

Myriad™

Soft Tissue Bioscaffold

Clinical Evidence

Myriad + NPWT



Myriad works synergistically with Negative Pressure Wound Therapy (NPWT) to accelerate tissue regeneration and reduce wound complexity

NPWT aids in the healing process by increasing local blood flow and granulation tissue formation, and removing potentially infectious material.¹ However, it doesn't replace the components of the missing extracellular matrix (ECM).

Rebuilding the ECM is a critical feature of wound healing, involving important interactions between ECM proteins, growth factors and cells.²

Myriad works synergistically with NPWT by providing the ECM scaffold, vascular channels and biology known to be important in healing.³⁻⁶

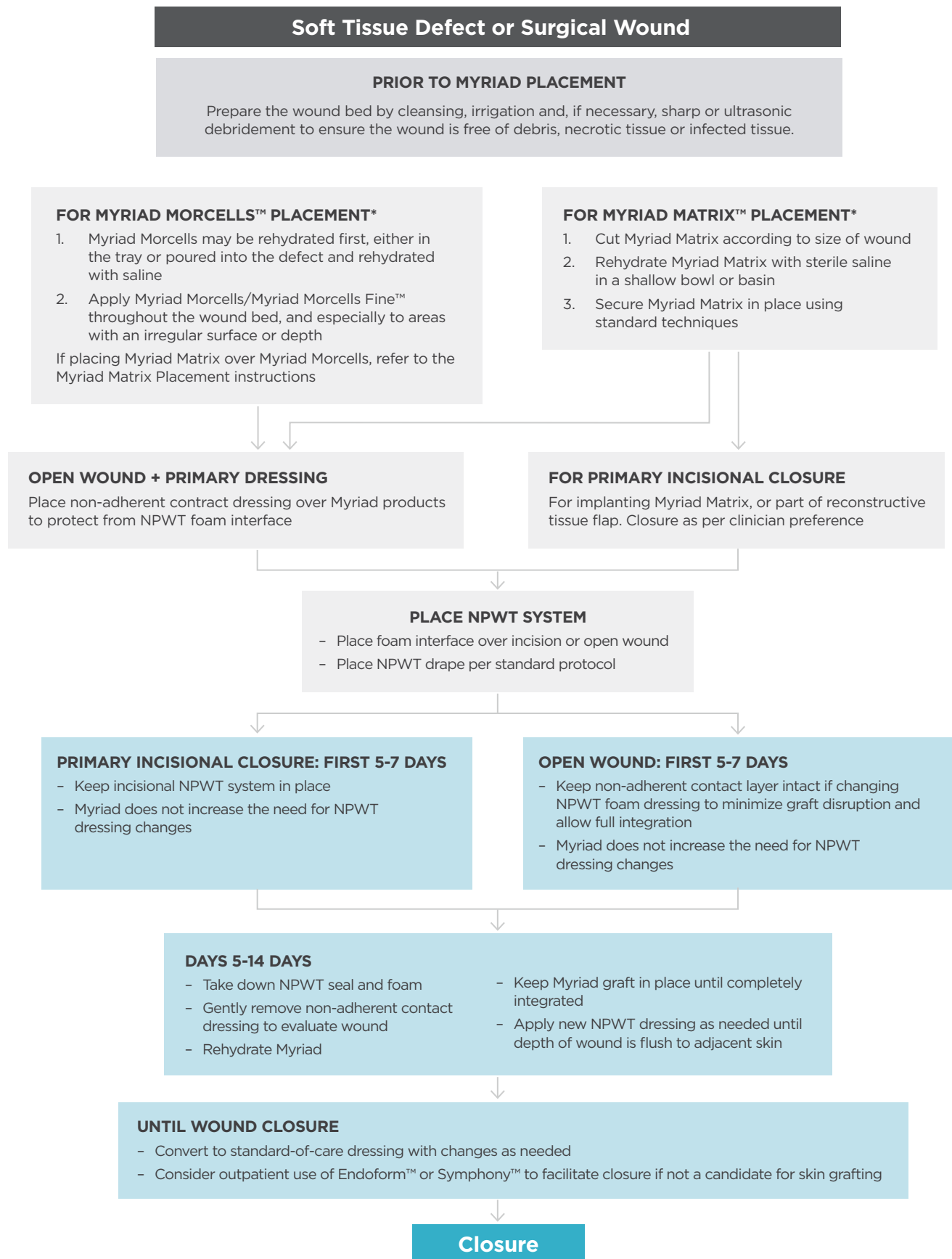
Duration of NPWT therapy with Myriad

Clinical evidence has demonstrated that the duration of NPWT ranges from an median of 3.8-4.0 weeks when Myriad is added to NPWT management of complex volumetric defects, often involving exposed structures.



