

SurgiSeal®
TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

SurgiSeal® Twist®
TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

SurgiSeal® Stylus®
TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

Proven adhesion strength and flexibility^{1-7}*



The SurgiSeal® Topical Skin Adhesive Portfolio offers:

- Rapid set time⁸⁻¹⁰
- An effective microbial barrier^{8-11†}
- 3-step product preparation and application⁸⁻¹⁰
- 3 distinct applicators

*Mechanical Performance Testing is not necessarily indicative of clinical outcomes and performance.

†Clinical studies were not conducted to demonstrate microbial barrier properties. A correlation between microbial barrier properties and a reduction in infection has not been established.⁸⁻¹⁰

INDICATION FOR SURGISEAL, SURGISEAL STYLUS, AND SURGISEAL TWIST

SURGISEAL topical skin adhesives are intended for topical applications only to hold closed easily approximated skin edges of wounds from surgical incisions, including punctures from minimally invasive surgery, and simple, thoroughly cleansed, trauma induced lacerations. SURGISEAL topical skin adhesives may be used in conjunction with, but not in place of, deep dermal sutures.

*Please see Important Safety Information
on the following pages.
Please see accompanying Instructions for Use.*



The SurgiSeal® Topical Skin Adhesive Portfolio: proven adhesion strength and flexibility^{1-7*}

Substantially equivalent to Dermabond®^{1,2,12}

- Adhesion strength and flexibility of the topical skin adhesive within the SurgiSeal Portfolio were shown to be comparable to Dermabond® in the standardized tests below¹⁻⁷

Mechanical Performance Testing: SurgiSeal Topical Skin Adhesive vs Dermabond®¹⁻⁷

| | Mean Values (where applicable) | Comparable Values to Dermabond® |
|--|---|------------------------------------|
| Lap-Shear Tensile Loading [†] | SurgiSeal 14.48 lb/in sq Dermabond® 15.68 lb/in sq | ✓ |
| Adhesive & Sealant Wound Strength Under Tension [‡] | SurgiSeal 2.67 lb Dermabond® 2.36 lb | ✓ |
| T-Peel Tension Loading [§] | SurgiSeal 39.6 lb Dermabond® 27.1 lb | ✓ |
| Strength Under Tension Loading | SurgiSeal 14.16 lb/in sq Dermabond® 10.88 lb/in sq | ✓ |
| Mandrel Bend Flexibility Testing [¶] | All Samples Passed | ✓ |

*Mechanical Performance Testing is not necessarily indicative of clinical outcomes and performance.

[†]Test adhered to protocol ASTM F 2255-05, Standard Test Method for Strength Properties of Tissue Adhesives in Lap-Shear by Tension Loading.³

[‡]Test adhered to protocol ASTM F 2458-05, Standard Test Method for Wound Closure Strength of Tissue Adhesives and Sealants.⁴

[§]Test adhered to protocol ASTM F 2256-05, Standard Test Method for Strength Properties of Tissue Adhesives in T-Peel by Tension Loading.⁵

^{||}Test adhered to protocol ASTM F 2258-05, Standard Test Method for Strength Properties of Tissue Adhesives in Tension.⁶

[¶]Test adhered to protocol ASTM D 4338-97, Standard Test Method for Flexibility Determination of Supported Adhesive Films by Mandrel Bend.⁷

Flexibility without a plasticizer^{1,2}

- Formulation of the topical skin adhesive within SurgiSeal products is 99% 2-octyl cyanoacrylate combined with a preservative (BHA) and a purple colorant



SurgiSeal® (2-octyl cyanoacrylate) average surface coverage



The average surface coverage for SurgiSeal (0.35 mL) was 26.0 in sq vs Dermabond® (2-octyl cyanoacrylate) (0.5 mL), which covered 11.5 in sq on pigskin, per applicator^{1,2}

26.0
in sq

vs

11.5
in sq

SurgiSeal
(0.35 mL)

Dermabond®
(0.5 mL)

IMPORTANT SAFETY INFORMATION FOR SURGISEAL, SURGISEAL STYLUS, AND SURGISEAL TWIST

SURGISEAL topical skin adhesives are contraindicated on:

- any wounds with evidence of microbial, bacterial, or fungal infections or gangrene
- mucosal surfaces or across mucocutaneous junctions, or on skin which may be regularly exposed to body fluids or with dense natural hair
- patients that have a hypersensitivity to cyanoacrylates or formaldehyde

Please see Important Safety Information throughout.

Please see accompanying Instructions for Use.

SurgiSeal®
TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

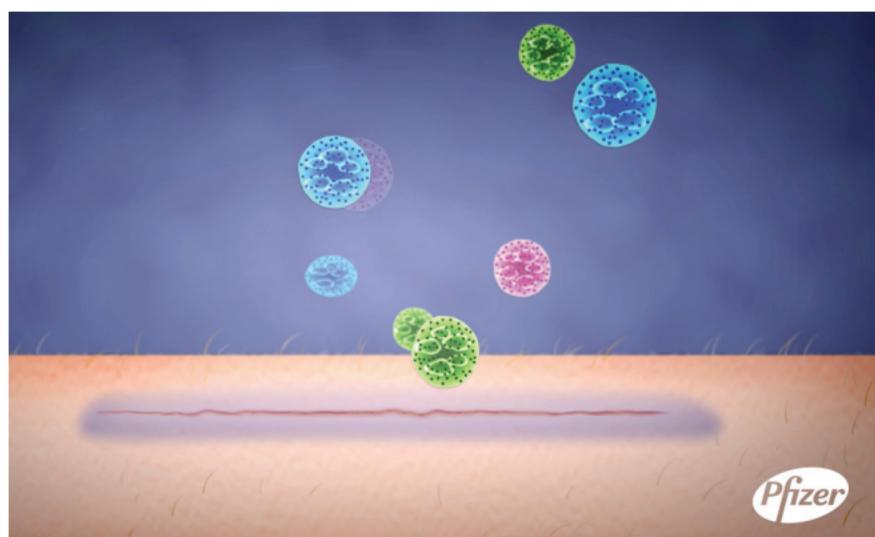
SurgiSeal Twist®
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2-Octyl Cyanoacrylate

SurgiSeal Stylus®
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The SurgiSeal Portfolio products provide an effective microbial barrier⁸⁻¹¹

Microbial barrier

- In vitro studies have shown that the topical skin adhesive within the SurgiSeal products acts as a physical barrier to microbial penetration as long as the adhesive film remains intact⁸⁻¹⁰
- Does not allow penetration of *Staphylococcus epidermidis*, according to in vitro studies¹¹
- Clinical studies were not conducted to demonstrate microbial barrier properties. A correlation between microbial barrier properties and a reduction in infection has not been established⁸⁻¹⁰



IMPORTANT SAFETY INFORMATION FOR SURGISEAL, SURGISEAL STYLUS, AND SURGISEAL TWIST (CONTINUED)

Do not use SURGISEAL topical skin adhesives on wounds or skin surfaces that are wet, complex, non-acute, poorly perfused, or subject to repeated or prolonged moisture or friction, or in the presence of ongoing bleeding or incomplete debridement.

*Please see Important Safety Information throughout.
Please see accompanying Instructions for Use.*



2-octyl cyanoacrylates have stronger adhesion, better flexibility, and increased wound-bursting strength than butyl cyanoacrylates¹³⁻¹⁵

When incisional wounds were closed topically with a 2-octyl cyanoacrylate adhesive, they showed*:

Stronger adhesion strength^{13,14}

2-octyl cyanoacrylate skin adhesive > Butyl cyanoacrylate skin adhesive

Increased wound-bursting strength^{13,14}

2-octyl cyanoacrylate skin adhesive > Butyl cyanoacrylate skin adhesive

Better adhesive flexibility^{14,15}

2-octyl cyanoacrylate skin adhesive > Butyl cyanoacrylate skin adhesive

- 2-octyl cyanoacrylates have long chains, which help them form flexible and strong bonds^{13,15}

The 2-octyl cyanoacrylate used in these studies was Dermabond®.¹³⁻¹⁵

*The testing results of adhesion strength, wound-bursting strength, or adhesive flexibility are not indicative of clinical outcomes or performance.

