The application of fibrin glue after axillary lymphadenectomy in the

surgical treatment of human breast cancer.

Authors: Medl M, Mayerhofer K, Peters-Engl C, Mahrhofer P, Huber S, Buxbaum P, Sevelda P,

Leodolter S

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Abstract:

Experimental studies point out that a reduction of lymph flow can be obtained by the local

application of fibrin glue following axillary lymphadenectomy in the surgical treatment of breast

cancer. In a prospective study the influence of human fibrin glue on postoperative axillary lymph

secretion and the period of drainage of the wound cavity were evaluated. In 40 patients, 5 ml of

fibrin glue (Tissucol) was applied to the wound cavity by the use of a spray applicator (Tissumat)

immediately after axillary dissection of the lymph nodes. For drainage of the wound area Redon

suction-drains were used. The daily amount of postoperative lymph secretion was measured and

drains were removed at a lymph secretion of less than 20 ml. 40 patients who underwent surgery

and axillary lymphadenectomy without subsequent application of fibrin glue sourced as control

group. No significant difference concerning the total amount of lymph secretion, the mean period of

drainage or the incidence of lymphatic cysts was observed. In our study, the expected occlusion of

the wound cavity by the application of fibrin glue after axillary lymphadenectomy did not lead to any

advantage when compared with the control group.