Myriad Study	Median NPWT duration	Average number of Myriad applications
Cormican, M. T., N. J. Creel, B. A. Bosque, S. G. Dowling, P. P. Rideout and W. M. Vassy (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Volumetric Soft Tissue Defects: A Retrospective Pilot Case Series." ePlasty 23: e66.	3.8 weeks	1.2
Taarea, R., A. Florence, B. Bendixen and C. A. Castater (2024). "Early Experience with Ovine Forestomach Matrix for the Reconstruction of Abdominal Defects following Emergency Open Abdomen Surgery at a Level 2 Trauma Center." Trauma Cases Rev 10(1): 102.	4.0 weeks	1.7
Bosque, B. A., S. G. Dowling, B. C. H. May, R. Kaufman, I. Zilberman, N. Zolfaghari, H. Que, J. Longobardi, J. Skurka, J. E. Geiger and M. M. Melin (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Lower-Extremity Soft-Tissue Defects: A Retrospective Multi-Center Case Series." J Am Podiatr Med Assoc 113(3): 22-081.	3.8 weeks	1.0

Myriad + NPWT Protocol



*As per the IFU provided

How to use Myriad + NPWT

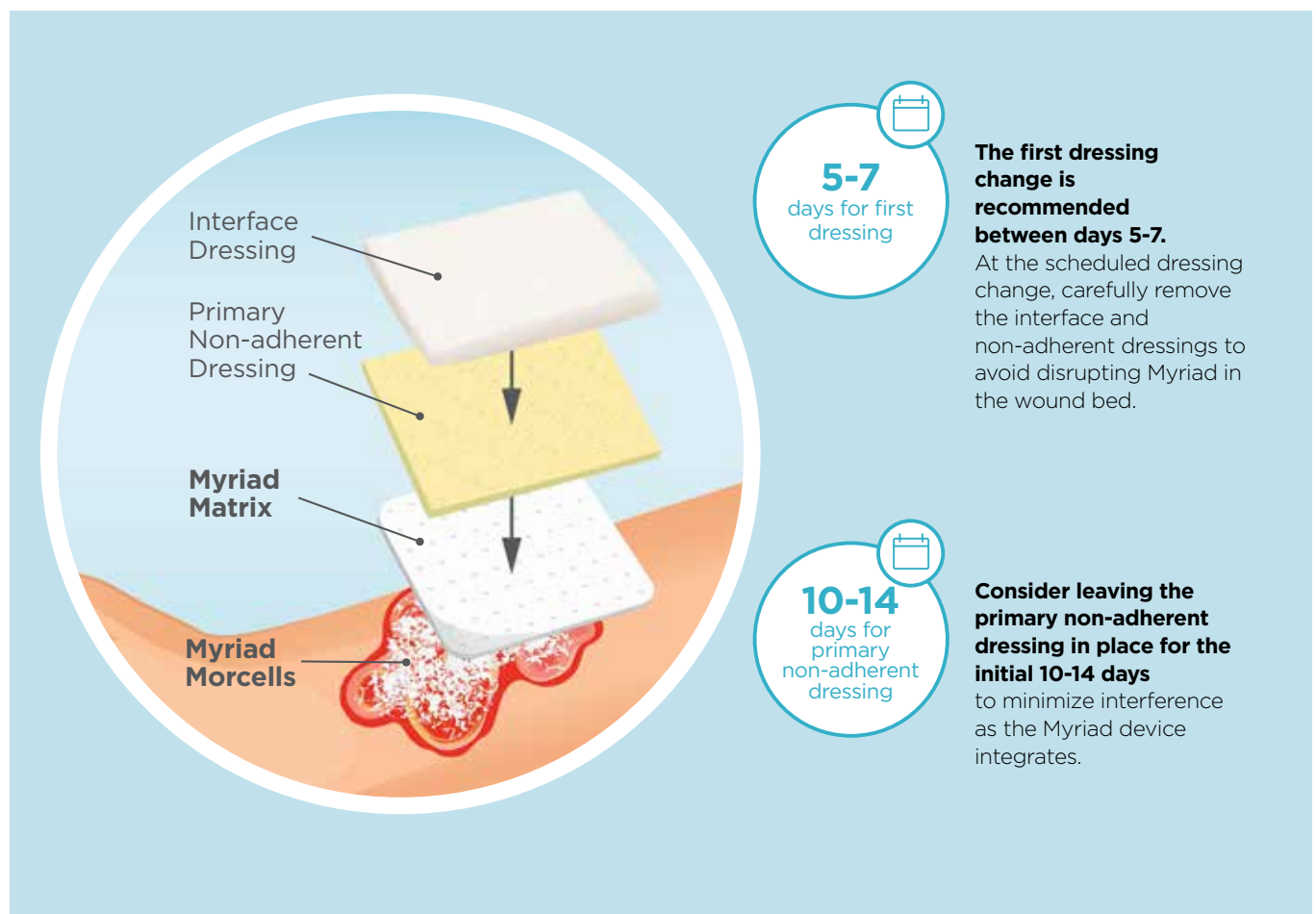
All Myriad devices are compatible with NPWT. When utilizing NPWT as a secondary dressing, it is important to have a non-adherent dressing placed between the Myriad products and the foam interface dressing.

