



Prevena[™]
Incision Therapy

PRM | Proactive Risk Management (PRM)
with 3M[™] Prevena[™] Therapy

Abdominal Surgery

Advancing the standard of care

Helping to protect abdominal
surgery incisions beyond the OR



Abdominal surgery patient care doesn't end in the OR

In an increasingly overwhelmed healthcare system, surgeons are asked to do more with fewer resources than ever before, creating complications for patients that extend beyond the operating room. Postoperative concerns include swelling, infection and improper tissue integration in and around the surgical site.

These complications can create a ripple effect of consequences, like disrupted healing, extended hospital stays and poor patient outcomes, which inevitably cause further disruption that impacts quality and cost of care. Today's complex care environment makes protecting against the ripple effect of these complications a high priority.

The implications of postoperative complications

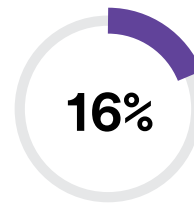
Emergency abdominal surgery presents surgeons with unique challenges for wound healing, considering unoptimized patient risk factors, poor physiological reserves, and a greater risk of wound contamination.

Rates of surgical site infections (SSIs) are much higher with abdominal surgery than with other types of surgery, depending on the level of contamination.

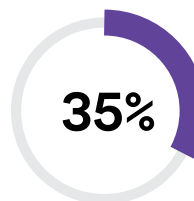
Surgical site infections complicate:



of all surgical procedures¹⁻³



of major abdominal procedures had complications, 9% had deep SSIs⁴

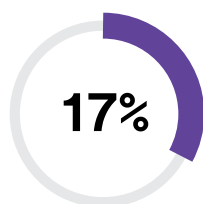


of open abdominal procedures⁴

SSIs complicate up to:

- 32% of pancreaticoduodenectomies⁵
- 25-40% of gastrointestinal procedures^{6,7}
- 14% of colorectal procedures⁸

The burden of emergency surgery is significant



postoperative mortality rates for emergency laparotomy patients⁹



patients died within 24 hours of laparotomy⁹

Abdominal surgery patients with postoperative complications are associated with:



9-10 days

average additional hospital length of stay vs. patients without SSIs¹⁰



\$17,955-\$20,829

average additional cost vs. patients without SSIs¹⁰

Managing the ripple effect

Given the ever-increasing challenges of abdominal surgery, clinicians and surgeons need support to safeguard their work and improve the patient's healing journey. In their efforts to effectively manage the ripple effect of surgical complications they are often motivated to favor low-touch care, including solutions that promote:

- Efficiency and cost-effectiveness
- Minimal hospital stays
- Minimal complications
- Low re-admits
- Portability of care
- Home-based recovery
- Telehealth consultations

Consider how minimizing these ripple effects would affect your caseload and budgets, particularly readmissions and prolonged lengths of stay.



The power to help protect outcomes beyond the OR

3M™ Prevena™ Therapy is the first closed-incision negative pressure therapy (ciNPT) solution of its kind to help reduce the risk or incidence of seromas and superficial surgical site infections (SSIs) in high-risk patients with Class I and II wounds.* It helps protect the incision site after surgery up to 7 days — extending your control over postoperative healing while helping patients at risk of developing complications.

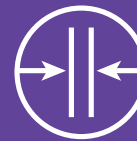
Prevena Therapy offers surgeons the confidence to help protect patients beyond the OR.



Acting as a barrier to external contamination



Delivering continuous -125 mmHg up to 7 days



Helping to hold incision edges together



Decreasing lateral tension of sutured/stapled incisions¹¹



Removing fluids and infectious materials**



Reducing edema

*The effectiveness of Prevena Therapy in reducing the incidence of SSIs and seroma in all surgical procedures and populations has not been demonstrated. See full indications for use and limitations at HCBGRegulatory.3M.com.

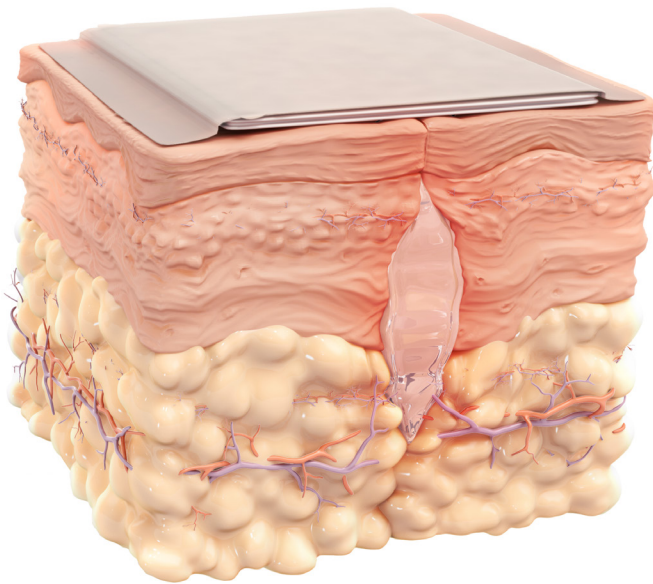
**In a canister.

