

VIVOSORB Clinical Reports

VIVOSORB used to avoid tissue attachments

Summary

Recently, VIVOSORB® has been used in several cases in the upper extremity. The main goal was to avoid any tissue attachment after surgery. This overview includes both primary and secondary procedures. The surgeons were asked to give feedback on the procedure, outcome, including follow-up, and usability of VIVOSORB®.

Five cases are included: Tenolyse m ext Hallucis, Redo Neurolyse n. Ulnaris, extension tendon after fracture treatment Prox phalanx, medianus release after CTS, scarring formation n. medianus after fracture.

The usability of VIVOSORB® was judged as good to very good in all cases. It was found to be flexible and easy to wrap. Positioning of VIVOSORB® was good. In most cases VIVOSORB® was sutured. In those cases where the device was not anchored using suture, it still showed good positioning.

Between two weeks and two months post-operatively, all cases showed good wound healing and accurate positioning of VIVOSORB®. After three months, further improvement of functionality was demonstrated, with no pain at the affected area and an effective outcome.

The results for all cases (in some up to seven months) were positive, showing good functionality, and an absence of pain for the patient. No adhesions or adverse events have been reported. All patients recovered well.

Indication	Usability	Post op	Post op	Conclusion
Tenolyse m ext Hallucis Longus & m ext. digitorum Longus	Good, easy to wrap	2 weeks post op good wound healing. Functionality good		7 months post-op good functionality of affected tenolysis
Redo Neurolyse n. Ulnaris	Very good			Patient is without pain for the first time. Great effect

Fixed extension tendon after fracture treatment Proximal phalanx dig. V right hand Between tendon and bone of proximal phalanx	Tissue separation Between extension-tendon and proximal phalanx No sutures used. Positioning is easy	2 months post op good functionality, improvement of 80%	3 months post op Improvement 90-95 % Functionality good	Good outcome
Massive adhesions n. medianus after Carpal Tunnel Release	Nerve wrapped and anchored with 6.0 Vicryl. Excellent positioning, good flexibility and suturing	1 month post op Free movement but ongoing paraesthesia. Functionality of affected area judges as good	2 months post op Further improvement 5 months post op. No pain, sensory defect, but good improvement and functionality	Used to work with flap only, but VIVOSORB is add on due to severe scar tissue
Massive scar. Complete fracture Radius and Ulna Scarring formation n. medianus	Around nerve, wrapped in radial perforator flap. Anchored with Vicryl 6.0 Positioning good, flexibility Vivosorb good. Suturing moderate	1 month post op Loss of power, however good movement. Functionality average. But pre-op severe injury forearm	2 months post-op CRPS forearm. Procedure related injury (not device related)	New follow-up to be scheduled
Adhesion barriere at dura mater- spinal case	Easy positioning, excellent usability	No adverse events		Seems to work effectively. Good recovery, no events.