

A technique for securing split-thickness skin grafts in paediatric burn patients

To the Editor: There are numerous methods to secure a split-thickness skin graft. These include sutures, skin staples, tie-over bolster dressings, negative-pressure dressings, cyanoacrylate adhesives and contact adhesive dressings.

In order to prevent shearing and allow graft take it is essential to immobilise the skin graft adequately, particularly in an active paediatric population. An additional important consideration in children with burns is minimisation of the procedural pain that is associated with dressing changes.

We describe a technique to immobilise skin grafts using Drynet Wound Veil.

The recipient burn area is prepared routinely by escharotomy and/or debridement and meticulous haemostasis. The skin graft is harvested and placed in the desired position.

An adhesive spray is sprayed onto the skin graft and surrounding skin. The wound veil is placed over the skin graft under tension, being careful to avoid shearing and shifting. A secondary dressing with antibacterial action is then applied and held in place with a crepe bandage.

As the skin graft heals the dressing slowly separates from the underlying skin, which results in pain-free removal of the dressing. We see over 1 000 patients annually in the Red Cross War Memorial Children's Hospital burns unit, and this technique is used with success in our routine practice. We find it effective, convenient and well tolerated by paediatric patients.

C Neser

Department of General Surgery

Groote Schuur Hospital

Cape Town

H Rode

Red Cross War Memorial Children's Hospital

Cape Town

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Fig. 1. Meshed split-thickness skin graft placed on recipient burn site.



Fig. 2. Wound veil positioned over split-thickness skin graft.