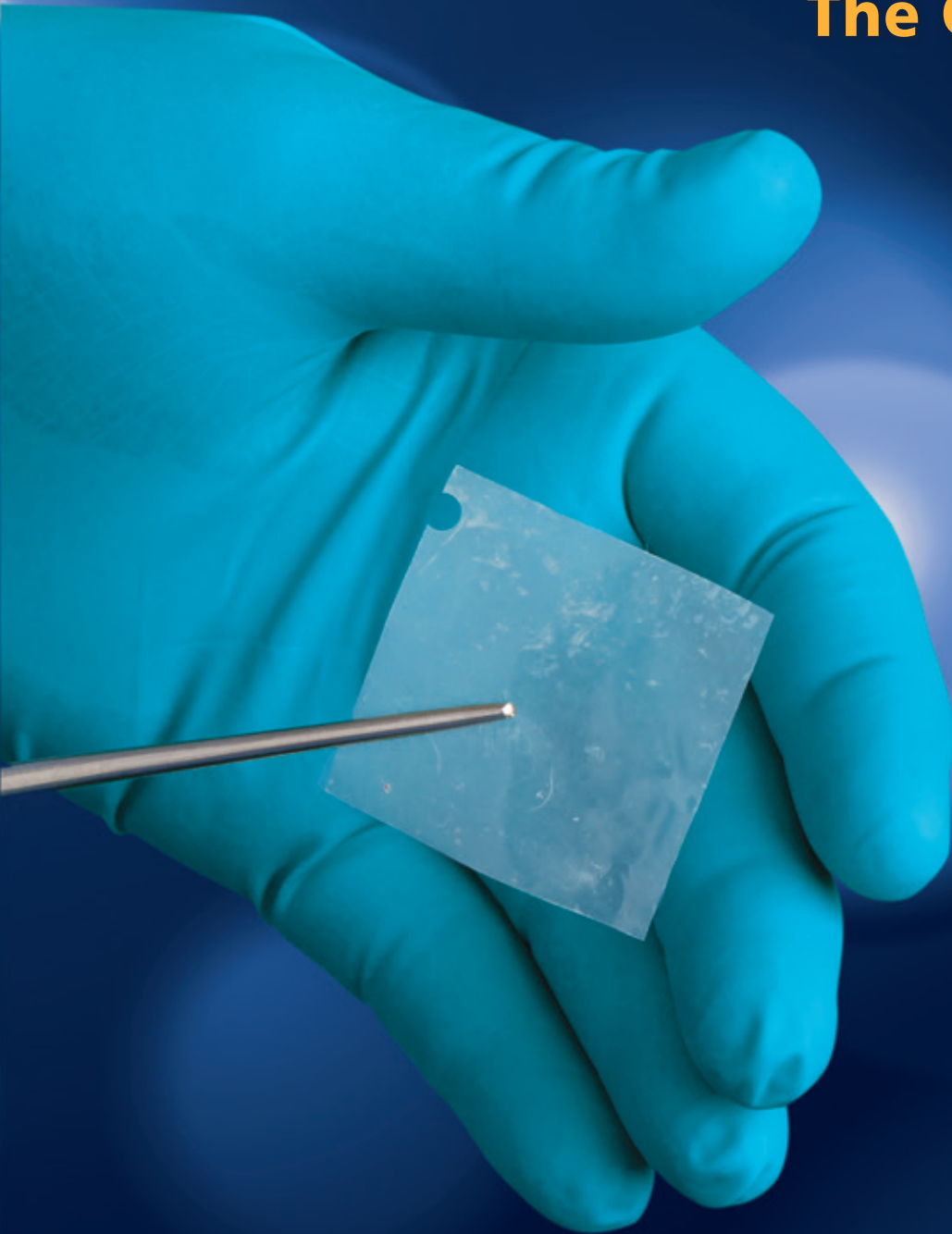
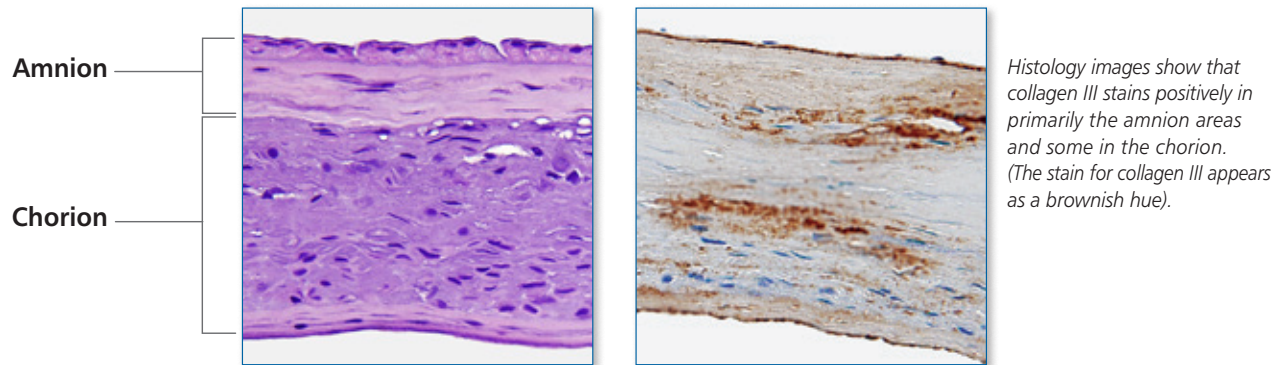


