

# **LIQUIBAND<sup>®</sup> OPTIMA**

*The future of wound closure*



## **The Future of Wound Closure**

Precision wound closure with **LiquiBand<sup>®</sup> Optima**

*The UK's No.1 for innovation, safety and best practice*

[www.liquiband.com](http://www.liquiband.com)



Advanced Medical Solutions

# Advantages for the Patient

Reduced Trauma:

No needles and a reduced need for anaesthetic or an overnight stay.

Excellent Cosmetic Results:

Cyanoacrylates provide as good or better cosmetic outcomes than sutures.<sup>1,2,3</sup>

Suitable for the Facial Triangle:

Reduces risk of glue getting into the patients eyes, nose or mouth.

Protection Against Infection:

Cyanoacrylates provide microbial liquid barrier protection.<sup>4,5</sup>

Non-Invasive:

No suture tracks, cross hatching or knot ties.

No Suture Removal:

Eliminates the added burden of having sutures removed.

# Peace of mind for the Clinician

Precise Application:



The **LiquiBand® Optima** applicator design allows the clinician to precisely apply a controlled amount of wound glue.

Ambient Storage:



**LiquiBand® Optima** can be stored at ambient room temperatures between 41°F (5°C) and 77°F (25°C), thus avoiding the need for refrigerated storage.

Aids Treatment Times:



Fast closure, equals faster patient turn around, assisting in managing A&E breaches.

Avoids Needlestick Injury:



Reduces requirements for needles and sharps, reducing the risk of exposure to blood borne viruses.

Useful with Uncooperative Patients:



Suitable for use on children and uncooperative patients.

Fast Setting:



**LiquiBand® Optima** contains an Octyl-Blend<sup>10™</sup> adhesive which sets in <10 seconds and can therefore assist in managing 4 hour A&E breaches by offering faster patient turn around.

Strong and Secure Results:



With only one application **LiquiBand® Optima** is as strong as sutures.<sup>5</sup>

Cost Effective:



No return visit for removal of sutures and no need for extra dressings.

# Wound Suitability

The aim of all wound treatment is to achieve fast healing with minimal scarring, good approximation of the wound edges is therefore essential.

**LIQUIBAND® Optima** Can be used on:

**Fresh wounds** - No greater than 6 hours old from inception to cleaning.

**Clean wounds** - Cleansing, foreign body removal, or debriding should be conducted before closing to reduce the risk of infection.

**Straight wounds** - Sharp objects usually produce straight edged wounds, however, jagged edges may require attention before closing, therefore uncomplicated lacerations are more suitable.

**Deep wounds** - Wounds of any depth can be closed ensuring that any cavities, or 'dead space' are sutured subcutaneously.

**Flap wounds** - The wound must be debrided prior to closure. **LiquiBand® Optima** is ideal for this type of wound as it allows the user to close the flap using a spot welding technique.

**Facial wounds** - When closing wounds near the eye, position the patient such that if adhesive is over applied any excess will run away from the eye. The eye should be closed and protected with gauze. Petroleum jelly placed around the eye to act as a barrier is recommended to prevent any excess adhesive from running into and bonding the eye closed. If **LiquiBand® Optima** gets into the eye, immediately rinse with water to lessen the chance of adhesion.

**Wound length** - **LiquiBand® Optima** applicator contains a sufficient amount of glue to close wounds up to 5cm in length.

When assessing a wound for treatment with **LiquiBand® Optima** the following considerations should be made:

Mechanism of Injury.

Site of Injury.

Time of Injury.

Place of Injury.

It should **NOT** be used on:

Animal or human bites or scratches.  
Crush, puncture or contaminated wounds.  
Wounds located in or near the mucosa.  
Wounds over joints.  
Do not use internally.  
Patients with known cyanoacrylate allergy.



# Instructions for use

## STEP

①

### Wound Preparation

Clean and dry the wound thoroughly. Check for foreign bodies. Ensure haemostasis has been achieved and the wound edges appose readily.



## STEP

②

### Open the Ampoule

Remove the applicator from the package using sterile technique. Holding the applicator in one hand, with the applicator tip pointed downwards, gently squeeze the wings attached to the applicator body until the glass ampoule inside the applicator breaks.



## STEP

③

### Device Preparation

Upon breaking of the ampoule glue will automatically flow into the Visi Dome section of the applicator. Gently squeeze the wings to release the wound glue from the Visi Dome down through to the 'Flow Control' tip. The device is now ready to use.



## STEP

④

### Wound Protection

If using on the eye area, use petroleum jelly to create a barrier close to the wound, and use a surgical gauze to protect patients eyes, and minimise risk of gluing the wrong area.



