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Medi Quest BRS Hospital

A monthly News letter from BRS Hospital

WOUND CARE MANAGEMENT - PART III SURGICAL MANAGEMENT OF WOUNDS

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INTRODUCTION

This issue of Mediquest is the concluding part of Wound Care Management, which will deal with the surgical options. The reconstructive surgeon comes into the role while managing difficult wounds where conservative methods have failed.The fundamental principles of wound care management have to be applied to all wounds.

The armamentarium of wound closure techniques available to the plastic surgeon, varies from simple primary wound closure to more advanced microsurgical methods. The reconstructive ladder offers the different options available for wound closure, which should be achieved by the simplest effective technique.

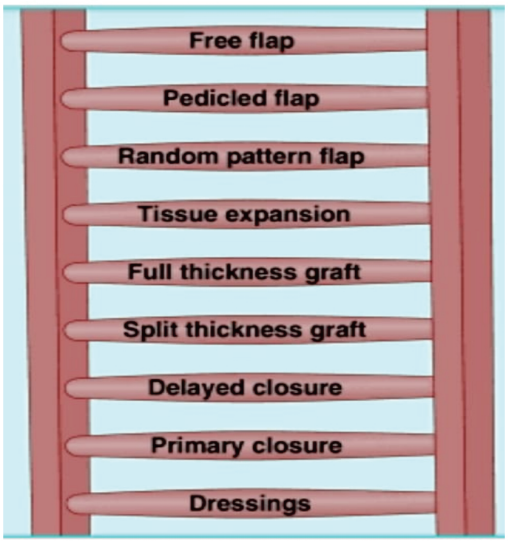

Fig 1. Reconstructive Ladder

While treating contaminated wounds, they should be debrided, irrigated, their foreign bodies removed and haemostasis obtained before closure. Wounds that result after tumor resection are considered clean. To avoid skin necrosis and infection, tension at suture line must be avoided when closing a wound.

