

Histoacryl®

The real thing
Tissue adhesive



Biosurgicals

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

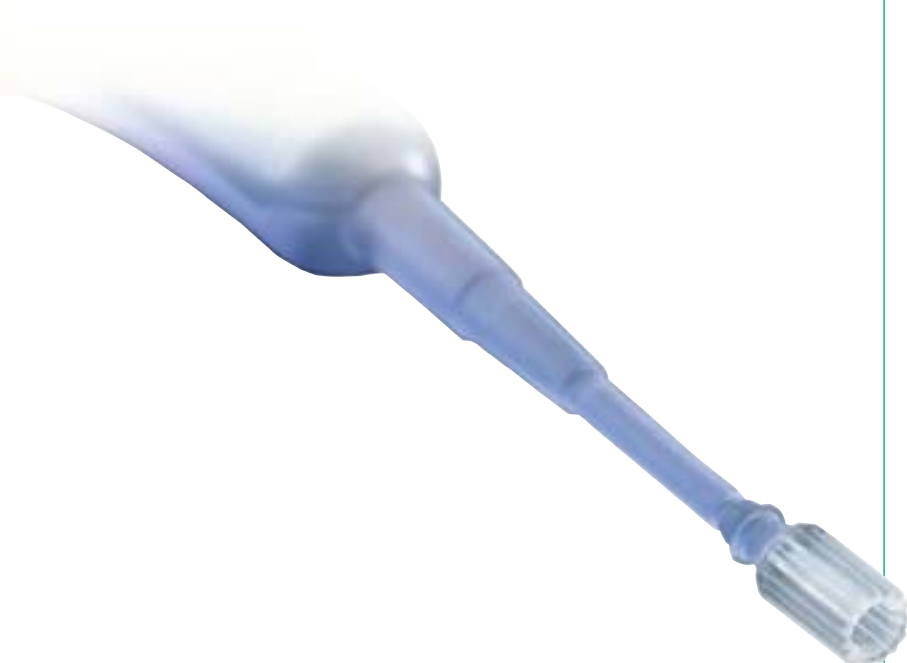
- Simply twist off the ribbed tip of the ampoule
- Then, as usual, Histoacryl can be applied precisely with the slim cannula



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

Ordering Information

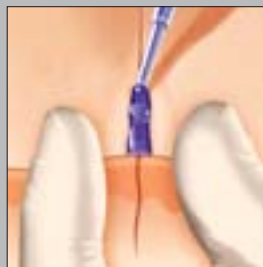
Description	Color	Article No.
5 x 0.5 ml Histoacryl	blue	105 0052
10 x 0.5 ml Histoacryl	blue	105 0044
5 x 0.2 ml Histoacryl	blue	105 0036
10 x 0.2 ml Histoacryl	blue	105 0028
5 x 0.5 ml Histoacryl L	translucent	105 0060

■ Literature is available upon request.

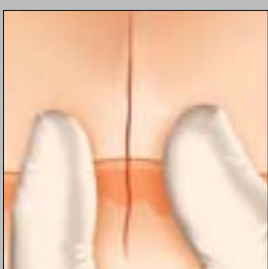
Wound closure in a minute:



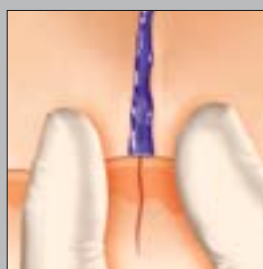
Clean the wound and
turn open the ampoule



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:

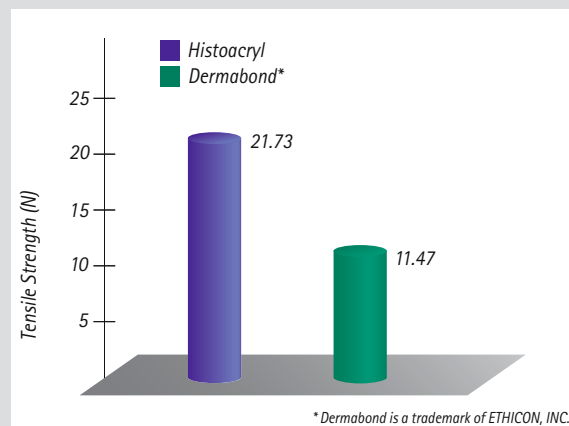
Comparative testing in accordance with ASTM F 2458-05, unpublished data

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.

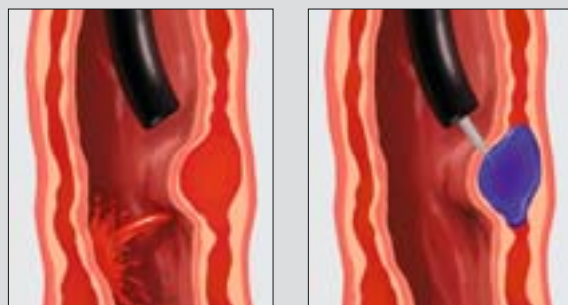


Sclerosation of esophageal and fundal varices with Histoacryl

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.





Distributed by

B. Braun Surgical SA | Carretera de Terrassa, 121 | 08191 Rubí | Spain
Phone +34 93 5 86 62 00 | Fax +34 93 6 99 73 03 | www.bbraun.es

Aesculap AG | Am Aesculap-Platz | 78532 Tuttlingen | Germany
Phone +49 07461 95-0 | Fax +49 07461 95-26 00 | www.aesculap.com

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