Modified way of applying a tie-over dressing

Sir,
In addition to good contact between the graft and the bed and immobilisation, perfect edge to edge contact is important for acceptance of full thickness graft. Depending on the site and the surface area involved, different techniques have been proposed to immobilise the graft; tie-over dressing is one such technique.[1,2] We propose a modified technique of applying tie-over dressing.

TECHNIQUE

After the required graft is harvested and the donor area closed, the graft is laid over the bed. A continuous running horizontal mattress suture is used to get good edge to edge approximation [Figure 1a]. After every
A 65-year-old male sustained crush injury to his left ring and little fingers. Ring finger had sustained amputation through the distal phalanx while the little finger had lost the volar soft tissue without exposure of vital structures [Figure 3a]. The ring finger defect was covered with a V-Y advancement flap while the raw area over the little finger was covered with full thickness graft form the inner aspect of the same arm [Figure 3b and c]. The graft was secured in place with running horizontal mattress sutures for good edge to edge contact with intermittent loops [Figure 3b], which are then opened [Figure 3c] for the tie-over dressing. The completed dressing is as in Figure 3d.

This technique is simple and reproducible. The operating surgeon can perform the procedure without need an assistant to cut the sutures. The running sutures save time and the suture material. It also makes the overall procedure much quicker. Horizontal mattress sutures ensure the best edge to edge approximation. On contrary to what one may feel, this suture does not have the constricting (purse string) effect of the continuous suture as it is interrupted by the knots in-between for the threads to be tied over. We have been regularly practicing this technique in our cases for the past 2 years, and it is very quick and convenient.
An alternative receptacle for fat harvest: The infant mucous sucker

Sir,

Fat grafting is a commonly performed aesthetic procedure. This involves harvesting fat under low pressure using syringe or high pressure using the suction machine.\[1\] For harvesting a small amount of fat, a low-pressure system using syringe is good enough. The usual method of harvesting fat graft with 10 or 20 cc syringes becomes tedious and repetitive if a larger amount of fat is required. The powered suction apparatus is an option, but the aspirated fat goes directly to the suction bottle. One needs to buy a sterile, autoclavable container which is interposed in between the cannula and the machine so that the aspirated fat does not go directly to the suction machine.\[2\]

Our modification includes attaching the harvesting suction cannula to a sterile infant mucous sucker via a 2 cc syringe. The other end of this syringe is attached to the suction tubing. After suctioning, the fat gets accumulated in the mucous sucker [Figure 1]. We can then transfer it to the syringes for insertion after the receptacle is full [Figure 2].

The advantage of this modification is that it is easy to set up. It provides a disposable sterile receptacle, which is cheap at Rs. 40/unit. The capacity of the mucous sucker is 20 cc. We can harvest 150 to 200 cc of fat with less

![Figure 1: The working arrangement. The aspiration cannula is connected to a tube which drains fat into the mucous sucker. The suction is maintained by the tubing connected to the other opening in the mucous sucker](image)

![Figure 2: The infant mucus sucker showing aspirated fat](image)

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## REFERENCES


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