## Versatility, The Clear Standard



## VersaShield™ Amniotic Membrane

VershaShield is a thin hydrophilic amniotic membrane designed to serve as a wound covering and protective barrier for a variety of surgical demands. VersaShield is derived from the human placental layers amnion and chorion. Due to its flexible properties, these membranes are able to conform to the surgical site.



A number of biologic membranes are naturally found in the body. Among other functions, these membranes primarily serve to cover, protect and lubricate surrounding tissues and are critical to normal tissue function. Several examples of these coverings include:

- **Fascia** - muscle
- **Periosteum** - bone
- **Epineurium** - nerve
- **Gingiva** - oral tissues
- **Epidermis** - skin
- **Peritenon** - tendons

Disease, injury, or surgical intervention may cause these structures to become damaged or rendered ineffective. The biological consequences of lacking an appropriate protective barrier include increased susceptibility for further degradation or slower healing of underlying tissues as well as the loss of physical separation between adjacent tissues. For example, adhesions have a tendency to form between neighboring tissues following surgical intervention when the surrounding tissue membranes are disrupted. Such post-operative adhesions may result in scarring, reduced motion or pain and potentially longer recovery from injury.<sup>1</sup>

## VersaShield Process

**VersaShield** is isolated from donor placentas and then minimally processed in order to clean and disinfect the tissue. The disinfection process is designed to maintain the structural properties, the composition of the extracellular matrix, and to preserve the inherent biologic activity of the graft material. The resulting dehydrated allograft serves as a protective covering for internal or external wounds including use as covering for the surgical site.

**VersaShield** does not undergo terminal sterilization techniques as it has been well documented that terminal sterilization may have adverse effects that can reduce efficacy.<sup>2-5</sup> The tissue passes USP <71> Sterility Tests.

## Composition of Amnion and Chorion

Placental tissues, such as amnion and chorion, act as a natural barrier between a mother and fetus. The role of these tissues is to prevent rejection of the fetus by the mother and prevents internal adhesions and scarring to the mother.<sup>6, 7</sup> Amniotic tissues are comprised of a single layer of epithelial cells, a thick basement membrane, and a non-vascular stromal layer.

