

0.7 g (~0.7 ml)

(EH) TOPICAL SKIN ADHESIVE, High Viscosity. 2-Octyl Cyanoacrylate





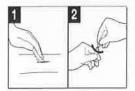
Chemence Medical, Inc. 200 Technology Drive Alpharetta, GA 30005, USA Phone: +1 844 633 4583 chemencemedical.com

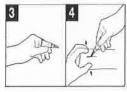


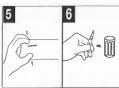


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derma+flex<sup>®</sup> QS™ TOPICAL SKIN ADHESIVE (High Viscosity, 2-Octyl Cyanoacrylate

BEFORE USING THIS PRODUCT, READ THE FOLLOWING INFORMATION THOROUGHLY

DESCRIPTION
derme-files\* 051\*\* is a starile, high viscosity liquid topical skin schreeke containing a moceoneric (2-octyl oyenosorylata) formulation and the colourant of 4 O'color 42. It is provided in a 0-7 q single are islaminium coloraparties tube and application peckagod in a rigid PETQ felter with Tysek\*\* list, The application is comprised of a self-quentruling opa and a not disastronic file, writen allows the adversalve to spread uniformly. As applied to skin, the flight is synchiate in visionally and polymentess, within involutes. The increased viscosity in defense files\*\* (3-3\*\*) reintended is reduce the list of uniformless description of the flight allowand of the result and application due to migration of the flight allowands for results of the would offer the self-quentruling of the results of the results and the self-quentruling of the results of the results and the self-quentruling of the results of the results and the self-quentruling of the results of the results and the self-quentruling of the results of the results and the results are results and the results and the results and the results are results are results and results are results and results are results and results are results are results and re

BUTTLEATHORS

derma+flex® QSTM is intended for topical application only to hold closed derma-flex<sup>®</sup> OS<sup>™</sup> is intended for topical application only to hold closed sept approximate skin edges of wounds from surpical incisions, including inclusions from minimally invasive surgery, and simple, thoroughly classified, including inclusions from minimally invasive surgery, and simple, thoroughly classified with the control of the control of

CONTRAINDICATIONS

convinenductations of deman-field Strails not to be applied to any internal organs, on or near mucasal surfaces or across mucocuráneous junctions, on areas with dense natural hair, within the conjunctival sec of the eye or on skin which may be regularly exposed to body fluids.

 derms+flex® QSTM is not to be applied to wounds of decubitus effoliogy of on animal or human little woulde

of animal of invalidation with the widence of active microbial or fungal infections, or gargretre.

■ derma+flax<sup>®</sup> QS<sup>TM</sup> is not to be used on any wound with evidence of active microbial or fungal infections, or gargretre.

Infections, uncontrolled diabetes or other diseases or conditions that are known to interfere with wound healing.

derma+flor® QS<sup>TM</sup> is not to be used on patients with a known hypersensitivity to cyanoacrylate or formaldehyde.

WADMINGS

 derma+flex<sup>®</sup> OS™ is a fast setting adhesive capable of adhering to most body tissues and many other materials, such as latex gloves and stainless steel, inadvertent contact with any body tissue, and any surfaces or equipment that are not disposable or that cannot be readily cleaned with a solvent such as acetone should be avoided.

 Polymerisation of derma+flex<sup>®</sup> QS™ may be accelerated by water or flukts containing elochol: derma+flex<sup>®</sup> QS™ should not be applied to wet wounds. derma+flex® QS™ should not be applied to the eve. If contact with the eye occurs, flush the eye coplously with seline or water. If residual adhesive remains, apply topical ophthalmic olntment to help loosen the bund and contact an ophthalmologist.

contact at optimizationogast.

