



## **neoSurgical® Reports Commercial Milestone of 2000 US Procedures Using Its Disruptive Technology, neoClose®, for Port Site Closure in Laparoscopic (Lap) and Robotic (Minimally Invasive) Surgery**

### **Northwestern Memorial–Prentice Hospital is the newest addition to neoSurgical’s growing US customer base**

NEWTON, Mass.--([BUSINESS WIRE](#))--neoSurgical Inc. announced today that the company’s neoClose® system for port site closure after Laparoscopic (“Lap”) surgery has now been used 2000 times in hospitals across the US. Northwestern Memorial–Prentice Hospital (Chicago) is the newest addition to neoSurgical’s growing US hospital customer base.

Two recently published\* clinical studies have shown that trocar site hernia (TSH) is highly prevalent in port site closures post-Lap surgery. TSH can lead to significant morbidity, often requiring surgical intervention, frequently as emergency. “neoClose offers surgeons a new alternative designed to reduce the risk of post-Lap-surgery herniation at the port site,” said Magdy P. Milad, MD, the Albert B. Gerbie Professor and Chief of Gynecology and Gynecologic Surgery at Northwestern Memorial Hospital, Chicago, and the Vice-Chair of Education in the Department of Obstetrics and Gynecology at Northwestern Medicine.

Laparoscopic abdominal surgery requires a hole or “port site” in the abdomen. The port site must be closed, of course, after Lap surgery. While Lap surgery itself is minimally invasive, herniation, or protrusion of abdominal tissue through the port site after closure (commonly referred to as trocar site hernia, or TSH, among doctors), can lead to morbidity due to small bowel strangulation, for example, or nerve and vessel entrapment, resulting in infection, bleeding and pain.

Until 2014, TSH complications were thought to occur at a reported rate of about 1-6% among the nine million Lap surgery port sites closed each year. But in a groundbreaking clinical study (Comajuncosas, J, et al. Risk factors for umbilical trocar site incisional hernia in laparoscopic cholecystectomy: a prospective 3-year follow-up study. *Am J Surg.* 2014 Jan;207(1):-6), nearly 26% of patients were diagnosed with TSHs. Thus, TSHs have been grossly underdiagnosed.

The standard for port site closure has been Closed Loop Suture. Now, there’s neoClose®. neoClose® works by the use of a Vector X closure, approximating the tissue together and tying into place for a secure closure with up to 75% less tension compared to standard closed loop suture.

“neoClose® represents nothing short of a complete paradigm shift for port site closure,” said James A. Greenberg, MD, Chief of the Division of Gynaecology at Brigham and Women’s Faulkner Hospital, and an Associate Professor at Harvard Medical School, in an independent product review (*Contemporary OB/GYN* Aug 14). “There is nothing like neoClose®,” added Dr. Greenberg.

“We are extremely pleased with the enthusiastic demand for our neoClose® product among US physicians,” added Barry Russell, CEO of neoSurgical®.

neoSurgical® is a commercial-stage company focused on being a global leader in the development of innovative surgical products. The company's initial product is neoClose®, approved for sale in the US and Europe and designed to be the new standard for Lap surgery port site closure, a potential \$300 million opportunity.

\* Comanjuncosas J. et al, Risk factors for umbilical trocar site incisional hernia in laparoscopic cholecystectomy: a prospective 3-year follow up study Am J Surg. 2014 Jan;207(1):1-6.

\* Scozzari G, et al. High incidence of trocar site hernia after laparoscopic or robotic Roux-en-Y gastric bypass. Surg Endosc. 2014 Oct;28(10):2890-8

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