Improved closure of surgical incisions



Closure Technologies



Improved closure of surgical incisions



eatures

Histoacryl® Flexible

The latest version of Histoacryl® glue has been designed to close and protect surgical wounds.

Due to its new formulation, Histoacryl® Flexible is specially suitable for long incisions:

Flexibility

Allows closure of incisions up to 25 cm¹

Microbial barrier

Polymerized Histoacryl® Flexible adhesive films are an effective microbial barrier²

Ease of use

Ready to use product storable at temperatures below 25°C

Accuracy

Special tip permits a better control and improved application

Excellent cosmetic results

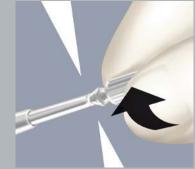
Cyanoacrylate based topical skin adhesives yield excellent cosmetic results 3,4,5,6

Just a small amount is necessary to provide an effective wound closure⁷

- In the presence of tissue moisture, the polymerization of Histoacryl® Flexible starts immediately
- Edges must be held together approximately 30 seconds⁷



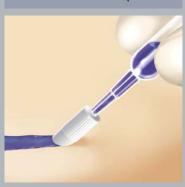
Open the blister and take out the application tip



Open the ampoule by twisting off the ribbed tip



Attach the tip to opened ampoule



Apply the glue in a thin layer to the approximated wound edges and hold in apposition for 30 seconds

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Compared to classical Histoacryl®

The new formula of Histoacryl® Flexible provides:

Closure of longer incisions

Histoacryl® Flexible can be used to close surgical incisions of up to 25 cm¹

Enhanced flexibility

Histoacryl® Flexible adhesive has shown superior flexibility through the static and the cyclic bending test8

More comfort

Histoacryl® Flexible generates less heat during polymerization9

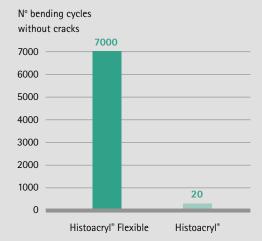
Easier to apply

Improved formula. Improved outcomes

Histoacryl® Flexible contains an applicator tip that permits the easy creation of longer layers onto the surgical incision

Figure 1:

Comparison of flexibility (bending cycles) of Histoacryl* Flexible vs. classical Histoacryl* in vitro test according to ASTM D4338-97 (2011).



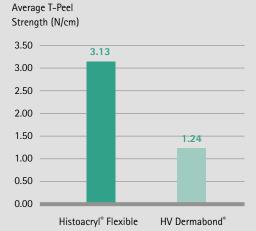
Compared to leading competitors in the market

Histoacryl® Flexible:

Is stronger

Peel strength significantly higher (p<0.0001) for Histoacryl* Flexible than for Dermabond* High Viscosity¹⁰

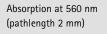
Figure 2: Peel strength comparison of Histoacryl® Flexible vs. Dermabond® High Viscosity in vitro test according to ASTM F2256 – 05(2010).



Enhanced visibility

Histoacryl® Flexible is more intensely coloured than Dermabond® Advanced, thus allowing a better visualization during application of the product even if just one single layer is applied¹¹

Figure 3: Comparison of colour intensity of Histoacryl® Flexible vs. Dermabond® Advanced





In addition to all these advantages, in vitro tests showed that Histoacryl® Flexible provided an **highly effective microbial barrier*** against microbial penetration for **7 days** and for the following bacteria²:

Staphylococcus aureus, Staphylococcus epidermidis. Escherichia coli. Pseudomonas

epidermidis, Escherichia coli, Pseudomonas aeruginosa, Enterococcus faecium, Brevundimonas diminuta and Candida albicans

^{*}In vitro results may not be representative of microbial barrier properties in vivo.

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Skin Closure

Histoacryl® Flexible is suitable to close and protect the skin of small and long incisions* in a broad variety of surgical disciplines such as plastic surgery (mammaplasties, abdominoplasties, hand surgery), general surgery (inguinal hernia repair, colectomies), cardiovascular surgery (valve repair, Coronary Artery Bypass Graft Surgery (CABG)), etc.

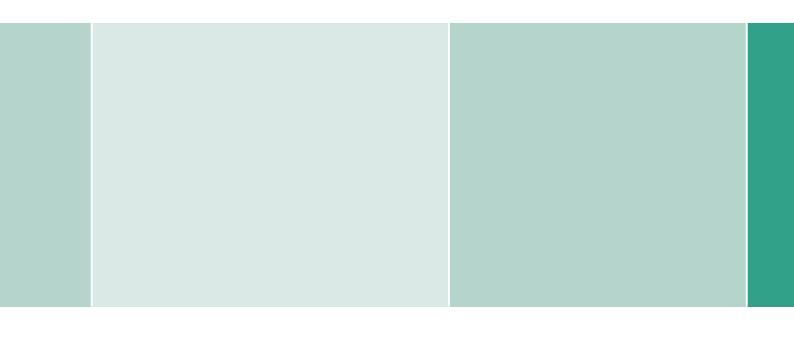
Ordering information

Code	Description
1051250P	5 ampoules of Histoacryl® Flexible (0.5 mL) and 5 tips per box



References

- ¹ Data on file, in vitro test with pork skin.
- ² Data on file, in vitro test according to: Bhende S, Rothenburger S, Spangler DJ, Dito M. In vitro assessment of microbial barrier properties of Dermabond topical skin adhesive. Surg Infect (Larchmt). 2002 Fall;3(3):251-7.
- ³ Amiel GE, Sukhotnik I, Kawar B, Siplovich L. Use of N-butyl-2-cyanoacrylate in elective surgical incisions longterm outcomes. J Am Coll Surg. 1999 Jul;189(1):21-5.
- ⁴ Barnett P, Jarman FC, Goodge J, Silk G, Aickin R. Randomised trial of Histoacryl blue tissue adhesive glue versus suturing in the repair of paediatric lacerations. J Paediatr Child Health. 1998 Dec;34(6):548-50.
- 5 Simon HK, McLario DJ, Bruns TB, Zempsky WT, Wood RJ, Sullivan KM. Long-Term appearance of lacerations repaired using a tissue adhesive. Pediatrics. 1997 Feb;99(2):193-5.
- ⁶ Ellis DA, Shaik A. The ideal tissue adhesive in facial plastic and reconstructive surgery. J Otolaryngol. 1990 Feb;19(1):68-72.
- ⁷ Histoacryl® Flexible Instructions for Use.
- ⁸ Data on file, in vitro test according to ASTM D4338-97 (2011).
- ⁹ Data on file, internal in vitro testing procedure.
- ¹⁰ Data on file, in vitro test according to ASTM F2256 05(2010).
- ¹¹ Data on file, determined by UV-spectrometry.



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