PROPEL®
MOMETASONE FUROATE SINUS IMPLANTS

Intra-Operative and Post-Operative Considerations for Sinus Surgery with PROPEL Implants

INTRA-OPERATIVE

Load the implant less than three minutes before use to maximize PROPEL's strength/radial force.

Achieving haemostasis minimizes post-operative crusting and facilitates apposition to mucosal tissue, maximizing targeted drug delivery.

- In the PROPEL studies, placement of any form of haemostatic agent or packing material within the implant was not allowed.
- No haemostatic agents were used in our clinical studies.

Confirm the implant is placed to provide appropriate mechanical spacing and maximum tissue apposition for optimal drug delivery.

- Implant can be manipulated with standard surgical instruments if needed.
- Ethmoid sinus placement considerations - PROPEL / PROPEL Mini:
  - » The ground/basal lamella helps support PROPEL inferiorly.
  - » If the implant is placed too posteriorly, it may not support the middle turbinate optimally.
- Frontal sinus consideration - PROPEL Mini:
  - » PROPEL Mini has a uniform, cylindrical shape to support a longer frontal sinus opening.

POST-OPERATIVE

Saline Irrigation: Frequent sinus irrigations are very important for the healing process.

Antibiotics: In our clinical studies, antibiotics were prescribed for 10-14 days, beginning 1 day pre-operatively.

Follow-up: During debridements, careful suctioning and debris removal around the implant is possible. Remove any obstructive crusts, but leave the implant in place for as long as possible.

PROPEL implants are bio-absorbable: PROPEL implants are designed to deliver drug over 30 days and dissolve within 30-45 days. Patients may notice thin white fragments migrate from their nose as it dissolves – this is normal.

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The PROPEL sinus implants are intended for use in patients ≥18 years of age after sinus surgery to maintain patency and to locally deliver steroid to the sinus mucosa: PROPEL for use in the ethmoid sinus and PROPEL Mini for use in the ethmoid sinus and frontal sinus opening.

Contraindications include people with intolerance to mometasone furoate (MF) or hypersensitivity to bioabsorbable polymers. Safety and effectiveness of the implant in pregnant or nursing females have not been studied. Risks may include, but are not limited to, pain/pressure, displacement of the implant, possible side effects of the intranasal MF, sinusitis, epistaxis, and infection. For complete prescribing information see IFU at www.intersectENT.xx. Prescription only.

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