

Dermabond®

DERMABOND® PRINEO®

Skin Closure System

Protection • Strength • Patient Satisfaction

The Dermabond Prineo family continues to grow, offering a closure solution for more surgical wounds



Wound Burden

- Wound complications are common in hip and knee arthroplasty and can include dehiscence, infection, inflammation, necrosis, abscess, and blistering¹⁻³
- Meta-analyses have reported that the rate of wound dehiscence ranges from 1.3% to 4.8%^{1,2}
- Reported Surgical Site Infection (SSIs) Rates:^{4,5}

| Procedure | Mean Reported SSIs | Range of Reported SSIs |
|-----------|--------------------|------------------------|
| THA | 2.1% | 0.05% to 28% |
| TKA | 1.3% | 0.05% to 19% |
| Spine | Unknown | 0.7% to 16% |

- Infection at the wound site prolongs inflammation and immune response, potentially leading to the wound becoming chronic and non-healing^{6,7}
- Surgical site infections (SSIs) have been reported to be a key reason for readmissions in total hip arthroplasty (THA) and total knee arthroplasty (TKA)⁸

Unmet Need

- There are several types of wound dressings used in conjunction with wound closure methods such as staples or sutures. Application of a wound dressing is necessary for proper wound management.⁹ However, wound dressings are not intended for wound closure, and, do not have the strength necessary to close wounds
- Wound dressings are typically changed 3-5 times in hip and knee arthroplasty.^{3,10} Dressing changes are associated with:
 - Pain, time, and cost consumption^{9,11}
 - Potential risk for introducing pathogens into the wound^{9,11}
 - Patient dissatisfaction^{9,11}
 - With each dressing change, it takes 3-4 hours for cellular activity to resume⁹
- There is a need for an all-in-one wound closure treatment that provides the ideal healing environment and skin-holding strength¹²

Protection

How does Dermabond® Prineo® protect the wound?

- Provides a flexible microbial barrier with 99% protection in vitro against organisms commonly responsible for surgical site infection, including *S. aureus*, *P. aeruginosa*, *E. coli*, *E. faecium*, and *S. epidermidis*^{13,14}
- Demonstrates in vitro inhibition of bacteria (Methicillin-resistant *Staphylococcus aureus*, Methicillin-resistant *Staphylococcus epidermidis*, *Escherichia coli*)¹⁵
- In a retrospective study comparing Dermabond® Prineo® and skin staples in Total Knee Arthroplasty, Dermabond® Prineo® is associated with significantly reduced readmission rates within 30, 60, and 90 days¹⁶



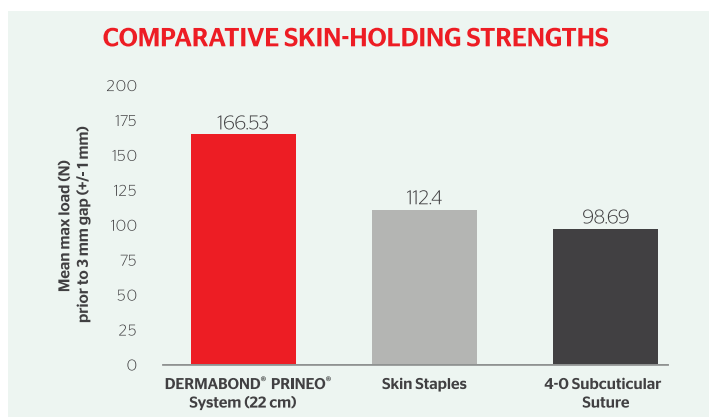
Strength

How does Dermabond® Prineo® add strength to the wound?

Technology that provides superior strength compared to skin staples or 4-0 suture^{17,18}

The average strength of Dermabond® Prineo® Skin Closure System (22 cm) was shown to be*:

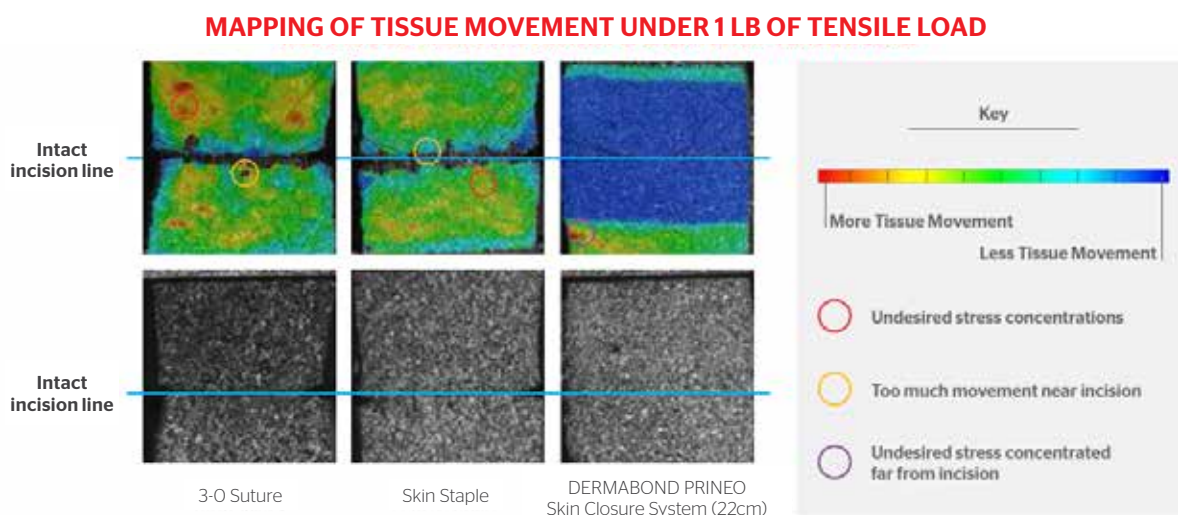
- -33% stronger when compared to the average strength of staples
- -40% stronger when compared to the average strength of 4-0 suture



