Science of Hemostasis
Module 1
Burden of Bleeding

Module 2
Clarifying the confusion in the adjunctive hemostat marketplace

Module 3
Science of Hemostasis

Module 4 Hemostasis Optimization Program

Module 5 Resident Training
Patient factors contribute to the increased risk of surgical bleeding

The “new normal”

- Patients suffer from a growing number of comorbidities, which increases surgical bleeding risk\(^1,2\)

- Comorbidities such as uncontrolled diabetes and obesity can affect the natural clotting process\(^2\)

- Aging demographics have led to increasingly complex and extensive surgeries\(^2,3,4\)

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Patient medications and conditions increase the risk for surgical bleeding

- Several patient medications and conditions may lead to surgical bleeding in approximately 10% to 25% of procedures\(^1,2,3\)

- Growing incidence of cardiovascular disease increases use of anticoagulants and antiplatelets\(^4,5,6\)

Patient medications:
- Aspirin
- Warfarin (COUMADIN)
- Clopidogrel (PLAVIX)
- Novel oral anticoagulants

Types of Bleeding

There are different types of bleeding (eg, capillary, venous, or arterial). Each type may require different methods to achieve hemostasis.

**Capillary**
- Slow-flow
- Broad or diffuse oozing

**Venous**
- Slow-steady flow
- Broad or diffuse oozing

**Arterial**
- Spurting, pulsating flow
  - Small Artery
  - Large Artery

Primary Methods and Adjunctive Hemostats

**Primary Methods**

Hemostasis
Primary methods of hemostasis may not always allow achievement of complete hemostasis. Using an adjunctive hemostat may result in faster time to achieve and sustain hemostasis.
Different bleeding situations require different solutions

**Primary** Methods

**Mechanical**
- Sutures
- Ligating clips
- Staples
- Clamps
- Manual compression

**Energy**
- Monopolar and Bipolar Electrosurgery
- Ultrasonic
- Advanced Bipolar

**Adjunctive** Methods

**Topical Hemostats and Sealants**
- Oxidized regenerated cellulose
- Flowable gelatin
- Fibrin sealants
- Fibrin patches
- Bone wax
- Collagen based
Primary Hemostasis Methods Alone May Be Ineffective or Impractical in Some Bleeding Situations

**Surgical Situations**
- Uneven tissue topography in bone or tumor bed
- Difficult to control compression at sites of diffuse bleeding
- Obstructed visualization by blood or anatomic structures
- Difficult to access to bleeding source
- Bleeding near critical structures (ureters, nerves, and blood vessels)
- Minimizing charring from monopolar energy

**Patient Groups**
- Comorbidities, such as uncontrolled diabetes, obesity, and certain chemotherapies
- Anticoagulant and antiplatelet therapies source
- Aging population with more complex surgeries and comorbidities
There are multiple points of intervention along the coagulation cascade.
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Antithrombotic medications disrupt the body’s ability to form a clot.
There are multiple points of intervention along the coagulation cascade.
The Confusion in the Marketplace

Number of choices & lack of standardization has led to suboptimal use of adjunctive hemostats
Surgeon’s decisions rely predominately on site and situation

**Site**
Anatomy & critical surrounding anatomical structures that could be impacted.

**Situation**
- Type of Access
- Type of Tissue Surface
- Bleeding Intensity
- Intra-Operative vs. Post-Operative Bleeding Risk
Five bleeding situations emerge from the sites and situations that surgeons encounter

<table>
<thead>
<tr>
<th>Continuous Oozing</th>
<th>Problematic</th>
<th>Difficult to Access</th>
<th>Potential Re-Bleeding Risk</th>
<th>High-Pressure Vessel Bleeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will not stop with compression/simple packing. The solution for this bleeding is more time consuming than it is difficult.¹</td>
<td>Even though the bleeding is accessible, it could be trouble. It is more than routine, likely to be resistant to conventional means, requires immediate attention, and causes disruption to the normal progression of surgery.¹</td>
<td>Bleeding that occurs in tight and irregular spaces; you cannot see the exact source of the bleed. You are concerned that accessing a tight space will cause more harm.¹</td>
<td>Bleeding may be addressed intra-operatively but could later develop into more serious complications, especially in high-risk patients.¹</td>
<td>A leak in a high-pressure vessel (aortic or peripheral vascular suture line) that has been stopped, but if it leaks post-op, could be catastrophic.¹</td>
</tr>
</tbody>
</table>

