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# Achieving eversion utilizing topical tissue adhesive



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## SURGICAL CHALLENGE

Tissue eversion with epidermal approximation along incision lines can decrease the risk for dehiscence and produce a cosmetically favorable scar. There are multiple techniques involving dermal suture placement that can produce eversion. To obtain tissue eversion with epidermal approximation, epidermal sutures are usually necessary but might cause superficial marks or not be desired by patients.

## SOLUTION

For a linear wound closure accomplished with dermal sutures, one can apply a cyanoacrylate tissue adhesive superficially (Dermabond; Ethicon, Somerville, NJ). Once the adhesive begins to harden, manual pressure is applied laterally to create eversion with epidermal approximation of the incision line.

First, close the wound linearly with buried vertical mattress sutures to achieve dermal eversion and support.<sup>1</sup> Second, apply a cyanoacrylate tissue adhesive along the entire length of incision.<sup>2</sup> Third, pause until adhesive starts hardening but has not dried completely. Last, apply slow but firm manual pressure along the lateral borders of the incision, and move fingers from one apex down through the middle to the opposite apex, reapplying pressure laterally with each movement (Fig 1). Wipe away excess tissue adhesive. Eversion is observed by viewing incision parallel to the skin (Fig 2).



**Fig 1.** Topical skin adhesive is applied to the incision followed by slow and firm manual pressure along the lateral edges.

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**Fig 2.** Skin eversion is evident throughout the length of the incision.

In summary, we present a novel technique for achieving eversion and epidermal approximation in surgical incisions secured with dermal sutures and tissue adhesive without any epidermal sutures. Adding tissue adhesive plus eversion technique to dermal sutures can increase incisional strength, lower dehiscence risk, and avoid punctate marks produced by epidermal sutures.

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