Essential Prescribing Information
Coated VICRYL* (Polyglactin 910) Suture USP
EXCEPT FOR DIAMETER

INDICATIONS
Coated VICRYL suture is indicated for use in general soft tissue approximation and/or ligation, including use in ophthalmic procedures, but not for use in cardiovascular and neurological tissues.

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

WARNINGS
Users should be familiar with surgical procedures and techniques involving absorbable sutures before employing Coated VICRYL suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used. Physicians should consider the in vivo performance (under ACTIONS section) when selecting a suture. The use of this suture may be inappropriate in elderly, malnourished, or debilitated patients, or in patients suffering from conditions which may delay wound healing. As this is an absorbable suture material, the use of supplemental nonabsorbable sutures should be considered by the surgeon in the closure of the sites which may undergo expansion, stretching or distention, or which may require additional support. Do not resterilize. Discard opened packages and unused sutures. As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. As an absorbable suture, Coated VICRYL suture may act transiently as a foreign body. Acceptable surgical practice should be followed for the management of contaminated or infected wounds.

PRECAUTIONS
Skin sutures which must remain in place longer than 7 days may cause localized irritation and should be snipped off or removed as indicated.

Under some circumstances, notably orthopaedic procedures, immobilization of joints by external support may be employed at the discretion of the surgeon.

Consideration should be taken in the use of absorbable sutures in tissues with poor blood supply as suture extrusion and delayed absorption may occur.

In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders. Coated VICRYL sutures, which are treated to enhance handling characteristics, require the accepted surgical technique of flat and square ties with additional throws as warranted by surgical circumstance and the experience of the surgeon.
Avoid prolonged exposure to elevated temperatures.

To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in “sharps” container.

ADVERSE REACTIONS
Adverse effects associated with the use of this device include wound dehiscence, failure to provide adequate wound support in closure of the sites where expansion, stretching, or distension occur, failure to provide adequate wound support in elderly, malnourished or debilitated patients or in patients suffering from conditions which may delay wound healing, infection, minimal acute inflammatory tissue reaction, localized irritation when skin sutures are left in place for greater than 7 days, suture extrusion and delayed absorption in tissue with poor blood supply, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, and transitory local irritation at the wound site. Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

See Package Insert for Full Prescribing Information.

*Trademark
DESCRIPTION
Coated VICRYL* RAPIDE (polyglactin 910) suture is a synthetic absorbable sterile surgical suture composed of a copolymer made from 90 % glycolide and 10 % L-lactide. The empirical formula of the copolymer is \((\text{C}_2\text{H}_2\text{O}_2)_m(\text{C}_3\text{H}_4\text{O}_2)_n\). The characteristic of rapid loss of strength is achieved by use of a polymer material with a lower molecular weight than Coated VICRYL* (polyglactin 910) suture. Coated VICRYL* RAPIDE sutures are obtained by coating the braided suture material with copolymer composed of 90 % caprolactone and 10 % glycolide followed by a mixture composed of equal parts of copolymer of glycolide and lactide (polyglactin 370) and calcium stearate. Polyglactin 910 copolymer and its coatings have been found to be nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption. Coated VICRYL* RAPIDE sutures are only available undyed. Although this suture is a synthetic absorbable suture, its performance characteristics are intended to model the performance of collagen (surgical gut) suture. The knot tensile strength of Coated VICRYL* RAPIDE suture meets U.S.P. knot tensile strength requirements for collagen sutures.

MAXIMUM SUTURE OVERSIZE IN DIAMETER (mm) FROM U.S.P.

<table>
<thead>
<tr>
<th>U.S.P. SUTURE SIZE DESIGNATION</th>
<th>MAXIMUM OVERSIZE (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-0</td>
<td>.008</td>
</tr>
<tr>
<td>5-0</td>
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<tr>
<td>0</td>
<td>.022</td>
</tr>
</tbody>
</table>

INDICATIONS
Coated VICRYL* RAPIDE synthetic absorbable suture is indicated only for use in superficial soft tissue approximation of the skin and mucosa, where only short term wound support (7–10 days) is required. Coated VICRYL* RAPIDE suture is not intended for use in ligation, ophthalmic, cardiovascular or neurological procedures.

ACTIONS
Coated VICRYL* RAPIDE suture, when used in closure of skin and mucous membranes, typically begins to fall off 7 – 10 days post-operatively and can be wiped off subsequently with sterile gauze. Natural mechanical abrasion of the sutures while in situ may also accelerate this disappearance rate. Rapid loss of tensile strength may preclude the need for stitch removal. Coated VICRYL* RAPIDE elicits a minimal to moderate acute inflammatory reaction in tissue. Progressive loss of tensile strength and eventual absorption of Coated VICRYL* RAPIDE occurs by means of hydrolysis, where the copolymer degrades to glycolic and lactic acids which are subsequently absorbed and metabolized in the body. Absorption begins as a loss of tensile strength followed by a loss of mass. Subcutaneous tissue implantation studies of Coated VICRYL* RAPIDE sutures in rats show that 5 days post-implantation approximately 50 % of the original tensile strength remains. All of the original tensile strength is lost by approximately 10 to 14 days post-implantation. Intramuscular implantation studies in rats show that the absorption of these sutures occurs thereafter and is essentially complete by 42 days.

CONTRAINDICATIONS
Due to the rapid loss of tensile strength, this suture should not be used where extended approximation of tissues under stress is required or where wound support beyond 7 days is required.

WARNINGS
Users should be familiar with surgical procedures and techniques involving absorbable sutures before employing Coated VICRYL* RAPIDE suture for wound closure, as a risk of wound dehiscence may vary with the site of application and the suture material used. Physicians should consider the in vivo performance when selecting a suture. The use of this suture may be inappropriate in elderly, malnourished, or debilitated patients, or in patients suffering from conditions which may delay wound healing.
Do not resterilize. Discard opened packages and unused sutures. As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. As an absorbable suture, Coated VICRYL® RAPIDE suture may act transiently as a foreign body. Acceptable surgical practice should be followed for the management of contaminated or infected wounds. As this is an absorbable suture material, the use of supplemental nonabsorbable sutures should be considered by the surgeon in the closure of sites which may undergo expansion, stretching or distention, or which may require additional support.

