

GEL-FLOW™ NT

absorbable gelatin powder

Hemostatic Matrix for flowable applications (6 mL)

DESCRIPTION

The GEL-FLOW NT device consists of 550 mg of GELFOAM® Sterile Powder (absorbable gelatin powder from absorbable gelatin sponge, USP), a syringe delivery system and two applicator tips for delivery of the flowable mixture to deep and narrow administration sites. The components of the GEL-FLOW NT sterile flowable delivery system are provided in an inner sterile pouch. GEL-FLOW NT is a medical device intended for application to bleeding surfaces as a hemostatic. It is a water-insoluble, off-white, nonelastic, porous, pliable product prepared from purified porcine Skin Gelatin NF Granules and Water for Injection, USP and is able to absorb and hold within its interstices, up to 45 times its weight of whole blood⁴ and other fluids. The GELFOAM Sterile Powder used in GEL-FLOW NT is a fine, dry, gamma sterilized light powder prepared by milling absorbable gelatin sponge.

ACTION

GEL-FLOW NT has hemostatic properties. While its mode of action is not fully understood, its effect appears to be more physical than the result of altering the blood clotting mechanism.

When not used in excessive amounts, GEL-FLOW NT is absorbed completely, with little tissue reaction. This absorption is dependent on several factors, including the amount used, degree of saturation with blood or other fluids, and the site of use. When placed in soft tissues, GEL-FLOW NT is usually absorbed completely in four to six weeks, without inducing excessive scar tissue. When applied to bleeding nasal, rectal or vaginal mucosa, it liquefies within two to five days.

INDICATIONS

Hemostasis: GEL-FLOW NT is indicated in surgical procedures, including those involving cancellous bone bleeding, as a hemostatic device, when control of capillary, venous, and arteriolar bleeding by pressure, ligature, and other conventional procedures is either ineffective or impractical. Although not necessary, GEL-FLOW NT can be used either with or without thrombin to obtain hemostasis.

DIRECTIONS FOR USE

GEL-FLOW NT **must be saturated** with sterile saline or thrombin* solution before use as an adjunct to hemostasis. Prior to GEL-FLOW NT application, the target bleeding site should be visualized if feasible.

GEL-FLOW NT is provided as 550 mg Gelfoam Sterile Powder pre-packaged in a 10 mL syringe for hydration.

Use only the minimum amount of GEL-FLOW NT mixture necessary to produce hemostasis.

Always use sterile technique when handling GEL-FLOW NT.

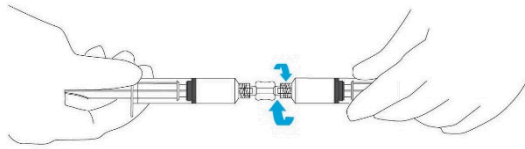
Before Use:

Inspect the GEL-FLOW NT package for signs of damage. DO NOT use if the package is damaged. Open the package and remove the GEL-FLOW NT syringe.

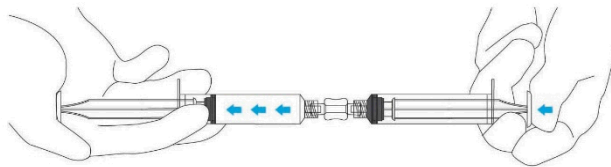
Preparing GEL-FLOW NT:

GEL-FLOW NT may be prepared to desired consistency (by adjusting the volume of saline or thrombin solution used for hydration) up to 3 hours prior to application using standard sterile technique. Following the instructions below will yield an average of 7 mL of uniform mixture within the syringe, with a measured minimum delivery volume of 6 mL.

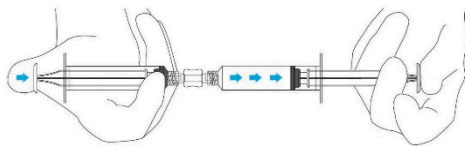
1. Draw up 5 mL of sterile saline or thrombin solution into an empty 10 mL sterile syringe with luer lock (diluent and syringe not included).
2. Connect the GEL-FLOW NT syringe to the sterile saline or thrombin solution syringe via the pre-attached connecting luer.



