Dermabond

Perception vs
Proof

ETHICON
PART OF THE Johnson & Johnson FAMILY OF COMPANIES
Shaping the future of surgery
Perception:
“I don’t think a TSA would increase the success of my wound closure.”
Proof:
In your current practice you may be sufficiently closing wounds with sutures or staples, but you may not realize the additional wound closure benefits TSAs can provide. TSAs offer a noninvasive alternative to sutures or staples by providing a strong, but flexible, water-resistant protective coating.

DERMABOND ADVANCED® Topical Skin Adhesive has a unique formulation to help support successful wound closure outcomes

With a patented, thicker formula, DERMABOND ADVANCED Adhesive offers:

- A highly purified 2-octyl cyanoacrylate monomer, which after polymerization is stronger, more flexible, and less brittle¹
- A chemical initiator in the applicator tip to support consistent, reliable polymerization times²
- Formulation additives to enhance strength, flexibility, and adherence to the skin²

Unique Formulation

- Monomer
- Initiator
- Additives

Strength*

Microbial Barrier for Protection**

*Equivalent to 4-0 suture.
**Provides 99% protection in vitro for 72 hours against organisms commonly responsible for surgical-site infections.
Perception:
“All TSAs perform the same.”
Proof:
Not all TSAs can optimize performance. The ability of an adhesive to provide security in wound closure and a microbial barrier is largely dependent on its inherent strength, flexibility, and durability.³

<table>
<thead>
<tr>
<th>Parameter</th>
<th>DERMAFOND ADVANCED Topical Skin Adhesive</th>
<th>Indermil® Tissue Adhesive</th>
<th>Histoacryl® Topical Skin Adhesive</th>
<th>LiquiBand® Topical Skin Adhesive/ Swift Set™ Topical Skin Adhesive</th>
<th>SurgiSeal® Teardrop Topical Skin Adhesive</th>
<th>Derma+Flex® QS™ High Viscosity Tissue Adhesive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bursting Strength (mmHg)</td>
<td>431.2</td>
<td>-------------------------</td>
<td>156.9</td>
<td>140.8</td>
<td>223.1</td>
<td>133.3</td>
</tr>
<tr>
<td>Tensile Strength (N)</td>
<td>10.1</td>
<td>2.1</td>
<td>2.8</td>
<td>2.5</td>
<td>4.2</td>
<td>4.4</td>
</tr>
<tr>
<td>Cycles to Failure</td>
<td>15.5</td>
<td>1.0</td>
<td>1.1</td>
<td>1.2</td>
<td>2.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Time to Failure (s)</td>
<td>524.9</td>
<td>15.7</td>
<td>28.8</td>
<td>27.7</td>
<td>61.2</td>
<td>62.3</td>
</tr>
<tr>
<td>Setting Time (min)</td>
<td>1.7</td>
<td>4.8</td>
<td>1.7</td>
<td>2.2</td>
<td>2.5</td>
<td>11.0</td>
</tr>
<tr>
<td>Viscosity</td>
<td>239</td>
<td>5.2</td>
<td>2.8</td>
<td>4.3</td>
<td>14.1</td>
<td>191</td>
</tr>
</tbody>
</table>

**DERMAFOND ADVANCED Adhesive is stronger and more flexible, and has a higher viscosity among these competitors.³**

- Shown to have significantly greater acute in vivo wound bursting strength than any other octyl-based or butyl-based TSA³
- Demonstrated the greatest resistance to cyclic loading and the highest viscosity of all tested adhesives³

The third-party trademarks used herein are trademarks of their respective owners.
*The formulation is substantially equivalent to the existing LiquiBand™ Flow Control formulation and original LiquiBand™ formulation. [Compositional testing of Covidien™ SwiftSet™ and comparison to existing LiquiBand™ products]
Perception:
“I think using a TSA during my wound closure would restrict the breathability of the wound.”
**Proof:**
TSAs help support a healthy wound with occlusive characteristics:

Provide a low-oxygen environment, which can positively influence the formation of new blood vessels\(^4\)

The main source of oxygen during wound closure is through capillaries under the surface of the skin\(^5\)

Allow moisture vapor to pass through the wound while keeping environmental bacteria out\(^6,7\)

Function as a microbial barrier and create a moist environment that is optimal for wound healing\(^8\)
Perception:
“If I use a TSA, it would be difficult for me to re-access the site during the patient’s hospital stay.”
Proof:
In cases where it’s necessary to re-access a wound, the DERMABOND® Portfolio of products can be easily and safely removed.

Petroleum jelly or acetone can be applied to DERMABOND® Topical Skin Adhesive for careful removal¹

DERMABOND® PRINEO® Skin Closure System can be gently peeled away from the skin⁹
Perception:
“TSAs would add cost to my current wound closure method.”
Proof:
Some risk factors in the hospital environment are uncontrollable. However, the use of TSAs can help control costs by addressing a risk factor associated with surgical-site infections (SSIs) and can assist in supporting hospital efficiency.

