



# Rapid Recovery. Lasting Benefit.



# Biologic ocular transplantation tissue grafts help restore your patients' eyes to normal and improve their quality of life.

# AmnioGraft® and AmnioGuard® have changed the way eyes heal.

As an eyecare industry partner, we understand you have many options when choosing products and techniques to optimize patient outcomes. Knowing their benefits and limitations are key in determining the best option. BioTissue strives to manufacture biologic tissue products that give you functional and therapeutic benefits that lead to better outcomes and happier patients.



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### The Challenge with the Conventional Treatments



- Requirement for donor site excision<sup>1</sup>
- Donor-site hypersensitivity or morbidity<sup>2,3</sup>
- Time consuming<sup>4-6</sup>
- Limited quantity
- Limited graft size<sup>6</sup>
- Requirement for retrobulbar anesthesia in some cases<sup>6</sup>
- Reduced structural integrity<sup>7</sup>
- Compromised properties<sup>8,9</sup>
- No or limited presence of HC-HA/PTX3710
- · Lack of supporting ophthalmic clinical studies
- Irradiation alters biomechanical and structural properties of the corneal surface  $^{11\!\!+\!13}$
- Transplantation procedure is complex<sup>14</sup>
- May not retain integrity after aqueous drainage device surgery  $^{\rm 15}$
- Significant tube exposure due to graft thinning and  ${\sf melt}^{16}$
- Opaque patch graft makes it difficult to diagnose any tube migration,
- retraction, kinking and twisting<sup>17</sup>
- May be too thin for desired application<sup>18</sup>

- Minor complications including cyst formation, infection, chemosis, pyogenic granuloma, and corneal abrasion contributing to
- reoperation in 5% of cases<sup>19</sup>
- Unsightly and palpable to the patient  $^{\rm 20}$
- Possible immunogenic rejection<sup>21</sup>
- Prone to shrinkage<sup>22-25</sup>
- Takes longer to vascularize compared to mucosal graft<sup>22,25</sup>

# Regenerative Healing with Amniotic Membrane



AmnioGraft and AmnioGuard are the only ocular transplantation grafts offering CryoTek<sup>®</sup> cryopreserved amniotic membrane tissue to help speed post-op recovery, prevent disease recurrence, and optimize long-term patient outcomes.<sup>3,27-29,31</sup>

Our CryoTek process preserves naturally occurring biological components, including HCHA-PTX3 complex, which are essential for quality healing. HCHA-PTX3 suppresses scarring, inflammation and angiogenesis while creating an environment that stimulates regenerative healing.<sup>79,26</sup>

Our biologic ocular transplantation tissue grafts help your patient heal better and faster.

BioTissue's cryopreserved amniotic membrane products are the only amniotic membrane products cleared by the FDA for its therapeutic properties in repairing and healing ocular surface wounds.<sup>10</sup>

#### Comparing AmnioGraft with Conj. Auto and Dehydrated AM

General Properties	Superior Physical Integrity <sup>20</sup> High Tensile Strength/Elasticity/Durak Easy Intra-operative Surgical Manipul Accommodates Any Ocular Defect Siz
Clinical Properties	Facilitate Healing Anti-Inflammatory Anti-Angiogenic Anti-Scarring
Surgical Outcome	Single Surgical Site Minimal Surgical Trauma Less than 1% Recurrence Rate <sup>27</sup> Faster & Shorter Surgical Procedure Minimal Post-operative Discomfort Time for Cosmetic Recovery Superior Cosmetic Outcome
Value Added Services	Reimbursement Support Clinical Implementation Support Live Surgical Technique Training Supp Account Services

\*The surgical outcome with AmnioGraft is significantly based on the surgical technique used<sup>27</sup>



	AmnioGraft	Conj. Auto	Dehydrated
	<b></b>	<b></b>	$\bigotimes$
ability			$\mathbf{x}$
oulation	$\bigcirc$	$\bigotimes$	$\bigotimes$
Size		Limited	
	<b></b>	$\bigotimes$	8
	$\checkmark$	$\bigotimes$	$\bigotimes$
	$\bigcirc$	$\bigotimes$	$\bigotimes$
		$\bigotimes$	$\bigotimes$
	$\checkmark$	$\bigotimes$	
	$\checkmark$	$\bigotimes$	$\checkmark$
		$\bigotimes$	?
•	$\checkmark$	$\bigotimes$	?
	$\checkmark$	$\bigotimes$	2
	2 weeks	30-60 days	Variables
		$\bigotimes$	?
		$\bigotimes$	?
		$\bigotimes$	?
oport		$\bigotimes$	?
		$\bigotimes$	?

