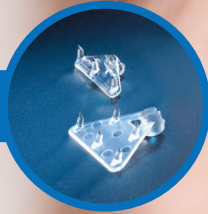
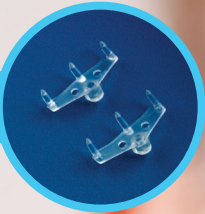


ENDOTINE® Multipoint Fixation

Endotine & Ultratine Forehead



Endotine TransBleph



Endotine Midface



Endotine Ribbon



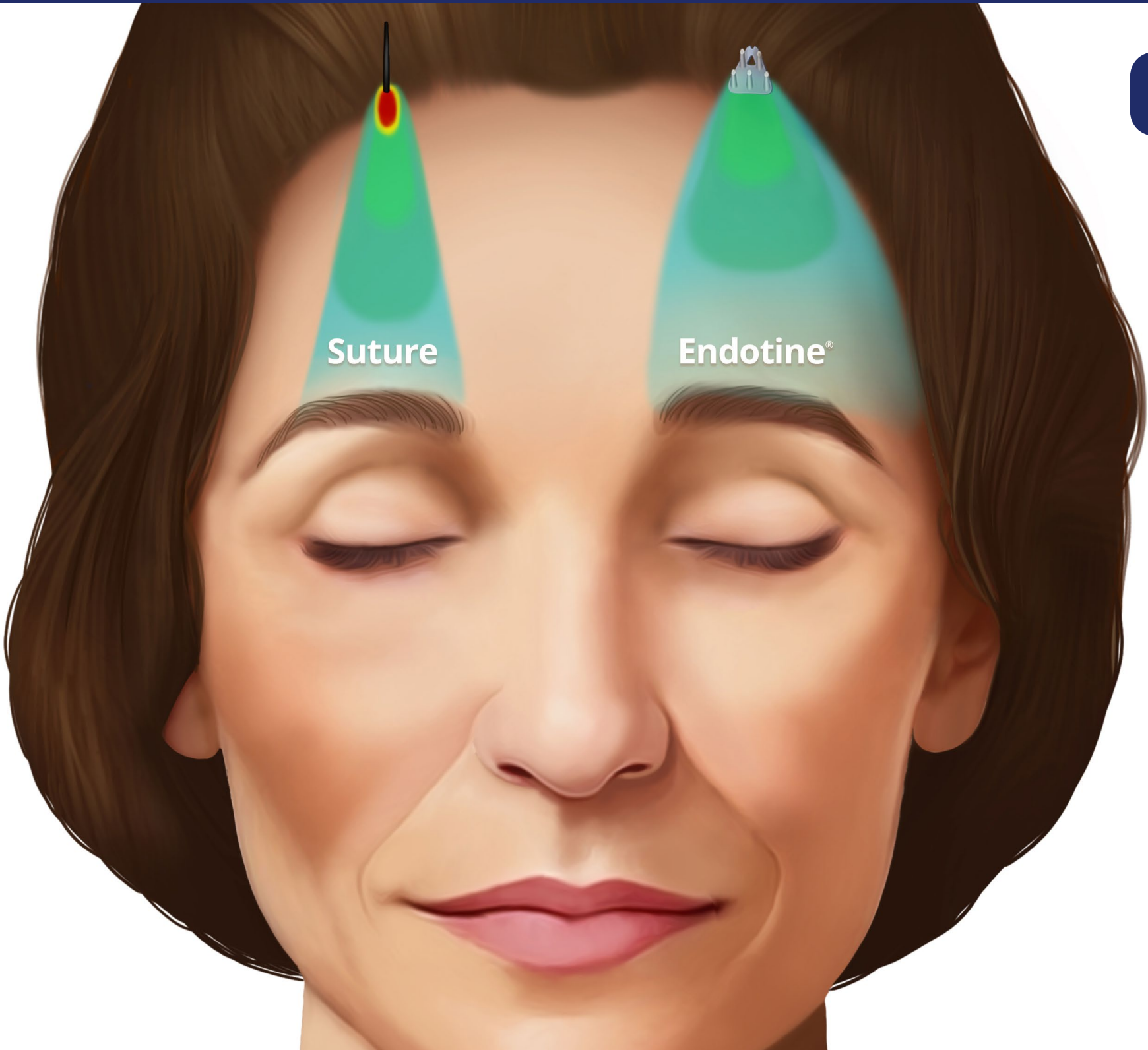
MICROAIRE®

Highly Adjustable Bioabsorbable Implants | Predictable Long-lasting Results^{1,2}

