Combines the proven strength, flexibility, and microbial barrier of DERMABOND™ ADVANCED™ Topical Skin Adhesive with the added support and security of a self-adhering mesh to further facilitate both wound-edge approximation and an optimal healing environment. [1-5]*

- DERMABOND™ PRINEO™ led to better cosmesis when compared to skin staples.[14-16]#
- DERMABOND™ PRINEO™ Skin Closure System. No postsurgical dressings may mean easier self-care for patients.[17]
- If directed by the health care professional, patient may be able to briefly shower after procedure, if dried immediately thereafter by gently blotting with a soft towel[18]
- DERMABOND™ PRINEO™ led to greater overall patient satisfaction compared to skin staples.[14-16]**

Please refer always to the Instructions for Use / Package Insert that come with the device for the most current and complete instructions.

*As long as the adhesive film remains intact. Clinical studies were not conducted to demonstrate microbial barrier properties.
#Internal US Double-blinded quantitative research study comparing surgeon experience with DERMABOND™ PRINEO™ System and skin staples in total knee arthroplasty. N=83 orthopaedic surgeons. Mean score of 88 vs 40/100; 90% c.l. Fielded June/July 2017.
**Internal US Double-blinded quantitative research study comparing surgeon and patient experience with DERMABOND™ PRINEO™ System and skin staples in total knee arthroplasty. N=83 orthopaedic surgeons; 88 patients [38 DERMABOND™ PRINEO™/50 skin staples]. Mean score of 88.2 vs 81.8/100; 90% c.l. Fielded June/July 2017.

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Johnson&Johnson MedTech

Your closure is their beginning

Combines the proven qualities of DERMABOND™ Adhesive with a self-adhering mesh[1-5]*

DERMABOND™ PRINEO™ Skin Closure System was shown to provide statistically significant greater skin holding strength than skin staples or subcuticular 4-0 MONOCRYL™ (poliglecaprone 25) suture.[7]#**

Water resistant[6]

99% effective microbial barrier protection proven through 72 hours in vitro.[8]

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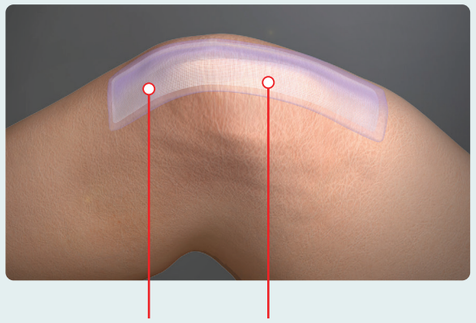
*As long as the adhesive film remains intact. Clinical studies were not conducted to demonstrate microbial barrier properties.
**In an ex-vivo study, more load in N was required to create a 3 ±1 mm gap between skin edges approximated with DERMABOND™ PRINEO™ System, than with subcuticular 4-0 MONOCRYL™ Suture or PROXIMATE Ethicon Endo-Surgery skin staples (p=0.00).
#Based on benchtop testing and clinical effect is unknown.

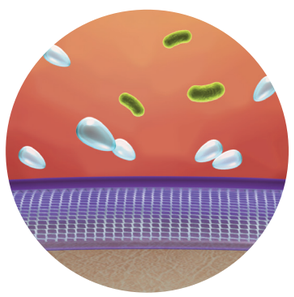
DERMABOND™ PRINEO™ Skin Closure System is a non-invasive alternative for skin closure.[9]**

Help your patients focus on recovery

Protects incisions with:

DERMABOND™ PRINEO™ Skin Closure System provided a flexible microbial barrier with 98.43% protection in vitro for 72 hours against organisms commonly responsible for SSIs.[10]***¶





In vitro studies have shown that DERMABOND™ PRINEO™ Skin Closure System acts as a barrier to microbial penetration[8,9*#†§]

