

## DISPATCHES

Issue 2: Feb 2008

Welcome to DISPATCHES, Tissuemed's Newsletter. Designed to keep you informed of current events in the dynamic life of our exciting company, we hope this will be a stimulating read. If you have comments or issues you think your colleagues, distributors, customers, investors or anyone else associated with the company would benefit from sharing, please get in touch with [editor@tissuemed.com](mailto:editor@tissuemed.com).

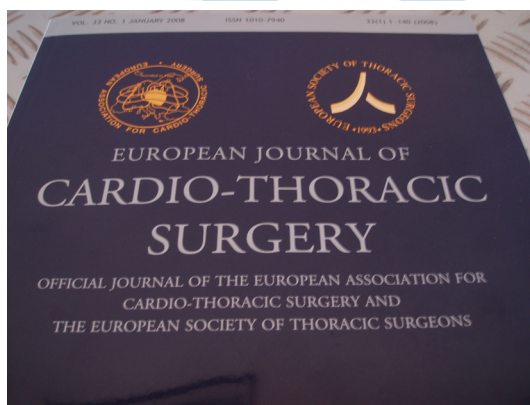
**Editorial:** It's almost two months since the first edition of DisPatches appeared, during which time sales have continued to increase and surgeons have continued to express their satisfaction with our product. Now would seem like a good time to sit back and relax, pat ourselves on the back for a job well done and wait for orders to keep coming in. Fortunately for all involved in Tissuemed we're not like that. We recognise that taking our collective foot off the gas at this point would be to fail in our mission to establish TissuePatch3 as the "Gold Standard" for prevention of intra and post operative air leaks, the best means of getting patients off drains quickly and out of hospital as early as possible. I met a patient the other day, a chap I know who didn't know what business I was in. Without prompting he complained that the worst part of what was already a bad situation (life threatening disease, major surgery, loss of 50lbs) was having "**this damned drain**" hanging off him for over a week after the operation. We've demonstrated clinically that drain removal and patient discharge can be accelerated by up to 3 days by applying Tissuepatch3 when air leaks are identified. That's good news for the patient, the hospital and it supports what we always believed, that the product really works and continues to work after application.

### So what's the challenge now?

We know from published data that air leaks exist in approximately 80% of lung procedures. Yet surgeons only decide to use *any* product to resolve these leaks in a small proportion of these cases, reserving their use for what they perceive as *troublesome* cases. This may well be because current options are so (shall we say) suboptimal. Whatever, but the result is that it's not unreasonable to speculate that patients are spending longer on drains and in hospital than they need to. Our challenge therefore is to *be there* in the Operating Room, to remind surgeons (and nursing staff) that using Tissuepatch3 to address even minor air leaks is very likely to improve the patient experience, the hospital economics and need not require the procedure to be lengthened in preparation of some difficult-to-apply liquid.

## TISSUEPATCH3 ADVERTISING CAMPAIGN

Hot off the press and being delivered to European Cardiothoracic surgeons right now is the first 2008 edition of the European Journal of Cardio-thoracic Surgery. Included is a full page colour ad for Tissuepatch3 which carries the simple messages that this is the easiest and most effective method of sealing air leaks. Additionally Tissuepatch3 banner ads have been placed on the three most visited Cardio-thoracic surgery portals, again with simple messaging and "click thrus" to the main TissuePatch3 site.



You don't need to be a computer geek to use Skype.....free phonecalls using the computer (all you need is a microphone and speakers or headset). It's a really easy way to keep in touch even if you just need to ask a quick question using the chat facility.....unlike email you can even see whether your contact is online! To try it just download the software from [www.skype.com](http://www.skype.com) and see who else you can contact. David.Mandley, david.fortune2, Emma.Jane.Bainbridge and nickwoods66 to name but four await your contact!

## QUESTIONS FROM THE SHARP END

### Experience from the Field.

Is there any evidence that TP3 causes fibrosis?

As stated in the IFU Tissuepatch3 “may cause a local, mild inflammatory reaction leading to encapsulation by inflammatory cells with some fibrosis”, but we have been advised that it is not clinically significant.

Can it be used in the presence of Povidone Iodine prep fluids?

As with other cross-linking products the use of iodine is likely to impair performance. In the case of Tissuepatch3 the surface chemistry of the tissue will be chemically altered by this very strong disinfectant which is normally reserved for external use. The result: It probably won't adhere, but our lab work suggests that iodine applied after patch will not dislodge the patch. In other words adherence is not adversely affected.

Which is the most popular size?

5 x 5cm makes up over three quarters of sales to date with 5 x 10 in second place. The 5 x 5 is easier to apply, but there's a definite place for both according to our surgeon advisors.

Can I get hold of non-sterile samples to show surgeons?

Yes, our distributors should contact Emma Bainbridge with requests for samples, brochures and access to demonstration models.

## WHO'S NEW?

Meet Emma Bainbridge, Tissuemed's new Customer Service Coordinator and primary point of contact for our distributors. Emma has a degree in Media and Management as well as several years experience in the recruitment industry and is already proving herself invaluable in her role at the heart of our sales and marketing activity.



## DATES FOR YOUR DIARY:

March 10/11: Society for Cardiothoracic Society in Great Britain and Ireland, Edinburgh

June 8-11: SCTS, 16th European Conference on General Thoracic Surgery, Bologna

September 13-17: EACTS, Lisbon

## MORE FEEDBACK PLEASE!

Almost every day we hear positive feedback from customers. From UK to Kuwait to South Africa we're hearing words like "impressive" and "it works exactly as you told me it would". We would like to collect clinical feedback on a more formal basis and would encourage all our distributors to make the effort to complete and return clinical feedback forms wherever possible. Sharing information in this way will help add to our body of experience, which will benefit any distributor who ever has to sit in front of a surgeon and answer the question about our clinical experience.

## ON THE ROAD WITH..... MANDLEY AND GLOCKNER

At the turn of the year, Mr Werner Glockner, Tissuemed's European Sales Manager and Dr David Mandley, QA/RA Manager embarked on a productive week of visits to hospitals in Belgium and Germany, to present the Tissuepatch3 technology to thoracic surgeons. These visits were kindly arranged by Tissuemed's distributors in both countries, QP&S and Lamed respectively.

Werner commented; "the interest shown and varied questions asked by the thoracic surgeons we visited confirmed that there is a desire for Tissuemed's innovative products. Although there are differences in clinical practice between the six centres we visited it is clear that surgeons in Belgium and Germany need a product that can be applied straight out of the packet, is easy to use and effectively prevents air leaks as an adjunct to conventional surgical practice".

David added "I would particularly like to thank the staff of QP&S and Lamed who worked tirelessly in preparing for our arrival in Belgium and Germany and made sure that we were able to see so many receptive clinicians during the course of our visit".