

Fibrin sealing of mucoperichondrial flaps in endonasal-transsphenoidal pituitary surgery: Technical note.

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Abstract:

WE DESCRIBE A simple technique that helps to avoid nasal septum perforations and the related complications after endonasal-transseptal transsphenoidal pituitary surgery. At the end of the Hirsch procedure, the mucoperichondrium is fixed to the septal cartilage with a thin layer of fibrin glue. Two silicone splints are applied to both sides of the septum and left in place for 2 days. The technique is very useful in preventing possible displacement of the mucoperichondrium, which may lead to compression and ischemia of the doubled mucosa between the septal cartilage and the silicone splints. A firm fixing of the margins of a mucoperichondrial laceration to the septal cartilage creates conditions for optimal healing and reduces nasal-packing time and nasal-splinting time. The technique is recommended for all patients with and without mucosal tears and is also recommended for the transsphenoidal reoperations.