Application of cyanoacrylate to achieve hemostasis in elderly patients with inflamed, friable, and fragile skin receiving anticoagulation therapy after dermatologic surgery

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CLINICAL CHALLENGE

Patients receiving anticoagulation therapy can have low-grade oozing after dermatologic surgery. Sutures and pressure dressings are commonly used to achieve hemostasis, but these methods may not be viable or sufficient to achieve hemostasis in elderly patients with fragile skin on anticoagulation when the surgical site becomes inflamed, friable, and/or dehisced after surgery.

SOLUTION

Cyanoacrylate, a chemical tissue adhesive, may be used to achieve hemostasis in elderly patients receiving anticoagulation therapy who have persistent low-grade oozing when the skin at the surgical site is thin, inflamed, and friable after dermatologic surgery. Inflamed, friable skin is difficult to suture because sutures often rip through the skin and can further exacerbate bleeding. Cyanoacrylate has numerous additional advantages for achieving hemostasis in this clinical situation, including antimicrobial effects, biocompatibility, accessibility, portability, ease of use, immediate clinical results, and lack of pain.[1] It works best for areas of low tension. Cyanoacrylates have a good safety profile, with no reports of significant adverse effects,[1] and also have comparable aesthetic outcomes to traditional suturing for the closure of linear facial wounds after Mohs surgery.[2] Although the cosmetic result achieved with cyanoacrylate in this particular situation is not necessarily comparable to that seen with primary epidermal closure, it is better than secondary intention with uncontrolled hemostasis, and patients are generally very satisfied. Additionally, the application of cyanoacrylate as a biodegradable and biocompatible agent serves as a useful adjunct hemostatic technique for surgical wounds left to heal by secondary intention in addition to electrocautery and pressure dressing.

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