Surgical-Site Infections

More Controllable
- Evidence-based device selection
- Transition of care (discharge order set)

Less Controllable
- Changes in health care reimbursement
- Type of procedure
- Natural flora in patient’s skin
- Patient comorbidities
- Patient’s age
- Discharge environment

Readmission Rates

More Controllable
- Evidence-based device selection
- Transition of care (discharge order set)

Less Controllable
- Discharge environment
The DERMABOND® Portfolio of solutions:

Inhibits bacteria
Demonstrated in vitro inhibition of gram-positive bacteria (MRSA and MRSE) and gram-negative bacteria (*E coli*)\(^{10}\)†

Provides microbial protection
Provides a flexible microbial barrier with 99% protection in vitro for 72 hours against organisms commonly responsible for SSIs\(^{10}\)‡

Provides a strong, secure closure
DERMABOND PRINEO System has been shown to provide significantly greater skin holding strength than skin staples or subcuticular 4-0 MONOCRYL® (poliglecaprone 25) Suture\(^{11}\)§

May not require additional dressing changes\(^{11}\)

Eliminates the need for staple removal\(^{11}\)

---

*MRSA=methicillin-resistant *Staphylococcus aureus*, MRSE=methicillin-resistant *Staphylococcus epidermidis*, *E coli*=Escherichia coli.
†Clinical significance is unknown.
‡ *S epidermidis/E coli/S aureus/Pseudomonas aeruginosa/Enterococcus faecium.\(^{10}\)
§In an ex vivo study, more load was required to create a 3+1 mm gap between skin edges approximated with DERMABOND® PRINEO® Skin Closure System than with subcuticular 4-0 MONOCRYL Suture or PROXIMATE® Ethicon Endo-Surgery skin staples (\(P<0.01\)).
Perception:
“Choosing to use TSAs wouldn’t impact the goals of my hospital as it relates to the Affordable Care Act.”
Proof:
The DERMABOND® Portfolio of solutions can assist in making your hospital more successful in pursuit of the goals of the Institute for Healthcare Improvement (IHI) Triple Aim. These objectives, which are focused on achieving better results in high-quality care and affordable services, may lead to positive outcomes for patients and greater reimbursements for hospitals.
The DERMABOND® Portfolio provides wound closure solutions to meet the needs of hospitals and patients.

**Strengthens**
- DERMABOND PRINEO System has been shown to provide significantly greater skin holding strength ($P<.01$) than skin staples or subcuticular 4-0 MONOCRYL® (poliglecaprone 25) Suture\(^{11*1}\)
- Gently and evenly disperses tension across the entire area of the incision, without penetrating the skin\(^1\)

**Provides barrier protection**
- Flexible microbial barrier with 99% protection in vitro for 72 hours against organisms commonly responsible for SSIs\(^{10}\)

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHVM12</td>
<td>DERMABOND® Mini Topical Skin Adhesive</td>
</tr>
<tr>
<td>DNX12</td>
<td>DERMABOND ADVANCED® Topical Skin Adhesive 12-count</td>
</tr>
<tr>
<td>DNX6</td>
<td>DERMABOND ADVANCED® Topical Skin Adhesive 6-count</td>
</tr>
<tr>
<td>CLR222US</td>
<td>DERMABOND® PRINEO® Skin Closure System (22 cm)</td>
</tr>
<tr>
<td>CLR422US</td>
<td>DERMABOND® PRINEO® Skin Closure System (42 cm)</td>
</tr>
<tr>
<td>CLR602US</td>
<td>DERMABOND® PRINEO® Skin Closure System (60 cm)</td>
</tr>
</tbody>
</table>

**Inhibits bacteria**
- Demonstrated in vitro inhibition of gram-positive bacteria (MRSA and MRSE)\(^6\) and gram-negative bacteria (E coli\(^6\))\(^10\)

**Provides optimized cosmesis**
- Excellent cosmetic results at 90 days through 1 year\(^12,13\)

*In an ex vivo study, more load was required to create a 3+1 mm gap between skin edges approximated with DERMABOND PRINEO Skin Closure System than with subcuticular 4-0 MONOCRYL Suture or PROXIMATE® Ethicon Endo-Surgery skin staples ($P<.01$).

\(^*\)Clinical significance is unknown.

\(^{11}\)S epidermidis/E coli/S aureus/P aeruginosa/E faecium.

\(^{6}\)MRSA=methicillin-resistant S aureus, MRSE=methicillin-resistant S epidermidis, E coli=Escherichia coli.

For more information, contact your Ethicon representative or call 1-877-ETHICON.