*In an ex vivo study, more load in N was required to create a 3-mm gap between skin edges approximated with DERMABOND® PRINEO® System than with subcuticular 4-0 MONOCRYL™ (poliglecaprone 25) Suture or PROXIMATE® Ethicon Endo-Surgery skin staples (p<.001).

Superior distribution of tension versus staples or suture¹⁹

In a head-to-head study vs staples and subcuticular suture, incised tissue samples were approximated using 3-0 suture, skin staples, or Dermabond® Prineo® System (22 cm), respectively. Samples were then placed in a device and tensioned mechanically. Digital Image Correlation (DIC) technology was used to map strain (as revealed by tissue movement).



The mesh framework and adhesive of Dermabond® Prineo® System (22 cm) provides better distribution of tension than suture or staples¹⁹

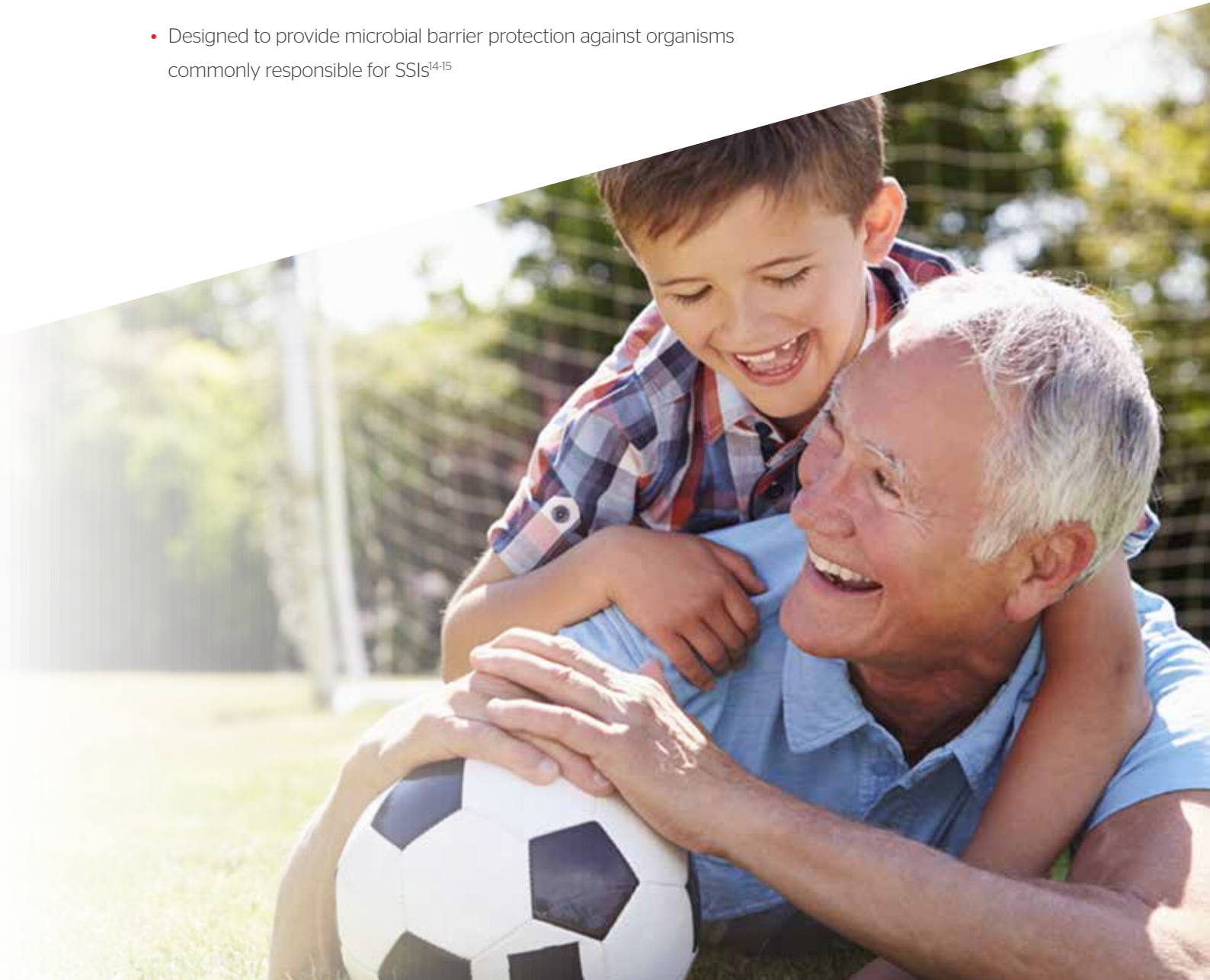
- Sutures and staples create individual points of tension or stress points along the incision
- Dermabond® Prineo® (22cm) has a more uniform distribution of tension

