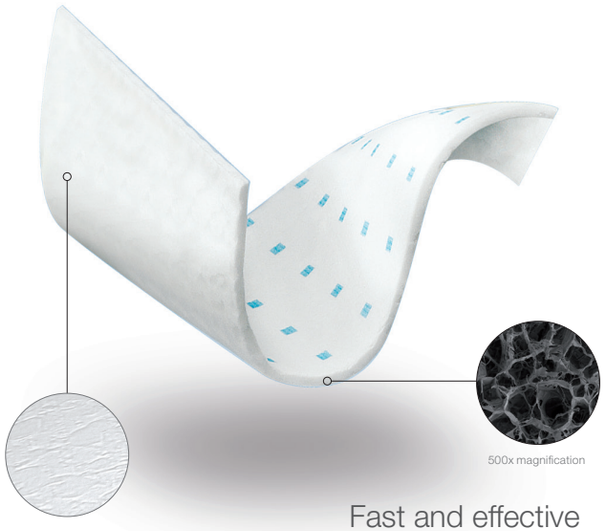
Hemopatch
Sealing Hemostat

SURGEON PREFERRED for its **ease of preparation, ease of handling, flexibility/pliability** and **tissue adherence.**[1]

Designed for utmost flexibility

- Soft, thin and flexible collagen pad allows easy handling & preparation for MIS applications[1,2]



500x magnification

Strong Adherence to the Tissue Surface

- Rapid adhesion to the wounds surface: HEMOPATCH rapidly adheres to applied tissue due to the electrophilic cross-linking action of NHS-PEG[2]

Fast and effective hemostasis

- Intrinsic hemostasis: Three dimensional collagen structure mediates the intrinsic hemostatic action responsible for forming a fibrin clot[2]

A Flexible Hemostat that Seals the Bleed

Ordering information	Size	Pads per box	Order Number
HEMOPATCH Small	27 x 27 mm	5	1506257
HEMOPATCH Medium	45 x 45 mm	3	1506256
HEMOPATCH Large	45 x 90 mm	3	1506253

Indication for Use
HEMOPATCH is intended as a hemostatic device and surgical sealant for procedures in which control of bleeding or leakage of other body fluids or air by conventional surgical techniques is either ineffective or impractical. HEMOPATCH may be used to close dural defects following traumatic injury, excision, retraction or shrinkage of the dura mater.

Contraindications
Do not compress HEMOPATCH into blood vessels or use intravascularly.

The device must not be used in patients with known hypersensitivity to bovine proteins or brilliant blue (FD&C Blue No. 1 (Blue 1).

Precautions
Do not apply on a dry tissue surface or lesion. NHS-PEG only forms an adhering hydrogel when in contact with wound fluid such as blood or lymphatic. In the absence of such wound fluids, sodium bicarbonate solution (concentration between 4.2% to 8.4%) may be used in conjunction with HEMOPATCH application.

Warnings
HEMOPATCH is not intended to be used in pulsatile, severe bleedings.

The use of HEMOPATCH is not recommended in the presence of an active infection.

When used in, around, or in proximity to foramina in bone, areas of bony confine, the spinal cord, the brain and/or cranial nerves, care should be exercised to avoid overpacking, creating the potential for neural damage. HEMOPATCH is not intended as a substitute for meticulous surgical technique and the proper application of ligatures or other conventional procedures for hemostasis and sealing.

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References

1. Ulrich F, et al. Surg Technol Int. 2016;28:19-28.
2. HEMOPATCH Sealing Hemostat Instructions for Use. Zürich, Switzerland: Hemopatch IFU M000483.
3. Fingerhut A. Surg Technol Int 2014;25:29–35.
4. Lewis KM, et al. ISRN Surg 2014;Mar 4:930803. doi: 10.1155/2014/930803.
5. Lewis KM, et al. Int J Surg 2014;12:940–4.
6. Baumgartner B, et al. Treatment of Severe Aortic Bleeding Using Hemopatch in Swine on Dual. J Invest Surg 2016 Dec;29(6):343-351.

Baxter

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For detailed information please contact your local representative or visit www.hemopatch.com

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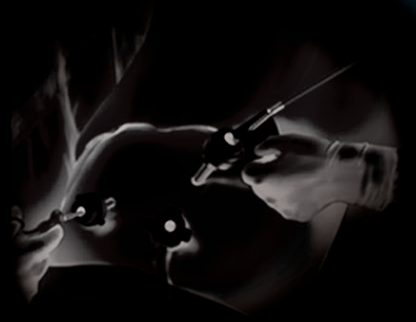


MIS
Making It Simple
in minimally invasive procedures

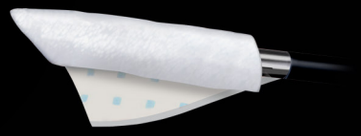
Baxter

Making It Simple.

Three Ways to Prepare HEMOPATCH.

OPTION 1.

Roll HEMOPATCH with the blue dots facing out.



OPTION 2.

Fold corner of HEMOPATCH and roll pad around grasper with white (active side) facing out.

OPTION 3.

Roll HEMOPATCH within a piece of gauze. Place the blue dot side against the gauze leaving the white side to face the lesion when unrolled.

The outer gauze will be used for approximation.

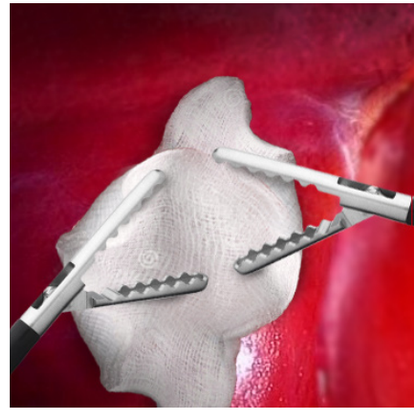
HEMOPATCH MIS Application.

1

Place

- Select the appropriate size of HEMOPATCH to allow 1 cm overlap margin of the bleeding surface[2]
- Ensure trocar is clean and dry
- Using one of three options, prepare HEMOPATCH for introduction through the trocar (see left)
- Using a second dry grasper, place white (active side) of dry HEMOPATCH directly onto tissue, blue dotted side facing upwards[2]

2



Press

- Use a dry gauze and apply gentle, uniform pressure to HEMOPATCH for 2 minutes to seal tissue surface[2]

3

Success

- Stable, non-growing red area means successful hemostasis achieved, where necessary
- Sustained sealing and hemostasis,[2,4–6] even in patients on antiplatelet therapy[1,3,5,6]
- Leave HEMOPATCH in situ to strengthen fibrin clot and aid tissue remodeling for up to 8 weeks[2†]

Improved adherence is observed when HEMOPATCH is in direct contact with wound fluid such as blood or lymphatic as demonstrated in preclinical models

In the absence of such wound fluids , sodium bicarbonate solution (concentration between 4.2% to 8.4%) may be used in conjunction with HEMOPATCH application.

ref2, pg3