



A-MATRIX

— micrograft —

DONATED PLACENTAL TISSUE

Thoughtful care. With you in mind.

A-MATRIX Micrograft in surgical care



Chosen by your surgeon. With care.

Talk with your surgeon



Learn how A-MATRIX can fit your surgical plan.

A-MATRX MICROGRAFT

Patient information

HUMAN TISSUE. FOCUSED COVERAGE.

What is A-MATRX?

Your surgeon may choose A-MATRX as a ready-to-use placental tissue covering for your surgical site.

Made from amniotic membrane, it is supplied as small, dry micrografts. This donated tissue is called an allograft: human tissue used in another person.

Why your surgeon may choose it

Surgical sites can be curved, narrow, or uneven. The micrograft format lets your surgeon distribute tissue according to the shape of the site and focus coverage where it is needed.

Ready when your surgeon needs it

Sterile and ready to apply directly, with no mixing or pre-hydration required.

BIRTH TISSUE. SURGEON-DIRECTED CARE.

A-MATRX MICROGRAFT

Patient information

PLACED WITH YOUR CARE IN MIND

Part of your surgical care

Your surgeon may choose A-MATRX as an additional tissue covering within your personal care plan.

Settings to discuss

Ask your surgeon whether tissue coverage may be appropriate in settings such as:

- Surgical wound management
- General wound management
- Obstetric and gynecologic procedures
- Plastic and reconstructive surgery
- Podiatric surgical and wound care settings
- Other procedures where tissue matrix coverage may be appropriate

Your clinician determines suitability and placement for your specific procedure, consistent with the Instructions for Use.

CARE TAILORED TO YOUR PROCEDURE.

A HISTORY OF BIRTH-TISSUE CARE

A foundation in birth-tissue care

Amniotic membrane has decades of medical use. Studies of other amniotic grafts report encouraging findings in specific settings. [1]

Wound healing

Some wound-care studies have found faster healing with amniotic membrane dressings. [2]

Adhesions

Tendon-repair research has examined reducing adhesions: bands of scar tissue that can limit movement. [3]

Scarring

Some burn research has reported less raised scarring after skin grafting. [4]

These studies evaluated other products. Ask your surgeon about A-MATRX-specific evidence and possible benefits for your procedure.

Selected published research

[1] Solomon 2001 • [2] Salehi 2013

[3] Liu 2019 • [4] Mohammadi 2017

Discuss the evidence with your surgeon.

THOUGHTFUL CARE AT EVERY STEP

A careful approach to tissue safety

Donated tissue undergoes screening, processing, and sterilization.

Carefully screened donors

Donor screening includes health history, a physical assessment, and infectious-disease testing. A medical director confirms that tissue meets release criteria.

Processed and sterilized

A-MATRX is terminally sterilized using gamma or electron-beam (E-beam) radiation.



Your care team is available to answer questions. Contact them promptly about any unexpected reaction.

QUESTIONS ARE ALWAYS WELCOME

YOUR SURGERY. YOUR QUESTIONS.

Make it part of your conversation

If your surgeon recommends A-MATRX, ask how this donated tissue covering fits into your procedure and care plan.

- Where will A-MATRX be placed during my procedure?
- Why is this tissue covering a good fit for my surgical site?
- What benefit do you expect, based on my procedure and the evidence?

Plan for costs, too

Before surgery, ask your physician or facility whether A-MATRX adds any cost, whether insurance may cover it, and what you may need to pay.

A brief safety note

Human tissue can transmit infection despite screening and sterilization. Tell your surgeon about latex or Triton X-100 allergies or sensitivities; these may be present.

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