- The non-adherent dressing can be placed directly over the Myriad products with the option to secure it in place with sutures.
- The NPWT dressing can be changed every 2-3 days according to institutional protocols, or recent studies have shown this can be extended to every 5-7 days.^{3,6}
- When implanted under an incisional closure or reconstructive tissue flap, Myriad Matrix is compatible with incisional NPWT.⁵

Dressing Change Guidance



It is important to ensure the Myriad device remains adequately hydrated between dressing changes.



Clinical Evidence: Myriad + NPWT



Cormican, M. T., N. J. Creel, B. A. Bosque, S. G. Dowling, P. P. Rideout and W. M. Vassy (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Volumetric Soft Tissue Defects: A Retrospective Pilot Case Series." ePlasty 23: e66

Key takeaways - defect characteristics:

A retrospective case series of 10 patients with 13 volumetric soft tissue defects surgically managed in a Level 1 trauma center.



85% of defects had exposed structures and all were CDC grade 2 or higher



Staged reconstruction was used in 7 of 13 defects, with the remaining 6 healing via secondary intention

Outcomes



Mean time to 100% granulation was 23 days

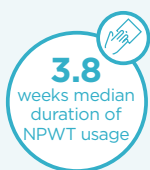


There were no major complications



Mean overall time to closure was 6.4 weeks

Myriad complements NPWT usage



NPWT median duration of usage with Myriad was 3.8 weeks



Median of only 1.2 Myriad applications



Dressing change frequency was adapted to every 5-7 days, as opposed to typical frequency of every 2-3 days

"... this may have significant long-term impacts on the health economics of managing these complex defects by reducing the burden and costs associated with postoperative care of these patients ..."

Clinical Evidence: Myriad + NPWT

Open hip defect following motor vehicle accident

36-Year-old, male. Full thickness right hip wound from blunt trauma due to motor vehicle accident. Approximate size; 18 x 13 x 20 cm. Four days after an initial debridement and following a serial sharp debridement, **Myriad Morcells™** 2000 mg were applied and hydrated with blood in situ and then NPWT was applied. At day 5, depth reduction (approx. 2 cm) and budding granulation tissue was noted. Two **Myriad Matrix™** 10 x 20 cm, 5-layer devices were then applied, hydrated with blood in situ, quilted together and secured with staples with continuation of NPWT. By day 15, there was continued formation of robust, vascularized tissue, but the patient declined a STSG. By week 4, there was significant reduction of wound area and volume with no complications. Planned healing was by secondary intention. By week 7, approximately 1 cm of depth remained and by week 13 the wound had fully epithelialized.³

Duration of NPWT was 8 weeks.



Initial Defect



Myriad Morcells™ Application



Day 5 - Post debridement



Day 5 - Myriad Matrix™ Application



Day 8



Week 4



Week 7



Week 21

CC.0168.00

Clinical Evidence: Application in NSTI of the Thigh

NSTI of the thigh

56-Year-old, trans male. Full thickness wound of the left posterior thigh with exposed hamstrings muscle and tendon.

Approximate size: 21 x 10 x 2 cm. Multiple sharp debridements of nonviable tissue were performed and multiple pieces of **Myriad Matrix™** 10 x 20 cm 5-layer were sutured into place. At day 28, 100% vascularized, granular neodermis had formed with no complications. Split thickness skin graft applied at day 35 (not shown) with 100% take of the skin graft and no complications.³

Duration of NPWT was 4 weeks.



Initial Defect



Application



Day 8



Day 16



Day 28



Day 56

CC.0156

Clinical Evidence: Myriad + NPWT



Taarea, R., A. Florence, B. Bendixen and C. A. Castater (2024). “Early Experience with Ovine Forestomach Matrix for the Reconstruction of Abdominal Defects following Emergency Open Abdomen Surgery at a Level 2 Trauma Center.” Trauma Cases Rev 10(1): 102.

Key takeaways:

A retrospective observational case series of 3 emergency open abdominal defects



All defects were at or beyond the level of the fascia, clean contaminated (grade 2) and in one case, there was exposed viscera

Outcomes



19.3
days to
full graft
integration

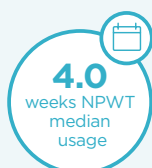
Average time to full graft integration was 19.3 days



0
complications

There were no complications

Myriad complements NPWT usage



4.0
weeks NPWT
median
usage

NPWT median duration of usage with Myriad was 4.0 weeks



Weekly
NPWT
dressing
changes

NPWT dressings were changed on a weekly basis

“... by using a biological graft to expedite tissue regeneration providers can potentially reduce the number of dressing changes and overall duration of NPWT, thereby reducing financial burden for patients and facilities alike...”

