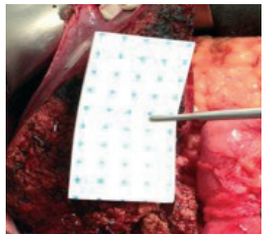
APPLYING HEMOPATCH IS AS SIMPLE AS PLACE, PRESS, SUCCESS

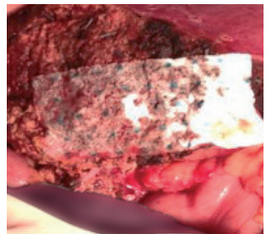


1. Place

- Patch can be cut to desired size[3]
- With blue dots facing up, place dry HEMOPATCH onto moist, but not wet, tissue lesion[3]
- If surface is dry, sodium bicarbonate solution (concentration between 4.2% to 8.4%) may be used to moisten tissue[3]

2. Press

- With a dry gauze, apply gentle, uniform pressure to HEMOPATCH for 2 minutes[3]
- For larger surfaces, multiple patches can be used with a 1 cm overlap[3]



3. Success

- Leave HEMOPATCH in situ[3]
- The resorbable patch serves as a scaffold for tissue ingrowth[3]

ORDERING INFORMATION

PRODUCT DESCRIPTION	SIZE	PACK FACTOR	PRODUCT CODE
HEMOPATCH Small	27 mm x 27 mm	5 per pack	1506257
HEMOPATCH Medium	45 mm x 45 mm	3 per pack	1506256
HEMOPATCH Large	45 mm x 90 mm	3 per pack	1506253

Intended Use: HEMOPATCH is an absorbable collagen pad intended for sealing and hemostasis.

Indication: HEMOPATCH is indicated as a hemostatic device and surgical sealant for procedures in which control of bleeding or leakage of other body fluids or air by conventional surgical techniques is either ineffective or impractical. HEMOPATCH may be used to close dural defects following traumatic injury, excision, retraction or shrinkage of the dura mater.

Contraindications: Do not compress HEMOPATCH into blood vessels or use intravascularly. The device must not be used in patients with known hypersensitivity to bovine proteins or brilliant blue (FD&C Blue No. 1 [Blue 1]).

Precautions: Do not apply on a dry tissue surface or lesion. NHS-PEG only forms an adhering hydrogel when in contact with wound fluid such as blood or lymphatic. In the absence of such wound fluids, sodium bicarbonate solution (concentration between 4.2% to 8.4%) can be used to moisten the tissue prior to application of HEMOPATCH.

Warnings: HEMOPATCH is not intended to be used in pulsatile, severe bleedings. The use of HEMOPATCH is not recommended in the presence of an active infection. When used in, around, or in proximity to foramina in bone, areas of bony confine, the spinal cord, the brain and/or cranial nerves, care should be exercised to avoid overpacking (collagens may expand upon absorption of liquid), creating the potential for neural damage. HEMOPATCH is not intended as a substitute for meticulous surgical technique and the proper application of ligatures or other conventional procedures for hemostasis and sealing.

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For questions or ordering information, please contact your Baxter representative.

Advancing the art of healing

References

1. Ulrich, et al. Intra-operative use of HEMOPATCH: Interim results of a nationwide European survey of surgeons. *Surgical Technology International*. 2016;28:19-28.
2. Kevin M. Lewis et al (2018): Clinical Effectiveness and Versatility of a Sealing Hemostatic Patch (HEMOPATCH) in Multiple Surgical Specialties, Expert Review of Medical Devices, DOI:10.1080/17434440.2018.1464909.
3. Instructions for Use Hemopatch Sealing Hemostat BE-30-03-130 (Rev. 2018/12/12).
4. Diego López-Guerra et al. Postoperative bleeding and biliary leak after liver resection: A cohort study between two different fibrin sealant patches. *Scientific Reports* (2019) 9:12001.
5. Serradilla, Martin & M. Ramirez, Cost-Benefit Analysis: HEMOPATCH vs. Standard of Care in the Incidence of Postoperative Pancreatic Fistula in a Observational Study. *Am J Biomed Sci & Res.* (2019) 1:11-19.
6. Anna Pisapia et al. "The effectiveness of HEMOPATCH in preventing postoperative distal pancreatectomy fistulas" Expert Review of Medical Devices, 2019; 16(3):253-256. DOI: 10.1080/17434440.2019.1582328.
7. Schebesch KM, Brawanski A. Clinical Experience with Hemopatch® as a Dural Sealant in Cranial Neurosurgery. *Cureus*. 2019;11(2):e4013. Published 2019 Feb 4. doi:10.7759/cureus.4013.
8. Nowak S, Schroeder H, Fleck S. HEMOPATCH as a new dural sealant: a clinical observation. *Clin Neurol Neurosurg* 2019;176:133-137. doi: 10.1016/j.clineuro.2018.12.009. Epub 2018 Dec 11.
9. Shelly Ikeme et al. (2017): Cost-effectiveness analysis of a sealing hemostat patch (HEMOPATCH) vs standard of care in cardiac surgery, *Journal of Medical Economics*, DOI: 10.1080/13696998.2017.1400977.

