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FIGURE 1. Placed clamps.

manner as well. In various studies, clamping of the lips for bloodless field has been presented.^{2,5,6} In these studies, bowel clamps, bulldog clamps, and chalazion clamps were used to prevent bleeding and were used to excise lesions in the lower lip.^{2,5,6} Although there are studies about clamping the lower lip, according to our scan of the literature, its use for cleft lip repair has not been reported.

Clamping the lip is a quick, safe, and effective way of initiating the surgery in a bloodless and undistorted field. No complications regarding its use have been encountered, and we recommend its use as a practical adjunct in cleft lip repair.

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Bloodless Cleft Surgery Using Vascular Clamp

Cleft lip is one of the most common congenital craniofacial anomalies treated by plastic surgeons. Multiple techniques are used in cleft lip repair. Although choice of surgical technique depends on the surgeon, it is known that the surgeon must work slowly, carefully, and take as much time as necessary to do his or her best because surgery day is one of the most important days in a child's life.¹ Bloodless field is a significant issue in surgery, especially in the mobile and vascular areas like the lip.² During cleft lip repair, although adrenaline solutions can be injected to reduce the bleeding, it may lead to anatomic distortion of the structures.

In this study, we tried to present the use of atraumatic vascular clamps in cleft lip repair to provide both adequate exposure and a bloodless field.

Under general anesthesia, following methylene blue markings, atraumatic vascular clamps (DeBakey clamps) are placed on both sides of the cleft, staying clear of the markings (Fig. 1). Then the alar base and the gingivobuccal sulci were infiltrated with adrenaline solution, sparing the cleft margins. Afterward, the surgery can commence with skin incisions with minimal bleeding. After major vessels such as labial arteries are exposed and coagulated, the clamps are released and surgery is resumed as planned.

Cleft lips are treated surgically since 390 bc³ with a diverse array of methods, but the goals are common—reestablishing lip continuity conforming static and dynamic anatomy, correcting asymmetry affecting the facial units, and getting away with a minimally noticeable scar.⁴ Whichever technique is used, a bloodless field is considered for it to meet the aforementioned criteria. Epinephrine infiltration causes various degrees of tissue distortion that may mislead the surgeon's anatomic orientation, compromising the success of the procedure. Omitting epinephrine infiltration circumvents this problem in the expense of increased bleeding, extended surgery time, and technical challenges that are likely to influence the result in an undesired

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Efficacy of External and Endonasal Dacryocystorhinostomy

To the Editor: We read with interest the article from Apuhan et al¹ regarding their retrospective study. They concluded that “the adjunctive use of mitomycin C (MMC) increases the success rate of endoscopic dacryocystorhinostomy (EN-DCR).”

Although it has been widely acknowledged that DCR is an effective and safe surgical procedure for the treatment of acquired