3. To begin mixing, swiftly push at once the entire volume of the sterile saline or thrombin solution into the GEL-FLOW NT syringe.



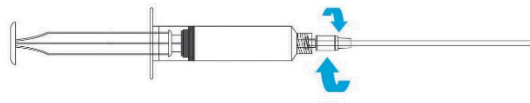
4. Wait 10-15 seconds to allow the gelatin powder to become saturated with the sterile saline or thrombin solution.
5. Push the saturated gelatin powder back into the sterile saline or thrombin solution syringe.
6. Continue exchanging the solution between syringes until all components are thoroughly mixed (approximately 10 complete two-way exchanges) and the consistency is even. If at any point the mixture does not appear uniform, perform additional exchanges between syringes to ensure contents are adequately mixed and the resulting mixture looks homogenous.



7. Disconnect the mixing syringe containing the GEL-FLOW NT mixture and remove connecting luer.
8. GEL-FLOW NT may be dispensed directly from the syringe.
9. If desired, attach an applicator tip.

Two applicator tips (one white malleable and one clear trimmable) with retainer clip are provided.

The clear trimmable applicator tip can be used as provided or trimmed to the desired length. If trimmed, cut at a square angle to avoid creating a sharp tip.



10. Smear, fill, or press the mixture against the bleeding surface.
11. Remove the excess GEL-FLOW NT mixture once hemostasis is achieved.

Notes:

- Once hemostasis is achieved, GEL-FLOW NT mixture may be left at the bleeding site when necessary. GEL-FLOW NT mixture may be left in place when applied to mucosal surfaces until it liquefies.
- Since GEL-FLOW NT causes little more cellular reaction than does the blood clot, the wound may be closed over it.
- **For use with thrombin, consult the thrombin insert for complete prescribing information and proper sample preparation.**

*Prepared as per thrombin label instructions.

CONTRAINDICATIONS

GEL-FLOW NT should not be used in closure of skin incisions because it may interfere with healing of the skin edges. This is due to mechanical interposition of gelatin and is not secondary to intrinsic interference with wound healing.

GEL-FLOW NT must not be placed in intravascular compartments because of the risk of embolization.

Do not use GEL-FLOW NT in patients with known allergies to porcine collagen (see **WARNINGS**).

WARNINGS

Life-threatening anaphylactic reactions, including death, have been reported after exposure to absorbable gelatin. Patients with history of allergies to porcine products may be at risk of serious acute hypersensitivity reactions, including anaphylaxis (see **CONTRAINDICATIONS**). If an anaphylactic reaction is observed, absorbable

gelatin administration should be immediately discontinued and any applied product removed.

GEL-FLOW NT is not intended as a substitute for meticulous surgical technique and the proper application of ligatures, or other conventional procedures for hemostasis.

GEL-FLOW NT is supplied as a sterile product and must not be re-sterilized. Unused, opened GEL-FLOW NT syringes or packs must be discarded.

To prevent contamination, employ aseptic procedure in opening the GEL-FLOW NT package and removing the GEL-FLOW NT syringe. If the package is damaged, the contained Gelfoam Sterile Powder must not be used.

Only the minimum amount of GEL-FLOW NT mixture necessary to achieve hemostasis should be used. Once hemostasis is attained, excess GEL-FLOW NT mixture should be carefully removed.

The use of GEL-FLOW NT is not recommended in the presence of infection. GEL-FLOW NT should be used with caution in contaminated areas of the body. If signs of infection or abscess develop where GEL-FLOW NT has been positioned, reoperation may be necessary in order to remove the infected material and allow drainage.