PRECAUTIONS
Skin sutures which remain in place longer than 7 days may cause localized irritation and should be snipped off or removed as indicated. Under some circumstances, notably orthopaedic procedures, immobilization of joints by external support may be employed at the discretion of the surgeon. Consideration should be taken in the use of absorbable sutures in tissues with poor blood supply as suture extrusion and delayed absorption may occur. In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders. Coated VICRYL® RAPIDE suture, which is treated with coating to enhance handling characteristics, requires the accepted surgical technique of flat and square ties with additional throws as warranted by surgical circumstance and the experience of the surgeon. Avoid prolonged exposure to elevated temperatures. To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in “sharps” containers.

ADVERSE REACTIONS
Adverse effects associated with the use of this device include wound dehiscence, failure to provide adequate wound support in closure of the sites where expansion, stretching, or distension occur, failure to provide adequate wound support in elderly, malnourished or debilitated patients or in patients suffering from conditions which may delay wound healing, infection, minimal acute inflammatory tissue reaction, localized irritation when skin sutures are left in place for greater than 7 days, suture extrusion and delayed absorption in tissue with poor blood supply, calculus formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, and transitory local irritation at the wound site. Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

HOW SUPPLIED
Coated VICRYL® RAPIDE sutures are available sterile, undyed and attached to stainless steel needles of varying types and sizes. Coated VICRYL® RAPIDE sutures are available in various lengths in sizes 6-0 to 1 (0.7 to 4.0 metric) in one and three dozen boxes.
Coated VICRYL* Plus Antibacterial (Polyglactin 910) Suture
U.S.P., EXCEPT FOR DIAMETER

DESCRIPTION
Coated VICRYL* Plus Antibacterial (Polyglactin 910) Suture is a synthetic absorbable, sterile, surgical suture composed of a copolymer made from 90% glycolide and 10% L-lactide. Coated VICRYL Plus Antibacterial Suture is coated with a mixture composed of equal parts of a copolymer of glycolide and lactide (Polyglactin 370) and calcium stearate. The suture contains Irgacare MP** (triclosan), a broad-spectrum antibacterial agent, at no more than 472ug/m. The copolymers in this product have been found to be nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption. The suture is available undyed (natural) or dyed (D&C Violet No.2).

Coated VICRYL Plus Antibacterial Sutures meet all the requirements established by the United States Pharmacopoeia (U.S.P.) for Synthetic Absorbable Surgical Suture (except for diameter) in the following sizes:

<table>
<thead>
<tr>
<th>U.S.P. SUTURE SIZE DESIGNATION</th>
<th>MAXIMUM SUTURE OVERSIZE IN DIAMETER (mm) FROM U.S.P.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-0</td>
<td>.016</td>
</tr>
<tr>
<td>4-0</td>
<td>.017</td>
</tr>
<tr>
<td>3-0</td>
<td>.018</td>
</tr>
<tr>
<td>2-0</td>
<td>.004</td>
</tr>
<tr>
<td>0</td>
<td>.022</td>
</tr>
</tbody>
</table>

INDICATIONS
Coated VICRYL Plus Antibacterial Suture is indicated for use in general soft tissue approximation and/or ligation, except for ophthalmic, cardiovascular and neurological tissues.

ACTIONS
Coated VICRYL Plus Antibacterial Suture elicits a minimal acute inflammatory reaction in tissue and ingrowth of fibrous connective tissue. Progressive loss of tensile strength and eventual absorption of Coated VICRYL Plus Antibacterial Suture occurs by means of hydrolysis, where the copolymer degrades to glycolic and lactic acids, which are subsequently absorbed and metabolized in the body. Absorption begins as a loss of tensile strength followed by a loss of mass. Implantation studies in rats indicate that Coated VICRYL Plus Antibacterial Suture retains approximately 75% of the original tensile strength at two weeks post implantation. At three weeks, approximately 50% of the original strength is retained. At four weeks, approximately 25% of the original strength is retained. All of the original tensile strength is lost by five weeks post implantation. Absorption of Coated VICRYL Plus Antibacterial Suture is essentially complete between 56 and 70 days.

<table>
<thead>
<tr>
<th>DAYS IMPLANTATION</th>
<th>APPROXIMATE % ORIGINAL STRENGTH REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Days</td>
<td>75%</td>
</tr>
<tr>
<td>21 Days</td>
<td>50%</td>
</tr>
<tr>
<td>28 Days</td>
<td>25%</td>
</tr>
</tbody>
</table>

Using zone of inhibition studies, Irgacare MP (triclosan) in Coated VICRYL Plus Antibacterial Suture has been shown to inhibit colonization of the suture by Staphylococcus aureus, Staphylococcus epidermidis, Methicillin Resistant S. aureus and Methicillin Resistant S. epidermidis which are microorganisms known to contribute to surgical site infections. Animal studies have demonstrated that VICRYL Plus inhibits bacterial colonization of suture after direct in vivo challenge with bacteria. The clinical significance of this finding is unknown.

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

Coated VICRYL Plus Antibacterial Suture should not be used in patients with known allergic reactions to Irgacare MP (triclosan).

WARNINGS
Users should be familiar with surgical procedures and techniques involving absorbable sutures before employing Coated VICRYL Plus Antibacterial Suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used. Physicians should consider the in vivo performance (under ACTIONS section) when selecting a suture. The use of this suture may be inappropriate in elderly, malnourished, or debilitated patients, or in patients suffering from conditions which may delay wound healing. As this is an absorbable suture material, the use of supplemental nonabsorbable sutures should be considered by the surgeon in the closure of the sites which may undergo expansion, stretching or distention, or which may require additional support.

