

CentaFlex™ Decellularized Human Placental Matrix



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Stronger, more durable support for soft-tissue repair. Derived from human umbilical cord, CentaFlex placental matrix has the strength to support repair without the tradeoff of an overly thick tissue.

Features and Benefits

- Robust and strong enough to hold a suture
- Flexible to use across a wide variety of applications
- Biological membrane covering or allograft used as a barrier or wrap to cushion and protect the surgical site and support wound management
- Terminally sterile with 10-year shelf life
- Ambient room temperature storage
- Non–side-specific; can be placed regardless of orientation
- Quickly hydrate CentaFlex matrix with a sterile fluid to maximize its flexibility and handling (average time needed is 10 seconds)

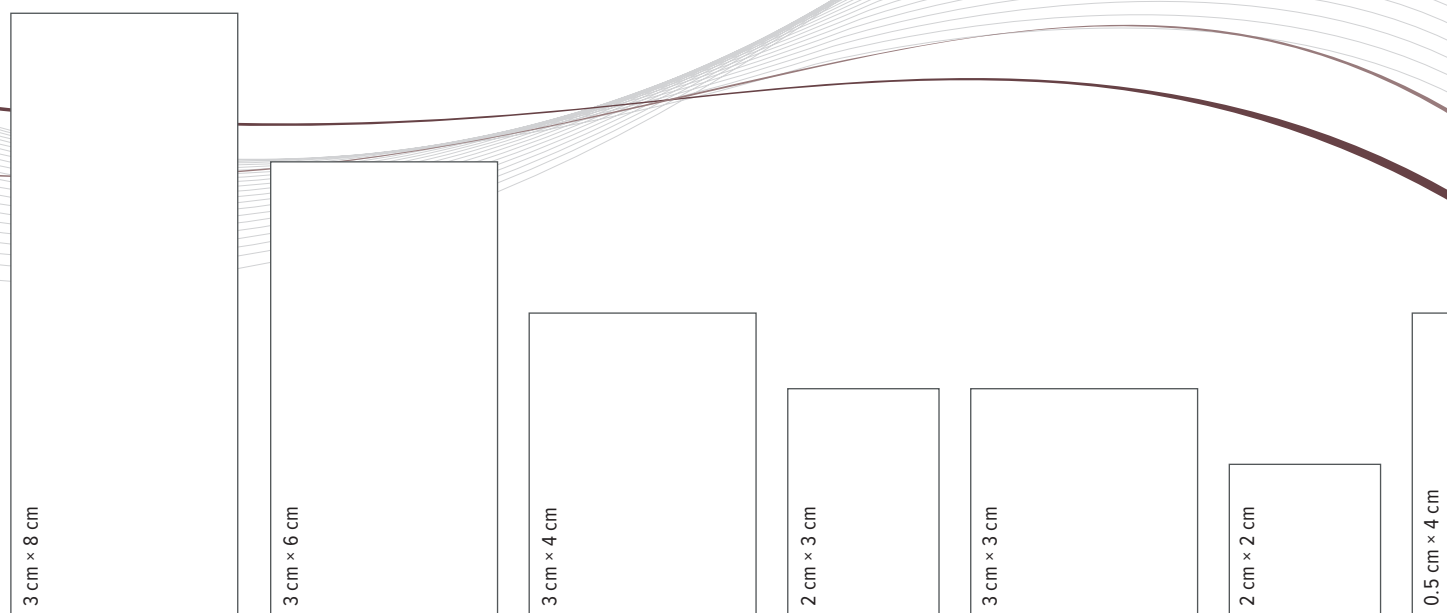
The CentaFlex Placental Matrix Difference

In vitro data has shown decellularized, inert placental tissue scaffold provides a cell-friendly environment.¹

- Serves as a cell-friendly structure to allow non-inflammatory cell attachment, proliferation, and growth
- Cell attachment is a natural stimulus for the orderly release of growth factors and cytokines

