

NOTES & COMMENTS

Home wound management during the COVID-19 pandemic: The use of a novel adhesive retention suture



To the Editor: We read with great interest the noteworthy contribution on skin cancer management in times of the SARS-COV-2 infection by Roybal et al¹ regarding the efforts made during the current pandemic aimed at reducing contact times and follow-up visits through the use of adhesive retention sutures (ARS) for wound closure.

In order to avoid delay in diagnosis and subsequent treatment of skin cancers, national and international guidance to optimise the management of these patients has been provided. The British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) has drawn up a detailed management protocol and the National Comprehensive Cancer Network (NCCN) has modified the existing guidelines to adapt the timing and treatment options.^{2,3}

Most of our patients are elderly and frequently have significant coexisting comorbidities and this combination of conditions often makes postsurgical management of the patient challenging. However, the use of absorbable sutures, cyanoacrylate glues and restraint devices provide excellent solutions for easier post-surgical management. Despite the fact that our patient cohort would likely need a degree of personal assistance due to potential limited mental faculty or dexterity, in the current circumstances it would be appropriate to reduce the risk of contagion by opting for home management.

Indeed, we particularly appreciated the ARS device which, in addition to the above-mentioned practical solutions, addresses the problem related to the closure of large substance loss. The technical-practical goal is to reconstruct the loss of residual substance without resorting to flaps, grafts or dermal substitutes, which would significantly prolong post-operative management. In particular, the application of Nylon 2-0 in the middle of the surgical wound aims to reduce the deep tension, which other devices are usually unable to do.

While the ARS in our experience resulted in satisfactory results for the loss of substance in the trunk and lower limbs, it led to a less satisfactory aesthetic result for the loss of substance on the face.

In particular, the apposition of a transfixed central suture represents an additional scar on both sides of the wound. This result is particularly evident and not easily accepted by the patient, since it is well beyond the margin of the surgical wound. In fact, we have easily solved this problem by applying a dense layer of subcutaneous sutures and a subsequent superficial restraint system by means of adhesives.

A further challenge relating to the home management of ARS, which the authors failed to mention, is that the home removal of the central point does not require strict compliance, as per good clinical practice, with the management protocols of surgical wounds. Indeed, it should be ensured that the removal of the stitch is carried out either with sterile instruments (where possible) or by recommending practical solutions for home sterilisation (immersing scissors in boiling water for at least 5 minutes or cleaning with iodopovidone). In fact, we would also suggest providing practical guidance on how to cut the suture at the short segment exposed to avoid contamination of the wound. Overall, adopting remote consultation for wound management of patients is advisable in these trying times.

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