



Histoacryl[®] FLEXIBLE

IMPROVED CLOSURE OF SURGICAL INCISIONS

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FEATURES

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 cm (1, 2)

■ MICROBIAL BARRIER

Polymerized Histoacryl® Flexible adhesive films are an effective microbial barrier (3, 4)

■ EASE OF USE

Ready to use product storable at temperatures below 25°C (5)

■ FAST CLOSURE

Histoacryl® Flexible permits a fast closure of the wound (6)

■ GOOD COSMESIS

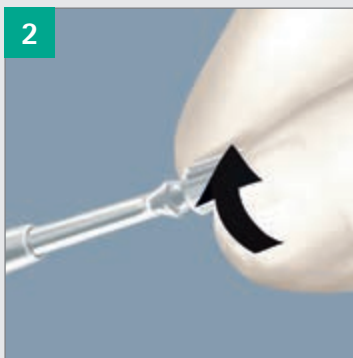
Histoacryl® Flexible yields good cosmetic results (6, 7)

HOW TO USE

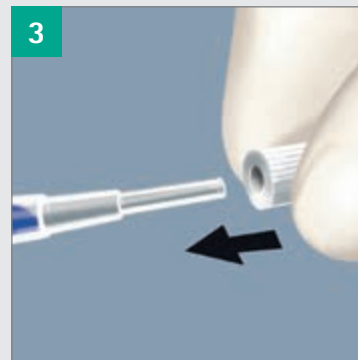
- Just a small amount is necessary to provide an effective wound closure (5)
- In the presence of tissue moisture, the polymerization of Histoacryl® Flexible starts immediately (8)
- Edges must be held together approximately 30 seconds (5)



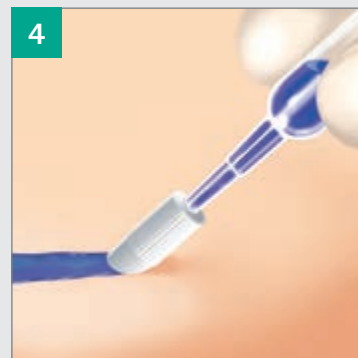
1 Open the blister and take out the application tip



2 Open the ampoule by twisting off the ribbed tip



3 Attach the tip to opened ampoule



4 Apply the glue in a thin layer to the approximated wound edges and hold in apposition for 30 seconds

Histoacryl® FLEXIBLE

IMPROVED FORMULA. IMPROVED OUTCOMES.

IMPROVED CLOSURE OF SURGICAL INCISIONS

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, 2)

■ ENHANCED FLEXIBILITY

Histoacryl® Flexible adhesive has shown superior flexibility through the static and the cyclic bending test (9)

■ MORE COMFORT

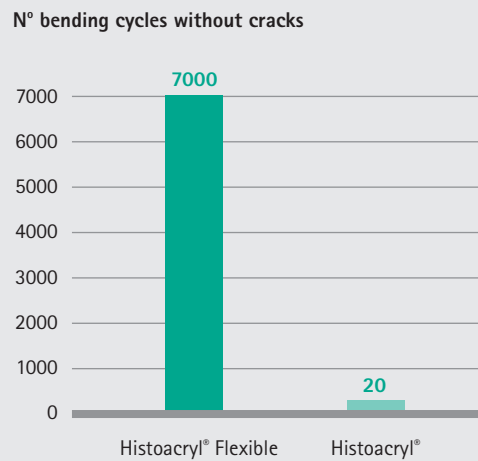
Histoacryl® Flexible generates less heat during polymerization (10)

■ EASIER TO APPLY

Histoacryl® Flexible contains an applicator tip intended to provide the easy distribution of the adhesive over the surgical wound (5)

Figure 1:

Comparison of flexibility (bending cycles) of Histoacryl® Flexible vs. classical Histoacryl® in vitro (9).





In addition to all these advantages, in vitro tests showed that Histoacryl® Flexible provided an highly effective microbial barrier* against microbial penetration for up to 7 days and for the following bacteria (3):

- *Staphylococcus aureus*
- *Staphylococcus epidermidis*
- *Escherichia coli*
- *Pseudomonas aeruginosa*
- *Enterococcus faecium*
- *Brevundimonas diminuta*
- *Candida albicans*

* In vitro results may not be representative of microbial barrier properties in vivo.

