

Bloodless Nasal Alar Surgery: Another Innovative Use of the Chalazion Clamp

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Cutaneous tumors located on the nasal ala often pose challenges¹ to a Mohs surgeon because of the ala's unique anatomy. Hemostasis is difficult and, if not accomplished quickly and fully, leads to an obscured surgical field. Intraoperative trauma can result in both patient and surgeon due to frequent blotting and blood clearing attempts in a small anatomic area. The usual method of pressure application with gauze also leads to an obscured field and operative delays. Electrocautery is effective but results in charred and necrotic tissue in the wound, thereby risking potentially poor scarring and delayed healing in a cosmetically sensitive location. In addition, another problem in alar surgery is stabilization of the alar structure because it is firm but collapsible and contains a cosmetic unit-free margin.

Many innovative uses of the chalazion clamp in dermatologic surgery² have been reported. We report an effective method of inducing alar hemostasis and firm stabilization using the chalazion clamp. This is particularly useful during Mohs surgery, providing a bloodless field for tumor removal.

Chalazion clamps are commonly available in three sizes, small (ring size: 11 × 17 mm), medium (ring size: 12 × 23 mm), and large (ring size: 17 × 28 mm). In most Caucasian adults, the height of the nasal aperture has been measured as approximately 11.5 mm.³ Another study reported a nasal aperture

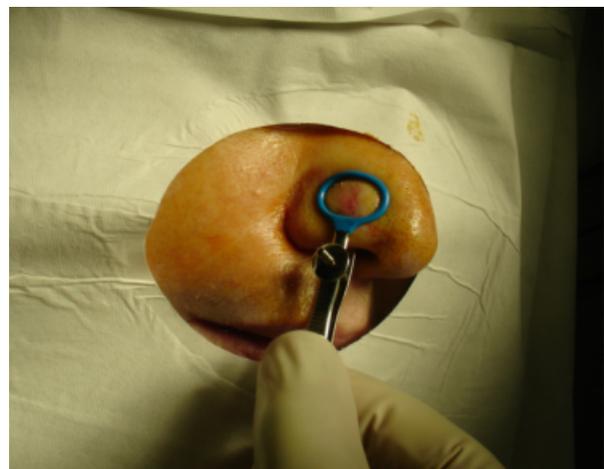


Figure 1. The chalazion clamp is being applied with the ring encircling the tumor.

length as 11.9, 14.0, and 12.1 mm in Chinese, Indian, and white men, respectively.⁴ A small clamp can be easily accommodated in most cases. In many, even a large clamp can be accommodated.

After surgical preparation of the site for tumor excision on the nasal ala, a small clamp is inserted into one nostril and tightened (Figure 1). The ring of the clamp surrounds the tumor to be excised. The pressure exerted by the tightened clamp is sufficient to induce excellent hemostasis, allowing an unobstructed field and quick curettage and tumor removal (Figures 2 and 3). In addition, holding and moving the clamp's handle allows manipulation of

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Figure 2. The tumor is being removed with the chalazion clamp in place.

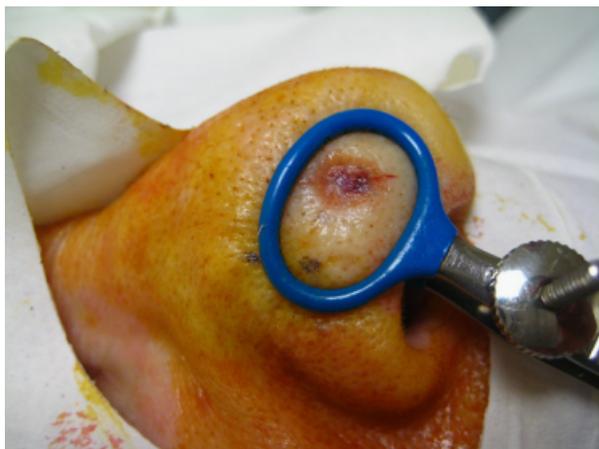


Figure 3. Excellent hemostasis after tumor removal.

the surgical site during surgery. This also makes it possible to exert firm outward stabilizing pressure as the surgeon excises the tumor. Afterwards, the pressure can be released by unscrewing the dial on the clamp, and as the clamp loosens, the bleeding points are precisely identified and carefully cauterized without excessive risk of charred tissue. No patients have reported nasal irritation or trouble breathing during the use of chalazion clamps.

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