Endotine is composed of a polylactic acid and polyglycolic acid polymer with a proven record of reliability. The implants typically take 30-60 days to completely attach to a new position on the skin, then gradually dissolve until completely absorbed by the body.^{1,2}

Sutures | A Single Point of Fixation

Sutures utilize a single point of fixation to secure adjusted tissue. This limits fixation strength and can lead to skin irregularities, dimpling, excessive soft tissue pull or “cheese-wiring.”



Endotine | Multiple Points of Fixation

Endotine’s multipoint fixation distributes “tissue forces evenly, minimizing the chance of surgical failure and possible injury caused by sutures.”³

Highly Adjustable

- Easily adjustable during surgery for greater control³
- Can be applied in less than 2 minutes, reducing procedure time⁴

Predictable Long-lasting Results

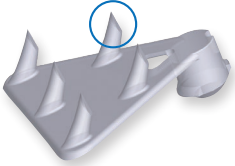
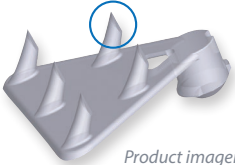
- 6x the load capability of 3-0 PDS sutures⁵
- Reduced risk of necrosis, alopecia, scar widening, and re-descent and eliminates cheese-wire effect and dimpling³

Endotine, composed of an 82:18 polylactic acid and polyglycolic acid polymer, delivers a novel and effective solution for scalp tissue fixation.

Ultratine consists of a similar, but uniquely different polymer blend that absorbs more quickly, losing 90% of its strength in 60 days, while Endotine loses only 36% of its strength.⁶ Ultratine’s rapid strength degradation means the patient has less palpability and sensitivity after 3 months.

The Right Size for All Types of Patients

Select from three different sizes to match the specific needs of your patient.

CFD-22202 Endotine Forehead 3.0		3.0mm tines designed for patients with below-average to average scalp thickness.
CFD-23202 Ultratine Forehead 3.0		
CFD-22102 Endotine Forehead 3.5		3.5mm tines designed for patients with above-average to average scalp thickness.
CFD-23102 Ultratine Forehead 3.5		
CFD-010-0167 Endotine Forehead-mini 3.0		60% smaller implant designed for patients with below-average scalp thickness that need a smaller, sub-10mm incision.

Forehead Instrument Kit
CFD-010-4320

For use with Endotine and Ultratine Forehead implants. Kit includes sterilization case, two cranial drill bits with depth stop, and implant insertion tool.



Manual Surgical Drill
CFD-899-4000

Unique transmission delivers high torque with minimal effort.

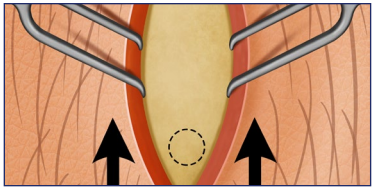
Universal 3-Jaw chuck allows use of a wide variety of drill bit sizes.

Axial design provides both enhanced comfort and control for manual drilling.

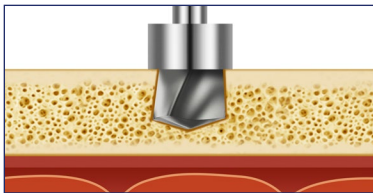


Sealed, maintenance-free design.

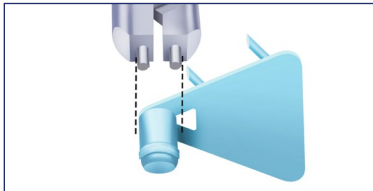
1. Make the Incision – Make a sagittal, paramedian incision in the usual fashion. Perform the dissection, making sure to achieve adequate release.



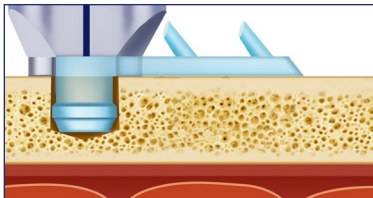
2. Determine the Drill Hole Site – Lift the brow to the desired position. Plan the cranial hole so that the implant will ultimately lie under the hair-bearing scalp.