Prevena™ Dressings and Prevena Restor™ Dressings can be applied to various procedures and anatomical locations.

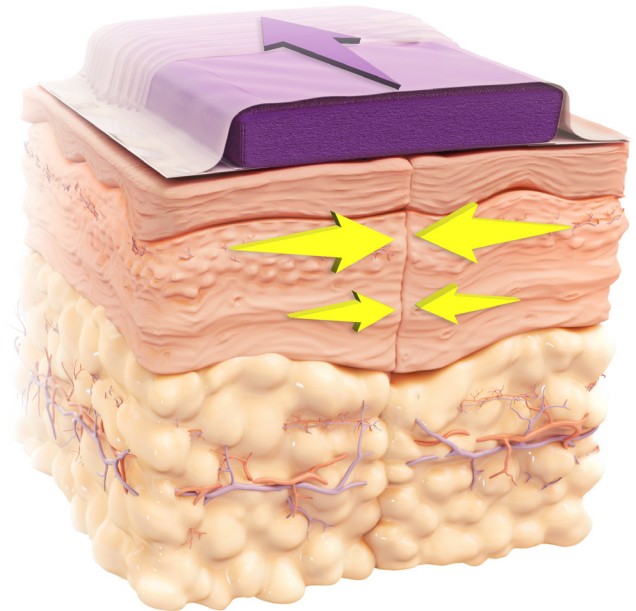
The advanced science of 3M™ Prevena™ Therapy

Prevena Therapy utilizes continuous -125 mmHg negative pressure wound therapy, reticulated open cell foam (ROCF) dressing technology, and optimized exudate management (replaceable canister) to help enhance healing. Visible and audible safety alarms automatically notify clinicians and patients of system alerts.

Prevena Therapy helps hold the incision edges together, reduces lateral tension, and allows for improved fluid management.¹¹⁻¹³



Passive Therapy



3M™ Prevena™ Therapy  Direction of fluid
 Appositional force

Additional features to help optimize postoperative care

- Contours in Prevena Dressings allow for even distribution of negative pressure
- Adhesive film creates a barrier to external contaminants
- Designed to conform to allow movement
- Multiple sizes and configurations
- Prevena Dressings are shower friendly*



*See Prevena Therapy Patient and Clinician Guides for additional details.

Patients and procedures that may benefit from 3M™ Prevena™ Therapy

A multidisciplinary group of surgical and infectious disease experts developed an algorithm to guide when to consider using closed-incision negative pressure therapy (ciNPT).¹⁴ They recommend that surgeons consider using ciNPT for patients at high risk for developing surgical site occurrences (SSOs) or who are undergoing a high-risk procedure or a procedure that would have highly morbid consequences if a surgical site infection (SSI) occurred.

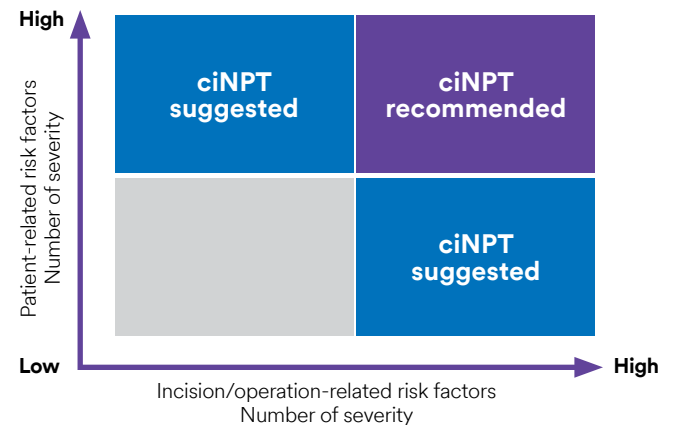
Consensus recommendations based on:

- Literature review
- ciNPT experiences
- Known risk factors for SSOs

Findings:

- Numerous publications reported SSI risk factors, with the most common including obesity (body mass index ≥ 30 kg/m²); diabetes mellitus; tobacco use; or prolonged surgical time
- It is recommended that the surgeon assess the individual patient's risk factors and surgical risks

Risk factor assessment for ciNPT



Additional factors to consider:

