

GLUT,CK°

A total evolution.

Designed with years of inherited experience of **Glubran®2** in atraumatic mesh fixation¹⁻²⁹.

Glutack® and Glutack® Short are user-friendly devices for the atraumatic fastening of hernia mesh. Providing precise and consistent delivery of Glubran®2 (NBCA+MS) with every pull of the trigger²4, to minimize surgical complications and the potential pain associated with the use of tacks and staples. Improving surgical outcomes and reducing healthcare costs¹-³³.

One Glutack° is dispensed with every pull of the trigger



Glutack° + Glubran°2 = 1 high performance adhesive tack

- No change in clinical practice: delivery method is similar to traditional mesh fixation devices
- Glubran[®]2 is effective in repairing hernias with less post-op pain, less complications, less recurrences and cost-effective is largely documented ¹⁻³³
- Improves patient safety 1,2,6,8 and surgeon confidence 1
- Keeps the mesh in place respecting the natural tissue ingrowth 9,10

GLUTACK°

BUILDING THE



Multipurpose.

Glutack* + Glubran*2 = 1 highly adhesive atraumatic fixation



Synthetic biodegradable¹¹ cyanoacrylate adhesive modified by the addition of a monomer synthesized by the manufacturer GEM.

Polymerizes quickly in contact with live tissue and a wet environment 8 creating a thin and elastic film 12 having high tensile strength which guarantees strong adhesion to the tissues^{10,13}.

Ready for use 14-16 a high adhesive, sealant with haemostatic 17 and bacteriostatic properties. Effective antiseptic barrier against the most diffused infective and pathogenic agents during the surgical intervention 11,18,19.

Class III medical device authorized since 1998 in open, laparoscopic surgery and endovascular uses²⁰.







> G-NB2

GLUT, CK

The gentle power of the drop.



SAFE

- No clips or tacks: no tissue penetration, no nerve entrapment, no vessel damage ^{6,21} (Fig.1)
- Less post-op pain 6,33 (Fig.2)
- Reduces post-op complications 1,2,6,23
- Adhesive delivery controlled at all times – no drips²⁴
- Tip designed to avoid clogging and sticking ²⁴
- Fixation even in high risk anatomical locations: around the Triangle of Doom, Triangle of Pain and close to the Diaphragm



STRONG

- High shear strength equivalent to the current fixing methods: more than 9 N/cm² Glutack^{® 13} (Fig.3/5a)
- High peel force to remove the fixed mesh: 6N/cm² Glutack^{® 22} (Fig.5b)
- No significant difference in the strenght of parietal ingrowth between sutures²⁵, absorbable/ permanent tacks and Glubran[®]2¹⁰ (Fig.4)



FAST 24

- Very quick device preparation < 1 min
- Rapid, controlled Glutack® delivery
- Each precision Glutack® adheres the mesh to the tissue immediately



PRECISE 24

- Accurately controlled, repeatable Glutack® volume (0.0125 ml/drop)
- No product wastage



VERSATILE 24

- 2 different sizes: containing 30 or 60 Glutacks depending on mesh size / procedure requirement
- Articulating tip system to reach difficult areas (only for the laparoscopic model)



INTUITIVE 24

- Simple "point and shoot" design
- Handle geometry provides user comfort and multiple grip options
- Only a light input load on the trigger is required to drop the glue
- Audible and visual indicators confirm Glutack® delivery and number of Glutacks left
- The articulating tip of the laparoscopic model allows to deploy Glutacks perpendicular to the mesh and abdominal wall



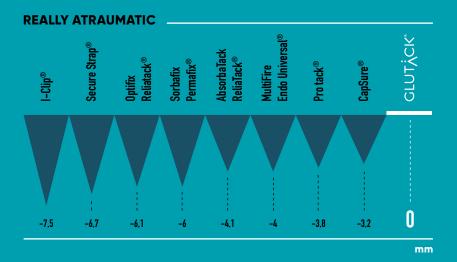
FLEXIBLE 24

In laparoscopic procedures allows:

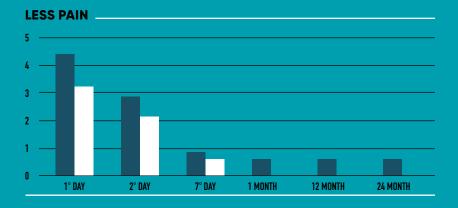
- Multiple angles of approach facilitated by articulating tip system
- Fasteners from any angle
- Elimination of contralateral ports



GLUT,CK°



(Fig.1)
TISSUE PENETRATION (mm) 21, 30



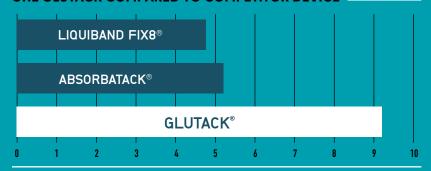
(Fig.2)

CLIPS

GLUBRAN®

EVALUATION OF POSTOPERATIVE PAIN INTENSITY BY VAS SCALE⁶ (modified by Burza A. et al. 2014).

ONE GLUTACK COMPARED TO COMPETITOR DEVICE

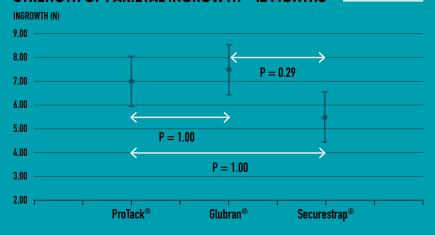


(Fig.3)

N

PRE-CLINICAL SHEAR STRENGTH EVALUATION IN AN IN VITRO MODEL FOR PP-DYNAMESH FIXATION 13.