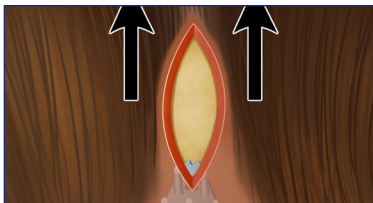
3. Drill the Hole – Use the Endotine® Drill Bit to create a hole at the drill site. The hole should be located medial to the temporal fusion line and anterior to the coronal suture. Drill all the way to the bit sleeve. Suction the hole to remove all debris.



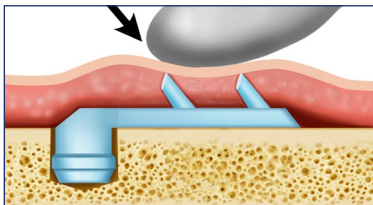
4. Grasp the Implant – Use the Endotine insertion tool to grasp the implant and remove it from its packaging. One needle-like tip of the tool fits into the hole in the Endotine platform and the other end grasps the implant post.



5. Place the Implant – Insert the Endotine implant into the drilled hole. Push until the platform is flush with the cranium. Release the insertion tool from the implant.



6. Elevate the Tissue – Elevate brow tissue to desired position. The implant may lie either anterior or lateral to the incision.



7. Secure the Tissue – Apply digital pressure to ensure penetration of the tissue by the implant tines. Close the incision. A gentle pressure dressing is recommended to prevent dislodgement.

TIPS

- Score cranium with Bovie for drilling location
- Drill in one pass (ideally)
- Rotate while pulling upwards to remove drill bit
- Evacuate all bone debris & blood with irrigation/suction
- Ensure that you insert the implant at a 90-degree angle

Bleph and Brow, an Unbeatable Combination

You can now achieve the combined goals of removing upper eyelid skin and repositioning the brow in a single surgical session.