A. PRIMARY CLOSURE

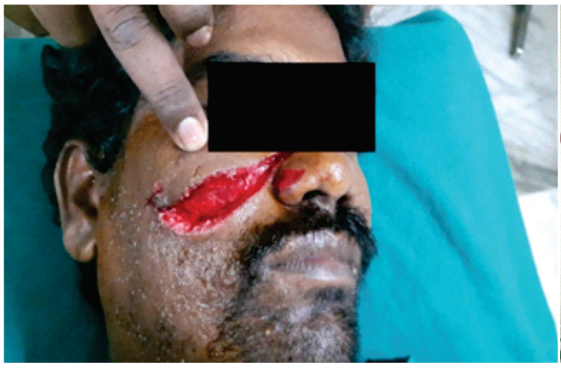

Fig 2. Laceration Face

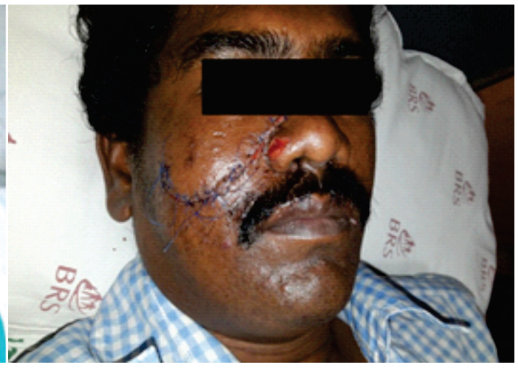

Fig 3. Primary Closure of wound

B. SKIN GRAFT

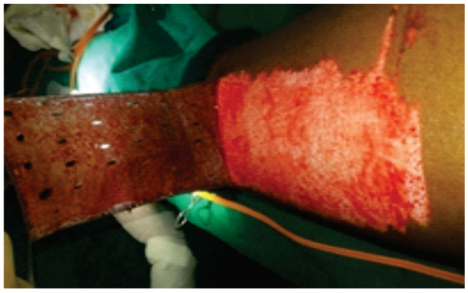

Fig 4. Split Skin Graft

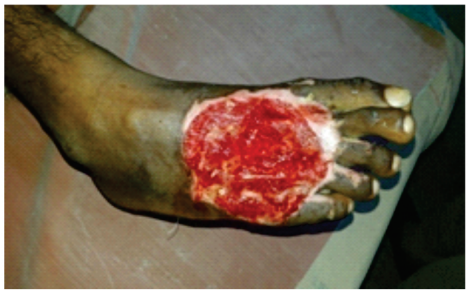

Fig 5. Post Traumatic wound Right Foot

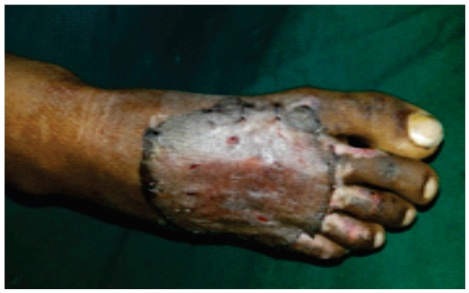

Fig 6. Wound covered by Split Thickness Skin Graft

A large defect or wound can be resurfaced with a skin graft, which are commonly taken from the thigh. Split thickness skin graft contains the epidermis and a minimal part of the dermis.

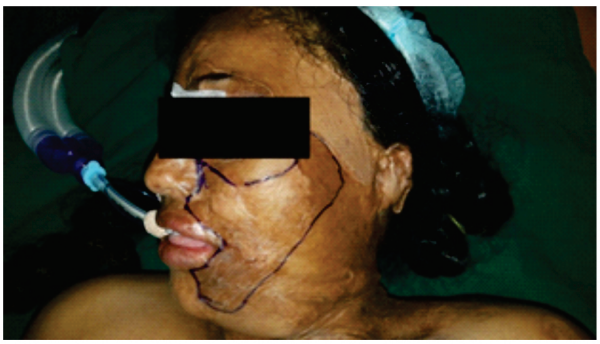

Fig 7. Post Burn Scar Face.

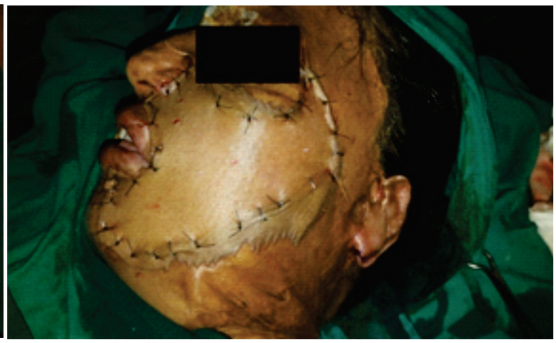

Fig 8. Full thickness skin graft

A full- thickness skin graft which contains epidermis and whole of the dermis, is used to cover small defects in the face and hands. This provides better functional results.

C. FLAPS

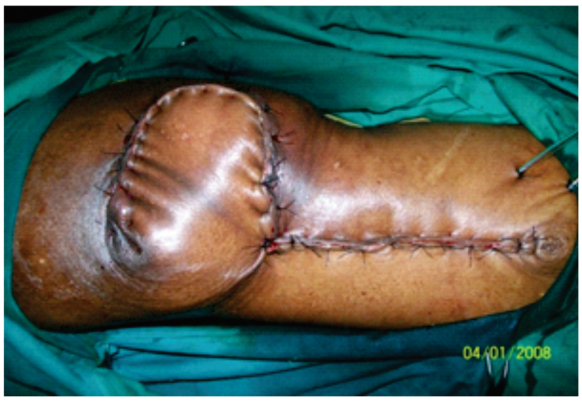

Fig 9. Tensor facialata flap for Trochanteric pressuresore.

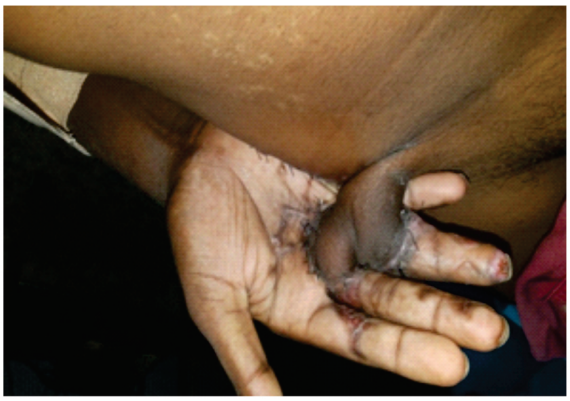

Fig 10. Groin flap for Hand reconstruction

To enable closure of wound , tissue is transferred from its bed to adjacent area , keeping it's vascular attachment intact. They may be skin flaps , muscle flaps, myocutaneous flaps, fasciocutaneous flaps and osteocutaneous flaps.