Do not resterilize. Discard opened packages and unused sutures.

As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. As an absorbable suture, Coated VICRYL Plus Antibacterial Suture may act transiently as a foreign body. Acceptable surgical practice should be followed for the management of contaminated or infected wounds.
PRECAUTIONS
Skin sutures which must remain in place longer than 7 days may cause localized irritation and should be snipped off or removed as indicated.

Under some circumstances, notably orthopaedic procedures, immobilization of joints by external support may be employed at the discretion of the surgeon.

Consideration should be taken in the use of absorbable sutures in tissues with poor blood supply as suture extrusion and delayed absorption may occur.

In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders. Coated VICRYL Plus Antibacterial Sutures, which are treated to enhance handling characteristics, require the accepted surgical technique of flat and square ties with additional throws as warranted by surgical circumstance and the experience of the surgeon.

Avoid prolonged exposure to elevated temperatures.

To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" container.

ADVERSE REACTIONS
Adverse effects associated with the use of this device include wound dehiscence, failure to provide adequate wound support in closure of the sites where expansion, stretching, or distension occur, failure to provide adequate wound support in elderly, malnourished or debilitated patients or in patients suffering from conditions which may delay wound healing, infection, minimal acute inflammatory tissue reaction, localized irritation when skin sutures are left in place for greater than 7 days, suture extrusion and delayed absorption in tissue with poor blood supply, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, and transitory local irritation at the wound site, as well as allergic reaction to Irgacare MP (triclosan). Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

HOW SUPPLIED
Coated VICRYL Plus Antibacterial Sutures are available sterile, as braided, dyed (violet) and undyed (natural) strands in sizes 5-0 through 2 (metric sizes 1 - 5) in a variety of lengths, with or without needles, and on LIGAPAK* dispensing reels.

Needles may be attached permanently or as CONTROL RELEASE* removable needles enabling the needles to be pulled off instead of being cut off. Coated VICRYL Plus Antibacterial Sutures are available in one, two and three dozen boxes. Full details are contained in the catalog.

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Essential Prescribing Information

Surgical Stainless Steel Suture
Nonabsorbable Surgical Sutures, USP

INDICATIONS
Surgical stainless steel suture is indicated for use in abdominal wound closure, hernia repair, sternal closure and orthopaedic procedures including cerclage and tendon repair.

CONTRAINDICATIONS
The use of this suture is contraindicated in patients with known sensitivities or allergies to 316L stainless steel, or constituent metals such as chromium and nickel.

WARNINGS
Users should be familiar with surgical procedures and techniques involving nonabsorbable, stainless steel sutures before employing for wound closure, as the risk of wound dehiscence may vary with the site of application and the suture material used. Acceptable surgical practice must be followed for the management of contaminated or infected wounds.

PRECAUTIONS
In handling this or any other suture material, care should be taken to avoid damage from handling, such as kinking or excessive twisting. To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" containers.

ADVERSE REACTIONS
Adverse effects associated with the use of this device include wound dehiscence, allergic response in patients with known sensitivities to 316L stainless steel, or constituent metals such as chromium and nickel, infection, minimal acute inflammatory tissue reaction, pain, edema and local irritation at the wound site. Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

See Package Insert for Full Prescribing Information.

*Trademark
Essential Prescribing Information

**PRONOVA*** POLY (HEXAFLUOROPROPYLENE-VDF) SUTURE
NONABSORBABLE SURGICAL SUTURE, USP
Except for size 7-0 diameter

**INDICATIONS**
PRONOVA suture is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.

**CONTRAINDICATIONS**
None known.

**WARNINGS**
Users should be familiar with surgical procedures and techniques involving nonabsorbable sutures before employing PRONOVA suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used.
Do not resterilize. Discard opened packages and unused sutures.
As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. Acceptable surgical practice must be followed for the management of infected or contaminated wounds.

**PRECAUTIONS**
In handling this suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders.

Adequate knot security requires the accepted surgical technique of flat, square ties of single suture strands. The use of additional throws is particularly appropriate when knotting monofilament sutures. To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" containers.

**ADVERSE REACTIONS**
Adverse effects associated with the use of this device include wound dehiscence, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, infection, minimal to mild inflammatory tissue reaction, and transitory local irritation at the wound site. Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

See Package Insert for Full Prescribing Information.

*Trademark
Essential Prescribing Information
PROLENE* Polypropylene Suture
Nonabsorbable Surgical Suture, USP
Except for size 7-0 diameter and HEMO-SEAL* Needle Suture Attachment

INDICATIONS
PROLENE suture is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.

CONTRAINDICATIONS
None known.

WARNINGS
Users should be familiar with surgical procedures and techniques involving nonabsorbable sutures before employing PROLENE Suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used.

Do not resterilize. Discard opened packages and unused sutures.

As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. Acceptable surgical practice must be followed for the management of infected or contaminated wounds.

PRECAUTIONS
In handling this suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders.

Adequate knot security requires the accepted surgical technique of flat, square ties of single suture strands. The use of additional throws is particularly appropriate when knotting polypropylene sutures.

To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" containers.

ADVERSE REACTIONS
Adverse effects associated with the use of this device include wound dehiscence, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, infection, minimal acute inflammatory tissue reaction, and transitory local irritation at the wound site. Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.
See Package Insert for Full Prescribing Information.

*Trademark
Essential Prescribing Information

PERMA-HAND* Silk Suture
Nonabsorbable Surgical Suture, USP

**INDICATIONS**
PERMA-HAND Suture is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.

**CONTRAINDICATIONS**
The use of this suture is contraindicated in patients with known sensitivities or allergies to silk.

Due to the gradual loss of tensile strength which may occur over prolonged periods *in vivo*, silk should not be used where permanent retention of tensile strength is required.

**WARNINGS**
Users should be familiar with surgical procedures and techniques involving nonabsorbable sutures before employing PERMA-HAND Suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used.

