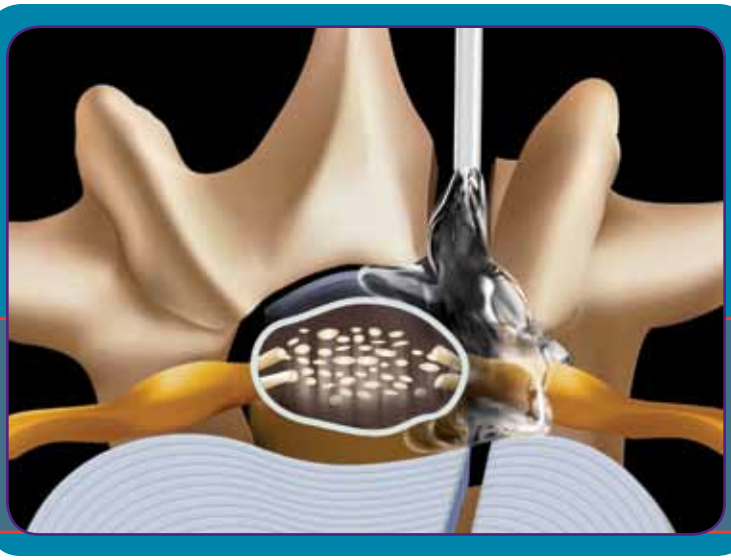
Oxiplex®/SP



Preserve Surgical Excellence

For reducing pain, radiculopathy, lower extremity weakness and the incidence, extent and severity of postoperative adhesions.

- Absorbable
- Synthetic
- Biocompatible
- Safe and Effective

- Clear gel does not obstruct operative site
- Permits normal wound healing
- Contains no animal or bacterial components

Oxiplex/SP[1,2,3,4,5,6,7]

Over 270,000 procedures performed worldwide.

Effective reduction of adhesions and pain.

Excellent safety profile demonstrated in clinical studies.

- No safety issues associated with Oxiplex
- Fewer neurological complications
- Fewer musculoskeletal complications
- Fewer reoperations in Oxiplex group

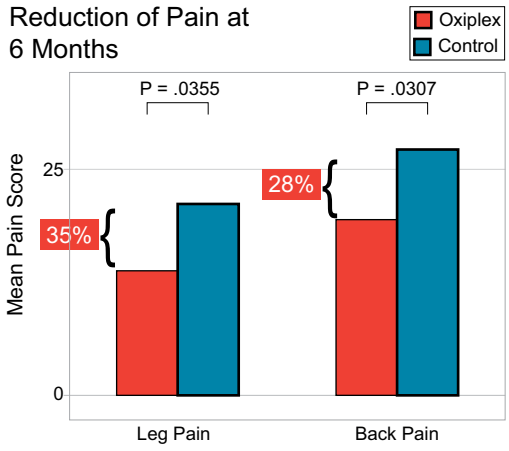
Oxiplex is intended to be placed at sites of tissue injury in the epidural space following lumbar discectomy, laminectomy and/or laminotomy procedures. For reducing pain, radiculopathy, lower extremity weakness and the incidence, extent and severity of postoperative adhesions.

Oxiplex application:

- Coat dura and exiting nerve root along all surfaces
- Fill depth of surgical site to the ventral surface of vertebral lamina.

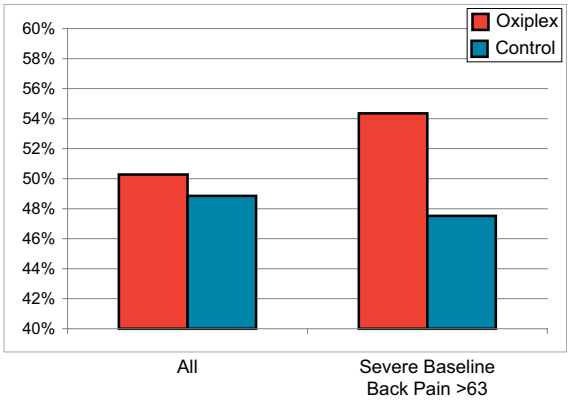
(** See Instructions for Use for complete information.*)

Reduction of Pain at 6 Months



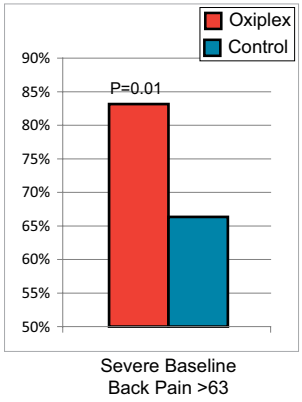
Oxiplex significantly reduces pain six (6) months following lumbar surgery in subjects with severe back pain at baseline.

Proportion of Subjects with Zero Leg Pain at Final Follow-up (ITT)



- In the severe baseline back pain group, 54.4% of Oxiplex subjects had no leg pain at final follow-up (6 months) vs. 47.5% of control subjects
- Median leg pain at 6 months in Oxiplex group was zero in both the overall ITT population and for subjects with severe baseline back pain

Responder Analysis Overall Treatment Success at 6 Months



Responder Analysis Definition

- Reduction of at least 20 points in LSOQ composite score
- No additional procedures on lower back
- Absence of neurological deficits

Oxiplex®

References: 1 Oxiplex Reduces Leg Pain, Back Pain and Associated Symptoms Following Lumbar Discectomy, Spine 2012. 2 Blumenthal S, Arnold P, Rhyne A, Wang J, Kim K and MediShield Study Group. MediShield reduces the incidence of back pain, leg pain and associated symptoms 6 months following single-level lower lumbar surgery for removal of herniated disc, SpineWeek 2008. 3 Fransen P. Safety of carboxymethylcellulose / polyethylene oxide for the prevention of adhesions in lumbar disc herniation, consecutive case series review, Annals of Surg Inn Res 2008. 4 Assietti R et al. Use of carboxymethylcellulose / polyethylene oxide gel in microdiscectomy with interlaminectomy, a case series comparison with long-term follow-up, Spine 2008. 5 Berg RA et al. Reduction of peridural fibrosis by MediShield/SP gel compared with Adcon-L in a rabbit laminectomy model with dural adhesions, AANS 2002. 6 Guizzardi et al. Use of novel gel-formulated anti-adhesion barrier for prevention of fibrotic adhesions in lumbar micro-discectomy procedures, CNS 2006. 7 Data on file, FzioMed, Inc.

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