



Figure 1: Post-traumatic avulsion injury



Figure 2: Rolled margin of glove is fixed with staples

‘Glove technique’ to secure skin grafts: A novel technique

Sir,
The success of skin graft requires many factors and the most important ones are avoidance of fluid



Figure 3: Stretched glove fixed on other side with staples

collection under the graft and immobilisation to prevent shearing force between the graft itself and the recipient bed. There are numerous methods to secure a split skin graft. This new technique is more

simple, time saver and effective to get better skin graft uptake percentage.

After proper preparation of wound [Figure-1], skin graft is placed. The graft is fixed with skin stapler on margins and some staples placed to quilt the graft. Non-adherent Jelonet dressing with Neosporin (R) ointment placed over the fixed graft. Saline wet cotton bolster placed on it after squeezing it. Rolled margin of the sterile glove is fixed with staples outside to one margin of grafted wound [Figure 2] then glove is stretched over the cotton bolster and fixed with staples on outside of opposite margin [Figure 3]. Immobilisation supplemented with plaster of Paris.

We use this glove technique in 20 patients. Five posttraumatic, three diabetic, three post-burn contracture neck and elbow, three knee contracture, two donor defect in the leg and four chronic ulcers included in the study. Preparation of wound bed done in standard manner, then the authors 'glove technique' used for grafting. First dressing change is done on 5th post-operative day with the removal of the glove. About 90–98% of graft take was observed in all wounds in the 1st week and 100% of the wound completely healed in the 3rd week.

The classic 'tie-over' dressing^[1] and other bolstering methods include stapled non-adherent gauze^[2] staples interlaced with sutures and sterile foam compressed with an adhesive dressing were reported in the literature.

The authors 'glove technique' provides sufficient pressure over the graft. This technique requires sterile glove, skin stapler, cotton and all these materials are easily available in any operation theater. The pressure of the stretched glove ensures the non-formation of hematoma and seroma under the skin graft and provides immobilization. Furthermore, the technique is very easy, quick and effective. This technique can be used anywhere in the body (upper limb, lower limb, abdomen, chest, back, axilla, neck and head, face and perineum) as glove can be modified accordingly. The gluteal region, perineum, abdomen, axilla, and neck are the difficult areas where this technique is far better than others for securing skin graft.

In our experience, the authors 'glove technique' is an effective, simple and quick way to secure the skin grafts.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

**Sumer Singh, Yogesh C. Bhatt,
Piyush Doshi, Sanjay G. Vaghani**

Department of Plastic and Reconstructive Surgery,
Sumandeep Vidyapeeth University, Vadodara, Gujarat, India

Address for correspondence:

Dr. Sumer Singh, Department of Plastic and
Reconstructive Surgery, Sumandeep Vidyapeeth
University, Vadodara, Gujarat, India.
E-mail: sumeryadav2004@gmail.com

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Access this article online

Quick Response Code:



Website:

www.ijps.org

DOI:

10.4103/0970-0358.182247

How to cite this article: Singh S, Bhatt YC, Doshi P, Vaghani SG. 'Glove technique' to secure skin grafts: A novel technique. Indian J Plast Surg 2016;49:127-8.