Renal Transplant Incision Closure Using New Absorbable Subcuticular Staple Device

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Abstract

Closure of skin incisions has received scant attention in the transplant literature. Yet, wound healing can be an important source of morbidity after transplantation. Recently, a novel form of skin closure utilizing absorbable subcuticular staples has become available. It was used in 26 live-related and deceased donor kidney transplant recipients. A large (no. 1) continuous absorbable suture with wide, sweeping bites was first used to attach the subcutaneous tissue to the fascia, thus removing all stress from the skin edges. There was a single minor wound separation in one patient in follow-up ranging from one month to one yr. Cosmetic result and patient comfort were superior. Subcuticular closure can give similar results, but is more time consuming. The limited literature on this product is industry sponsored and refers to animal experience and to diverse surgical procedures; the reports are similar to our own experience. Skin staples are left in for prolonged periods in transplantation because of concerns about wound healing. This may contribute to wound discomfort and serous oozing as well as requiring an additional encounter for removal of staples. Although this experience is early and limited, we conclude that absorbable subcuticular staples are secure and effective and are preferable to metal staple closures even in renal transplant recipients receiving steroids and sirolimus.