Although the safety and efficacy of the combined use of GEL-FLOW NT with other agents such as topical thrombin has not been evaluated in controlled clinical trials, if in the physician's judgment concurrent use of other agents is medically advisable, the product literature for that agent should be consulted for complete prescribing information.

While packing a cavity for hemostasis is sometimes surgically indicated, GEL-FLOW NT should not be used in this manner unless excess product not needed to maintain hemostasis is removed.

Whenever possible, GEL-FLOW NT should be removed after use in laminectomy procedures and from foramina in bone, once hemostasis is achieved. This is because GEL-FLOW NT may swell on absorbing fluids and produce nerve damage by pressure within confined bony spaces.

The packing of GEL-FLOW NT, particularly within bony cavities, should be avoided, since swelling may interfere with normal function and/or possibly result in compression necrosis of surrounding tissues.

PRECAUTIONS

GELFOAM should not be placed in the vicinity of the cerebral ventricular space or where there is a possibility of a cerebrospinal fluid fistula to the target bleeding site. GELFOAM should also not be used as a tissue substitute to repair tissue defects of the dura or the cranium. GELFOAM may migrate from central nervous system cerebrospinal fluid surgical sites into the cerebral ventricular space and compromise the cerebrospinal fluid circulation. Hydrocephalus and cerebrospinal fluid retention, requiring a re-intervention to remove GELFOAM residue, have been reported in adult

and pediatric patients (see **ADVERSE REACTIONS**). In some cases, these complications occurred several months after use of GELFOAM.

The minimum amount of GEL-FLOW NT mixture needed for hemostasis should be applied together with pressure until the bleeding stops. The excess should then be removed.

GEL-FLOW NT should not be used for controlling postpartum hemorrhage or menorrhagia.

GEL-FLOW NT should not be used in conjunction with autologous blood salvage circuits since the safety of this use has not been evaluated in controlled clinical trials. It has been demonstrated that fragments of another hemostatic agent, microfibrillar collagen, pass through the 40µm transfusion filters of blood scavenging systems.

Microfibrillar collagen has been reported to reduce the strength of methylmethacrylate adhesives used to attach prosthetic devices to bone surfaces. As a precaution, GEL-FLOW NT should not be used in conjunction with such adhesives.

GEL-FLOW NT is not recommended for the primary treatment of coagulation disorders.

It is not recommended that GEL-FLOW NT be saturated with an antibiotic solution or dusted with antibiotic powder.

Positioning of the patient resulting in negative peripheral venous pressure during a procedure has been reported to be a contributing factor resulting in intravascular migration of gelatin and life-threatening thromboembolic events and should be avoided.

ADVERSE REACTIONS

Life-threatening anaphylactic reactions, including death, have been reported after exposure to absorbable gelatin (see **WARNINGS**).

Product migration to the cerebral ventricular space followed by hydrocephalus or cerebrospinal fluid retention leading to secondary intervention, has been reported following neurosurgery in the vicinity of the ventricular space (see **PRECAUTIONS**).

There have been reports of fever associated with the use of GELFOAM, without demonstrable infection. GELFOAM may serve as a nidus for infection and abscess formation,¹ and has been reported to potentiate bacterial growth. Giant-cell granuloma has been reported at the implantation site of absorbable gelatin product in the brain², as has compression of the brain and spinal cord resulting from the accumulation of sterile fluid.³

Foreign body reactions, “encapsulation” of fluid and hematoma have also been reported.

When GELFOAM was used in laminectomy operations, multiple neurologic events were reported, including but not limited to cauda equina syndrome, spinal stenosis, meningitis, arachnoiditis, headaches, paresthesias, pain, bladder and bowel dysfunction, and impotence.

Excessive fibrosis and prolonged fixation of a tendon have been reported when absorbable gelatin products were used in severed tendon repair.

Toxic shock syndrome has been reported in association with the use of GELFOAM in nasal surgery.