Patient-related risk factors		General incision-related factors	
<ul style="list-style-type: none"> • Diabetes mellitus • Acetylsalicylic acid Score ≥ 3 • Advanced age • Obesity • Active tobacco use • Hypoalbuminemia • Corticosteroid usage 	<ul style="list-style-type: none"> • Active alcoholism • Male sex • Hematoma • Chronic renal insufficiency • Chronic obstructive pulmonary disease 	<ul style="list-style-type: none"> • High tension incision • Repeated incisions • Extensive undermining • Traumatized soft tissue • Edema • Contamination • Emergency procedure 	<ul style="list-style-type: none"> • Prolonged operation time • Post-surgical radiation • Mechanically unfavorable site

Procedure/operation-related risk factors:

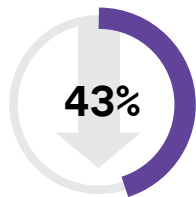
General	Plastic	Orthopedic	Vascular	Cardiovascular
<ul style="list-style-type: none"> • Open general • Open colorectal • Open urology • Open obstetrics/gynecology • Incisional hernia repair 	<ul style="list-style-type: none"> • Post-bariatric abdominoplasty • Breast reconstruction • Big soft tissue defects • Soilage risk 	<ul style="list-style-type: none"> • Open reduction and internal fixation of fractures • Fasciotomy • Above/below knee amputation 	<ul style="list-style-type: none"> • Above/below knee amputation • Synthetic graft implantations 	<ul style="list-style-type: none"> • Sternotomy

Clinically demonstrated to help safeguard abdominal surgery incisions while minimizing risk

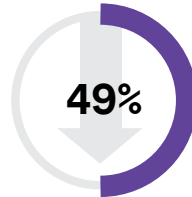
Clinical evidence helps support the safety and effectiveness of 3M™ Prevena™ Therapy versus conventional wound dressings for abdominal surgery.

A meta-analysis of 22 peer-reviewed studies¹⁵ across various abdominal surgical procedures demonstrated Prevena Therapy helped significantly reduce the risk of various surgical site complications (SSCs) while helping to improve health economic outcomes.

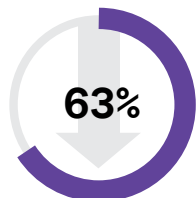
Clinical complications



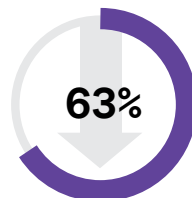
Surgical site complication
11 studies; ($p=0.003$)*



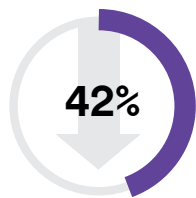
Surgical site infection
20 studies; ($p<0.001$)*



Superficial surgical site infection
8 studies; ($p<0.001$)*

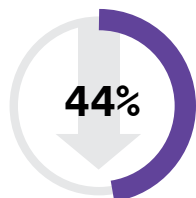


Deep surgical site infection**
9 studies; ($p=0.033$)*



Dehiscence**
12 studies; ($p=0.042$)*

Health economic outcomes



Readmission
7 studies; ($p=0.014$)*



Hospital stay length
8 studies; ($p<0.01$)*

*Statistically significant ($p<0.05$).

Calculation(s) are derived based on relative patient group incidence rate reported in this study.

**The use of Prevena Therapy for reduction in the incidence of deep SSI and dehiscence has not been reviewed by the U.S. FDA.

FDA indications for use

3M™ Prevena™ 125 Therapy Unit and 3M™ Prevena™ Plus 125 Therapy Unit manage the environment of closed surgical incisions and remove fluid away from the surgical incision via the application of -125 mmHg continuous negative pressure. When used with legally marketed compatible dressings, Prevena 125 Therapy Unit and Prevena Plus 125 Therapy Unit are intended to aid in reducing the incidence of seroma and, in patients at high risk for post-operative infections, aid in reducing the incidence of superficial surgical site infection in Class I and Class II wounds.

The effectiveness of Prevena Therapy in reducing the incidence of surgical site infections and seroma in all surgical procedures and populations has not been demonstrated. See full indications for use and limitations at HCBGRegulatory.3M.com.