Reference

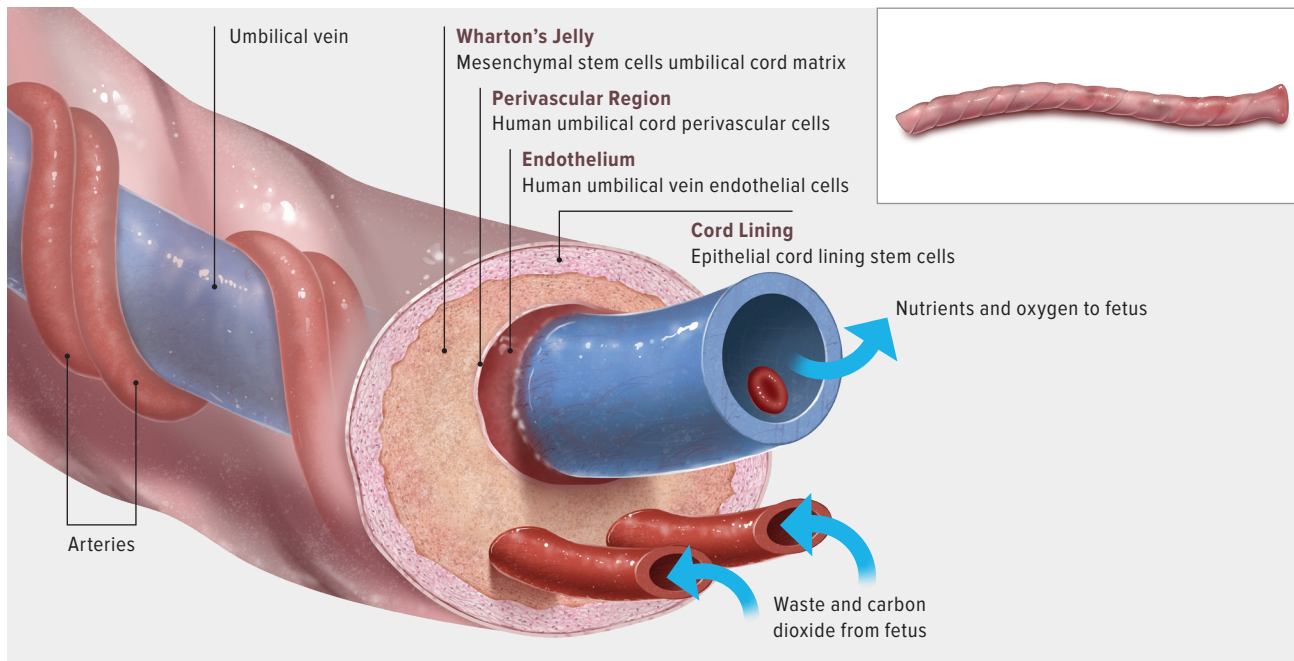
1. Guo X, Kaplunovsky A, Zaka R, et al. Modulation of cell attachment, proliferation, and angiogenesis by decellularized, dehydrated human amniotic membrane in in vitro models. *Wounds*. 2017;29(1):28-38.



Available in **7 different sizes** to meet a variety of surgical application needs.

