$Lyostypt^{\tiny{\circledR}}$

Time to hemostasis



Biosurgicals



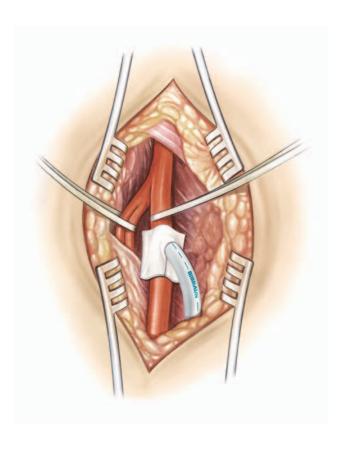
Lyostypt®

Time to hemostasis

Adaptable

Lyostypt® is used for topical hemostasis of capillary bleeding, oozing hemorrhages and as a supportive measure for other hemostasis techniques.

In hemodialysis, Lyostypt $^{\circ}$ is also used for local hemostasis at the puncture site.



What is needed

Efficient hemostasis

Can be combined with fibrin glue¹

Can be combined with antibiotics²

Only small amount needed / cost efficient

Absorbed within 3 weeks

Excellent biocompatibility

¹ Uranüs S et al. *Laparoskopische Eingriffe an der Milz* Chir Gastroenterol. 20 (2004) 1-8.

² Wachol-Drewek Z et al. Comparative investigation of drug delivery of collagen implants saturated in antibiotic solutions and a sponge containing Gentamicin, Biomaterials. 17 (1996) 1733-8.

Lyostypt®

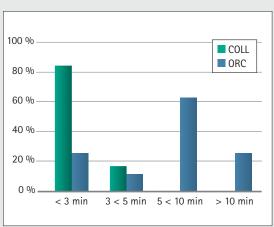
Collagen: Proven Efficacy

COBBANA: Control of bleeding in arterial bypass anastomosis³

- Prospective, randomized clinical trial
- Comparison of fibrillar collagen (Lyostypt®) versus oxidized regenerated cellulose (Surgicel®).3
- 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®).

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.⁴



COLL: Collagen based device (Lyostypt®)
ORC: Oxidized regenerated cellulose (Surgicel®)

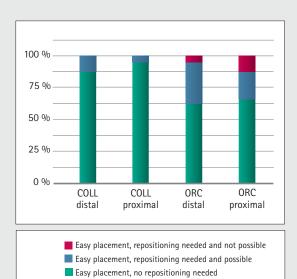
Faster hemostasis

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.

- Baumann P et al. A randomized controlled, prospective trial to evaluate the haemostatic effect of Lyostypt versus Surgicel* in arterial bypass anastomosis: 'Cobbana' Trial. Trials. 10 (2009) 91.
- ⁴ Qerimi B, Baumann P, Hüsing J, Knaebel HP, Schumacher H. Collagen hemostat significantly reduces time to hemostasis compared to cellulose. COBBANA, a single-center randomized trial. Am J Surg. 2012; in print.

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.⁴
- Less fibrillar collagen devices were needed to achieve hemostasis, demonstrating its major cost-effectiveness.⁴



COLL: Collagen based device (Lyostypt*)
ORC: Oxidized regenerated cellulose (Surgicel*)

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.⁴

Collagen advantages

Collagen is an excellent option due to its wellknown advantages⁵:

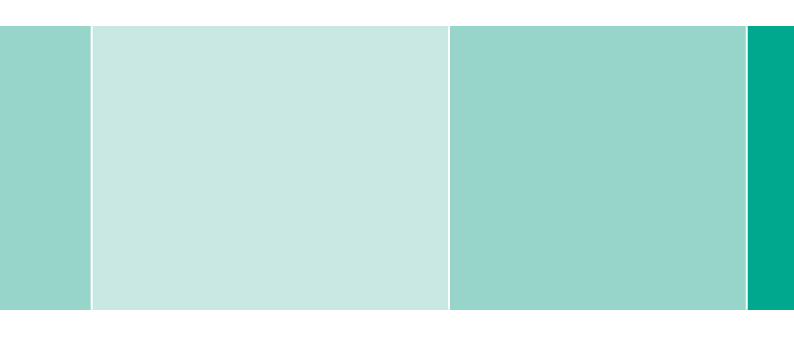
- Fast induction of hemostasis, low tissue reaction and fast absorption.⁶
- An excellent hemostatic agent in microvascular surgery.⁵
- ► Faster hemostasis than oxidized cellulose.⁴
- ➤ Collagen is absorbed faster than oxidized cellulose.⁵
- ► Better adhesion to tissue and surgical handling than oxidized cellulose.⁴
- ▶ Lower amount of material needed to stop bleeding in comparison to oxidized cellulose.⁴

- Schonauer C et al. *The use of local agents: bone wax, gelatin, collagen, oxidized cellulose* Eur Spine J. 13 (2004) 89-96.
- ⁶ Alpaslan C et al. *Tissue reaction to three subcutaneously implanted local hemostatic agents*. Br J Oral Maxillofac 35 (1977) 129–132.

Ordering Information



Sizes	Art. No.	Contents
3 cm x 5 cm	1069128	12 pieces
5 cm x 8 cm	1069152	6 pieces
5 cm x 8 cm	1069020	12 pieces
10 cm x 12 cm	1069209	4 pieces
10 cm x 12 cm	1069039	8 pieces
5 cm x 30 cm	1069306	4 pieces



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