Fever, failure of absorption, and hearing loss have been reported in association with the use of GELFOAM during tympanoplasty.

ADVERSE REACTIONS REPORTED FROM UNAPPROVED USES

GELFOAM is not recommended for use other than for topical application to bleeding surfaces as a hemostatic agent.

While some adverse medical events following the unapproved use of GELFOAM have been reported (see **ADVERSE REACTIONS**), other potential harms associated with such use may not have been reported.

When GELFOAM has been used during intravascular catheterization for the purpose of producing vessel occlusion, the following adverse events have been reported; vessel recanalization, intravascular gelatin migration, fever, end organ ischemia and infarction, pancreatitis, post-embolization syndrome, ischemia and infarction at unintended locations (such as duodenum and pancreas), duct stenosis (such as bile duct stenosis), gangrene, infection, necrosis, organ dysfunction, infertility, embolization of extremities, pulmonary embolization, splenic abscess, asterixis, and death.

The following adverse medical events have been associated with the use of GELFOAM for repair of dural defects encountered during laminectomy and craniotomy operations: fever, infection, leg paresthesias, neck and back pain, bladder and bowel incontinence, cauda equina syndrome, neurogenic bladder, impotence, and paresis.

The following adverse medical events have been associated with the use of GELFOAM with or without bone dust for repair of dural and cranial defects encountered during burr-hole operations or craniotomies: cerebrospinal fluid retention and hydrocephalus leading to secondary intervention (see **PRECAUTIONS**).

ADVERSE EVENTS ASSOCIATED WITH BONE HEMOSTASIS

In a clinical study, 108 patients received GELFOAM Sterile Powder on the cut surface of the sternum during cardiopulmonary bypass surgery, while 107 patients received no treatment on the cut surface of the bone. Table 1 is a summary of medical events reported by at least 1.0% of patients in a treatment group. The most frequently reported events were atrial fibrillation, perioperative event, and wound infection. Events occurring in less than 1.0% of the patients were as follows: anaphylaxis, cardiogenic shock, delirium tremens, infection at the vascular catheter site,

unevaluable reaction, sepsis, angina pectoris, atrial arrhythmia, nodal arrhythmia, arteriosclerosis, cardiac insufficiency, cardiac tamponade, cardiomyopathy, deep vein thrombosis, mitral valve disorder, endocarditis, ventricular extrasystoles, heart arrest, hypotension, mesenteric occlusion, supraventricular tachycardia, thrombophlebitis, thrombosis, gastrointestinal disorder, gastrointestinal bleeding, increased serum creatinine, dehydration, anemia, thrombocytopenia, abnormal healing, hypovolemia, hypoxia, metabolic acidosis, cerebral infarction, visual hallucinations, stupor, aspiration pneumonia, chest congestion, pleural effusion, pulmonary infiltration, retinal artery occlusion, anuria, UG disorder, abnormal kidney function and menorrhagia.

Table 1: Summary of Medical Events for GELFOAM Sterile Powder when used as a Bone Hemostatic Agent During Cardiopulmonary Bypass Surgery

