



### Commentary

# Commentary on: Quilting Sutures in Rhytidectomy: A Systematic Review of the Literature

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“The most common complication associated with rhytidectomy is hematoma. . . . The prevention of this complication is absolute hemostasis.”<sup>1</sup> Since Baker and Gordon wrote these statements in their pioneering article in 1967, many authors have studied this issue, debating its pathophysiology and searching for an effective way to prevent its occurrence. We welcome the present contribution by Drs Ballan and Jabbour and their co-authors, in which they offer a thorough review of the different quilting suture methods described.<sup>2</sup> Their work will certainly serve as a very good reference for those who already employ them as well as for those who plan to start utilizing this technique.

Internal quilting sutures are a simple surgical tactic as demonstrated by Baroudi and Ferreira in 1993.<sup>3</sup> Their principles are based on “elimination of dead space, broad distribution of wound tension, and the facilitation of healing of 2 raw surfaces by suture fixation,” as pointed out by Pollock and Pollock.<sup>4</sup> In facelifts, internal and external quilting sutures were initially described as a way of limiting dead space, favoring flap stabilization and the healing process as demonstrated by Hudson and Pontes,<sup>5,6</sup> but not as a method to prevent hematomas. In 2012, we published the first series of patients, to our knowledge, in which external quilting sutures were employed for the prevention of such complication in rhytidectomies.<sup>7</sup> This primary goal, associated with the external aspect of the suture (a “fishing net”), led us to call this tactic the “hemostatic net.” Since then, it has been successfully utilized as an effective way to avoid postoperative bleeding.

Grover et al employed a multivariate analysis to understand the different causes leading to hematoma.<sup>8</sup> They concluded that anterior platysmaplasty is the strongest factor associated with it, followed by preoperative systolic pressure >150 mmHg, male gender, aspirin or nonsteroidal antiinflammatory intake, and smoking. These findings indicate that the larger the detached surface, the higher the likelihood of bleeding. Unfortunately, most studies about complications in facelifts do not consider the amplitude of dissection as a variable, and comparing them leads to limited conclusions. In any case, as the authors well conclude, eliminating dead spaces underscores the potential positive role of quilting sutures.

In the early 2000s, as we experienced an increase in the number of rhytidectomies associated with platysmaplasty in our practice, we were confronted with the challenges of a proportionately increased number of hematomas despite our efforts to curb them. Thompson and Ashley<sup>9</sup> described the frustration with the different tactics for prevention: “Many methods for avoiding or minimizing this complication have been advocated. . . . At one time or another we have tried almost all of these gimmicks—with no conclusive benefit.”

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