STRENGTH OF PARIETAL INGROWTH - 12 MONTHS



(Fig.4)

modified by Harsløf S. et al. 2017 10.

GLUTACK® STRENGTH TEST 13,22



SHEAR 9N/CM²



PEELING 6N/CM²

(Fig.5a/5b)

GLUTACK°

Proven Efficacy.

Glutack® in action.

Laparoscopic



Repair of inguinal, hiatal, ventral and incisional hernias













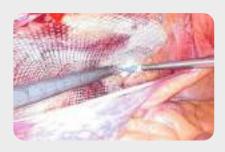
















Laparotomy



Ventral hernia



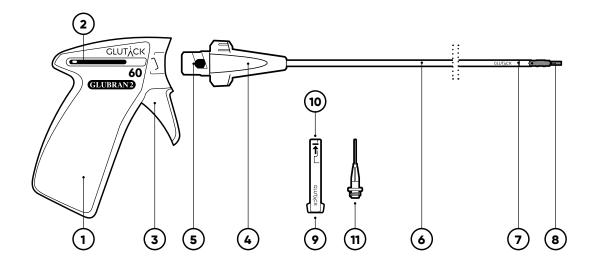












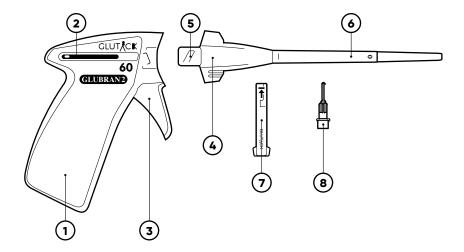
The sterile, latex free and single-use device consists of the following components:

- Handpiece (1) with label indicating the quantity of drops that can be dispensed; equipped with slider (2), which reveals the quantity of Glubran®2 dispensed during the procedure, and the trigger (3) connected to the gear that comprises the precise delivery system of the drops.
- Rigid catheter (external diameter of 5 mm) composed of:
 - connection base (4) with the symbol showing the mounting direction (5) and loading chamber for the loading cartridge (6);

- steel rod (7);
- articulated and adjustable end (8) equipped with a tip, designed to be anti-adhesive and clog resistant (9).
- Loading cartridge for the Glubran®2 (10).
- Transfer tip to be used to fill the cartridge with Glubran®2 (11).

Read always carefully the istructions for use (IFU) in the package leaflet.





The sterile, latex-free, single-use device consists of the following components:

- Handpiece (1) with label stating the number of drops that can be dispensed; equipped with slider (2), which displays the amount of Glubran®2 dispensed during the procedure, and trigger (3) connected to the gear that forms the calibrated drop delivery system.
- Catheter consisting of:
 - coupling base (4) and chamber for housing the loading cartridge (5);
 - polyethylene shaft (6);
- Cartridge for Glubran®2 made of transparent plastic (7), pre-printed with symbols showing the

direction of insertion into the housing chamber and the loading level (8).

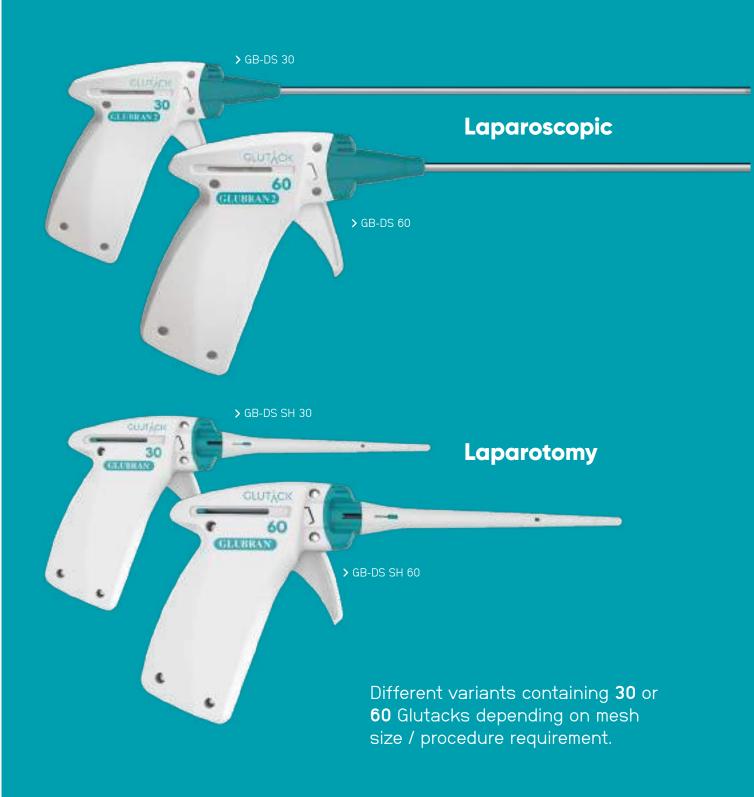
• Transfer tip to be used for loading the cartridge with Glubran®2 (8).

Read always carefully the istructions for use (IFU) in the package leaflet.



GLUTACK*

For every single need.



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SOLUTION COMES FROM EVOLUTION.



Via dei Campi 2 - P0 Box 427 - 55049 Viareggio (LU) Italy Tel. +39 0584 389784/391388 - Fax +39 0584 397904 www.gemitaly.it - info@gemitaly.it

