# The use of tissue glue and its effect on hospital cost in patients undergoing pulmonary surgery. [Turkish]

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## Abstract:

Prolonged air leak following pulmonary resections is an important cause of morbidity and increased hospital costs. We compared 19 homologous/autologous tissue glue (fibrin glue) applied patients (FG group), 12 beriplast-P applied patients (beriplast group) and 27 control patients with respect to prolonged air leak, chest tube removal time and hospital costs. The mean ages for FG group (19 patients), beriplast group (12 patients) and control group (27 patients) were 48.5 +/- 14, 50.5 +/- 6.8 and 55 +/- 12.9 respectively. The groups were comparable with respect to age (p= 0.210), sex (p= 0.287) and the surgical procedure performed (p= 0.289). The incidence of prolonged air leak in FG group, beriplast group and the control group was 48%, 50% and 63%, respectively (p= 0.533). The mean chest tube removal time in FG group, beriplast group and the control group was 10.7 +/- 8.7, 9 +/- 4.1 and 8 +/- 3.1 days, respectively (p= 0.282). Mean hospital costs in FG group, beriplast group and the control group were 4633 +/- 3272 YTL, 4611 +/- 1583 YTL and 4015 +/- 911 YTL, respectively (p= 0.547). Fibrin glue had no effect on the incidence of prolonged air leak, chest tube removal time and hospital costs.