

Efficacy of fibrin sealant following inguinal lymphadenectomy: A systematic review.

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Abstract:

Objectives Inguinal lymphadenectomy is an integral part of surgical management of vulval, penile cancers and melanoma. The procedure is associated with a high incidence of groin wound complications. Several strategies have been explored with a view to minimising groin morbidity. The aim of this systematic review is to appraise the efficacy of fibrin sealant in minimising groin wound complications. **Methods** Boolean combination of terms were deployed in our search strategy. Medline, EMBASE and CINAHL databases were searched with English language and human subject restriction. Abstracts of 99 citations were reviewed and four full text articles met the inclusion criteria. Data was extracted by two investigators. Quality assessment using Cochrane guidelines was performed. **Results** Three studies reported on melanoma patients and one on vulval cancer cohort. 310 participants were included in the studies. In the melanoma cohort, there was no significant difference in terms of a portfolio of postoperative complication; in the vulval cancer group, the fibrin group demonstrated significantly fewer cases of post operative infections. In one study, interventional group required longer duration of groin drainage. No significant difference was found in terms of wound reoperation rate, amount of drainage or lymphodema. The studies are at high to moderate risk of bias **Conclusions** The current evidence base does not support the use of fibrin sealant to minimise complications following inguinal lymphadenectomy.