As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation.

Do not resterilize. Discard opened packages and unused sutures.

Acceptable surgical practice should be followed for the management of infected or contaminated wounds.

**PRECAUTIONS**
In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders. As with any suture material, adequate knot security requires the accepted surgical technique of flat and square ties with additional throws as warranted by surgical circumstance and the experience of the surgeon.

**ADVERSE REACTIONS**
Adverse effects associated with the use of this device include wound dehiscence, gradual loss of all tensile strength over time, allergic response in patients that are known to be sensitive to silk, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, infection, acute inflammatory tissue reaction, and transitory local irritation at the wound site.

See Package Insert for Full Prescribing Information.

*Trademark
PDS* Plus Antibacterial (Polydioxanone) Suture
Dyed and Clear Monofilament
Synthetic Absorbable Sutures, U.S.P., except for diameter.

Description
PDS* Plus Antibacterial (polydioxanone) monofilament synthetic absorbable suture is prepared from the polyester, poly (p-dioxanone). The empirical molecular formula of the polymer is \((C_4H_6O_3)_x\). The suture contains Irgacare MP** (triclosan), a broad-spectrum antibacterial agent, at no more than 2360 µg/m. PDS Plus Antibacterial dyed suture is dyed with D&C Violet No. 2.

Polydioxanone polymer has been found to be nonallergenic, nonpyrogenic and elicits only a slight tissue reaction during absorption. PDS Plus Antibacterial sutures are U.S.P., except for diameter.

### Maximum Suture Oversize
in Diameter (mm) from U.S.P.

<table>
<thead>
<tr>
<th>U.S.P. Suture Size Designation</th>
<th>Max. Oversize (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-0</td>
<td>0.015</td>
</tr>
<tr>
<td>5-0</td>
<td>0.029</td>
</tr>
<tr>
<td>4-0</td>
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<td>0.056</td>
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<td>0</td>
<td>0.071</td>
</tr>
<tr>
<td>1</td>
<td>0.047</td>
</tr>
</tbody>
</table>

Indications
PDS Plus Antibacterial sutures are indicated for use in soft tissue approximation, including use in pediatric cardiovascular tissue where growth is expected to occur and ophthalmic surgery (other than contact with cornea and sclera). PDS Plus Antibacterial suture is not indicated in adult cardiovascular tissue, microsurgery, and neural tissue. These sutures are particularly useful where the combination of an absorbable suture and extended wound support (up to six weeks) is desirable.

Actions
Two important characteristics describe the *in vivo* performance of absorbable sutures: first, tensile strength retention, and second, the absorption rate (loss of mass). PDS Plus Antibacterial suture has been formulated to minimize the variability of these characteristics and to provide wound support through an extended healing period.

Data obtained from an implantation study in rats shows that PDS Plus Antibacterial suture is essentially absorbed between 182 and 238 days post-implantation.
The results of implantation studies indicate the percentage of original strength is retained as follows:

<table>
<thead>
<tr>
<th>Days Implantation</th>
<th>Approximate % Original Strength Remaining</th>
<th>Approximate % Original Strength Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 DAYS</td>
<td>60%</td>
<td>80%</td>
</tr>
<tr>
<td>28 DAYS</td>
<td>40%</td>
<td>70%</td>
</tr>
<tr>
<td>42 DAYS</td>
<td>35%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Using zone of inhibition studies, Irgacare MP (triclosan) in PDS Plus Antibacterial suture has been shown to inhibit colonization of the suture by *Staphylococcus aureus, Staphylococcus epidermidis, Methicillin Resistant S. aureus, Methicillin Resistant S. epidermidis, Escherichia coli*, and *Klebsiella neumoniae* which are microorganisms known to contribute to surgical site infections. Animal studies have demonstrated that PDS Plus Antibacterial suture inhibits bacterial colonization of suture after direct in vivo challenge with bacteria.

**Contraindications**
PDS Plus Antibacterial suture, being absorbable, is not to be used where prolonged (beyond six weeks) approximation of tissues under stress is required and is not to be used in conjunction with prosthetic devices (i.e., heart valves or synthetic grafts).

PDS Plus Antibacterial suture should not be used in patients with known allergic reactions to Irgacare MP (triclosan).

**Warnings**
The safety and effectiveness of PDS Plus Antibacterial sutures have not been established in neural tissue, adult cardiovascular tissue, microsurgery, or for contact with cornea or sclera.

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

Do not resterilize. Discard open packages and unused sutures. Do not use after expiration date.

**Precautions**
The PDS Plus Antibacterial suture knots must be properly placed to be secure. As with other synthetic sutures, knot security requires the standard surgical technique of flat and square ties with additional throws if indicated by surgical circumstance and the experience of the operator.

As with any suture, care should be taken to avoid damage when handling. Avoid the crushing or crimping application of surgical instruments, such as needle holders and forceps, to the strand except when grasping the free end of the suture during an instrument tie.

Vaginal mucosal sutures remaining in place for extended periods may be associated with localized irritation and should be removed as indicated.
Subcuticular sutures should be placed as deeply as possible in order to minimize the erythema and induration normally associated with absorption.

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

Avoid exposure to elevated temperatures.

To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in “sharps” containers.

**Adverse Reactions**

Due to prolonged suture absorption, mild irritation has been observed in the vaginal mucosa.

Adverse effects associated with the use of synthetic absorbable sutures include wound dehiscence, failure to provide adequate wound support in closure of the sites where expansion, stretching, or distension occur, failure to provide adequate wound support in elderly, malnourished or debilitated patients or in patients suffering from conditions which may delay wound healing, infection, minimal acute inflammatory tissue reaction, localized irritation when skin sutures are left in place for greater than 7 days, suture extrusion and delayed absorption in tissue with poor blood supply, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, and transitory local irritation at the wound site, as well as allergic reaction to Irgacare MP (triclosan). Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

**How Supplied**

PDS Plus Antibacterial sutures are available as sterile, monofilament dyed (violet) strands in sizes 6-0 thru 1 (metric sizes 0.7-4) and sterile, monofilament undyed (clear) strands in sizes 6-0 thru 1 (metric sizes 0.7-4) in a variety of lengths, with a variety of needles.