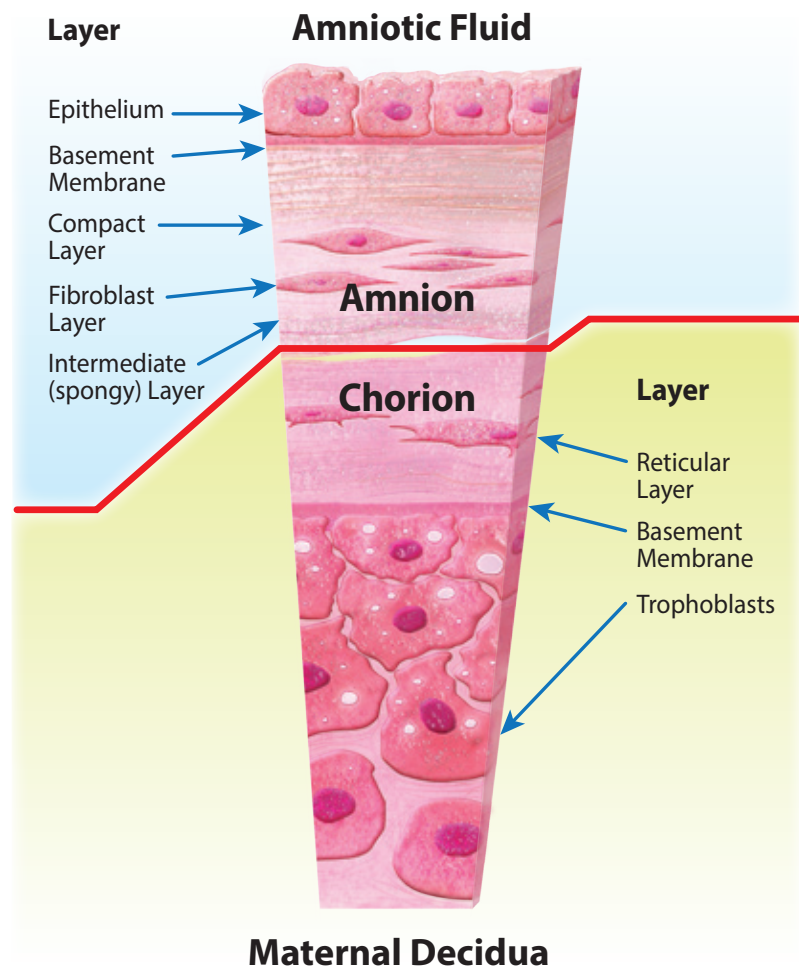
Key matrix components found in amniotic tissue, such as collagen III, fibronectin, and laminin all support the healing process, which makes VersaShield an ideal membrane substitute for clinical needs.

### Extracellular Matrix Proteins:

- Collagen I, III, IV
- Laminin
- Fibronectin
- Proteoglycans

### Growth Factors:

- TGF $\beta$ -1, EGF, FGF (Wound healing)
- PDGF, VEGF, (Angiogenic)
- Interleukins (Anti-Inflammatory)
- $\beta$ -defensin (Anti-microbial)



## Amnion in Clinical Use

Amniotic tissues have been used in surgical applications for an array of regenerative needs since the early 1900's.<sup>7-11</sup> Their success as membrane allografts has been well documented in numerous clinical applications as both biological dressings as well as a protective coverings:

- General Surgery<sup>12, 13</sup>
- Corneal<sup>14-16</sup>
- Plastic Surgery<sup>17</sup>
- Burn and Wound Care<sup>18-24</sup>
- Sports<sup>25-27</sup>
- Foot and Ankle Procedures<sup>28, 29</sup>
- Spine and Dura repair<sup>30-37</sup>

Due to their long history, amniotic tissues have been well characterized in literature. Amnion has been shown to have the following biological properties.

### Non-immunogenic

- Cells do not express HLA-A and -B class I MHC antigens; instead they express HLA-G which is associated with immune tolerance<sup>38, 39</sup>

### Anti-adhesive/Anti-scarring

- Down-regulates TGFβ-1 and its receptor expression by fibroblasts which can lead to a reduction in the risk of fibrosis<sup>7</sup>
- Modulates the healing of a wound by promoting tissue reconstruction rather than promoting scar tissue formation<sup>40-42</sup>
- Contains IL-6 and IL-10 which are essential in wound healing and reduction of scar formation<sup>43, 44</sup>

### Anti-inflammatory

- Limits expression of inflammatory cytokines<sup>45</sup>
- Inhibits MMPs produced by macrophages and inflammatory cells<sup>46, 47</sup>
- Contains large quantities of hyaluronic acid that can entrap inflammatory cells by surface molecule binding<sup>48</sup>