SurgiSeal®
TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

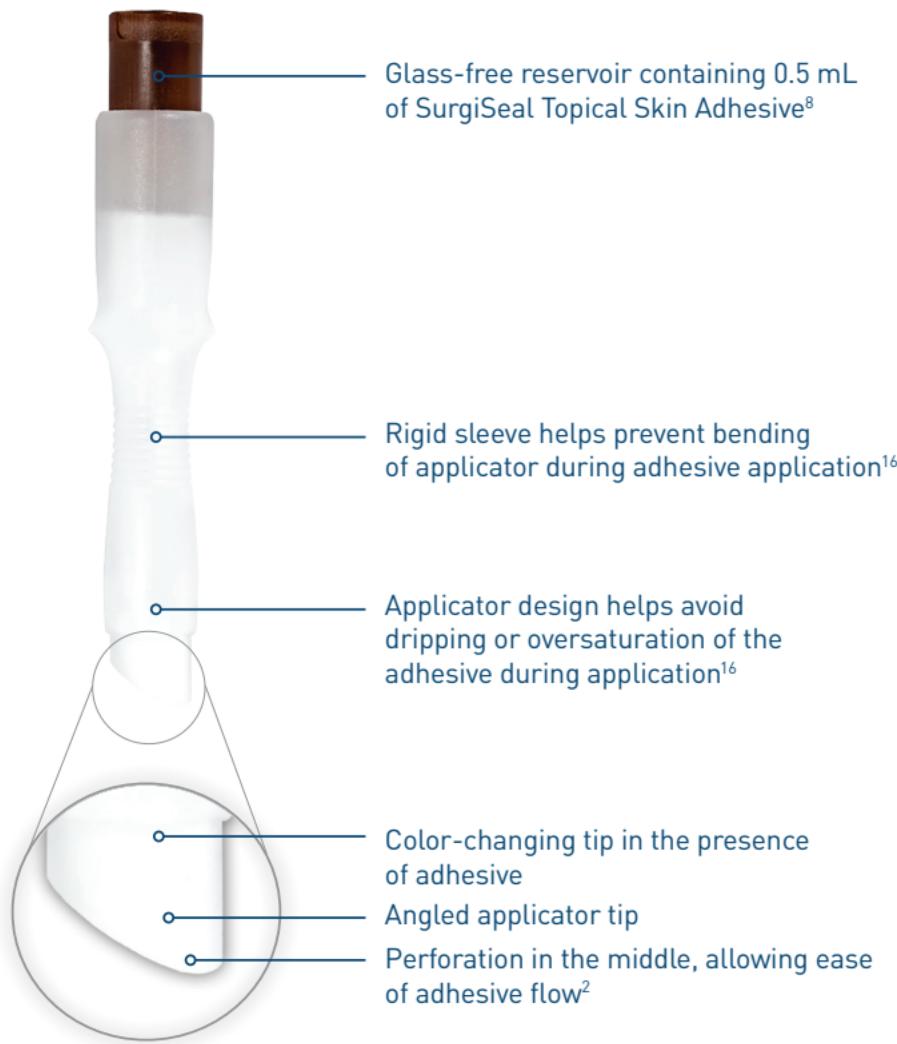
SurgiSeal Twist®
TOPICAL SKIN ADHESIVE
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SurgiSeal Stylus®
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SurgiSeal Stylus®

Designed for ease of handling
and targeted application^{2,8,16}

**SurgiSeal Stylus Topical Skin Adhesive (2-octyl cyanoacrylate)
applicator has distinct design characteristics**



A single, thick, continuous layer may be sufficient to hold approximated wound edges closed for 5 to 10 days^{8,13}

Only 3 simple steps needed for product preparation and adhesive application⁸

To use SurgiSeal Stylus:



1

Point the tip toward the ceiling and away from the patient. Press the bottom of the applicator upward⁸



2

Invert the applicator and allow the adhesive to flow through the tip. No squeezing is necessary in normal application⁸

- It usually takes 2 to 5 seconds for the applicator tip surface to be completely saturated with adhesive¹⁶
- If greater flow is required, the ridged portion of the applicator may be very gently squeezed⁸
- The applicator tip changes color in the presence of adhesive⁸



3

Slowly apply in either 1 thick continuous layer or 2 thin layers⁸

- If 2 thin layers are applied, allow 30 seconds of dry time in between layers⁸

IMPORTANT SAFETY INFORMATION FOR SURGISEAL, SURGISEAL STYLUS, AND SURGISEAL TWIST (CONTINUED)

Do not use SURGISEAL topical skin adhesives below the skin, in decubitus ulcers, or in the eye. Avoid ingestion, internal application, and inadvertent contact with or intravascular injection of SURGISEAL topical skin adhesives.

Please see Important Safety Information throughout.

Please see accompanying Instructions for Use.

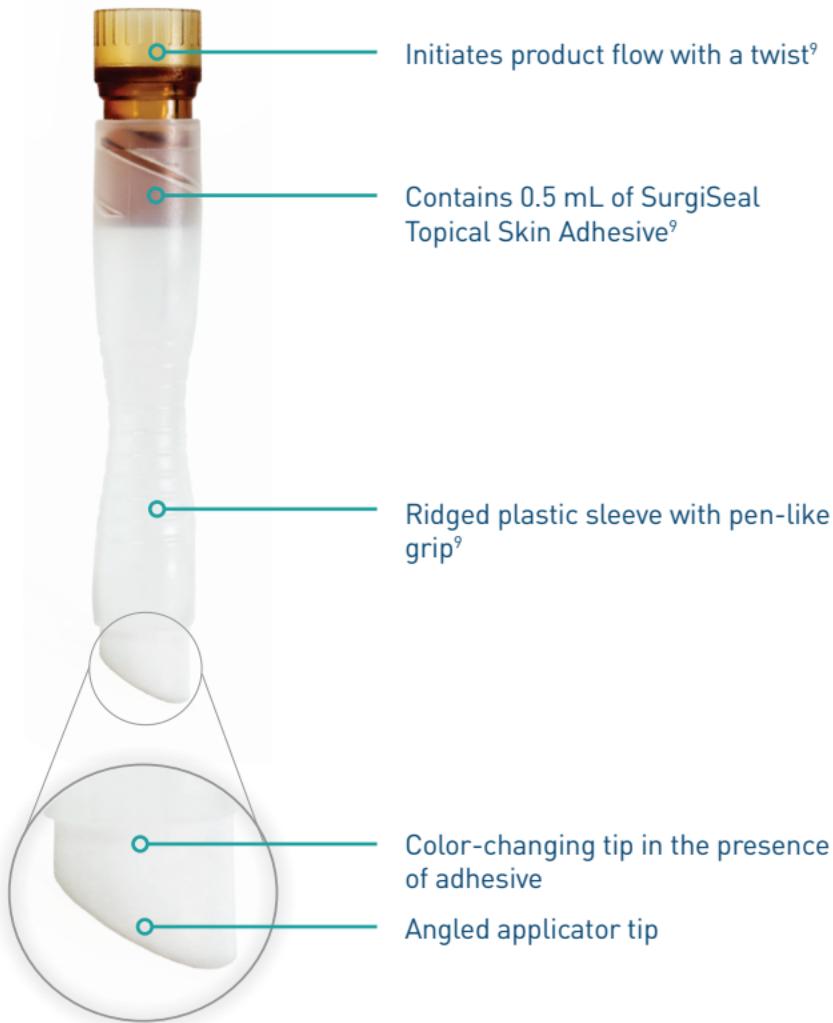
SurgiSeal Stylus®

TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

SurgiSeal Twist®

Designed for larger grip
and pen-like application

**SurgiSeal Twist Topical Skin Adhesive
(2-octyl cyanoacrylate) applicator has distinct
features for activation, grip, and application.**



