

RESTRATA[®]

MINIMATRIX[®]

Introducing the 1st micronized, electrospun fiber matrix indicated for wound management including surgical and traumatic wounds.⁹



Restrata MiniMatrix

A micronized, dispersible form of Restrata, MiniMatrix may be applied to soft tissue areas with irregular or complex topography.⁷ Individual pieces of the micronized matrix are less than 3.15 mm in diameter.⁶

Product benefits

- Free of human or animal tissue components, resulting in no special storage or handling requirements.⁵
- Dispersible form factor that may be applied dry or hydrated.
- Resistant to enzymatic degradation, staying in the defect long enough to support soft tissue formation due to a controlled resorption rate via hydrolysis.^{1,3,4}

Intended for use in the management of wounds, including:⁷

- Partial- and full-thickness wounds
- Draining wounds
- Pressure sores/ulcers, venous ulcers, diabetic ulcers, chronic vascular ulcers, tunneled/undermined wounds
- Surgical wounds (e.g., donor site/grafts, post-laser surgery, post-Mohs surgery, podiatric wounds, and dehisced wounds)
- Trauma wounds (e.g., abrasions, lacerations, partial-thickness burns, and skin tears)

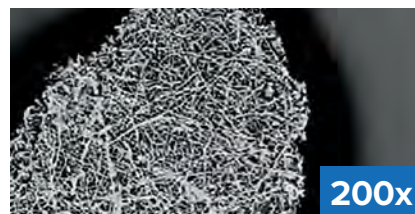
About Electrospun Fiber Matrix Technology

- Fiber size, structure and porosity similar to human extracellular matrix that supports: Granulation tissue formation, cellular ingrowth and retention, vascularization through structural cues, instead of growth factors.^{1,3,4}
- Shown to elicit a mildly acidic environment for tissue healing.⁸
- Supported by Level I clinical evidence.¹⁰

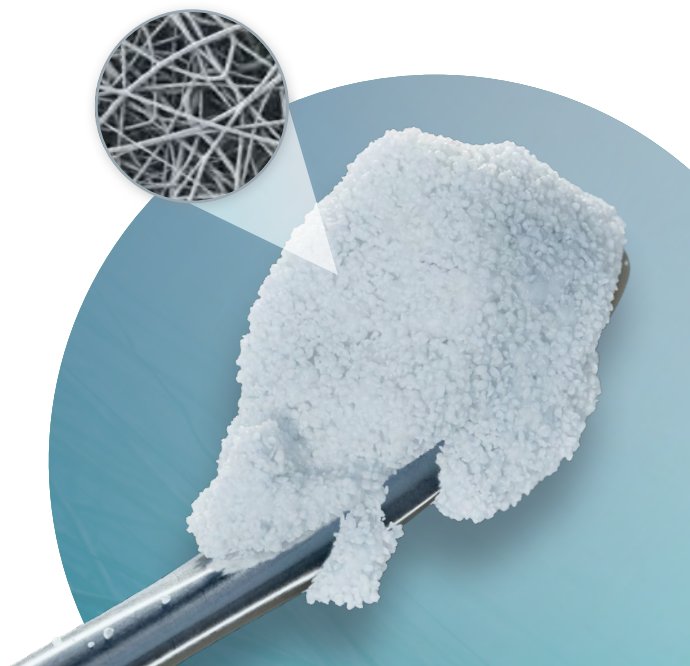
MiniMatrix particles maintain the structure and scale of the electrospun fiber matrix



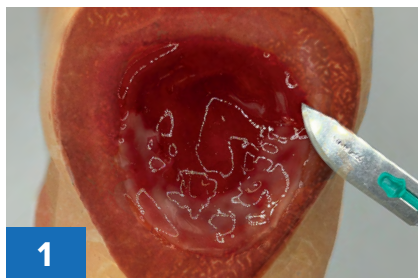
Representative image of multiple particles of Restrata MiniMatrix



Representative image of a single particle of Restrata MiniMatrix



Application Guide



1
DEBRIDE the wound, removing any non-viable or necrotic tissue.

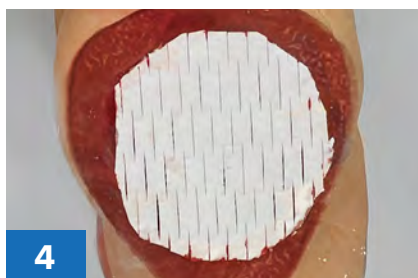


2
MEASURE the wound and select the appropriate amount. Remove the inner stick pack pouch and cut open.

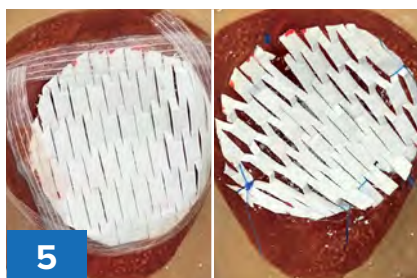


3
APPLY DRY MiniMatrix onto wound bed. Wound coverage should be a **thin, uniform layer of MiniMatrix**.

NOTE: See below for option to hydrate MiniMatrix prior to application.