Abdominal dehiscence following motor vehicle accident

49-Year-old male. Presented with surgical dehiscence of the fascial layer following multiple damage control laparotomies post a high velocity motor vehicle accident. Other complications included obesity, hypotension, and repaired liver and bladder. After irrigation and debridement, the midline defect measured 31 cm x 7 cm x 4 cm. Myriad Morcells™ 1000 mg was applied and hydrated in situ with sterile saline and blood. NPWT was applied for 2 weeks, with weekly dressing changes. At day 4, **Myriad** was observed to be well adhered and integrating with budding granulation tissue observed. By week 2, **Myriad** was 80% integrated with significant granulation tissue noted. At week 3, there was 90% integration and healthy vascularized tissue was filling in the depth of the wound. At week 6, the wound had fully closed with no complications. Patient ultimately underwent planned hernia repair at 20 weeks and has had no complications or recurrence through 70 weeks post-operatively.⁴



Pre-operative Assessment



Morcells application



Week 2



Week 3



Week 6

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Clinical Evidence: Myriad + NPWT



Bosque, B. A., S. G. Dowling, B. C. H. May, R. Kaufman, I. Zilberman, N. Zolfaghari, H. Que, J. Longobardi, J. Skurka, J. E. Geiger and M. M. Melin (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Lower-Extremity Soft-Tissue Defects: A Retrospective Multi-Center Case Series." J Am Podiatry Med Assoc 113(3): 22-081.

Key takeaways:



A retrospective case series of 50 patients
with complex lower extremity defects

Outcomes



Mean time to graft integration
was 26.0 days



Overall mean time to heal
= 13.7 weeks



Median product applications
per case = 1.0



**NPWT median duration of usage
with Myriad** was 3.8 weeks

Necrotizing soft tissue infection of the foot

28-Year-old, male with insulin-dependent diabetes presented with a necrotizing soft tissue infection and sepsis of the foot.

In a staged procedure, debridement of non-viable soft tissue and bone was performed resulting in a volumetric defect with exposed tendon and bone. At the second stage, **Myriad Matrix™** 10 x 10 cm, 5-layer was applied directly to the wound bed and stapled into place followed by NPWT. At week 1, **Myriad** was well integrated revealing 100% viable granulation tissue and full coverage of bone and tendon. A STSG was placed. At week 3 there was 90% graft take. By week 8 the STSG had fully integrated with a pliable scar. The foot was functional and the patient was able to wear shoes and return to work. There was no recurrence at 6 month follow-up.⁵

Duration of NPWT was 3 weeks.



Initial defect



Resection



Myriad Matrix™ application



Week 1



Week 3 (2 weeks post STSG)



Week 8

References:

1. Norman G, Goh EL, Dumville JC, Shi C, Liu Z, Chiverton L, Stankiewicz M, Reid A. Negative pressure wound therapy for surgical wounds healing by primary closure. *Cochrane Database Syst Rev*. 2020 Jun 15;6(6):CD009261. doi: 10.1002/14651858.CD009261.pub6. Update in: *Cochrane Database Syst Rev*. 2022 Apr 26;4:CD009261.
2. Schultz GS, Wysocki A. Interactions between extracellular matrix and growth factors in wound healing. *Wound Repair Regen*. 2009 Mar-Apr;17(2):153-62.
3. Cormican, M. T., N. J. Creel, B. A. Bosque, S. G. Dowling, P. P. Rideout and W. M. Vassy (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Volumetric Soft Tissue Defects: A Retrospective Pilot Case Series." *ePlasty* 23: e66.
4. Taarea, R., A. Florence, B. Bendixen and C. A. Castater (2024). "Early Experience with Ovine Forestomach Matrix for the Reconstruction of Abdominal Defects following Emergency Open Abdomen Surgery at a Level 2 Trauma Center." *Trauma Cases Rev* 10(1): 102.
5. Bosque, B. A., S. G. Dowling, B. C. H. May, R. Kaufman, I. Zilberman, N. Zolfaghari, H. Que, J. Longobardi, J. Skurka, J. E. Geiger and M. M. Melin (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Lower-Extremity Soft-Tissue Defects: A Retrospective Multi-Center Case Series." *J Am Podiatr Med Assoc* 113(3): 22-081.
6. Chaffin, A. E., S. G. Dowling, M. S. Kosyk and B. A. Bosque (2021). "Surgical reconstruction of pilonidal sinus disease with concomitant extracellular matrix graft placement: a case series." *J Wound Care* 30(Sup7): S28-S34.

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