A single, thick, continuous layer may be sufficient to hold approximated wound edges closed for 5 to 10 days^{9,13}

3 simple steps for product preparation and adhesive application⁹

To use SurgiSeal Twist:



Hold the SurgiSeal Twist applicator firmly at the base with the thumb and forefinger and with the tip towards the ceiling and away from the patient. Twist the ampule of the applicator to the right until flush with the applicator base⁹



Invert the applicator and allow the adhesive to flow down through the tip. No squeezing is necessary in normal application⁹

- If greater flow is required, gently squeeze the ridged portion of the applicator⁹
- The applicator tip changes color in the presence of adhesive⁹



Hold the wound together and slowly apply in either 1 thick layer or 2 thin layers⁹

- If 2 thin layers are applied, allow 30 seconds of dry time between layers⁹

IMPORTANT SAFETY INFORMATION FOR SURGISEAL, SURGISEAL STYLUS, AND SURGISEAL TWIST (CONTINUED)

Use of SURGISEAL topical skin adhesives may result in localized sensitization or irritation reactions. Large, unspread droplets of SURGISEAL topical skin adhesives may cause a sensation of heat or discomfort.

Please see Important Safety Information throughout.

Please see accompanying Instructions for Use.

SurgiSeal *Twist*[®]

TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

SurgiSeal®

Teardrop-shaped design¹⁰

SurgiSeal Topical Skin Adhesive (2-octyl cyanoacrylate) comes in a teardrop-shaped applicator containing 0.35 mL of 2-octyl cyanoacrylate¹⁰



A single, thick, continuous layer may be sufficient to hold approximated wound edges closed for 5 to 10 days^{10,13}

3 simple steps for product preparation and adhesive application¹⁰

To use SurgiSeal:



1

Fold over the SurgiSeal applicator at the sponge. You will hear a snap¹⁰



2

Hold with the sponge facing downward. No squeezing is necessary in normal application¹⁰

- If greater flow is required, gently squeeze the adhesive reservoir¹⁰
- The applicator changes color in the presence of adhesive¹⁰



3

Hold the wound together and slowly apply either 1 thick continuous layer or 2 thin layers¹⁰

- If 2 thin layers are applied, allow 30 seconds of dry time between layers¹⁰

IMPORTANT SAFETY INFORMATION FOR SURGISEAL, SURGISEAL STYLUS, AND SURGISEAL TWIST (CONTINUED)

Instruct patients not to pick at SURGISEAL topical skin adhesives and not to scrub, soak, or otherwise expose the wound site to prolonged wetness.

Monitor and evaluate wounds treated with SURGISEAL topical skin adhesives for signs of infection.

Please see Important Safety Information throughout.

Please see accompanying Instructions for Use.

SurgiSeal®
TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

Proven adhesion strength and flexibility^{1-7*}

- Substantially equivalent to Dermabond®^{1,2,12}
- Formulation of SurgiSeal® Topical Skin Adhesive (2-octyl cyanoacrylate) is 99% 2-octyl cyanoacrylate combined with a purple colorant^{1,2}
- Rapid set time—full apposition strength is expected to be achieved about 60 seconds after final layer is applied⁸⁻¹⁰
- Only 3 simple steps required for product preparation and adhesive application⁸⁻¹⁰
- In vitro studies have shown that SurgiSeal Topical Skin Adhesive acts as a physical barrier to microbial penetration as long as the adhesive film remains intact⁸⁻¹⁰
- SurgiSeal Topical Skin Adhesive offers flexibility without a plasticizer^{1,2}
- SurgiSeal Topical Skin Adhesive comes in 3 distinct applicators

*Mechanical Performance Testing is not necessarily indicative of clinical outcomes and performance.

Visit PfizerPro.com for more information about the SurgiSeal Portfolio and to order trial products.

Pfizer is committed to quality, reliability, and customer-focused support.

References: 1. US Food and Drug Administration. SURGISEAL Topical Skin Adhesive 510(k); May 30, 2008.
2. Adhezion Biomedical. SURGISEAL Stylus and Stylus Twist Topical Skin Adhesive abbreviated 510(k); May 2013.
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Dermabond® is a registered trademark of Ethicon US, LLC.

SurgiSeal®

TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

EN English

DESCRIPTION

SURGISEAL® Topical Skin Adhesive is a sterile, professional liquid topical skin adhesive containing a monomeric (2-octyl cyanoacrylate) formulation and the colorant D & C Violet #2. Each applicator consists of a thermoformed blister tray with a heat sealed lid with an attached applicator sponge tip. This applicator with sponge tip is contained in an outer Tyvek pouch. When SURGISEAL is applied to the skin, it polymerizes in minutes. In vitro studies have shown that SURGISEAL acts as a physical barrier to microbial penetration as long as the adhesive film remains intact. Clinical studies were not conducted to demonstrate microbial barrier properties and a correlation between microbial barrier properties and a reduction in infection has not been established.

INDICATIONS

SURGISEAL is intended for topical applications only to hold closed easily approximated skin edges of wounds from surgical incisions, including punctures from minimally invasive surgery, simple, thoroughly cleansed, trauma induced lacerations. SURGISEAL may be used in conjunction with, but not in place of, deep dermal sutures.

CONTRAINDICATIONS

- DO NOT use on any wounds with evidence of microbial, bacterial or fungal infections or gangrene.
- DO NOT use on mucosal surfaces or across mucocutaneous junctions, or on skin which may be regularly exposed to body fluids or with dense natural hair.
- DO NOT use on patients that have a hypersensitivity to cyanoacrylates or formaldehyde.