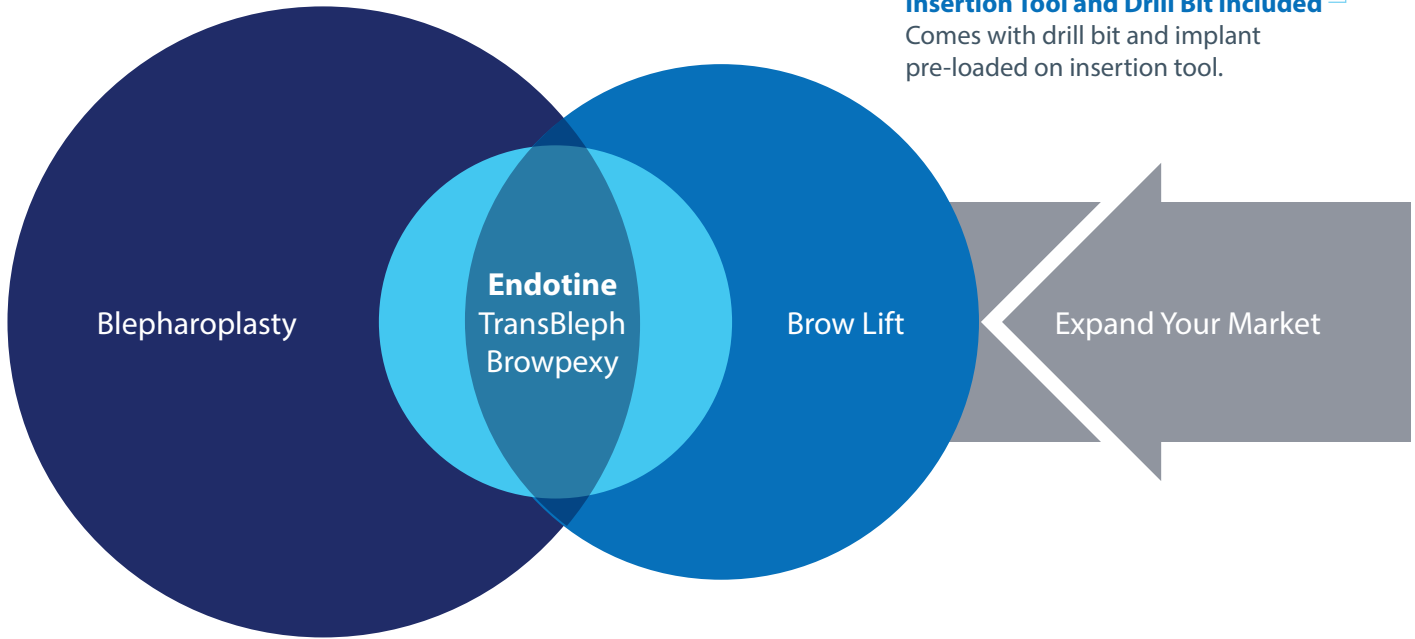
No Endoscope Required

By utilizing the upper blepharoplasty incision for access, the Endotine TransBleph helps simplify the brow lift procedure. No expensive endoscopic equipment is required, meaning fewer instruments to set up, process and maintain.

The Endotine TransBleph is the best of both worlds for rejuvenation surgeries: the fixation of multipoint implants and the ability to perform two effective procedures through a single incision—without the need for general anesthesia or expensive equipment.



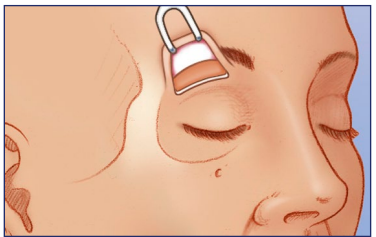
Insertion Tool and Drill Bit Included
Comes with drill bit and implant pre-loaded on insertion tool.



An Endotine TransBleph for All Patient Types

CFD-080-0177 Endotine TransBleph 3.0		3.0mm tines designed for patients with thin brow tissue.
CFD-080-0167 Endotine TransBleph 3.5		3.5mm tines designed for patients with thick brow tissue.

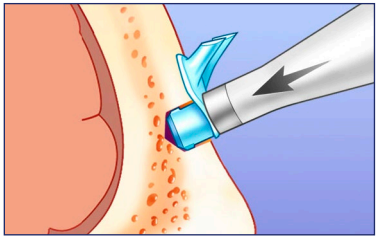
Product imagery is not to scale.



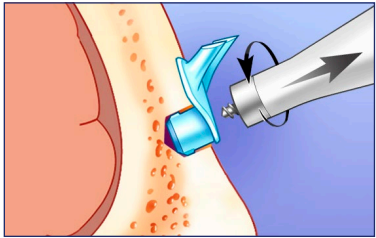
1. Approach / Make the Incision – Approach the supraorbital rim subperiosteally through an upper blepharoplasty incision. Release the brow to create adequate mobility.



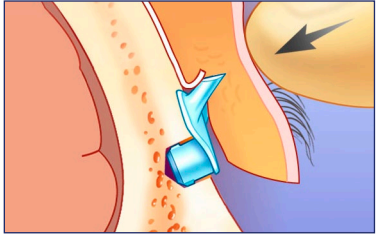
2. Drill the Hole – Use the enclosed Endotine® Drill Bit to drill an anchoring hole for the Endotine TransBleph in the frontal bone. Drill all the way to the bit sleeve. Suction the hole to remove all debris.



3. Place the Implant – Insert the implant into the hole until the platform lays flush against the frontal bone.



4. Release the Implant – Release the implant from the insertion tool via counter-clockwise turn of the insertion tool.



5. Two Fixation Points

- Elevate the periosteum to achieve the desired brow height. Use digital pressure to engage the tissue.
- Elevate the edge of the periosteum up and over the tines for maximum lift.



6. Closure – Close the incision with standard technique and apply a compression bandage.

Multipoint Fixation Delivers Results in Midface Suspension

Eliminate fixation sutures with Endotine Midface, a unique and effective solution that utilizes multipoint fixation to suspend delicate midface tissue. This implant incorporates five small tines to distribute tension, maximizing fixation strength.

Endotine Midface also facilitates rapid deployment via temporal and/or oral incisions in minutes, saving valuable O.R. time while simplifying the surgical procedure.

Fast

Provides secure soft tissue fixation in five minutes or less in the hands of an experienced surgeon.⁷

Adjustable

Allows simple adjustment of tension and position for greater aesthetic control of cheek elevation and projection.

