

General Primer

Key Procedures and Potential Bleeding Sites

PARTIAL HEPATECTOMY This procedure is either performed laparoscopically or open and entails surgery to remove part of the liver, typically considered for a single tumor that has not grown into blood vessels. There are 2 different techniques used: wedge and anatomic resection.

Potential bleeding sites:

soft tissue, suture lines, anastomoses and solid organ bleeding

NOTE: Bleeding is a major concern because a lot of blood passes through the liver, and the liver makes a number of blood clotting factors including I (fibrinogen) and II (prothrombin)

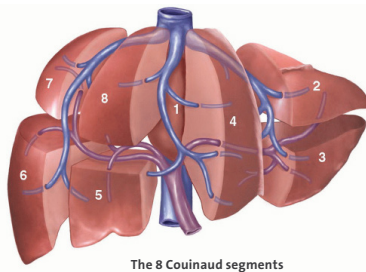
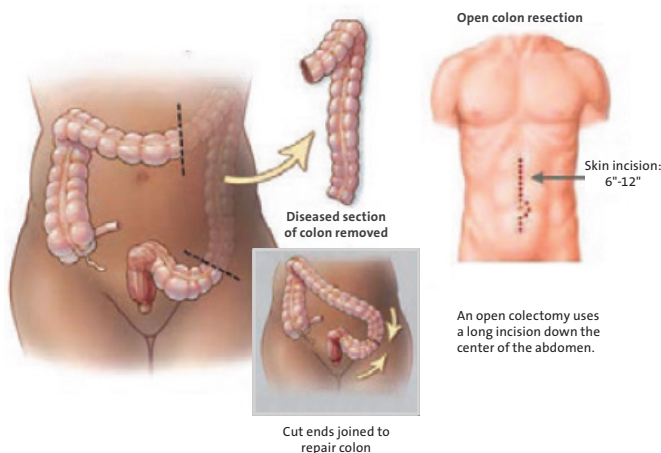


ILLUSTRATION: [HTTPS://ABDOMINALKEY.COM/LAPAROSCOPIC-PARTIAL-HEPATECTOMY](https://abdominalkey.com/laparoscopic-partial-hepatectomy)

COLECTOMY This procedure is either performed laparoscopically or open and entails removal of a portion of the large or small intestine, this procedure is used to treat a variety of diseases, including removal of colon or rectal cancer or large polyps (growths that arise on the lining of the colon), diverticular disease, inflammatory bowel disease (Crohn's disease or ulcerative colitis), or bleeding that cannot be stopped.

Potential bleeding sites: soft tissue, suture lines, retroperitoneal bleeding

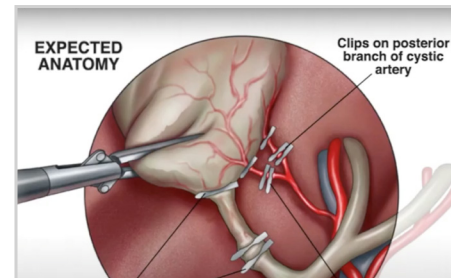


ILLUSTRATIONS: © MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.; [HTTP://COLORECTAL.PROVIDENCEHEALTHCARE.ORG/PATIENT-INFO/ENHANCED-RECOVERY-AFTER-SURGERY](http://colorectal.providencehealthcare.org/patient-info/enhanced-recovery-after-surgery)

CHOLECYSTECTOMY This procedure is either performed laparoscopically or open and entails removal of the gall bladder, typically done to treat gallstones that block the flow of bile and cause pain. In an open cholecystectomy, an incision is made in the abdomen below the ribs on the right side.

Potential bleeding sites:

soft tissue, suture lines (the cystic artery and cystic duct are clipped)



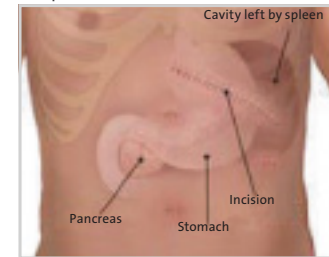
SPLENECTOMY This procedure is either performed laparoscopically or open and entails removal of the spleen may be performed due to trauma or injury that causes the spleen to rupture, as a result of cancer or a blood disorder. It is possible to live without a spleen, but because it plays a crucial role in the body's ability to fight off bacteria by making red and white blood cells, developing infection is a big concern.