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Baxter

Hemopatch
SEALING HEMOSTAT

THE 2-in-1 SURGICAL TOOL

Clinically proven to
prevent leaks and **stop bleeds**[1,2]

Baxter

Hemopatch
SEALING HEMOSTAT

HEMOPATCH is an active sealing hemostatic patch that is **ready-to-use** and provides **strong adherence** and **flexibility** for challenging procedural applications.[1,3]

2 in 1 SOLUTION

Surgeons rely on HEMOPATCH to control intraoperative bleeding and post-operative leakage to reduce complications.[2]

Seals tissue and prevents leaks

Once HEMOPATCH rapidly adheres to tissue, it seals to prevent fluid and air leakage[3]

HEMOPATCH seals irregular surfaces, even those made of compromised tissue[2,4]

Fast and effective hemostasis

HEMOPATCH achieved successful hemostasis in 93% of patients after 2 minutes of approximation[1]

As an active product, HEMOPATCH achieves hemostasis regardless of a patient's coagulation status. It is efficacious in anticoagulant and/or antiplatelet treated patients[1]

A DUAL MECHANISM OF ACTION

When HEMOPATCH is applied to moist tissue, 2 processes combine to seal the surface and induce hemostasis.

NHS-PEG Coating: When in contact with body fluid or blood, the NHS-PEG rapidly forms a covalent bond with tissue, firmly adhering to the tissue surface. If surface is dry, sodium bicarbonate solution (concentration between 4.2% to 8.4%) may be used to moisten tissue.[3]

Bovine Collagen: When blood comes into contact with the collagen, it induces platelet activation, forming a platelet plug while also providing a scaffold for strong fibrin clot formation.[3]

SURGEON PREFERRED IN MIS AND OPEN PROCEDURES

1,028 surgeons across multiple surgical specialties - to include general, cardiac, lung, and urologic - highly rated HEMOPATCH in both open and MIS procedures.[1]

Ease of Preparation	Handling	Flexibility/Pliability	Tissue Adherence
99%	96%	92%	92%

STRONG CLINICAL AND ECONOMIC OUTCOMES

In multiple surgical specialties, HEMOPATCH demonstrated greater clinical effectiveness and versatility compared to other standard therapies resulting in improved clinical and resource utilization outcomes:[2]

Reduced complications
Reduced blood loss
Reduced transfusion need
Reduced surgical revision
Reduced length of hospital stay

Hepato-Pancreato-Biliary Surgery

HEMOPATCH **decreases the incidence and severity of post-operative pancreatic fistulas** vs. the standard of care in distal pancreatectomy and Whipple procedures.[5,6]

$11,109 Savings/Patient

HEMOPATCH use potentially **results in a $11,109 savings per patient** receiving a Whipple procedure.[5]

Neurosurgery

HEMOPATCH supports **watertight dural sealing in dural gaps** ranging from no visible gap to small gaps [≤3], including posterior fossa procedures[7]

HEMOPATCH is effective in challenging procedures and with **high-risk patient populations.**[8]

Cardiovascular Surgery

20% Decrease in Revisions Due to Bleeding (p=0.30)

31% Reduction in Autologous Blood Transfusions (p=0.24)

HEMOPATCH use can **reduce post-operative complications** associated with blood loss in cardiac surgery resulting in overall cost savings.[9]