PDS Plus Antibacterial sutures are available in one, two and three dozen boxes.
**Essential Prescribing Information**

PDS® II (POLYDIOXANONE) Suture DYED and CLEAR MONOFILAMENT SYNTHETIC ABSORBABLE SUTURES, USP, except for diameter.

**INDICATIONS**

PDS II monofilament synthetic absorbable sutures are indicated for use in all types of soft tissue approximation, including use in pediatric cardiovascular tissue where growth is expected to occur, and ophthalmic surgery. PDS II suture is not indicated in adult cardiovascular tissue, microsurgery and neural tissue. These sutures are particularly useful where the combination of an absorbable suture and extended wound support (up to six weeks) is desirable.

**CONTRAINDICATIONS**

These sutures, being absorbable, are not to be used where prolonged (beyond six weeks) approximation of tissues under stress is required and are not to be used in conjunction with prosthetic devices, i.e., heart valves or synthetic grafts.

**WARNINGS**

The safety and effectiveness of PDS II (polydioxanone) sutures have not been established in neural tissue, adult cardiovascular tissue or for use in microsurgery. Under certain circumstances, notably orthopaedic procedures, immobilization by external support may be employed at the discretion of the surgeon. Do not resterilize.

**PRECAUTIONS**

The PDS II suture knots must be properly placed to be secure. As with other synthetic sutures, knot security requires the standard surgical technique of flat and square ties with additional throws if indicated by surgical circumstance and the experience of the operator. As with any suture, care should be taken to avoid damage when handling. Avoid the crushing or crimping application of surgical instruments, such as needle holders and forceps, to the strand except when grasping the free end of the suture during an instrument tie. Conjunctival and vaginal mucosal sutures remaining in place for extended periods may be associated with localized irritation and should be removed as indicated. Subcuticular sutures should be placed as deeply as possible in order to minimize the erythema and induration normally associated with absorption. Acceptable surgical practice should be followed with respect to drainage and closure of infected wounds.

**ADVERSE REACTIONS**

Due to prolonged suture absorption, some irritation and bleeding has been observed in the conjunctiva and mild irritation has been observed in the vaginal mucosa.

See Package Insert for Full Prescribing Information.
**INDICATIONS**

NUROLON Suture is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.

**CONTRAINDICATIONS**

Due to the gradual loss of tensile strength which may occur over prolonged periods *in vivo*, nylon suture should not be used where permanent retention of tensile strength is required.

**WARNINGS**

Users should be familiar with surgical procedures and techniques involving nonabsorbable sutures before employing NUROLON suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used.

As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. Acceptable surgical practices should be followed for the management of infected or contaminated wounds.

Do not resterilize. Discard opened packages and unused sutures.

**PRECAUTIONS**

In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders.

As with any suture material, adequate knot security requires the accepted surgical technique of flat and square ties with additional throws as warranted by surgical circumstance and the experience of the surgeon.

To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" containers.

**ADVERSE REACTIONS**

Adverse effects associated with the use of this device include wound dehiscence, gradual loss of tensile strength over time, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, infection, minimal acute inflammatory tissue reaction, and transitory local irritation at the wound site. Broken needles may result in extended or additional surgeries or residual foreign
bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

See Package Insert for Full Prescribing Information.

*Trademark
MONOCRYL® Plus Antibacterial
(Poliglecaprone 25) Suture
VIOLET MONOFILAMENT
SYNTHETIC ABSORBABLE SUTURE, U.S.P., EXCEPT FOR DIAMETER

DESCRIPTION
MONOCRYL® Plus Antibacterial (poliglecaprone 25) violet monofilament suture is a monofilament synthetic absorbable surgical suture prepared from a copolymer of glycolide and epsilon-caprolactone. The suture is dyed with D&C Violet No. 2 and contains Irgacare MP** (triclosan), a broad-spectrum antibacterial agent, at no more than 2360 ug/m. Poliglecaprone 25 copolymer has been found to be nonantigenic, nonpyrogenic and elicits only a slight tissue reaction during absorption.

MONOCRYL Plus Antibacterial sutures are U.S.P. except for diameters in the following sizes:

<table>
<thead>
<tr>
<th>U.S.P. SUTURE SIZE DESIGNATION</th>
<th>MAXIMUM OVERSIZE (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-0</td>
<td>0.049</td>
</tr>
<tr>
<td>5-0</td>
<td>0.033</td>
</tr>
<tr>
<td>4-0</td>
<td>0.045</td>
</tr>
<tr>
<td>3-0</td>
<td>0.067</td>
</tr>
<tr>
<td>2-0</td>
<td>0.055</td>
</tr>
<tr>
<td>0</td>
<td>0.088</td>
</tr>
<tr>
<td>1</td>
<td>0.066</td>
</tr>
</tbody>
</table>

INDICATIONS
MONOCRYL Plus Antibacterial sutures are indicated for use in general soft tissue approximation and/or ligation, but not for use in cardiovascular or neurological tissues, microsurgery or ophthalmic surgery.

ACTIONS
MONOCRYL Plus Antibacterial suture is a monofilament that elicits a minimal acute inflammatory reaction in tissues and ingrowth of fibrous connective tissue. Progressive loss of tensile strength and eventual absorption of MONOCRYL Plus Antibacterial sutures occurs by means of hydrolysis. Absorption begins as a loss of tensile strength followed by a loss of mass. Implantation studies in rats indicate that MONOCRYL Plus Antibacterial suture retains approximately 60 to 70% of its original strength 7 days post implantation, and approximately 30 to 40% of its original tensile strength at 14 days post implantation. All of the original tensile strength is lost by 28 days post implantation. Absorption
of MONOCRYL Plus Antibacterial absorbable synthetic suture is essentially complete between 91 and 119 days.