Removal of spleen



Cautery used to control bleeding and remove spleen

Postoperative view



Potential bleeding sites: soft tissue, suture lines

ILLUSTRATION: © AMICUS VISUAL SOLUTIONS

INDICATIONS FOR USE — CE*

5 cm X 5 cm (2"x2"), 5 cm x 7.5 cm (2"x3"), 10 cm x 10 cm (4"x4")
CE Class III Surgical Implantable haemostat effective in the management of capillary, venous, and arterial bleeding during surgical procedures.

WoundClot Surgical is indicated for the control of mild, moderate, and severe perioperative and postoperative bleeding for all surgical indications.

*Indication may vary by country outside of Europe.

General Primer

CHALLENGES

- Intraoperative and postoperative bleeding from anastomotic sites
- Difficult-to-reach locations
- Blood loss from liver injury
- Adhesiolysis bleeding
- Postoperative bleeding leading to revision/reoperation procedures

PROBING QUESTIONS FOR HEALTHCARE PROFESSIONALS

- What hemostatic agents do you currently use?
- What are the advantages of these products?
- What are their challenges and/or limitations?
- How do you manage non-technique-related bleeding caused by blood thinning medicines?
- Do you use multiple hemostatic agents? Why?

PROBING QUESTIONS FOR ADMINISTRATORS/SUPPLY CHAIN

- How much time does your staff spend preparing (mixing/thawing) hemostats before a case?
- Are you interested in reducing costs by adopting a product that offers the highest hemostatic efficacy possible at low cost?

SALES SCRIPT

WoundClot is a next generation, ready-to-use bioabsorbable hemostatic gauze indicated for the control of mild, moderate, and severe perioperative and postoperative bleeding. WoundClot is effective in the management of capillary, venous, and arterial bleeding during surgical procedures.

When WoundClot encounters blood, it converts into a thick, tenacious, expanding gel, adhering to wound surfaces. WoundClot does not require the application of manual pressure and will absorb up to 2500% of its weight in fluid. WoundClot offers the highest hemostatic efficacy possible at low cost and is ideal for use in all surgical specialties including: Spine, Neuro, Cardiac, Thoracic, General, GYN, Ortho, Urology.

Would you like to try WoundClot in an upcoming surgical case?

COMMONLY ASKED QUESTIONS

Can WoundClot be used laparoscopically?

Yes, WoundClot can be deployed laparoscopically. WoundClot can easily be rolled and delivered through a trocar to the bleeding site.

What is WoundClot made from?

WoundClot is made from cellulose, a natural fiber product. WoundClot is the only non-oxidized, non-regenerated cellulose structure (NONRCS) product in the world. Other hemostatics made from cellulose are manufactured utilizing an obsolete method that breaks down cellulose by oxidation, greatly decreasing the product's ability to absorb blood, adhere to wound surfaces, and create an environment that is conducive to achieving hemostasis.

How does WoundClot work?

Unlike any other hemostatic product available today, WoundClot has multiple mechanisms of action. When WoundClot contacts blood, it converts into a thick, tenacious, expanding gel, adhering to wound surfaces. WoundClot does not require the application of manual pressure to be effective. WoundClot is highly absorbent and will absorb up to 2500% of its weight in fluid. It also remains actively absorbent for up to 24 hours in the wound. The product is engineered so it will activate 2 key factors.

Does WoundClot Hemostatic Gauze work on the clotting cascade?

Yes, it is one of the mechanisms of action WoundClot utilizes to achieve rapid hemostasis. WoundClot is engineered to activate Factors XI and XII.

How is WoundClot different from mineral-based hemostatics?

Mineral-based hemostatics are comprised of a nonresorbable, non-woven fiber impregnated with an active ingredient like Kaolin. Kaolin is an inorganic fine, white clay powder, resulting from the natural decomposition of other clays or feldspar. These products utilize a single mechanism of action: activation of Factor XII (Hageman Factor). They require the application of intense manual pressure for at least 3-5 minutes in order to be effective. WoundClot utilizes multiple mechanisms of action: rapid fluid absorption, adherence and expansion in the wound, aggregation of platelets, red blood cells (RBCs), and clotting factors, creation of an environment conducive to clotting, as well activation of Factors XI and XII.

How easily is WoundClot removed from wounds?

WoundClot is easily removed from a wound by simply removing the clot. Rebleeding will not occur and any remaining gel can be easily irrigated out of the wound.