WARNINGS

- SURGISEAL topical skin adhesive is a fast setting adhesive capable of adhering to most body tissue and many other materials, such as latex gloves and stainless steel. Inadvertent contact with any body tissue, and any surfaces or equipment that are not disposable or that cannot be readily cleaned with a solvent such as acetone should be avoided.
- Polymerization of SURGISEAL topical skin adhesive may be accelerated by water or fluids containing alcohol: SURGISEAL topical skin adhesive should not be applied to wet wounds.
- SURGISEAL topical skin adhesive should not be applied to the eye. If contact with the eye occurs, flush the eye copiously with saline or water. If residual adhesive remains, apply topical ophthalmic ointment to help loosen the bond and contact an ophthalmologist.
- When closing facial wounds near the eye with a tissue adhesive for topical approximation of skin, position the patient so that any runoff of adhesive is away from the eye.
- The eye should be closed and protected with gauze. Prophylactic placement of petroleum jelly around the eye, to act as a mechanical barrier or dam, can be effective at preventing inadvertent flow of adhesive into the eye.
- SURGISEAL topical skin adhesive will not adhere to skin pre-coated with petroleum jelly. Therefore, avoid using petroleum jelly on any skin area where SURGISEAL adhesive is intended to adhere.
- SURGISEAL topical skin adhesive is not absorbable and therefore should not be used below the skin as it may cause a foreign body reaction.
- SURGISEAL topical skin adhesive should not be used in high skin tension areas or across areas of increased skin tension, such as knuckles, elbows, or knees, unless the joint will be immobilized during the skin healing period, or unless skin tension has been removed by application of another wound closure device (e.g., sutures or skin staples) prior to application of SURGISEAL topical skin adhesive.
- SURGISEAL topical skin adhesive treated wounds should be monitored for signs of infection. Wounds with signs of infection, such as erythema, edema, warmth, pain and pus, should be evaluated and treated according to standard practice for infection.
- SURGISEAL topical skin adhesive should not be used on wound sites that will be subjected to repeated or prolonged moisture or friction.
- SURGISEAL topical skin adhesive should only be used after wounds have been cleaned, debrided and are otherwise closed in accordance with standard surgical practice. Local anesthetic should be used when necessary to assure adequate cleansing and debridement.
- SURGISEAL should always be applied as a light coating bridging the wound and the aligned approximated wound edges. Avoid pressure on the applicator or wound edge separation, which could cause the topical adhesive to be interposed between wound edges. Topical adhesive between wound edges interfere with wound healing.
- SURGISEAL topical skin adhesive polymerizes through an exothermic reaction in which a small amount of heat is released. With the proper technique of applying SURGISEAL topical skin adhesive in one thick, continuous layer or two thin layers onto a dry wound and allowing time for polymerization between applications, heat is released slowly and the sensation of heat or pain experienced by the patient is minimized. However, if SURGISEAL topical skin adhesive is applied so that large droplets of liquid are allowed to remain unspread, the patient may experience a sensation of heat or discomfort.
- SURGISEAL topical skin adhesive is packaged for single patient use. Discard remaining opened material after each wound closure procedure.
- Do not resterilize SURGISEAL topical skin adhesive in a procedure pack/tray that is to be sterilized prior to use. Exposure of SURGISEAL topical skin adhesive, after its final manufacture, to excessive heat (as in autoclaves or ethylene oxide sterilization) or radiation (such as gamma or electron beam), is known to increase its viscosity and may render the product unusable. Use of the tissue adhesive may result in localized sensitization or irritation reactions.
- SURGISEAL topical skin adhesive should not be applied to decubitus ulcers.
- SURGISEAL topical skin adhesive should be used only on wounds that have been thoroughly cleaned debrided and have easily apposed wound edges.
- Application and/or migration (leak) of either version of the product below the surface of the skin will impair the healing process by forming a barrier between tissue edges. Potential systemic toxicity of this product is unknown.
- If Chlorhexidine gluconate (CHG) is used preoperatively on the affected area, it must be completely dry before applying SURGISEAL adhesive. The adhesive may not cure properly and prematurely flake if the adhesive is applied before the Chlorhexidine gluconate is completely dry^a.

PRECAUTIONS

- Tissue adhesives for the topical approximation of skin should also not be used on wounds that are: wet, dirty, complex, not easily approximated, under dynamic stress (e.g. knuckles or elbows), non-acute, poorly perfused, located in areas where device run-off into unintended sites cannot be prevented.
- Tissue adhesives intended for the topical approximation of skin should not be used in the presence of infection, ongoing bleeding, incomplete debridement and on mucous or hair covered surfaces.
- This product should not be ingested, applied internally, or injected intravascularly.
- DO NOT apply liquid or ointment medications or other substances to the wound after closure with SURGISEAL, as these substances weaken the polymerized film and allow for wound dehiscence.
- SURGISEAL topical skin adhesive permeability by topical medications has not been studied.
- If mistaken placement of SURGISEAL should occur then removal may be accomplished by using either acetone or petroleum jelly. Typical cleaners such as soap do not work well. However, petroleum jelly or acetone will immediately help the release of the adhesive from the skin.
- SURGISEAL topical skin adhesive as a liquid, is viscous. To prevent inadvertent flow of liquid SURGISEAL topical skin adhesive to unintended areas: (1) the wound should be held in a horizontal position, with SURGISEAL topical skin adhesive applied from above, and (2) SURGISEAL topical skin adhesive should be applied in one thick, continuous layer or two thin layers rather than in a few large droplets.
- SURGISEAL topical skin adhesive should be used immediately after breaking along the perforated opening as the liquid adhesive will not flow freely from the applicator sponge tip after a few minutes.
- If unintended bonding of intact skin occurs, peel, but do not pull the skin apart. Petroleum jelly or acetone may help loosen the bond. Other agents such as water, saline, Betadine® Antibiotics, Chlorhexidine gluconate (CHG), or soap, are not expected to immediately loosen the bond.
- Safety and effectiveness of SURGISEAL topical skin adhesive on the following wounds have not been studied: animal or human bites, puncture or stab wounds.
- Safety and effectiveness of SURGISEAL topical skin adhesive on wounds of patients with peripheral vascular disease, insulin dependent diabetes mellitus, blood clotting disorders, personal or family history of keloid formation or hypertrophy, or burst stellate lacerations, have not been studied.
- Safety and effectiveness on wounds that have been treated with SURGISEAL topical skin adhesive and then exposed for prolonged periods to direct sunlight or tanning lamps have not been studied.
- Vermillion surfaces have not been tested for effectiveness and safety.

ADVERSE REACTIONS

- Adverse reactions may occur if adhesive makes contact with the eye.
- Adverse reactions may occur to patients that have a hypersensitivity to cyanoacrylates or formaldehyde.
- SURGISEAL topical skin adhesive should always be applied in one thick, continuous layer or two thin layers so that large amounts of liquid are not allowed to collect, resulting in thermal discomfort for the patient.



Manufactured by:
Adhezion Biomedical, LLC
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Hudson, NC 28638 USA

SST-IFU02-1600
(03-2016)



US Patent Nos. 6,667,031; 8,729,121;
8,980,947 and 9,018,254

SurgiSeal®

TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate



1. Fold over the SURGISEAL® applicator at the sponge. You will hear a snap.



2. Hold with the sponge facing downward. No squeezing is necessary in normal application.
If you require greater flow, you may very gently squeeze.



3. Hold the wound together & apply in either one thick layer or two thin layers.
If two thin layers applied, allow 30 seconds dry time in between layers.

DIRECTIONS FOR USE

1. Before the use of SURGISEAL the wound must be thoroughly cleaned.
2. Use normal surgical protocol for wound preparation before treatment of SURGISEAL topical skin adhesive and be certain to suture deep subcutaneous layers.
3. Dry the injured area with sterile gauze, removing all moisture for proper tissue bonding of SURGISEAL to the skin.
4. To prevent inadvertent flow of SURGISEAL topical skin adhesive to unintended areas of the body, the wound should be held in a horizontal position and the SURGISEAL topical skin adhesive should be applied from above the wound.
5. Remove the applicator from the blister pouch. Hold the applicator with the thumb and forefinger away from patient to prevent any unintentional placement of the liquid SURGISEAL topical skin adhesive into the wound or on the patient.
6. While holding the applicator, and with the applicator sponge facing upward, snap at tip along the perforated line and fold over.
7. Gently squeeze the liquid SURGISEAL adhesive from the applicator bubble while saturating the sponge.
8. Approximate the wound edges together using either gloved fingers or sterile forceps.
9. Slowly apply the liquid SURGISEAL topical skin adhesive in one thick, continuous layer or two thin layers. If two thin layers are applied, allow 30 seconds dry time in between layers.
10. Maintain manual approximation of the opposed wound edges together for approximately 60 seconds once the final coat of SURGISEAL is applied.
NOTE: Excessive pressure of the applicator tip against the wound edges or surrounding skin can result in forcing the wound edges apart and allowing SURGISEAL topical skin adhesive into the wound. SURGISEAL topical skin adhesive within the wound could delay wound healing and/or result in adverse cosmetic outcome.
- NOTE: Full apposition strength is expected to be achieved about 1.0 minute after the final layer is applied. Full polymerization is expected when the top SURGISEAL topical skin adhesive layer is no longer tacky.
11. Protective dry dressings, such as gauze, may be applied only after SURGISEAL topical skin adhesive film is completely solid/polymerized and not tacky to the touch (approximately five minutes after application). Allow the top layer to fully polymerize before applying a bandage. If a dressing, bandage, adhesive backing or tape is applied before complete polymerization, the dressing can adhere to the film. The film can be disrupted from the skin when the dressing is removed, and wound dehiscence can occur.
12. Patients should be instructed to not pick at the polymerized film of SURGISEAL topical skin adhesive. Picking at the film can disrupt its adhesion to the skin and cause dehiscence of the wound. Picking at the film can be discouraged by an overlying dressing.
13. Apply a dry protective dressing for children or other patients who may not be able to follow instructions for proper wound care.
14. Patients should be instructed that until the polymerized film of SURGISEAL topical skin adhesive has sloughed naturally (usually in 5-10 days), there should be only transient wetting of the treatment site. Patients may shower and bathe the site gently. The site should not be scrubbed, soaked, or exposed to prolonged wetness until after the film has sloughed naturally and the wound has healed closed. Patients should be instructed not to go swimming during this period.
15. If removal of SURGISEAL topical skin adhesive is necessary for any reason, carefully apply petroleum jelly or acetone to the SURGISEAL topical skin adhesive film to help loosen the bond. Peel off the film, do not pull the skin apart.
16. Once the surface is tack-free, full polymerization has generally occurred.