1. S-Factors Insight Research and Next Steps Meeting.
Important Risk Information: Adjunctive hemostats (shown above) are not intended for use on nonbleeding tissue or for prophylactic use. The bleeding situations identified reflect customer insights/market research on optimal adjunctive hemostat utilization. The product solutions should only be used in accordance with their instructions for use. Product recommendations should not supplant medical judgment. Surgeon preference, experience, and patient needs may dictate alternate technique. Review all relevant precautions, especially the indications, contraindications, warnings, and information for use. Please see package inserts for Full Prescribing Information.

The visual does not reflect any sequential order in use.
Important Risk Information: Adjunctive hemostats (shown above) are not intended for use on nonbleeding tissue or for prophylactic use. The bleeding situations identified reflect customer insights/market research on optimal adjunctive hemostat utilization. The product solutions should only be used in accordance with their instructions for use. Product recommendations should not supplant medical judgment. Surgeon preference, experience, and patient needs may dictate alternate technique. Review all relevant precautions, especially the indications, contraindications, warnings, and information for use. Please see package inserts for Full Prescribing Information.

Comprehensive Bleeding Management Solution

Intraoperative Bleeding

Can you see the source of bleeding and apply hemostat?

Is there intraoperative bleeding with a concern of postoperative re-bleeding?

ADJUNCTIVE Methods of Hemostasis

GOAL: To achieve complete intraoperative hemostasis & reduce risk of postoperative bleeding

Important Risk Information: Adjunctive hemostats are not intended for use on nonbleeding tissue or for prophylactic use. The bleeding situations identified reflect customer insights/market research on optimal adjunctive hemostat utilization. The product solutions should only be used in accordance with their instructions for use. Product recommendations should not supplant medical judgment. Surgeon preference, experience, and patient needs may dictate alternate technique. Review all relevant precautions, especially the indications, contraindications, warnings, and information for use. Please see package inserts for Full Prescribing Information.

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Comprehensive Bleeding Management Solution

ADJUNCTIVE Methods of Hemostasis
GOAL: To achieve complete intraoperative hemostasis & reduce risk of postoperative bleeding

Intraoperative Bleeding

Can you see the source of bleeding and apply hemostat?

Yes

Continuous oozing
Will not stop with compression/simple packing. The solution for this bleeding is more time consuming than it is difficult.¹

Problematic
Even though the bleeding is accessible, it could be trouble. It is more than routine and likely to be resistant to conventional means, and requires immediate attention causing disruption to the normal progression of surgery.¹

Difficult to access
Bleeding that occurs in tight and irregular spaces and you cannot see the exact source of the bleed. You are concerned accessing a tight space will cause more harm.¹

Potential rebleeding risk
Bleeding may be addressed intraoperatively, but could later develop into more serious complications, especially in high-risk patients.¹

High-pressure vessel bleeding
A leak in high-pressure vessel (aortic or peripheral vascular suture line) that has been stopped, but if it leaks post-op, could be catastrophic.¹

No

Is there intraoperative bleeding with a concern of postoperative re-bleeding?

Yes

No

Important Risk Information: Adjunctive hemostats are not intended for use on nonbleeding tissue or for prophylactic use. The bleeding situations identified reflect customer insights/market research on optimal adjunctive hemostat utilization. The product solutions should only be used in accordance with their instructions for use. Product recommendations should not supplant medical judgment. Surgeon preference, experience, and patient needs may dictate alternate technique. Review all relevant precautions, especially the indications, contraindications, warnings, and information for use. Please see package inserts for Full Prescribing Information.

Intraoperative Bleeding
Can you see the source of bleeding and apply hemostat?

