The immobilization of a skin graft is a key factor in its take.

Traditionally, a bolster dressing is used to secure and keep the graft immobilized on its bed. Its pressure obliterates dead space, and prevents hematoma and seroma formation.

This step usually falls toward the end of a long surgery, when anesthetic time may be at a premium and surgeon fatigue at its peak. Here, we describe a new method of graft immobilization which is effective, fast, and economical.

The method which uses a skin stapler and linen threads for bolster dressing is described here.

The skin graft is placed over the prepared recipient bed and fixed in the following manner. A free linen tie is placed over the margin of the wound, with one end long and the other end short but adequately long to hand tie a surgical knot, and the stapler is fired over the thread, fixing it to the graft and the bed (►Fig. 1).

A surgical knot is then tied over the staple (►Fig. 2).

The required number of such linen ties and staples are placed over the margin radially.

A bolster dressing is placed over the graft, and the linen ties are tied over it in the usual manner (►Fig. 3).

The traditional method of graft immobilization uses multiple sutures taken with a swaged needle and tied over a bolster dressing. This requires multiple foils of suture material, which is expensive and time-consuming.

A glove technique has also been described recently, in which a sterile glove is cut open and is fixed with staples outside one margin of the grafted wound, stretched over a cotton bolster, and then fixed outside the opposite margin.

A modified bolster dressing with the use of continuous suction is also described in literature.

We have found the described “stapler and linen” technique to be quick, economical, and simple, as linen ties are
readily available in any OT, and the stapler is usually already in use in the procedure.

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Conflicts of Interest
There are no conflicts of interest.

References
1 Hoffman HT, La Rouere M. A simple bolster technique for skin grafting. Laryngoscope 1989;99(5):558–559

Fig. 3 Multiple linen ties taken; inset shows the same tied over bolster dressing.