
Indwelling long-line method for suturing lower eyelid incisions



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SURGICAL CHALLENGE

After resecting skin masses, incisions are sutured for wound closure. Preventing damage and not compromising the function of the surrounding tissue during suturing is critical. After resecting skin lesions and suturing wounds on the lower eyelid, the end of the suture (usually ~0.5 cm in length)¹ can cause contact injury to the upper eyelid or the cornea during blinking. A drastic reduction of the indwelling suture length in attempt to avoid this injury can complicate suture removal.

SOLUTION

The indwelling long-line method can be used to avoid damage and facilitate suture removal after the procedure. After resecting the mass from the lower eyelid (Fig 1), we formed the margin into a skin flap. We sutured the dermis with an absorbable suture and the outer skin with a silk thread. We placed the thread knot under the incision, with 4-5 cm of the suture left indwelling, and fixed the sutures to the outer skin inferior to the incision with adhesive tape (3M Transpore; St. Paul, MN) (Fig 2). The incision should be cleaned with saline



Fig 1. A 0.6 × 0.5-cm dark brown nodule at the lateral inner canthus of the lower eyelid of the right eye.

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Fig 2. Five indwelling 4-5 cm tail-end sutures fixed to the outer skin with adhesive tape after incision suturing. The patient with opened eyes (**A**) and closed eyes (**B**) (1 week later).

twice a day and the fixed tape replaced every day. The topical skin and surgical suture ends should be cleaned with 75% alcohol before the tape is replaced. This technique reduces additional injury to the patient and maintains optimal scar aesthetics without increasing pain during suture removal.

REFERENCE

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