I would like to have the following products and quantities:

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<th>Quantity</th>
<th>Code</th>
<th>Description</th>
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<tr>
<td>________</td>
<td>1501510</td>
<td>FLOSEAL Hemostatic Matrix 5 mL</td>
<td>6 pack</td>
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<tr>
<td>________</td>
<td>1500181</td>
<td>Endoscopic Applicator Tip</td>
<td>6 pack</td>
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<td>________</td>
<td>934208</td>
<td>Curved Applicator Tip 8 cm</td>
<td>Single pack</td>
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<td>Curved Applicator Tip 10 cm</td>
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<td>________</td>
<td>1502186</td>
<td>Malleable/Trimmable Tips</td>
<td>6 pack</td>
</tr>
</tbody>
</table>

☐ Please add FLOSEAL to my preference card.

Surgeon name (please print) ____________________________________________

Signature ___________________________ Date ____________
The FLOSEAL Hemostatic Matrix Advantage

A Unique Combination

FLOSEAL Hemostatic Matrix’s patented gelatin granules and human thrombin provide fast and effective haemostasis.\textsuperscript{1,2}

- Specially designed round-shaped patented gelatin granules allow a large contact surface with thrombin for fast efficacy
- Thrombin converts fibrinogen into a stable fibrin clot,\textsuperscript{1,2} to help protect against rebleeding
- Works at the beginning and end of the clotting cascade, for action less susceptible to coagulopathies from factor deficiencies or platelet dysfunctions\textsuperscript{1}

Benefits of FLOSEAL Hemostatic Matrix in Urological Surgery

- Stops bleeding fast in 2 minutes,\textsuperscript{†} three times faster than GELFOAM with thrombin\textsuperscript{8}
- Reduces blood transfusions and postoperative bleeding\textsuperscript{9}
- Flowable nature allows visualization of the anatomy during and after surgery
- Conforms to irregular surfaces, such as renal parenchyma, where FLOSEAL has been found to be effective in providing haemostasis in absence of urine leakage\textsuperscript{10}
- Demonstrated to be as effective as parenchymal or mattress sutures for haemostasis in laparoscopic partial nephrectomy in animal and human studies\textsuperscript{11,12}
- May significantly reduce warm ischemia time and preserve renal function\textsuperscript{11,12}
- Proven 89% effective on heparinised cardiac patients within 10 minutes\textsuperscript{1}

The adjunctive use of FLOSEAL was shown to significantly reduce complications compared with those patients where FLOSEAL was not used (p=0.008) when all other variables were comparable.\textsuperscript{13}

IFU Comparison\textsuperscript{1-7}

Reduced overall complications with FLOSEAL use in LPN\textsuperscript{13}

*Gelatin and cellulose do not contain thrombin.

\textit{FLOSEAL Hemostatic Matrix is the only haemostatic agent proven effective on all degrees of bleeding from oozing to spurring}
Laparoscopic Application

FLOSEAL can be applied in difficult-to-reach areas with an endoscopic applicator, such as in laparoscopic urological surgery, where it has been found effective in achieving haemostasis.13,14

The FLOSEAL Endoscopic Applicator provides:

- Easy delivery through a 5-mm or larger trocar
- Precise application to the base of the lesion
- An ergonomic handle to facilitate device manipulation for accurate application
- A rigid cannula system for ease in device navigation and precise material delivery

Prior to using electrocautery to perforate the kidney capsule around the base of the tumor, place removable bulldog clips on the two kidney arteries and permanent clip on the branch artery.

Perform tumor excision.

Once the tumor is removed, close the collecting system with a running suture.
FLOSEAL Hemostatic Matrix Application
Laparoscopic Partial Nephrectomy

4. Remove the bulldog clips from the main arteries. The branch artery is now divided.

5. Cauterize bleeding and suction blood from the cavity.

6. Place closing sutures, with the distal end of the suture free, and sutures left loose.

7. Apply the prepared FLOSEAL at the near end of the cavity as close as possible to the bleeding source.

8. Cover the entire cavity surface with FLOSEAL. Fast application is ideal for effectiveness.

9. Tighten closure sutures. These or additional sutures can be used for bolster fixation over FLOSEAL following irrigation.

