Advertorial

Discover the value of SERI® Surgical Scaffold in mastopexy procedures

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® Surgical Scaffold and newly generated tissue at up to 24 months after implantation of SERI®.[1]

Note: Similar results in humans have not been confirmed.

Ptosis results from the weakening and lengthening of the breast's supporting structures.[3] It may occur over time due to several factors affecting the patient's soft tissue quality, including pregnancy or breastfeeding, aging, gravity, and significant weight changes.[4,5] Numerous techniques for mastopexy aim to counteract these effects and obtain a pleasing, lasting outcome.[5] However, current techniques that do not utilize a soft tissue support device are believed to yield only a short-term result.[5] This is because they rely on the use of local, atrophied tissue for reinforcement—the same weakened tissue that previously sagged.[3,5] In fact, Dr. M. Mark Mofid has stated that without additional soft tissue support, "100% of mastopexies will ultimately fail." The literature also suggests that recurrent ptosis may persist after the procedure without extra soft tissue reinforcement, leading to an unsatisfactory result.[3,5]

The value of added strength for lasting outcomes

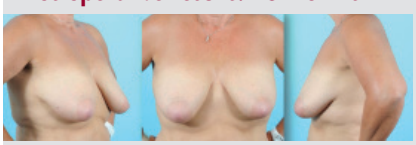
The literature suggests that supporting and strengthening the patient's soft tissue may positively affect surgical outcomes.[3] That is why there is a growing need to provide lasting support and strength to achieve the desired result.

Dr. Bradley P. Bengtson sees a measurable and lasting difference in mastopexy outcomes when SERI® Surgical Scaffold is used for soft tissue support. *"Mastopexy outcomes typically fail with procedures that do not utilize additional soft tissue support. The larger the breast and the more stretchy the skin, the more stretch deformity of the lower pole of the breast becomes an issue. However, whoever controls the lower pole of the breast, controls the outcome. When these procedures include SERI® Surgical Scaffold for soft tissue support, I've found that it is strong enough to hold up the breast and relieve the weight on the patient's skin for results that last."*

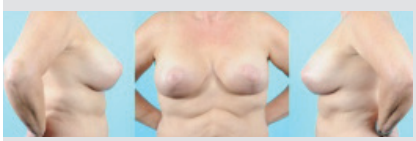
Case review: Augmentation-mastopexy using SERI® Surgical Scaffold for soft tissue support and repair

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

Postoperative results: 18 months



Before use of SERI® Surgical Scaffold



After use of SERI® Surgical Scaffold

Actual patient photos. Individual results may vary.

Patient assessment

- A 55-year-old woman presented with Grade III ptosis and loose skin stretch
- She was a healthy nonsmoker with a body mass index within normal range
- She had had 3 pregnancies and had given birth to 3 children
- She had no history of prior breast surgeries

Surgical plan

- The surgical plan was to perform a primary mastopexy with augmentation via an IMF approach
- A 240-cc, round, silicone-filled implant was selected for placement submuscularly in each breast
- The goal of surgery was to reduce the N:IMF from 12 cm to 9.5 cm
- SERI® Surgical Scaffold was used to provide soft tissue support at the lower pole and additional soft tissue support of the breast from the upper pectoralis fascia to the apex of the inferior pedicle
- This support may help reduce the chance of future lower-pole stretch deformity that commonly occurs following these procedures

Case conclusions

- Dr. Bengtson believed the use of SERI® Surgical Scaffold was beneficial in achieving the desired result for the patient
- There was no palpability of SERI® Surgical Scaffold at 4 months, with minimal palpability at the initial postoperative visit
- There were no postoperative complications
- At 18 months, Dr. Bengtson achieved excellent maintenance of the breast shape and lower pole of the breast, along with the N:IMF distance

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

The SERI® Surgical Scaffold difference

SERI® Surgical Scaffold offers important benefits for mastopexy procedures requiring additional soft tissue support. 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,*] At this time point, newly generated tissue demonstrated nearly twice the average strength of ovine fascia in a full-scale animal model study.[1,*]

Dr. Mofid believes in the clinical value of utilizing SERI® Surgical Scaffold to deliver lasting soft tissue support in mastopexy procedures. *"SERI® Surgical Scaffold can greatly assist in reinforcing weak soft tissues of the breast that are prone to recurrent stretch deformity. It provides lasting support that takes the burden off of weakened areas while the patient's own collagen generates, making SERI® Surgical Scaffold useful in many breast procedures including circumareolar mastopexies. It represents an exciting technology that will ultimately lead to better outcomes."*

More surgeons are recognizing the value of SERI® Surgical Scaffold in today's mastopexy procedures, causing its usage to expand for soft tissue support and repair.

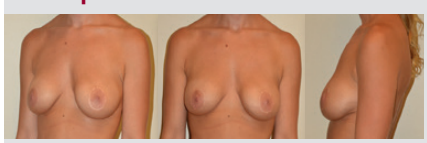
*In an ovine subcutaneous thoracic wall implant model study designed to measure the strength and thickness of newly generated native tissue at up to 24 months after implantation of SERI® Surgical Scaffold.[1]

Note: Similar results in humans have not been confirmed.

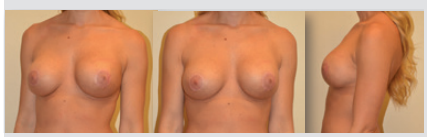
Case review: Bilateral periareolar mastopexy using SERI® Surgical Scaffold for soft tissue support and repair

Courtesy of
M. Mark Mofid, MD, FACS
La Jolla, California

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 33-year-old woman presented with left-sided stretch deformity/loss of soft tissue support, left implant palpability, bilateral areolar dilatation—left greater than right
- Patient had 1 prior revision, left Gore-Tex® purse string mastopexy
- Her original procedure was a bilateral breast augmentation/periareolar mastopexy using Gore-Tex® suture, purse-string suture technique, and 300-cc moderate-plus gel implants

Surgical plan

- SERI® Surgical Scaffold will provide soft tissue support of the lower pole of the left breast from the inferior pectoral fascia to the IMF
- Dr. Mofid planned to perform a bilateral periareolar mastopexy with removal of the Gore-Tex® sutures and soft tissue reinforcement of the nipple-areola complex with SERI® Surgical Scaffold
- Approach: periareolar
- Implant placement: submuscular

Case conclusions

- The patient no longer had traction rippling, lateral rippling, or traction pleating at the 4-month postoperative visit
- The patient confirmed the implant position is improved and the left implant no longer falls into the lateral chest region
- Using SERI® Surgical Scaffold for soft tissue support of the lower pole of the breast helped, in this case, to correct the lateral and inferior fold malposition as well as the stretch deformity
- Inferomedial pectoral "hollow" and areolar dilatation is improved (42 mm bilaterally)
- The patient is very satisfied with the outcome

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.** van Deventer PV, Graewe FR, Würinger E. Improving the longevity and results of mastopexy and breast reduction procedures: reconstructing an internal breast support system with biocompatible mesh to replace the supporting function of the ligamentous suspension. *Aesth Plast Surg*. 2012;36:578-589. **4.** De Benito J, Sánchez K. Key points in mastopexy. *Aesth Plast Surg*. 2010;34:711-715. **5.** de Bruijn HP, Johannes S. Mastopexy with 3D preshaped mesh for long-term results: development of the internal bra system. *Aesth Plast Surg*. 2008;32:757-765.

SERI® Surgical Scaffold

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