

A prospective randomized trial: The influence of intraoperative application of fibrin glue after radical inguinal/iliacal lymph node dissection on postoperative morbidity.

Authors: Neuss H., Raue W., Koplin G., Schwenk W., Reetz C., Mall J.W.

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Abstract:

Background: Effects of intraoperative application of fibrin glue following combined radical inguinal and iliacal lymph node dissection (RILND) on the amount of postoperative lymphatic secretion are discussed controversially. To detect whether fibrin glue application results in a decreased lymphatic secretion following RILND a randomized patient blinded clinical trial was conducted. Method: Between September 2003 and September 2006 58 patients with stage IV melanoma underwent therapeutic RILND and were randomized into two groups. 29 Patients received 4 cc fibrin glue after RILND whereas 29 patients were only irrigated with saline 0.9 percent. Postoperatively all patients received two inguinal and one iliacal closed suction drain. The main outcome criteria were the duration of drain placement in the wound. Minor criteria were the total amount of secretion and the length of hospital stay. Results: There was no difference between the treatment and the control group in the duration of drain placement (fibrin group: 4 days (1-27); control group 5 days (1-26); $p = 0.64$). The total amount of fluid was 310 cc (30-6005) in the fibrin group vs. 365 cc (30-3945 cc) in the control group ($p = 0.9$) and the length of hospital stay 10 days (3-41) (group 1) compared to 11 days (3-41) ($p = 0.99$) were not different between both groups either. Conclusion: Intraoperative application of 4 cc fibrin glue does not reduce the length of drain placement, drain output or hospitalisation of patients undergoing RILND with melanoma metastasis to the lymph node basin. © 2008 Elsevier Ltd. All rights reserved.