



Hematoma following rhytidectomy, an alternative drainage

Sir,

The occurrence of hematomas continues to be the commonest major complication after female and male rhytidectomy with a reported incidence of 0.2 to 8.0 percent. Large expanding hematomas (30 cc) usually occur in the first 24 hours after surgery and often requires surgical evacuation. Small hematomas (2 to 10 cc) usually resolves spontaneously and can be treated by aspiration or drainage 1 to 2 weeks after surgery¹, thus many Authors recommends to use drainage to prevent and manage hematoma²⁻⁴. For our knowledge, until now, no one Author has proposed in Literature the following method. We propose to use as a drainage a 23 gauge Butterfly intravenous cannula modified. We cut of the needle and the Butterfly wings leaving the silicon flexible tubing. Distally, 8, 10 centimetres on the tubing, we customer made 8, 10 small holes, using a simple scissor, for the drainage surface augmentation (Fig. 1). The silicon drainages so prepared are inserted below the skin flaps on both the left and the right side of the face, 2 for side, thus promoting the drainage externally. Our preferred location for drainage insertion is directly posterior to ear lobule and then fixed externally. A gentle dressing is applied. Antibiotic therapy must be administered until the drainage is in place, usually, for the first 48 hours postoperatively. Moreover, in the postoperative period, these drains also may be used to aspirate eventual collections by 20 cc syringe thus reducing the possibility of the hematoma recurring. We consider this method available, easily reproducible and safe for the management of small hematomas following rhytidectomy.

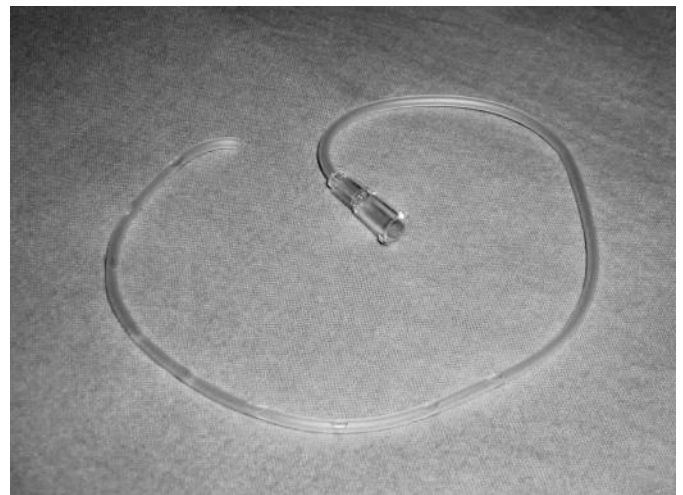


Fig. 1: The customer made drainage before to be inserted

References

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