New Techniques

Compressive dressing for the scalp
Curativo compressivo para couro cabeludo

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ABSTRACT
To make compressive dressings that are capable of preventing hematoma during the recovery period, after surgery on the scalp is a challenge. These dressings can be especially problematic to perform in the vertex region, due to the difficult adhesion of the hypoallergenic tape in that site. The authors introduce a good option for compressive dressings for use after surgeries on the scalp.

Keywords: compression bandages; ambulatory surgical procedures; head; scalp

RESUMO
Criar curativos compressivos que evitem hematomas no pós-operatório de cirurgias no couro cabeludo é um desafio. Tais curativos podem ser especialmente de problemática realização na região do vértex, pela dificuldade de adesão da fita hipotálgénica no local. Os autores apresentam uma boa opção de curativos compressivos para uso após cirurgias no couro cabeludo.

Palavras-chave: curativos oclusivos; procedimentos cirúrgicos ambulatórios; cabeça; couro cabeludo

INTRODUCTION
Approximately 90% of cutaneous neoplasms occur in the head and neck.1 When the primary closure is not feasible, flaps and grafts are alternate methods.2 Hematomas should be avoided in the postoperative period of these procedures, however performing compressive dressings after surgeries in the scalp region is often a challenge due to the difficult adhesion of the hypoallergenic bandages to the hair.3 The purpose of this paper is to introduce a good choice of dressings for surgeries on the scalp, particularly if located in the vertex region.
DISCUSSION

The scalp is intensely vascularized, and the absence of bleeding or hematomas postoperatively from surgeries, which sometimes are extensive in this site — may be instrumental for the success of the procedure.

The anatomy of the face and the presence of hair make it difficult to apply dressings on the scalp. Lebovits et al. proposed a dressing with modified bandages aimed at maintaining local compression, partially attaching it on the neck, a technique still little used among dermatologists.

The technique described in this paper is performed with tubular mesh, and is simple and cost effective. It is indicated as an option after procedures in which there is need for occlusion and compression in the scalp.

REFERENCES