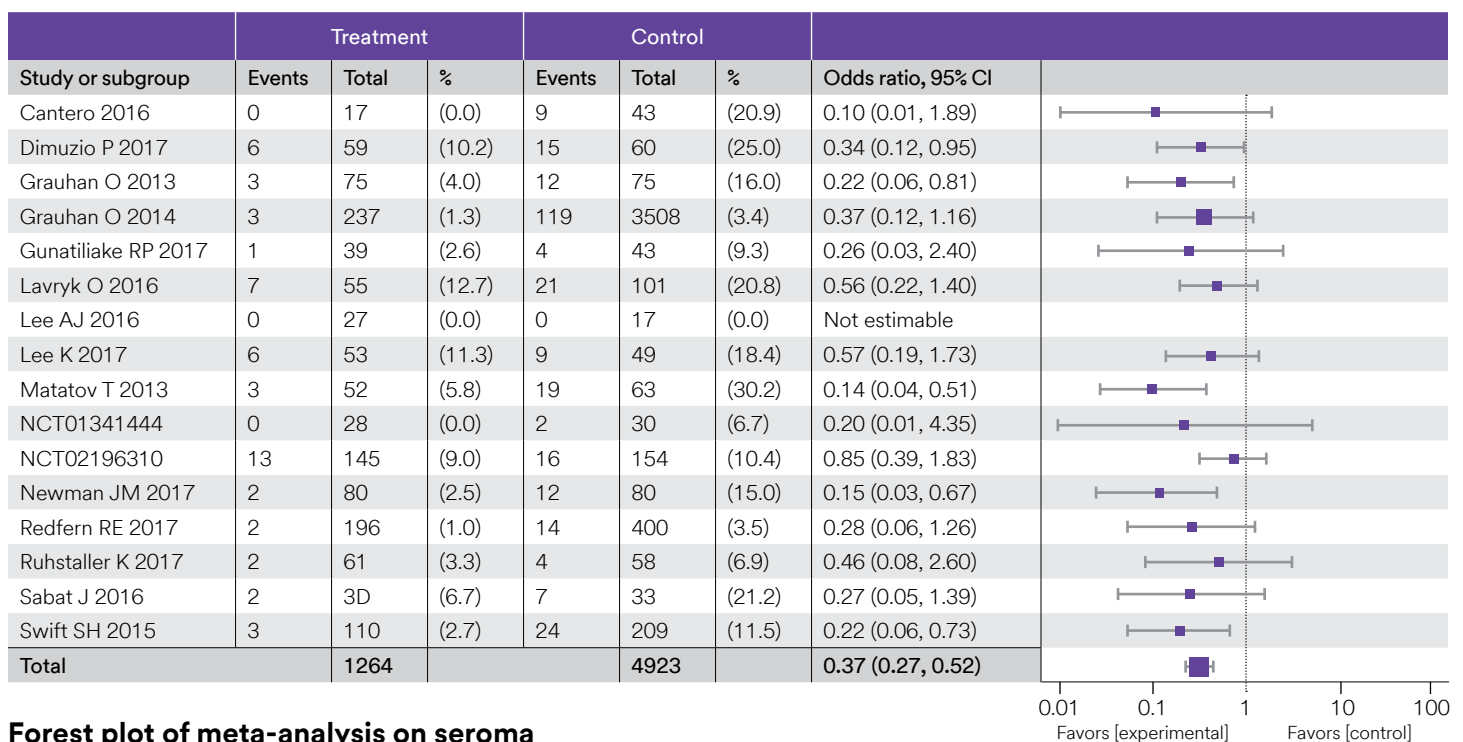


Clinical evidence supporting the use of 3M™ Prevena™ Therapy is growing

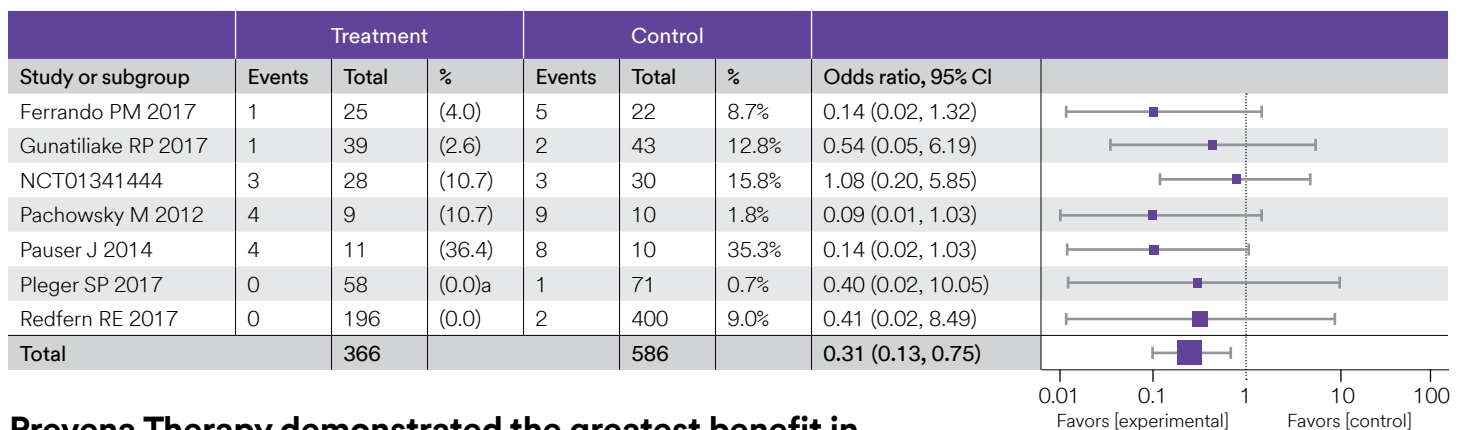
A growing body of evidence supports the use of Prevena Therapy to address the challenges of surgical incision complications. A systematic literature review and associated meta-analysis support the safety and effectiveness of Prevena Therapy over closed incisions in reducing the incidence of surgical site infections (SSIs) and seromas versus conventional wound dressings.¹⁶

