

Safer circumcision in patients with haemophilia: the use of fibrin glue for local haemostasis.

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Abstract:

OBJECTIVE: To evaluate the efficacy and the reduced costs of factor concentrates in circumcision by using fibrin glue in patients with haemophilia.

PATIENTS AND METHODS: Eleven patients with haemophilia (age range 6-14 years, 10 with haemophilia A, one with haemophilia B) were circumcised using fibrin glue for local haemostasis and to reduce the duration of clotting factor replacement after surgery. Circumcision was carried out under general anaesthesia; the prepuce was incised circumferentially and excised using the Gomco clamp technique. Haemophiliac patients were divided into two groups: in group 1 (four patients, three with haemophilia A and one with haemophilia B) the factor levels were assessed every 8 h and bolus injections of factor repeated during the first 4 days after surgery; in group 2, the seven remaining haemophilia A patients received a postoperative bolus injection and approximately 4 U/kg per hour of factor substitution for the first 2 days after surgery by continuous infusion. Eleven other patients with haemophilia A underwent circumcision using same surgical procedure but were given only factor substitution without fibrin glue, and served as a control group (group 3).

RESULTS: None of the patients had significant bleeding or complications. The total costs were significantly reduced, to \$8898 per patient in group 1 and \$4866 per patient in group 2, when compared with \$12875 per patient in group 3 (both $P < 0.05$).

CONCLUSION: Fibrin glue is a useful treatment for circumcision in patients with haemophilia; it lessens the need for factor substitution after circumcision and thus reduces the high cost of treatment.