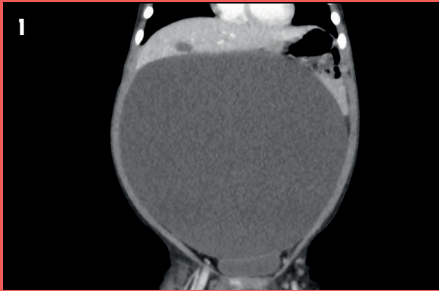


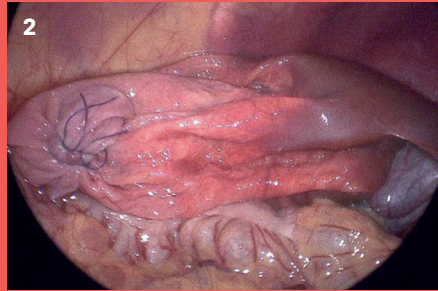
Case example:

Use of TachoSil® after laparoscopic excision of an enormous hepatic cyst in an 18-month-old child

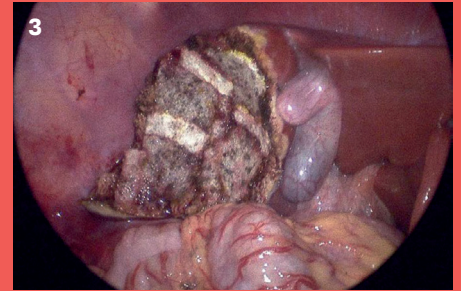
Covering the resected hepatic surface with TachoSil® for better hemostasis and tissue sealing.



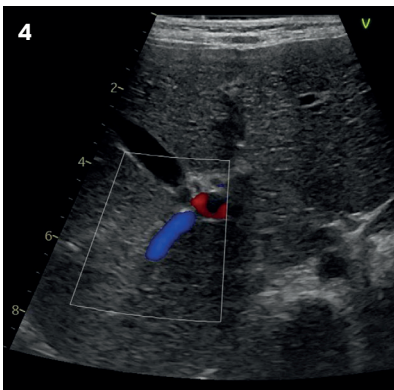
1: Dynamic computed tomography image of a huge abdominal cyst. The wall was thin, smooth, and not enhanced by contrast agent.



2: Intraoperative findings. After decompression, laparoscopy revealed that the cyst originated from the inferior surface of liver segments 5 and 6.



3: Post-excision view. The cyst with attached hepatic parenchyma was completely removed. The resected surface was covered with a collagen fleece.



4: Ultrasonography one year after the operation: a good portal flow at the posterior branch and no liver atrophy.

Preliminary remarks:

- Simple hepatic cysts are common lesions in adults, but rare in children.
- Because of their benign nature, simple hepatic cysts are not detected until they grow too large to be easily diagnosed and resected with minimally invasive procedures.
- A complete excision is desirable because there is a possibility of recurrence or other diseases that require total removal, including hydatid cysts and mesenchymal hamartomas.
- TachoSil® can be used to improve hemostasis and promote tissue sealing.

Patient history:

- An 18-month-old girl with abdominal distension but without abdominal pain.
- Ultrasonography: a large unilocular, sonolucent cyst occupying the entire abdomen.
- Abdominal computed tomography (CT): enormous unilocular cyst occupying the entire abdomen, hepatic origin of the cyst.
- Indication for resection by laparoscopic surgery.

Case example:

Use of TachoSil® after laparoscopic excision of an enormous hepatic cyst in an 18-month-old child. Covering the resected hepatic surface with TachoSil® for better hemostasis and tissue sealing.

Surgical procedure:

- The umbilicus was opened by the three-triangular-skin-flap technique, thus creating a working space that enabled laparoscopic surgery.
- A purse-string suture was placed on the partially exposed cyst, and a catheter was inserted without spillage.
- 1.520 ml of yellow serous fluid was aspirated. The cystic fluid did not contain bile.
- The cyst was decompressed.
- A single-port laparoscopic surgery device was applied to the umbilicus, and another 3-mm port was placed in the right lower abdomen.
- Using an ultrasonic coagulation incision device, the cyst was excised en bloc together with the attached hepatic parenchyma.
- To improve hemostasis the resected surface was covered with TachoSil®.

Conclusion:

- The operating time was 125 min, and the blood loss was only 50 g.
- The child was discharged on the 4th postoperative day with no complications.
- At the 1-year follow-up the girl felt well.

TachoSil Sealant Matrix (5.5 mg per cm² of human fibrinogen, 2.0 IU per cm² of human thrombin)

