pressure the candle produced. A clinical study was also per-
investigators designed this study to test this theory and also
electrolytes were closely monitored. Seven patients made a
good recovery, 1 survived but was significantly disabled, and 7 patients died. This is significantly better than the re-
ported 7% rate of post-severe traumatic brain injured patients
with good results. The investigators conclude that moderate
hypothermia is an effective way to prevent secondary brain
damage while reducing cerebral ischemia, but the potentially
hazardous side effects require supplemental monitoring.—
ROGER ALEXANDER

Reprint Requests to Dr Moctez: Klinik für Anästhesiologie, Klinikum
der Universität, 93042 Regensburg, Germany.

Ear Candles—Efficacy and Safety. Seely DR, Quigley
SM, Langman AW. Laryngoscope 106:1226, 1996

Ear candles are an alternative medical therapy for cerumen
removal. The theory is that a hollow candle placed in the
external auditory canal (EAC) and lighted will create a nega-
tional absence of cerumen. The investigators concluded that
ear candles were not beneficial in cerumen removal. They
stated that wax deposition and further impaction of cerumen
already present could occur as a result of their use.—R.
HOLLOWAY

Reprint requests to Dr Seely: Spokane ENT Clinic, 104 W Fifth
Ave, 4th Floor, Spokane, WA 99204.

Low Dose Heparin Thromboembolism Prophylaxis. Ow-
ings JT, Blaisdell W. Arch Surg 131:1069, 1996

There is considerable controversy regarding the most ef-
efective regimens now being advocated for thromboembolism
prophylaxis in the surgical patient. This article is a literature
review for the three most common regimens currently being
advocated. The standard dose regimen of 5,000 U of subcuta-
neous heparin 2 to 3 times daily was found to be inadequate
in cases of major trauma, advanced age of the patient, liver
disease, nephrotic syndrome, sepsis, disseminated intravas-
cular coagulation, and those patients with pre-existing, ac-
quired, or congenital antithrombin III deficiency. These cases
are considered at high risk for thromboembolism. Low mo-
lecular weight heparin 30 mg subcutaneously twice daily,
without monitoring, has been examined as an alternative to
standard dose regimen administration. Low molecular
weight heparin has theoretical advantages of less bleeding
complications, less incidence of heparin induced thrombocy-
topenia, and prolonged duration of action. The primary dis-
advantages of administration of low molecular weight hepa-
rin are that it is difficult, if not impossible to monitor the
effect of the drug and it is quite expensive. The authors note
that to date there is no randomized large series that show
clinically significant superiority to adjusted dose prophylaxis
regimens. Adjusted dose heparin, where sufficient subcuta-
neous or intravenous heparin is administered to increase the
partial thromboplastin time 2 to 5 seconds above normal was
found by the investigators to have the lowest incidence of
venographic evidence of deep vein thrombosis and bleeding
complications equal to standard dose prophylaxis regimen.
It is the authors opinion that adjusted dose therapy remains
the prophylactic choice for the surgical patient, particularly
if the patient falls into one of the highest risk categories
noted earlier.—J. BROKLOFF

Reprint requests to Dr Owings: Department of Surgery, 4301 X St,
Sacramento, CA 95817-2282.

External Device for Tissue Expansion: Clinical Evalua-
tion of the Skin Extender. Fan J, Eriksson M, Nordstrom

Tissue expansion is frequently required to close large soft
tissue defects. Numerous techniques are available, including
conventional tissue expanders and the relatively new skin
extender. Tissue expanders have the following limitations:
numerous office visits for filling of the implant, long time
periods for achievement of final results, a temporary cos-
metic disfigurement, high complication rate in irradiated tis-
sues and distal extremities, and ineffectiveness for acute soft
tissue losses or infected wounds. On the other hand, the skin
extender can be adjusted at home by the patient; requires
little time for achievement of results; can be used on slightly
infected wounds, acute wounds, and distal extremities; has
no influence on underlying structures; and is inexpensive.
The skin extender consists of silicone or plastic tubes placed
on either side of the defect with a bundle of plastic bands
placed between them and spaced two to three centimeters
apart. Each band has a stopper at one end and a one-way
lock at the other that are used to adjust the tension on the
wound edges. Initially, the bands are tightened until the pa-

tient feels some discomfort and there is no blanching of the
skin. Thereafter, the bands are tightened twice daily until
the wound edges are approximated. The device is then re-
moved and the wound is closed primarily. This study is
based on the clinical experience of 10 lesions ranging from
3.5 cm to 10 cm in width. All of the wounds were closed
after 3 to 13 days except one in which the wound became
infected and the bands cut through the skin edges at the
beginning of the expansion period. The main drawback to
this technique is the scar formed at the wound edges where
the bands were placed. This device is an excellent option
where cosmetic concerns are not an issue.—L. NEVILLE

Reprint requests to Dr Fan: The Nordström Hospital for Plastic
and Reconstructive Surgery, Annankatu 11B, SF 00120 Helsinki,
Finland.

A New Addition to Face Lift Surgery: The Argon Gas
Surgical Unit. Man D, Plosker H. Plast Reconstr Surg
98:645, 1996

In the continual quest to improve the technique of per-
forming face lift surgery, the investigators describe their
experience with the use of and the tissue effects of the argon
gas unit as compared with conventional electrosurgical units
in 30 patients. The argon gas surgical unit was used for both
cutting and coagulation during the major portions of the