Secure

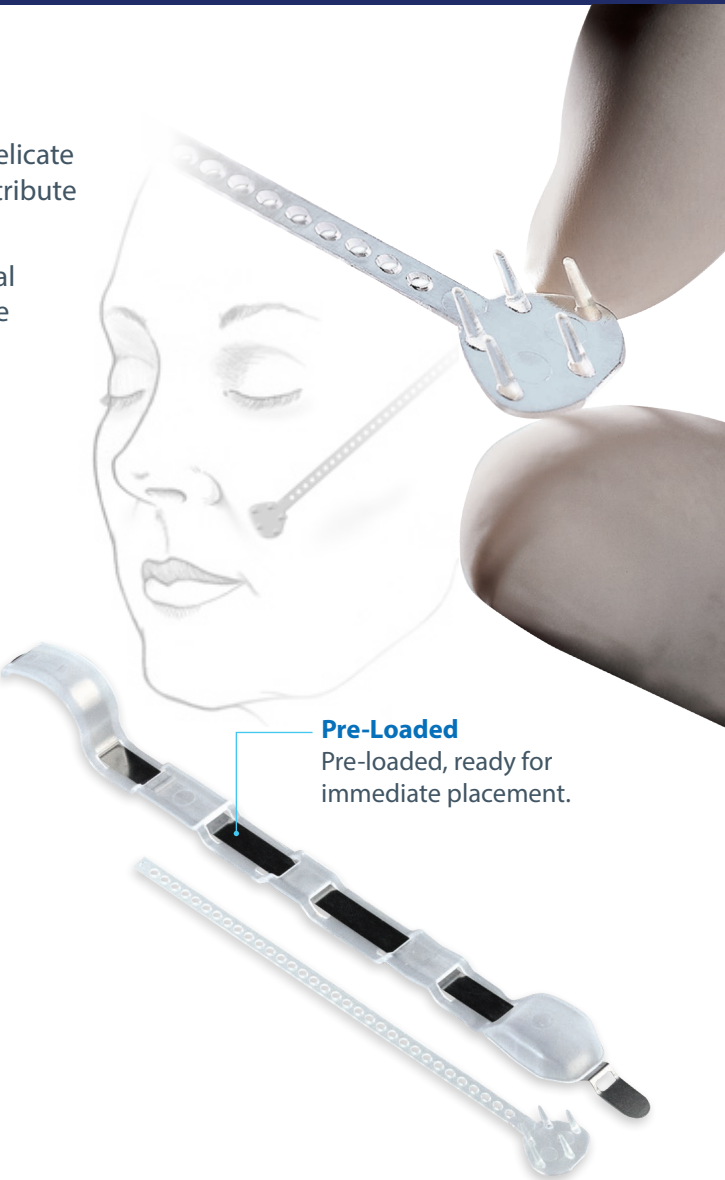
By distributing elevation forces over five tines, the multipoint fixation offers secure tissue fixation.

Endotine Midface

CFD-060-0197
Endotine Midface ST 4.5



Product imagery is not to scale.



Pre-Loaded
Pre-loaded, ready for immediate placement.



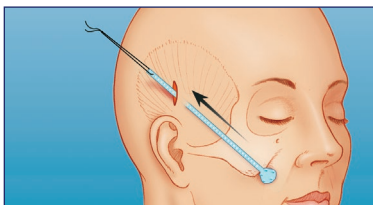
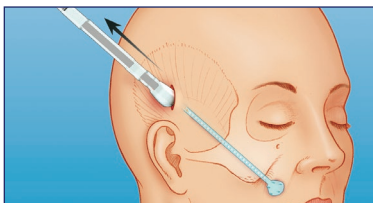
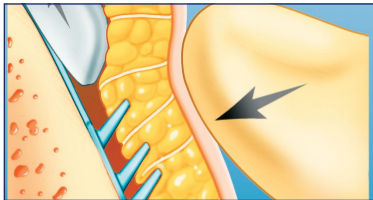
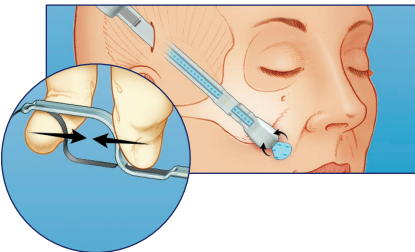
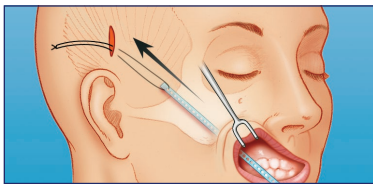
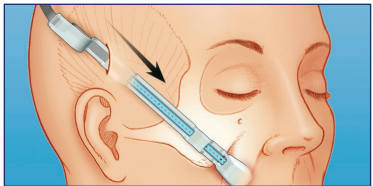
Before



After

Rejuvenate with patient's own tissue.
Enhance volume and projection for a more natural, rejuvenated look.
Smooth the lid-to-cheek junction while shortening the lower eyelid zone.