When closing facial wounds near the eye with derma+flex\* QS <sup>TM</sup>, position the patient so that any run-off of adhesive is away from the eye. The eye should be closed and protocled with gauze. Prohybectic placement of petroleum jelly around the eye, to act as a mechanical barrier or dam, can be effective in preventing inadvertant flow of adhesive into the eye, derma+flex QSTM will not adhere to skin pre-conted with petroleum lefty. Therefore, evold using petroleum jelly on any skin area where derma+flex\* QS\*\* is Intended

 derma+flax<sup>®</sup> ΩS™ should not be used in high skin tension areas or across noema-iner us\*\* should not be used in high sent tension areas or across
measured increased shirt tension, such as fronciscus, allower, or frees, unless
tension in the properties of the properties o

infection. Wounds with signs of infection, such as enythema, pedema, warmth, pain and pus, should be evaluated and treated according to standard practice

for limitation, and are stated in the used on wound sites that will be subjected to repeated or protonged moisture or friction.

defma+field of SSTM about only be used after wounds have been cleaned, debridded and are otherwise closed in accordance with standard surgical practice, Local anrealshetic should be used when necessary to assure adequate cleansion and debridemen

Multiple use of the device in different patients increases the possibility of transfer of infectious agents.

 Excessive pressure of the applicator to against wound edges or surrounding skin can force the wound adness exact and allow atherine lots the wound cosmetic outcome. Therefore, derma+flex® OS1M should be applied with a very light brushing motion of the applicator tip over assist be appreciated when the applicator tip over assist appreciated as the applicator tip over assist appreciated as the applicator tip over assist appreciate as the applicator tip over a second be applicator.

s small amount of heat is released. With the proper application technique of derma+flac® QSTM any potential sensation of heat or pain expenenced by the patient is minimised.

derma-flex<sup>e</sup> QS<sup>TM</sup> is packaged for single patient use. Discard remaining opened material after each wound closure procedure.
 Do not residelitie derma-flex<sup>e</sup> QS<sup>TM</sup>

Up not resistance contract time: d<sub>S</sub><sup>-1</sup>
 Do not place detime-filled OST<sup>-1</sup>
 In a procedure period. Post in a procedure period. Post in the last to be startBased prior to use, Exposure of idemn-stace OST<sup>-1</sup>, after its final menufacture, to excessive heat (as in authoritosives) or redistallor (such as gamma or electron beam), is known to increase its viscosity and may render the product unusable.

. Potential systemic toxicity of this product is unknown.

• Do not apply liquid or cintment medications or other substances to the wound after closure with derma-fige\* QS™, as these substances can weaken the polymerised film and ellow for wound defriscence, derma-flex\* QS™ permeability by topical medications has not been studied.

derma+flex® QS™ permeability by fluide is not known and has not been

\* derma+flex\* QSTM, as a liquid, is syrup-lika in viscosity. To prevent inactivetent flow of liquid darma+flex\* QSTM to unimended areas the patient should be positioned so that inactiveriant flow would be away from unwanted

. Hold applicator upward and away from yourself and the patient and squeeze the contents of the tube from the hottom of the tube towards the applicati - derma-flex® QS™ should be used within 60 infurtes after applying the applicator, and percing the aluminium lube membrane because the adhesive wllp polymerise in the applicator, rendering the device unusable.

will polymente in the applicator, rendering the device unusable, in a spirit along the state of the state of

\* Safety and effectiveness of derma-flax\*  $OS^{TM}$  on the following wounds had not been studied: animal or human bites; puncture or stab wounds.

 Safety and effectiveness on wounds that have been freated with dorma+flex<sup>®</sup> QS™ and then exposed for prolonged periods to direct sunlight or tanning lamps have not been studied

Safety and effectiveness of derma+flex® QSTM on wounds in vermillon surfaces has not been studied.

ADVERSE REACTIONS

Clinical use of cyanoacrylate-based topical skin adhesives has suggested that the following adverse events may occur: wound dehiscence; infection; acute inflammation including erythema and oedema; bonding to unifereded itssues such as the eye; thermal discomfort during polymerisation; allergic reaction; and foreign body reaction. Reactions may occur in patients who are

CLINICAL STUDIES

CUNIO.4 STUDIES Topical skin adhesives comprised of monomeric 2-actyl cyanoecrylate have been evaluated by numerous organizations in controlled clinical studies in cumparison to subtres, stables, athrestive strips and other cyanoacrylate-based topical skin adhesives to close incisions and trauma-induced lacerations, These instructions for the have been generated based on the results of these available published studies.

1. The inclaion or trauma site must be clean and dry before applying adhesive:

1. The increason or trauma site must be caser and only before applying eonesive. Ensure that the wound edges are easily approximated.

2. Sorew the Applicator Tip onto the threaded tube in a clockwise direction until the applicator is tight and sealed on the tube. The applicator will puncture the foil membrane on the tube once seated and adhesive will be allowed.

to raw.