- Out of 426 studies in the initial search, ultimately, sixteen (16) prospective studies were included in this meta-analysis for SSI characterization
- 9 randomized controlled trials (RCTs) were included in a subgroup analysis for SSI in high-risk patients
- A total of up to 6,187 evaluable patients were included in this meta-analysis for SSI with 1,264 in the Prevena Therapy (treatment) group and 4,923 in the conventional wound dressing (control) group

Forest plot of meta-analysis on SSIs



Forest plot of meta-analysis on seroma



Prevena Therapy demonstrated the greatest benefit in reducing the incidence of SSIs and seromas in high-risk patients.*

*The effectiveness of Prevena Therapy in reducing the incidence of surgical site infections and seroma in all surgical procedures and populations has not been demonstrated. See full indications for use and limitations at HCBGRegulatory.3M.com.

3M™ Prevena™ Therapy for high-risk pancreaticoduodenectomies

In a single-center randomized controlled trial, Prevena Therapy was shown to help reduce the rate of surgical site infections and inpatient cost for high-risk patients undergoing open pancreaticoduodenectomy surgery.

Javed A, Teinor J, Wright M, et al. Negative pressure wound therapy for surgical-site infections: A randomized trial. *Annals of Surgery*. 2019; 269(6):1034-1040.

Study Design:

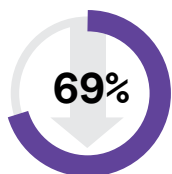
This single-center randomized control trial evaluated the efficacy of closed-incision negative pressure therapy (ciNPT) (Prevena Therapy) to decrease surgical site infections (SSI) after open pancreaticoduodenectomy.

- Patients undergoing pancreaticoduodenectomy procedures were eligible if considered to be high-risk for SSI
- Surgeries included: coronary artery bypass grafting, aortic high-risk for SSI was defined as a risk score of ≥ 1 defined where preoperative bile stent/drain received 1 point and neoadjuvant chemotherapy received 1 point. Points were summed for each patient
- A total of 123 patients analyzed: Prevena Therapy (n=62) v. standard of care (SOC) (n=61)
- Preoperative and operative characteristics were not significantly different between the two groups
- The primary outcome was 30-day SSI (superficial or deep)

Summary

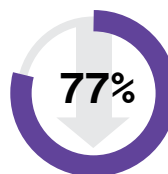
This randomized controlled trial from Johns Hopkins Hospital demonstrated significantly lower SSI rates in high-risk patients receiving Prevena Therapy after pancreaticoduodenectomy (31.1% vs. 9.7%; $p=0.003$)*. SSIs resulted in an increased hospitalization cost of \$9,778 per patient. Implementing Prevena Therapy into surgical practice can help reduce the risk of potential complications and associated costs to patient health and care.

Surgical site infection



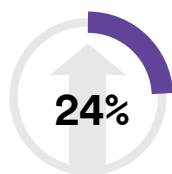
9.7% (6/62) Prevena Therapy vs. 31.1% (19/61) SOC
($p=0.003$)*

Superficial surgical site infection



6.5% (4/62) Prevena Therapy vs. 27.9% (17/61) SOC
($p=0.002$)*

Inpatient costs due to surgical site infection



Increase of cost for patient with SSI

\$41,085

Median inpatient cost per non-SSI patient

\$9,778

Additional inpatient cost due to SSI

*Statistically significant ($p<0.05$). Calculation(s) are derived based on relative patient group incidence rate reported in this study.

3M™ Prevena™ Therapy for high-risk laparotomies

Patients undergoing laparotomy surgery experienced reduced rates of wound complications when using Prevena Therapy versus standard of care.

Zaidi A, El-Masry S. Closed incision negative pressure therapy in high-risk general surgery patients following laparotomy: a 3M™ Prevena™ study. *Colorectal Disease* 2016; 19(3):283-287.

