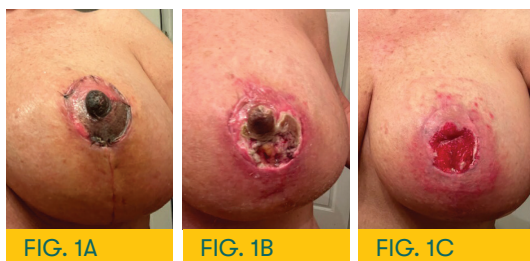


# Clarix<sup>®</sup> 1K for Ischemic Necrosis of the Nipple-Areola Complex

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## Why this Study is Relevant

Secondary augmentation mastopexy is generally associated with an increased risk of necrosis to the Nipple Areola Complex (NAC) due to compromised blood supply.<sup>1</sup> Ischemic necrosis of the NAC is one of the most undesired complications for patients undergoing augmentation mastopexy, as it can result in poor cosmesis, flattening, hypopigmentation, deformity, and even tissue loss.<sup>2,3</sup>



## Case Example

A 52-year-old female, non-smoker with hypertension, underwent an elective augmentation mastopexy in 2009 without complications. However, in February of 2022 she presented with a deflated left-sided breast implant. The patient underwent a secondary augmentation mastopexy to remove and replace the implants with a smaller size. One week later, the patient's left NAC showed signs of ischemia (FIG. 1A). The patient was prescribed nitroglycerin paste to be applied topically twice daily to manage the ischemic area. After another week, the wound had advanced to necrosis with full-thickness skin loss of the NAC (FIG. 1B). Local wound care, including debridement and dressing changes, was performed for another 2 weeks with limited success (FIG. 1C).



## Treatment Procedure

Four weeks after the secondary augmentation mastopexy procedure, the necrotic portion of the NAC was debrided, and a Clarix<sup>®</sup> 1K cryopreserved amniotic membrane allograft was applied to help expedite healing (FIG. 2). An occlusive dressing was then placed for 48 hours, and the patient returned every other day for dressing changes.

## Outcomes

At 1-week post-op, the Clarix 1K allograft was partially absorbed into the wound bed. Full allograft absorption was observed at week 2, and wound closure was noted by week 3. Cosmesis changes of the NAC were observed over 3 months with noted improvement in texture and

pigmentation. By week 15, the NAC presented with normal pigmentation, texture, and sensation, yielding an aesthetically pleasing outcome with minimal scarring (FIG. 3). Both the patient and doctor were pleased with the outcomes.



### Surgical Goals

Help mitigate wound complications.

Help expedite healing.

Help facilitate an appealing cosmetic outcome.

# Clarix 1K

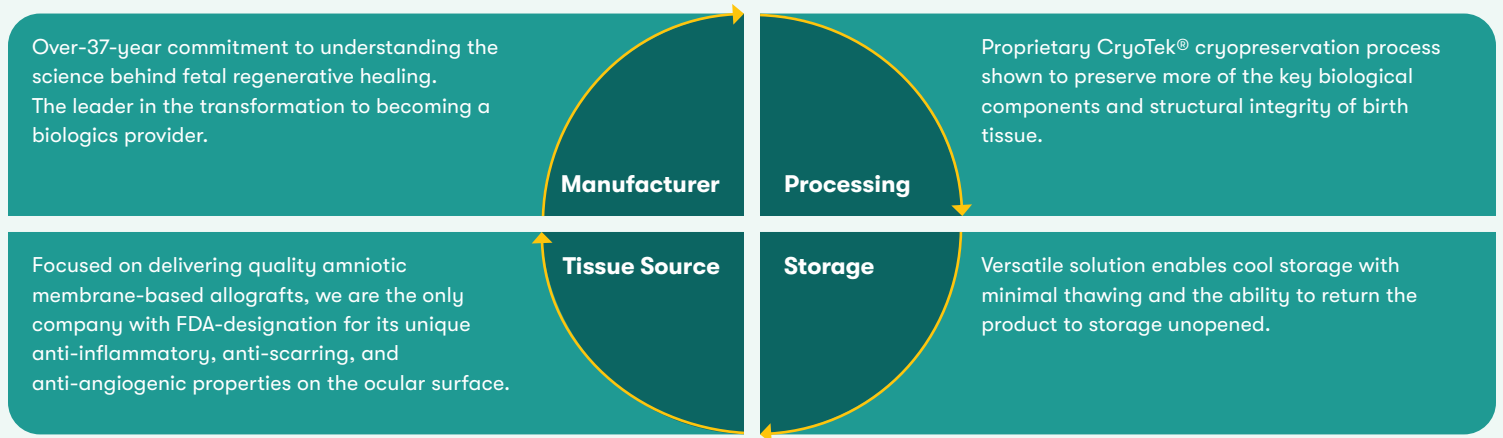
Clarix 1K is an ultra-thick cryopreserved human amniotic membrane allograft derived from Umbilical Cord (UC) that supports improved wound healing for surgical applications.<sup>4-8</sup> It is 10x thicker than Amniotic Membrane (AM) alone,<sup>9</sup> which may increase the longevity of the product within the surgical site.

- Complex Bone and Joint Reconstruction
- Soft Tissue Repair and Reconstruction
- Nerve Repair and Decompression
- Joint Arthroplasty and Arthrodesis
- Cartilage Repair
- Fractures and Non-unions
- Traumatic Wounds and Reconstruction
- Surgical Wound Healing and Dehiscence



Clarix 1K Ultra-Thick Cryopreserved Amniotic Membrane Allograft	
Product Code	Size
CR-10-1515	1.5 x 1.5 cm
CR-10-2525	2.5 x 2.5 cm
CR-10-4030	4.0 x 3.0 cm
CR-10-6030	6.0 x 3.0 cm
CR-10-8030	8.0 x 3.0 cm

## The BioTissue Difference



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