NovoSorb®

BTM

Biodegradable
Temporising Matrix

Rethink complex wounds

PolyNovo®

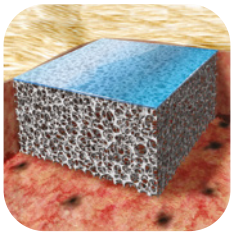
Improving outcomes.
Changing lives.

NovoSorb® BTM is an implantable bilayered synthetic dermal matrix for the reconstruction of complex wounds.

Bioabsorbable synthetic material

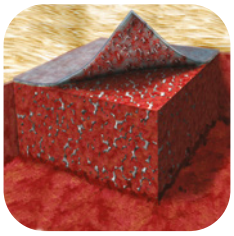
Cellular migration throughout the matrix enables collagen production and neovascularisation of a robust neodermis. When ready, the sealing membrane is removed, leaving a vascularised neodermis, ready for closure. The matrix progressively bioabsorbs over time.[1]

NovoSorb BTM application

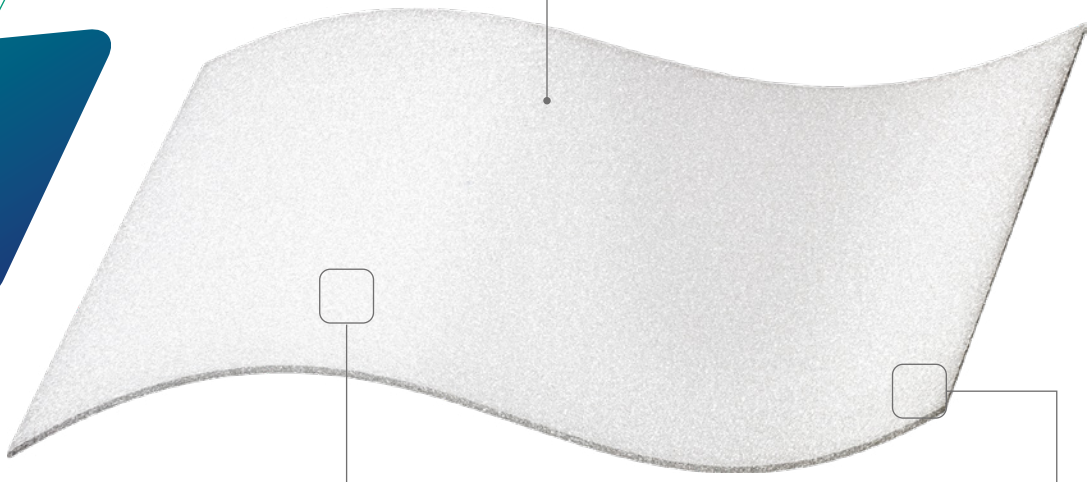


1. Implantation

2. Integration

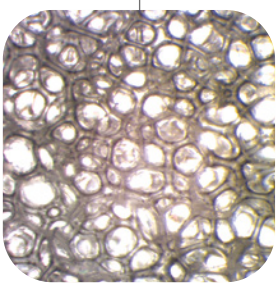


3. Delamination



Open cell matrix

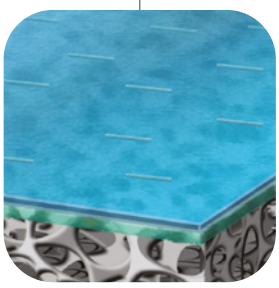
Matrix architecture breaks a macro wound into a series of interconnected micro wounds that the body can readily heal.



Photomicrograph

Fenestrated sealing membrane

Physiologically closes the wound during integration, limiting evaporative moisture loss, contraction and risk of infection.[2,3]



Robust in the presence of infection[2,4]

Does not act as a food source for infections, often allowing retention while the infection is treated.

Pre-operative | Week 2 | Week 3 | Week 4.5 | 4 months

Diabetic foot ulcer with exposed tendons. An infection in the wound at 2 weeks was able to be treated while NovoSorb BTM was retained in place. Full integration, graft take and wound closure were achieved.

Designed to minimise contracture over functionally important areas and improve cosmesis (uniformity of texture)[5]

Compared with primary skin grafting.

Post debridement | Integrated | 3 months

Radical debridement for necrotising fasciitis exposed deep structures of the neck. Reconstruction with NovoSorb BTM and skin graft resulted in a good aesthetic and functional outcome with minimal contracture.

Generation of a neodermis over exposed tendons and bones[1,4,5]

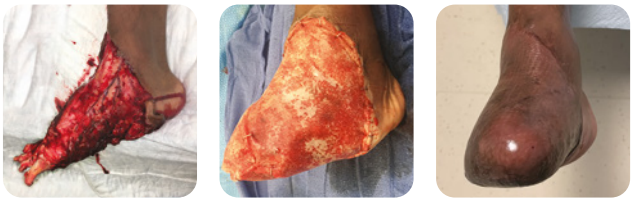
Can offer alternative treatment for complex wounds.

Pre-operative | Integrating | 4 months

Traumatic crush injury with exposed tibia and fibula devoid of periosteum. After a failed free flap, NovoSorb BTM provided robust coverage to support definitive closure, allowing the patient to return to work in the military.

Dermal repair to support limb salvage[6]

By creating a vascularised neodermis for definitive closure



Pre-operative | Application | 3 months

A traumatic crush injury resulted in full avulsion of dorsal and plantar soft tissue, sparing the heel. To avoid amputation and preserve ambulation, NovoSorb BTM was used to generate a neodermis which provided robust coverage for definitive closure.

Sizes available

- **BTM-0505** 5 x 5cm
- **BTM-1010** 10 x 10cm
- **BTM-1020** 10 x 20cm
- **BTM-2040** 20 x 40cm

NovoSorb BTM is indicated for full or deep partial thickness burns and wounds, surgical and reconstructive wounds and traumatic wounds.

Intended use:

To temporise dermal injuries, where the dermis has been decimated or lost, and to facilitate dermal repair by providing temporary wound closure and a scaffold for the generation of a neodermis.

Refer to the Instructions For Use (IFU) for full device details including indications, contraindications, warnings and precautions.

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References: 1. Wagstaff MJD, Schmitt BJ, Coghlan P, Finkemeyer JP, Caplash Y, Greenwood JE. A biodegradable polyurethane dermal matrix in reconstruction of free flap donor sites: a pilot study. ePlasty 2015; 15:102–18. **2.** Greenwood JE, Dearman BL. Comparison of a sealed, polymer foam biodegradable temporizing matrix against Integra® dermal regeneration template in a porcine wound model. J Burn Care Res. 2012; 33:163-73. **3.** Dearman BL, Li A, Greenwood JE. Optimization of a polyurethane dermal matrix and experience with a polymer-based cultured composite skin. J Burn care Res. 2014; 35(5): 437-48. **4.** Greenwood JE, Schmitt BJ, Wagstaff MJD. Experience with a synthetic bilayer Biodegradable Temporising Matrix in significant burn injury. Burns Open. 2018;2(1):17-34. **5.** Wagstaff MJD, Salna IM, Caplash Y, Greenwood JE. Biodegradable Temporising Matrix (BTM) for the reconstruction of defects following serial debridement for necrotising fasciitis: A case series. Burns Open. 2019; 3:12–30. **6.** Data on file.

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