SNBTS REPRESENTATIVES: Professor J D Cash
Dr R Stewart

Mr Garden was very interested in the SNBTS fibrin sealant. He has used commercial products (mainly Tissee1) previously (while working in Paris) and was aware it had been withdrawn by Immuno due to concerns over viral safety. Professor Cash explained that the fibrinogen component was heat treated and that the thrombin component was of human origin and solvent/detergent treated by CRTS Lille.

The major uses Mr Garden foresees are:

1. Liver surgery, including transplantation, if this comes to Edinburgh: particularly when large livers are 'reduced' for a paediatric recipient.

2. Cholecystectomy - Mr Garden advised us that he was now performing this procedure using a laparoscope, rather than by 'open' surgery.

Mr Garden commented that the majority of bleeding post cholecystectomy came not from the gall bladder vessels but from surrounding tissues to which the gall bladder has adhered. This was not a problem in most cases.

This led to discussion about applicators: two types would be needed,

a) A system which would allow coverage of relatively large area (eg. spray).

b) An applicator which would allow the application of the fibrin sealant to be performed via the laparoscope.

It was agreed that RS would arrange for a few of the current SNBTS applicators to be supplied to Mr Garden for testing.

Mr Garden said that a study of the efficacy of fibrin sealant in reducing blood product usage in cholecystectomy would likely be rather large. He suggested it may be valuable to look at the volume and haematocrit of the fluid which is collected in the drain post-operation. RS explained the planned trial (FS003)
which would ask for a surgeon's assessment of efficacy and follow up the patients for evidence of viral transmission. Mr Garden said this would be acceptable.

It was agreed that Dr Stewart should maintain liaison with Mr Garden and that he should include Dr Murphy in future discussions.