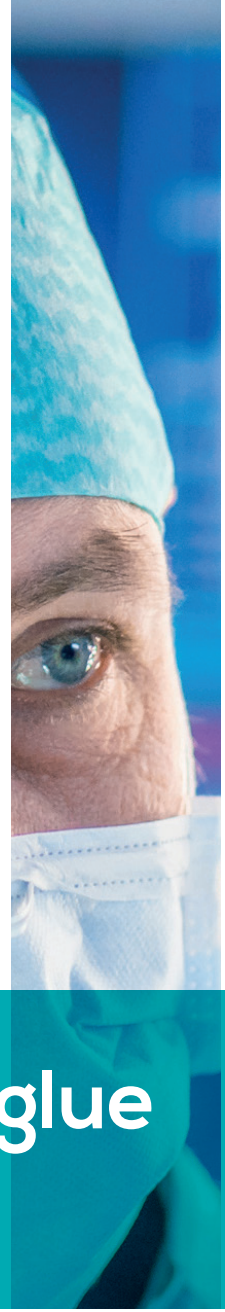
Peters SURGICAL



Ifabond®
Innovative technology for mesh fixation and hemostasis.

Our **surgical glue** solutions.

Ifabond® surgical glue.

Designed for surgeon.

- Immediate polymerization with visible process : glue whitening color.
- Adhesive effect after only 30 seconds[1].
- Different sizes of appliers with curvable distal tip.
- No rippling effect during the mesh fixation (vs tension exerted by a thread).

Optimized for OR staff.

- Ready to use product: no mix nor preparation of component is requested.
- All in one kit: glue vial, syringe and extraction needle included.
- 3 volumes of glue available to match with surgery needs (waste prevention).
- Significant reduction of operating time[1]*.

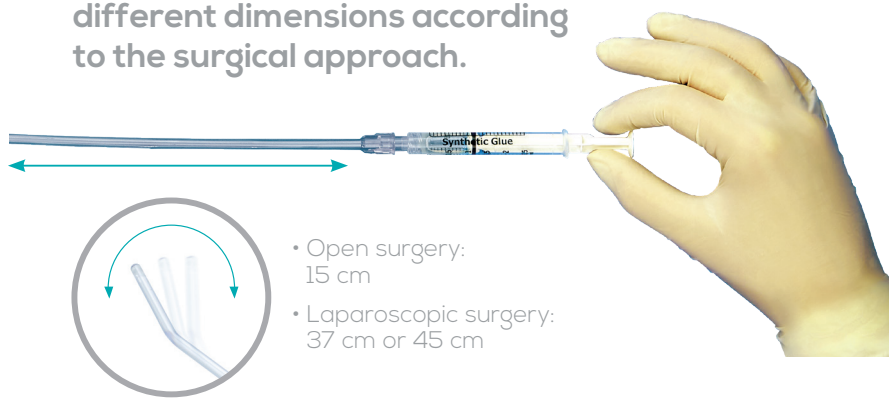
Secured for patient.

- Atraumatic glue, designed to prevent any transfixion during the mesh fixation.
- Resorption[2]: partial from 3 to 6 months, total from 6 to 12 months.
- Flexible glue[3] after its polymerization (N-Hexyl) absorbing potential stress.
- Slow degradation without emission of toxic products.
- Post operative pains significant reduction[1]*.

PURITY IS PARTICULARLY IMPORTANT FOR

ADHESIVE POWER	TOXICITY*	TEMPERATURE
IFABOND® STRONG ADHESIVE POWER	IFABOND® IS NON-TOXIC AND BIOCOMPATIBLE	TEMPERATURE ELEVATION LIMITED TO 2°C

Applicators available in different dimensions according to the surgical approach.

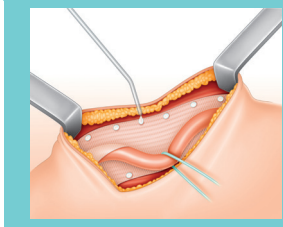


- Open surgery: 15 cm
- Laparoscopic surgery: 37 cm or 45 cm

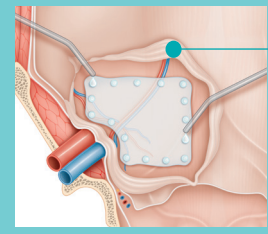
Distal tip of each applicator can be bent for a more precise Ifabond® delivery.

A few gluing drops are enough.

In visceral and digestive surgery, Ifabond® is used for meshes fixation whatever the approach.



In open surgery.



In laparoscopic surgery.

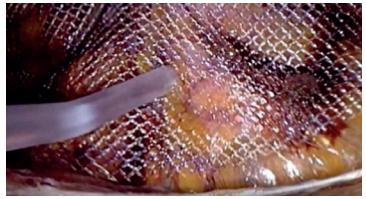
*Significant reduction seen during inguinal hernia treatment in Lichtenstein and Laparoscopy.

Indications and surgical procedures.