HOW SUPPLIED

SURGISEAL is a sterile, easy to use, single-dose applicator, packaged in a thermal formed blister pouch. The applicators are packaged in a box that fits precisely on the skin shelf. The applicator has a perforation in the middle allowing for ease of application. The applicator contains a topical skin adhesive.

Supplied: 1 box of 12 applicators/0.35ml adhesive.

STORAGE

Recommended storage conditions are at or below 30°C (86 °F) away from moisture, direct heat and direct light.

DO NOT use after expiration date.

STERILITY

SURGISEAL topical skin adhesive is sterilized by ethylene oxide to reduce Bioburden. SURGISEAL adhesive is then terminally sterilized by irradiation. STERILE SINGLE USE ONLY

CAUTIONS

Federal (USA) law restricts this device to sale by or on the order of a physician.

^a Adhezion Biomedical, LLC Data on File.

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SurgiSeal® Twist

TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

EN English

DESCRIPTION

SURGISEAL® Topical Skin Adhesive is a sterile, professional liquid topical skin adhesive containing a monomeric (2-octyl cyanoacrylate) formulation and the colorant D & C Violet #2. The applicator is comprised of a plastic ampoule, which houses the adhesive, contained within the longer plastic sleeve with an attached applicator tip. This Twist applicator is contained in an outer Tyvek pouch. When SURGISEAL is applied to the skin, it polymerizes in minutes. In vitro studies have shown that SURGISEAL acts as a physical barrier to microbial penetration as long as the adhesive film remains intact. Clinical studies were not conducted to demonstrate microbial barrier properties and a correlation between microbial barrier properties and a reduction in infection has not been established.

INDICATIONS

SURGISEAL is intended for topical applications only to hold closed easily approximated skin edges of wounds from surgical incisions, including punctures from minimally invasive surgery, simple, thoroughly cleansed, trauma induced lacerations. SURGISEAL may be used in conjunction with, but not in place of, deep dermal sutures.

CONTRAINDICATIONS

- DO NOT use on any wounds with evidence of microbial, bacterial or fungal infections or gangrene.
- DO NOT use on mucosal surfaces or across mucocutaneous junctions, or on skin which may be regularly exposed to body fluids or with dense natural hair.
- DO NOT use on patients that have a hypersensitivity to cyanoacrylates or formaldehyde.

WARNINGS

- SURGISEAL topical skin adhesive is a fast setting adhesive capable of adhering to most body tissue and many other materials, such as latex gloves and stainless steel. Inadvertent contact with any body tissue, and any surfaces or equipment that are not disposable or that cannot be readily cleaned with a solvent such as acetone should be avoided.
- Polymerization of SURGISEAL topical skin adhesive may be accelerated by water or fluids containing alcohol: SURGISEAL topical skin adhesive should not be applied to wet wounds.
- SURGISEAL topical skin adhesive should not be applied to the eye. If contact with the eye occurs, flush the eye copiously with saline or water. If residual adhesive remains, apply topical ophthalmic ointment to help loosen the bond and contact an ophthalmologist.
- When closing facial wounds near the eye with a tissue adhesive for topical approximation of skin, position the patient so that any runoff of adhesive is away from the eye.
- The eye should be closed and protected with gauze. Prophylactic placement of petroleum jelly around the eye, to act as a mechanical barrier or dam, can be effective at preventing inadvertent flow of adhesive into the eye.
- SURGISEAL topical skin adhesive will not adhere to skin pre-coated with petroleum jelly. Therefore, avoid using petroleum jelly on any skin area where SURGISEAL adhesive is intended to adhere.
- SURGISEAL topical skin adhesive is not absorbable and therefore should not be used below the skin as it may cause a foreign body reaction.
- SURGISEAL topical skin adhesive should not be used in high skin tension areas or across areas of increased skin tension, such as knuckles, elbows, or knees, unless the joint will be immobilized during the skin healing period, or unless skin tension has been removed by application of another wound closure device (e.g., sutures or skin staples) prior to application of SURGISEAL topical skin adhesive.
- SURGISEAL topical skin adhesive treated wounds should be monitored for signs of infection. Wounds with signs of infection, such as erythema, edema, warmth, pain and pus, should be evaluated and treated according to standard practice for infection.
- SURGISEAL topical skin adhesive should not be used on wound sites that will be subjected to repeated or prolonged moisture or friction.
- SURGISEAL topical skin adhesive should only be used after wounds have been cleaned, debrided and are otherwise closed in accordance with standard surgical practice. Local anesthetic should be used when necessary to assure adequate cleansing and debridement.
- SURGISEAL should always be applied as a light coating bridging the wound and the aligned approximated wound edges. Avoid pressure on the applicator or wound edge separation, which could cause the topical adhesive to be interposed between wound edges. Topical adhesive between wound edges interfere with wound healing.
- SURGISEAL topical skin adhesive polymerizes through an exothermic reaction in which a small amount of heat is released. With the proper technique of applying SURGISEAL topical skin adhesive in one thick, continuous layer or two thin layers onto a dry wound and allowing time for polymerization between applications, heat is released slowly and the sensation of heat or pain experienced by the patient is minimized. However, if SURGISEAL topical skin adhesive is applied so that large droplets of liquid are allowed to remain unspread, the patient may experience a sensation of heat or discomfort.
- SURGISEAL topical skin adhesive is packaged for single patient use. Discard remaining opened material after each wound closure procedure.
- Do not resterilize SURGISEAL topical skin adhesive in a procedure pack/tray that is to be sterilized prior to use. Exposure of SURGISEAL topical skin adhesive, after its final manufacture, to excessive heat (as in autoclaves or ethylene oxide sterilization) or radiation (such as gamma or electron beam), is known to increase its viscosity and may render the product unusable. Use of the tissue adhesive may result in localized sensitization or irritation reactions.
- SURGISEAL topical skin adhesive should not be applied to decubitus ulcers.
- SURGISEAL topical skin adhesive should be used only on wounds that have been thoroughly cleaned debrided and have easily apposed wound edges.
- Application and/or migration (leak) of either version of the product below the surface of the skin will impair the healing process by forming a barrier between tissue edges. Potential systemic toxicity of this product is unknown.
- If Chlorhexidine gluconate (CHG) is used preoperatively on the affected area, it must be completely dry before applying SURGISEAL adhesive. The adhesive may not cure properly and prematurely flake if the adhesive is applied before the Chlorhexidine gluconate is completely dry^a.

