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CLINICAL EFFICIENCY OF HEMOSTATIC DRUGS IN SIMULTANE SURGICAL INTERVENTIONS IN THE NOSE CAVITY

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ABSTRACT: Among the local hemostatic agents that cause a decrease in vascular permeability and denaturation of proteins, accompanied by their transition to a solid state, a large group of inorganic metal compounds is distinguished.

As a hemostatic drug of local action, feracryl is used - an incomplete iron salt of polyacrylic acid with an iron content of 0.05 to 0.5%. Being an acidic polyelectrolyte, feracryl forms, in the pH range 2.9 - 4.0, water-insoluble polycomplexes with proteins of various origins, including blood plasma proteins. Feracryl is used in aqueous and alcoholic solutions in concentrations from 1 to 10%, as well as in the form of a patch (hemostatic).

KEYWORDS: Hemostatic agents, anterior tamponade, nasal bleeding.

INTRODUCTION

Material and methods

We examined 30 patients with combined pathologies of the nasal cavity, such as deviation of the nasal septum, vasomotor rhinitis, concha bullosa, who were hospitalized in the ENT department of the InViVo clinic in 2018-2021. All patients underwent a comprehensive examination, including the collection of complaints, examination of the ENT organs, endoscopy, and computed tomography. Taking into account the pathology of the nasal cavity, all patients underwent surgical interventions corresponding to the pathology of the nose. At the end of the procedure, one side of the nasal cavity was tamponed with a gauze pad, the other with standard Hemostatic Sponge material. Materials were placed in both nasal cavities in random order, and, for this reason, each patient was a control for himself. All patients were prescribed postoperative antibiotics (second-generation cephalosporin) for 10 days, as well as analgesic

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therapy as needed. The hemostatic sponge was in situ for 2 weeks after surgery, without any intervention; thereafter, the dissolved nasal swabs were carefully removed with suction. Patients were not informed about which tamponade material was placed on each side. All patients were discharged one day after surgery without acute complications.

RESULTS AND DISCUSSION

The severity of all subjective symptoms decreased in the interval between each pair of time points, and continued to decrease until DPO 30. Discomfort points for obstruction of the nasal passages (in all cases, $p < 0.001$ on day 2, after 1 week, 2 weeks and 1 month), postnasal syndrome ($p = 0.004$ after 2 weeks and $p < 0.001$ after 1 month), rhinitis ($p = 0.018$ after 2 weeks and $p < 0.001$ after 1 month), and headache (in all cases, $p < 0.001$ on day 2, after 1 week , 2 weeks and 1 month) were significantly lower for the Hemostatic Sponge than for Spongostan (Fig. 2). The scores for pain assessment during nasal tamponade were significantly lower for Cutanplast than for Spongostan (in all cases, $p < 0.001$ on day 2, after 1 week, 2 weeks and 1 month).

The tampon residual continued to decline significantly between the time points until DPO 30. The tampon residual was significantly lower for the Hemostatic Sponge than for the gauze tamponade. Most of the tampons from the Hemostatic Sponge completely resolved by DPO 30, while more than 25%, on average.

Both patient groups underwent postoperative endoscopy at 1 week, 2 weeks, 1 month, 2, 3, and 6 months. A statistically significant difference was found at 2 weeks, 1, 2 and 3 months on the LKES, POSE, and DIP scales between gauze pad and Hemostatic sponge swabs. However, after 6 months, there was no significant difference on these scales between the groups.

There was no accidental loss of a single tampon, and no patient had postoperative bleeding that would require replacement of a tampon to stop it. There were no postoperative complications or adverse reactions in any of the groups.

CONCLUSION

The hemostatic sponge has been found to be more effective in stopping bleeding after nasal surgery. However, the Hemostatic Sponge material has shown clear advantages due to its unique composition and short clearance profile. The material for the tamponade of the Hemostatic Sponge was more convenient, caused less pain, dissolves earlier, provided faster wound healing, and was less expensive. For this reason, the Hemostatic Sponge may be a safer

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and more beneficial collagen-based material for tamponade after nasal surgery in terms of effectiveness and cost-effectiveness.

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