# MateRegen<sup>TM</sup> Gel IU



# A novel crosslinked hyaluronic acid hydrogel particularly designed for anti-adhesion after intra-uterine procedures

#### **Intrauterine adhesion (IUA)**

IUA, also called as Asherman syndrome, is one of the common disorders in OB/GYN practice. Any procedures result in intrauterine tissue damages could possibly lead to IUA. Accoring to reports [1-3], abortion may lead to 16 to 32% IUA. IUA was observed 45.5% of patients with resection of multiple myoma [4]. IUA is the primary cause for abdomino-pelvic pain and infertility. The high incidence of IUA after intrauterine procedures stresses the need for preventive treatment.

## Indications for MateRegen<sup>TM</sup> Gel IU

MateRegen<sup>®</sup> Gel IU is indicated for use in patients undergoing hysteroscopic surgeries or other intrauterine procedures as an absorbable barrier to prevent or reduce post-surgical intrauterine adhesions.

### Advantage of MateRegen<sup>TM</sup> Gel IU

MateRegen<sup>TM</sup> Gel IU is a crosslinked hyaluroan hydrogel gel that is designed particularly for anti-IUA. It is filled into the uterine cavity after intrauterine procedures to separate uterine walls, prevent adhesion, and act as an adjunct to aid in the natural healing process. Multiple pre-clinical and clinical studies showed that MateRegen<sup>TM</sup> Gel IU is effective in preventing IUA, safe and easy to use.

- MateRegen<sup>TM</sup> Gel IU is sterilized by autoclave, prefilled in glass syringe and ready for use without pre-mixing.
- > The gel is transparent and do not obstruct visualization of the underneath tissue immediately after installation.
- > The gel has high viscosity so that it will stay in the uterine cavity after installation, which provides reliable tissue separation.
- The gel is degradable and absorbable after installation. It will be gradually removed from the uterine cavity in 2-3 weeks, which matches the tissue repair process and provides efficient coverage to the endometrium surface.

A convenient sterile delivery cannula is provided in a separate package to facilitate the installation. The delivery cannula is transparent so that the gel in the cannula can been seen. The delivery cannula is flexible and its tip is atraumatic to avoid damage to the endometrium during insertion into the uterine cavity.

## Composition of MateRegen<sup>TM</sup> Gel IU

- ➤ MateRegen<sup>TM</sup> Gel IU is primarily composed of crosslinked hyaluronic acid and buffering salt solution.
- The novel crosslinking technology ensures the stability of hyaluronic acid and allows the storage at room temperature, which is very convenient to the end-users.
- The content of crosslinked hyaluronic acid is 5mg/ml, which is optimized for its viscosity, injectability, and degradation profile to ensure the efficacy and safety.
- ➢ MateRegen<sup>™</sup> Gel IU does not contain any xenogeneic material and is completely biocompatible.

#### **Presentation and Storage**

- MateRegen<sup>®</sup> Gel IU is supplied in a glass syringe containing 5ml gel. Package of 1 syringe (5ml) or 2 syringe (10ml) are available.
- In general 5ml is enough to fill the entire uterine cavity after surgery. The quantity of gel filled into the cavity for each individual patient will be determined by physicians. Please refer to the "Instruction for Use".
- MateRegen<sup>®</sup> Gel IU should be stored at 2°- 30°C and protected from light. Do not freeze.



#### References

- 1 Friedler S, et al. Incidence of post-abortion intra-uterine adhesions evaluated by hysteroscopy--a prospective study. *Hum Reprod.* 1993; **8**: 442-444.
- 2 Hooker AB, et al. Systematic review and meta-analysis of intrauterine adhesions after miscarriage: Prevalence, risk factors and long-term reproductive outcome. *Hum Reprod Update*. 2014; **20**: 262-278.
- 3 Salzani A, et al. Prevalence of uterine synechia after abortion evacuation curettage. *Sao Paulo Med J.* 2007; **125**: 261-264.
- 4 Taskin O, et al. Role of endometrial suppression on the frequency of intrauterine adhesions after resectoscopic surgery. *J Am Assoc Gynecol Laparosc*. 2000; **7**: 351-354.