Prevention of lymphorrhea by means of fibrin glue after axillary lymphadenectomy in breast cancer: prospective randomized trial.

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Abstract:

A prospective randomized trial was carried out to evaluate the efficacy of fibrin glue in preventing

lymphorrhea after axillary lymphadenectomy in breast cancer. One hundred and eight breast cancer

patients, operated on by two senior surgeons, were randomized into two groups: group 1 (n = 58)

without fibrin glue and group 2 (n = 50) with 2 ml of fibrin glue applied to the axillary dissection area

at the end of the lymphadenectomy procedure. Early postoperative morbidity was 2/58 and 0/50 in

groups 1 and 2, respectively. Mean daily postoperative drainage was significantly greater in group 1.

The mean cumulative drainage quantity 6 days after the operation was 407.8 ml and 214.4 ml in

groups 1 and 2, respectively (p = 0.001). The mean postoperative hospital stay was 10.1 days and

8.0 days in groups 1 and 2, respectively (p = 0.006). One delayed seroma was observed in each

group. Fibrin glue seems to reduce daily postoperative drainage and hospital stay, but did not affect

delayed seroma formation after axillary lymphadenectomy for breast cancer.