1. Approach / Initial Incisions – The midface subperiosteal dissection is performed using the surgeon's typical temporal approach, which may include additional incisions (buccal or periorbital). Dissection should continue to the inferior maxilla to assure that the fixation platform is positioned over the maxillary antrum after elevation.



2. Placement (Option 1) – Insert the Midface implant through the temporal incision to the desired position.

Placement (Option 2) – Alternatively, the implant may be removed from the insertion tools and inserted in a retrograde fashion through an oral/buccal incision.

3. Deploy – With the fixation platform at the inferior recess of the dissection, retract the plastic cover by squeezing the release mechanism.

4. Fixation – Once the platform is in position and deployed, apply digital pressure over the cheek to engage.

5. Insertion Tool Removal – Remove the insertion tools while maintaining digital pressure on the fixation platform.

6. Elevation – Elevate the midface tissues to the desired position by applying tension to the anchoring leash exiting the temporal incision. Anchor the leash to the temporal fascia with suture and trim leash to lay flat in the incision.

Incomparable Ease and Predictability in Lower-Face Procedures
Offers unprecedented flexibility, with a variety of surgical approaches, lift vectors, degrees of lift, and ease of use.

Revolutionary Evolution
Improve your fixation methodology and flexibility without changing your surgical approach.

Simple and Quick
Using a minimally invasive approach, perform an entire procedure in minutes per side under local anesthesia.⁷

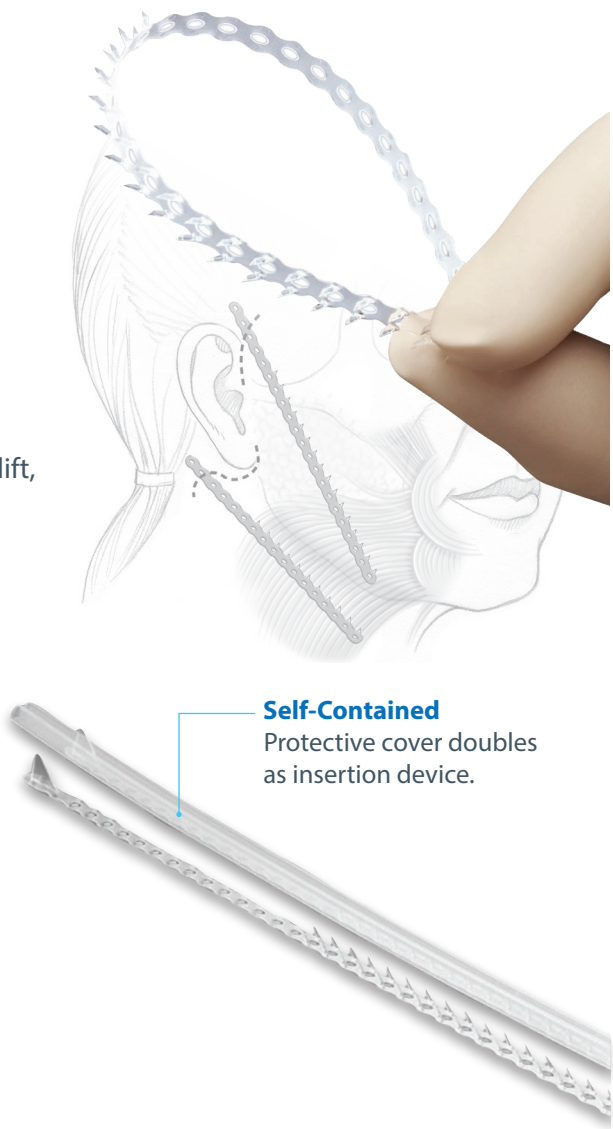
Minimally-Invasive or Open Surgical Approach
Deploys quickly and easily in a neck lift, a jowl lift or as part of a full face lift, via a tiny incision or a fully open procedure.