Patient Satisfaction

How does Dermabond® Prineo® benefit the patient?

Dermabond® Prineo® has numerous benefits that can help enhance patient satisfaction including:

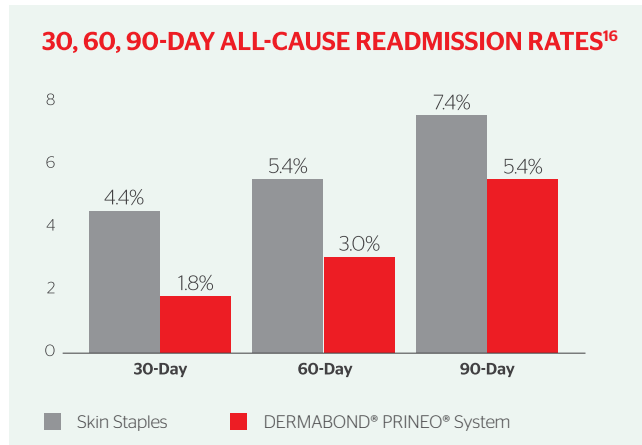
- The ability for patients to shower immediately after procedure, if directed by their healthcare practitioner²⁰
- Easy mesh tape removal when the wound is sufficiently healed²¹
- Good cosmetic results^{21,22}
- Less pain at removal vs. other wound closure methods^{21,23}
- Easier self-care as post-surgical dressings are not needed (i.e., no dressing changes required)^{24,25}
- Designed to provide microbial barrier protection against organisms commonly responsible for SSIs¹⁴⁻¹⁵



Economic value of the Dermabond® Prineo® Skin Closure System

Dermabond® Prineo® System may improve total knee arthroplasty (TKA) outcomes

Based on a retrospective analysis of 1,942 TKA procedures, Dermabond® Prineo® System was associated with statistically significant **reduced length of hospital stay, reduced probability of discharge to skilled nursing facility (SNF) or other non-home setting, and reduced readmission rates** when compared to skin staples¹⁶



12% reduction
in length of stay with
Dermabond® Prineo® System¹⁶



31% reduction
in discharge to non-home
setting with Dermabond®
Prineo® System¹⁶

Dermabond® Prineo® System may result in costs savings due to elimination of staple or suture removal and dressing changes

Wound dressings are typically changed 3 to 5 times in hip and knee arthroplasty

- Multiple dressing changes results in the additional burden of increased staff time, potential risk for introducing SSI-causing pathogens to the wound, and material costs^{3,9,10}
- Evidence demonstrates that in hip and knee arthroplasty, use of a wound dressing that lowers the frequency of dressing changes and wound complications may be cost effective despite additional upfront cost³

Results of an economic model showed that the Dermabond® Prineo® System may provide cost savings within hip and knee Arthroplasties

- The results showed Dermabond® Prineo® System could achieve cost savings of \$56.70 to \$79.62 per patient when standard or premium wound dressings are used²⁶
- Based on these results, it is anticipated that the Dermabond® Prineo® System may provide cost savings due to decreases in resource utilisation in the post-acute care setting.

[^] dollar amounts in USD

A family of products to address your wound closure needs

Dermabond® Prineo® is a specifically formulated 2 component skin closure device containing:

- A proprietary 2-octyl cyanoacrylate topical skin adhesive
- A flexible, self-adhesive polyester mesh that conforms to the contours of the body¹³

| Product Code | Description | Length of wound covered | Prostheses List Billing Code* |
|---------------|--|--------------------------|-------------------------------|
| CLR222 | 4cm x 22cm mesh patch & 3.8ml topical skin adhesive | up to 20cm ²⁰ | MN230 |
| CLR422 | x2 4cm x 22cm mesh patches & 3.8ml topical skin adhesive | up to 41cm ²⁸ | MN230 |
| CLR602 | 2cm x 60cm mesh strip & 3.8ml topical skin adhesive | up to 58cm ²⁷ | MN230 |



*for applicable procedures only

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

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28. Ethicon Inc. Dermabond PRINEO Skin Closure System 42cm IFU –Instructions For Use

For further information please contact your local Ethicon representative, or call customer service in Australia on 1800 252 194 or New Zealand on 0800 803 988.