You have the power to stop GI bleeding in its tracts.

Hemospray®, clinically proven performance across the globe

50+
clinical studies

8+
years on the market

90+
global markets served

Proven to deliver high rates of haemostasis for a range of GI bleeds, with lower rebleeding than the predicted rate[4]

COOK® MEDICAL

Peptic ulcer-related bleeding:

88%[1] Haemostasis rate

17%[1] low rebleed rate

	Monotherapy (n=50)	Combination (n=101)	Rescue (n=51)
Haemostasis rate[1]	88%	89%	86%
30-day mortality[1]	32%	16%	25%
Rebleed rate[1]	16%	15%	22%

Median Rockall Score (RS)[1]	7
RS 7 predicted rebleed rate[4]	25–40%
RS 7 predicted mortality rate[4]	20–30%
Median Blatchford Score[1]	13

> **'In our study, Hemospray was used mostly in Forrest Ia and Ib ulcers and showed high hemostasis rates. The rebleeding rates in these cohorts was lower than previously reported.'**[1]

Malignancy-related bleeding:

97%[3] Haemostasis rate

15%[3] low rebleed rate

	Monotherapy (n=70)	Combination (n=26)	Rescue (n=9)
Haemostasis rate[3]	100%	88%	100%
30-day mortality[3]	23%	20%	0%
Rebleed rate[3]	15%	18%	13%

Median Rockall Score (RS)[3]	8
RS 8 predicted rebleed rate[3]	40%
RS 8 predicted mortality rate[3]	40%
Median Blatchford Score[3]	10

> **'Treatment with Hemospray significantly reduced transfusion requirements (*P* < 0.001). The significant improvement in transfusion requirements remained when Hemospray was used as a monotherapy.'**[3]

Transfusion requirements after Hemospray (malignancy-related bleeds)	N	Blood units, mean ± standard deviation		Change in blood units, mean (95% confidence interval)	*P* value
		Pre-Hemospray	Post-Hemospray		
All patients treated with Hemospray (monotherapy, combination therapy, rescue therapy)[3]	73*	2.5 ± 2.0	1.5 ± 2.5	-1.0 (-1.6, -0.4)	< 0.001
Patients treated with Hemospray monotherapy[3]	45	2.3 ± 2.0	1.4 ± 2.5	-0.9 (-1.6, -0.1)	< 0.05

* Transfusion data were missing for the other 32 patients.

Post-endoscopic therapy bleeding:

100%[2] Haemostasis rate

4%[2] low rebleed rate

	Monotherapy (n=21)	Combination (n=37)	Rescue (n=15)
Haemostasis rate[2]	100%	100%	100%
30-day mortality[2]	6%	0%	0%
Rebleed rate[2]	6%	4%	0%

Median Rockall Score (RS)[2]	6
RS 6 predicted rebleed rate[5]	15–33%
Median Blatchford Score[2]	5

Note: Refer to published study (source 2) for full details on procedural descriptions as well as location and cause of intraprocedural bleeding.

> **'Hemospray is safe and effective in achieving immediate haemostasis following uncontrolled and progressive intraprocedural blood loss post-endoscopic therapy, with a low re-bleed rate.'**[2]

Patients on antithrombotic therapy:

89%[4] Haemostasis rate

11%[4] low rebleed rate

	Monotherapy (n=31)	Combination (n=54)	Rescue (n=22)
Haemostasis rate[4]	90%	89%	86%

Median Rockall Score (RS)[4]	8
RS 8 predicted rebleed rate[4]	25–40%
RS 8 predicted mortality rate[4]	40–45%
Median Blatchford Score[4]	12

Bleeding from severe inflammation:

91%[4] Haemostasis rate

9.4%[4] low rebleed rate

	Monotherapy (n=22)	Combination (n=10)	Rescue (n=3)
Haemostasis rate[4]	86%	100%	100%

Median Rockall Score (RS)[4]	7
RS 7 predicted rebleed rate[4]	25–40%
RS 7 predicted mortality rate[4]	20–30%
Median Blatchford Score[4]	10

Definitions

Monotherapy: use of Hemospray on its own

Combination: use of Hemospray alongside one or more conventional modalities, such as adrenaline injection, thermocoagulation, or mechanical clips

Rescue therapy: use of Hemospray after conventional modalities failed to achieve haemostasis

Please see product risk information in the IFU at cookmedical.eu.

Not available in all markets. Consult with your local Cook representative or customer service centre for details.

1. Hussein M, Alzoubaidi D, Lopez M-F, et al. Hemostatic spray powder TC-325 in the primary endoscopic treatment of peptic ulcer-related bleeding: multicenter international registry. *Endoscopy*. 2021;53(1):36–43.
2. Hussein M, Alzoubaidi D, de la Serna A, et al. Outcomes of Hemospray therapy in the treatment of intraprocedural upper gastrointestinal bleeding post-endoscopic therapy. *United European Gastroenterol J*. 2020;8(10):1155–1162.
3. Hussein M, Alzoubaidi D, O'Donnell M, et al. Hemostatic powder TC-325 treatment of malignancy-related upper gastrointestinal bleeds: international registry outcomes. *J Gastroenterol Hepatol*. 2021. doi: 10.1111/jgh.15579. Epub ahead of print. PMID: 34132412.
4. Alzoubaidi D, Hussein M, Rusu R, et al. Outcomes from an international multicenter registry of patients with acute gastrointestinal bleeding undergoing endoscopic treatment with Hemospray. *Dig Endosc*. 2020;32(1):96–105.
5. Adapted from Rockall TA, Logan RF, Devlin HB, et al. Risk assessment after acute upper gastrointestinal haemorrhage. *Gut*. 1996;38(3):316–321.

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