Study Design:

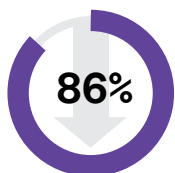
This retrospective observational study compared the rate of wound complications requiring intervention in high-risk surgical patients who received closed-incision negative pressure therapy (ciNPT) (Prevena Therapy) or standard of care (SOC) following laparotomy.

- Charts were retrospectively reviewed for 181 high-risk patients who presented for elective or emergency laparotomy; Prevena Therapy (n=69); SOC (n=112)
- High-risk inclusion criteria were obesity (BMI \geq 35 kg/m²), or \geq 2 of the following risk factors: malignancy, smoking, immunosuppression, malnutrition, emergency surgery, diffuse atherosclerotic disease
- Prevena Therapy (n=69) was applied over the closed incision in the operating room immediately after skin closure and remained in place for 7 days
- All patients were followed until postoperative day 30

Summary

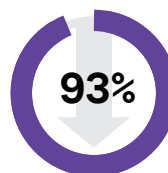
Prevena Therapy demonstrated to be a safe and effective method of postsurgical management in general surgery patients considered to have risk of developing wound complications following emergency or elective laparotomy. The study concluded that Prevena Therapy was associated with a positive clinical outcome.

Surgical site complications



2.9% (2/69) Prevena Therapy vs.
20.5% (23/112) SOC
($p < 0.0009$)*

Deep surgical site infection**



1.4% (1/69) Prevena Therapy vs.
20.5% (23/112) SOC
($p < 0.0002$)*

*Statistically significant ($p < 0.05$).

Calculation(s) are derived based on relative patient group incidence rate reported in this study.

**The use of Prevena Therapy for reduction in the incidence of deep SSI has not been reviewed by the U.S. FDA.

3M™ Prevena™ Therapy for high-risk colorectal surgeries

High-risk patients undergoing colorectal surgery experienced a significantly reduced rate of wound complications when using Prevena Therapy versus standard of care.

Curran T, Alvarez D, Pastrana Del Valle J, et al. Prophylactic closed incision negative pressure wound therapy is associated with decreased surgical site infection in high-risk colorectal surgery laparotomy wounds. *Colorectal Disease*. 2019; 21(1):110-118.

Study Design:

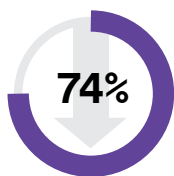
This retrospective comparative cohort study compared the incidence of surgical site infection (SSI) in high-risk open colorectal surgery patients who received closed-incision negative pressure therapy (ciNPT) (Prevena Therapy) or standard of care (SOC).

- National Surgical Quality Improvement Program (NSQIP) reviewed patients at high-risk for SSI undergoing open abdominal colorectal surgery were selected
- NSQIP facilitated the standardized assignment of SSI status with uniform 30-day follow-up
- High-risk defined patients defined as having ≥ 1 of the following risk factors: pre or postoperative stoma, diabetes, obesity, preoperative steroid or immunosuppressant use, and contaminated or dirty wound
- Validated SSI risk score used to create matched cohort subset; Prevena Therapy (n=77) & SOC (n=79)
- The primary outcome was SSIs defined as superficial SSI, deep SSI, or dehiscence at 30 days per NSQIP

Summary

The study concluded that Prevena Therapy was associated with a significant reduction in overall wound complications as defined by NSQIP. (25.3% vs. 6.5%; $p < 0.01^*$). The study also found a significant decrease in superficial SSI ($p < 0.01^*$).

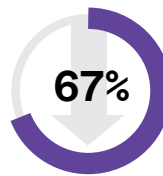
Wound complication



6.5% (5/77) Prevena Therapy vs.
25.3% (20/79) SOC

 $(p < 0.01)^*$

Readmission



8% (6/77) Prevena Therapy vs.
24% (19/79) SOC

 $(p < 0.01)^*$

*Statistically significant ($p < 0.05$).
Calculation(s) are derived based on relative patient group incidence rate reported in this study.

Clinical evidence supporting 3M™ Prevena™ Therapy in abdominal surgery

Level of clinical evidence rating¹⁷

- **Level 1:** Evidence obtained from at least one properly designed randomized controlled trial
- **Level 1b:** Systematic reviews (with homogeneity) of randomized controlled trials
- **Level 2:** Evidence obtained from well-designed controlled trials without randomization
- **Level 2b:** Individual cohort study or low quality randomized controlled trials (e.g., <80% follow-up)
- **Level 3:** Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group
- **Level 4:** Case series (and poor quality cohort and case-control studies)
- **Level 5:** Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”