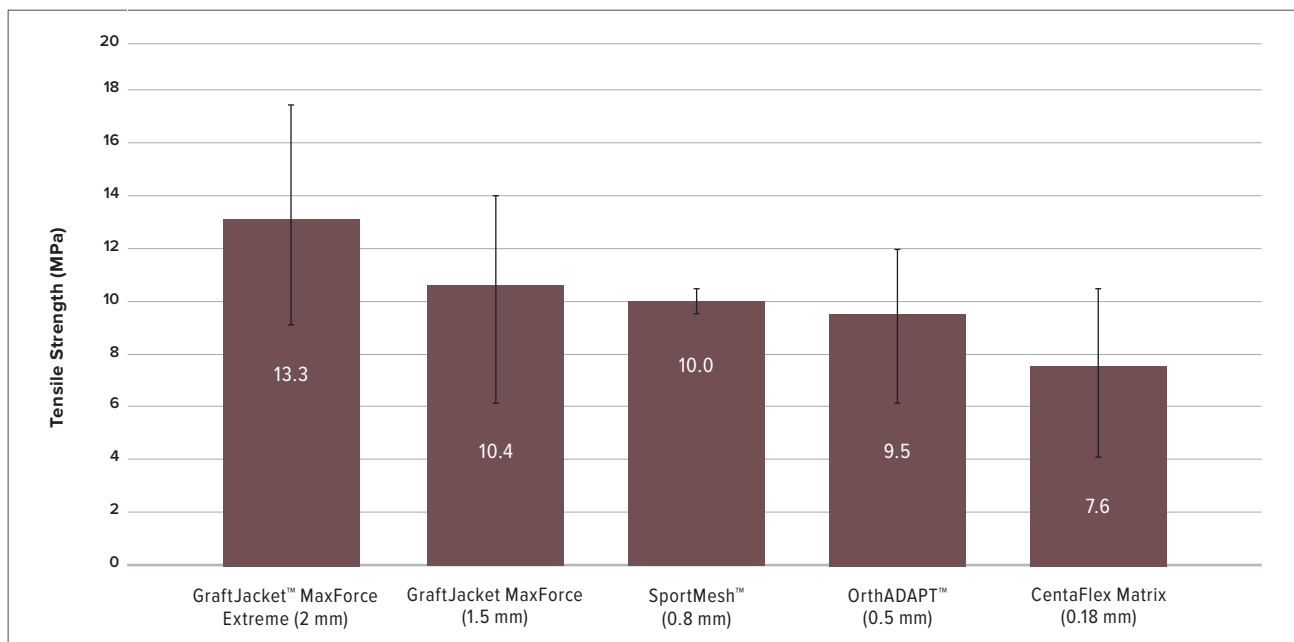
Umbilical Cord Anatomy

CentaFlex™ matrix is derived from the cord lining of the umbilical cord.



CentaFlex Placental Matrix Strength and Statistical Analysis

Biomechanical Testing of Commercially Available Soft-Tissue Augmentation Materials



Group 1	Group 2	P-Value	Significance (p<0.05)
CentaFlex Matrix	OrthADAPT	P=0.1635	Not statistically significant
CentaFlex Matrix	SportMesh	P=0.0221	Statistically significant
CentaFlex Matrix	GraftJacket MaxForce	P=0.1039	Not statistically significant
CentaFlex Matrix	GraftJacket MaxForce Extreme	P=0.0012	Statistically significant

Data on file at Celularity Inc.
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Ordering Information

Product Description	Item Number
CentaFlex™ Placental Matrix, 3 cm × 8 cm	HPM0038
CentaFlex Placental Matrix, 3 cm × 6 cm	HPM0036
CentaFlex Placental Matrix, 3 cm × 4 cm	HPM0034
CentaFlex Placental Matrix, 2 cm × 3 cm	HPM0023
CentaFlex Placental Matrix, 3 cm × 3 cm	HPM0033
CentaFlex Placental Matrix, 2 cm × 2 cm	HPM0022
CentaFlex Placental Matrix, 0.5 cm × 4 cm	HPM0054

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Indications for Use

CentaFlex placental matrix is an allograft used as a barrier or wrap to cushion and protect the surgical site and support wound management. It is intended for use as a biological membrane covering. As a barrier membrane, CentaFlex matrix is intended to protect the underlying tissue. Indications include, but are not limited to, surgical covering, wrap, or barrier.

Contraindications, Warnings, and Precautions

- CentaFlex matrix is contraindicated in patients with a known hyper-sensitivity to CentaFlex matrix.
- If a patient has an adverse reaction related to the use of CentaFlex matrix, immediately discontinue its use.
- CentaFlex matrix should not be used on clinically infected wounds.
- The pouch contents are sterile if the pouch is unopened and undamaged. Do not use if package seal is broken. Discard material if mishandling has caused possible damage or contamination. Do not resterilize.
- CentaFlex matrix must be used prior to the expiration date on the product pouch.
- CentaFlex matrix should not be used together with a collagenase product on the wound.
- For product information or adverse reaction reporting, call (800) 934-4404.
- Please refer to CentaFlex Matrix package insert for complete product information.



CentaFlex is a registered trademark of Celularity Inc.
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This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.

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