<table>
<thead>
<tr>
<th>DAYS IMPLANTATION</th>
<th>APPROXIMATE % ORIGINAL STRENGTH REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 DAYS</td>
<td>60 TO 70%</td>
</tr>
<tr>
<td>14 DAYS</td>
<td>30 TO 40%</td>
</tr>
</tbody>
</table>

Using zone of inhibition studies, Irgacare MP (triclosan) in MONOCRYL Plus Antibacterial suture has been shown to inhibit colonization of the suture by Staphylococcus aureus, Staphylococcus epidermidis, Methicillin Resistant S. aureus, Methicillin Resistant S. epidermidis, Escherichia coli and Klebsiella pneumoniae which are microorganisms known to contribute to surgical site infections. Animal studies have demonstrated that MONOCRYL Plus Antibacterial inhibits bacterial colonization of suture after direct in vivo challenge with bacteria.

**CONTRAINDICATIONS**

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

MONOCRYL Plus Antibacterial suture should not be used in patients with known allergic reactions to Irgacare MP (triclosan).

**WARNINGS**

Users should be familiar with surgical procedures and techniques involving absorbable sutures before employing MONOCRYL Plus Antibacterial suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used. Physicians should consider the in vivo performance (under ACTIONS section) when selecting a suture for use in patients. The use of this suture may be inappropriate in elderly, malnourished, or debilitated patients, or in patients suffering from conditions that may delay wound healing.

Do not resterilize. Discard opened packages and unused sutures.

As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. As an absorbable suture, MONOCRYL Plus Antibacterial suture may act transiently as a foreign body. Acceptable surgical practice should be followed for the management of contaminated or infected wounds.

As this is an absorbable suture material, the use of supplemental nonabsorbable sutures should be considered by the surgeon in the closure of the sites.
which may undergo expansion, stretching or distention, or which may require additional support.

**PRECAUTIONS**

Skin sutures which must remain in place longer than 7 days may cause localized irritation and should be snipped off or removed as indicated. Subcuticular sutures should be placed as deeply as possible to minimize the erythema and induration normally associated with absorption.

Under some circumstances, notably orthopaedic procedures, immobilization of joints by external support may be employed at the discretion of the surgeon. Consideration should be taken in the use of absorbable sutures in tissue with poor blood supply as suture extrusion and delayed absorption may occur.

In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders.

MONOCRYL Plus Antibacterial suture knots must be properly placed to be secure. Adequate knot security requires the accepted surgical technique of flat and square ties with additional throws as warranted by surgical circumstance and the experience of the surgeon. The use of additional throws may be particularly appropriate when knotting monofilaments.

Avoid prolonged exposure to elevated temperature. To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" containers.

**ADVERSE REACTIONS**

Adverse effects associated with the use of synthetic absorbable sutures include wound dehiscence, failure to provide adequate wound support in closure of the sites where expansion, stretching, or distension occur, failure to provide adequate wound support in elderly, malnourished or debilitated patients or in patients suffering from conditions which may delay wound healing, infection, minimal acute inflammatory tissue reaction, localized irritation when skin sutures are left in place for greater than 7 days, suture extrusion and delayed absorption in tissue with poor blood supply, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, and transitory local irritation at the wound...
site, as well as allergic reaction to Irgacare MP (triclosan). Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

HOW SUPPLIED
MONOCRYL Plus Antibacterial sutures are available as sterile, monofilament, dyed (D&C Violet No. 2) strands in sizes 6-0 through 1 (metric sizes 0.7-4), in a variety of lengths, with or without needles. Various needle types are available.

MONOCRYL Plus Antibacterial sutures are available in one, two and three dozen boxes.
MONOCRYL* Plus Antibacterial (Poliglecaprone 25) Suture
SYNTHETIC ABSORBABLE SUTURE, U.S.P., EXCEPT FOR DIAMETER

DESCRIPTION
MONOCRYL* Plus Antibacterial (poliglecaprone 25) suture is a monofilament synthetic absorbable surgical suture prepared from a copolymer of glycolide and epsilon-caprolactone. The suture contains Irgacare MP** (triclosan), a broad-spectrum antibacterial agent, at no more than 2360 ug/m. Poliglecaprone 25 copolymer has been found to be nonantigenic, nonpyrogenic and elicits only a slight tissue reaction during absorption.

MONOCRYL Plus Antibacterial sutures are U.S.P. except for diameters in the following sizes:

<table>
<thead>
<tr>
<th>U.S.P. SUTURE SIZE DESIGNATION</th>
<th>MAXIMUM OVERSIZE IN DIAMETER (mm) FROM U.S.P.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-0</td>
<td>0.049</td>
</tr>
<tr>
<td>5-0</td>
<td>0.033</td>
</tr>
<tr>
<td>4-0</td>
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</tr>
<tr>
<td>3-0</td>
<td>0.067</td>
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<tr>
<td>2-0</td>
<td>0.055</td>
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<td>0.088</td>
</tr>
<tr>
<td>1</td>
<td>0.066</td>
</tr>
</tbody>
</table>

INDICATIONS
MONOCRYL Plus Antibacterial sutures are indicated for use in general soft tissue approximation and/or ligation, but not for use in cardiovascular or neurological tissues, microsurgery or ophthalmic surgery.

ACTIONS
MONOCRYL Plus Antibacterial suture is a monofilament that elicits a minimal acute inflammatory reaction in tissues and ingrowth of fibrous connective tissue. Progressive loss of tensile strength and eventual absorption of MONOCRYL Plus Antibacterial sutures occurs by means of hydrolysis. Absorption begins as a loss of tensile strength followed by a loss of mass. Implantation studies in rats indicate that MONOCRYL Plus Antibacterial suture retains approximately 50 to 60% of its original strength 7 days post implantation, and approximately 20 to 30% of its original tensile strength at 14 days post implantation. All of the original tensile strength is lost by 21 days post implantation. The absolute strength remaining 14 days post implantation
meets or exceeds that historically observed with plain or chromic surgical gut sutures. Absorption of MONOCRYL Plus Antibacterial absorbable synthetic suture is essentially complete between 91 and 119 days.

