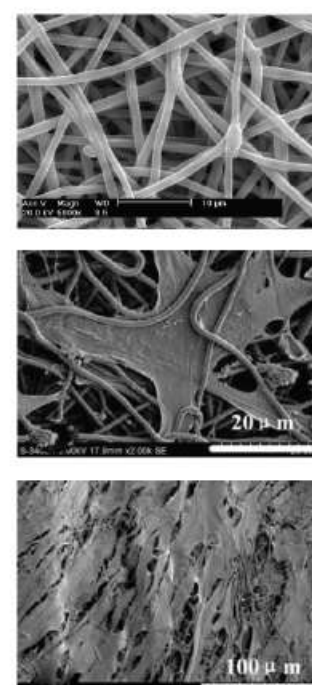
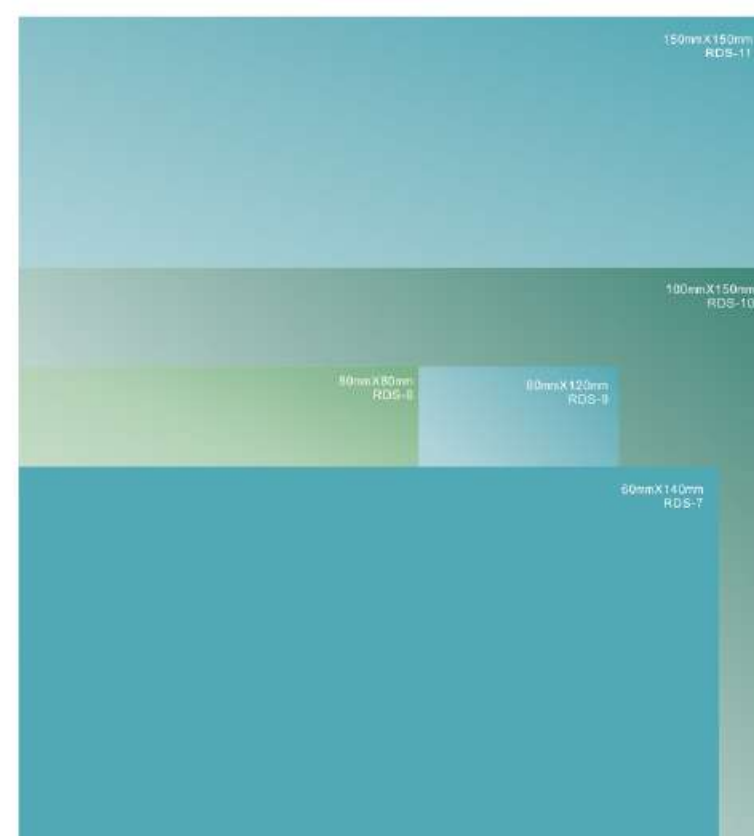


### ReDura™ Regenerative Dural Repair Patch

Synthetic biomaterial scaffold resembles microstructures of native dural matrices and provides appropriate environment for recruitment, growth and proliferation of dural cells on scaffolds.

With such unique features, ReDura™ is able to repair and regenerate defective dura within a few months.



### ReDura™ Regenerative Dural Repair Patch

Individually packaged in a sterile foil.  
Sterilized by Radiation.  
Do not resterilize!  
Do not use if the package is opened or damaged!

# ReDura™

*Biomimetic-Synthetic-Absorbable  
Dural Substitute*



- > Unique Fibrous Structure
- > Rapid Repair and Regeneration
- > Excellent Conformability
- > Superior Water-tight





## ► EXCELLENT BIOCOMPATIBILITY

- The synthetic biomaterial has been widely used in clinical practices for decades and demonstrated outstanding histocompatibility and safety.

## ► RAPID REGENERATION

- Unique construction of 3D nano-fibrous network attracts cells migration into scaffold for improving tissue reconstruction.

## ► OPTIMAL DEGRADATION

- Material degradation rate matches well with tissue regeneration, leading to a full dural reconstruction within 3–6 months.

## ► SUPERIOR ANTI-ADHESION

- ReDura™ shows low adhesion risk to avoid postoperative complications caused by tissue adhesion.

## ► LONG-TERM SAFETY

- Avoid potential risk of animal–source disease transmission.
- No long–term foreign body reaction caused by existence of non–degradable materials.

## ► NO PREPARATION TIME

- Compared to an autologous implant, which requires a second procedure for tissue harvesting, the ReDura™ implant can make a valuable reduction in operation time.
- The ReDura™ is provided completely flat and soft. It is easy to curve for desired contour, and easy for the surgeon to suture it with the dura.

## Pre-clinical Animal Studies: 3-month Post-implantation

### General Appearance

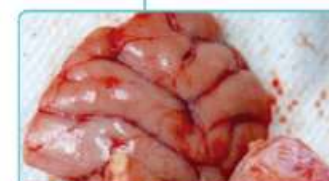


Surgical operation of ReDura™ patch in a defective dura model



In ReDura™ groups, new–born membrane took place in defects and scaffold materials degraded mostly (green arrows); however, in controls, partial dura was regrown with slow degradation of scaffold (blue arrows).

### Adhesion Analysis

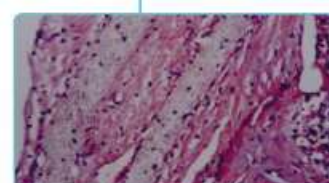


ReDura™ group: smooth surface of brain tissue with no adhesion to implanted material

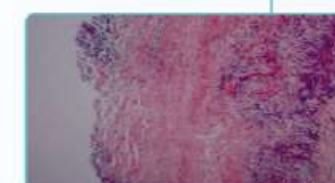


Control group: close adhesion of material to brain tissue

### Histological Evaluation



ReDura™ group: implant became discontinuously distributed and exhibited a loose fine mesh–shaped structure with fibroblast and collagen fibers growing in a pattern of ribbon.



Control group: implant was still integrated and strip–shaped; some fibroblasts grew into the implant; a few calcification spots were seen (in the upper right corner of this picture).

## Clinical Studies: ReDura™ Patches in Patients



ReDura™ (4 × 6cm) was laid and sutured onto the dural defect of a patient



The patient had glioma. Pre–operative CT image showed the position and size of the glioma



Post–operative CT scanning (Day 3). The glioma was removed and no CSF leakage was found.



Post–operative CT scanning (Day 7). No CSF leakage was further confirmed and rapid growth of “neo–dural” tissues was seen.

## References:

- "A Novel Synthetic Absorbable Dural Substitute Fabricated By Emerging Nanotechnology". 2013 20th Annual Scientific Meeting Of Hong Kong Neurosurgical Society, Hong Kong.
- "Novel Regenerative Nanofibrous Bio–device for Dural Defect Repair". Congress of Neurological Surgeons 2011 Annual Meeting, Washington, DC, USA
- "Use of Novel Regenerative Nanofibrous Bio–Device for Dural Defect Repair". EANS 2011 The 14th European Congress of Neurosurgery, Rome, Italy.
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- "Electrospun Fibrous Mats with High Porosity as Potential Scaffolds for Skin Tissue Engineering". Biomacromolecules 2008, 9(7):1795–1801.