing soft tissue support and repair products.[1]

For these reasons, more surgeons are adopting this innovative product for soft tissue support in breast revision procedures.

*In an ovine subcutaneous thoracic wall implant study designed to measure the strength and thickness of SERI® and newly generated native tissue at up to 24 months after implantation of SERI® Surgical Scaffold.[1]

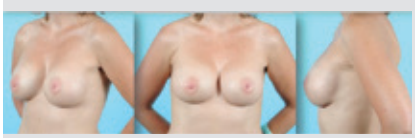
Note: Similar results in humans have not been confirmed.

Case review: Fold malposition repair using SERI® Surgical Scaffold for soft tissue support

Courtesy of
Bradley P. Bengtson, MD
Grand Rapids, Michigan

Postoperative results: 4 months

Before use of SERI® Surgical Scaffold



After use of SERI® Surgical Scaffold

Actual patient photos. Individual results may vary.

Patient assessment

- A 43-year-old woman presented with an elevated left shoulder (as seen in the top center photo) and significant fold malposition in the left breast with mild stretch deformity
- After having 2 prior breast surgeries for attempted fold repair, she exhibited Baker Grade 3 capsular contracture in the right breast
- For her original augmentation, she received 300-cc saline implants using a transaxillary approach

Surgical plan

- The surgical plan was to perform a revision for fold/inferior malposition/stretch in the left breast with a capsulectomy IMF to the pectoralis border
- SERI® Surgical Scaffold was planned for soft tissue support in the lower pole using dimensions of ≈ 8 cm high x ≈18 cm long with rounded edges
- The patient's 300-cc smooth saline implants were removed and replaced with round, silicone-filled implants; an IMF approach and subpectoral placement were selected
- The postoperative goal was an N:IMF of 8.7 cm bilaterally

Case conclusions

- There was no palpability of SERI® Surgical Scaffold at the 4-month postoperative visit, with minimal palpability at the initial postoperative visit
- There were no complications
- Dr. Bengtson achieved maintenance of the upper-pole volume and N:IMF at 4 months

Important Safety Information (continued)

Warnings

- SERI® Surgical Scaffold must be placed in maximum possible contact with healthy well-vascularized tissue to encourage ingrowth and tissue remodeling
- Caution should be used when implanting SERI® Surgical Scaffold in pregnant women. The use of a device that can impede tissue expansion may be hazardous during pregnancy

Adverse Reactions

Adverse reactions are those typically associated with surgically implantable materials, including infection, inflammation, adhesion formation, fistula formation, and extrusion.

Important: Before using SERI® Surgical Scaffold, read the Instructions for Use which accompany the product for full safety information. This can be found at www.allergan.com or call Allergan Product Support at 1-800-433-8871.

Caution: Rx only.

To discover more and see additional case studies, visit SERI.com.

1. Data on file, Allergan, Inc. **2.** SERI® Surgical Scaffold. Instructions for Use, 2013. **3.** Maxwell GP, Gabriel A. Efficacy of acellular dermal matrices in revisionary aesthetic breast surgery: a 6-year experience. *Aesthet Surg J.* 2013;33(3):389-399. **4.** Spear SL, Murphy DK, Slicton A, Walker PS; Inamed Silicone Breast Implant U.S. Study Group. Inamed silicone breast implant core study results at 6 years. *Plast Reconstr Surg.* 2007;120(7 suppl 1):8S-16S. **5.** Cunningham B, McCue J. Safety and effectiveness of Mentor's *MemoryGel*® implants at 6 years [published correction appears in *Aesthetic Plast Surg.* 2009;33(3):439]. *Aesthetic Plast Surg.* 2009;33(3):440-444. **6.** Handel N, Cordray T, Gutierrez J, Jensen JA. A long-term study of outcomes, complications, and patient satisfaction with breast implants. *Plast Reconstr Surg.* 2006;117(3):757-767. **7.** Kornstein A. Porcine-derived acellular dermal matrix in primary augmentation mammoplasty to minimize implant-related complications and achieve an internal mastopexy: a case series. *J Med Case Rep.* 2013;7(1):275.

SERI® Surgical Scaffold

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