| Medical Event | GELFOAM N=108 | | Control N=107 | | Total N=215 | |
|------------------------------|------------------|------|------------------|-------|----------------|-------|
| | n | % | n | % | n | % |
| Atrial Fibrillation | 14 | (13) | 12 | (11) | 26 | (12) |
| Wound Infection | 6 | (6) | 1 | (0.9) | 7 | (3.3) |
| Perioperative Event | 4 | (4) | 5 | (4.7) | 9 | (4.2) |
| Congestive Heart Failure | 4 | (4) | 0 | (0) | 4 | (1.9) |
| Ventricular Tachycardia | 2 | (2) | 3 | (2.8) | 5 | (2.3) |
| Atrial Flutter | 2 | (2) | 0 | (0) | 2 | (0.9) |
| Peripheral Vascular Disorder | 2 | (2) | 0 | (0) | 2 | (0.9) |
| Pneumothorax | 2 | (2) | 3 | (2.8) | 5 | (2.3) |
| Respiratory Failure | 2 | (2) | 2 | (1.9) | 4 | (1.9) |
| Respiratory Arrest | 2 | (2) | 1 | (0.9) | 3 | (1.4) |
| Fever | 1 | (1) | 2 | (1.9) | 3 | (1.4) |
| Heart Block | 1 | (1) | 2 | (1.9) | 3 | (1.4) |
| Prolonged Wound Drainage | 0 | (0) | 1 | (0.9) | 1 | (0.5) |
| Cellulitis | 0 | (0) | 2 | (1.9) | 2 | (0.9) |
| Dyspnea | 0 | (0) | 2 | (1.9) | 2 | (0.9) |
| Pneumonia | 0 | (0) | 2 | (1.9) | 2 | (0.9) |

In general, the following adverse events have been reported with the use of absorbable porcine gelatin-based hemostatic agents:

- Gelatin-based hemostatic agents may serve as a nidus for infection and abscess formation and have been reported to potentiate bacterial growth.
- Giant cell granulomas have been observed at implant sites when used in the brain.
- After placement, absorbable hemostatic agents may be visible on imaging studies until they are fully absorbed, which could be interpreted as pseudotumor/pseudomass appearance.
- Pseudoinfection/pseudoabscess has also been reported in the literature.
- Pseudotumor/pseudomass and pseudoinfection/pseudoabscess may result in additional invasive procedures, reoperations, and prolonged hospital stays.
- Compression of the brain and spinal cord resulting from the accumulation of sterile fluid has been observed.
- Multiple neurologic events were reported when absorbable gelatin-based hemostatic agents were used in laminectomy operations, including cauda equina syndrome, spinal

stenosis, meningitis, arachnoiditis, headaches, paresthesias, pain, bladder and bowel dysfunction, and impotence and paresis.

- The use of absorbable gelatin-based hemostatic agents have been associated with paralysis, due to device migration into foramina in the bone around the spinal cord, and blindness due to device migration in the orbit of the eye, during lobectomy, laminectomy and repair of a frontal skull fracture and lacerated lobe.
- Foreign body reactions, “encapsulation” of fluid, and hematoma have been observed at implant sites.
- Excessive fibrosis and prolonged fixation of a tendon have been reported when absorbable gelatin-based sponges were used in severed tendon repair.
- Toxic shock syndrome was reported in association with the use of absorbable gelatin-based hemostats in nasal surgery.
- Fever, failure of absorption, and hearing loss have been observed when absorbable hemostatic agents were used during tympanoplasty.

CLINICAL STUDIES

GELFOAM Sterile Powder is a water-insoluble, hemostatic device prepared from purified skin gelatin, and capable of absorbing up to 45 times its weight of whole blood.⁴ The absorptive capacity of GELFOAM is a function of its physical size, increasing as the amount of the gelatin powder increases.⁵

The mechanism of action of surface-mediated hemostatic devices is supportive and mechanical.⁵ Surface acting devices, when applied directly to bleeding surfaces, arrest bleeding by the formation of an artificial clot and by producing a mechanical matrix that facilitates clotting.⁶ Jenkins et al⁷ have theorized that the clotting effect of GELFOAM may be due to release of thromboplastin from platelets, occurring when platelets entering the sponge become damaged by contact with the walls of its myriad of interstices. Thromboplastin interacts with prothrombin and calcium to produce thrombin, and this sequence of events initiates the clotting reaction. The authors suggest that the physiologic formation of thrombin in the sponge is sufficient to produce formation of a clot, by its action on the fibrinogen in blood.⁷ The spongy physical properties of the gelatin sponge hasten clot formation and provide structural support for the forming clot.^{6,8}

Several investigators have claimed that GELFOAM becomes liquefied within a week or less and is completely absorbed in four to six weeks, without inducing excessive scar formation.^{4,7,9,10,11} Barnes¹⁰ reviewed experiences with GELFOAM in gynecologic surgery. No excessive scar tissue, attributable to the absorption of GELFOAM, could be palpated at postoperative examination.

