A Simple, Efficient, and Economical Head Drape Technique for Facial Procedures: The Nun's Veil Drape

Sir/Madam,

Keratinocyte carcinomas, specifically basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), represent the most frequently observed malignancy among Caucasians. In individuals with fair skin, approximately 75%-80% of these malignancies are BCCs and up to 25% are SCCs. In the majority of the population, light skin complexion and history of ultraviolet light exposure are the predominant risk factors for BCC. The incidence of nonmelanoma skin cancers has been rising over the past three decades.^[1,2]

Clinically, BCC, SCC, and actinic keratosis are most commonly found on the head and neck region, though any part of the body can be affected. We operate on large numbers of patients with skin lesions (skin cancer and nonskin cancer) of the head and neck at Queen Victoria Hospital in East Grinstead, West Sussex, United Kingdom, as well as at other peripheral hospitals. Such procedures are usually performed under local anesthesia \pm sedation. The common practice in our unit is to use a turban head drape 115×127 cm as well as a single 90×90 cm drape. Unfortunately, many times this slips off, exposing hair, which was not necessarily prepped or which becomes an irritant in the operative field. Also at the peripheral hospitals, the head drapes are not necessarily available.

Hence, we have been using a fenestrated drape, which fenestration is modified (trimmed) to fit the face, in a nun's veil manner [Figures 1 and 2]. We keep only a couple of millimeters of the sticky part along the rim except for the lower corner that will fit under the chin, which sticky



Figure 1: Nun's veil drape used for upper lip lesion excision procedure

part is completely cut out. This modified drape very gently and minimally sticks to the face and is very easily removed as well [Figures 3-5]. The modified opening can be adjusted to include the ear for operations on the ear and for harvesting preauricular skin grafts. Extra space is easily achieved by release of the lower corner that fits under the chin and needs not to be too tight.

We have been using this simple draping technique in more than 100 cases of excisions and/or reconstruction of the face regions (nose, ears, eyelids, lips, cheeks, chin, forehead, and temples). It has proven very efficient and time-saving due to the ease of use and application, as well as only exposing the face region (required surgical field) and yet being patient friendly.

We also looked at the costs of different draping systems and found out that a head turban drape 115×127 cm



Figure 2: Nun's veil drape

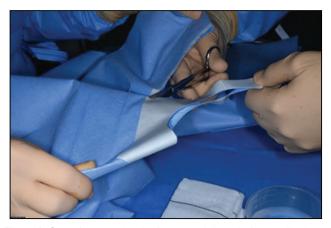


Figure 3: Steps for preparing the fenestrated drape before application

Correspondence

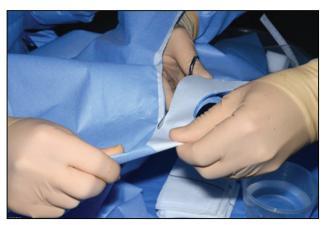


Figure 4: Modifying the fenestrated drape

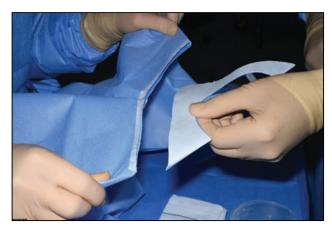


Figure 5: Modifying the fenestrated drape

costs £4.07 and a 90 \times 90 cm absorbent drape costs £2.32, whereas 90×90 cm single drape costs £0.84. On the other hand, the fenestrated drape 112×120 cm costs £1.61. Although this only saves $\pounds 3.3 [(4.07 + 0.84) - 1.61]$ per procedure (about 67% of the drapes costs), nevertheless it will provide a reasonable means of savings owing to the very high volume of cases performed per year (using the code S06.5 for excision of lesion of skin of head or neck, 1139 procedures were performed in our unit in 2017). Hence, we are standardizing this draping system for excision and reconstruction of skin lesions of the face. We believe this technique could be very helpful for facial surgical procedures, both office based and theatres based. Turban head draping has been commonly used. Gulati et al.^[3] described using two additional orthopedic extremity plastic cutoff drapes with adhesive edges to secure the hair. Other techniques have been published for head drapes, which include a modification of turban head drapes using sticking drapes.^[4,5] We believe our technique is a novel one. It is simple, but yet time efficient, effective, patient friendly, and economical.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code:	Website: www.jcasonline.com
	DOI: 10.4103/JCAS.JCAS_32_18

How to cite this article: Awad GA. A simple, efficient, and economical head drape technique for facial procedures: The nun's veil drape. J Cutan Aesthet Surg 2018;11:98-9.

99