Yes

Continuous oozing
Will not stop with compression/simple packing. The solution for this bleeding is more time consuming than it is difficult.¹

Oxidized regenerated cellulose (ORC)

Problematic
Even though the bleeding is accessible, it could be trouble. It is more than routine and likely to be resistant to conventional means, and requires immediate attention causing disruption to the normal progression of surgery.¹

Fibrin patch

Difficult to access
Bleeding that occurs in tight and irregular spaces and you cannot see the exact source of the bleed. You are concerned accessing a tight space will cause more harm.¹

Flowable gelatin

Potential rebleeding risk
Bleeding may be addressed intraoperatively, but could later develop into more serious complications, especially in high-risk patients.¹

Fibrin sealant

High-pressure vessel bleeding
A leak in high-pressure vessel (aortic or peripheral vascular suture line) that has been stopped, but if it leaks post-op, could be catastrophic.¹

Vascular sealant

No

Is there intraoperative bleeding with a concern of postoperative re-bleeding?

Yes

No

ADJUNCTIVE Methods of Hemostasis
GOAL: To achieve complete intraoperative hemostasis & reduce risk of postoperative bleeding

Important Risk Information: Adjunctive hemostats are not intended for use on nonbleeding tissue or for prophylactic use. The bleeding situations identified reflect customer insights/market research on optimal adjunctive hemostat utilization. The product solutions should only be used in accordance with their instructions for use. Product recommendations should not supplant medical judgment. Surgeon preference, experience, and patient needs may dictate alternate technique. Review all relevant precautions, especially the indications, contraindications, warnings, and information for use. Please see package inserts for Full Prescribing Information.

Intraoperative Bleeding

Can you see the source of bleeding and apply hemostat?

- **Continuous oozing**
  - Will not stop with compression/simple packing. The solution for this bleeding is more time consuming than it is difficult.¹
  - Oxidized regenerated cellulose (ORC)

- **Problematic**
  - Even though the bleeding is accessible, it could be trouble. It is more than routine and likely to be resistant to conventional means, and requires immediate attention causing disruption to the normal progression of surgery.¹
  - Fibrin patch

- **Difficult to access**
  - Bleeding that occurs in tight and irregular spaces and you cannot see the exact source of the bleed. You are concerned accessing a tight space will cause more harm.¹
  - Flowable gelatin

- **Potential rebleeding risk**
  - Bleeding may be addressed intraoperatively, but could later develop into more serious complications, especially in high-risk patients.¹
  - Fibrin sealant

- **High-pressure vessel bleeding**
  - A leak in high-pressure vessel (aortic or peripheral vascular suture line) that has been stopped, but if it leaks post-op, could be catastrophic.¹
  - Vascular sealant

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**ADJUNCTIVE**

Methods of Hemostasis

GOAL: To achieve complete intraoperative hemostasis & reduce risk of postoperative bleeding

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**Important Risk Information:** Adjuvant hemostats are not intended for use on nonbleeding tissue or for prophylactic use. The bleeding situations identified reflect customer insights/market research on optimal adjunctive hemostat utilization. The product solutions should only be used in accordance with their instructions for use. Product recommendations should not supplant medical judgment. Surgeon preference, experience, and patient needs may dictate alternate technique. Review all relevant precautions, especially the indications, contraindications, warnings, and information for use. Please see package inserts for Full Prescribing Information.

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A systematic approach to surgical hemostat use supports standardization and cost efficiencies
by: Nicole Ferko MSc, Cornerstone Research Group, Burlington, ON, Canada

Results

Implementation of the Hemostasis Optimization Program (HOP) at a large US teaching hospital, as part of a portfolio conversion, resulted in:

- Substantial cost savings without sacrificing patient outcomes
- OR and supply chain efficiencies
- High surgeon and staff satisfaction

$168,688
Not including contractual savings

DECREASED SPEND PER UNIT

Spend per hemostat unit trended downward 15% - the result of shifting to more cost-effective products appropriate for each bleeding situation

Visit www.ethicon.com/HOPEvidence to read the full HOP Study

A systematic approach to surgical hemostat use supports standardization and cost efficiencies by: Nicole Ferko MSc, Cornerstone Research Group, Burlington, ON, Canada
EVARREST® Fibrin Sealant Patch
Important Safety Information

Indications and Usage
EVARREST® is a fibrin sealant patch indicated for use with manual compression as an adjunct to hemostasis in adult patients undergoing surgery, when control of bleeding by conventional surgical techniques (such as suture, ligature, and cautery) is ineffective or impractical.