Wound/ Surgery Type	Level of Evidence	Citation
Abdominal wall reconstruction	3	Ayuso SA, Elhage SA, Okorji LM, et al. Closed-Incision Negative Pressure Therapy Decreases Wound Morbidity in Open Abdominal Wall Reconstruction With Concomitant Panniculectomy. <i>Ann Plast Surg.</i> 2022; 88(4):429-433.
Colorectal surgery	1	Arellano ML, Serrano CB, Guedea M, et al. Surgical Wound Complications After Colorectal Surgery with Single-Use Negative-Pressure Wound Therapy Versus Surgical Dressing Over Closed Incisions: A Randomized Controlled Trial. <i>Advances in Skin and Wound Care.</i> 2021 Jun 26.
	1	Murphy P, Knowles S, Chadi S. Negative pressure wound therapy use to decrease surgical nosocomial events in colorectal resections. <i>Ann Surg.</i> 2019; 270(1):38-42.
	3	Curran T, Alvarez D, Pastrana Del Valle J, et al. Prophylactic closed incision negative pressure wound therapy is associated with decreased surgical site infection in high-risk colorectal surgery laparotomy wounds. <i>Colorectal Disease.</i> 2019; 21(1):110-118.
Emergency laparotomy	3	Chung J, Ali O, Hawthornthwaite E, et al. Closed incision negative pressure wound therapy is associated with reduced surgical site infection after emergency laparotomy: A propensity matched-cohort analysis. <i>Surgery.</i> 2021; 170(5):1568-1573.
	3	Liu D, Cheng C, Islam R, et al. Prophylactic Negative-pressure Dressings Reduce Wound Complications and Resource Burden After Emergency Laparotomies. <i>J Surg Res.</i> 2021 Jan;257:22-31.
Ileostomy	2	Poehnert D, Hadelar N, Schrem H, et al. Decreased superficial surgical site infections, shortened hospital stay and improved quality of life due to incisional negative pressure wound therapy after reversal of double loop ileostomy. <i>Wound Repair and Regeneration.</i> 2017;25(6):994-1001.
Laparotomy	1	Di Re AM, Wright D, Toh JWT, et al. Surgical wound infection prevention using topical negative pressure therapy on closed abdominal incisions - the 'SWIPE IT' randomized clinical trial. <i>J Hosp Infect.</i> 2021 Apr;110:76-83.
	1	Leitao MM Jr, Zhou QC, Schiavone MB, et al. Prophylactic Negative Pressure Wound Therapy After Laparotomy for Gynecologic Surgery: A Randomized Controlled Trial. <i>Obstet Gynecol.</i> 2021 Feb 1;137(2):334-341.
	3	Zaidi A, El-Masry S. Closed incision negative pressure therapy in high-risk general surgery patients following laparotomy: 3M™ Prevena™ Therapy retrospective study. <i>Colorectal Disease.</i> 2016; 19(3):283-287.
Open abdominal surgery	1	Gök MA, Kafadar MT, Yeğen SF. Comparison of negative-pressure incision management system in wound dehiscence: A prospective, randomized, observational study. <i>J Med Life.</i> 2019;12(3):276-283.
Open hernia repair	3	Licari L, Campanella S, Carolla C, et al. Closed incision negative pressure therapy achieves better outcome than standard wound care: clinical outcome and cost-effectiveness analysis in open ventral hernia repair with synthetic mesh positioning. <i>Cureus.</i> 2020. 12(5):e8283.
Open pancreatic-oduodenectomy	1	Javed A, Teinor J, Wright M, et al. Negative pressure wound therapy for surgical-site infections: A randomized trial. <i>Annals of Surgery.</i> 2019; 269(6):1034-1040.

3M™ Prevena™ Therapy dressings with 3M negative pressure wound therapy devices



3M™ Prevena™ Plus 125 Therapy Unit

One single-use negative pressure wound therapy unit compatible with all 3M™ Prevena™ Dressings.

Negative pressure options:

- Pre-set, continuous negative pressure therapy at -125 mmHg for up to 7 or 14 days (with dressing changes every 7 days)
- Disposable, single patient use
- Rechargeable battery

Specifications:

- Dimensions: Approx 8.9 × 16.3 × 5.49cm
- Weight with empty canister: 0.64lbs (0.29kg)



Prevena Dressings are also compatible with 3M traditional negative pressure wound therapy devices: 3M™ V.A.C.® Ultra Therapy Unit and 3M™ ActiV.A.C.® Therapy Unit

3M™ Prevena Restor™ Dressings

3M™ Prevena Restor™ Therapy extends negative pressure wound therapy beyond the incision site to include the surrounding soft tissue. It helps provide comprehensive protection, optimize surgical site recovery, and helps patients start rehab with confidence.



