

Brief Communication

Skin grafting under tourniquet

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Skin grafting is one of the most common operations in plastic surgery. Classically the granulated wound is scooped well and hemostasis is done with moist saline packs. After a reasonable control of oozing split skin graft is put over the raw area and pressure bandaging is done.

While scooping there is copious bleeding from the wound. To reduce this bleeding from the raw area, pneumatic or Eschmarch's tourniquet is applied after elevation of the limb for five minutes. Generous scooping of the granulation tissue is done to a desired level with almost no bleeding and split skin graft is applied with ease. Then paraffin net dressing is kept over the graft and gauze and gamgee applied. Crepe

bandage is applied firmly and the tourniquet is released and again the limb is kept elevated for five minutes.

The wound is dressed after 3 days if grossly infected to start with and after 5 days in minimally contaminated wound. In clean wounds, the first dressing is done after the 7th post operative day. No significant haematoma beneath the graft has been observed. So far nearly fifty cases have been done.

Using tourniquet is recommended by us to reduce the bleeding for scooping granulations to a desired plane without hurry and ease of application of skin grafts in limb defects.