



Oxiplex® Absorbable Gel for Spine Surgery

The leading choice of spine surgeons worldwide



Dual-Polymer Technology

Even with the best surgical technique, postoperative pain, neurological symptoms, and other long-term complications can still occur after spine surgery. Oxiplex absorbable gel acts as a temporary, protective barrier to coat and protect sensory nerves from surrounding tissues and inflammatory mediators during the body's natural healing process.

Better outcomes

In clinical studies^{1,2,3} Oxiplex has demonstrated*:

- Increased likelihood of achieving high or complete reduction of leg pain.
- Significantly greater reduction of postoperative leg and back pain.
- Reduction of postoperative neurological symptoms.
- Significantly greater patient satisfaction.
- Fewer reoperations.

Safe and effective

- Demonstrated safe and effective with more than 20 years of clinical use and more than 800,000 procedures worldwide.
- Supported by numerous published clinical studies.
- Contains no pharmaceutical agents and no materials of human, animal, or bacterial origin.

Easy to use

- Sterile and ready to use – no mixing required – and conveniently stored at room temperature.
- Prepackaged, flexible applicator allows easy application.
- Clear, absorbable gel maintains operative site visibility.

Proprietary technology

- Unique, dual-polymer formula designed to offer advantages that go beyond other gel, film, and sheet technologies.

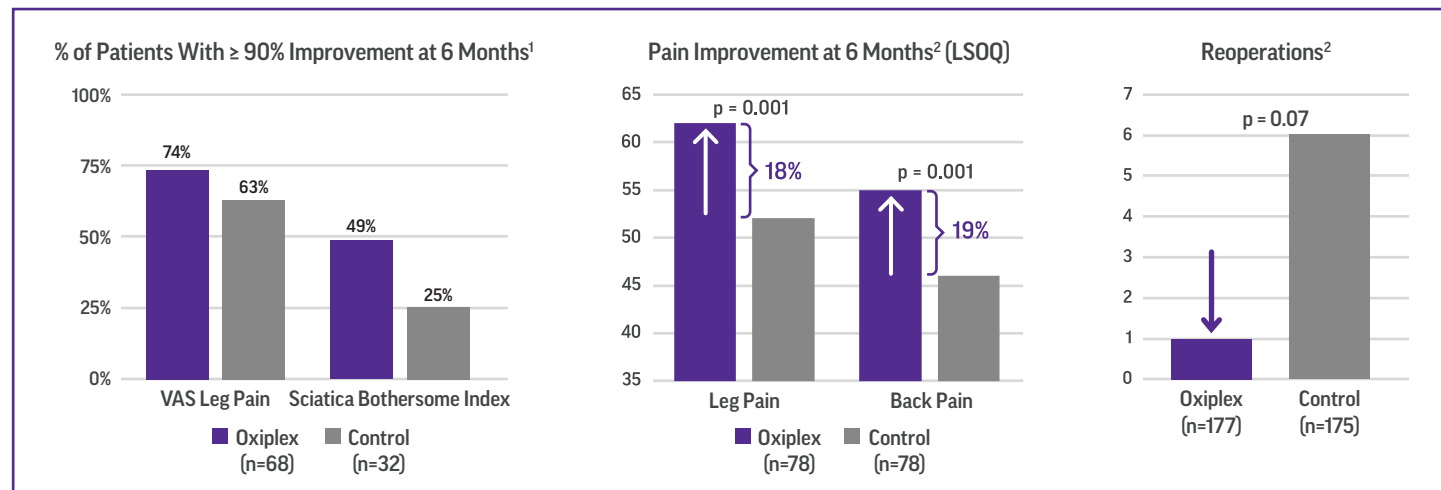
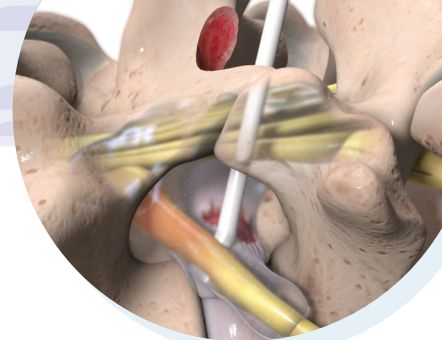
800,000+
patients treated
since 2002

Learn more at fziomed.com



Reduced pain and neurological symptoms, fewer reoperations

Clinical studies have demonstrated the long-term benefits of using Oxiplex in lumbar spine surgery.



Unique dual-polymer technology

Our proprietary combination of two safe and extensively studied synthetic polymers – carboxymethylcellulose (CMC) and polyethylene oxide (PEO) – is designed to offer functional advantages over other technologies.

- **Tissue adherence:** The CMC in our gel allows for exceptional adherence to tissues and neural elements in a variety of anatomical environments. Oxiplex gel is designed to stay in place, throughout the body's natural healing process.⁴
- **Pain reduction:** The PEO in our gel provides a unique protective function, disrupting fibrin deposition and helping reduce the inflammatory effects of cytokines that can contribute to postoperative pain.⁴
- **Absorbable:** Oxiplex gel is naturally cleared by the body.

Product Code	Product Description
FPC-09010	Oxiplex Absorbable Gel for Spine Surgery – 3 mL
FPC-09020	Oxiplex Absorbable Gel for Spine Surgery – 1.5 mL

Oxiplex is an FDA De Novo device. It is a synthetic, absorbable gel intended as an adjunct to lumbar spinal surgery in adult patients with leg pain, back pain, and neurological symptoms undergoing discectomy to reduce leg pain and neurological symptoms. Oxiplex should only be used after hemostasis during wound closure in adult patients. It is supplied sterile, for single use only, should not be re-used or sterilized, and should not be used in the presence of infection. Healthcare professionals should refer to the Instructions for Use for a complete list of Contraindications, Warnings and Precautions.

Caution: Federal law restricts this device to sale by or on the order of a physician.

References

1. Fischgrund J, et al. Dual-Polymer Carboxymethyl Cellulose and Poly(Ethylene Oxide) Gel Reduces Leg and Back Pain in Patients With Severe Leg and Back Pain Following Single-Level Partial Discectomy. *Spine* 2026;51:384-392.
2. Rhyne A, et al. Oxiplex reduces leg pain, back pain and associated symptoms following lumbar discectomy. *Spine* 2012;37:631-641.
3. 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;33:1762-1765.
4. DSouza A, et al. Dual-Polymer Carboxymethyl Cellulose and Poly(Ethylene Oxide)-Based Gels for the Prevention of Postsurgical Adhesions. *Journal of Biomedical Materials Research Part A* 2025;113:e37852.

*Compared to surgery alone at 6 months in patients with severe leg and back pain prior to surgery.