## STEP

⑤

### Application

Hold the wound edges tight together with fingers or forceps. Apply **LiquiBand® Optima** adhesive along the length of the wound. The wound edges should be held together for 10 seconds until **LiquiBand® Optima** has fully dried and the wound is secure.



## STEP

⑥

### Disposal

Dispose of the applicator to sharps or clinical waste.



# Achieving Optimal Wound Cosmesis

Ensure skin edges are well apposed before applying **LiquiBand® Optima**.

Maintain edge to edge closure until **LiquiBand® Optima** has set.

Avoid applying excessive amounts of **LiquiBand® Optima**. This can lead to reduced flexibility at the wound edges and reduce the strength of the closure. Wounds subject to tension should be secured using tension sutures prior to the application of **LiquiBand® Optima**.

## Using in areas of dense natural hair

Clean and prepare the wound according to normal clinical practice, ensuring haemostasis has been achieved.

Separate the hair to expose as much of the wound as possible and appose the wound edges.

Apply pressure to the applicator so that the **LiquiBand® Optima** 'Flow Control' tip becomes moist, do not allow a drop to form.

Touch the **LiquiBand® Optima** 'Flow Control' tip to one end of the wound and continue along the wound touching the tip to the wound at approximately 5mm intervals.

Hold the wound edges tight together for 10 secs, once the wound is closed, dispose of the applicator to sharps or clinical waste.



# Patient Advice

A photograph of a male healthcare professional with short brown hair, wearing a white lab coat over a blue shirt and a stethoscope. He is smiling and looking down at a young child with blonde hair who is sitting up in a hospital bed. The child is wearing a patterned hospital gown. The background is a bright, out-of-focus hospital room.

## **Do not pick**

The wound will have the appearance of a dry scab and should be treated as such. It will flake off naturally as healing takes place. This varies from between 5-10 days.

## **Light showers only**

After application of **LiquiBand® Optima** the wound is water resistant but should not be immersed in water for long periods of time. Light showering is permitted and the wound should be patted dry.

## **Be aware**

If the appearance of the wound changes dramatically or becomes painful, or if there are any concerns, medical advice should be sought.

# Dangers of Re-use

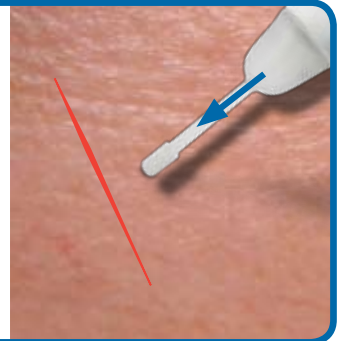


***LiquiBand® Optima*** is a single patient use product!

## STEP

①

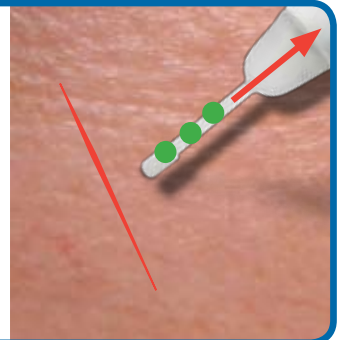
During application the ampoule is squeezed which creates a positive pressure effect as the contents are expelled out of the ampoule.



## STEP

②

As soon as the user releases pressure on the ampoule negative pressure is created within. Fine micro-organisms are then sucked back into the ampoule.



## STEP

③

If the same ampoule is then used on another patient any contaminants are passed on to that patient.





*Further information can be obtained by contacting your local Advanced Medical Solutions representative*

- Royal College of Nursing Accredited Educational Programme
- Care Protocol for Traumatic Wound Management
- **LIQUIBAND® Optima** Product Information
- **LIQUIBAND® Optima** Product Information CD Rom

## REFERENCES:

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2. Charters, A; Wound Glue: A Comparative study of Tissue Adhesives, Accident & Emergency Nursing (2000) Vol 8, 223-227.
3. Coulthard, P, Tissue Adhesives for the Closure of Surgical Incisions (Review) 2004, The Cochrane Library, 2004, John Wiley & Sons, Tissue adhesives for closure of Surgical Incisions (Cochrane Review) Cochrane Database of Systematic Reviews, 2004 (2): CD004287.
4. Howell, J; Comparison of Effects of Suture and Cyanoacrylate Tissue Adhesive on Bacterial Counts in Contaminated Lacerations; Antimicrobial Agents and Chemotherapy, American Society for Microbiology, Vol39 No2 Feb 1995 Pg 559-300.
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IRM 06 0163



**Advanced Medical Solutions**

Western Wood Way, Langage Science Park, Plympton, Plymouth, PL7 5BG UK  
Tel: +44(0) 1752 209 955 Fax: +44(0) 1752 343 041

Email: [customer.support@admedsol.com](mailto:customer.support@admedsol.com) [www.liquiband.com](http://www.liquiband.com)