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No-React® Valved Aortic BioConduit

The only all-biological valved conduit for use in the aortic position

Benefits

Made entirely of biological materials, treated with the No-React® process so the Conduit is very resistant to infection and is excellent for use in cases of Endocarditis

Available in sizes from 21mm – 29mm, no need to wait for a suitably size homograft.

Avoids calcification and hence is more durable

No incidence of thrombosis, stenosis or calcification.

Excellent Haemodynamics

Immediately ready for use as no rinsing is required



The No-React® Aortic BioConduit **has the lowest reinfection rate of any biological xenograft** and shows reinfection resistance equal to that of homografts

- No-React® tissues avoid calcification issues in patients of every age—and the advantages are greater for younger patients
- No long term Anti-Coagulation products needed in any age population
- Ten years' data shows very low incidence of structural valve deterioration in No-React® Conduits, **with no incidence of thrombosis, stenosis or calcification.**

Valve conduits are typically available in three different designs:

1. Mechanical valves in woven polyester fabric conduits (collagen coated and noncoated).
2. Homografts.
3. Xenografts in woven polyester fabric conduits

The BioIntegral No-React BioConduit Aortic Valve Conduit gives surgeons a better alternative. It contains a composite stentless valve, with superior haemodynamics, compared to mechanical valves. Since it is made of only biological materials, the risk of infection can be reduced.

The conduit contains a composite porcine valve with excellent haemodynamic properties. The conduit is made of a No-React treated bovine pericardial tube. The risk of infection is reduced because only natural material is used.

There is also no need for anticoagulation therapy.

"The No-React® BioConduit composite stentless aortic valved conduit provides excellent long-term clinical results for aortic root replacement with few prosthesis-related complications in the first post-operative decade."

Galiñanes et al. Journal of Cardiothoracic Surgery 2011,

Materials	Porcine Composite Valve Bovine Pericardial Tube
No-React® Treated Tissue	<ul style="list-style-type: none"> • Reduced toxicity • Enhanced biocompatibility • Lower rates of infection, adhesion, and calcification • Promotion of endothelial lining
Design Features	<ul style="list-style-type: none"> • Made entirely of biological materials , treated with the No-React® process so the Conduit is very resistant to infection • Avoids calcification and hence is more durable • Very low incidence of structural deterioration • No incidence of thrombosis, stenosis or calcification. • Excellent Haemodynamics • Immediately ready for use as no rinsing is required
Sizes and Product Codes	<ul style="list-style-type: none"> • NRAC 021 21mm NHS SC Code FKI 1060 • NRAC 023 23mm NHS SC Code FKI 1061 • NRAC 025 25mm NHS SC Code FKI 1062 • NRAC 027 27mm NHS SC Code FKI 1063 • NRAC 029 29mm NHS SC Code FKI 1064

Contact

For customer services and for any further information on the No-React Aortic Conduit or any of the other products in the BioIntegral Surgical No-React® range please contact:

Pierson Surgical Ltd

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CAUTION: Refer to the Instructions For Use provided with each device for complete information regarding indications for use, contraindications, warnings, precautions and potential complications.

CE Approved 0473

Clinical Papers

Manuel Galiñanes , Ayo Meduoye, Ignacio Ferreira and Andrzej Sosnowski . Totally biological composite aortic stentless valved conduit for aortic root replacement:10-year experience . Journal of Cardiothoracic Surgery 2011, 6:86

Carrel, T.P. et al. (2003).Aortic Root Replacement with a New Stentless Aortic Valve Xenograft Conduit: Preliminary haemodynamic and Clinical Results. The Journal of Heart Valve Disease, 12:752-7.

Siniawski, H. et al. (2003). "Stentless aortic valves as an alternative to homografts for valve replacement in active infective endocarditis complicated by ring abscess." The Annals of Thoracic Surgery, 75:803-808