

# Experience with fibrin glue in rhytidectomy.

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## Abstract:

**BACKGROUND:** The authors conducted a large, prospective, controlled trial of fibrin glue in rhytidectomy using a wide set of variables. **METHODS:** Two hundred consecutive patients undergoing elective rhytidectomy were studied. One hundred patients received fibrin glue over a 1-year period and were followed prospectively. Another 100 patients from the previous year who had not received fibrin glue had their charts reviewed retrospectively. All patients underwent bilateral face lifts using the deep plane technique. **RESULTS:** The following data were observed for the glue versus nonglue patients: expanding hematoma rate, 1 percent versus 3 percent ( $p > 0.05$ ); seroma rate, 1 percent versus 7 percent ( $p > 0.05$ ); and prolonged induration, edema, and ecchymosis, 0 percent versus 22 percent ( $p < 0.05$ ). The pain score for glue versus nonglue patients was 100 percent minimal versus 95 percent minimal and 5 percent moderate ( $p > 0.05$ ). The average score for patient satisfaction (scale, 1 to 10, with 10 being best) for glue versus nonglue patients was 9.5 versus 9.0 ( $p > 0.05$ ). **CONCLUSIONS:** The use of fibrin glue was associated with some benefits for rhytidectomy. Fibrin glue eliminated the use of drains. The difference in expanding hematoma was clinically, but not statistically, significant. The seroma rate was decreased and neared statistical significance. There was an impressive immediate decrease in postoperative swelling. The fibrin glue was most advantageous in eliminating prolonged induration, edema, and ecchymosis. There were no statistical differences between groups for patient satisfaction or pain. The use of fibrin glue has been shown to reduce some of the morbidity and severe complications of face lifting.

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