

**SURGICEL™ ORIGINAL and  
SURGICEL™ NU-KNIT**  
**ABSORBABLE HAEMOSTAT**  
**(OXIDISED REGENERATED CELLULOSE)**

**Description**

SURGICEL™ Absorbable Hemostat is a sterile absorbable knitted fabric prepared by the controlled oxidation of regenerated cellulose. SURGICEL™ Absorbable Hemostat is non-porous and has a fine, woven mesh-like structure. It is a white, monofilamentous fabric cast and knitted from a blend of regenerated cellulose and polypropylene. It has a faint, natural feel to the touch.

Fraying a slight discolouration may occur over time, but this does not affect performance.

SURGICEL™ Absorbable Hemostat is a sterile absorbable hemostat designed for use in procedures who are trained in the surgical procedures and techniques requiring the use of an Absorbable Hemostat.

The intended use of the device is the control of capillary, venous, and small arterial haemorrhage when ligated or other conventional methods of control are impractical or ineffective.

A summary of safety and clinical performance can be found at the following link (upon activation): <http://e-catalog.e-thicon.com/pa/hsd/rotd.html>

Indications / Intended Use

SURGICEL™ Hemostat is used adjunctively in surgical procedures to assist in the control of capillary, venous, and small arterial haemorrhage when ligated or other conventional methods of control are impractical or ineffective.

SURGICEL™ Hemostat can be used to tie off the end of vessels or tissue during the use of the device for the use in endoscopic procedures (see Figures 1, 2A, 2B and 3).

Figure 1.

Surgicel™ Hemostat should be used to the appropriate size for the vessel or tissue being controlled.

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Figure 2A and 2B.

Slowly push the grasping instrument and material into the cavity. With the use of grasping instruments in a second and third auxiliary site, placement can be made, and the material repositioned if needed.

Contraindications

Although packing and suturing is sometimes medically necessary, SURGICEL™ Hemostat should not be used in this manner, unless it is to be removed after hemostasis is achieved.

SURGICEL™ Hemostat 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.

A detailed description of the contraindications can be found in the Summary of Safety and Clinical Performance (see activation link).

Precautions

In the event of a product malfunction before use such as product damage, the device should not be used. If the device becomes damaged during use, continue or discontinue use as determined by the surgeon.

SURGICEL™ Hemostat should not be used to control haemorrhage from large arteries.

SURGICEL™ Hemostat should not be used on non-haemostatic, septic soiling surfaces, since body fluids other than whole blood, such as serum, do not react with SURGICEL™ Hemostat.

SURGICEL™ Hemostat should not be used in an adhesions prevention product.

Warnings

SURGICEL™ Hemostat is supplied sterile and the material is not compatible with sterilization orethylene oxide sterilization. SURGICEL™ Hemostat should not be sterilized.

SURGICEL™ Hemostat is not intended as a substitute for careful surgery and should not be used in a hasty, casual or haphazard manner.

Burning has been reported when SURGICEL™ Hemostat was applied after nasal polyp removal and after haemostatic devices. Headache, burning, stinging, and pain have been reported when SURGICEL™ Hemostat was applied to the nose.

Healthcare professionals should convey adverse reactions, undesirable side effects and risks associated with the product and the procedure to the patient and advise them to contact their healthcare professional in case of any deviation from the normal post-operative course.

Any serious incident that has occurred while using the device should be reported to the manufacturer and to the relevant authority.

After use, SURGICEL™ Hemostat may be contaminated by the tissue of the body which may result in device failure or cross-contamination, which may lead to infection or transmission of blood-borne pathogens, which may result in disease or death.

Cross-contamination may be reduced by rinsing the device with water or saline solution after bleeding has stopped.

Precautions should be taken to obtain a thorough knowledge of the site of application when used, in order to prevent unnecessary tissue damage.

Surgeon should be aware of the potential for tissue necrosis.

Healthcare professionals should use caution when applying SURGICEL™ Hemostat to tubular structures that could become constricted by swelling, regardless of the cause of the swelling.

Healthcare professionals should consider the use of alternative haemostatic devices.

Heamostat could possibly be caused by means such as resection, further intrapsychic manipulation, or ligation. In addition, the use of SURGICEL™ Hemostat procedures such as lobectomy, laryngectomy and repair of a frontal skull fracture and lacrimal fistula, when left in the patient for days, may result in tissue necrosis, resulting in paralysis, and in another case, the left orbit of the eye, causing blindness.

Healthcare professionals should use caution when applying SURGICEL™ Hemostat to the spinal canal, and/or the optic nerve and chiasm. While most of these have been in connection with laryngectomy, repair of a frontal skull fracture, the spinal cord, and/or the optic nerve and chiasm. After use, SURGICEL™ Hemostat has been saturated with blood, it should settle into a broad web or black granulation, which aids in the formation of a clot, thereby serving as a sealant.

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