Reduced rates of readmission

- In a US retrospective study (2012-2015) comparing DERMABOND™ PRINEO™ Skin Closure System and skin staples in TKA, DERMABOND™ PRINEO™ was associated with significantly reduced readmission rates.[11##]
- In a retrospective study comparing DERMABOND™ PRINEO™ Skin Closure System and skin staples in TKA, DERMABOND™ PRINEO™ is associated with significantly lower probability of discharge to a Skilled Nursing Facility or Other Non-Home Setting[11]

**Deep dermal stitches required. #Based on benchtop testing and clinical effect in unknown. *As long as the adhesive film remains intact. †Clinical studies were not conducted to demonstrate microbial barrier properties. §DERMABOND™ ProTape was the 'project name' before it was branded DERMABOND™ PRINEO™. ***Staphylococcus epidermidis, Escherichia coli, Staphylococcus aureus, Pseudomonas aeruginosa, and Enterococcus faecium. ¶Pre-clinical test data are not necessarily indicative of clinical performance. ##US Premier Inpatient Database in Total Knee Arthroplasty (p<0.05). N=1,942; 2012-2015. DERMABOND™ PRINEO™ vs Skin Staples 30-day, 1.8% vs. 4.4%, P=0.006; 60-day, 3.0% vs. 5.4%, P<0.001; 90-day, 5.4% vs. 7.4%, P=0.016.

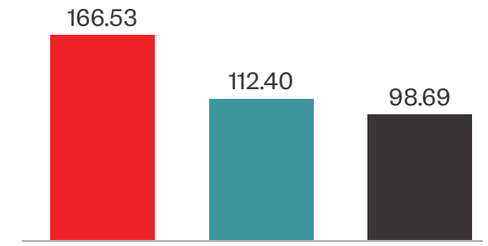
Give your patients the strength they need for optimal healing

DERMABOND™ PRINEO™ Skin Closure System was shown to provide statistically significant greater skin holding strength than skin staples or subcuticular 4-0 MONOCRYL™ (poliglecaprone 25) suture[7#]**

- Incisions closed with DERMABOND™ PRINEO™ Closure System (22 cm) were significantly stronger when compared with the average strength of staples.[7,12*#]
- Incisions closed with DERMABOND™ PRINEO™ Skin Closure System (22 cm) were stronger when compared with the average strength of 4-0 suture.[7,12*#]

Skin holding strength in Newtons.[7,12†‡#]

Mean max load (N) prior to 3 mm gap (+/- 1 mm)



DERMABOND™ PRINEO™ [Skin Closure System] distributed tension evenly along the area of incision.[13¶]

While sutures and staples penetrate the skin and place tension on the wounded tissue, DERMABOND™ PRINEO™ Skin Closure System redistributes tension in a uniform way.[13]

"[With DERMABOND™ PRINEO™ System], the less amount of wound contamination problems, [the less] patients have to come back to the clinic for wound checks."

— **Dr. James E. Dowd**, Orthopaedic Surgeon, Virginia Beach, VA

The quote is the opinion of Dr. Dowd, a real surgeon who used DERMABOND PRINEO System. Dr. Dowd is a paid consultant of Ethicon. Post-surgical interview was May 8, 2017.

*Study performed ex vivo. P value = 0.00. Average maximum load at or prior to 3 ± 1 mm gap between the approximated tissues. **In an ex-vivo study, more load in N was required to create a 3 ±1 mm gap between skin edges approximated with DERMABOND™ PRINEO™ System, than with subcuticular 4-0 MONOCRYL™ Suture or PROXIMATE Ethicon Endo-Surgery skin staples (p=0.00). †Study performed ex vivo. ‡PRINEO 22 results are from AST-2014-0246 and the other 2 results are from AST-2012-0290. #Based on benchtop testing and clinical effect is unknown. ¶Based on benchtop testing and clinical effect in unknown. Procedure for mapping strain in this protocol; used Porcine skin pieces subjected to tensile load.