<table>
<thead>
<tr>
<th>DAYS IMPLANTATION</th>
<th>APPROXIMATE % ORIGINAL STRENGTH REMAINING</th>
</tr>
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<tbody>
<tr>
<td>7 DAYS</td>
<td>50 TO 60%</td>
</tr>
<tr>
<td>14 DAYS</td>
<td>20 TO 30%</td>
</tr>
</tbody>
</table>

Using zone of inhibition studies, Irgacare MP (triclosan) in MONOCRYL Plus Antibacterial suture has been shown to inhibit colonization of the suture by *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Methicillin Resistant S. aureus*, *Methicillin Resistant S. epidermidis*, *Escherichia coli* and *Klebsiella pneumoniae* which are microorganisms known to contribute to surgical site infections. Animal studies have demonstrated that MONOCRYL Plus Antibacterial inhibits bacterial colonization of suture after direct in vivo challenge with bacteria.

**CONTRAINDICATIONS**

This suture, being absorbable, should not be used where extended approximation of tissue under stress is required, such as in fascia.

MONOCRYL Plus Antibacterial suture should not be used in patients with known allergic reactions to Irgacare MP (triclosan).

**WARNINGS**

Users should be familiar with surgical procedures and techniques involving absorbable sutures before employing MONOCRYL Plus Antibacterial suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used. Physicians should consider the in vivo performance (under ACTIONS section) when selecting a suture for use in patients. The use of this suture may be inappropriate in elderly, malnourished, or debilitated patients, or in patients suffering from conditions that may delay wound healing.

Do not resterilize. Discard opened packages and unused sutures.

As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. As an absorbable suture, MONOCRYL Plus Antibacterial suture may act transiently as a foreign body. Acceptable surgical practice should be followed for the management of contaminated or infected wounds.

As this is an absorbable suture material, the use of
supplemental nonabsorbable sutures should be considered by the surgeon in the closure of the sites which may undergo expansion, stretching or distention, or which may require additional support.

PRECAUTIONS

Skin sutures which must remain in place longer than 7 days may cause localized irritation and should be snipped off or removed as indicated. Subcuticular sutures should be placed as deeply as possible to minimize the erythema and induration normally associated with absorption.

Under some circumstances, notably orthopaedic procedures, immobilization of joints by external support may be employed at the discretion of the surgeon.

Consideration should be taken in the use of absorbable sutures in tissue with poor blood supply as suture extrusion and delayed absorption may occur.

In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders.

MONOCRYL Plus Antibacterial suture knots must be properly placed to be secure. Adequate knot security requires the accepted surgical technique of flat and square ties with additional throws as warranted by surgical circumstance and the experience of the surgeon. The use of additional throws may be particularly appropriate when knotting monofilaments.

Avoid prolonged exposure to elevated temperature.

To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" containers.

ADVERSE REACTIONS

Adverse effects associated with the use of synthetic absorbable sutures include wound dehiscence, failure to provide adequate wound support in closure of the sites where expansion, stretching, or distention occur, failure to provide adequate wound support in elderly, malnourished or debilitated patients or in patients suffering from conditions which may delay wound healing, infection, minimal acute inflammatory tissue reaction, localized irritation when skin sutures are left in place for greater than 7 days, suture extrusion and delayed absorption in tissue with poor blood supply, calculi formation in urinary and biliary tracts when
prolonged contact with salt solutions such as urine and bile occurs, and transitory local irritation at the wound site, as well as allergic reaction to Irgacare MP (triclosan). Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

**HOW SUPPLIED**
MONOCRYL Plus Antibacterial sutures are available as sterile, monofilament, undyed strands in sizes 6-0 through 1 (metric sizes 0.7-4), in a variety of lengths, with or without needles. Various needle types are available. MONOCRYL Plus Antibacterial sutures are available in one, two and three dozen boxes.
Instructions for use
MONOCRYL®
STERILE SYNTHETIC ABSORBABLE MONOFILAMENT SUTURES

DESCRIPTION
Le fil de suture MONOCRYL® est un fil de suture synthétique résorbable stérile, fait de polyglactin 910. Ce matériel naturel est transformé en un monofilament résorbable dont les caractéristiques de résorption sont régulées par le seuil de dégradation du polymère. Une fois que le fil est enlevé, le site de cicatrisation est healé par une auto-réparation.

APPLICATIONS
MONOCRYL® est indiqué pour l'application en chirurgie générale pour une variété de sutures cutanées, sous-cutanées, pariétales et internes, y compris les plastiques et les réparations de l'urethre. Il est également conçu pour les applications en urologie et proctologie. Le MONOCRYL® est indiqué pour l'utilisation dans les domaines suivants : tissus nerveux ou cardio-vasculaires, microchirurgie, chirurgie gynécologique et plastique, chirurgie maxillo-faciale.

RECOMMENDATIONS
- La manipulation du fil doit être faite avec soin. Ne pas pincer ou écraser le fil en le prenant dans une pince. Ne pas saisir la pointe de la lame ou le fil à la main.
- Avant toute utilisation, contrôler que le fil est intact et que le包装未被打开.
- Ne pas utiliser de solutions salines tels que les urines ou la bile pour irriguer la plaie.
- Les sutures qui doivent rester en place plus de sept jours peuvent entraîner une irritation locale et seront retirées si nécessaire.
- Les sutures intracutanées qui doivent rester en place plus de 14 jours 30% et 14 jours 20% pourraient être retirées par le chirurgien.
- Les fils de diamètres légèrement plus grands.

