

# INTRODUCTION

- Truncal hemorrhage remains the most common cause of potentially preventable deaths in battlefield casualties.
- Problems with current devices used to control truncal bleeding:
  - $\mathbf{X}$ Slow acting
  - $|\times\rangle$ Have variable efficacy
  - Dependent on operator skills  $|\times\rangle$
  - Require manual pressure to maintain placement  $\mathbf{X}$

### **Device Shrinkage in Wet Environment**

- The device shrinks in wet environments
- Measured quantitatively using a digital microscope



Rapid hemostasis and stable clot formation is achieved by 5 complementary mechanisms of action – 4 of them unique / patent applied



The hydrogel has a pore size distribution of **12-807µm** that functions to collect large amounts of platelets (2-3  $\mu$ m) and RBCs (7.5 – 8.7 $\mu$ m).

# A New Hemostat that Functions with Novel Mechanisms and **Does Not Require Manual Pressure**

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# RESULTS

## In Vivo Studies in Porcine Liver & Spleen Model

- Rapid hemostasis was achieved in aggressive bleeding wounds without manual pressure
- Stable clot formation was observed in all wound types verified by SEM imaging

Wound type	Tir
Liver abrasion	
Liver biopsy punch	
Liver laceration	
Spleen laceration	
* 95% Confidence Interval	

# **MECHANISMS OF ACTION**



# ENDOMEDIX TECHNOLOGY

- The patented hydrogel medical device forms in situ by the instant reaction between aqueous solutions of acrylated chitosan and oxidized dextran, via Schiff base formation
- Rapid hemostasis without manual pressure and no swelling of the device
- Unique structural features augment coagulation cascade at the application site

### ne to Hemostasis (sec)

 $20 \pm 2^* \sec(n=23)$ 

- 16 sec (n=2)
- 12 sec (n=1)
- 82 sec (n=1)



SEM image confirming stable clot formation (i.e. presence of activated platelets & RBCs enveloped in a thick network of fibrin strands).



to platelet adhesion, activation and aggregation.

RBCs across the wound surface.