Limitations for Use
- Cannot be used in place of sutures or other forms of mechanical ligation in the treatment of major arterial or venous bleeding.
- Not for use in children under one month of age
- Laparoscopic and other minimally invasive surgeries where manual compression would be difficult to achieve.

Important Safety Information
- For topical use only. Apply immediate manual compression over the entire surface of the patch and maintain contact pressure for 3 minutes to control the bleeding.
- Do not apply intravascularly. This can result in life threatening thromboembolic events.
- Do not use to treat bleeding from large defects in arteries or veins where the injured vascular wall requires conventional surgical repair and maintenance of vessel patency or where there would be persistent exposure of EVARREST® to blood flow and/or pressure during absorption of the product. Thrombosis can occur if absorbed systemically.
- Do not use in individuals known to have anaphylactic or severe systemic reaction to human blood products. EVARREST® can cause hypersensitivity reactions including anaphylaxis.
- Avoid application to contaminated areas of the body or in the presence of active infection. Infection can occur.
- EVARREST contains oxidized regenerated cellulose which adheres to bleeding surfaces. Inadvertent adhesions can occur.
- Avoid use in, around, or in proximity to, foramina in bone or areas of bony confines where swelling may cause compression.
- Use the least number of patches required to cover the entire bleeding area. Portions of excess patch material can become dislodged and migrate to other areas of the body.
- Do not use more than eight 2x4 inch (5.1 x 10.2 cm) or more than four 4x4 inch (10.2 x 10.2 cm) patches.
- Use in patients who have been previously exposed to EVARREST® has not been studied.
- May carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.
- The adverse reactions reported during clinical trials occurred in less than 1% of all cases and included deep venous thrombosis, pulmonary embolism, blood fibrinogen increase, anastomotic hemorrhage, post procedural and intra-abdominal hemorrhage, abdominal distension, anemia, gastrointestinal hemorrhage, thoracic cavity drainage, pleural effusion, abdominal abscess, ascites, localized intra-abdominal fluid collection, cardiac failure, operative hemorrhage, and ischemic bowel.
- Pediatrics: Safety and effectiveness in pediatric patients have not been established. Use in children under the age of one month may be unsafe or ineffective due to small size and limited ability to apply the patch as recommended.

Please see package insert for EVARREST® Full Prescribing Information.

To report SUSPECTED ADVERSE REACTIONS, contact ETHICON Customer Support Center at 1-877-384-4266 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.
**EVICEL® Fibrin Sealant (Human)**

**IMPORTANT SAFETY INFORMATION**

**Indication**

EVICEL® Fibrin Sealant (Human) is indicated as an adjunct to hemostasis for use in patients undergoing surgery, when control of bleeding by standard surgical techniques (such as suture, ligature, or cautery) is ineffective or impractical.

**Contraindications**

- Do not inject directly into the circulatory system. Intravascular application of EVICEL® may result in life-threatening thromboembolic events.
- Do not use in individuals known to have anaphylactic or severe systemic reaction to human blood products.
- Do not use for the treatment of severe or brisk arterial bleeding.
- Do not use EVICEL® for spraying in endoscopic or laparoscopic procedures where the minimum recommended distance from the applicator tip to the target site cannot be ensured.

**Warnings and Precautions**

- Life-threatening air or gas embolism has occurred with the use of spray devices employing a pressure regulator to administer EVICEL®. This event appears to be related to the use of the spray device at pressures higher than recommended and/or at distances closer than recommended to the surface of the tissue.
- Monitor changes in blood pressure, pulse, oxygen saturation, and end-tidal CO2 when spraying EVICEL® because of the possibility of gas embolism.
- To reduce the risk of potentially life-threatening gas embolism, spray EVICEL® using only pressurized CO2 gas at the pressures and distances recommended for the specific tips.
- Use EVICEL® spray application only if it is possible to accurately judge the spray distance, especially during endoscopic or laparoscopic procedures.
- Prior to applying EVICEL®, dry surface areas of the wound by standard techniques (e.g. intermittent application of compresses, swabs, use of suction devices). Prepare and administer EVICEL® according to the instructions and with only devices recommended for this product.
- May carry a risk of transmitting infectious agents, e.g. viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

The most common adverse reactions reported in clinical trials are peripheral edema, abdominal abscess, infection, hematoma, incision site hemorrhage, vascular graft occlusion, postoperative wound complication and decreased hemoglobin.

