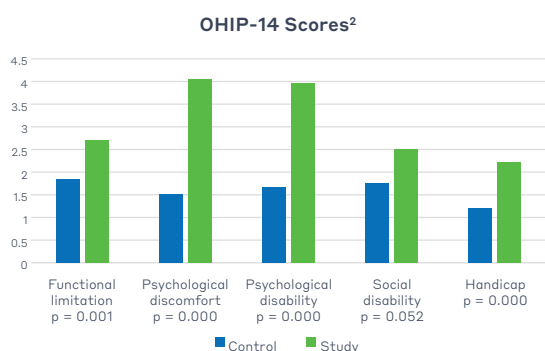


research shows inferior alveolar nerve deficits can significantly diminish patients' quality of life

As research-driven treatments continue to improve functional outcomes for patients, so should nerve reconstruction efforts to ensure patients don't just survive—but thrive.

During segmental mandibular resection, hard and soft tissue, including nerve tissue, is resected, often leading to loss of neurosensory function and diminished quality of life.¹

Patients with persistent neurosensory disturbances after inferior alveolar nerve (IAN) damage consistently report reduced quality of life related to their injuries. When evaluated with clinically validated, subjective oral health assessments focused on quality of life, such as the Oral Health Impact Profile-14 (OHIP-14), patients reported more functional limitations, psychological discomfort and disabilities as compared to those who did not suffer the same injury.²⁻⁴



Control group: n=100; no neurosensory defect of IAN
Study group: n=100; neurosensory defect of IAN

reported functional/psychological limitations include:^{3,5,6}

Difficulty eating and detecting food on lips

Speech deterioration

Unawareness of drooling

Increased social anxiety

Self-induced trauma to lips due to accidental biting

These physical limitations have negative social and psychosocial implications for patients. They've been shown to affect patients' ability to socialize, enjoy food and retain employment.

They can also impact patients' self-perceptions, leading to increased social anxiety, difficulty managing emotions of anger and irritability, and even clinical depression.^{3,4,6,7}



what can you do?

Patients expressed significant frustration and dissatisfaction associated with their IAN injury, indicating a need for better postoperative management.³

1. Involve and prepare patients for what's ahead

Manage expectations by communicating IAN surgical options and outcomes
Explain quality-of-life implications associated with neural damage
Provide more information preoperatively regarding recovery prognosis

2. Offer your patients a potential solution: nerve reconstruction

Studies have shown that repairing the nerve at the time of ablative mandibular resection is more likely to help patients achieve full functional outcomes and improved quality of life. A variety of nerve reconstructive techniques exist to repair the IAN.⁸⁻¹⁰

Connector-Assisted Repair® with Avance® Nerve Graft and Axoguard Nerve Connector® has demonstrated consistent meaningful recovery rates of 89% when used for IAN repair, without the comorbidities commonly associated with autograft.¹¹

you have the power to help patients live better lives

Surgeons aim to provide patients the best possible outcome. Nerve reconstruction is a vital part of that. Contact Axogen to learn how you can bring nerve reconstruction into your practice—and help your patients feel like themselves again.

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indications and trademark disclaimers

Avance Nerve Graft

REGULATORY CLASSIFICATION: Avance Nerve Graft is processed and distributed in accordance with U.S. FDA requirements for Human Cellular and Tissue-Based Products (HCT/P) under 21 CFR Part 1271 regulations, U.S. State regulations and the guidelines of the American Association of Tissue Banks (AATB). Additionally, international regulations are followed as appropriate. Avance Nerve Graft is to be dispensed only by or on the order of a licensed physician.

INDICATIONS FOR USE: Avance Nerve Graft is a processed nerve allograft (human) intended for the surgical repair of peripheral nerve discontinuities to support regeneration across the defect.

CONTRAINDICATIONS: Avance Nerve Graft is contraindicated for use in any patient in whom soft tissue implants are contraindicated. This includes any pathology that would limit the blood supply and compromise healing or evidence of a current infection.

Axogen Corporation: Phone 888.Axogen1 (888.296.4361) | Fax 386.462.6801 | customer@axogeninc.com | www.axogeninc.com

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Axoguard Nerve Connector

INDICATIONS FOR USE: Axoguard Nerve Connector is intended for the repair of peripheral nerve discontinuities where gap closure can be achieved by flexion of the extremity. The device is supplied sterile and is intended for one-time use.

CONTRAINDICATIONS: This device is derived from a porcine source and should not be used for patients with known sensitivity to porcine material.



“Once the nerve was getting better, I could talk better. Eating was definitely a lot easier...it was really nice once those problems all went away, and I was back to normal.”

—Veronica, Axogen patient



Hear Veronica's full story and others like hers at axogeninc.com/patient-stories

revolutionizing the science of nerve repair™

