

# Join the conversation: Personalized roundtable discussions with a leading Hepatopancreatobiliary surgeon



**ETHICON  
EXPERT  
EXCHANGE**

*In HPB Surgery*

**Do you have questions about ETHICON products?**

**The experts are here for you!**

Ethicon is pleased to offer you a new professional education opportunity. The **Ethicon Expert Exchange in HPB Surgery** provides surgeons and their teams the ability to connect with a leading Hepatopancreatobiliary surgeon for an intimate, customized conversation on the safe and effective use of Ethicon products. You may choose to connect one-on-one or in small groups (up to 3 healthcare providers).

**The following surgeons are available to address your unique questions and needs, focusing on the safe and effective use of ETHICON products**



## **Dr. Horacio Asbun**

**President, Society of American Gastrointestinal and Endoscopic Surgeons  
Chief, Hepatobiliary and Pancreatic Surgery  
Miami Cancer Institute | Miami, FL, USA**

Dr. Asbun specializes in the treatment of cancers and diseases of the liver, gallbladder, biliary system and pancreas. He is actively involved in clinical research to improve treatment efficacy and patient outcomes, publishing over 100 scientific articles and 30 book chapters. He serves as editor-in-chief of the American College of Surgeons Multimedia Atlas, is a reviewer for numerous scientific journals, directs and teaches national courses on surgery, and speaks at scientific conferences worldwide.

### **ETHICON Product Expertise:**

- **Adjunctive Hemostats:** SURGICEL® Original Absorbable Hemostat, SURGICEL® Powder Absorbable Hemostat
- **Advanced Energy:** HARMONIC ACE®+7 Shears with Advanced Hemostasis
- **Microwave Ablation:** NEUWAVE™ Microwave Ablation System
- **Surgical Stapling:** ECHELON FLEX™ GST System, ECHELON FLEX™ Powered Vascular Stapler
- **Wound Closure:** STRATAFIX™ Knotless Tissue Control Devices



## Dr. Adnan Alseidi

**Professor of Clinical Surgery**

**Vice Chair for Education**

**University of California San Francisco | San Francisco, CA, USA**

Dr. Alseidi has extensive experience with minimally invasive and open hepatobiliary, pancreatic and endocrine surgeries. Additionally, he is interested in expanding surgical therapies for patients with locally advanced pancreas cancer, splenic preservation techniques, and immunology studies. Dr. Alseidi's research interests include global assessment of psychomotor skills, linkages between surgical education and patient outcomes, complex minimally invasive surgery training, and surgical performance improvement.

### **ETHICON Product Expertise:**

- **Adjunctive Hemostats:** SURGICEL SNoW™ Absorbable Hemostat, VISTASEAL™ Fibrin Sealant (Human)
- **Advanced Energy:** ENSEAL® Round Tip Tissue Sealer, HARMONIC ACE®+7 Shears with Advanced Hemostasis, MEGADYNE™ Core Energy Products
- **Microwave Ablation:** NEUWAVE™ Microwave Ablation System
- **Surgical Stapling:** ECHELON FLEX™ GST System
- **Wound Closure:** STRATAFIX™ Knotless Tissue Control Devices



## Dr. Joseph Buell

**Chief of Surgery**

**Mission Health, HCA North Carolina Division**

**Sarah Cannon Cancer Center | Asheville, NC, USA**

Dr. Buell specializes in the care of complex general surgery patients performing robotic and open abdominal wall reconstruction as well as the surgical management of benign and malignant diseases of the liver, pancreas and bile ducts. His surgical interests include minimally invasive and robotic liver and pancreas surgery, vascular resections for advanced liver cancer, vena cava tumor removal, and microwave ablation of liver tumors.

### **ETHICON Product Expertise:**

- **Adjunctive Hemostats:** SURGICEL® Family of Absorbable Hemostats, SURGIFLO® Hemostatic Matrix, VISTASEAL™ Fibrin Sealant (Human), EVARREST® Fibrin Patch
- **Advanced Energy:** ENSEAL® Product Family, HARMONIC® Product Family
- **Microwave Ablation:** NEUWAVE™ Microwave Ablation System
- **Surgical Stapling:** ECHELON FLEX™ GST System, ECHELON FLEX™ Powered Vascular Stapler
- **Wound Closure:** STRATAFIX™ Knotless Tissue Control Devices



## Dr. Steven Curley

Chief of Surgical Oncology, Oncology Institute Director

Christus Trinity Mother Frances Hospital | Tyler, TX, USA

Adjunct Professor of Surgery, Baylor College of Medicine | Houston, TX, USA

Dr. Curley specializes in providing care for patients with hepatobiliary, pancreatic, and gastrointestinal malignancies. His clinical interests include liver, bile duct, gallbladder, and colorectal cancer surgery, and neuroendocrine tumor surgery. His research centers on the design, bench testing, and clinical study of novel noninvasive radiofrequency (RF) field devices to treat unresectable liver cancers.

