

# SURGICEL® Powder Absorbable Hemostat

## Managing continuous oozing bleeding in liver resection

Maintaining hemostasis in liver resection is the single most important factor in ensuring a favorable outcome,<sup>1</sup> but dissection of liver parenchyma often leads to continuous oozing over broad areas. This bleeding challenge can prolong the surgery, and it may not stop with compression and simple packing.

### SURGICEL Powder is designed to address continuous oozing of this type:

- Efficient control of continuous oozing bleeding on broad surfaces, in minimally invasive and open procedures<sup>2</sup>
- Due to its structure and penetrating ability, SURGICEL Powder may not require manual compression, which may be optimal for minimally invasive procedures or open procedures where manual compression is difficult to achieve<sup>3,4</sup>
- Has been demonstrated to **sustain hemostasis** even when it is irrigated<sup>5\*</sup>

### SURGICEL™ Endoscopic Applicator

#### Flexible Tip:

Flexible tip on both the open and endoscopic applicators allows for delivery in any direction or orientation in open and minimally invasive procedures (MIPs).

#### Rigid Tip:

The rigid component of the endoscopic applicator is designed for one-handed application and enables easy access in MIPs.

#### Efficient Delivery:

Efficient aspirator keeps powder securely in place until surgeon is ready to deploy, and modulates the amount of powder per pump for consistent expression regardless of device orientation.<sup>6</sup>



\*Based on preclinical testing in a swine acute liver biopsy model

# ADDRESSING SURGICAL BLEEDING IN LIVER RESECTION/HEPATOBIILIARY PANCREATIC (HPB) SURGERY

Will primary methods of hemostasis be effective or practical?

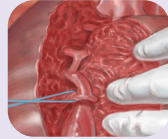
**YES** ▶

Primary methods of hemostasis

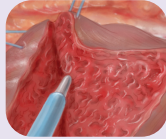
**NO** ▶

Bleeding challenges requiring an adjunctive hemostat

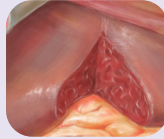
## Potential bleeding sites



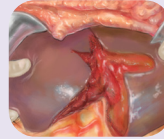
**Hepatectomy**



**Subsegmental Resection**

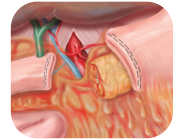


**Wedge Resection**



**Liver Trauma**

Advanced Energy, Suture, and Clips



**Pancreaticoduodenectomy (Soft Tissue)**

Compression/packaging

Can you see the source of the bleeding and apply an adjunctive hemostat?

**YES**



**Continuous oozing**

**Will not stop with compression/simple packing.** The solution for this bleeding is more time consuming than it is difficult.<sup>7</sup>



### SURGICEL Powder

- Continuous oozing bleeding is frustrating during liver resections, and it can lead to unnecessary delays
- SURGICEL Powder provides efficient control of continuous oozing bleeding on broad surfaces<sup>2</sup>

**YES**



**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.<sup>7</sup>



### EVARREST® Fibrin Sealant Patch

Is there intraoperative bleeding with a concern of postoperative rebleeding?

**YES**



**Potential re-bleeding risk**

Bleeding may be addressed intraoperatively, but could later **develop into more serious complications**, especially in high-risk patients.<sup>7</sup>



### EVICEL® Fibrin Sealant (Human)

**NO**



**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.<sup>7</sup>



### SURGIFLO® Hemostatic Matrix

Closing SURGICEL® Absorbable Hemostat in a contaminated wound without drainage may lead to complications and should be avoided.

Although packing or wadding sometimes is medically necessary, SURGICEL® Absorbable Hemostat (oxidized regenerated cellulose) should not be used in this manner unless it is to be removed after hemostasis is achieved.

**Important Risk Information:** Adjunctive hemostats (shown above) are not intended for sequential use, use on nonbleeding tissue, or for prophylactic use. Excess SURGICEL® Absorbable Hemostats and SURGIFLO® Hemostatic Matrix should be removed once hemostasis is achieved. SURGICEL® Absorbable Hemostats should not be used for implantation in bone defects since there is a possibility of interference with callus formation. Do not inject EVICEL® Fibrin Sealant (Human) into the circulatory system. Do not apply EVARREST® Fibrin Sealant Patch intravascularly. This can result in life threatening thromboembolic events. Do not use EVARREST to treat bleeding from large defects in arteries or veins. Please see package inserts for Full Prescribing Information.

# SURGICEL® Powder Absorbable Hemostat penetrates through the blood to stop bleeding at the source, for efficient control of continuous oozing during liver resections<sup>2,4</sup>

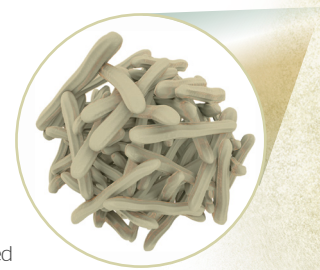
- SURGICEL Powder provides efficient control of continuous oozing bleeding on broad surfaces, such as liver parenchyma<sup>2</sup>
- Advanced applicator delivers consistent expression of powder for about 15 pumps, regardless of device orientation<sup>6</sup>
- Has been demonstrated to **sustain hemostasis** even when it is irrigated<sup>5\*</sup>

## The next generation of SURGICEL® Absorbable Hemostat...

with everything you've come to expect from the world's #1 trusted brand of adjunctive hemostats with over 50 years of proven safety and efficacy<sup>8-10</sup>

- Can be stored at room temperature and is ready to use out of the package with no preparation required<sup>3</sup>
- Proven bactericidal in vitro against a broad range of gram-positive and gram-negative organisms, including various antibiotic-resistant bacteria (MRSA, VRE, PRSP and MRSE)<sup>3</sup>
- Fully absorbable within 7 to 14 days<sup>3</sup>
- ORC technology helps control capillary, venous, and small arterial hemorrhage<sup>3</sup>

\*Based on preclinical testing in a swine acute liver biopsy model



**SURGICEL Powder**  
is an aggregate of small oxidized regenerated cellulose (ORC) fiber fragments

## **SURGICEL® Powder Absorbable Hemostat**

### **Essential Product Information**

#### **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. SURGICEL® Powder can also be applied in laparoscopic or other endoscopic procedures when used with the SURGICEL™ Endoscopic Applicator.

