

Quill

BARBED
SUTURE

The **fast, secure, and efficient** suture
for orthopedic closures.



Key Benefits

Quill®, a knotless tissue closure device.

✓ Speed and security

- ▶ Up to **30% faster surgical** closure time compared to traditional suture.^{1,2}
- ▶ Bi-directional sutures enables two surgeons **to close the incision in tandem.**

✓ Better outcomes

- ▶ **The barbs provide multiple points of fixation** for a water-tight closure.³
- ▶ The tension is evenly distributed along the incision **to help improve scar cosmesis.**^{1,4}
- ▶ **Reduce knot related complications.**⁵

✓ Economic value

- ▶ **Decrease** in total material cost.^{6,7}
- ▶ **Reduce** operating room time.^{6,7}

Choose Quill®

- ✓ **The largest selection** of uni-directional and bi-directional barbed sutures*.
- ✓ **High density barbs** provide maximum anchoring points.
- ✓ **Budget friendly.**

✓ Patient satisfaction

Enhance cosmetic results **by eliminating track marks.**



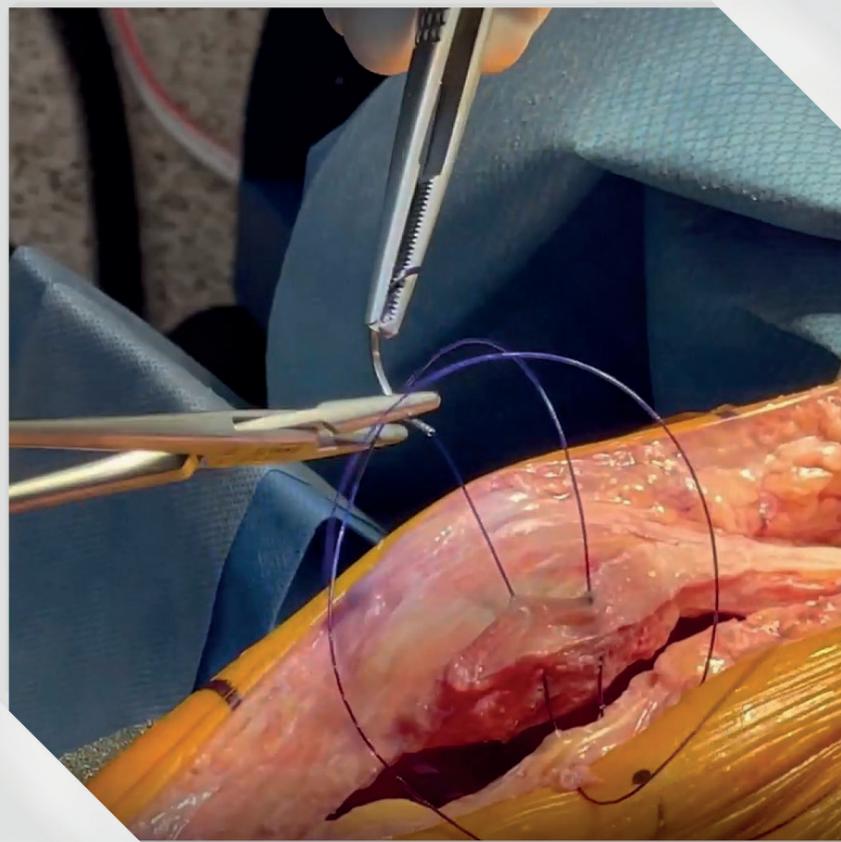
1. Immediately after surgery



2. Two weeks post-op



3. Six weeks post-op



'I use Quill® exclusively on all my total joint cases'

I have found tremendous benefit with Quill® to expedite the surgical closure, it has also decreased costs in the operating room as multiple different sutures are no longer required. Most importantly the patients have had tremendous feedback as they are very pleased with the look of their surgical wound, which heals quickly."



Quill BARBED SUTURE
by corzamedical



'Stronger and watertight'

"Compared with traditional sutures, we have found that closures with the Quill® device are stronger, more watertight, and more resistant to failure when cut, with better distribution of tension along the length of the wound."



Scan to read and watch the **TKA case study**

corza.com/TKAI

Approximate with Quill® barbed sutures

Use Quill® to close the capsule, subcutaneous and subcuticular tissue layers.