### ETHICON Product Expertise:

- **Adjunctive Hemostats:** SURGICEL® Powder Absorbable Hemostat, VISTASEAL™ Fibrin Sealant (Human)
- **Advanced Energy:** ENSEAL® X1 Large Jaw Tissue Sealer, HARMONIC ACE®+7 Shears with Advanced Hemostasis, MEGADYNE™ Core Energy Products
- **Microwave Ablation:** NEUWAVE™ Microwave Ablation System
- **Surgical Stapling:** ECHELON CIRCULAR™ Powered Stapler, ECHELON FLEX™ GST System, ECHELON FLEX™ Powered Vascular Stapler
- **Wound Closure:** N/A



## Dr. David Iannitti

Professor and Chief, Division of Hepatobiliary Surgery

Program Director, Hepatobiliary Surgery Fellowship

Carolinas Medical Center Atrium Health Care System | Charlotte, NC, USA

Dr. Iannitti specializes in the care of patients with diseases of the liver, pancreas and bile ducts. His surgical interests include minimally invasive liver and pancreas surgery, vascular resections and irreversible electroporation (IRE) for advanced pancreas cancer, vena cava tumor removal, and microwave and IRE for liver tumors.

### ETHICON Product Expertise:

- **Adjunctive Hemostats:** SURGICEL® Family of Absorbable Hemostats, SURGIFLO® Hemostatic Matrix, VISTASEAL™ Fibrin Sealant (Human), EVARREST® Fibrin Patch
- **Advanced Energy:** ENSEAL® Product Family, HARMONIC® Product Family
- **Microwave Ablation:** NEUWAVE™ Microwave Ablation System
- **Surgical Stapling:** ECHELON FLEX™ GST System, ECHELON FLEX™ Powered Vascular Stapler
- **Wound Closure:** STRATAFIX™ Knotless Tissue Control Devices



## Dr. Eric Jensen

**Professor and Chief of Surgical Oncology**  
**John P. Delaney Chair, Clinical Surgical Oncology**  
**University of Minnesota | Minneapolis, MN, USA**

Dr. Jensen specializes in the care of patients with benign and malignant diseases of the liver, bile ducts, pancreas, stomach and small intestines - including primary and metastatic diseases, metastatic colon and rectal cancer, neuroendocrine tumors, gastrointestinal stromal tumors (GIST), gallstones and other diseases of the gallbladder.

### **ETHICON Product Expertise:**

- **Adjunctive Hemostats:** SURGICEL SNoW™ Absorbable Hemostat, SURGIFLO® Hemostatic Matrix, VISTASEAL™ Fibrin Sealant (Human)
- **Advanced Energy:** HARMONIC ACE®+7 Shears with Advanced Hemostasis
- **Microwave Ablation:** NEUWAVE™ Microwave Ablation System
- **Surgical Stapling:** ECHELON FLEX™ GST System, ECHELON FLEX™ Powered Vascular Stapler
- **Wound Closure:** N/A



## Dr. Robert Martin, II

**Director, Division of Surgical Oncology**  
**Director, Upper Gastrointestinal and Hepatobiliary Multi-Disciplinary Clinic**  
**University of Louisville | Louisville, KY, USA**

Dr. Martin specializes in providing surgical care for patients with hepatobiliary, pancreatic, gastric, esophageal, and peritoneal surface cancers. He has extensive experience with irreversible electroporation (IRE), liver tumors (ablation, laparoscopic, open resections), pancreatic, gastric and colon cancers (laparoscopic, open), esophageal cancer (laparoscopic, open, endoscopic stenting, ablation), bile duct tumors, sarcoma and melanoma, and hyperthermic intraperitoneal chemotherapy (HIPEC).

### **ETHICON Product Expertise:**

- **Adjunctive Hemostats:** SURGICEL® Powder Absorbable Hemostat, VISTASEAL™ Fibrin Sealant (Human)
- **Advanced Energy:** ENSEAL® Product Family
- **Surgical Stapling:** ECHELON FLEX™ GST System, ECHELON FLEX™ Powered Vascular Stapler
- **Wound Closure:** STRATAFIX™ Knotless Tissue Control Devices



## Dr. George Younan

**Medical Director, Hepatobiliary and Pancreatic Surgery**  
**Hospital Corporation of America | Reston, VA, USA**

Dr. Younan specializes in benign and malignant surgeries of the liver, pancreas, bile ducts, stomach, intestines and abdominal tumors. His expertise includes open, minimally invasive surgery and new technologies for tumor ablation. He has written several articles and book chapters for medical publications, as well as presenting his research at medical symposiums across the country.