Bone Hemostasis Study:

The efficacy of GELFOAM Sterile Powder as a bone hemostatic agent during cardiopulmonary bypass surgery was evaluated.

Study Design

Two randomized open-label clinical studies were conducted at separate investigative sites. The objectives were as follows:

- To evaluate the effectiveness of GELFOAM Sterile Powder as a hemostatic agent in the treatment of sternal bone bleeding during cardiopulmonary bypass surgery.

- To identify any deleterious effects of GELFOAM Sterile Powder on interference with bone healing.
- To determine any systemic or local wound side effects from leaving GELFOAM Sterile Powder *in situ*.

Patients between the ages of 18 to 74 years old undergoing cardiopulmonary bypass surgery were randomly assigned to either a GELFOAM group or a Control group. The GELFOAM group (composed of 108 patients) had a paste made up of sterile saline solution and GELFOAM Sterile Powder applied to the cut sternal surface immediately following sternotomy. The Control group (composed of 107 patients) received no treatment applied to the cut surface.

Blood loss was monitored both during surgery and postoperatively. Blood loss during surgery was determined by measuring the weight of the powder before and after application to the cut edge of the sternum. Postoperative blood loss was collected from the mediastinal drainage tubes. The total blood loss (in milligrams) over 72 hours was determined for each patient.

Study Endpoints

Patients were evaluated upon admission (preoperative), during surgery (intraoperative), after surgery (postoperative), upon hospital discharge (7 to 10 days after surgery), and at the 3-month follow-up visit. An additional poststudy follow-up was required if a patient reported an ongoing medical event at the 3-month follow-up visit.

Study Results

In both studies, the amount of blood loss was significantly less in the GELFOAM group than in the Control group. In Study 001, the mean blood loss in the GELFOAM group was 13727.7 mg while the mean blood loss in the Control group was more than double at 27712.0 mg. Similar results were found in Study 002, where the mean blood loss in the GELFOAM group was 9514.8 mg while the mean blood loss in the Control group was 22687.5 mg.

Table 2: Blood Loss in Sternotomy Patients

| | Site 001 | | Site 002 | |
|-------------------------|----------|---------|----------|---------|
| | GELFOAM | Control | GELFOAM | Control |
| Mean Blood Loss (mg) | 13727.7 | 27712.0 | 9514.8 | 22687.5 |
| Median Blood Loss (mg) | 11561.0 | 24798.0 | 6950.0 | 16900.0 |
| Minimum Blood Loss (mg) | 2922.0 | 10748.0 | 800.0 | 900.0 |
| Maximum Blood Loss (mg) | 87448.0 | 61535.0 | 46000.0 | 89800.0 |

Patients in the GELFOAM and Control groups were similar with regard to sternal bone healing. At hospital discharge, normal bone healing was reported for 105 patients (97%) in the GELFOAM group and 104 patients (97%) in the Control group. At the 3-month follow-up, 103 patients (95%) in the GELFOAM group and 100 patients (93%) in the Control group were healed.

Few patients in either treatment group had sternotomy infection or other postoperative infection complications related to sternotomy. At hospital discharge, two patients treated with GELFOAM had mediastinitis. No Control patients had any infections at

hospital discharge. One patient treated with GELFOAM had a non-infection related complication.

At the 3-month follow-up, one of the original patients treated with GELFOAM who had mediastinitis still showed signs of infection. In addition, two additional patients treated with GELFOAM developed mediastinitis at the 3-month follow-up.

One patient in the Control group experienced sternal osteomyelitis at the 3-month follow-up but recovered with no residual effects. No patients from the GELFOAM arm of the study had reported complications of sternal osteomyelitis.

