Vicryl Suture advertisement.

[s.l.]: [s.n.], 1974

1st copolymer...

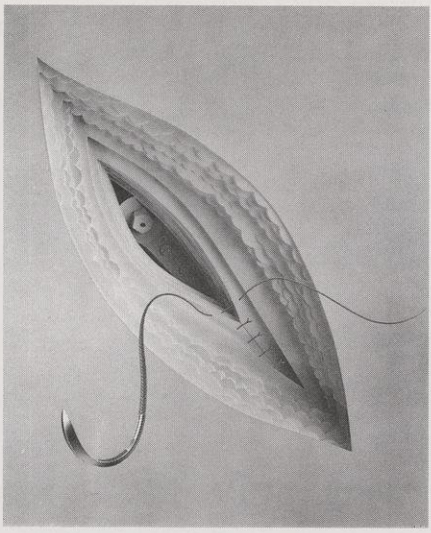
VICRYL*

(Polyglactin 910) suture

wherever a synthetic absorbable is preferred

In capsule, muscle and fascial closure, for example, VICRYL suture minimizes tissue reaction. Holds over the critical healing period, then absorbs rapidly. It ties well, is strong and highly visible, whether closing or ligating. VICRYL suture is swaged to the wide variety of ETHICON* needles you've learned to depend on, and to our exclusive CONTROL RELEASE* needles.

ETHICON



COMPLETE PRODUCT INFORMATION

VICRYL* (Polyglactin 910) Synthetic Absorbable Suture

DESCRIPTION VICRYL (polyglactin 910) synthetic absorbable suture is prepared from a copolymer of glycolide and lactide. These substances are derived respectively from glycolic and lactic acids. The empirical formula of the copolymer is $(C_2H_2O_2)_m(C_3H_4O_2)_n$.

VICRYL sutures are sterile, inert, nonantigenic, nonpyrogenic, and elicit only a mild tissue reaction during absorption. These sutures are braided for optimum handling properties. The suture is colored violet to enhance visibility in tissue, and it is also available undyed (natural).

ACTIONS Two important characteristics describe the *in vivo* behavior of absorbable sutures: first, tensile strength retention, and second, the absorption rate (loss of mass).

Subcutaneous tissue implantation studies of VICRYL suture in rats show at two weeks post-implantation approximately 55% of its original tensile strength remains, while at three weeks approximately 20% of its original strength is retained.

Intramuscular implantation studies in rats show that the absorption of VICRYL suture is minimal until about the 40th post-implantation day. Absorption is essentially complete between the 60th and 90th days.

INDICATIONS VICRYL synthetic absorbable suture is intended for use as an absorbable suture or ligature.

CONTRAINDICATIONS This suture, being absorbable, should not be used where extended approximation of tissues under stress is required.

WARNINGS The safety and effectiveness of VICRYL (polyglactin 910) suture in neural tissue, and in cardiovascular surgery have not been established.

Under certain circumstances, notably orthopedic procedures, immobilization by external support may be employed at the discretion of the surgeon.

Do not resterilize.

PRECAUTIONS VICRYL suture knots must be properly placed to be secure. Place the first throw in precise position for the final knot, using a double loop; tie the second throw square, using horizontal tension; additional throws are advisable.

Skin sutures remaining in place longer than 7 days may cause localized irritation and should be removed as indicated.

Acceptable surgical practice must be followed with respect to drainage and closure of infected wounds.

ADVERSE REACTIONS Reactions reported in clinical trials which may have been suture related have been minimal (less than 1.89%). These include skin redness and induration, rare instances of hemorrhage, anastomotic leakage, and abscesses.

DOSAGE AND ADMINISTRATION Use as required per operation.

HOW SUPPLIED VICRYL sutures are available sterile, as braided dyed (violet) and undyed (natural) strands in sizes 3 to 8-0, in a variety of lengths, with and without needles, and on LIGAPAK* ligating reels. Also available in sizes 1 to 4-0 attached to ATRALEASE* CONTROL RELEASE* needles.

*Trademark

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