

Histoacryl® Flexible

Improved closure of surgical incisions



Closure Technologies

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Features

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

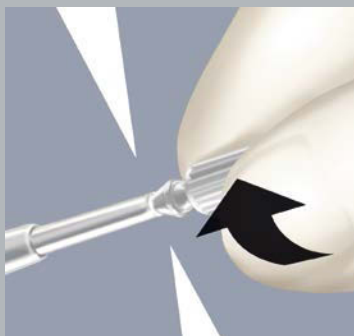
Cyanoacrylate based topical skin adhesives yield excellent cosmetic results^{3,4,5,6}

How to use

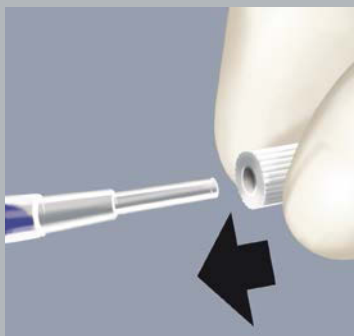
- ▶ Just a small amount is necessary to provide an effective wound closure⁷
- ▶ In the presence of tissue moisture, the polymerization of Histoacryl® Flexible starts immediately
- ▶ Edges must be held together approximately 30 seconds⁷



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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Improved formula. Improved outcomes.

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

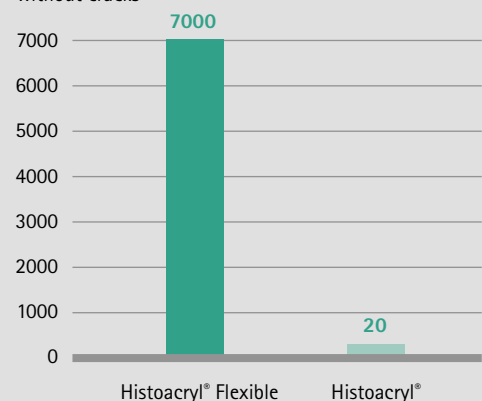
Easier to apply

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).

N° bending cycles
without cracks



Compared to leading competitors in the market

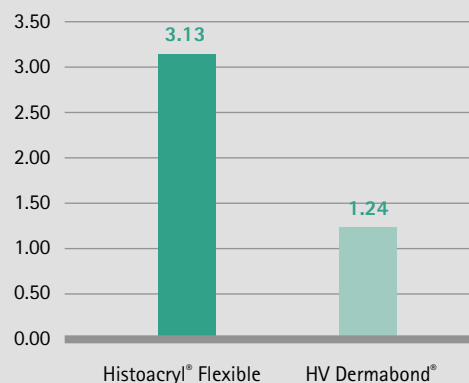
Histoacryl® Flexible:

► 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).

Average T-Peel Strength (N/cm)

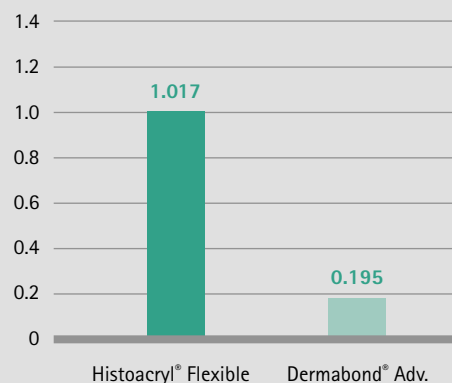


► Enhanced visibility

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

Absorption at 560 nm (pathlength 2 mm)



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 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 (mammoplasties, abdominoplasties, hand surgery), general surgery (inguinal hernia repair, colectomies), cardiovascular surgery (valve repair, Coronary Artery Bypass Graft Surgery (CABG)), etc.

*Histoacryl® Flexible might be used in conjunction with, but not in place of, subcuticular sutures. Therefore, subcutaneous suturing might be necessary according to the surgeon's criteria.

Ordering information

| Code | Description |
|----------|--|
| 1051250P | 5 ampoules of Histoacryl® Flexible (0.5 mL) and 5 tips per box |
| 1051260P | 10 ampoules of Histoacryl® Flexible (0.5 mL) and 10 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, Kavar 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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Brochure No. B24002

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