



AntiAD[®] SP

Spine

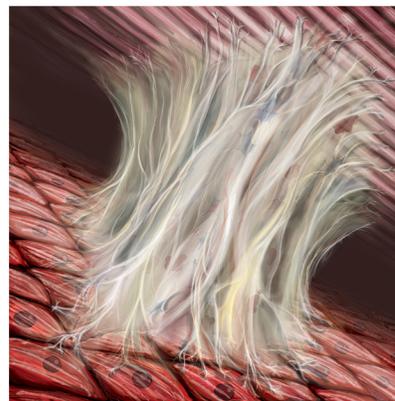
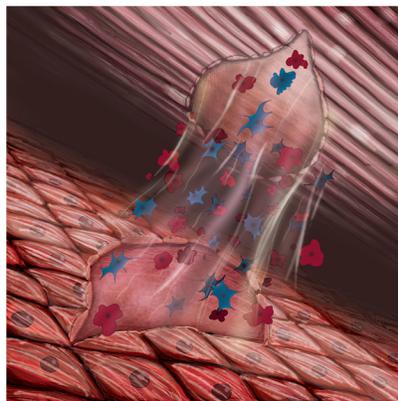
- All Synthetic
- No Animal Derived Components
- Provides Adhesion Barrier
- Promotes Healing and Restored Flexibility



Postoperative spinal adhesions compress adjacent tissues and anatomical structures. They can cause dural tethering and damage to the nerve root, leading to neuronal atrophy. Epidural fibrosis following lumbar surgery is a leading cause of Failed Back Surgery Syndrome. Subsequent surgeries are more difficult when adhesions are present, often leading to further nerve root damage and debilitating complications. AntiAD[®] SP is the surgeon's aid for preventing or minimizing post-op adhesions.

What is AntiAD[®] SP?

- A biocompatible, resorbable, flowable gel composed of totally synthetic auto-crosslinked sodium Hyaluronic Acid (closely mimicking hyaluronic acid that is naturally found in the body).
- A physical barrier which redirects fibroblast migration on and around neural and tendinous structures while promoting healing.
- An agent which facilitates restoration of the extra-cellular matrix, reduces post-op pain and speeds patient recovery.
- A cost effective dosage in sterile kits for easy, controlled application.
- AntiAD[®] SP comes in 3 ml sterile dose in syringe with special catheter applicator.
- Hyaluronic Acid is a natural substance produced within the human body. AntiAD is the closest synthetic to the natural substance but having no animal derived, no microbial and no recombinant components.



*Visualization of two tissues which are separated. Intervention of fibroblasts.
Visualization of fibrocyts in advance stage of adhesion.*

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AntiAD
Anti-Adhesion Gel with Hyaluronic Acid[®]



NOT FOR SALE IN THE US

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AntiAD[®] SP

Spine

Indications for AntiAD[®] SP

AntiAD[®] SP is used as a resorbable barrier to prevent unwanted formation of postoperative peritendinous, perineural and peridural fibrosis as well as inter-tissue adhesions while allowing normal scarring as part of the natural healing process. AntiAD[®] SP is used as an equally important agent promoting cellular regeneration. AntiAD[®] SP helps patients regain nervous function earlier and more efficiently. AntiAD[®] SP is indicated for posterior laminectomy or laminotomy procedures where nerve roots or dura are exposed, such as for spinal stenosis and discectomy.

Benefits of AntiAD[®] SP

AntiAD[®] SP does more than other adhesion barrier gels. It not only prevents adhesions, but its Hyaluronic Acid acts as an anti-inflammatory and enhances cell proliferation and collagen deposition. AntiAD[®] SP also provides lubrication for movement at the intervertebral site where applied.

- **Prevents Adhesion Formation**
- **Promotes Restoration of the Cell Wall**
- **Speeds Up Remodeling and Replenishment of the Extra-Cellular Matrix in a Shorter Residence Time, in Contrast to Competing Products Having CMC + PEO Combination That Provide No Positive Effect Upon Extra-Cellular Matrix Reformation.**
- **Highly Biocompatible. Does Not Cause a Foreign Body Reaction**
- **Facilitates Patient Rehabilitation**
- **Reduces Recurrent Pain and Risk of Morbidity Due to Post-Operative Complications**
- **Saves Financial Cost By Preventing Subsequent Surgery for Failed Back Surgery Syndrome or Reducing Time in O.R. if Further Surgery is Needed**
- **Resorbable**

Adhesions normally occur at the site of the procedure and frequently develop during the first three to five days after surgery. AntiAD[®] SP maintains a protective barrier on-site until gradually resorbed in fourteen days.

- **Hyaluronic Acid(HA) Clinical History**

The safety & efficacy of Hyaluronic Acid to prevent adhesion formation, promote healing and tissue restoration are widely accepted in numerous clinical studies. Hyaluronic Acid is a natural substance produced within the human body. AntiAD is plant-based hyaluronic acid that closely mimics HA in human body.

1. Borg, P.A.J. "Hyaluronidase in the Management of Pain Due to Post-Laminectomy Scar Tissue." Pain Vol. 58 Issue 2 Aug 1994 Pps 273-276.
2. Isik, S. MD, and M.O. Taskapilioglu, MD, et al. "Effects of Cross-Linked High-Molecular-Weight Hyaluronic Acid on Epidural Fibrosis: Experimental Study." J Neurosurg Spine November 14, 2014.
3. Massie, J.B., MS., and A.L. Schimizzi MD. "Topical High Molecular Weight Hyaluronan Reduces Radicular Pain Post Laminectomy in a Rat Model." The Spine Journal Vol. 5 Issue 5 Sept -Oct 2005 Pps 494-502.
4. Nahm, F.S., and P.B. Lee, et al. "Therapeutic Effect of Epidural Hyaluronic Acid in a Rat Model of Foraminal Stenosis." Journal of Pain Research 25 Jan 2017.
5. Schimizzi A.L., MD. "High-Molecular-Weight Hyaluronan Inhibits Macrophage Proliferation and Cytokine Release in the Early Wound of a Preclinical Postlaminectomy Rat Model." The Spine Journal Vol. 6 Issue 5 Sept-Oct 2006 Pps 550-556.
6. Shaban, M., and Y. Aras, et al. "Effects of Sodium Hyaluronate and Methylprednisone Alone or in Combination in Preventing Epidural Fibrosis." Neurological Research 2013 Vol. 35 No. 8 851.

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