### Anti-microbial

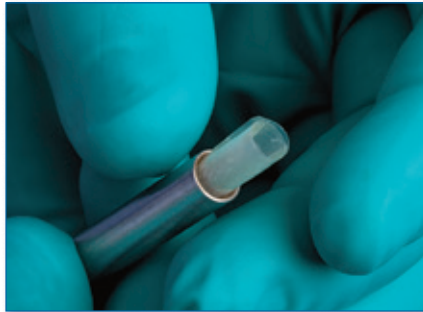
- Adheres closely to wounds, helping to prevent bacterial penetration<sup>49</sup>
- Is impermeable to a number of bacterial strains<sup>50</sup>
- Contains anti-microbial peptides including β-defensins<sup>51, 52</sup>

## Clinical Features

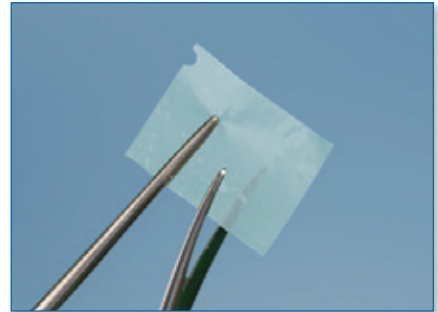
VersaShield™ has excellent handling properties: its flexible, easy to use, and can be sized intra-operatively.



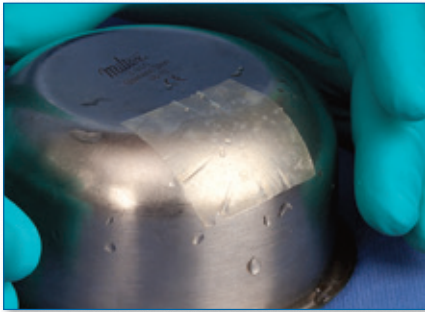
Flexible, Easy to Handle



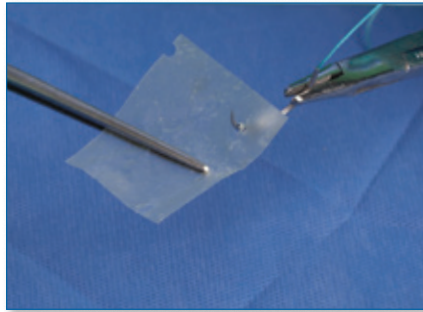
Usable in MIS applications



When dry, can be easily trimmed



When hydrated, conforms to tissue surface



Capable of suture pull through for tacking



When hydrated, has elastic properties

## Implantation & Orientation

Notch in upper left hand corner indicates amnion side is facing up.



VersaShield has been characterized for the presence of a number of key growth factors that make it an ideal wound covering & protective barrier. The presence of these growth factors have been identified in VersaShield and previously reported to be linked to key physiologic functions. The presence of these molecules demonstrates that VersaShield is a suitable graft when a biologically-active wound covering or protective barrier is clinically needed.

### Presence of Growth Factors in VersaShield\*

Native Function	Growth Factors	Presence
Anti-Inflammatory <sup>33-48</sup>	IL-6	✓
	IL-10	✓
Anti-Microbial <sup>49-52</sup>	β-defensin	✓
Wound Healing <sup>53-57</sup>	TGFβ-1	✓
	PDGF-AA	✓
	PDGF-BB	✓
	EGF	✓
	FGF-2	✓

\*Data on file at MTF





## The Orthofix MTF Partnership

Orthofix strives to offer the latest advancements in allograft technologies. Through our partnership with MTF, we are able to provide innovative biologics that are safe and efficacious for recipients.

## About MTF

The Musculoskeletal Transplant Foundation (MTF) is a non-profit service organization dedicated to providing clinically sound, safe allograft tissue. MTF is comprised of a national consortium of academic medical institutions, organ procurement organizations, and tissue recovery organizations.

