

EAR, NOSE, and THROAT

Otolaryngology, head, and neck surgery benefits from the post-surgery application of the platelet gel owing to its hemostatic and lymphatic sealing activity and healing induction capacity. Less postoperative drainage allows for early removal of the drains.

Recovering from sinus surgery is notoriously painful and uncomfortable. **Patients treated postoperatively with platelet gel experience less pain and discomfort and recover faster** than untreated patients.

The application of platelet rich plasma has demonstrated benefits for rhinoplasty, thyroidectomy, head & neck cancers, tonsillectomy, mucous membrane issues. Albeit no evidence of cancer recurrence has been demonstrated after platelet gel application, we do not recommend the use of platelet gel after cancer surgery, owing to high growth factor concentration in this product.

Patients experience pain and discomfort when doctors need to remove a packing they placed inside the sinus cavity during the procedure to reduce bleeding. In **endoscopic paranasal sinus surgery the platelet gel provided excellent results** as a packing material. Since it is naturally absorbed, there is no need to remove it.

Endoscopic frontal sinusotomy is a standard approach for dealing with chronic frontal sinusitis. In a study presented at the American Rhinologic Society, Denver 2001 (Kerner MM. The Use of Autologous Platelet-Gel as an Intranasal Dressing in Functional Endoscopic Sinus Surgery) a large series of patients was treated with platelet gel after endoscopic surgery. The outcome was reported such as excellent. A representative results is illustrated in figure 1 (1- intraoperative view of platelet gel in the middle meatus at the completion of surgery; 2- two weeks postoperative endoscopic view of surgical cavity; 3 - endoscopic view of left frontal recess at 6 months). In this study, long-term follow-up at 2 years revealed persistent patency of the frontal sinus outflow tract.

Figure 1