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ORDERING INFORMATION



DESCRIPTION	CODE
5 ampoules of Histoacryl® Flexible (0.5 mL) and 5 tips per box	1051250P
10 ampoules of Histoacryl® Flexible (0.5 mL) and 10 tips per box	1051260P

Histoacryl® Flexible is suitable to close and protect the skin of small and long incisions.

The efficacy of Histoacryl® Flexible has been demonstrated in a broad variety of surgical disciplines (6, 7, 11-19).



REFERENCES

- (1) Report ECT / Claudia Härtel / Comparison of Histoacryl Flexible and Dermabond®: Glued incision 25 cm, February 2012.
- (2) Test Report RDR_DID_CHM_DCE_16108 - Validation of Histoacryl Flexible: in vivo study.
- (3) MDT medical device testing GmbH report / Project 12m020 / Determination of Microbiological Barrier Properties of Two Topical Skin Adhesives.
- (4) MDT medical device testing GmbH report / Project 13m155 / Determination of Microbiological Barrier Properties of Two Topical Skin Adhesives.
- (5) Histoacryl® Flexible Instructions for Use.
- (6) Koonce SL, Eck DL, Shaddix KK, Perdakis G. A prospective randomized controlled trial comparing N-butyl-2-cyanoacrylate (Histoacryl), octyl cyanoacrylate (Dermabond), and subcuticular suture for closure of surgical incisions. *Ann Plast Surg.* 2015;74(1):107-10.
- (7) Hovaghimian DG, Sedira KAA, Frag MY. N-butyl-2-cyanoacrylate tissue adhesive versus subcuticular skin closure in external dacryocystorhinostomy. *DJO.* 2015;16:97-102.
- (8) Farooq MS, Naqi SA. A Simple and Effective Technique to Close Neck Incisions Using Superglue. *Pak J Med Health Sci.* 2015;9(1):437-41.
- (9) Report ECT / Dr. Gabriel Siedle / Test of the flexibility of Histoacryl and Histoacryl Flexible, November 2012.
- (10) Report ECT / Claudia Härtel / Polymerization temperature of Histoacryl and Histoacryl Flexible, November 2012.
- (11) Ranson JM et al. Haemostatic property of cyanoacrylate in pedicled flaps. *Br J Oral Maxillofac Surg* (2016).
- (12) Dunne JA, Wilks DJ, Rawlins JM. A Previously Discounted Flap Now Reconsidered: MatriDerm and Split-Thickness Skin Grafting for Tendon Cover Following Dorsalis Pedis Fasciocutaneous Flap in Lower Limb Trauma. *Eplasty.* 2014;14:e19. eCollection 2014.
- (13) Sharma HSH, Kangesu LKL. Vicryl rapide inclusion cysts and suture sinus tracts following hypospadias repair. *JPRAS Open.* 2015;3:13-6.
- (14) Yang J et al. The effectiveness of laparoscopic single-site surgery (LESS) compared with conventional laparoscopic surgery for ectopic pregnancy with hemoperitoneum. *Taiwan J Obstet Gynecol.* 2016;55:35-9.
- (15) Duan et al. FOCUS harmonic scalpel compared to conventional hemostasis in open total thyroidectomy – a prospective randomized study. *J Otolaryngol Head Neck Surg.* 2013;42:62.
- (16) Ohkuma R et al. Initial experience with the use of foetal/neonatal bovine acellular dermal collagen matrix (SurgiMend) for tissue-expander breast reconstruction. *J Plast Reconstr Aesthet Surg.* 2013;66:1195-201.
- (17) Kim SW et al. Treatment of axillary osmidrosis with the use of Versajet. *J Plast Reconstr Aesthet Surg.* 2013;66(5):e125-8.
- (18) Kuhajda I et al. Electric vs. harmonic scalpel in treatment of primary focal hyperhidrosis with thoracoscopic sympathectomy. *Ann Transl Med.* 2015; 3(15):211.
- (19) Goos M et al. Experience with a new prosthetic anal sphincter in three coloproctological centres. *BMC Surg.* 2013;13:45.

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