For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full package insert.
INDICATIONS
SURGICEL® Absorbable Hemostat (oxidized regenerated cellulose) is used adjunctively in surgical procedures to assist in the control of capillary, venous, and small arterial hemorrhage when ligation or other conventional methods of control are impractical or ineffective. SURGICEL® ORIGINAL, SURGICEL® FIBRILLAR™ and SURGICEL® NU-KNIT® Hemostats can be cut to size for use in endoscopic procedures.

PRECAUTIONS
• Use only as much SURGICEL® Absorbable Hemostat as is necessary for hemostasis, holding it firmly in place until bleeding stops. Remove any excess before surgical closure in order to facilitate absorption and minimize the possibility of foreign body reaction.
• In urological procedures, minimal amounts of SURGICEL® Absorbable Hemostat should be used and care must be exercised to prevent plugging of the urethra, ureter, or a catheter by dislodged portions of the product.
• Since absorption of SURGICEL® Absorbable Hemostat could be prevented in chemically cauterized areas, its use should not be preceded by application of silver nitrate or any other escharotic chemicals.
• If SURGICEL® Absorbable Hemostat is used temporarily to line the cavity of large open wounds, it should be placed so as not to overlap the skin edges. It should also be removed from open wounds by forceps or by irrigation with sterile water or saline solution after bleeding has stopped.
• Precautions should be taken in otorhinolaryngologic surgery to assure that none of the material is aspirated by the patient. (Examples: controlling hemorrhage after tonsillectomy and controlling epistaxis.)
• Care should be taken not to apply SURGICEL® Absorbable Hemostat too tightly when it is used as a wrap during vascular surgery (see Adverse Reactions).

ADVERSE EVENTS
• "Encapsulation" of fluid and foreign body reactions have been reported.

• There have been reports of stenotic effect when SURGICEL® Absorbable Hemostat has been applied as a wrap during vascular surgery.

• Paralysis and nerve damage have been reported when SURGICEL® Absorbable Hemostat was used around, in, or in proximity to foramina in bone, areas of bony confine, the spinal cord, and/or the optic nerve and chiasm.

• Blindness has been reported in connection with surgical repair of a lacerated left frontal lobe when SURGICEL® Absorbable Hemostat was placed in the anterior cranial fossa.

• Possible prolongation of drainage in cholecystectomies and difficulty passing urine per urethra after prostatectomy have been reported.

For more information, please consult your doctor or for product quality and technical questions, call 1-800-795-0012.
INDICATIONS
SURGICEL® Powder (oxidized regenerated cellulose) is used adjunctively in surgical procedures to assist in the control of capillary, venous, and small arterial hemorrhage when ligation or other conventional methods of control are impractical or ineffective.

CONTRAINDICATIONS
- Do not inject or place SURGICEL® Powder into an open blood vessel.
- SURGICEL® Powder should not be used to control hemorrhage from large arteries.
- When SURGICEL® Powder is used to help achieve hemostasis in, around, or in proximity to foramina in bone, areas of bony confine, the spinal cord, or the optic nerve and chiasm, it must always be removed after hemostasis is achieved since it will swell and could exert unwanted pressure.
- SURGICEL® Powder should not be used for implantation in bone defects, such as fractures, since there is a possibility of interference with callus formation and a theoretical chance of cyst formation.

WARNINGS
- Closing with SURGICEL® Powder in a contaminated wound without drainage may lead to complications and should be avoided.
- SURGICEL® Powder should not be impregnated with anti-infective agents or with other materials such as buffering or hemostatic substances.
- SURGICEL® Powder is dry and there may be difficulties in precise delivery under certain circumstances. Unintentional device placement may result in powder scattering and device migration that may increase the risk of adhesion formation.
- Although SURGICEL® Powder is bactericidal against a wide range of pathogenic microorganisms, it is not intended as a substitute for systemically administered therapeutic or prophylactic antimicrobial agents to control or to prevent postoperative infections.
- Do not attempt to trim the applicator tip.