There was a total of four Control patients who had non-infection related complications.

One Control patient had serous/sanguineous wound drainage from the left leg and sternum incisions at hospital discharge. This complication was non-infectious and the patient recovered with no residual side effects.

Three Control patients all experienced chronic pain syndrome, a symptom which can occur following thoracic/cardiac surgery. Evaluation sternal bone healing at the 3-month follow-up for these patients showed no evidence of non-union of the sternum. In all three cases, bone healing at the 3-month follow-up was reported as being normal. A summary of sternotomy infection information is located in Table 3.

Table 3: Summary of Postoperative Infection Complications

| | Hospital Discharge | | | | 3-Month Follow-up | | | |
|---|--------------------|-------|---------|-------|-------------------|------|---------|-------|
| | GELFOAM | | Control | | GELFOAM | | Control | |
| | N | % | N | % | N | % | N | % |
| Any Infection | | | | | | | | |
| yes | 1 | (1) | 0 | (0) | 5 | (5) | 0 | (0) |
| no | 104 | (99) | 106 | (100) | 95 | (95) | 105 | (100) |
| Superficial Wound | | | | | | | | |
| yes | 0 | (0) | 0 | (0) | 2 | (2) | 0 | (0) |
| no | 105 | (100) | 106 | (100) | 98 | (98) | 105 | (100) |
| Sternal Osteomyelitis | | | | | | | | |
| yes | 0 | (0) | 0 | (0) | 1 | (1) | 1 | (1) |
| no | 105 | (100) | 106 | (100) | 99 | (99) | 105 | (99) |
| Mediastinitis | | | | | | | | |
| yes | 1 | (1) | 0 | (0) | 2 | (2) | 0 | (0) |
| no | 104 | (99) | 106 | (100) | 98 | (98) | 105 | (100) |
| Complication Related to Sternotomy | | | | | | | | |
| yes | 0 | (0) | 0 | (0) | 1 | (1) | 3 | (3) |
| no | 105 | (100) | 106 | (100) | 99 | (99) | 102 | (97) |

Study Conclusions

These studies demonstrate that a paste made from GELFOAM Sterile Powder is safe and effective in treating intraoperative bleeding when applied to the cut surface of cancellous bone and has shown superior hemostasis versus no treatment at all to the cut bone surface. The benefit to patients is that a reduction in bleeding will make surgery easier to perform by reducing the time the surgeon needs to revisit cut bone surfaces to clean up the bleeding. This study also demonstrated that GELFOAM

Sterile Powder could be left *in situ* without increased risk of bone infection or non-union of the sternum.

NON-CLINICAL STUDIES

Thrombin Concentration Study¹⁶

In a blinded pre-clinical study conducted on a liver lesion model in swine, an inverse dose related response was observed between the thrombin* concentration within the GEL-FLOW NT syringe and the visual bleeding scores. Bleeding was assigned scores according to a visual scale (Adams et al. 2009¹⁵), with scores of 0 (no bleeding), 0.5 (ooze), 1 (very slight), 2 (slight), 3 (moderate), and 4 (severe). Scores of 1 and less were considered clinically acceptable. The 770 IU/mL thrombin concentration provided statistically significant lower bleeding scores than either 375 IU/mL or 250 IU/mL thrombin concentrations** (Table 4). The results of this study showed that higher concentrations of thrombin within the GEL-FLOW NT syringe resulted in improved hemostasis as measured by lower bleeding scores.

*Thrombin-JMI[®] (Thrombin, Topical (Bovine) USP) was used for all thrombin concentrations tested in this study. **Per the Thrombin-JMI[®] prescribing information, for routine use THROMBIN-JMI is reconstituted with sterile isotonic saline at a recommended concentration of 1,000 to 2,000 International Units per mL.

