
Abstract:

PURPOSE: To compare early outcomes of skin closure with octyl cyanoacrylate skin adhesive versus subcuticular suture closure.

MATERIALS AND METHODS: Over a 7-month period, 109 subjects (28 men and 81 women; mean age, 58.6 y) scheduled to undergo single-lumen implantable venous port insertion for chemotherapy were randomly assigned to skin closure with either octyl cyanoacrylate skin adhesive or absorbable subcuticular suture after suturing the deep dermal layer. Subjects were followed for episodes of infection or dehiscence within 3 months of port implantation. At 3 months, photographs of the healed incision were obtained and reviewed by a plastic surgeon in a blinded fashion who rated cosmetic scar appearance based on a validated 10-point cosmesis score.

RESULTS: Of subjects, 54 were randomly assigned to skin adhesive, and 55 were randomly
assigned to subcuticular suture. No subjects had incision dehiscence. Infection rates at 3 months were similar between groups (2.1% vs 4.0%; P = 1.0). The mean cosmesis scores were 4.40 for skin adhesive and 4.46 for subcuticular suture (P = .898). The superficial skin closure time was 8.6 minutes for suture versus 1.4 minutes for skin adhesive (P < .001).

CONCLUSIONS: Scar cosmesis and patient outcomes did not significantly vary between skin adhesive versus subcuticular suture, although skin closure time was significantly less with skin adhesive.

Reference:


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