
Blunt curettage for postoperative hematomas



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SURGICAL CHALLENGE

Bleeding and hematomas have been described to account for 15.4% of all complications from Mohs procedures.¹ Although smaller, uncomplicated hematomas might self-resolve, others, such as expanding hematomas, require assessment and appropriate management to prevent serious complications. Beyond serving as a culture medium for infection, unmanaged hematomas might produce a mass effect that can cause not only wound dehiscence and necrosis but also compress surrounding vital structures. Depending on the characteristics of the hematoma, evacuation of the coagulum can sometimes be difficult. In many instances, it can adhere strongly to the wound bed, resisting removal with sterile gauze sponges and irrigation (Fig 1).

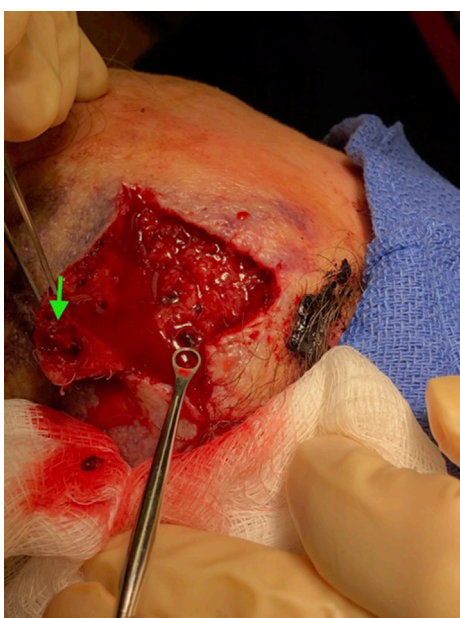


Fig 1. Blunt curettage of coagulated blood that persisted after wiping with coarse cotton surgical sponges. Note the fibrinous coagulum on the flap tip (*arrow*) that is especially resistant to removal and ideally suited for treatment with this technique.

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SOLUTION

The evolution of a hematoma can be categorized into 4 stages: early, gelatinous, organized, and liquefactive.² The coagulation within gelatinous or organized hematomas presents with a rubbery and firm consistency, which might benefit from a technique that specifically enables blunt dissection and removal of coagulated blood. After reopening the surgical wound, blunt curettage with a standard curette can be performed to dissect and graze across a wound bed surface to dislodge coagulated blood. Several cycles might be required to entirely dissect through the gelatinous or organized material. In comparison with alternative methods, such as mechanical expression or suctioning, a blunt curette provides the surgeon with a sharper and more controlled dissecting force. Care must be taken to preserve the surrounding tissue and avoid traumatizing the wound beyond the coagulated aspects of the hematoma.

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