4
ADD-ON Additional Restrata Sheets or Mesh can be applied on top of the MiniMatrix prior to applying a non-adherent dressing.



5
CUT the Sheet or Mesh to size to ensure fit in the wound bed.
FIXATE with Steri-Strips, suture, or staples.



6
DRESSING Apply a non-adherent dressing over the Restrata. Ensure that the device maintains uniform and constant contact with the wound bed.

NOTE: To prevent damage to the newly incorporated Restrata, it is recommended that clinicians manage dressing changes as appropriate. Take care to avoid dislodging the MiniMatrix and do not 'pick' at the Restrata during dressing changes.

OPTION: Hydrate MiniMatrix Prior to Application



HYDRATE To make a slurry, dispense Restrata MiniMatrix into a separate sterile container. Slowly add drops of sterile saline until desired consistency is achieved.



APPLY SLURRY to the wound bed using a freer or another thin instrument of choice. Application should be a **thin, uniform layer of MiniMatrix**.

Reapplication

- Restrata is engineered to remain in the wound bed, providing a continuous scaffold for cellular ingrowth.
- Restrata is resorbed via hydrolysis and the resorption rate is relative to the moisture content of the wound.
- Reapply as needed, based on physician or provider discretion, repeating application steps.

Aftercare Guidance



What to Expect with MiniMatrix

PRIMARY DRESSING: Non-adherent dressing

SECONDARY DRESSINGS: For dry to light exudate, ensure adequate moisture is present. For moderate to heavy exudate, utilize appropriate absorptive dressing.

Additional information:

- All dressing products can be used safely after application of Restrata.
- Restrata has been used in conjunction with negative pressure wound therapy (NPWT).
- Primary dressing should remain intact for the course of a week and the secondary dressings can be changed as necessary.

