

# Histoacryl®

Protection gets everywhere



Biosurgicals

# Histoacryl®

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## 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.



# 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

## Saving time

### Wound closure in a minute

- ▶ Wound closure in a minute: back to routine immediately!
- ▶ Anti-bacterial barrier protects the wound<sup>1</sup>
- ▶ No need of refrigeration
- ▶ Significant less pain than suture materials<sup>2</sup>
- ▶ Saves time and costs: no need of local anesthesia or a second visit to the doctor to remove stitches
- ▶ Excellent cosmetic results<sup>3</sup>
- ▶ Water-resistant: showering is possible



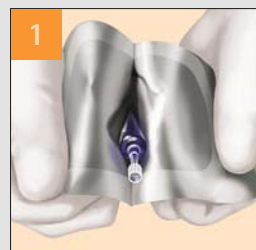
<sup>1</sup> Wilkinson JN et al. *Anaesthesia*. 2008;1382-4.

<sup>2</sup> Farion K et al. *Cochrane*. Database Syst. Rev. 2002;3:CD003326.

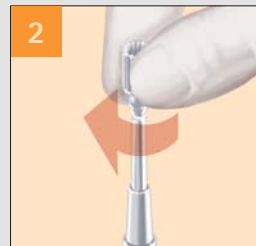
<sup>3</sup> Amiel GE et al. *J Am Coll Surg*. 1999;189:21-5.

### Saving pain. Saving time and costs

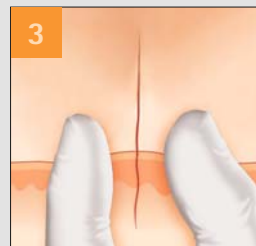
## Saving pain



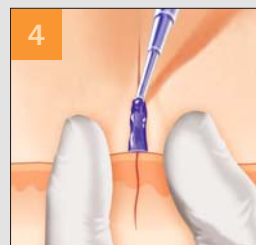
Open the aluminium peel-pouch



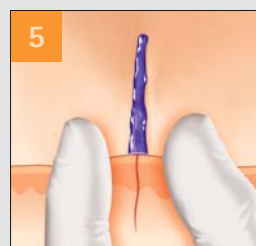
Clean the wound and twist off the ribbed tip of the ampoule



Adapt wound edges



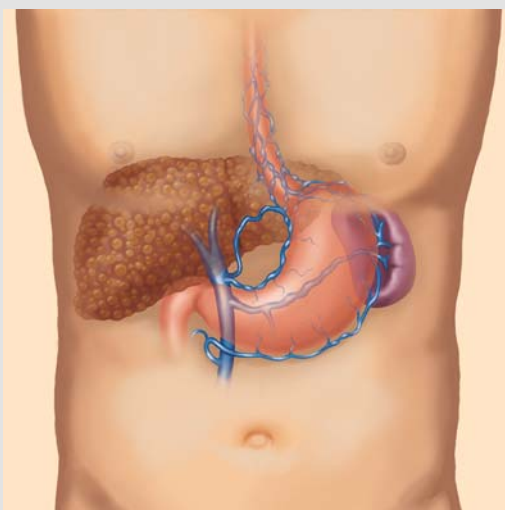
Apply Histoacryl® sparingly



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®.<sup>4,5</sup>



- ▶ Can be employed for non-bleeding and for bleeding varices
- ▶ Combined therapy with Histoacryl® and conventional sclerosation therapy is possible<sup>6</sup>
- ▶ Hemostasis is achieved in 93 % – 100 % of cases<sup>7</sup>
- ▶ Lower rebleeding rate than with band ligation<sup>8</sup>

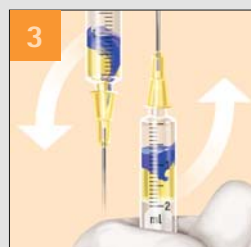
## A Consolidated Technique<sup>9,10</sup>



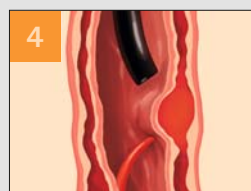
Introduce a compatible X-ray contrast inside a syringe\*



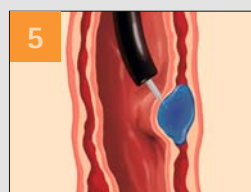
Introduce the syringe needle inside the Histoacryl® ampoule and suck the required volume



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

<sup>4</sup> Binmoeller KF, Soehendra N. *Endoscopy*. 1995;27:392-6.

<sup>5</sup> Caldwell SH et al. *Aliment. Pharmacol. Ther.* 2007;26:49-59.

<sup>6</sup> Feretis C et al. *Endoscopy*. 1995;27:358-64.

<sup>7</sup> Seewald S et al. *Endoscopy*. 2002;34:926-32.

<sup>8</sup> Tan PC et al. *Hepatology*. 2006;43:690-7.

<sup>9</sup> Seewald S et al. *Endoscopy*. 2003;35:136-44.

<sup>10</sup> Seewald S et al. *Gastrointestinal Endoscopy*. 2008;68:447-54.

\* According to the doctor's experience

\*\* Previous priming of the injection needle might be necessary, as per the doctor's instructions<sup>10</sup>

# Histoacryl®

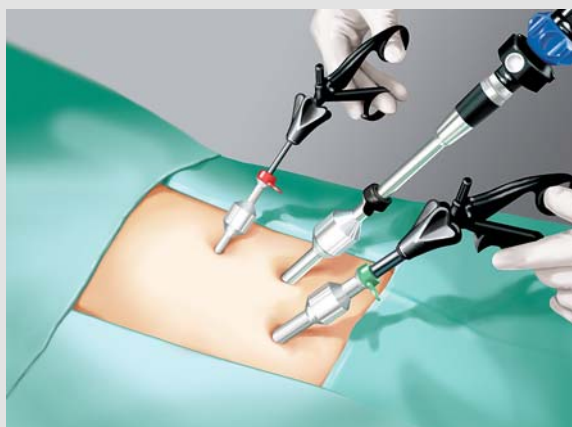
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## Histoacryl® for closure of endoscopic incisions

The Histoacryl® ampoule is supplied in sterile condition; therefore, Histoacryl® is the ideal tissue adhesive for use in the OR.<sup>3</sup>

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.*



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

- ▶ children's lacerations<sup>11, 12</sup>
- ▶ emergency room<sup>13, 14</sup>



<sup>11</sup> Simon HK et al. *Pediatrics*. 1997;99(2):193-5.

<sup>12</sup> Quinn JV et al. *Ann Emerg Med*. 1993;22(7):1130-5.

<sup>13</sup> Bruns TB et al. *Pediatrics*. 1996;98(4):673-5.

<sup>14</sup> Göktas N et al. *Eur J Emerg Med*. 2002;9(2):155-8.

## Ordering Information

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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