regulation, ‘cells’ could join a web-based register that requires participants to observe a code of practice. Inter-cell collaboration could be stimulated if their collective interests were listed on such a register. Plastic surgery has a history of innovation: here is another opportunity to lead the way.

Ethical approval

Not required.

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Conflicts of interests

None.

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Quilting sutures, fibrin tissue adhesive or both in reducing the incidence of seroma in the latissimus dorsi flap donor site? An evidence-based analysis

Dear Sir,

The latissimus dorsi (LD) flap is a safe, reliable, and popular method of breast reconstruction. The most common complication of LD flap in breast reconstruction is seroma formation in the back. The principles of preventing the seroma-related morbidity after breast reconstruction have focused on obliteration of the dead space. Among the various preventive measures, quilting suture is one of the most commonly used modalities. Recently, the fibrin tissue adhesive (FTA) has started to gain its popularity in plastic and reconstructive surgery. FTA is hypothesized to seal the transected vessels and lymphatics, producing hemostasis and tissue adherence through the fibrin-mediated cascade. However, there has been no consensus on how to effectively reduce the incidence of seroma in LD flap donor site. The purpose of this study is to analyze the clinical efficacy of quilting sutures, FTA and their combination in reducing the incidence of seroma through an evidence-based review.

We searched the PubMed database from January 1990 to October 2013. We used the following key words: latissimus dorsi, quilting suture, and fibrin tissue adhesive. We excluded the non-English articles and studies in experiment animals. This search was supplemented by a review of reference lists of potentially eligible studies. Two reviewers independently extracted data in two steps: titles and abstracts, and then full text articles. We chose the studies of the highest level of evidence in order to compare the following four combinations of preventive measures: Quilting sutures versus no quilting sutures; FTA versus no FTA; Quilting sutures with FTA versus Quilting sutures; and Quilting sutures with FTA versus FTA. Relevant studies were assigned a level of evidence according to the Oxford Centre for Evidence-Based Medicine levels of evidence 2011 [http://www.cebm.net/mod_product/design/files/CEBM-Levels-of-Evidence-2.1.pdf]. Results of the statistics were assessed using odds ratio (OR) with 95% confidence intervals (CI).

Through our electronic and reference search we identified four citations. There were one systematic review (Therapy: Level I Evidence), two randomized controlled trials (RCTs) (Therapy: Level II Evidence), and one case-control study (Therapy: Level IV Evidence).

In the trial conducted by Daltrey et al.1 that randomized 108 women undergoing LD breast reconstruction, compared to those without quilting sutures, quilting sutures reduced the overall incidence of seroma from 46 of 48 (96 per cent) to 43 of 52 (83 per cent) (p = 0.036) (Therapy: Level II Evidence). Further systematic review and meta-analysis conducted by Sajid et al.2 confirmed that compared to patients without quilting sutures, quilting sutures were...
statistically more effective in reducing the incidence of donor site seroma (OR, 0.11; 95% CI: 0.02, 0.58) (Table 1) (Therapy: Level I Evidence).

About the clinical efficacy of FTA, Llewellyn-Bennett et al. recruited a total of 107 women to their RCT, which was powered for size effect. The overall back seroma volumes were high, with no significant differences between FTA and no FTA groups over 3 months. The use of FTA did not affect the rate or volume of seromas following drain removal (Table 2) (Therapy: Level II Evidence).

The clinical efficacy of the combination of quilting sutures and FTA in reducing the incidence of seroma remains controversial. Sajid et al.2 meta-analyzed the combined use of quilting sutures and FTA versus quilting sutures alone. They found that quilting sutures combined with FTA was not superior to quilting sutures alone in reducing the incidence of seroma formation (OR, 0.38; 95% CI: 0.05, 2.65) (Table 2) (Therapy: Level I Evidence). However, in the retrospective case—control study conducted by Shin et al.4 involving 46 patients, their results showed the superiority of quilting sutures combined with FTA over FTA alone in reducing the incidence of seroma formation (OR, 0.24; 95% CI: 0.07, 0.84) (Table 1) (Therapy: Level IV Evidence).

In conclusion, quilting sutures of the LD flap donor site may effectively reduce the incidence of seroma. Whether combined use of quilting sutures and FTA would further enhance the clinical effectiveness remains undetermined. We would not recommend using FTA alone after LD procedures.

Conflict of interest statement

There is no potential conflict of interest that exists. No funding was received. All authors have no financial and personal relationships with other people or organisations that could inappropriately influence this work.

References


Follow up of low grade sarcoma: The role of chest X-rays

Dear Sir,

We have recently changed our follow up protocol for patients with low grade sarcomas after resection with curative intent. We were performing chest X-rays every 4–6 months for the initial follow up period (as per the UK National Guidelines) but are now performing them yearly (although still seeing the patient every 4–6 months).

In order to clarify the radiological follow up for this subset of patients we reviewed our findings over a year of chest X-rays performed in our sarcoma unit, performed a