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erties and performance of the resultant homemade fibrin sealant.

Vivostat is the first fully automated, microprocessor controlled medical device for the preparation of a reproducible autologous fibrin sealant from 120 ml of the patient's blood, produced within 30 minutes of being in the operating room and may be easily prepared by a nurse or perfusionist. The spraypen delivery system allows the surgeon to spray the solution evenly over the target tissue in a controlled fashion. Intermittent application at various rates of delivery is possible - thus small amounts of sealant can be very precisely delivered. The Vivostat delivery system represents a major advance over the commonly used two syringe techniques of fibrin sealant delivery, and allows optimal utilization of the entire volume of sealant produced. The sealant polymerizes immediately upon application and crosslinks over several minutes. There is no risk of transmission to the patient of bloodborne viruses or potential risks from exogenous thrombin since the Vivostat system utilizes only endogenous thrombin for polymerization of the final sealant. The first study in man using the Vivostat system prototype has been successfully conducted in cardiac surgery patients with no adverse reactions. A detailed report of that clinical study will be the subject of another paper.

The Vivostat system is not yet commercially available. Multicenter pivotal studies in several countries are planned to support applications for regulatory approval.

## References

- Blombäck B, Meier J, Stocker K (1994) Batroxobin is preferable to thrombin for use in fibrin sealants. Fibrin sealant: Characteristics and clinical uses, Uniformed Services University of the Health Sciences, USA (poster 1)
- [ 2] Bayer EA, Behizad M, Fischer-Bos KI, Burton MJ, Burton SJ, Pearson JC et al. (1994) Catalyst removal from a novel fibrin sealant using biotin-avidin. Fibrin sealant: Characteristics and clinical uses, Uniformed Services University of the Health Sciences, USA (poster 2)
- [3] Edwardson PAD, Burton SJ, Bhaskar G, Cederholm-Williams SA, Fairbrother JE, Gardner RS et al. (1994) A new class of fibrin sealant with minimal risks. Fibrin sealant: Characteristics and clinical uses, Uniformed Services University of the Health Sciences, USA (poster 3)
- [4] Hollingsbee DA, Edwardson PAD (1994) Characterisation of a novel fibrin sealant. Fibrin sealant: Characteristics and clinical uses, Uniformed Services University of the Health Sciences, USA (poster 4)
- [ 5] Cederholm-Williams SA (1994) Fibrinolytic stability of a novel fibrin sealant. Fibrin sealant: Characteristics and clinical uses, Uniformed Services University of the Health Sciences, USA (poster 5)
- [ 6] Kjaergard HK, Fairbrother JE (1996) Controlled clinical studies of fibrin sealant in cardiothoracic surgery - a review. Eur J Cardio-thorac Surg 10: 727-733
- [7] Jackson MR, MacPhee MJ, Drohan WN, Alving BM (1996) Fibrin sealant: current and potential clinical applications. Blood Coagulation and Fibrinolysis 7: 737-746
- [ 8] FDA (1978) Revocation of fibrinogen licences. FDA Drug Bulletin 8: 15
- [ 9] Berruyer M, Amiral J, French P, Belleville J, Bastien O, Clerc J et al. (1993) Immunisation by bovine thrombin used with fibrin glue during cardiovascular operations: development of thrombin and factor V inhibitors. J Thorac Cardiovasc Surg 105: 892-897
- [10] Ochsner MG, Maniscalco-Theberge ME, Champion HR (1990) Fibrin glue as a hemostatic agent in hepatic and splenic trauma. J Trauma 30: 884-887
- [11] Pisciotto PT, Anderson KC, Goodnough LT, Kurtz SR, Lane TA, Sayers MH et al. (1993) The need for standardization of cryoprecipitate-derived fibrin adhesive. Transfusion Science 14: 291-294