

LIQUIBAND[®] Standard

The future of wound closure




cost
effective


fast
set time


precision
applicator


strong
and secure


excellent
cosmesis

The Cost Effective Wound Closure Solution

A safe and effective method for rapid and
secure wound closure with *LiquiBand[®] Standard*

Perfectly suited for use in the **EMERGENCY DEPARTMENT**



Advanced Medical Solutions

www.liquiband.com

LIQUIBAND® Standard

The future of wound closure

Features

- No staple or suture removal^{7*}, non invasive⁶, microbial barrier protection⁵, fast setting, strong and secure, one application required, excellent cosmetic result⁴.
- **LiquiBand® Standard** contains sterile n-butyl cyanoacrylate, it is perfectly suited for use in Emergency Departments and designed for closure of clean fresh wounds where the edges are easily apposed and not under tension.
- **LiquiBand® Standard** has a precise application tip ideal for all types of wounds to the scalp, trunk, limbs and areas of dense natural hair.
- **LiquiBand® Standard** seals the wound and removes the need for dressings.
- **LiquiBand® Standard** acts as a waterproof barrier, patients can shower without compromising the wound closure.

Performance

STRONG AND SECURE²

- Wounds closed with **LiquiBand® Standard** are as strong as those closed with sutures.
- **LiquiBand® Standard** stays on the skin for between 5 and 10 days.

ONLY ONE APPLICATION NEEDED³

- **LiquiBand® Standard** only requires a single layer, this means that uncooperative patients have to be kept still for shorter periods, therefore easing the task for the clinician.

FAST SETTING¹

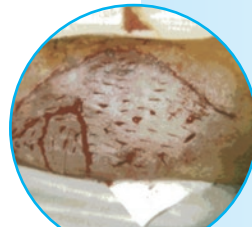
- **LiquiBand® Standard** is a fast setting n-butyl cyanoacrylate and sets (polymerise) in less than 20 seconds.

SIZES AND CODES

Product	Size	Qty Per Box	Product Code	NHS SC Code
LiquiBand® Standard	0.5gm	10	LB 0002	FVF 001



WOUND PRIOR TO CLOSURE



WOUND POST CLOSURE



WOUND AFTER 14 DAYS

CASE STUDY

REPAIR OF PRETIBIAL LACERATION

A patient presented with a flap laceration to the lower leg. The wound was cleaned, debrided and 'defatted' (removal of haematoma, fatty tissue and all obviously non-viable tissue).

Tension reducing incisions were applied to the flap and carefully laid over the open wound so that the edges met without tension. **LiquiBand® Standard** skin adhesive was applied to the apposed edges of the wound and the leg was covered with a compression bandage.

FOLLOW UP - 14 DAYS

The wound was healing without signs of dehiscence, inflammation or infection. The skin flap had taken well and no further intervention was required.

REFERENCES

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2. Dowson et al. (2006) A prospective, randomised controlled trial comparing n-butyl cyanoacrylate tissue adhesives (LiquiBand) with sutures for skin closure after laparoscopic general procedures. *Surgical Laparoscopy, Endoscopy and Percutaneous Techniques*.
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4. The choice of Topical Skin Adhesives for Wound Closure and Microbial Barrier Protection Spans Surgical Specialities and Procedures. A report by Healthcare Division, Touch Briefings 2004
5. McAuliffe J et al. Microbial barrier properties of LiquiBand topical skin adhesive: an in vitro study. IRM 06 0128
6. Farion, K: Tissue adhesives for traumatic lacerations in children and adults. *The Cochrane Database of Systematic Reviews* 2001, Issue 4. Art No.: CD003326. (covers no suture removal) when used without staples or sutures
7. Charters, A (2000) Wounds glue : A comparative study of tissue adhesives: *Accident & Emergency Nursing*: 8:223-7 Collins, H (2001) Tissue Adhesive Trial

* If sutures are not required

IRM 06 0205 01



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