PRECAUTIONS

- Tissue adhesives for the topical approximation of skin should also not be used on wounds that are: wet, dirty, complex, not easily approximated, under dynamic stress (e.g. knuckles or elbows), non-acute, poorly perfused, located in areas where device run-off into unintended sites cannot be prevented.
- Tissue adhesives intended for the topical approximation of skin should not be used in the presence of infection, ongoing bleeding, incomplete debridement and on mucous or hair covered surfaces.
- This product should not be ingested, applied internally, or injected intravascularly.
- DO NOT apply liquid or ointment medications or other substances to the wound after closure with SURGISEAL, as these substances weaken the polymerized film and allow for wound dehiscence.
- SURGISEAL topical skin adhesive permeability by topical medications has not been studied.
- If mistaken placement of SURGISEAL should occur then removal may be accomplished by using either acetone or petroleum jelly. Typical cleaners such as soap do not work well. However, petroleum jelly or acetone will immediately help the release of the adhesive from the skin.
- SURGISEAL topical skin adhesive as a liquid, is viscous. To prevent inadvertent flow of liquid SURGISEAL topical skin adhesive to unintended areas: (1) the wound should be held in a horizontal position, with SURGISEAL topical skin adhesive applied from above, and (2) SURGISEAL topical skin adhesive should be applied in one thick, continuous layer or two thin layers rather than in a few large droplets.
- SURGISEAL topical skin adhesive should be used immediately after breaking along the perforated opening as the liquid adhesive will not flow freely from the applicator sponge tip after a few minutes.
- If unintended bonding of intact skin occurs, peel, but do not pull the skin apart. Petroleum jelly or acetone may help loosen the bond. Other agents such as water, saline, Betadine® Antibiotics, Chlorhexidine gluconate (CHG), or soap, are not expected to immediately loosen the bond.
- Safety and effectiveness of SURGISEAL topical skin adhesive on the following wounds have not been studied: animal or human bites, puncture or stab wounds.
- Safety and effectiveness of SURGISEAL topical skin adhesive on wounds of patients with peripheral vascular disease, insulin dependent diabetes mellitus, blood clotting disorders, personal or family history of keloid formation or hypertrophy, or burst stellate lacerations, have not been studied.
- Safety and effectiveness on wounds that have been treated with SURGISEAL topical skin adhesive and then exposed for prolonged periods to direct sunlight or tanning lamps have not been studied.
- Vermillion surfaces have not been tested for effectiveness and safety.

ADVERSE REACTIONS

- Adverse reactions may occur if adhesive makes contact with the eye.
- Adverse reactions may occur to patients that have a hypersensitivity to cyanoacrylates or formaldehyde.
- SURGISEAL topical skin adhesive should always be applied in one thick, continuous layer or two thin layers so that large amounts of liquid are not allowed to collect, resulting in thermal discomfort for the patient.



Manufactured by:
Adhezion Biomedical, LLC
506 Pine Mountain Rd
Hudson, NC 28638 USA

STS-IFU02-1600
(03-2016)



Caution, see instructions for use



Do not reuse



Do not sterilize



STERILE EO

STERILE R



Do not use if package is damaged or opened



Keep away from sunlight



30°C
86°F

0.5ml
X12

US Patent Nos. 6,667,031; 8,729,121;
8,980,947; 9,018,254; 9,066,711 and
D663,836

SurgiSeal® Twist®

TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate



1. Hold the SURGISEAL Twist® applicator firmly at the base with the thumb and forefinger and with the tip towards the ceiling and away from the patient. Twist the ampoule of the applicator to the right until flush with the applicator base.

2. Invert the applicator and allow the adhesive to flow through the tip. No squeezing is necessary in normal application.

If you require greater flow, you may squeeze the ridged portion of the applicator.

3. Hold the wound together and apply in either one thick layer or two thin layers.

If two thin layers applied, allow 30 seconds dry time in between layers.

DIRECTIONS FOR USE

1. Before the use of SURGISEAL the wound must be thoroughly cleaned.
 2. Use normal surgical protocol for wound preparation before treatment of SURGISEAL topical skin adhesive and be certain to suture deep subcutaneous layers.
 3. Dry the injured area with sterile gauze, removing all moisture for proper tissue bonding of SURGISEAL to the skin.
 4. To prevent inadvertent flow of SURGISEAL topical skin adhesive to unintended areas of the body, the wound should be held in a horizontal position and the SURGISEAL topical skin adhesive should be applied from above the wound.
 5. Remove the SURGISEAL Twist® applicator from the blister pouch. Hold the applicator tip away from patient to prevent any unintentional placement of the liquid SURGISEAL topical skin adhesive into the wound or on the patient.
 6. Hold the SURGISEAL Twist® applicator firmly at the base with the thumb and forefinger and with the tip towards the ceiling and away from the patient. Twist the ampoule of the applicator to the right until flush with the applicator base.
- NOTE: To decrease tension on the applicator sleeve, DO NOT twist the applicator sleeve but only the ampoule that contains the adhesive formula.
7. Invert the applicator and allow the adhesive formula to flow through the tip. No squeezing is necessary in normal application. If greater flow is required, you may very gently squeeze the ridged portion of the applicator.
 8. Approximate the wound edges together using either gloved fingers or sterile forceps.
 9. Slowly apply the liquid SURGISEAL topical skin adhesive in one thick, continuous layer or two thin layers. If two thin layers are applied, allow 30 seconds dry time in between layers.
 10. Maintain manual approximation of the opposed wound edges together for approximately 60 seconds once the final coat of SURGISEAL is applied.

NOTE: Excessive pressure of the applicator tip against the wound edges or surrounding skin can result in forcing the wound edges apart and allowing SURGISEAL topical skin adhesive into the wound. SURGISEAL topical skin adhesive within the wound could delay wound healing and/or result in adverse cosmetic outcome.

NOTE: Full apposition strength is expected to be achieved about 1.0 minute after the final layer is applied. Full polymerization is expected when the top SURGISEAL topical skin adhesive layer is no longer tacky.

 11. Protective dry dressings, such as gauze, may be applied only after SURGISEAL topical skin adhesive film is completely solid/polymerized and not tacky to the touch (approximately five minutes after application). Allow the top layer to fully polymerize before applying a bandage. If a dressing, bandage, adhesive backing or tape is applied before complete polymerization, the dressing can adhere to the film. The film can be disrupted from the skin when the dressing is removed, and wound dehiscence can occur.
 12. Patients should be instructed to not pick at the polymerized film of SURGISEAL topical skin adhesive. Picking at the film can disrupt its adhesion to the skin and cause dehiscence of the wound. Picking at the film can be discouraged by an overlying dressing.
 13. Apply a dry protective dressing for children or other patients who may not be able to follow instructions for proper wound care.
 14. Patients should be instructed that until the polymerized film of SURGISEAL topical skin adhesive has sloughed naturally (usually in 5-10 days), there should be only transient wetting of the treatment site. Patients may shower and bathe the site gently. The site should not be scrubbed, soaked, or exposed to prolonged wetness until after the film has sloughed naturally and the wound has healed closed. Patients should be instructed not to go swimming during this period.
 15. If removal of SURGISEAL topical skin adhesive is necessary for any reason, carefully apply petroleum jelly or acetone to the SURGISEAL topical skin adhesive film to help loosen the bond. Peel off the film, do not pull the skin apart.
 16. Once the surface is tack-free, full polymerization has generally occurred.

HOW SUPPLIED

SURGISEAL Twist® is a sterile, easy to use, single-dose Stylus applicator, packaged in a thermal formed blister pouch. The SURGISEAL Twist® applicator has an ampoule that is twisted for ease of application. The applicator contains a topical skin adhesive. 12 applicators per box. Minimum fill volume is 0.5ml.

STORAGE

Recommended storage conditions are at or below 30°C (86 °F) away from moisture, direct heat and direct light.

DO NOT use after expiration date.

STERILITY

SURGISEAL topical skin adhesive is terminally sterilized by ethylene oxide. SURGISEAL Twist® filled ampoule component is terminally sterilized by irradiation. STERILE SINGLE USE ONLY

CAUTIONS

Federal (USA) law restricts this device to sale by or on the order of a physician.

