Lyostypt®
TIME TO HEMOSTASIS
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WHAT IS NEEDED

- Efficient Hemostasis (1-3)
- Cost efficient (2)
- Absorbed within 3 weeks (4-6)
- Excellent biocompatibility (6)

Adaptable

Lyostypt® is used for hemostasis of capillary bleeding, oozing hemorrhages, bleeding of parenchymal organs and as a supportive measure for other hemostasis techniques.
Summary of Advantages of Lyostypt® vs Oxidized cellulose according COBBANA Trial (2)

- Faster hemostasis than oxidized cellulose in suture hole bleedings of arterial bypass anastomosis.
- Better adhesion to tissue and surgical handling than oxidized cellulose in suture hole bleedings of arterial bypass anastomosis.
- Lower amount of material needed to stop bleeding in comparison to oxidized cellulose.

COBBANA:
Control of bleeding in arterial bypass anastomosis (7)

- Prospective, randomized clinical trial.
- Comparison of fibrillar collagen (Lyostypt®) versus oxidized regenerated cellulose (Surgicel®) (7).
- Hemostatic effect and handling properties were rated in suture hole bleeding of peripheral arterial bypass anastomosis using PTFE graft prosthesis.
- N = 64 anastomoses (32 Lyostypt®, 32 Surgicel®).
**FASTER HEMOSTASIS**

**Bleeding time of the anastomoses**

- Fibrillar collagen showed significantly faster hemostasis (124 ± 67 sec) compared to oxidized regenerated cellulose (416 ± 226 sec) in suture hole bleedings of arterial bypass anastomosis (2).

- Fibrillar collagen stopped suture hole bleeding of the anastomoses in less than 3 minutes in over 80% of cases. Oxidized cellulose needed more than 5 minutes to stop suture hole bleeding in most of the anastomoses performed (2).

**Intraoperative efficacy rating**

- Fibrillar collagen showed better adherence to the tissue and handling properties compared to oxidized regenerated cellulose in suture hole bleeding of arterial bypass anastomoses (2).

- Less fibrillar collagen devices were needed to achieve hemostasis, demonstrating its major cost-effectiveness (2).

**Fibrillar collagen** did not need to be repositioned in more than 80% of the anastomoses performed. In cases where needed, collagen could be easily repositioned in all cases (2).
REFERENCES


(4) [Data on file] Weber. Summary of animal studies to test three different hemostatic devices, which are used to stop severe liver bleeding (2006).

(5) [Data on file] Weber. Research program testing hemostatic compress material (Sangustop) in a functionality study (Hemostasis of severe liver bleedings) (2007).


AESCULAP® – a B. Braun brand

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