CONTRAINDICATIONS
- Les indications concernant les sutures résorbables sont généralement associées à des indications spécifiques à chaque fil de suture.

NOTICE D'UTILISATION
Le fil de suture MONOCRYL® est un fil de suture synthétique résorbable stérile, fait de polyglactin 910. Ce matériel naturel est transformé en un monofilament résorbable dont les caractéristiques de résorption sont régulées par le seuil de dégradation du polymère. Une fois que le fil est enlevé, le site de cicatrisation est healé par une auto-réparation.

APPLICATIONS
MONOCRYL® est indiqué pour l'application en chirurgie générale pour une variété de sutures cutanées, sous-cutanées, pariétales et internes, y compris les plastiques et les réparations de l'urethre. Il est également conçu pour les applications en urologie et proctologie. Le MONOCRYL® est indiqué pour l'utilisation dans les domaines suivants : tissus nerveux ou cardio-vasculaires, microchirurgie, chirurgie gynécologique et plastique, chirurgie maxillo-faciale.

RECOMMENDATIONS
- La manipulation du fil doit être faite avec soin. Ne pas pincer ou écraser le fil en le prenant dans une pince. Ne pas saisir la pointe de la lame ou le fil à la main.
- Avant toute utilisation, contrôler que le fil est intact et que le包装未被打开.
- Ne pas utiliser de solutions salines tels que les urines ou la bile pour irriguer la plaie.
- Les sutures qui doivent rester en place plus de sept jours peuvent entraîner une irritation locale et seront retirées si nécessaire.
- Les sutures intracutanées qui doivent rester en place plus de 14 jours 30% et 14 jours 20% pourraient être retirées par le chirurgien.
- Les fils de diamètres légèrement plus grands.

CONTRAINDICATIONS
- Les indications concernant les sutures résorbables sont généralement associées à des indications spécifiques à chaque fil de suture.
Essential Prescribing Information
MERSILENE® Polyester Fiber Suture
Nonabsorbable Surgical Suture, USP
Except for size 6-0 diameter

INDICATIONS
MERSILENE Suture is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.

CONTRAINDICATIONS
None known.

WARNINGS
Users should be familiar with surgical procedures and techniques involving nonabsorbable sutures before employing MERSILENE Suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used.

Do not resterilize. Discard opened packages and unused sutures.

As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. Acceptable surgical practice should be followed for the management of infected or contaminated wounds.

PRECAUTIONS
In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders. The use of additional throws is particularly appropriate when knotting monofilament sutures.

As with any suture material, adequate knot security requires the accepted surgical technique of flat and square ties with additional throws as warranted by surgical circumstance and the experience of the surgeon.

To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in sharps" containers.

ADVERSE REACTIONS
Adverse effects associated with the use of this device include wound dehiscence, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, infection, minimal acute inflammatory tissue reaction and
transitory local irritation at the wound site. Broken needles may result in extended or additional surgeries or residual foreign bodies.

Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

See Package Insert for Full Prescribing Information.

*Trademark
Essential Prescribing Information
ETHILON* Nylon Suture
Nonabsorbable Surgical Sutures, USP

INDICATIONS
ETHILON suture is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.

CONTRAINDICATIONS
Due to the gradual loss of tensile strength which may occur over prolonged periods in vivo, nylon suture should not be used where permanent retention of tensile strength is required.

WARNINGS
Users should be familiar with surgical procedures and techniques involving nonabsorbable sutures before employing ETHILON suture for wound closure, as the risk of wound dehiscence may vary with the site of application and the suture material used.

As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. Acceptable surgical practice should be followed for the management of contaminated or infected wounds.

Do not resterilize. Discard open packages and unused sutures.

PRECAUTIONS
In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders.

As with any suture material, adequate knot security requires the accepted surgical technique of flat and square ties, with additional throws as warranted by surgical circumstance and the experience of the surgeon. The use of additional throws may be particularly appropriate when knotting monofilaments.

To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" containers.

ADVERSE REACTIONS
Adverse effects associated with the use of this device include wound dehiscence, gradual loss of tensile strength over time, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, infection,
minimal acute inflammatory tissue reaction, and transitory local irritation at the wound site.

Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

See Package Insert for Full Prescribing Information.

*Trademark
Essential Prescribing Information
ETHIBOND EXCEL* Polyester Suture
NONABSORBABLE SURGICAL SUTURE, USP
Except for size 6-0 diameter

INDICATIONS
ETHIBOND EXCEL Suture is indicated for use in general soft tissue approximation and/or ligation, including use in cardiovascular, ophthalmic and neurological procedures.

CONTRAINDICATIONS
None known.

WARNINGS
Users should be familiar with surgical procedures and techniques involving nonabsorbable sutures before employing ETHIBOND EXCEL Suture for wound closure, as risk of wound dehiscence may vary with the site of application and the suture material used.

Do not resterilize. Discard opened packages and unused sutures.

As with any foreign body, prolonged contact of any suture with salt solutions, such as those found in the urinary or biliary tracts, may result in calculus formation. Acceptable surgical practice should be followed for the management of infected or contaminated wounds.

PRECAUTIONS
In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders.

As with any suture material, adequate knot security requires the accepted surgical technique of flat and square ties with additional throws as warranted by surgical circumstance and the experience of the surgeon.

To avoid damaging needle points and swage areas, grasp the needle in an area one-third (1/3) to one-half (1/2) of the distance from the swaged end to the point. Reshaping needles may cause them to lose strength and be less resistant to bending and breaking. Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" containers.

ADVERSE REACTIONS
Adverse effects associated with the use of this device include wound dehiscence, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, infection, minimal acute inflammatory tissue reaction and transitory local irritation at the wound site. Broken needles may result in extended or additional surgeries or residual foreign bodies. Inadvertent needle sticks with contaminated surgical needles may result in the transmission of bloodborne pathogens.

See Package Insert for Full Prescribing Information.

*Trademark