^a Adhezion Biomedical, LLC Data on File.

REFERENCES

1. Bernard, L, et al, A prospective comparison of octyl cyanoacrylate tissue adhesive and suture for the closure of excisional wounds in children and adolescents Arch Dermatol. 2001. 137 (9): s. 1177-80.
2. Penoff, J, Skin closures using cyanoacrylate tissue adhesives Plastic Surgery Educational Foundation DATA Committee. Device och Technique Assessment, Plast Reconstr Surg. 1999. 103(2): s. 730-1.
3. Singer, A.J. och H.C. Thode, Jr, A review of the literature on octylcyanoacrylate adhesives. Am J Surg. 2004. 187(2): s. 238-48.
4. Narang, U, et al, In-vitro analysis for microbial barrier properties of 2-octyl cyanoacrylate-derived wound treatment films J Cutan Med Surg. 2003. 7 (1): s. 13-9.

SurgiSeal Stylus®

TOPICAL SKIN ADHESIVE

2-Octyl Cyanoacrylate

EN English

DESCRIPTION

SURGISEAL Stylus® Topical Skin Adhesive is a sterile, professional liquid topical skin adhesive containing a monomeric (2-octyl cyanoacrylate) formulation and the colorant D & C Violet #2. The applicator is comprised of a plastic button contained within a plastic vial with an attached applicator tip. This Stylus applicator is contained in an outer Tyvek pouch. When SURGISEAL is applied to the skin, it polymerizes in minutes. In vitro studies have shown that SURGISEAL acts as a physical barrier to microbial penetration as long as the adhesive film remains intact. Clinical studies were not conducted to demonstrate microbial barrier properties and a correlation between microbial barrier properties and a reduction in infection has not been established.

INDICATIONS

SURGISEAL is intended for topical applications only to hold closed easily approximated skin edges of wounds from surgical incisions, including punctures from minimally invasive surgery, simple, thoroughly cleansed, trauma induced lacerations. SURGISEAL may be used in conjunction with, but not in place of, deep dermal sutures.

CONTRAINDICATIONS

- DO NOT use on any wounds with evidence of microbial, bacterial or fungal infections or gangrene.
- DO NOT use on mucosal surfaces or across mucocutaneous junctions, or on skin which may be regularly exposed to body fluids or with dense natural hair.
- DO NOT use on patients that have a hypersensitivity to cyanoacrylates or formaldehyde.

WARNINGS

- SURGISEAL topical skin adhesive is a fast setting adhesive capable of adhering to most body tissue and many other materials, such as latex gloves and stainless steel. Inadvertent contact with any body tissue, and any surfaces or equipment that are not disposable or that cannot be readily cleaned with a solvent such as acetone should be avoided.
- Polymerization of SURGISEAL topical skin adhesive may be accelerated by water or fluids containing alcohol: SURGISEAL topical skin adhesive should not be applied to wet wounds.
- SURGISEAL topical skin adhesive should not be applied to the eye. If contact with the eye occurs, flush the eye copiously with saline or water. If residual adhesive remains, apply topical ophthalmic ointment to help loosen the bond and contact an ophthalmologist.
- When closing facial wounds near the eye with a tissue adhesive for topical approximation of skin, position the patient so that any runoff of adhesive is away from the eye.
- The eye should be closed and protected with gauze. Prophylactic placement of petroleum jelly around the eye, to act as a mechanical barrier or dam, can be effective at preventing inadvertent flow of adhesive into the eye.
- SURGISEAL topical skin adhesive will not adhere to skin pre-coated with petroleum jelly. Therefore, avoid using petroleum jelly on any skin area where SURGISEAL adhesive is intended to adhere.
- SURGISEAL topical skin adhesive is not absorbable and therefore should not be used below the skin as it may cause a foreign body reaction.
- SURGISEAL topical skin adhesive should not be used in high skin tension areas or across areas of increased skin tension, such as knuckles, elbows, or knees, unless the joint will be immobilized during the skin healing period, or unless skin tension has been removed by application of another wound closure device (e.g., sutures or skin staples) prior to application of SURGISEAL topical skin adhesive.
- SURGISEAL topical skin adhesive treated wounds should be monitored for signs of infection. Wounds with signs of infection, such as erythema, edema, warmth, pain and pus, should be evaluated and treated according to standard practice for infection.
- SURGISEAL topical skin adhesive should not be used on wound sites that will be subjected to repeated or prolonged moisture or friction.
- SURGISEAL topical skin adhesive should only be used after wounds have been cleaned, debrided and are otherwise closed in accordance with standard surgical practice. Local anesthetic should be used when necessary to assure adequate cleansing and debridement.
- SURGISEAL should always be applied as a light coating bridging the wound and the aligned approximated wound edges. Avoid pressure on the applicator or wound edge separation, which could cause the topical adhesive to be interposed between wound edges. Topical adhesive between wound edges interfere with wound healing.
- SURGISEAL topical skin adhesive polymerizes through an exothermic reaction in which a small amount of heat is released. With the proper technique of applying SURGISEAL topical skin adhesive in one thick, continuous layer or two thin layers onto a dry wound and allowing time for polymerization between applications, heat is released slowly and the sensation of heat or pain experienced by the patient is minimized. However, if SURGISEAL topical skin adhesive is applied so that large droplets of liquid are allowed to remain unspread, the patient may experience a sensation of heat or discomfort.
- SURGISEAL topical skin adhesive is packaged for single patient use. Discard remaining opened material after each wound closure procedure.
- Do not resterilize SURGISEAL topical skin adhesive in a procedure pack/tray that is to be sterilized prior to use. Exposure of SURGISEAL topical skin adhesive, after its final manufacture, to excessive heat (as in autoclave or ethylene oxide sterilization) or radiation (such as gamma or electron beam), is known to increase its viscosity and may render the product unusable. Use of the tissue adhesive may result in localized sensitization or irritation reactions.
- SURGISEAL topical skin adhesive should not be applied to decubitus ulcers.
- SURGISEAL topical skin adhesive should be used only on wounds that have been thoroughly cleaned debrided and have easily apposed wound edges.
- Application and/or migration (leak) of either version of the product below the surface of the skin will impair the healing process by forming a barrier between tissue edges. Potential systemic toxicity of this product is unknown.
- If Chlorhexidine gluconate (CHG) is used preoperatively on the affected area, it must be completely dry before applying SURGISEAL adhesive. The adhesive may not cure properly and prematurely flake if the adhesive is applied before the Chlorhexidine gluconate is completely dry¹.