### Better Standards

- Governed by Surgeons
- Exceeds FDA, AATB & Industry Standards

### Better Donors

- Access to more donors than any other tissue bank
- Lead the industry in donor selection criteria

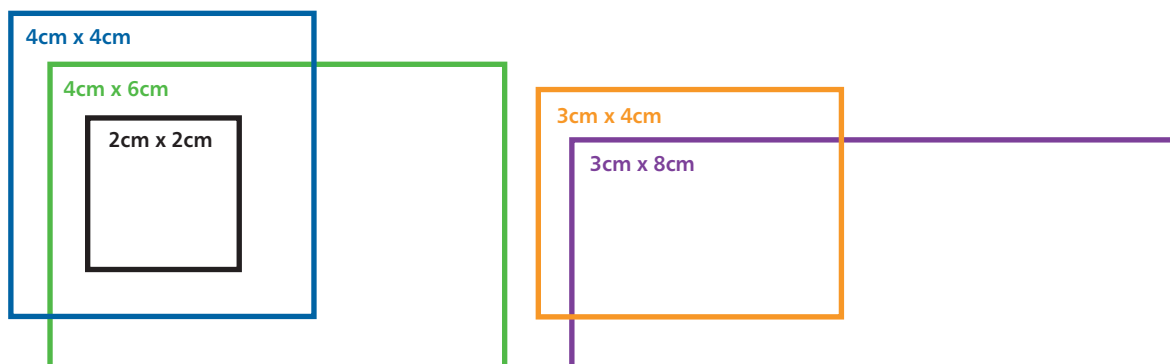
### Better Processing

- Processing techniques utilized that protect the natural integrity of the graft
- An exemplary safety record



Since its inception in 1987, MTF has recovered tissue from over 100,000 donors and distributed more than 5 million grafts for transplantation.

