Fibrin sealants in clinical practice. [Review] [45 refs]

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Abstract:

Fibrin sealants are used in a wide range of surgeries, primarily as hemostatic agents, but also to

assist tissue sealing and wound healing. While all fibrin sealants contain fibrinogen and thrombin,

they differ in their final composition. This affects the properties of the resulting fibrin clot and may

influence their use in different surgical procedures. Sealants with high concentrations of fibrinogen

tend to produce stronger clots, whereas those containing higher concentrations of thrombin form

clots rapidly. This is essential when rapid hemostasis is required to stop blood loss (e.g. suturing of

blood vessels). However, in situations that require careful adjustment of tissue (e.g. a skin flap) a

slower clot formation is advantageous. Some sealants are supplemented with factor XIII and this

may increase the tensile strength and stability of the clot and improve hemostasis. Antifibrinolytic

agents (e.g. aprotinin and aminocaproic acid) increase the lifespan of the clot by inhibiting

fibrinolysis. Fibrin sealants containing aprotinin may have an added advantage when used on

surgical sites with naturally high concentrations of fibrinolytic agents. The physical properties of the

fibrin sealants also vary. For example, the fibringen component is relatively viscous and requires a

lot of force to inject it through a long catheter. Fibrin sealants with a fibrinogen component of low

viscosity are easier to use than highly viscous solutions in surgical situations where the sealant is

applied by a catheter. Until recently, the use of fibrin sealants in the USA has been limited to

noncommercial products--'home-brews'. The fibrinogen concentration of these products can vary

between preparations, with subsequent variation in the mechanical strength of the clot making

handling difficult. The introduction of commercial sealants into the USA with consistent composition

should reduce the varying performance of fibrin sealants, although autologous and point-of-use

prepared sealants may still vary. Consistency of performance is expected to result in an increased use of fibrin sealants both in established and novel fields of surgery. [References: 45]