The SURGICEL™ Endoscopic Applicator is intended for use in delivering SURGICEL® Powder absorbable hemostat to bleeding surgical sites through a 5 mm or larger trocar.

#### **CONTRAINDICATIONS**

- Do not inject or place SURGICEL® Powder into an open blood vessel. Do not use to treat bleeding from large defects in arteries or veins.
- SURGICEL® Powder should not be used to control hemorrhage from large arteries or veins.
- The SURGICEL® Powder and the SURGICEL™ Endoscopic Applicator devices were not designed for intraluminal procedures.
- 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**

- SURGICEL® Powder is not intended for use on dry (non-bleeding) surfaces or for prevention of bleeding.
- 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. In preclinical in vivo animal studies it was demonstrated that SURGICEL® Powder does not increase the incidence of remote adhesions in laparoscopic procedures.
- 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.
- To prevent clogging with the SURGICEL™ Endoscopic Applicator Tip, do not touch the tip to wet surface. Be careful to avoid damaging tissue with the rigid tip.
- Do not attempt to trim the applicator tip. Replace the tip if it becomes clogged.

#### **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.
- Use minimal amount of SURGICEL® Powder required to achieve hemostasis, and remove excess powder in the area of drains to prevent clogging. 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.
- 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 (cont'd)**

- 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).
- The applicator tip provided on the SURGICEL® Powder device is not intended for laparoscopic or other endoscopic use. If laparoscopic or other endoscopic use is desired, remove the existing applicator tip from the SURGICEL® Powder device, and replace with the SURGICEL™ Endoscopic Applicator tip (supplied separately). In laparoscopic or other endoscopic procedures, SURGICEL® Powder should only be applied using the SURGICEL™ Endoscopic Applicator. Consult the SURGICEL™ Endoscopic Applicator Instructions for Use (IFU) for proper assembly and directions for use with the SURGICEL® Powder device.
- The SURGICEL Endoscopic Applicator is supplied with a flexible inner tip inside a rigid cannula. The rigid cannula cannot be used independently.
- The SURGICEL Endoscopic Applicator should only be used by persons having adequate training and familiarity with endoscopic techniques. Consult medical literature relative to techniques, complications, and hazards prior to performance of any endoscopic procedure.
- To prevent inadvertent device spillage, or unintended contact with tissue, organs, or blood, maintain visualization of the SURGICEL™ Endoscopic Applicator tip at all times.
- Do not compress or excessively bend the flexible inner tip of the SURGICEL Endoscopic Applicator which could obstruct the application of the powder. It is possible that the powder accumulated in the applicator could disperse beyond the target bleeding site upon compression of the bellows, which may require additional irrigation and aspiration.

**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. For complete information including indications, contraindications, warnings, precautions, adverse reactions, and directions for use, consult the product package insert.

## **SURGICEL® Essential Product Information**

### **• 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™, SURGICEL® NU-KNIT®, and SURGICEL® SNoW™ Absorbable 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 section of the complete product package insert).

### **• 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. For complete product information including indications, contraindications, warnings, precautions, and adverse reactions, please reference the individual product package inserts.

## **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](http://www.fda.gov/medwatch).

## **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.

## **SURGIFLO® Hemostatic Matrix Kit**

### Essential Product Information (Made from Absorbable Gelatin Sponge, USP) with Thrombin

#### **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.

## 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.

## 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 CO<sub>2</sub> 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 CO<sub>2</sub> 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, eg, 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.

#### Situation

### Continuous Oozing

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



#### Solution

### SURGICEL®

Part of the **Hemostasis Optimization Program** portfolio of adjunctive hemostats

**References:** **1.** Poon RT. Current techniques of liver transection. *HPB*. 2007;9:166-73. **2.** MacDonald M. SURGICEL® Powder versus Competitive Powdered Hemostats. Final Report, PSE Accession No. 16-0006, Project No. 16438. March 8, 2016. Ethicon, Inc. **3.** SURGICEL® Powder Absorbable Hemostat, Instructions for Use. Ethicon, Inc. **4.** Wang A. Surface energy/tension analysis among ORC Aggregate, ORC Fine Fiber, and Arista - Project PIXIE. Ethicon, Inc. **5.** MacDonald M. SURGICEL® Powder versus ARISTA™ AH. Final Report, PSE Accession No. 15-0120, Project No. 16438. September 2, 2015. Ethicon, Inc. **6.** SURGICEL Powder vs. Arista AH Expression Testing. ADAPTIV document 100293850-1. Ethicon, Inc. **7.** S-Factors Faculty Training, May 2015. Ethicon, Inc. **8.** Hong YM, Loughlin KR. The use of hemostatic agents and sealants in urology. *J Urol*. 2006;176(6 Pt 1):2367-2374. **9.** SURGICEL® Absorbable Hemostat. Full Prescribing Information, Ethicon, Inc. **10.** Quarterly Report. Ethicon, Inc.