A new layer of protection for CLABSI prevention.

SecurePortIV® adhesive is improving vascular access outcomes by delivering enhanced securement, sealing the insertion site, and providing microbial protection.
A new standard of care.

Intravenous catheter insertion is the most common invasive hospital procedure performed worldwide, but it’s extremely prone to complications, with an overall failure rate that has been estimated at 8% to 43% depending on device type.

But with SecurePortIV®, all that is changing.

SecurePortIV® is the first and only cyanoacrylate adhesive that is FDA-cleared for securement of vascular access devices. It is simple, safe and effective for all patient populations and devices. Other benefits include:

- **3X stronger and infinitely simpler** securement than transparent film dressings alone and superior adhesiveness compared with mechanical securement devices²
  - Reduces catheter movement, migration, and dislodgement

- **Effectively seals** the catheter insertion site
  - Can help reduce early dressing changes and eliminate 24-48 hour initial dressing change protocols⁹

- **Unique defense** against catheter-related bloodstream infections
  - Immobilizes skin flora that has not been removed by standard skin prep
  - Formulation reported to exhibit activity against gram-negative and gram-positive bacteria, yeast, and fungi eliminating greater than 8-logs after 3 minutes of contact in in-vitro studies⁵
  - Reduces the risk of CLABSI⁸,⁹

<table>
<thead>
<tr>
<th>Description</th>
<th>Product Code</th>
<th>Fill Volume</th>
<th>Packaging</th>
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<tbody>
<tr>
<td>SecurePortIV® Catheter Securement Adhesive</td>
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<td>50 applicators per box</td>
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1. Intravascular canine model 2017, reduced dislodgement, data on file.
3. Full bibliography available upon request.
6. A transparent film dressing should be placed per facility protocol after the cyanoacrylate adhesive application.

SecurePortIV® adhesive can be used on central lines by placing it over the insertion site and/or anywhere along the exposed portion of the catheter."