B. Braun Biosurgicals

Histoacryl®

Tissue adhesive

Histoacryl® – The real thing

B BRAUN
SHARING EXPERTISE

Histoacryl®

The real thing – now even simpler and faster

For decades medical professionals around the world have put their trust into Histoacryl®, the first surgical tissue adhesive based on cyanoacrylate. The successful application of Histoacryl® is described in more than 1.100 publications. Now the classic product for the closure of skin wounds is available

- in a new ampoule with a twist-off tip
- with increased content of n-butyl-2-cyanoacrylate
- with the indication for skin closure and for sclerosation therapy of esophageal and fundal varices

New twist-off tip

Histoacryl®

now even simpler and faster

- Simply twist off the ribbed tip of the ampoule
- Then, as usual, Histoacryl® can be applied precisely with the slim cannula

Translucent Histoacryl® L

for facial applications

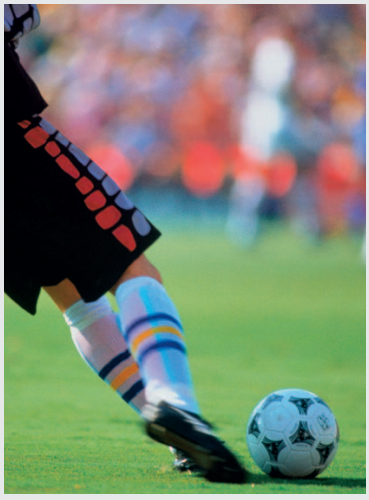
To be on the safe side, it is recommended to use Histoacryl® L, a version which does not contain dye, for facial applications.

www.histoacryl.com

Classic advantages

Well-known advantages of Histoacryl®:

- fast wound closure
- superior strength (ref. bar chart on page 5)
- simple and precise dosage due to slim cannula and blue dye
- applying just one layer is enough
- choice between blue and translucent version
- showering possible



Why tissue adhesive?

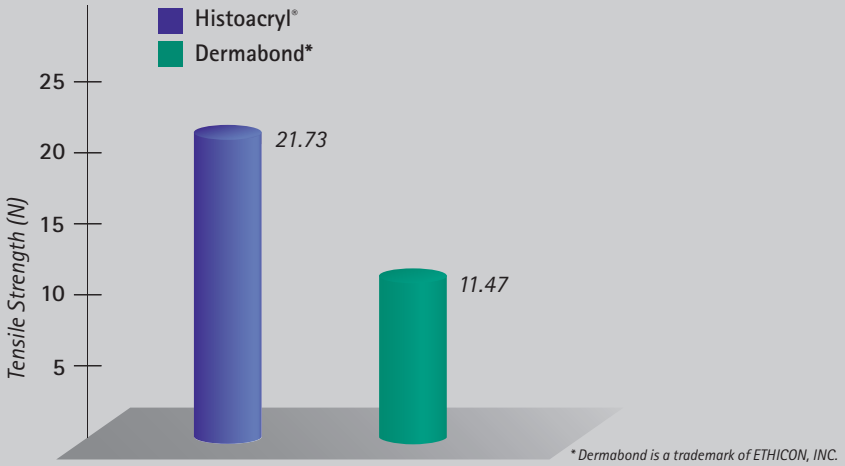
- no suturing – no pain
- saves time and costs (no local anaesthetics, no suture removal, no second consultation)
- antibacterial film protects the wound
- no wound dressing necessary

Histoacryl®

The real thing – now even simpler and faster

Tensile strength of Histoacryl®:

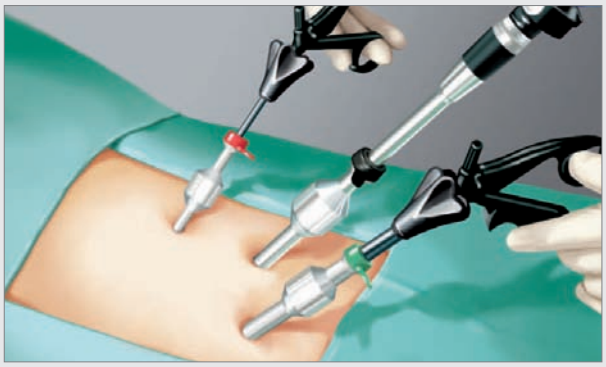
Comparative testing in accordance with ASTM F 2458-05, unpublished data



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.
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.



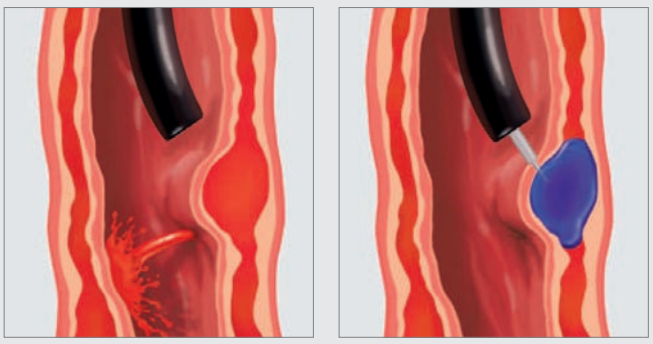
Sclerosation of esophageal and fundal varices with Histoacryl®

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®.

Varically injected Histoacryl® polymerizes intravasally to form a plastic cylinder and effects immediate obturation or thrombosing of the vessel. The procedure is described in detail in the relevant literature, for instance in the following articles:

- *Binmoeller K. F., Soehendra, N. (1995)*
  Superglue: the answer to variceal bleeding and fundal varices?
  Endoscopy 1995; Vol.27: 392-396.

- *Gotlib J.-P. (1990)*
  Endoscopic obturation of esophageal and gastric varices with a cyanoacrylic tissue adhesive.
  Can J Gastroenterol 4 (9): 637-638.



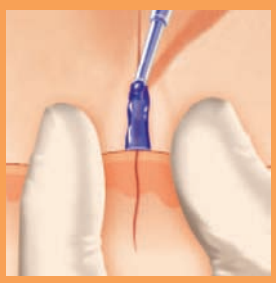
Product Range

Description	Color	Article No.
5 x 0.5 ml Histoacryl®	blue	105 0052
10 x 0.5 ml Histoacryl®	blue	105 0044
5 x 0.2 ml Histoacryl®	blue	105 0036
10 x 0.2 ml Histoacryl®	blue	105 0028
5 x 0.5 ml Histoacryl® L	translucent	105 0060

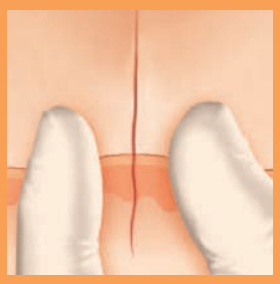
■ **Literature is available upon request.**

Wound closure in a minute:

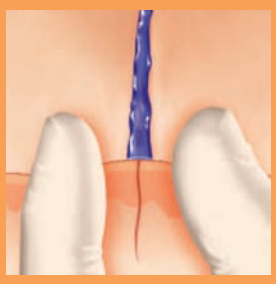
Clean the wound and turn open the ampoule



Apply Histoacryl® sparingly, do not allow tissue adhesive to flow into the wound



Adapt wound edges (wounds under tension and wounds longer than 3 cm require additional suturing)



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

AESCULAP®

B BRAUN
SHARING EXPERTISE

Aesculap AG & Co. KG

Am Aesculap-Platz
78532 Tuttlingen
Germany

Phone +49 7461 95-0
Fax +49 7461 95-2600

www.aesculap.de

Brochure No. B01102

1107/1/8