Suggestion for Reducing Haemorrhage in Operations on the Lacrimal Sac

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A handicap in carrying out such surgical techniques on the lacrimal sac as dacryocystectomy is the excessive bleeding during the operation. Though the clever surgeon spares the principal trunks of the angular vessels, that run above the bony insertion of the anterior slip of the medial canthal ligament, the several ramifications of these vessels, which enter the orbit, are frequently dissected as the result of an accident during the operation, causing bleeding. Actually, the introduction of the micro-aspirators has helped the surgeon very much by its speed in making the wound free from blood; nevertheless, especially in old patients with sclerotic vessels, the bleeding is irksome.

It is also possible to reduce the haemorrhage employing a local anaesthetic with the addition of vasoconstrictors; but it is well-known that the use of these medicaments, not always of real utility, is dangerous to patients who have cardiovascular injuries.

Therefore, I have adopted a procedure (fig. 1) that permits a good reduction of the bleeding both in dacryocystectomy and in dacryorhinocystostomy.

Two 4/0 threads of strong material are passed, with a common or atraumatic needle, above and below the surgical field; the first suture is thrust into the lower internal corner of the orbital margin and, the point of the needle being glided along the bony surfaces, it emerges at the level of the posterior part of the nose wing. The thread is clenched in a tight knot so that the angular vessels are blocked below. Likewise, another suture with 4/0 thread is passed from the superior-internal corner of the orbital margin to the root of the nose, running the needle deeply. Ligating this thread as well, a temporary tamponage of the superior part of the angular vessels and of their branches is effected. If the reduction of the hyperemia in the nose is associated with the ligature of the angular vessels with the two threads, as described above, employing a soaked tampon with a vasoconstrictor solution, it is possible to handle such operations of the lacrimal sac as dacryocystorhinostomy with a fair measure of comfort. Since these haemostatic sutures, involving the ligature of some nerves, also provoke a moderate local anaesthesia due to compression, it is therefore

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Fig. 1. Anatomical schema of the pre ventive haemostatic sutures.

= Angular artery,

= angular vein,

= superior haemostatic suture,

= inferior haemostatic suture,

= orbital margin,

= medical canthal ligament,

= lacrimal sac.

easy to perform a dacryocystectomy with only a troncular anaesthetic infiltration of the infraorbital and of the frontal-interne nerves; there is good analgesia without altering the anatomical relations of the zone for the anaesthetic imbibition.

At the end of the operation, the cutaneous suture having been made, the haemostatic threads are both removed; usually, there is a haematic invasion of the zone, with some moderate bleeding from the lips of the wound, that persists a few minutes.

The procedure described has not caused any complication during or after operation; if the bend is too narrow, there is an excessive compulsion of the tissues, with a contraction of the surgical field.

During the days following operation, no slowness of cicatrization or vascular troubles have been registered.

Summary

A suggestion is described for reducing the bleeding in operations on the lacrimal sac, using two preventive hemostatic sutures of the angular vessels.

Zusammenfassung

Beschrieben wird ein Verfahren zur Reduzierung von Blutungen bei der Operation des Tränensackes, wobei zwei prophylaktische, haemostatische Nähte an den Gefäßen der Angularis gelegt werden.

Resume

Suggestion d'une technique réduisant l'hémorragie dans les opérations sur le sac lacrymal par l'application de deux sutures hémostatiques preventives des vaisseaux angulaires.