Adjustable Lift Vector and Degree of Lift
Choose your lift vector and degree of lift to suit the patient’s needs and procedure. Vary vector and degree of lift instantaneously for dramatic intraoperative results and beautiful cervicomental definition.

Long or Short Device
Customize the Ribbon to the procedure and patient’s anatomy. Trim the fixation area or smooth-leash length to create the best dimension for an ideal surgical outcome.

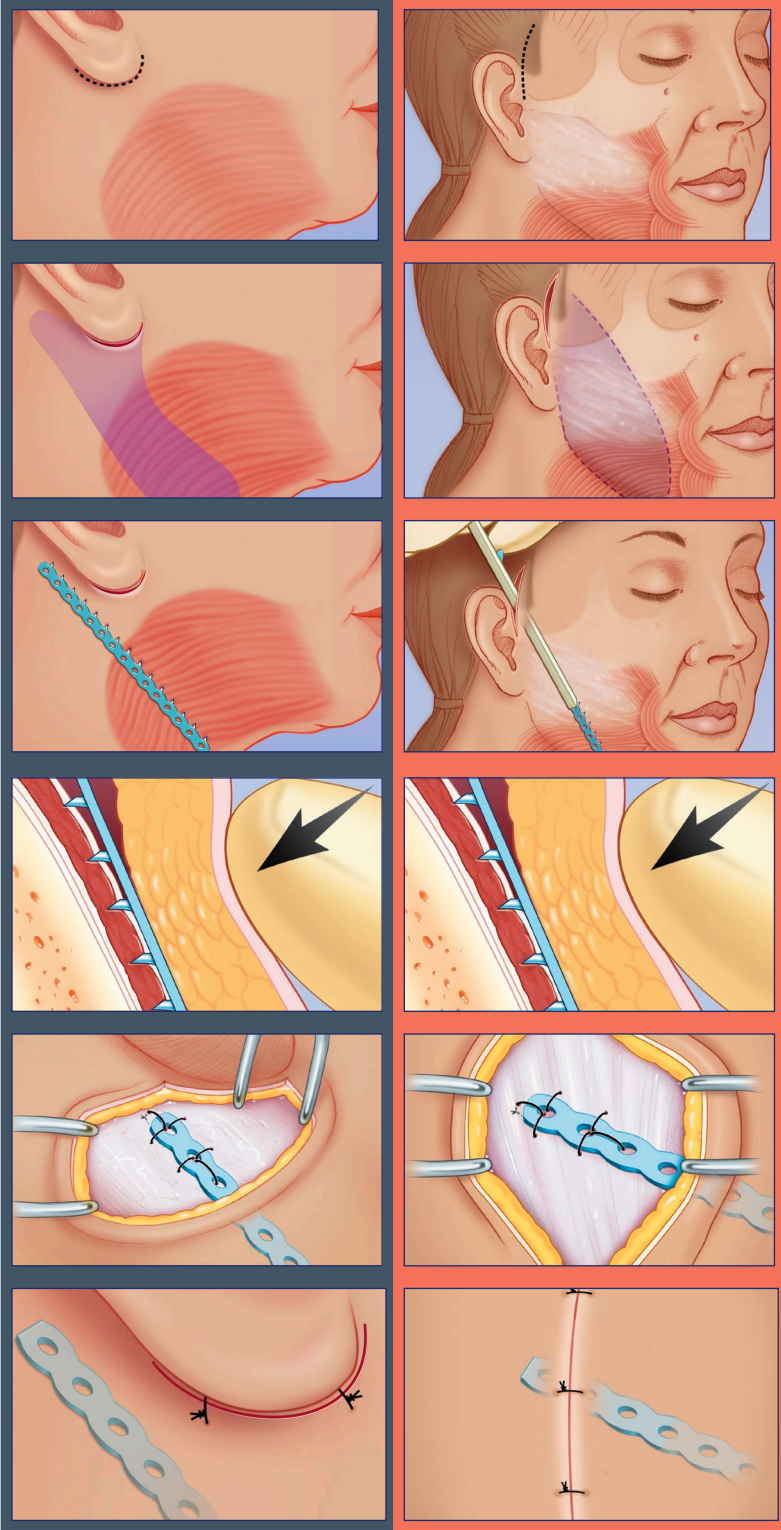
Endotine Ribbon

CFD-13005
Endotine Ribbon 2.5



For the Neck

For the Jowl



- 1. Incise** – Make the appropriate incision.
- 2. Dissect** – Perform a complete release of the surgical plane.
- 3. Deploy** – Deploy the Ribbon from its protective cover.
- 4. Engage** – Engage the tissue and elevate to the desired position.
- 5. Secure** – Secure the Ribbon with suture.
- 6. Closure** – Close the incision with standard technique and apply a compression bandage.

For optimal results, device placement should follow full release of the surgical plane.

To order, call toll free 800.722.0822 or visit www.microaire.com.

REF	Product Name	Description	Qty.
CFD-22202	Endotine® Forehead 3.0	Bioabsorbable brow fixation implants, 3.0mm tine height.	2-Pack
CFD-22102	Endotine Forehead 3.5	Bioabsorbable brow fixation implants, 3.5mm tine height.	2-Pack
CFD-23202	Ultratine® Forehead 3.0	Bioabsorbable brow fixation implants, 3.0mm tine height.	2-Pack
CFD-23102	Ultratine Forehead 3.5	Bioabsorbable brow fixation implants, 3.5mm tine height.	2-Pack
CFD-010-0167	Endotine Forehead-mini 3.0	Bioabsorbable brow fixation implant, 3.0mm tine height. Includes disposable drill bit (2.97 mm x 3mm) and insertion tool.	Single
CFD-080-0177	Endotine TransBleph 3.0	Bioabsorbable brow fixation device, 3.0mm tine height. Includes disposable drill bit and insertion tool.	Single
CFD-080-0167	Endotine TransBleph 3.5	Bioabsorbable brow fixation device, 3.5mm tine height. Includes disposable drill bit and insertion tool.	Single