PRECAUTIONS
SURGICEL® Powder should not be used in conjunction with autologous blood salvage circuits, because its fragments may pass through the transfusion filters of blood-scavenging systems.

Use only as much SURGICEL® Powder (oxidized regenerated cellulose) as is necessary and apply only where needed for hemostasis. Remove any excess before surgical closure in order to facilitate absorption and to minimize the possibility of foreign body reaction.

In urological procedures, minimal amounts of SURGICEL® Powder should be used and care must be exercised to prevent plugging of the urethra, ureter, or a catheter by dislodged portions of the product.
PRECAUTIONS (continued)
Since absorption of SURGICEL® Powder could be prevented in chemically cauterized areas, its use should not be preceded by application of silver nitrate or any other escharotic chemicals.

If SURGICEL® Powder is used temporarily to line the cavity of open wounds, it should be removed by irrigation with sterile water or saline solution after bleeding has stopped.

Precautions should be taken in otorhinolaryngologic surgery to ensure that none of the material is aspirated by the patient (e.g., controlling hemorrhage after tonsillectomy and controlling epistaxis).

This applicator tip is not intended for laparoscopic or other endoscopic use.

ADVERSE EVENTS
Paralysis and nerve damage have been reported when other SURGICEL® products were used around, in, or in proximity to foramina in bone, areas of bony confine, the spinal cord, and/or the optic nerve and chiasm.
Blindness has been reported in connection with surgical repair of a lacerated left frontal lobe when other SURGICEL® products were placed in the anterior cranial fossa (see WARNINGS and PRECAUTIONS).

Foreign body reactions have been reported with other products from the SURGICEL® Family of Absorbable Hemostats.

Burning has been reported when other SURGICEL® products were applied after nasal polyp removal. Headache, burning, stinging, and sneezing in epistaxis and other rhinological procedures, and stinging when SURGICEL® product was applied on surface wounds (varicose ulcerations, dermabrasions, and donor sites) have also been reported.

For more information and technical questions, call 1-800-795-0012.
DESCRIPTION
SURGIFLO® with Thrombin (SURGIFLO® Hemostatic Matrix Kit) is intended for hemostatic use by applying to a bleeding surface.

ACTIONS
When used in appropriate amounts SURGIFLO® is absorbed completely within 4 to 6 weeks.

INTENDED USE/INDICATIONS
SURGIFLO®, mixed with thrombin solution, is indicated in surgical procedures (other than ophthalmic) as an adjunct to hemostasis when control of bleeding by ligature or other conventional methods is ineffective or impractical.

CONTRAINDICATIONS
- Do not use SURGIFLO® in intravascular compartments because of the risk of embolization.
- Do not use SURGIFLO® in patients with known allergies to porcine gelatin.
- Do not use SURGIFLO® in closure of skin incisions because it may interfere with the healing of skin edges. This interference is due to mechanical interposition of gelatin and is not secondary to intrinsic interference with wound healing.

WARNINGS
- SURGIFLO® should not be used in the presence of infection and should be used with caution in contaminated areas of the body. SURGIFLO® should not be used in instances of pumping arterial hemorrhage. SURGIFLO® will not act as a tampon or plug in a bleeding site.
- SURGIFLO® should be removed from the site of application when used in, around, or in proximity to foramina in bone, areas of bony confine, the spinal cord, and/or the optic nerve and chiasm because it may swell resulting in nerve damage.
- Excess SURGIFLO® should be removed once hemostasis has been achieved.
- The safety and effectiveness of SURGIFLO® for use in ophthalmic procedures has not been established.
- SURGIFLO® should not be used for controlling post-partum intrauterine bleeding or menorrhagia.
- The safety and effectiveness of SURGIFLO® has not been established in children and pregnant women.
- The blue flexible applicator tip should not be trimmed to avoid exposing internal guidewire.
- The white straight applicator tip should be trimmed away from the surgical area. Cut a square angle to avoid creating a sharp tip.
SURGIFLO® Hemostatic Matrix Kit Essential Product Information
(Made from Absorbable Gelatin Sponge, USP) with Thrombin (CONTINUED)