CAPSULE

Material	Item Code	USP	Colour	Needle				Length (cm)	Configuration
PDO	RA-1065Q	2	Violet	½ Circle	Taper Point	48 mm	CTX	36 x 36	Bi-directional
PDO	RX-1066Q	2	Violet	½ Circle	Reverse Cutting	40 mm	CP	36 x 36	Bi-directional
PDO	RX-2066Q	2	Violet	½ Circle	Reverse Cutting	40 mm	CP	45 x 45	Bi-directional
PDO	VLP-2010	2	Violet	½ Circle	Taper Point	48 mm	CTX	70	Uni-directional

SUBCUTANEOUS

PDO	VLP-2012	0	Violet	½ Circle	Taper Point	36 mm	CT-1	70	Uni-directional
PDO	RX-2069Q	0	Violet	½ Circle	Reverse Cutting	36 mm	CP-1	36 x 36	Bi-directional
PDO	RX-2068Q	0	Violet	½ Circle	Reverse Cutting	36 mm	CP-1	45 x 45	Bi-directional
Monoderm™	YA-2036Q	0	Undyed	½ Circle	Reverse Cutting	36 mm	CP-1	36 x 36	Bi-directional
Monoderm™	YA-2035Q	0	Undyed	½ Circle	Reverse Cutting	36 mm	CP-1	45 x 45	Bi-directional
Monoderm™	YA-1029Q	0	Undyed	½ Circle	Taper Point	36 mm	CT-1	36 x 36	Bi-directional

SUBCUTICULAR

Monoderm™	VLM-2012	2-0	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	45	Uni-directional
Monoderm™	YA-2024Q	2-0	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	30 x 30	Bi-directional
Monoderm™	YA-2023Q	3-0	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	30 x 30	Bi-directional
Monoderm™	YA-2022Q	2-0	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	30 x 30	Bi-directional
Monoderm™	YA-2021Q	3-0	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	30 x 30	Bi-directional

Corza.com 1.877.991.1110 Service@corza.com

Quill® is available through distribution or direct. For procedural videos, visit: [youtube.com/CorzaMedical](https://www.youtube.com/CorzaMedical)

*According to competitors 2018 and 2022 barbed suture product catalogs.

References: 1. Sah AP. A Prospective, Randomized Evaluation of the Quality of Wound Closure With Barbed Versus Standard Suture After Total Joint Arthroplasty. *Orthopedics*. 2021 Jul-Aug;44(4):216-222. doi: 10.3928/01477447-20210621-06. Epub 2021 Jul 1. PMID: 34292819. 2. Sah AP. Is There an Advantage to Knotless Barbed Suture in TKA Wound Closure? A Randomized Trial in Simultaneous Bilateral TKAs. *Clin Orthop Relat Res*. 2015 Jun;473(6):2019-27. doi: 10.1007/s11999-015-4157-5. Epub 2015 Jan 29. PMID: 25631171; PMCID: PMC4419008. 3. Nett M, Avelar R, Sheehan M, Cushner F. Water-tight knee arthroscopy closure: comparison of a novel single bidirectional barbed self-retaining running suture versus conventional interrupted sutures. *J Knee Surg*. 2011 Mar;24(1):55-9. doi: 10.1055/s-0031-1275400. PMID: 21618939. 4. Paul MD. Bidirectional barbed sutures for wound closure: evolution and applications. *J Am Col Certif Wound Spec*. 2009 May 23;1(2):51-7. doi: 10.1016/j.jcws.2009.01.002. PMID: 24527114; PMCID: PMC3478908. 5. Greenberg JA, Clark RM. Advances in suture material for obstetric and gynecologic surgery. *Rev Obstet Gynecol*. 2009 Summer;2(3):146-58. PMID: 19826572; PMCID: PMC2760901. 6. Li P, Zhang W, Wang Y, Li J, Yan P, Guo S, Liu J, Yang K, He Z, Qian Y. Barbed suture versus traditional suture in primary total knee arthroplasty: A systematic review and meta-analysis of randomized controlled studies. *Medicine (Baltimore)*. 2020 May 22;99(21):e19945. doi: 10.1097/MD.00000000000019945. PMID: 32481258; PMCID: PMC7249882. 7. Gilliland JM, Anderson LA, Barney JK, Ross HL, Pelt CE, Peters CL. Barbed versus standard sutures for closure in total knee arthroplasty: a multicenter prospective randomized trial. *J Arthroplasty*. 2014 Sep;29(9 Suppl):135-8. doi: 10.1016/j.arth.2014.01.041. Epub 2014 May 27. PMID: 24973931.

Quill® Barbed sutures are indicated for soft tissue approximation. Absorbable barbed sutures shall be used where the use of absorbable suture is appropriate and nonabsorbable barbed sutures are excluded from closure of the epidermis. Barbed sutures are not intended to be used by tying surgical knots. To avoid small bowel obstruction, care should be taken to not leave barbed suture ends adjacent to the peritoneum in extra-peritoneal tissue closure. As with all surgical sutures, adverse effects may include wound dehiscence, failure to provide adequate wound support, infection, minimal acute inflammatory tissue reaction at the wound site amongst others. For complete indications, contraindications, warnings, precautions, and adverse reactions, refer to the instructions for use (IFU).



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