

to the size and shape of the defect, results in a more aesthetically pleasing reconstruction.^[1,2] The size of an FTSG is commonly determined using a paper template of the defect. However, this relies on the template being accurately cut or the defect being of uniform shape.

We would like to share a useful tip of how to quickly and accurately define the size and shape of an FTSG in small defects by using the surgeon's thumb.

After marking the excision margin of the lesion, prior to local anaesthetic infiltration and the final surgical scrubbing of the operating field, the surgeon gently applies his/her thumb over the boundaries of the marked area, so that an imprint of the marked defect is made on the glove, which can then be transferred onto the donor site [Figure 1]. In doing so, one does not compress the tumour, hence avoid the risk of disrupting the integrity of the lesion. The outline on the chosen donor site (supraclavicular or post auricular) corresponds accurately

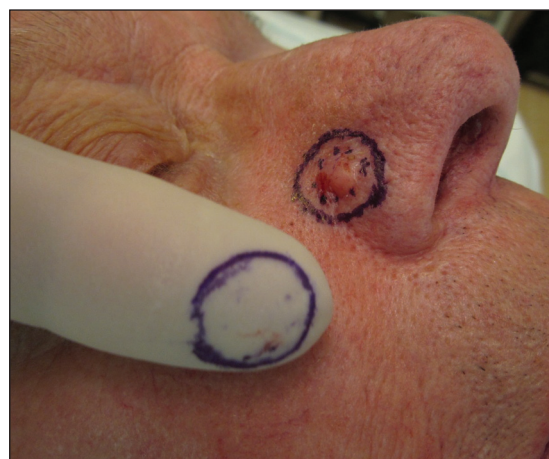


Figure 1: Imprint on the glove



Figure 2: Imprint at the donor site matches that of the recipient

Thumbs up for the correct size and shape of a full thickness skin graft

Sir,

Accurate sizing of a full thickness skin graft (FTSG), close

to the shape and size of the defect [Figure 2] and the FTSG is harvested accordingly. No further corrections to the size or shape of the graft are needed, making this procedure simple, accurate and skin sparing.

This technique is particularly useful in cases of small non-ulcerated lesions. Even though, the antiseptic preparation of the surgical field takes place after the markings are done, one should be careful not to use this method for heavily ulcerated or macroscopically colonised lesions in order to prevent contamination of the donor site. This technique can also be employed after the lesion is excised. In a two-dimensional defect this works very well. We can only agree that in a deeper defect this technique does have limitations. However a piece of paper, that is commonly used as a template, is a sturdy and not readily malleable structure that introduces a few extra steps into the operating time, therefore in small defects we feel it is more efficient to use the surgeon's thumb.

We find this method quick and simple to harvest an FTSG of appropriate size and shape by simply using the glove and ink that are already at the surgeon's disposal.

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