Letter to the Editor

The use of a Foley catheter in the excision of big nasal ala tumor

Sir,

The author reports the use of Foley catheter in the excision of big nasal ala tumor. The inflation of the Foley catheter balloon in the nasal antrum before the tumoral excision offer stabilization and immobilization of the nasal ala skin during the procedure.

Since the modification of the urinary catheter by the addition of an inflatable distal retaining balloon by Dr. Frederick E. B. Foley in 1934, the Foley catheter has been used for many surgical indications. In plastic surgery, the main use of Foley’s catheter was either to achieve tissue expansions (cleft palate repair, eyelid reconstruction, and some skin defects or control of major bleeding from the nasopharynx, maxillary, neck, and supraclavicular fossae.

The use of Foley catheter to assure the nasal ala stabilization during the Moh’s surgery for small tumor excision was also described. In the nasal ala, there’s no underlying bony or fibrous tissue. Several techniques were used to assure the stabilization of the skin during excision of the nasal ala tumor, these include insertion of the tip of the finger into the nasal antrum, insertion of the back of the scalp or the back of the forceps, or insertion of gauze, but when we are facing a big tumor we need a safer and durable stabilization. We report the use of Foley catheter in the excision of a basal cell tumor carcinoma that involves the left nasal ala, the apex and a part of the dorsum, the excision of the tumor was under local anesthesia so our concern was not only to stretch the skin and assure an immobilization of nasal ala and support tension but also assure good hemostasis during the procedure.

**Technique description**

The tumor superficial limits were taken before anesthesia. Foley catheter number 12 (depending on the size of the antrum) was than introduced into the nasal antrum. The balloon was slowly inflated until having enough tension to achieve the excision (Figure 1 and 2). At the end the balloon was deflated slowly and taken out from the nasal antrum.

**CONCLUSION**

This technique is safe and simple and offers a good stabilization of nasal ala during tumor excision.

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REFERENCES
