

DERMABOND® PRINEO® Skin Closure System

DERMABOND PRINEO System complies with new international ICM protocols for resuming elective orthopedic surgeries during the COVID-19 pandemic

As more orthopedic practices are resuming elective surgeries, the International Consensus Group (ICM) has released a **new set of protocols** aimed at reducing pathogen transfer, specifically SARS-CoV-2, during elective orthopedic surgeries.¹



Response/Recommendation: The use of suture material (such as staples and nonabsorbable sutures) that requires the patient to return to the office, or a visit by a nurse, for suture removal should be minimized. The wound should also be covered in an occlusive dressing.



Grade of recommendation: Strong



Delegate vote: Agree (96.25%)

Reduce office visits and readmission rates with DERMABOND PRINEO System

DERMABOND PRINEO System is a skin closure alternative to skin staples and sutures—consisting of a lightweight mesh and liquid skin adhesive that form a strong, flexible, watertight seal.

The system sloughs off naturally in 7-14 days, so **patients do not have to return to the HCP** for removal.²

DERMABOND PRINEO System was associated with **significantly reduced readmission rates** within 30, 60, and 90 days.^{3*}



Transparent, watertight barrier for easy post-op care via telemedicine



DERMABOND PRINEO System may allow for **easy remote observation of the incision** due to its transparent barrier.²

With no dressings to change, DERMABOND PRINEO System **simplifies at-home care**.⁴

DERMABOND PRINEO System creates a watertight seal, providing a **barrier to water and bacteria** entering the wound.^{2,5}

DERMABOND PRINEO System is demonstrated in vitro to **kill 99.9% of bacteria (MRSA, MRSE, and E coli)** on direct contact.^{6†}

For more information, click the thumbnail to download the [COVID-19 Pandemic: Protocols for Resuming Elective Orthopedic Surgery](#) or [visit the DERMABOND PRINEO System webpage](#).



*Retrospective study comparing DERMABOND PRINEO Skin Closure System vs skin staples using the Premier Inpatient Database, in total knee arthroplasty procedures ($P < 0.05$, $N = 1942$).
†Clinical significance unknown.

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

References: **1.** Parvizi J, Gehrke T, Krueger CA, et al. Resuming elective orthopaedic surgery during the COVID-19 pandemic. Guidelines developed by the International Consensus Group (ICM). *J Bone Joint Surg*. May 2020. **2.** DERMABOND PRINEO System Instructions for Use. Ethicon, Inc. **3.** Sutton N, Schmitz ND, Johnston S. Economic and clinical comparison of 2-octyl cyanoacrylate/polymer mesh tape with skin staples in total knee replacement. *J Wound Care*. 2018;27:12-22. **4.** De Cock E, van Nooten F, Mueller K, et al. Changing the surgical wound closure management pathway: time and supplies with PRINEO* vs. standard of care for abdominoplasty surgery in Germany. Poster. Presented at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 11th Annual European Congress, November 8-11, 2008; Athens, Greece. **5.** Kumar A. Completion report for design verification testing for DERMABOND™ PRINEO™ 22 cm skin closure system (DP22) AST-2014-0060, Version 2. Ethicon, Inc. **6.** Bhende S. In-vitro study to evaluate the ability of DERMABOND™ PRINEO™ Skin Closure System to kill bacteria on contact. June 22, 2012. Ethicon, Inc.