

# B. Braun Biosurgicals

## Histoacryl®

Tissue adhesive



Histoacryl® – The real thing

# Histoacryl®

The real thing – now even simpler and faster

For decades medical professionals around the world have put their trust in Histoacryl®, the first surgical tissue adhesive based on cyanoacrylate. The successful application of Histoacryl® is described in more than 1.200 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 closure of skin wounds 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.

# 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

## 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.

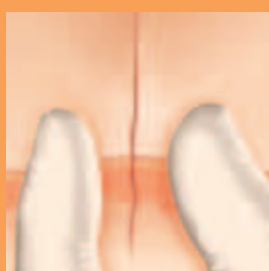
### Wound closure in a minute:



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)



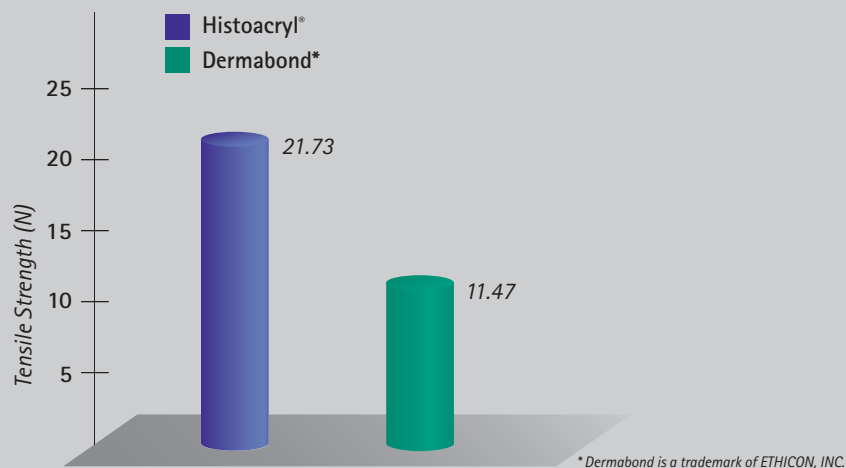
Keep wound edges aligned for about one minute – that's all!

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## Tensile strength of Histoacryl®:

Comparative testing in accordance with ASTM F 2458-05, unpublished data

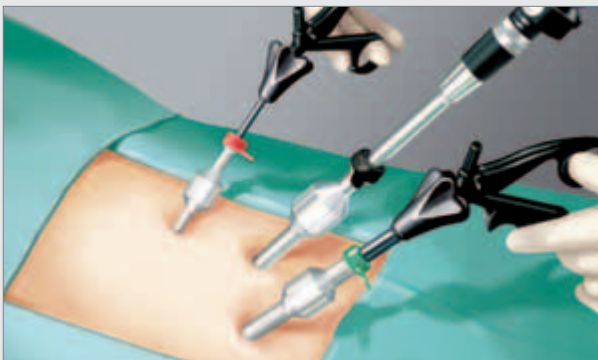


## Histoacryl® for closure of endoscopic incisions

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):157-159.*

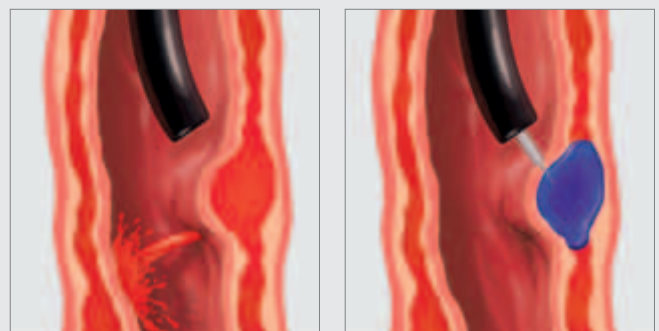


## Sclerosation of esophageal and fundal varices with Histoacryl®

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 article:

*- Caldwell S H et al. (2007) Enbucrilate for gastric varices: extended experience in 92 patients. Aliment Pharmacol Ther 26: 49-59.*





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