

GLUBRAN® Tiss 2



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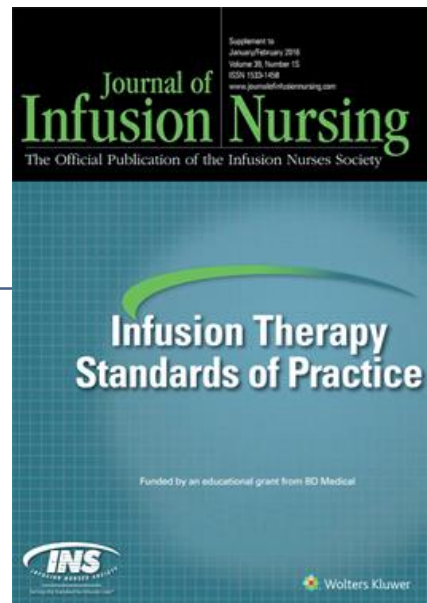
2016 INS Guidelines

.... Cyanoacrylate tissue adhesives for securement have been studied in vitro, in animals, and in small pilot trials of peripheral venous and arterial catheters.

Tissue adhesive plus a standard transparent dressing have shown a slight trend toward reduction in catheter failure with these adhesives in combination with a standard transparent membrane dressing

however, larger trials are needed to confirm these findings and identify patients for whom this might not be suitable ^{5,15-17}.

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Indications and management in Venous Accesses Placement



from «Practical Manual of Venous Access»



PICC PLACEMENT MANAGEMENT

Fixing system that extends the «life» of the venous access

“ ... seal the **exit** site of the catheter by applying **histoacrylic** adhesive, should the circumstances so require (for example, in case of bleeding)...”

Chap. 8 Page 174



BLEEDING PREVENTION IN COAGULOPATHIC PATIENTS DURING PLACEMENT OF LONG-TERM VENOUS ACCESS

Tunneled cuffed catheters

“The best way to prevent or to face any bleeding from the puncture site or emergency site is the local application of cyanoacrylate-based adhesive”

Chap. 9 Page 180

PLACEMENT OF LONG-TERM VENOUS ACCESSES

Tunneled cuffed catheters, Groshong

“Temporary fixing of the catheter: the breach at the site of the venipuncture should be closed with **histoacrylic** adhesive; the emergency site should be sealed with **histoacrylic** adhesive.”

Chap. 9 Page 187

• CATHETER TUNNELLING

Advantages of cyanoacrylate-based adhesives in skin closure of the reservoir

“... A **histoacrylic** adhesive is sufficient for the venipuncture site (if different from the site where the pocket is packed).

There are many advantages for skin closure with **histoacrylic** adhesive:

- Does not allow communication between the outside of the skin and the subcutaneous (contamination prevention);
- No need to remove staples;
- Maximum patient comfort (the area can be washed after a few days);
- Excellent aesthetic results.”

Chap. 9 Page 219-220

• PORT REMOVAL

cyanoacrylate-based adhesive in port removal



RECOMMENDATIONS

“Bishop L. British Committee for Standards in Haematology 2006)”

“the reservoir is removed by cutting the thick fibrous capsule that formed over time around it..... The incision is then sutured with intradermal points and **histoacrylic** adhesive. Local compression may be helpful sometimes to ensure haemostasis⁴.”

⁴. GAVECEL – 2011 Consensus 2011 on the use of ports in radiology. BONCIARELLI G, BATACCHI S, BIFFI R ET AL: GAVECEL consensus statement on the correct use of totally implantable venous access devices for diagnostic radiology procedures. J Vasc Access 2011 Oct-Dec; 12(4):292-305”

Chap. 9 Page 222

• MANAGEMENT OF COMPLICATIONS (Prevention of early infections with cyanoacrylate-based adhesive)

“ ... early infections can be minimised by using the aseptic manoeuvres recommended by the guidelines (hand washing, maximum barrier precautions, skin antisepsis with 2% chlorhexidine) and using **histoacrylic** adhesive for skin closure instead of staples ...”

Chap. 9 Page 226

CENTRAL VENOUS ACCESSES: CICC PLACEMENT IN INTENSIVE CARE

(ISAC GAVECeLT protocol – reduction of mechanical and infective complications)

“Table 13-13 Protocol “ISAC” GAVECEL, freely modified.”
“ ... Where indicated, protection of the emergency site from the risk of bleeding (by means of **histoacrylic** adhesive) and/or from the risk of contamination (by means of chlorhexidine-impregnated sponge dressing) ...”

Chap. 13 Page 307



CENTRAL VENOUS ACCESSES IN INTENSIVE CARE:

PICC 5-6 F in anticoagulated

Patients and/or with coagulation diseases (prevention of bleeding)

“... The incidence of bleeding in the introduction site can be reduced by the use of a PICC with “reverse tapering” or by sealing the site with cyanoacrylate.”

Chap. 13 Page 318

• Management of CVC in ICU (maintenance of appropriate stabilisation of the catheter)

“ The only factor that may aid thrombosis and that may be faced in the management phase is the excessive mobility of the catheter in the emergency point: the prevention is based on the appropriate choice of the emergency site (avoid exiting at the level of the neck) and on the maintenance of appropriate stabilisation (sutureless device + **histoacrylic** adhesive + transparent adhesive membrane).”

Chap. 13 Page 318

CENTRAL VENOUS ACCESSES FOR HAEMODIALYSIS AND HAEMAPHERESIS (Reduction of Gas Embolism in the dialysis catheter removal)



“The best system currently available to reduce the risk of gas embolism is the application of **histoacrylic** adhesive immediately after removal of the catheter.”

Chap. 15 Page 404

PREVENTION OF DELAYED GAS EMBOLISM (Placement/Removal of catheters for haemodialysis)

Skin application of cyanoacrylate-based adhesive is a valid option to prevent the entry of air and consequent embolism during removal of the catheter.

Chap. 3 Page 80