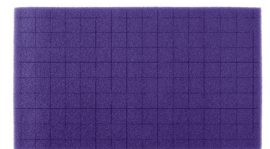
3M™ Prevena Restor™ Arthro•Form™ Dressing



3M™ Prevena Restor™ Axio•Form™ Dressing



3M™ Prevena Restor™ Bella•Form™ Dressing



3M™ Prevena Restor™ Adapti•Form™ Dressing

The same proven technology as the original 3M™ Prevena™ Incision Management System with new features to help optimize postoperative care.



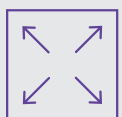
Extended therapy time

Up to 14 days (dressing change required after 7 days)



Precision designed

Dressings seamlessly conform to the patient



Expanded coverage area

Large dressings deliver therapy to the incision and surrounding soft tissue envelope



Easy to use

A variety of peel-and-place dressings are available, plus a customizable option

Additional customer resources:



Live clinical training and product support
25,000+ professionals trained annually



Clinical services and
reimbursement hotlines



Free product evaluation program



Centralized, on demand clinical
and technical support

Ordering Information

SKU	Description	UOM
Therapy Devices		
PRE4000US	3M™ Prevena™ Plus 125 Therapy Unit – 7 day	Each
PRE4010	3M™ Prevena™ Plus 125 Therapy Unit – 14 day	Each
Dressings		
PRE1055US	3M™ Prevena™ Peel and Place Dressing – 20 cm	Case of 5
PRE1155US	3M™ Prevena™ Peel and Place Dressing – 13 cm	Case of 5
PRE3255US	3M™ Prevena™ Plus Peel and Place Dressing – 35 cm	Case of 5
PRE4055US	3M™ Prevena™ Plus Customizable Dressing	Case of 5
PRE5055	3M™ Prevena Restor™ Arthro●Form™ Dressing – 33 cm x 30 cm	Case of 5
PRE5155	3M™ Prevena Restor™ Arthro●Form™ Dressing – 46 cm x 30 cm	Case of 5
PRE5255	3M™ Prevena Restor™ Bella●Form™ Dressing – 21 cm x 19 cm	Case of 5
PRE5355	3M™ Prevena Restor™ Bella●Form™ Dressing – 24 cm x 22 cm	Case of 5
PRE5455	3M™ Prevena Restor™ Bella●Form™ Dressing – 29 cm x 27 cm	Case of 5
PRE5555	3M™ Prevena Restor™ Axio●Form™ Dressing – 29 cm x 28 cm	Case of 5
PRE6055	3M™ Prevena Restor™ Adapti●Form™ Dressing – 49 cm x 28 cm	Case of 5
Accessories		
PRE1095	3M™ Prevena™ 45 ml Canister	Case of 5
PRE4095	3M™ Prevena™ Plus 150 ml Canister	Case of 5
PRE9090	3M™ Prevena™ Therapy V.A.C.® Connector	Case of 10
Kits		
PRE1001US	3M™ Prevena™ Incision Management System – 20 cm	Each
PRE1101US	3M™ Prevena™ Incision Management System – 13 cm	Each
PRE3201US	3M™ Prevena™ Plus Incision Management System – 35 cm	Each
PRE4001US	3M™ Prevena™ Plus Customizable Incision Management System	Each
PRE1121US	3M™ Prevena™ Duo Incision Management System – 13 cm/13 cm	Each
PRE3321US	3M™ Prevena™ Plus Duo Incision Management System – 13 cm/20 cm	Each
PRE3021US	3M™ Prevena™ Plus Duo Incision Management System – 20 cm/20 cm	Each
PRE5001	3M™ Prevena Restor™ Arthro●Form™ Incision Management System – 33 cm x 30 cm	Each
PRE5101	3M™ Prevena Restor™ Arthro●Form™ Incision Management System – 46 cm x 30 cm	Each
PRE5221	3M™ Prevena Restor™ Bella●Form™ Incision Management System – 21 cm x 19 cm	Each
PRE5321	3M™ Prevena Restor™ Bella●Form™ Incision Management System – 24 cm x 24 cm	Each
PRE5421	3M™ Prevena Restor™ Bella●Form™ Incision Management System – 29 cm x 27 cm	Each
PRE5501	3M™ Prevena Restor™ Axio●Form™ Incision Management System – 29 cm x 28 cm	Each
PRE6001	3M™ Prevena Restor™ Adapti●Form™ Incision Management System – 49 cm x 28 cm	Each

Help protect your patients beyond the OR with 3M™ Prevena™ Therapy.

For more information or to request an evaluation, contact your 3M representative or visit [3M.com/PrevenaCentral](https://www.3m.com/PrevenaCentral).

Note: Specific indications, limitations, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. Rx only.

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