CFD-13005	Endotine Ribbon	Bioabsorbable fixation device, 2.5mm tine height.	5-Pack
CFD-060-0197	Endotine Midface ST 4.5	Bioabsorbable midface suspension device, 4.5mm tine height. Fixes to soft tissue.	Single
CFD-010-4320	Endotine Forehead Instrument Kit	Endotine Forehead insertion tool, drill bits (2) (3.92mm x 3.95 mm) and sterilization tray with lid.	Single
CFD-899-4000	Manual Surgical Drill	Manual surgical hand drill.	Single

1. Sharmin Chowdhury, M.R.C.Ophth., et al. Patient and Surgeon Experience With the Endotine Forehead Device for Brow and Forehead Lift, Ophthalmic Plastic and Reconstructive Surgery Vol. 23, No. 5, pp 358-362
2. R. Laurence Berkowitz et al, Midface lift positioned for takeoff Cosmetic Surgery Times (1)(2005)
3. Johannes Franz Hönig, Subperiosteal Endotine-Assisted Vertical Upper Midface Lift, Aesthetic Surg J 2007;27:276-288
4. Michele Pascali, An Original Application of the Endotine Ribbon Device for Brow Lift, Plast. Reconstr. Surg. 124: 1652, 2009
5. United States Pharmacopeia and National Formulary (USP 29-NF 24). Rockville, MD: United States Pharmacopeial Convention; 2006 p 2775 - Single Suture Endotine Forehead provides 6X the load capacity of 3-0 PDS Suture, Endotine Forehead-mini provides over 4X the load capacity of 3-0 PDS Suture
6. MicroAire Surgical Instruments, Internal test data-data on file, LBL-010-7302 Rev D
7. W. Grant Stevens, et al. The Endotine: A New Biodegradable Fixation Device for Endoscopic Forehead Lifts, Aesthetic Surgery Journal, March/April 2003, pp 103-107



Learn more about Endotine procedures and training opportunities:
www.microaire.com/endotine-labs.

©2025 MicroAire Surgical Instruments, LLC
 All rights reserved.
 LIT-ENDOTINE-SURGEON Rev D

MicroAire Surgical Instruments
 3590 Grand Forks Boulevard
 Charlottesville, VA 22911 USA
 800 722 0822 or +434 975 8000



A Marmon |
 Berkshire Hathaway
 Company