from ETHICON, a 67% reduction in bleeding was observed with this technology.

Purpose The purpose of this work was to compare *in vitro* a classic suture and a HEMO-SEAL (HS) suture.

Material and methods We used two equivalent sutures: a classic and a HS suture of the same diameter (USP 5/0), with identical needle characteristics (tip geometry, curvature, length). First, we compared the two sutures with a binocular loupe. Then, we developed an experimental model to compare the bleeding with the two sutures. We created a circuit with water sent at a pressure of 90 mmHg into a vascular prosthesis in which we passed each suture model without making a knot. We collected the water that flowed from the holes in our suture through our prosthesis over 5 min. Then, we compared the weight of water collected with the two sutures. A sample size of $n=6$ was completed for each group. Results are expressed in terms of mean $\pm$ standard deviation.

Results The two sutures both strictly look the same with the binocular loupe, except the region at the needle attachment of the HS suture, which had a smaller diameter. The average weight of the water collected was 28 g (± 5) and 8 g (± 1) for the classic suture and HS suture, respectively. We obtained a 71% reduction with the HS suture ($p < 0.05$). Despite this important difference, we identified biases such as: we did not use blood but water, pressure at 90 mmHg and we did not make a real knot.

Conclusion The HS suture really seems to reduce needle-hole bleeding. In order to get as close as possible to the *in vivo* conditions, it would be interesting to repeat tests with anastomoses performed by a surgeon. Furthermore, clinical impact of this reduction in bleeding remains to be assessed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<https://www.ncbi.nlm.nih.gov/pubmed/?term=needle+to+suture+ration%2C+as+well+as+suture+material#>

No conflict of interest.

11SG-033 INFLAMMATORY BOWEL DISEASE: BIOLOGICAL PRESCRIBING TRENDS IN AN ITALIAN HOSPITAL

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Background Inflammatory bowel disease (IBD) is a group of inflammatory conditions of the colon and small intestine. The major types of IBD are ulcerative colitis and Chron's disease. Symptoms can occur at any time and exacerbations can be followed by periods of remission. The objective of IBD treatment is induction, maintenance of remission or both. An increasing number of biologics have been approved for the treatment of refractory moderate to severe IBD in patients who have not responded to traditional therapy, but due to the absence of direct comparison data and the introduction of biosimilars, treatment choice is still controversial.

Purpose The aim of this study is to analyse prescribing trends of biologics used at the centre for the treatment of patients with moderate to severe IBD refractory to traditional therapy.

Material and methods Data were extracted from the management software used at the centre and collected in an Excel spreadsheet. Included data were: dispensing data of biologics

11SG-032 SURGICAL SUTURE TO REDUCE NEEDLE-HOLE LEAKAGE: COMPARISON OF TWO SUTURES

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Background Cardiac surgeons at our hospital asked the pharmacy for a new device to reduce bleeding during aortic suture. HEMO-SEAL (ETHICON) suture offers a decrease in the ratio of needle-to-suture diameters that would reduce needle-hole bleeding. This device is more expensive than an equivalent classic suture. According to the only study available