‡ For the instructions on preparation of FLOSEAL, please consult your IFU.
FLOSEAL Hemostatic Matrix Application
Laparoscopic Partial Nephrectomy

Tips for Application

1. Swoosh
   Transfer the gelatin matrix-thrombin solution mixture back and forth between the syringes for a total of at least 20 passes.

2. Place
   Identify the source of bleeding at the tissue surface. This is the target site for FLOSEAL Matrix application. Do not inject FLOSEAL Matrix into blood vessels.

3. Approximate
   Manually approximate a gauze sponge moistened with sterile (nonheparinised) saline against the bleeding surface. Use the applicator tip to dispense FLOSEAL between the sponge and the bleeding surface.

4. Rinse and Continue
   After approximately 2 minutes, lift the gauze sponge and inspect the wound site.
   If bleeding has ceased, excess FLOSEAL Matrix (not incorporated in the haemostatic clot) should be removed by gentle irrigation. FLOSEAL may be reapplied if necessary to control bleeding.

Gently approximate FLOSEAL with a moistened lap pad or gauze for at least 2 minutes to maintain product on site. NOTE: for heparinised patients, you may need to approximate for a longer period of time.

Once haemostasis is achieved, gently irrigate any excess FLOSEAL that has not been incorporated.

With the procedure complete, the kidney can now be placed back into the fat capsule.

NOTE: FLOSEAL can also be used in robotic surgery procedures. The application technique is the same. Do not disrupt the FLOSEAL clot complex by physical manipulation. FLOSEAL incorporated in the haemostatic clot should be left in situ.

§For the instructions on preparation of the thrombin, please consult your IFU.
1. **What types of urological procedures can FLOSEAL be used in?**

FLOSEAL can be used in all urological procedures requiring haemostasis from beginning to end, including pelvic lymph node dissection for malignancy, open, and partial nephrectomy, radical prostatectomy, and prolapse surgery on the bladder when control of bleeding by ligature or conventional procedures is ineffective or impractical.

2. **Can I use FLOSEAL Hemostatic Matrix when I have the renal artery clamped?**

No, FLOSEAL should not be used in the absence of active blood flow.

3. **How many syringes/mLs should be used?**

Baxter does not have a maximum amount that is recommended. The dosage is dictated by intensity of bleeding and accuracy of the application technique.

4. **Can FLOSEAL Hemostatic Matrix be used with other haemostatic and sealing products?**

There are no contraindications surrounding use of FLOSEAL with other products; however, FLOSEAL should not be used in conjunction with methylmethacrylate or other acrylic adhesives. Microfibrillar collagen has been reported to reduce the strength of methylmethacrylate adhesives used to attach prosthetic devices to bone surfaces. Do not use FLOSEAL on bone surfaces where adhesives will be required to attach a prosthetic device. The use of FLOSEAL with other products will be dependent on the clinical situation.

5. **Can FLOSEAL be used in robotic surgery?**

Yes, the application technique is the same when using FLOSEAL in a robotic surgery procedure.

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**FLOSEAL [Hemostatic Matrix] Indications**

FLOSEAL is indicated in invasive*1 or surgically invasive*2 procedures as an adjunct to haemostasis when control of bleeding by ligature or conventional procedures is ineffective or impractical.

*1 Invasive means penetration inside the body through a body orifice

*2 Surgically invasive means penetration inside the body through the surface of the body, with the aid or in the context of a surgical operation

**Contraindications**

Do not use FLOSEAL in patients with known allergies to materials of bovine origin.

**Warnings**

Do not inject or compress FLOSEAL into blood vessels. As with other haemostatic agents, FLOSEAL should not be aspirated into autologous blood salvage circuits. For a complete list of all warnings please refer to your IFU.

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**References**