PRECAUTIONS

- Tissue adhesives for the topical approximation of skin should also not be used on wounds that are: wet, dirty, complex, not easily approximated, under dynamic stress (e.g. knuckles or elbows), non-acute, poorly perfused, located in areas where device run-off into unintended sites cannot be prevented.
- Tissue adhesives intended for the topical approximation of skin should not be used in the presence of infection, ongoing bleeding, incomplete debridement and on mucosal or hair covered surfaces.
- This product should not be ingested, applied internally, or injected intravascularly.
- DO NOT apply liquid or ointment medications or other substances to the wound after closure with SURGISEAL, as these substances weaken the polymerized film and allow for wound dehiscence.
- SURGISEAL topical skin adhesive permeability by topical medications has not been studied.
- If mistaken placement of SURGISEAL should occur then removal may be accomplished by using either acetone or petroleum jelly. Typical cleaners such as soap do not work well. However, petroleum jelly or acetone will immediately help the release of the adhesive from the skin.
- SURGISEAL topical skin adhesive as a liquid, is viscous. To prevent inadvertent flow of liquid SURGISEAL topical skin adhesive to unintended areas: (1) the wound should be held in a horizontal position, with SURGISEAL topical skin adhesive applied from above, and (2) SURGISEAL topical skin adhesive should be applied in one thick, continuous layer or two thin layers rather than in a few large droplets.
- SURGISEAL topical skin adhesive should be used immediately after breaking along the perforated opening as the liquid adhesive will not flow freely from the applicator sponge tip after a few minutes.
- If unintended bonding of intact skin occurs, peel, but do not pull the skin apart. Petroleum jelly or acetone may help loosen the bond. Other agents such as water, saline, Betadine® Antibiotics, Chlorhexidine gluconate (CHG), or soap, are not expected to immediately loosen the bond.
- Safety and effectiveness of SURGISEAL topical skin adhesive on the following wounds have not been studied: animal or human bites, puncture or stab wounds.
- Safety and effectiveness of SURGISEAL topical skin adhesive on wounds of patients with peripheral vascular disease, insulin dependent diabetes mellitus, blood clotting disorders, personal or family history of keloid formation or hypertrophy, or burst stellate lacerations, have not been studied.
- Safety and effectiveness on wounds that have been treated with SURGISEAL topical skin adhesive and then exposed for prolonged periods to direct sunlight or tanning lamps have not been studied.
- Vermillion surfaces have not been tested for effectiveness and safety.

ADVERSE REACTIONS

- Adverse reactions may occur if adhesive makes contact with the eye.
- Adverse reactions may occur to patients that have a hypersensitivity to cyanoacrylates or formaldehyde.
- SURGISEAL topical skin adhesive should always be applied in one thick, continuous layer or two thin layers so that large amounts of liquid are not allowed to collect, resulting in thermal discomfort for the patient.



Manufactured by:
Adhezion Biomedical, LLC
506 Pine Mountain Rd
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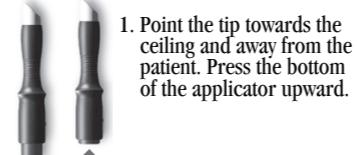
SSS-IFU02-15IR
(07-2015)



US Patent Nos. 6,667,031; 8,729,121;
8,550,737 and D641,469

SurgiSeal Stylus®

TOPICAL SKIN ADHESIVE
2-Octyl Cyanoacrylate

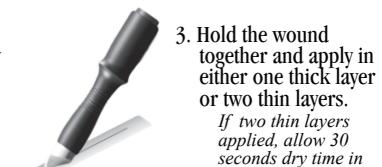


1. Point the tip towards the ceiling and away from the patient. Press the bottom of the applicator upward.



2. Invert the applicator and allow the adhesive to flow through the tip. No squeezing is necessary in normal application.

If you require extra flow,
you may squeeze the
ridged portion of the
applicator.



3. Hold the wound together and apply in either one thick layer or two thin layers.

If two thin layers
applied, allow 30
seconds dry time in
between layers.

DIRECTIONS FOR USE

1. Before the use of SURGISEAL the wound must be thoroughly cleaned.
2. Use normal surgical protocol for wound preparation before treatment of SURGISEAL topical skin adhesive and be certain to suture deep subcutaneous layers.
3. Dry the injured area with sterile gauze, removing all moisture for proper tissue bonding of SURGISEAL to the skin.
4. To prevent inadvertent flow of SURGISEAL topical skin adhesive to unintended areas of the body, the wound should be held in a horizontal position and the SURGISEAL topical skin adhesive should be applied from above the wound.
5. Remove the Stylus applicator from the blister pouch. Hold the applicator with the thumb and forefinger away from patient to prevent any unintentional placement of the liquid SURGISEAL topical skin adhesive into the wound or on the patient.
6. While holding the Stylus applicator towards the ceiling and away from the patient, press the bottom of the applicator upward.
7. Invert the applicator and allow the adhesive formula to flow through the tip. No squeezing is necessary in normal application. If greater flow is required, the ridged portion of the applicator may be very gently squeezed.
8. Approximate the wound edges together using either gloved fingers or sterile forceps.
9. Slowly apply the liquid SURGISEAL topical skin adhesive in one thick, continuous layer or two thin layers. If two thin layers are applied, allow 30 seconds dry time in between layers.
10. Maintain manual approximation of the opposed wound edges together for approximately 60 seconds once the final coat of SURGISEAL is applied.

NOTE: Excessive pressure of the applicator tip against the wound edges or surrounding skin can result in forcing the wound edges apart and allowing SURGISEAL topical skin adhesive into the wound. SURGISEAL topical skin adhesive within the wound could delay wound healing and/or result in adverse cosmetic outcome.

NOTE: Full apposition strength is expected to be achieved about 1.0 minute after the final layer is applied. Full polymerization is expected when the top SURGISEAL topical skin adhesive layer is no longer tacky.

11. Protective dry dressings, such as gauze, may be applied only after SURGISEAL topical skin adhesive film is completely solid/polymerized and not tacky to the touch (approximately five minutes after application). Allow the top layer to fully polymerize before applying a bandage. If a dressing, bandage, adhesive backing or tape is applied before complete polymerization, the dressing can adhere to the film. The film can be disrupted from the skin when the dressing is removed, and wound dehiscence can occur.
12. Patients should be instructed to not pick at the polymerized film of SURGISEAL topical skin adhesive. Picking at the film can disrupt its adhesion to the skin and cause dehiscence of the wound. Picking at the film can be discouraged by an overlying dressing.
13. Apply a dry protective dressing for children or other patients who may not be able to follow instructions for proper wound care.
14. Patients should be instructed that until the polymerized film of SURGISEAL topical skin adhesive has sloughed naturally (usually in 5-10 days), there should be only transient wetting of the treatment site. Patients may shower and bathe the site gently. The site should not be scrubbed, soaked, or exposed to prolonged wetness until after the film has sloughed naturally and the wound has healed closed. Patients should be instructed not to go swimming during this period.
15. If removal of SURGISEAL topical skin adhesive is necessary for any reason, carefully apply petroleum jelly or acetone to the SURGISEAL topical skin adhesive film to help loosen the bond. Peel off the film, do not pull the skin apart.
16. Once the surface is tack-free, full polymerization has generally occurred.

HOW SUPPLIED

SURGISEAL is a sterile, easy to use, single-dose Stylus applicator, packaged in a thermal formed blister pouch. The applicators are packaged in a box that fits precisely on the skin shelf. The Stylus applicator has a button on the top that is depressed for ease of application. The applicator contains a topical skin adhesive.

Supplied: 1 box of 12 applicators/0.50ml adhesive.

STORAGE

Recommended storage conditions are at or below 30°C, 86 °F, away from moisture, direct heat and direct light.
DO NOT use after expiration date.

STERILITY

SURGISEAL topical skin adhesive is terminally sterilized by ethylene oxide. SURGISEAL Stylus filled ampoule component is terminally sterilized by irradiation.
STERILE SINGLE USE ONLY

CAUTIONS

Federal (USA) law restricts this device to sale by or on the order of a physician.

¹ Adhezion Biomedical, LLC Data on File.

REFERENCES

1. Bernard, L., et al. A prospective comparison of octyl cyanoacrylate tissue adhesive and suture for the closure of excisional wounds in children and adolescents Arch Dermatol. 2001; 137 (9): s. 1177-80.
2. Penoff, J., Skin closures using cyanoacrylate tissue adhesives Plastic Surgery Educational Foundation DATA Committee. Device och Technique Assessment, Plast Reconstr Surg. 1999; 103(2): s. 730-1.
3. Singer, A.J. och H.C. Thode, Jr. A review of the literature on octylcyanoacrylate adhesives. Am J Surg. 2004; 187(2): s. 238-48.
4. Narang, U., et al., In-vitro analysis for microbial barrier properties of 2-octyl cyanoacrylate-derived wound treatment films J Cutan Med Surg. 2003; 7 (1): s. 13-9.