## Sizing and Color Code



## References

1. Jay RM. Initial Clinical Experience with Use of Human Amniotic Membrane Tissue During Repair of Posterior Tibial and Achilles Tendons. 2009. On file at MTF.
2. Gouk S et al. Alteration of Human Acellular Tissue Matrix by Gamma Irradiation: Histology, Biochemical Property, Stability, In Vitro Cell Repopulation and Remodeling. *J Biomed Mater Res Part B: Appl Biomater.* 2008; 84B:205-217.
3. Liu B et al. The Effect of Gamma Irradiation on Injectable Human Amnion Collagen. *J Biomed Mater Res.* 1989; 23:833-844.
4. Olde Damink LHH et al. Influence of Ethylene Oxide Gas Treatment on the In Vitro degradation behavior of dermal sheep collagen. *J Biomed Mater Res.* 1995; 29:149-155.
5. Wiegand C et al. Effect of Sterilization Method on the Performance of Collagen Type I on Chronic Wound Parameters In Vitro. *J Biomed Mater Res Part B: Appl Biomater.* 2009; 90B:710-719.
6. Parry S and Strauss JF. Premature Rupture of the Fetal Membranes. *N Engl J Med.* 1998; 338:663-670.
7. Niknejad H et al. Properties of the Amniotic Membrane for Potential Use in Tissue Engineering. *European Cells and Materials.* 2008; 15:88-99.
8. Davis J. Skin Transplantation: With a review of 550 cases at John Hopkins Hospital. *John Hopkins Hosp Rep.* 1910; 15:310.
9. Stern M. The Grafting of Preserved Amniotic Membrane to Burned and Ulcerated Surfaces Substituting Skin Grafts. *J Amer Med Assoc.* 1913; 60:973-974.
10. Toda A et al. The Potential of Amniotic Membrane/Amnion-Derived Cells for Regeneration of Various Tissues. *J Pharmacol Sci.* 2007; 105:215-228.
11. Trelford JD and Trelford-Sauder M. The Amnion in Surgery, Past and Present. *Am J Obstet Gynecol.* 1979; 134:833-845.
12. Di Loreto FP et al. Dried Human Amniotic Membrane as an Anti-adherent Layer for Intraperitoneal Placing of Polypropylene Mesh in Rats. *Surg Endosc.* 2013; 27:1435-1440.
13. Najibpour N et al. The Effects of Human Amniotic Membrane on Healing of Colonic Anastomosis in Dogs. *Ann Colorectal Res.* 2013; 1:97-100.
14. DeRott A. Plastic Repair of Conjunctival Defects with Fetal Membranes. *Arch Ophthalmol.* 1940; 23:522-555.
15. Kheirkhah A et al. Sutureless Amniotic Membrane Transplantation for Partial Limbal Stem Cell Deficiency. *Am J Ophthalmol.* 2008; 145:787-794.
16. Liu J et al. Update on Amniotic Membrane Transplantation. *Expert Rev Ophthalmol.* 2010; 5:645-661.
17. Fairbairn NG et al. The Clinical Application of Human Amnion in Plastic Surgery. *J Plast Recon Aesthet Surg.* 2014; 67:662-675.
18. Kesting MR et al. The Role of Allogenic Amniotic Membrane in Burn Treatment. *J Burn Care Res.* 2008;29:907-916.
19. Sabella N. Use of Fetal Membranes in Skin Grafting. *Med Records NY.* 1913; 83:478-480.
20. Sorsby A and Symons HM. Amniotic Membrane Grafts in Caustic Burns of the Eye. *Br J Ophthalmol.* 1946; 30:337-345.
21. Bujang-Safawi E et al. Dried Irradiated Human Amniotic Membrane as a Biological Dressing for Facial Burns- a 7-Year Case Series. *Burns.* 2010; 36:876-882.
22. Walker AB et al. Use of Fresh Amnion as a Burn Dressing. *J Pediatr Surg.* 1977; 12:391-395.
23. Mohammadi AA et al. Effect of Fresh Human Amniotic Membrane Dressing on Graft Take in Patients with Chronic Burn Wounds compared with Conventional Methods. *Burns.* 2013; 39:349-353.
24. Mohammadi AA et al. Effect of Amniotic Membrane on Graft Take in Extremity Burns. *Burns.* 2013; 39:1137-1141.
25. Jin CZ et al. Human Amniotic Membrane as a Delivery Matrix for Articular Cartilage Repair. *Tissue Eng.* 2007; 13:693-702.
26. Yang JJ et al. The Effect of Amniotic Membrane Transplantation on Tendon-Healing in a Rabbit Achilles Tendon Model. *Tissue Eng and Regen Med.* 2010; 7:323-329.
27. Demirkan F et al. The use of amniotic membrane in flexor tendon repair: an experimental model. *Arch Orthop Trauma Surg.* 2002; 122:396-399
28. Jay RM et al. A Retrospective Study of Tendon Adhesions following Surgical Repair of Peroneal and Posterior Tibial Tendons with Amniotic Membrane. *J Foot Ankle Surg.* 2012. On file at MTF.
29. Werber B and Martin E. A Prospective Study of 20 Foot and Ankle Wounds Treated with Cryopreserved Amniotic Membrane and Fluid Allograft. *J Foot Ankle Surg.* 2013; 52:615-621.
30. Chao YC et al. A New Method of Preventing Adhesions – The Use of Amnioplastin after Craniotomy. *British Medical Journal.* 1940; 1:517-538.
