Histoacryl® Flexible

Improved closure of surgical incisions

Closure Technologies

B BRAUN
SHARING EXPERTISE

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NEW!

New Histoacryl® Flexible

The new generation 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 cm[1]

Microbial barrier

Polymerized Histoacryl® Flexible adhesive films are an effective microbial barrier[2]

Ease of use

Ready to use product storable at temperatures below 25°C

Accuracy

Special tip permits a better control and improved application

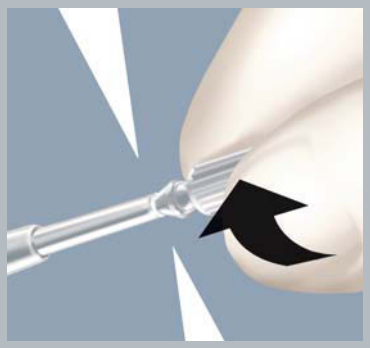
Excellent cosmetic results

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

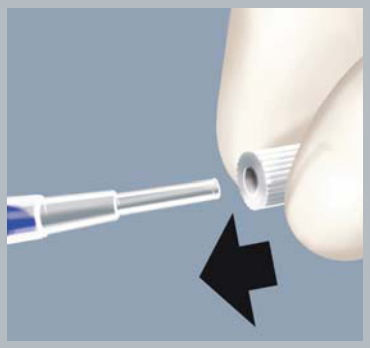
How to use

- Just a small amount is necessary to provide an effective wound closure[7]
- The polymerization of Histoacryl® Flexible starts immediately
- Edges must be held together for just 30 seconds[7]

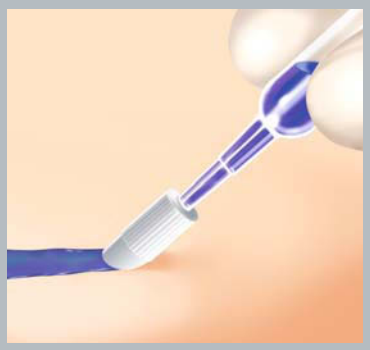
Open the blister and take out the application tip



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 cm[1]

Enhanced flexibility

Histoacryl® Flexible adhesive films adapt easier three-dimensionally[8]

More comfort

Histoacryl® Flexible generates less heat during polymerization[9]

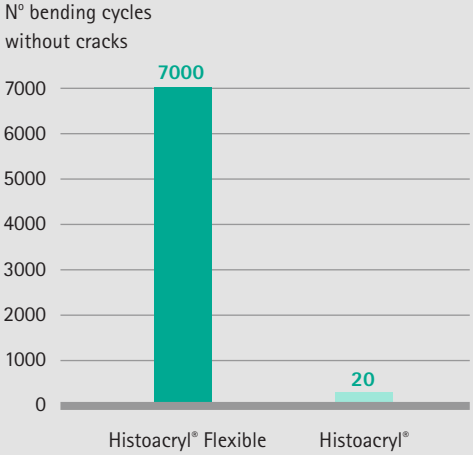
More adaptable

Histoacryl® Flexible provides a more flexible coverage[8]

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®



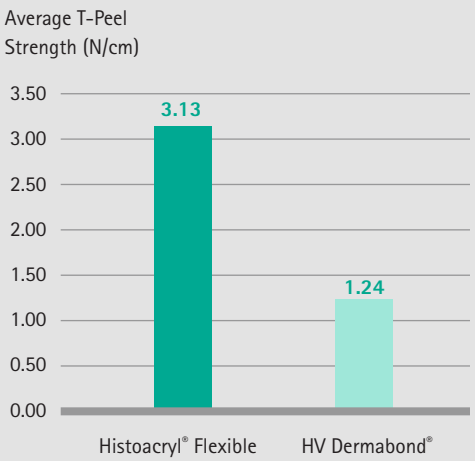
Compared to leading competitors in the market

The new Histoacryl® Flexible:

Is stronger

Peel strength significantly higher ($p<0.001$) for Histoacryl® Flexible than for Dermabond® High Viscosity[9]

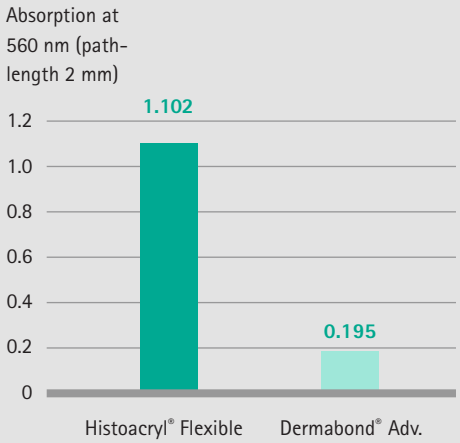
Figure 2:
Peel strength comparison of Histoacryl® Flexible vs. Dermabond® High Viscosity



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 applied[10]

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 **100 % effective antimicrobial barrier***[11] against microbial penetration for **7 days** and for the following bacteria[2]: *Staphylococcus aureus, Staphylococcus epidermidis, Escherichia coli, Pseudomonas aeruginosa, Enterococcus faecium, Brevundimonas diminuta and Candida albicans*

*In vitro results may not be representative of antimicrobial 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, CABG), etc.

*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, 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 in the style of the mandrel bend test ASTM D522 – 93 a (2008).
9 Data on file, in vitro test, internal SOP: AAVS 108 version 3.
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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