Case Example



INITIAL PRESENTATION



INITIAL APPLICATION



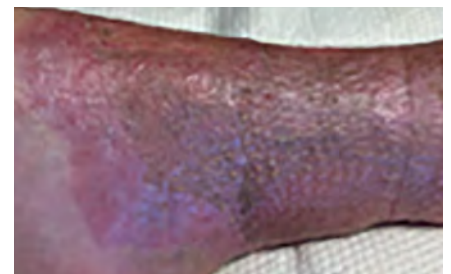
WEEK ONE
Partially integrated



WEEK TWO
Mostly integrated



WEEK THREE
Granulation tissue present

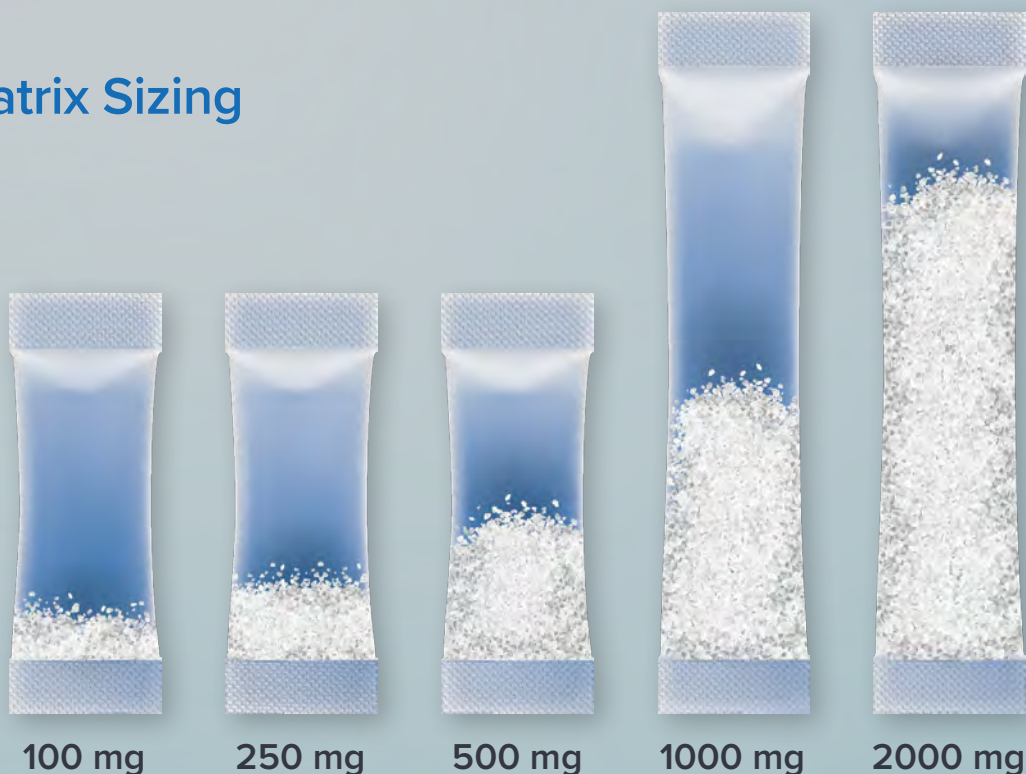


FINAL CLOSURE
Following split-thickness skin graft



MiniMatrix Sizing

Not actual size.



Restrata Product Ordering Information

MICRONIZED	RESTRATA MINIMATRIX			
		Part #	Description	Coverage (cm ²)
		RMINI-100	Restrata MiniMatrix 100 mg	10 up to 20
		RMINI-250	Restrata MiniMatrix 250 mg	25 up to 50
		RMINI-500	Restrata MiniMatrix 500 mg	50 up to 100
		RMINI-1000	Restrata MiniMatrix 1000 mg	100 up to 200
		RMINI-2000	Restrata MiniMatrix 2000 mg	200 up to 400
SOLID CONFIGURATION	RESTRATA SHEET			
		Part #	Description	Coverage (cm ²)
		RWM1-0.5X1	Restrata Wound Matrix 1.3cm x 2.5cm	3.25
		RWM1-1X1	Restrata Wound Matrix 2.5cm x 2.5cm	6.25
		RWM1-1X2	Restrata Wound Matrix 2.5cm x 5cm	12.50
		RWM1-1.5X2	Restrata Wound Matrix 3.8cm x 5cm	18.75
		RWM1-1X3	Restrata Wound Matrix 2.5cm x 7.5cm	18.75
		RWM1-2X2	Restrata Wound Matrix 5.0cm x 5.0cm	25.00
		RWM1-3X3	Restrata Wound Matrix 7.5cm x 7.5cm	56.25
		RWM1-2.5x7	Restrata Wound Matrix 6.3 x 17.5cm	112.75
		RWM1-4X5	Restrata Wound Matrix 10cm x 12.5cm	125.00
		RWM1-5X7	Restrata Wound Matrix 12.5cm x 17.5cm	225.00
MESHED 2:1	RESTRATA MESHED			
		Part #	Description	Coverage (cm ²)
		RMESH-1.5X2	Restrata Meshed 3.8cm x 5.0cm	19 up to 38
		RMESH-2X2	Restrata Meshed 5.0cm x 5.0cm	25 up to 50
		RMESH-3X3	Restrata Meshed 7.5cm x 7.5cm	56 up to 112
		RMESH-2.5x7	Restrata Meshed 6.3 x 17.5 cm	112 up to 225
		RMESH-4X5	Restrata Meshed 10.0cm x 12.5cm	125 up to 250
		RMESH-5X7	Restrata Meshed 12.5cm x 17.5cm	225 up to 450

HOW TO ORDER RESTRATA:

Call or fax Acera Customer Service (844) 879-2237 or email restrata_orders@solventum.com

WWW.ACERA-SURGICAL.COM

REFERENCES

- MacEwan MR, MacEwan S, Wright AP, Kovacs TR, Batts J, Zhang L. Comparison of a Fully Synthetic Electrospun Matrix to a Bi-Layered Xenograft in Healing Full Thickness Cutaneous Wounds in a Porcine Model. *Cureus*. 2017;9(8):e1614. Published 2017 Aug 27. doi:10.7799/cureus.1614.
- EDS-70003
- MacEwan MR, MacEwan S, Kovacs TR, Batts J. What Makes the Optimal Wound Healing Material? A Review of Current Science and Introduction of a Synthetic Nanofabricated Wound Care Scaffold. *Cureus*. 2017;9(10):e1736. Published 2017 Oct 2. doi:10.7799/cureus.1736
- Regulski MJ, MacEwan MR. Implantable Nano-medical Scaffold Facilitates Healing of Chronic Lower Extremity Wounds. *Wounds*. 2018;30(8):E77-E80.
- MKG-20002 IFU
- EDS-71006
- MKG-20007
- SMKG-10064
- Data on File
- Husain K, Malik A, Kirchens J, Choi G. A Prospective, Blinded, Randomized Controlled Clinical Trial Evaluating the Effect of the Synthetic Electrospun Fiber Matrix in the Treatment of Chronic Diabetic Foot Ulcers. *Foot & Ankle Surgery: Techniques, Reports & Cases*. Published online January 1, 2024:100362-100362. doi:https://doi.org/10.1016/j.fastrc.2024.100362