### **ETHICON Product Expertise:**

- **Adjunctive Hemostats:** SURGICEL® Family OF Absorbable Hemostats, VISTASEAL™ Fibrin Sealant (Human)
- **Advanced Energy:** HARMONIC® 1100 Shears
- **Microwave Ablation:** NEUWAVE™ Microwave Ablation System
- **Surgical Stapling:** ECHELON FLEX™ GST System, ECHELON FLEX™ Powered Vascular Stapler
- **Wound Closure:** N/A

**Talk to your Ethicon sales representative today** about this unique opportunity to access world-class faculty regarding the safe and effective use of Ethicon products in **HPB Surgery**.

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

Important Safety Information will be discussed as it relates to specific products and devices listed during this training activity.



**ETHICON**

# **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.

## **DOSAGE AND ADMINISTRATION**

- For topical use only.
- Determine the number of patches to be applied based upon the surface area and anatomic location of the bleeding tissue to be treated.
- Keep the patch dry until use.
- Place the powdery (active) side of the patch on the surface of tissue.
- Apply immediate manual compression over the entire surface of the patch and maintain contact pressure for 3 minutes to control the bleeding.

## **DOSAGE FORMS AND STRENGTHS**

- EVARREST® Fibrin Sealant Patch consists of human fibrinogen and human thrombin embedded in a flexible composite patch component. The active side is powdery, and the non-active side has an embossed wave pattern.
- Each 2 x 4 inch (5.1 x 10.2 cm) absorbable patch contains:
  - 55.5 mg per square inch (8.6 mg per square cm) human fibrinogen
  - 241.9 units per square inch (37.5 Units per square cm) human thrombin

## **CONTRAINDICATIONS**

- Do not use to treat bleeding from large defects in arteries or veins.
- Do not apply intravascularly.
- Do not use in individuals known to have anaphylactic or severe systemic reaction to human blood products.

## **WARNINGS AND PRECAUTIONS**

- Thrombosis can occur if absorbed systemically. Apply topically to the bleeding site only.
- 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 confine where swelling may cause compression.
- Use the least number of patches required to cover the entire bleeding area.
- 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.

## **ADVERSE REACTIONS**

- 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.

**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).**

## **USE IN SPECIFIC POPULATIONS**

- Pediatric: 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.

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

030813-210317



## **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, such as encapsulation of the product, which may mimic artifacts on radiographic images, resulting in diagnostic errors and possible reoperation.
- 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.

063768-200213

## **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 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.

071582-190227

## **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 ligation 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.
  - anoplasty.

## 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.

150669-200820

# VISTASEAL™ Fibrin Sealant (Human) IMPORTANT SAFETY INFORMATION

## INDICATION

- VISTASEAL™ is indicated as an adjunct to hemostasis for mild to moderate bleeding in adults undergoing surgery when control of bleeding by standard surgical techniques (such as suture, ligature, and cautery) is ineffective or impractical. VISTASEAL is effective in heparinized patients.

## DOSAGE AND ADMINISTRATION

- **For Topical Use Only.**
- After thawing, use VISTASEAL within 48 hours if stored at 2°C - 8°C [36°F - 46°F], or within 24 hours if stored at room temperature (20°C - 25°C [68°F - 77°F]), if it remains sealed in the original packaging.
- Prior to applying VISTASEAL, use standard techniques (e.g., intermittent application of compresses, swabs, use of suction devices) to dry the surface area of the target bleeding site.
- Apply VISTASEAL by dripping or spraying. When applying VISTASEAL using a spray device, ensure that the distance from the tissue is within the recommended ranges for the applicator tip used.
- Apply a sufficient volume of VISTASEAL to entirely cover the intended application area with a thin layer.

## CONTRAINDICATIONS

- Do not inject directly into the circulatory system.
- Do not use for the treatment of severe or brisk arterial bleeding.
- Do not use in patients with history of anaphylaxis or severe systemic reactions to human blood products.
- Do not use VISTASEAL for spraying unless the minimum recommended distance from the applicator tip to the bleeding site can be achieved.

## WARNINGS AND PRECAUTIONS

- Thromboembolic events may occur if VISTASEAL is administered intravascularly.
- Only spray VISTASEAL if it is possible to accurately judge the distance from the spray tip to the tissue surface.
- Hypersensitivity reactions can occur.
- 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.

## ADVERSE REACTIONS

- The most common adverse reactions (reported in >1% of clinical trial subjects) were nausea and procedural pain.

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

115517-210505