# AmnioGraft

### Amniotic Membrane Transplantation Graft

AmnioGraft, an amniotic membrane graft, helps rapidly restore the ocular surface when used during ocular surface reconstruction surgery, especially in indications such as pterygium and Mechanical Dry Eye (MDE), also known as Conjunctivochalasis (CCh).<sup>3,28,29,31</sup>

AmnioGraft provides greater flexibility amongst a variety of procedures. It's the only amniotic membrane tissue with high tensile strength that retains intraoperative resilience and workability<sup>8</sup>, ensures reproducible surgical outcomes, and is available in multiple sizes to accommodate different ocular defects-large or small. Its biologic structural integrity is equivalent to fresh tissue.<sup>79</sup>

Post-op recovery time is accelerated, as AmnioGraft reduces inflammation and promotes fast, regenerative healing, typically in 2-3 weeks.<sup>27-31,33-34</sup>

Long-term, patients treated with AmnioGraft are less likely to have disease recurrence. A recent retrospective study of over 280 patients showed a **recurrence** rate of less than 1% after surgical excision of primary, single-headed pterygium with cryopreserved AM.<sup>27</sup>

#### Shown as Actual Size









 $2.5 \times 2.0$  cm



AG 3535 3.5 × 3.5 cm

Also available in: AG 5050 5.0 × 5.0 cm, AG 10050 10.0 × 5.0 cm Average thickness: 75-150 µm<sup>9</sup>

# AmnioGuard

### Ultra-thick Graft Derived from Umbilical Cord

AmnioGuard is the ultra-thick tissue graft that suppresses inflammation, promotes healing, and provides more durable tensile strength to avoid surgical challenges related to conjunctival tumor excisions, glaucoma drainage device implantations, and oculoplastic reconstructions.<sup>37-39, 42</sup>

Studies have shown AmnioGuard as an excellent alternative to other homologous tissue grafts for ocular surface reconstruction and management of Anophthalmic socket contracture.<sup>39</sup> It helps achieve 100% epithelialization, without wound dehiscence and excellent prosthesis fit at final follow-up with no clinically significant complications.<sup>39</sup>







AGD 2520 2.5 × 2.0 cm

#### Average thickness: 500-900 µm<sup>9</sup>



#### AGD GS40 3.0 × 4.0 cm



### AmnioGraft and AmnioGuard are Adjunct Therapies for:

- Persistent Epithelial Defects • Ulcers Descemetocele or Perforation
  - Neurotrophic
    - Bullous Keratopathy
    - Band Keratopathy

• Symblepharon

• Leaking Blebs

3 Conjunctival Indications

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Other Ocular

Surface and

**Oculoplastics** 

Indications

0

Corneal

Indications

- Primary & Recurrent Pterygia • Pinguecula Removal of Tumors or Lesions
- Conjunctivochalasis
- Superior Limbic Keratoconjunctivitis

Chemical and Thermal Burns

- Stevens-Johnson Syndrome / **Toxic Epidermal Necrosis**
- Pemphigoid
- Marginal Entropion Repair
- Scleral Melt/Ischemia
- Fornix & Socket Reconstruction

• Shunt Tube Exposure Prevention

• Limbal Stem Cell Deficiency

- Strabismus Repair
- Medial Canthal Reconstruction



### Pterygium: The TissueTuck<sup>™</sup> Technique





Pre-Op



1 Year Post-Op

#### Recurrence rate with conventional pterygium surgery is as high as 88%<sup>27</sup>

### Conjunctivochalasis (CCh): The Reservoir Restoration Technique

Mechanical Dry Eye (MDE), also known as CCh is one of the most commonly underdiagnosed/ misdiagnosed ocular surface diseases. Dry eye syndrome patients who are not responding to current interventions should be evaluated for CCh.

#### Conventional CCh procedures may further diminish the tear reservoir.<sup>34</sup>





1 Year Post-Op

"These results suggest a high correlation between symptomatic relief and rapid recovery of the tear meniscus height after maximal depletion in CCh patients as early as the first post operative day."<sup>40</sup>

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AminioGraft

AminioGuard

Both

#### Lower Recurrence, Optimal Healing

• AmnioGraft easily tucks into position to recreate the semi-lunar fold, "sealing the gap" between the conjunctiva and Tenon Capsule to help prevent reinvasion of residual fibrovascular tissue

Creates only one wound

#### **Optimizes Surgical Outcomes**

Long-term recurrence of **<1%**<sup>27</sup>

Superior cosmetic outcomes as early as

7 days

Cuts procedural time by 30 min.

AmnioGraft Addresses the Underlying Cause of CCh<sup>28,31,40</sup>

• Efficiently replaces the degenerated Tenon's fascia and excised conjunctiva

• Natural properties support restoration of the tear reservoir to a healthy state

• Restores tear flow from fornix to tear meniscus



#### Recovery Rates After Reservoir Restoration Procedure<sup>40</sup>

# Explore Techniques and Results

BioTissue.com/AmnioGraft BioTissue.com/AmnioGuard

## Including:

Lower recurrence and optimal healing in Pterygium: The TissueTuck Technique Optimized outcomes in Mechanical Dry Eye: The Reservoir Restoration Technique A comparison of cryopreserved amniotic membrane to conjunctival autograft and dehydrated amniotic membrane Advanced healing in post-excision of conjunctival tumors Superior stability in post-glaucoma treatment Post-oculoplasty optimal healing Superior alternative to pericardium as a solution for safe and stable tube shunt coverage Links to clinical trials and research





TissueTuck Procedure for Pterygium



**Reservoir Restoration Procedure for** Mechanical Dry Eye (MDE)

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achieve a new standard of care. Together, we can make a difference in eye



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