

Thoracic Surgery

Aerostatic and hemostatic sealant and suture reinforcement



Intended use

- Sealing of bronchial and bronchopleural fistulas (diam. \leq 6-8 mm).
- Sealing and reinforcement of the manual and/or mechanical suture in pulmonary resection, lobectomies, pneumonectomies, bullectomies, volume reductions, tracheobronchial resections, in order to achieve immediate aerostasis and greater mechanical tightness.
- Sealing and reinforcement of vascular sutures, also during lung transplant procedures.
- Sealing and suture reinforcement after tracheal resection.
- Hemostasis on oozing hemorrhages after detachments and dissections i.e., decortications, pleural cavities obliterated by adhesions, tumors and mediastinal masses.









GLUBRAN² Thoracic Surgery

NEBULISED Application of Glubran[®] 2 in thoracic surgery.

The use of nebulized Glubran[®] 2 in the prevention of air leaks has resulted in **average savings of €750/ patient** (p=0.01) correlated with favourable clinical results (Carlea F. et al 2019) ¹.

OUTCOMES	STUDY GROUP (GLUBRAN® 2) N=192	CONTROL GROUP N=192	P VALUE
Early post-operative air leaks (incidence)	10,3%	29,1%	p<0,0001
Chest Tube Drainage in Place (days)	1,2±0,3	2,7±1,1	p<0,0001
Post-op length of stay (days)	2,4±0,9	3,8±1,7	P=0,03

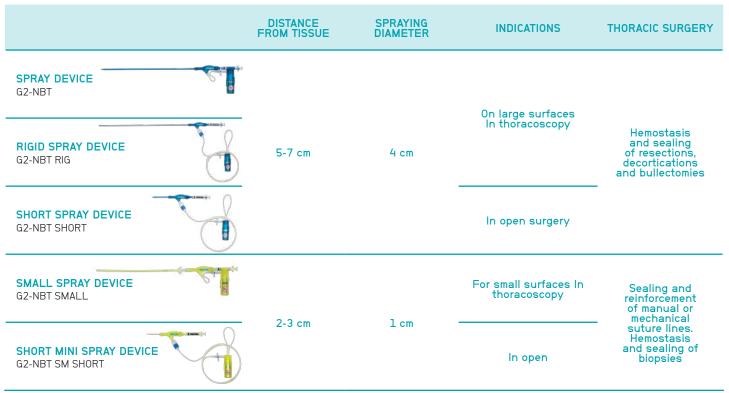
SPRAY DEVICES are indicated in thoracic surgery to apply a thin film of Glubran® 2 enhancing its elasticity.

Used as an aerostatic sealant, it is also applied as a hemostatic sealant on the parenchyma and for the reinforcement of manual and mechanical sutures.

The gas supply has an autonomy of 8 continuous minutes. The area covered by 1 mL of Glubran® 2 with spray devices is approx.

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 $15x15 \text{ cm} = 225 \text{ cm}^2$.



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