Table 4: Comparison of Effect on Hemostasis of Varying Thrombin Concentrations in GEL-FLOW NT as Measured by Bleeding Scores in Swine Liver Lesion Model

| Comparison of Effect on Bleeding Scores of Varying Thrombin Concentrations in GEL-FLOW NT in Animal Model using Repeated Measures Logistic Regression | | | |
|---|---------------------------------|---------------------------------|---------------------------------|
| Parameter | 250 IU/mL Mean (Standard Error) | 375 IU/mL Mean (Standard Error) | 770 IU/mL Mean (Standard Error) |
| 3 Minute Bleeding Score | 1.8 (0.2) | 1.6 (0.2) | 0.7 (0.2)** |
| 6 Minute Bleeding Score | 1.7 (0.2) | 1.5 (0.2) | 0.6 (0.2)** |
| 9 Minute Bleeding Score | 1.5 (0.2) | 1.2 (0.2) | 0.5 (0.2)** |
| 12 Minute Bleeding Score | 1.4 (0.2) | 1.0 (0.2)* | 0.4 (0.2)** |

*Significantly different from 250 IU/mL at the 0.05 significance level. Tukey adjusted p-value for multiple comparisons.

**Significantly different from both 250 and 375 IU/mL at <0.001 significance level. Tukey adjusted p-values for multiple comparisons.

DOSAGE AND ADMINISTRATION

Sterile technique should always be used. The minimum amount of GEL-FLOW NT mixture should be applied to the bleeding site (see DIRECTIONS FOR USE) with pressure until hemostasis is observed. Unused GEL-FLOW NT should always be discarded.

HOW SUPPLIED

GEL-FLOW NT is provided in an inner sterile pouch which contains 550 mg GELFOAM Sterile Powder in a 10 mL syringe to yield a minimum delivery volume of 6 mL GEL-FLOW NT mixture if prepared per instructions, supplied with a connector luer and two applicator tips (white malleable and clear trimmable) with retainer clip, 2 syringe labels: GTIN 00300091040016.

GEL-FLOW™ NT is supplied in the GEL-FLOW™ Kit:

GEL-FLOW™ Kit (GEL-FLOW™ NT Absorbable Gelatin Powder and Thrombin, Topical (Bovine) U.S.P., THROMBIN-JMI®, 5,000 IU Syringe Spray Kit).

GTIN 00300092250018.

STORAGE AND HANDLING

GEL-FLOW NT should be stored at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature]. Once the Gelfoam Sterile Powder in the GEL-FLOW NT is hydrated within the syringe, contents are subject to contamination. GEL-FLOW NT may be prepared up to 3 hours prior to application using standard sterile technique. It is recommended that the product be used as soon as the GEL-FLOW NT is properly hydrated and unused contents be discarded. This product is prepackaged sterile and intended only for single use. It is not intended for re-sterilization or reuse. Reuse can result in transmission of bloodborne pathogens (including HIV and hepatitis), potentially endangering patients and health care providers. Adherence to the principles of aseptic technique when using this product is essential.

Caution: Federal law restricts this device to sale by or on the order of a physician.

ANIMAL PHARMACOLOGY

Surface-acting hemostatic devices, when applied directly to bleeding surfaces, arrest bleeding by providing a mechanical matrix that facilitates clotting.^{6,8,13,14} Due to their bulk, surface-acting hemostatic agents slow the flow of blood, protect the forming clot, and offer a framework for deposition of the cellular elements of blood.^{6,7,8,13} MacDonald and Mathews¹² studied GELFOAM implants in canine kidneys and reported that it assisted in healing, with no marked inflammatory or foreign-body reactions.

Jenkins and Janda¹³ studied the use of GELFOAM in canine liver resections and noted that the gelatin sponge appeared to offer a protective cover and provide structural support for the reparative process.

Correll et al¹⁴ studied the histology of GELFOAM Sterile Sponge when implanted in rat muscle and reported no significant tissue reaction.

REFERENCES

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