

Letter: The Use of Absorbable Sutures in Neurosurgical Procedures in the Time of COVID-19

To the Editor:

Nonabsorbable suture is considered the standard of care for the closure of surgical wounds following cranial procedures. However, the removal of sutures requires an additional medical appointment for patients after discharge. This appointment is associated with the exposure of patients to situations where they are at risk of being infected with COVID-19 or spreading it to other patients.

NEUROSURGERY STUDIES

We performed a literature search for studies that included neurosurgical patients. Prospective randomized clinical trials, prospective study of cases (with and without controls), and retrospective reviews of cases were included. Additionally, studies were ranked according to the number of patients studied. We identified 6 articles addressing this issue.

INTERPRETATION OF THE RESULTS

Data from general surgery suggest that the use of absorbable suture material for the closure of surgical wounds is noninferior to nonabsorbable suture material with regard to the incidence of wound healing disturbances. Much less data is available for neurosurgical patients, but the available evidence seems to support findings from general surgery. Importantly, no study has yet

demonstrated disadvantages in the use of absorbable material in neurosurgical patients.

Given the present situation with an urgent need of reducing person-to-person contact as much as possible, the use of absorbable material in (neuro)surgical patients could have considerable advantages. This approach reduces the number of contacts between patients and physicians after discharge.

Patients who are at high risk of developing wound complications should be exempted from this approach, eg diabetic or immune-compromised patients. Specific neurosurgical aspects such as possible cerebrospinal fluid leakage also have to be considered when deciding over wound closure techniques. A risk-benefit assessment has to be carried out in every patient in order to avoid controversial effects if a wound complication occurs necessitating operative management.

Disclosures

The authors have no personal, financial, or institutional interest in any of the drugs, materials, or devices described in this article.

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