Histoacryl®

Protection gets everywhere



Biosurgicals



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Protection gets everywhere

The first surgical tissue adhesive based on cyanoacrylate

For decades medical professionals around the world have put their trust in Histoacryl[®]. More than 1200 publications guarantee this.

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Room temperature

Storage at room temperature

Evolving to make things better

Besides its well-known features, Histoacryl[®] can now be stored at room temperature.

- Excellent tensile strength
- Only one layer is needed
- Simple and precise dosage
- Ready-to-use ampoule
- Two colors available: easy visual control with blue version; undyed version particularly suitable for facial applications
- Ampoule sterile on its inside and its outside: the ideal tissue adhesive for closure of surgical incisions

Wound closure in a minute: back to routine immediately!

Wound closure in a minute

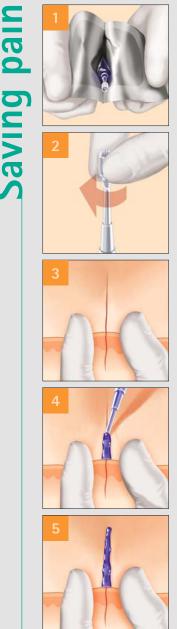
- Anti-bacterial barrier protects the wound¹
- No need of refrigeration
 - Significant less pain than suture materials²
- Saves time and costs: no need of local anesthesia or a second visit to the doctor to remove stitches
- Excellent cosmetic results³
- Water-resistant: showering is possible





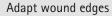
- ¹ Wilkinson JN et al. Anaesthesia. 2008;1382-4.
- ² Farion K et al. *Cochrane.* Database Syst. Rev. 2002;3:CD003326.
- ³ Amiel GE et al. *J Am Coll Surg.* 1999;189:21-5.

Saving pain. Saving time and costs



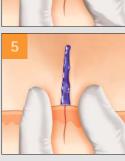
Open the aluminium peel-pouch

Clean the wound and twist off the ribbed tip of the ampoule



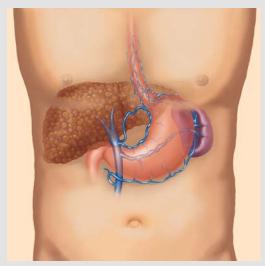
Apply Histoacryl[®] sparingly

Keep wound edges aligned for about one minute: that's all!



Sclerosation of esophageal and fundal varices

The formation of esophageal and fundal varices is a common and dangerous consequence of portal hypertension. Effective sclerosation of these varices is possible with Histoacryl[®].^{4,5}

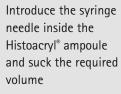


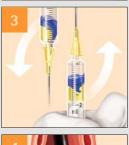
- Can be employed for non-bleeding and for bleeding varices
- Combined therapy with Histoacryl[®] and conventional sclerosation therapy is possible⁶
- Hemostasis is achieved in 93 % 100 % of cases⁷
- Lower rebleeding rate than with band ligation⁸
- ⁴ Binmoeller KF, Soehendra N. *Endoscopy.* 1995;27:392-6.
- ⁵ Caldwell SH et al. *Aliment. Pharmacol. Ther.* 2007;26:49-59.
- ⁶ Feretis C et al. *Endoscopy.* 1995;27:358-64.
- ⁷ Seewald S et al. *Endoscopy.* 2002;34:926-32.
- ⁸ Tan PC et al. *Hepatology.* 2006;43:690-7.
- ⁹ Seewald S et al. *Endoscopy.* 2003;35:136-44.
- ¹⁰ Seewald S et al. *Gastrointestinal Endoscopy.* 2008;68:447-54.

A Consolidated Technique^{9,10}



Introduce a compatible X-ray contrast inside a syringe*





Gently mix both components and introduce them through the Histoacryl[®] injection needle^{**}

Puncture the varix and introduce the mixture inside



Histoacryl[®] cylinders are expelled from the esophagus / stomach wall into the lumen

- * According to the doctor's experience
- ** Previous priming of the injection needle might be necessary, as per the doctor's instructions¹⁰

Histoacryl®

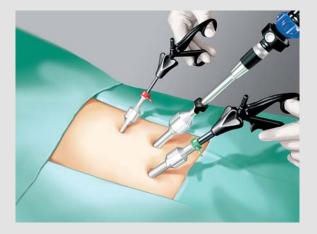
Protection gets everywhere

Histoacryl[®] for closure of endoscopic incisions

The Histoacryl[®] ampoule is supplied in sterile condition; therefore, Histoacryl[®] is the ideal tissue adhesive for use in the OR.³

For example, it may be used for the closure of endoscopic incisions, as described in:

Rosin D et al. (2001) Closure of laparoscopic trocar site wounds with cyanoacrylate tissue glue: a simple technical solution. J Laparoendosc Adv Surg Tech. 11(3):157-9.



Ordering Information

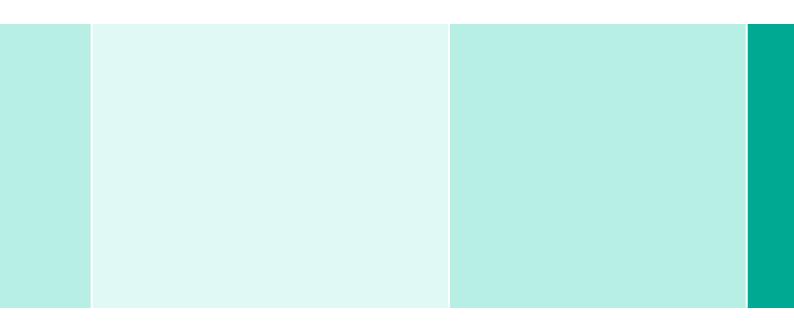
Histoacryl[®] can be an ideal alternative to conventional suturing in:

- children's lacerations^{11, 12}
- emergency room^{13, 14}



- ¹¹ Simon HK et al. *Pediatrics.* 1997;99(2):193-5.
- ¹² Quinn JV et al. Ann Emerg Med. 1993;22(7):1130-5.
- ¹³ Bruns TB et al. *Pediatrics.* 1996;98(4):673-5.
- ¹⁴ Göktas N et al. *Eur J Emerg Med.* 2002;9(2):155-8.

Description	Color	Code
5 x 0.5 ml	Blue	105 0052
10 x 0.5 ml	Blue	105 0044
5 x 0.5 ml	Translucent	105 0060
10 x 0.5 ml	Translucent	105 0071



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