31. Mohammad J et al. Modulation of Peripheral Nerve Regeneration: a Tissue-Engineered Approach. The Role of Amnion Tube Nerve Conduit across a 1-Centimeter Nerve gap. *Plast Reconstr Surg.* 2000; 105:660-666.
32. Mligiliche N et al. Extracellular Matrix of Human Amnion Manufactured into Tubes as Conduits for Peripheral Nerve Regeneration. *J Biomed Mater Res.* 2002; 63:591-600.
33. Sankar V and Muthusamy R. Role of Human Amniotic Epithelial Cell Transplantation in Spinal Cord Injury Repair Research. *Neuroscience.* 2003; 118:11-17.
34. Tao H and Fan H. Implantation of Amniotic Membrane to Reduce Post-laminectomy Epidural Adhesions. *Eur Spine J.* 2009; 18:1202-1212.
35. Meng H et al. Assessment of Processed Human Amniotic Membrane as a Protective Barrier in Rat Model of Sciatic Nerve Injury. *Neuroscience Letters.* 2011; 496:48-53.
36. Choi HJ et al. Effect of Amniotic Membrane to Reduce Post-laminectomy Epidural Adhesion in a Rat Model. *J Korean Neurosurg Soc.* 2011; 49:323-328.
37. Goldschlager T et al. A Comparison of Mesenchymal Precursor Cells and Amnion Epithelial Cells for Enhancing Cervical Interbody Fusion in an Ovine Model. *Neurosurgery.* 2011; 68:1025-1035.
38. Szerekes-Bartho J. Immunological Relationship between the Mother and the Fetus. *Int Rev Immunol.* 2002; 21:471-495.
39. Ueta M et al. Immunosuppressive Properties of Human Amniotic Membrane for Mixed Lymphocyte Reaction. *Clin Exp Immunol.* 2002; 129:464-470.
40. Veenstra van Nieuwenhoven AL et al. The Immunology of Successful Pregnancy. *Human Reproduction Update.* 2003; 9: 347-357.
41. Lee SB et al. Suppression of TGF-beta Signaling in both Normal Conjunctival Fibroblasts and Pterygial Body Fibroblasts by Amniotic Membrane. *Curr Eye Res.* 2000; 20: 325-334.
42. Tseng SC, et al. Suppression of TGF- $\beta$  Isoforms, TGF- $\beta$  Receptor Type II and Myofibroblast Differentiation in Cultured Human Corneal and Limbal Fibroblast by Amniotic Membrane Matrix. *J Cell Physiol.* 1999; 179:325-335.
43. Lin ZQ et al. Essential Involvement of IL-6 in the Skin Wound-healing Process as Evidenced by Delayed Wound Healing in IL-6-deficient Mice. *J Leukoc Biol.* 2003; 73:713-721.
44. Kieran I et al. Interleukin-10 Reduces Scar Formation in both Animal and Human Cutaneous Wounds: Results of Two Preclinical and Phase II Randomized Control Studies. *Wound Repair Regen.* 2013; 21:428-436.
45. Tseng SC. Amniotic Membrane Transplantation for Ocular Surface Reconstruction. *Bioscience Reports.* 2001; 21:481-489.
46. Solomon A et al. Suppression of Interleukin-1alpha and Interleukin-1beta in Human Limbal Epithelial Cells Cultured on the Amniotic Membrane Stromal Matrix. *Br J Ophthalmol.* 2001; 85: 444-449.
47. Solomon A et al. Suppression of inflammatory and fibrotic responses in allergic inflammation by the amniotic membrane stromal matrix. *Clin Exp Allergy.* 2005; 35:941-948.
48. Higa K et al. Hyaluronic Acid-CD44 Interaction Mediates the Adhesion of Lymphocytes by Amniotic Membrane Stroma. *Cornea.* 2005; 24:206-212.
49. Talmi YP et al. Antibacterial Properties of Human Amniotic Membranes. *Placenta.* 1991; 12:285-288.
50. Kjaergaard N et al. Antibacterial Properties of Human Amnion and Chorion in vitro. *Eur J Obstet Gynecol Reprod Biol.* 2000; 94:224-229.
51. Stock SJ et al. Natural Antimicrobial Production by the Amnion. *Am J Obst Gynecol.* 2007; 196:255. e1-6.
52. King AE et al. Expression of Natural Antimicrobials by Human Placenta and Fetal Membranes. *Placenta* 2007; 28: 161-169.
53. Blumenfeld I et al. *Annals of Burns and Fire Disasters-Vol. XIII, No. 4 - Dec 2000.*
54. Adler SC and Kent KJ. Enhancing Wound Healing with Growth Factors. *Facial Plast Surg Clin North Am.* 2002; 10:129-146.
55. Wang L et al. Epidermal Growth Factor (EGF)-induced Corneal Epithelial Wound Healing through Nuclear Factor- $\kappa$ B Subtype-Regulated CCCTC Binding Factor (CTCF) Activation. *J Biol Chem.* 2013; 288:24363-24371.
56. Schneider L et al. Directional Cell Migration and Chemotaxis in Wound Healing Response to PDGF-AA are Coordinated by the Primary Cilium in Fibroblasts. *Cell Physiol Biochem.* 2010; 25:279-292.
57. Jiang B et al. Dual Delivery of Chlorhexidine and Platelet-Derived Growth Factor-BB for Enhanced Wound Healing and Infection Control. *Acta Biomater.* 2013; 9:4976-4984.

For copies of all references contact Orthofix



1.888.298.5700  
[www.orthofix.com](http://www.orthofix.com)

**MTF** Musculoskeletal  
Transplant  
Foundation  
the better approach