Statement: Before prescribing, consult/refer to the full prescribing information. **Presentation:** An off-white sealant matrix. The active side of the matrix is coated with fibrinogen and thrombin, is marked by a yellow colour. Supplied, ready to use, in sterile packaging. **Legal Classification:** Restricted prescription only medicine. **Indications:** In adults and children from 1 month old, for supportive treatment in surgery for improvement of haemostasis, to promote tissue sealing, and for suture support in vascular surgery where standard techniques are insufficient; also, in adults for supportive sealing of the dura mater to prevent post-operative cerebrospinal leakage following neurosurgical procedures. **Dosage & Administration:** For epilesional use only. Use is restricted to experienced surgeons. The quantity to be applied is governed by the size of wound area, and the underlying clinical need for the patient. In clinical studies, the individual dosages have typically ranged from 1-3 units (9.5 cm x 4.8 cm); application of up to 10 units has been reported. For smaller wounds, the smaller size matrices (4.8 cm x 4.8 cm or 3.0 cm x 2.5 cm) or the pre-rolled matrix (based on a matrix of 4.8 cm x 4.8 cm) is recommended. TachoSil should be used under sterile conditions and immediately after opening the inner sterile cover. Prior to application, the wound area should be cleansed, e.g. from blood, disinfectants and other fluids. For Flat TachoSil, the sterile package should be pre-moistened in saline solution and applied immediately. The yellow, active side of the matrix is applied to the bleeding/leaking surface and held against it with a gentle pressure for 3-5 minutes. For pre-rolled TachoSil, after removing from the sterile package, it should be applied immediately through the trocar without pre-moistening. The yellow, active side of the matrix is applied to the bleeding/leaking surface using e.g., a pair of cleansed forceps and held against it with a moist pad under gentle pressure for 3-5 minutes. Pressure is applied with moistened gloves or a moist pad. Avoid TachoSil sticking to surgical instruments, gloves or adjacent tissues covered with blood by cleansing them before application. After pressing TachoSil to the wound, the glove or the pad must be removed carefully. To avoid TachoSil from being pulled loose it may be held in place at one end, e.g. with a pair of forceps. In the case of stronger bleeding, it may be applied without pre-moistening, while also pressing gently to the wound for 3-5 minutes. The active side of TachoSil should be applied so that it extends 1-2 cm beyond the margins of the wound. If more than one matrix is used, they should overlap. TachoSil can be cut to the correct size and shaped if too large. In neurosurgery, TachoSil should be applied on top of the primary dura closure. **Contraindications:** Intravascular use; hypersensitivity to the active substances or to any of the excipients. **Warnings & Precautions:** No specific data available on the use of this product in gastrointestinal anastomoses surgery. Life threatening thromboembolic complications may occur if the preparation is applied intravascularly. Allergic type hypersensitivity reactions are possible, as with any protein product. If hypersensitivity reactions occur, the administration must be discontinued immediately. To prevent the development of tissue adhesions at undesired sites, ensure tissue areas outside the desired application area are adequately cleansed before ad-

ministration. In the case of shock, the current medical standards for shock treatment should be followed. Standard measures to prevent infections resulting from the use of medicinal products prepared from human blood or plasma include selection of donors, screening of individual donations and plasma pools for specific markers of infection and the inclusion of effective manufacturing steps for the inactivation/removal of viruses. Measures taken are considered effective for enveloped viruses such as HIV, HBV and HCV and for the non-enveloped virus HAV. Measures may be of limited value against non-enveloped viruses such as parvovirus B19. Parvovirus B19 infection may be serious for pregnant women (foetal infection) and for individuals with immunodeficiency or increased erythropoiesis (e.g., haemolytic anaemia). It is recommended to record the name and the batch number of the product administered to the patient. Some cases of product non-adhesion issues have been reported in the form of lack of product adhesion / lack of efficacy. Correct product handling and application is required. **Interactions:** No interaction studies have been performed. Similar to comparable products or thrombin solutions, the sealant may be denatured after exposure to solutions containing alcohol, iodine, or heavy metals. Such substances should be removed to the greatest possible extent before applying the sealant. **Fertility, Pregnancy & Lactation:** Safety for use in human pregnancy or breastfeeding has not been established in the clinical studies. Only administer to pregnant and breastfeeding women if clearly needed. **Effects on Ability to Drive and Use Machines:** Not relevant. **Undesirable Effects:** Hypersensitivity or allergic reactions (in isolated cases these reactions may progress to severe anaphylaxis; some cases of product residue causing granuloma), thromboembolic complications may occur if used intravascularly, and adhesions and intestinal obstruction when used in abdominal surgery. Refer to the SmPC for details on full side effect profile and interactions. **Overdose information:** No case of overdose has been reported. **Interactions with Other Medicinal Products:** No interaction studies have been performed. Similar to comparable products or thrombin solutions, the sealant may be denatured after exposure to solutions containing alcohol, iodine or heavy metals (e.g., antiseptic solutions). Such substances should be removed to the greatest possible extent before applying the sealant. **Use in Special Populations:** Limited data are available to support efficacy and safety of TachoSil in the paediatric population. In clinical studies, a total of 36 paediatric patients aged 0-13 years were treated with TachoSil in hepatic surgery. **Pack Sizes:** Package with 1 matrix of 9.5 cm x 4.8 cm, Package with 2 matrices of 4.8 cm x 4.8 cm, Package with 1 matrix of 3.0 cm x 2.5 cm, Package with 5 matrices of 3.0 cm x 2.5 cm, Package with 1 pre-rolled matrix of 4.8 cm x 4.8 cm. Not all pack sizes may be marketed.

Marketing Authorisation Holder: Corza Medical GmbH, Speditionstraße 21, 40221 Düsseldorf, Germany
The full SmPC can be obtained from Corza Medical GmbH.
Marketing Authorisation Numbers: EU/1/04/277/001-005

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Link to Full SmPC or Prescribing information
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