PRECAUTIONS
• Safe and effective use of SURGIFOAM® Sponge has been reported in a published neurologic retrospective study involving 1700 cases in Europe. Safe and effective use in neurosurgery has not been proven through randomized, controlled clinical studies in the United States.
• SURGIFLO® is supplied as a sterile product and cannot be resterilized.
• SURGIFLO® should not be used for packing unless excess product that is not needed to maintain hemostasis is removed. SURGIFLO® may swell up to 20% upon contact with additional fluid.
• SURGIFLO® should not be used in conjunction with autologous blood salvage circuits.
• SURGIFLO® should not be used in conjunction with methylmethacrylate adhesives.
• In urological procedures, SURGIFLO® should not be left in the renal pelvis or ureters to eliminate the potential foci for calculus formation.

ADVERSE EVENTS
A total of 142 patients received SURGIFOAM® Sponge during a clinical trial comparing SURGIFOAM® Sponge to another absorbable gelatin sponge. In general, the following adverse events have been reported with the use of absorbable porcine gelatin-based hemostatic agents:
• Gelatin-based hemostatic agents may serve as a nidus for infection and abscess formation and have been reported to potentiate bacterial growth.
• Giant cell granulomas have been observed at implant sites when used in the brain.
• Compression of the brain and spinal cord resulting from the accumulation of sterile fluid have been observed.
• Multiple neurologic events were reported when absorbable gelatin-based hemostatic agents were used in laminectomy operations, including cauda equina syndrome, spinal stenosis, meningitis, arachnoiditis, headaches, paresthesias, pain, bladder and bowel dysfunction, and impotence.
• The use of absorbable gelatin-based hemostatic agents during the repair of dural defects associated with laminectomy and craniotomy operations, has been associated with fever, infection, leg paresthesias, neck and back pain, bladder and bowel incontinence, cauda equina syndrome, neurogenic bladder, impotence, and paresis.
• The use of absorbable gelatin-based hemostatic agents has been associated with paralysis, due to device migration into foramina in the bone around the spinal cord, and blindness, due to device migration in the orbit of the eye, during lobectomy, laminectomy, and repair of a frontal skull fracture and lacerated lobe.
• Foreign body reactions, “encapsulation” of fluid, and hematoma have been observed at implant sites.
• Excessive fibrosis and prolonged fixation of a tendon have been reported when absorbable gelatin-based sponges were used in severed tendon repair.
• Toxic shock syndrome was reported in association with the use of absorbable gelatin-based hemostats in nasal surgery.
• Fever, failure of absorption, and hearing loss have been observed when absorbable hemostatic agents were used during tympanoplasty.
EVITHROM® Thrombin, Topical (Human) for Topical Use Only
Lyophilized Powder for Solution

EVITHROM® is a topical thrombin indicated as an aid to hemostasis whenever oozing blood and minor bleeding from capillaries and small venules is accessible and control of bleeding by standard surgical techniques (such as suture, ligature or cautery) is ineffective or impractical. EVITHROM® may be used in conjunction with an Absorbable Gelatin Sponge, USP.

Important Safety Information
• For topical use only.
• Do not inject.
• Apply EVITHROM® on the surface of bleeding tissue only.
• The amount of EVITHROM® required depends upon the area of tissue to be treated and the method of application. In clinical studies, volumes up to 10 ml were used in conjunction with Absorbable Gelatin Sponge.
• Do not use for the treatment of severe or brisk arterial bleeding.
• Do not use in individuals known to have anaphylactic or severe systemic reaction to human blood products. Hypersensitivity reactions, including anaphylaxis, may occur.
• There is a potential risk of thrombosis if absorbed systemically.

May carry a risk of transmitting infectious agents such as viruses and theoretically, the Creutzfeldt-Jakob disease (CJD) agent, despite manufacturing steps designed to reduce the risk of viral transmission.

The most common adverse reactions during clinical trial (reported in at least 2% of subjects treated with EVITHROM®) were prolonged activated partial thromboplastin time, increased INR, decreased lymphocyte count, prolonged prothrombin time and increased neutrophil count.

None of the patients treated with EVITHROM developed antibodies to human thrombin or to human Factor V/Va. The clinical significance of these findings is unknown.

For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full package insert.
References


References


References


References