MESH FIXATION

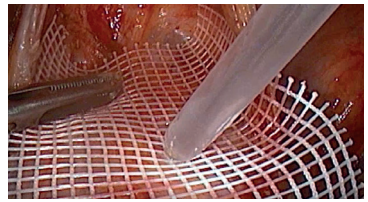
DIGESTIVE AND VISCERAL SURGERY

INGUINAL HERNIA REPAIR
Laparoscopic surgery, Laparotomy



URO-GYNECOLOGICAL SURGERY

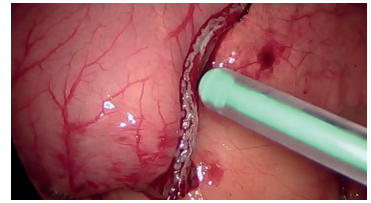
SACROCOLPOPEXY
Laparoscopic surgery, Laparotomy



HEMOSTASIS LYMPHOSTASIS

BARIATRIC SURGERY

SLEEVE - BYPASS



SENOLOGIC SURGERY

MASTECTOMY **AXILLARY CURAGE**

CLINICAL STUDIES.

ADHESION

Inguinal Hernia: Mesh fixation.

[1]Moreno-Egea et al. «Is It Possible to Eliminate Sutures in Open (Lichtenstein Technique) and Laparoscopic (Totally Extraperitoneal Endoscopic) Inguinal Hernia Repair? A Randomized Controlled Trial With Tissue Adhesive (n-Hexyl-Cyanoacrylate)» Surg Innov. January 7, 2014 - Randomized single-blind monocentric trial. 208 patients randomized between two groups (Open & Laparoscopic approach) treated with Prolene sutures (control) vs Ifabond (experimental). To evaluate the effectiveness of Ifabond to treat inguinal hernias in term of pain, recurrence, operating time, analgesic consumption & morbidities. Study shows that the use of Ifabond : significantly reduced pain, and analgesics consumption, both via the open and laparoscopic approach (p< 0.001) ; did not change the recurrence rate in either of the approaches after 1 year ; no morbidity associated with the use of Ifabond existed ; significantly reduced the mean of surgical time (12 minutes in open surgery, 13 minutes in laparoscopic surgery ; p<0.001). The author concludes that substituting sutures with Ifabond in open or laparoscopic inguinal hernioplasty is safe with less postoperative pain and the same possibilities of recurrence.

Sacrocolpopexy: Meshes fixation.

Dr G. Lamblin, 2017, J Minim Invasive Gynecol 24(1): 41-47 «Attachment in Laparoscopic Sacrocolpopexy: A Prospective Multicenter Pilot Study».
Dr JP. Estrade et al, 2015, «Laparoscopic sacrocolpopexy with a vaginal prosthetic adhesive» Gynecol Obstet Fertil 43(6): 419-423.

Dr RK Silveira, 2017, «Comparative study of safety and efficacy of synthetic surgical glue for mesh fixation in ventral rectopexy», Surg Endosc.

HEMOSTASIS

BARIATRIC SURGERY (SLEEVE GASTRECTOMY).

Dr G. Mercier MD, PhD et al, 2017, Journal of Evaluation in Clinical Practice. «Surgical glue in laparoscopic sleeve gastrectomy: An initial experience and cost effectiveness analysis».

LYMPHOSTASIS

Axillary curage patient with breast cancer.

Conte, M. R. Payan et al. (2013) «Synthetic glue application in breast cancer surgery to prevent lymphoceles: any interest ?» Randomised multicentric study. 9th day Daniel DARGENT gynecology surgery. Lyon.

Preclinical Data.

[2] Rapport NAMSA-2013/14 : « Surgical glue local tissue effects and degradation evaluation ».

[3] MEMO RD-11-001/2011-Std NF EN ISO 10993 : « IFABOND® properties (purity, elasticity, polymerization temperature ».

[4] BIBLIO-IB-02 ADHESION -Février 2014 : « IFABOND® glue adhesion in vitro evaluation ».

References.

Code	Volumes/Lenght	Description	Qty/box
IB05 **IB** **IB+**	**0,5 ml** **1 ml** **1,5 ml**	N-hexyl cyanoacrylate glue + 2.5ml Luer-lock syringe + 18G puncture needle	6
MB15G **MB37G** **MB45G**	**15 cm** **37 cm** **45 cm**	Drop-by-drop applicator for Ifabond® glue	12

Indications.

Ifabond® glue - Class III Medical Device - CE0459 - Manufacturer Peters Surgical
Ifabond® surgical glue is intended to be used during surgical procedures, in open surgery and laparoscopic surgery, for its adhesive and hemostatic sealant actions. These surgeries for the adult population include digestive and visceral surgery for the treatment of hernia, bariatric surgery for sleeve-bypass, urological and gynecological surgery with sacrocolpopexy and breast surgery for mastectomy and axillary curage. The glue can be used in the pediatric population for circumcision.

Read the instructions carefully before using the products.
Presentation to Peters Surgical employees and distributors as well as healthcare professionals.

Peters Surgical Headquarters & French Affiliate
Immeuble AURELIUM, 1 cours de l'Ile Seguin,
92100 Boulogne-Billancourt, France
+33 (0)1 48 10 62 62
peters@peters-surgical.com

peters-surgical.com

©Peters Surgical. France • Réf. ENGLUE01v00P - Septembre 2021.