3. White holding the tube upright and away from the patient, gently squeeze the tube from the bottom, moving the adhesive upward until it becomes visible through the applicator device.

4. White approximating skin edges, apply adhesive to the wound site by

squeezing the aluminium tube gently and continuously in a back and forth motion while spreading over wound site.

Corilinue to hold the wound edges in approximation until the adhesive becomes bricky, typically within 60-90 seconds; A smooth and even cost of adhesive is desirable.

acressive to destruct.

Once adhests has completely polymerised (non-tacky) you may cover the sits with a secondary bendage. If a secondary bandage is used, DO NOT apply to the adhests ere rere until it for completely tack free. Applying while tacky may result in adhestive removal when removing secondary bandage and possibly dehiscence of the wound sits.

Discard edhesive device according to normal protocol after use.

NOTE: demanded in the state of the state of

surrounding skin can result in forcing the wound edges apart and allowing derma+flex<sup>®</sup> QS<sup>TM</sup> into the wound, derma+flex<sup>®</sup> QS<sup>TM</sup> within the wound could delay wound healing and/or result in adverse cosmetic outcome.

NOTE: Full apposition atrenuth is expected to be achieved within minutes after the adhesive is applied. Full polymerisation is expected when the derms+flex\*

NOTE: layer is no longer sticky.

NOTE: Do not apply liquid or oliminant medications onto wounds closed with dorma+flow OS™ begause these substances can weaken the polymertsed film, leading to wound dehiscence.

mm, reading to woolno derieszentea.

NOTE: Protection dry directings are not acquired may let applied only after MOTE Protection dry directing and active solid protection and tacky to the touch (approximately five minutes after applications, Allow the adhesive to fully polymarise before applying a bandgae, it is dreseling, tandauge, adhesive backlag or tage is applied before complete polymerisation, the dressing can adhere to the film. The film can be discussed from the skin when the dressing can adhere to the film. The film can be discussed from the skin when the dressing can adhere to the film. The film can be discussed from the skin when the dressing can adhere to the film. The film can be discussed from the skin when the dressing can adhere to the film. The film can be discussed from the skin when the dressing can alter to the film. is removed, and wound dehiscence can occur.

NOTE: Patients should be instructed not to pick at the polymerised film of derme-flex\* QS\*\*\*. Picking at the film can disrupt its adhesion to the skin and cause deliscence of the wound, Picking at the film can be discouraged by an overtying dressing.

NOTE: Apply a dry protective dressing for children or other patients who may not be able to follow instructions for proper wound care.

NOTE: Palients should be instructed that until the polymerised film of dama-flex\* GSTM has sloughed naturally (usually in 5 to 10 days), there should be only translent wetting of the trastitunel site, Palients may shower and ballie the site gently. The site should not be scrubbed, scaked, or exposed to prolonged wetters until after the film has storgled naturally and the wound has healed closed. Patients should be instructed not to go swimming during

NOTE: If removal of derma+flex® QS™ is necessary for any reason, carefully apply petroleum jelly or acetone to the derma+flex\* QS1M film to help loosen the bond, Peel off the film, do not pull the skin spart,

derma+flex® QS™ is supplied sterile, in a pre-filled, single-use aluminium tube and applicator. The applicator tube contains the liquid adhesive. The applicator tube and the applicator lip are packaged in a rigid PETG bitster with Tyvek" lid to maintain the device sterility until opened or damaged derma+flex $^{\circ}$  QSTM is be evaluable in boxes of 10 devices.

STORAGE — Recommended storage conditions; below 30°C away from direct heat. Do not use after expiry date

STERILITY — derma+flex® OSTM is originally sterilised by dry heat and ethylene oxide gas, 0o not resterilise. Do not use if package is opened or damaged, Discard any unused material following completion of medical reconducts.

STERILE SINGLE USE ONLY

REPORTING — Healthcare Professional should use the following number +1-844-833-4583, when reporting adverse reactions or potentially threatening complications involving derma+fex\*  $0S^{\rm TM}_{\odot}$ 

CAUTION — This product is meant for external dermal application only and should not contact the eyes, This product should not be ingested, applied internally, or injected intravascularly

Manufactured by CHEMENCE MEDICAL INC.

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