

Hemostasis in Skin Surgery

E. Cigna · E. M. Buccheri · C. Monarca ·
N. Scuderi

Received: 22 December 2007 / Accepted: 18 January 2008 / Published online: 15 April 2008
© Springer Science+Business Media, LLC 2008

Hemostasis is an essential but sometimes tedious and time-consuming aspect of cutaneous surgery. The importance of achieving hemostasis is stressed in numerous textbooks on cutaneous surgery, but details on the efficient attainment of that goal are not [1, 3].

However, Boyer [1] described hemostasis assisted by two skin hooks. The surgical assistant uses the two hooks in unison to provide broad visualization of the wound bed and undermined skin flap, which is reflected for complete exposure. Hafner and Hohenleutner [2] proposed a flat plastic cylinder from a disposable syringe, which effectively achieved hemostasis in carbon dioxide laser surgery. They found that the pressure provided in this way was particularly useful in achieving a bloodless operation field. In 1983, Wheeland, Gilmore, and Morgan [4] described basically the same technique using a nonconductive acrylic ring. Sharquie and Al-Rawi [5] reported on a series of prepared stainless steel rings of different shapes and sizes that they used successfully to control profuse bleeding in different situations of dermatologic surgery.

We suggest using the eye ring of any available instrument in the surgical set (e.g., scissors, artery forceps, mosquito) (Fig. 1). This technique stops or reduces the bleeding from the skin by simple pressure around the surgical field. This helps the surgeon evaluate the source of the bleeding and thus perform hemostasis only when and where necessary. Another advantage of this method is the ability it offers to handle the eye ring with one hand, pushing and releasing it completely or just on one side, and to sponge the tissues and ordinarily obtain hemostasis with the other hand.



Fig. 1 Intraoperative bleeding focally controlled by simple pressure on the eye ring of the scissors

In summary, we describe a safe, simple, reproducible, and inexpensive technique for achieving hemostasis in skin surgery that require a minimal learning curve and instrumentation.

References

1. Boyer JD, Maino KL, Zitelli JA (2002) Surgical Pearl: hemostasis assisted with two skin hooks. *J Am Acad Dermatol* 47:938–939
2. Hafner J, Hohenleutner U (2001) Surgical Pearl: a flat plastic cylinder derived from a disposable syringe effectively achieves hemostasis in carbon dioxide laser surgery. *J Am Acad Dermatol* 45:277–278
3. Robinson JK, Arndt KA, LeBoit PE (1996) In: Wintroub BU (ed) *Atlas of cutaneous surgery*. Saunders, Philadelphia, p 72
4. Wheeland RG, Gilmore WA, Morgan RJ (1983) Use of a nonconductive acrylic ring for control of bleeding during minor skin surgery. *J Dermatol Surg Oncol* 9:18–19
5. Sharquie KE, Al-Rawi JR (2000) Sharquie's metal ring in skin surgery. *Dermatol Surg* 26:163–164

E. Cigna · E. M. Buccheri (✉) · C. Monarca · N. Scuderi
Department of Plastic and Reconstructive Surgery, University of
Rome “La Sapienza”, 00161 Rome, Italy
e-mail: buccheriernesto@libero.it