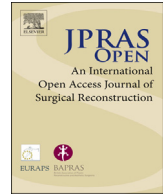




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Short Communication

Use of a nasopharyngeal cannula as a skin protector during lipoaspiration

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ABSTRACT

Lipoaspiration is the most commonly practiced cosmetic procedure in the world. It provides both metabolic and aesthetic benefits, while avoiding the invasiveness of body-contouring surgery. However, it carries the risk of complications, the most common of which relate to the repetitive movement of the liposuction cannula back and forth causing friction burns of the skin at the access sites, cutaneous hyperpigmentation or necrosis. To avoid this distressing complication, we describe the use of a nasopharyngeal cannula fashioned into 15–20 mm long pieces and inserted into the access sites to protect the skin from the back and forth movement of the liposuction cannula.

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Introduction

Liposuction has first been introduced by Dr Yves-Gerard Illouz in 1977 to avoid the invasiveness of body-contouring surgery.¹ During the past three decades, lipoplasty has gained popularity by its capacity to provide aesthetic as well as metabolic benefits,² and has become today the most commonly practiced aesthetic procedure worldwide.³

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However, like any surgical procedure, liposuction carries a risk of complications.² Among the most common of these are skin burns, necrosis and postoperative hyperpigmentation around the access points secondary to friction created during liposuction.^{2–4}

To avoid these minor complications, several skin protectors have been marketed and are available at non negligible costs ranging from 10 to 20 \$.⁴

We introduce a novel, simple and inexpensive method of skin protection at the port sites during liposuction using a nasopharyngeal cannula.

Surgical technique

Entry ports are created with a #11 blade scalpel at the desired portals of entry sites. A sterile 26 French Rusch® PVC nasopharyngeal cannula (6.5 mm diameter) is cut with Mayo scissors in 15–20 mm long pieces (Figure 1). Each piece is introduced in a port site and secured to the surrounding skin with a 3.0 Nylon horizontal mattress suture. Prior to skin fixation, we are careful to leave 4–6 mm of cannula (Figure 2) outside the skin incision to prevent its telescoping under the skin during lipoaspiration (Figure 3).

The nasopharyngeal cannula pieces are removed once the liposuction is completed and steri strips are placed over the port sites or they may be sutured closed.

Discussion

Friction at the port sites during liposuction can result in postoperative cutaneous hyperpigmentation, skin burns and even necrosis.^{2–4} This can be prevented by making the access sites larger.^{2,5} However, this results in longer scars, which in turn decreases the power of lipoaspiration and therefore prolongs the procedure and makes it more tedious.⁵ Alternatively, the edges of the access sites can be excised at the end of the procedure before closing,⁵ which again can prolong the procedure unnecessarily.

A simple method to protect the skin around the access sites has been described, using a 1 mL plastic syringe from which the plunger is removed, and the needle hub is cut off at an angle to facilitate introduction in the skin port site.⁴ Khoo et al use a modified version of this technique, whereby the needle hub is not cut off at an angle; rather it is cut straight with a No 22 blade.⁶ Both authors suture the syringe flanges to surrounding skin to prevent dislodgement during lipoaspiration.^{4,6} These two methods share in the simplicity and cost-effectiveness of our technique. However, the fashioning of the syringe into a skin protector appears to be more time consuming and hazardous since it employs a scalpel.

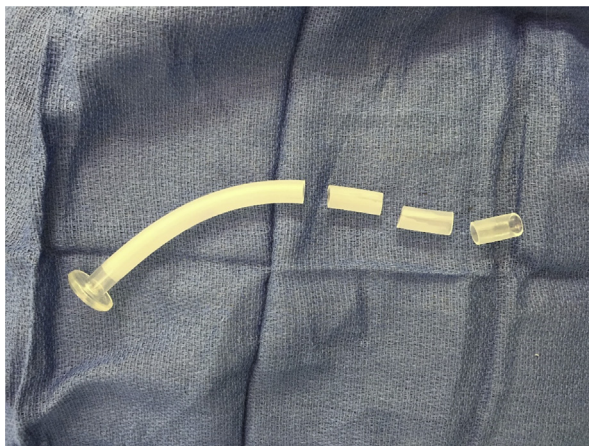


Figure 1. Nasopharyngeal cannula fashioned into 15 mm long pieces.

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