

**GLUBRAN<sup>2</sup>**

# Breast Surgery

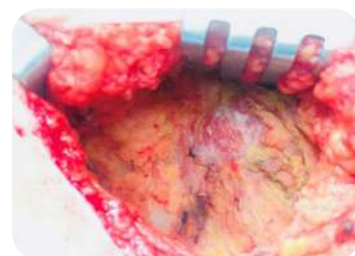
**Sealant, adhesive, hemostatic,  
bacteriostatic**

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## Indicated use

- Closure and Sealing of dissected lymphatic vessels in mastectomy or quadrantectomy operations
- Prevention of seroma formation and reduction of lymphorrhoea
- Hemostasis on oozing haemorrhages after detachments and dissections
- Suture replacement for aesthetic closure of the surgical wound





The nebulised application of Glubran<sup>®</sup> 2 to the surgical site creates a very strong seal coating preventing seroma, which is generated by the exudate of the desiccated tissue and lymph from the dissected lymphatic channels.

Due to its synthetic properties and strong adhesion, Glubran<sup>®</sup> 2 has a longer and more permanent effect than frequently used fibrin glues.<sup>1-6</sup>

A prospective randomised study on a population of 128 breast cancer patients who underwent total mastectomy or partial mastectomy with lymph node dissection assessed the efficacy of nebulised Glubran<sup>®</sup> 2 in reducing seroma.

The group treated with Glubran<sup>®</sup> 2 achieved significant results in the reduction of the:

1. volume of drained and aspirated seroma;
2. post-operative drainage retention time

The Authors conclude that Glubran<sup>®</sup> 2 is effective, safe and easily applicable and that it can be recommended in patients with a high risk of developing seroma.<sup>1</sup>

PARAMETRES	GLUBRAN <sup>®</sup> 2	CONTROL	P
Patients (n)	64	64	
Age (years)	61.67 ± 10.36	61.34 ± 10.86	0.994
Body mass index (kg/m <sup>2</sup> )	28.50 ± 3.44	31.90 ± 4.61	0.000
Tumour mass (g)	541.41 ± 358.57	473.14 ± 380.53	0.037
Operating time (min)	108.56 ± 37.47	124.89 ± 44.79	0.042
Tumour size (mm)	1.13 ± 0.52	1.01 ± 0.50	0.097
Lymph nodes removed (n)	20.68 ± 5.64	14.67 ± 3.95	0.000
Infiltrated lymph nodes (n)	4.29 ± 2.38	3.24 ± 2.78	0.000
Drainage retention time (days)	2.51 ± 0.89	3.63 ± 1.62	0.000
Sérome : Volume drainé (ml)	155.77 ± 103.35	457.81 ± 435.51	0.000
Sérome : Volume aspiré (ml)	25.46 ± 27.14	94.69 ± 109.26	0.000

Vasileiadou K. et al. 2017

mean ± Dev.Stan.

P < 0,005



An observational study of patients who underwent axillary lymphadenectomy combined with mastectomy or breast-conserving surgery showed that the use of nebulised Glubran<sup>®</sup> 2, compared to Tisseel or nothing, appears to

make a statistically significant contribution in reducing axillary drainage retention time and post-operative infections, with a downward trend in the occurrence of post-operative seroma.<sup>5</sup>

Preliminary results of an ongoing RCT study on 220 patients undergoing axillary dissection combined with mastectomy or breast-conserving surgery confirm that the use of nebulised Glubran<sup>®</sup> 2, compared to nothing, significantly contributes to a reduction in axillary drainage retention time.<sup>3-4</sup>

	DRAINAGE ONLY	TISSEEL	GLUBRAN <sup>®</sup> 2	P
Patients (N=41)	N = 17	N = 7	N = 17	P<0.05
Drainage retention time, (days)	14.1 ± 8.7	11.4 ± 7.9	7.4 ± 3.2	0.02
Incidence of post-operative infections (%)	23	57	6	0.02
Incidence of post-operative seroma (%)	11.8	14	6	0.76

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	DISTANCE FROM TISSUE	SPRAY DIAMETER	INDICATED USE	BREAST SURGERY
<b>SHORT SPRAY DEVICE</b> G2-NBT-SHORT 	5-7 cm	4 cm	On large areas In-open surgery	Sealing Haemostasis
<b>SHORT MINI SPRAY DEVICE</b> G2-NBT-SM-SHORT 	2-3 cm	1 cm	On small areas In-open surgery	

## Bibliography

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