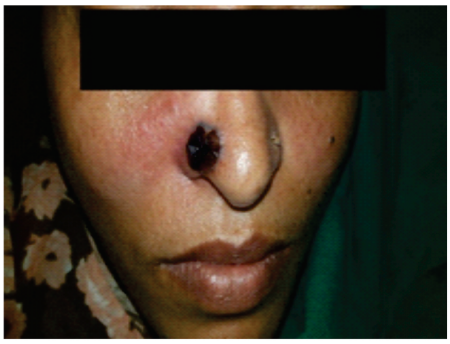

Fig 11. Basal cell carcinoma- Nose.

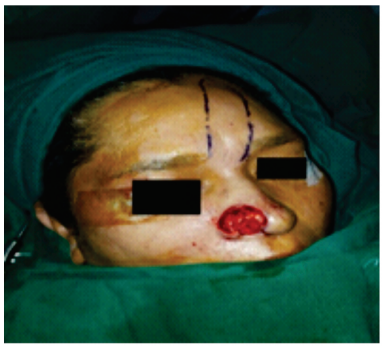

Fig 12. Post Surgical Defect Rt nostril.

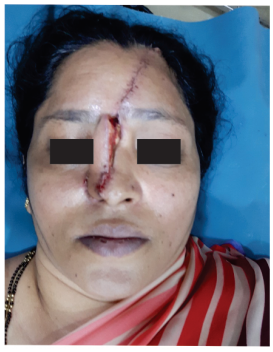

Fig 13. Forehead Flap Cover

Skin flaps may also be classified as local or distant.
Local flaps include transposition flaps, interpolation flaps, and advancement flaps (V-Y or rectangular). A rotation flap is a semicircular flap of skin and subcutaneous tissue that is rotated about a pivot point into the defect

D. TISSUE EXPANSION

By expanding local skin surrounding
the defect, wound coverage is provided with tissue that carries similar color and texture without compromising the donor area.

E. FREE TISSUE TRANSFER / MICROSURGERY

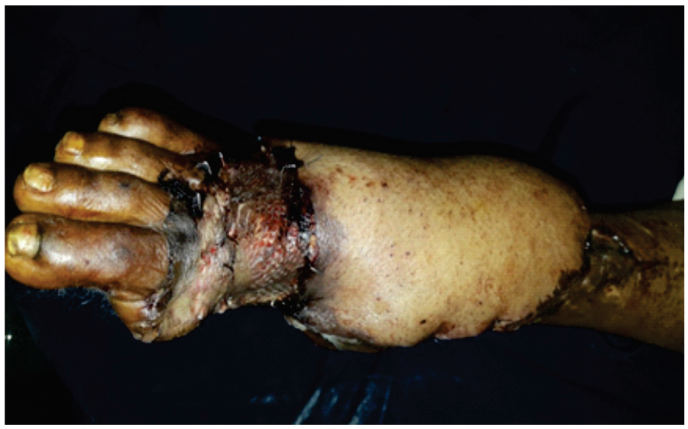

Fig 14. Post Traumatic wound foot reconstruction by Lattisimus Dorsi Free Tissue Transfer.

A free flap contains a mass of tissue, with its vascular pedicle, that is transferred surgically from its native body location to a distant defect recipient site where vessel Continuity is restored by microvascular anastomosis.

CONCLUSION

Wound Care Management has reached newer standards due to constant research, better products for during and surgical advances in flap designs. The final outcome will also depend on control of diabetes, nutrition status, infection control and good nursing.

REFERENCES

1. Richard Simman, MD, CWS, FACCWS. Wound Closure and the Reconstructive Ladder in Plastic Surgery. aSycamore Wound Center at Sycamore Hospital, Miamisburg, OH, USA: Journal of the American College of Certified Wound Specialists (2009) 1, 6–11
2. Dean E Boyce, consultant hand and plastic surgeon and Kayvan Shokrollahi, specialist registrar in plastic surgery, ABC of wound healing Reconstructive surgery, Welsh Centre for Plastic Surgery, Morriston Hospital, Swansea. BMJ. 2006 Mar 25; 332(7543): 710–712. doi: 10.1136/bmj.332.7543.710, PMCID: PMC1410906, PMID: 16565127

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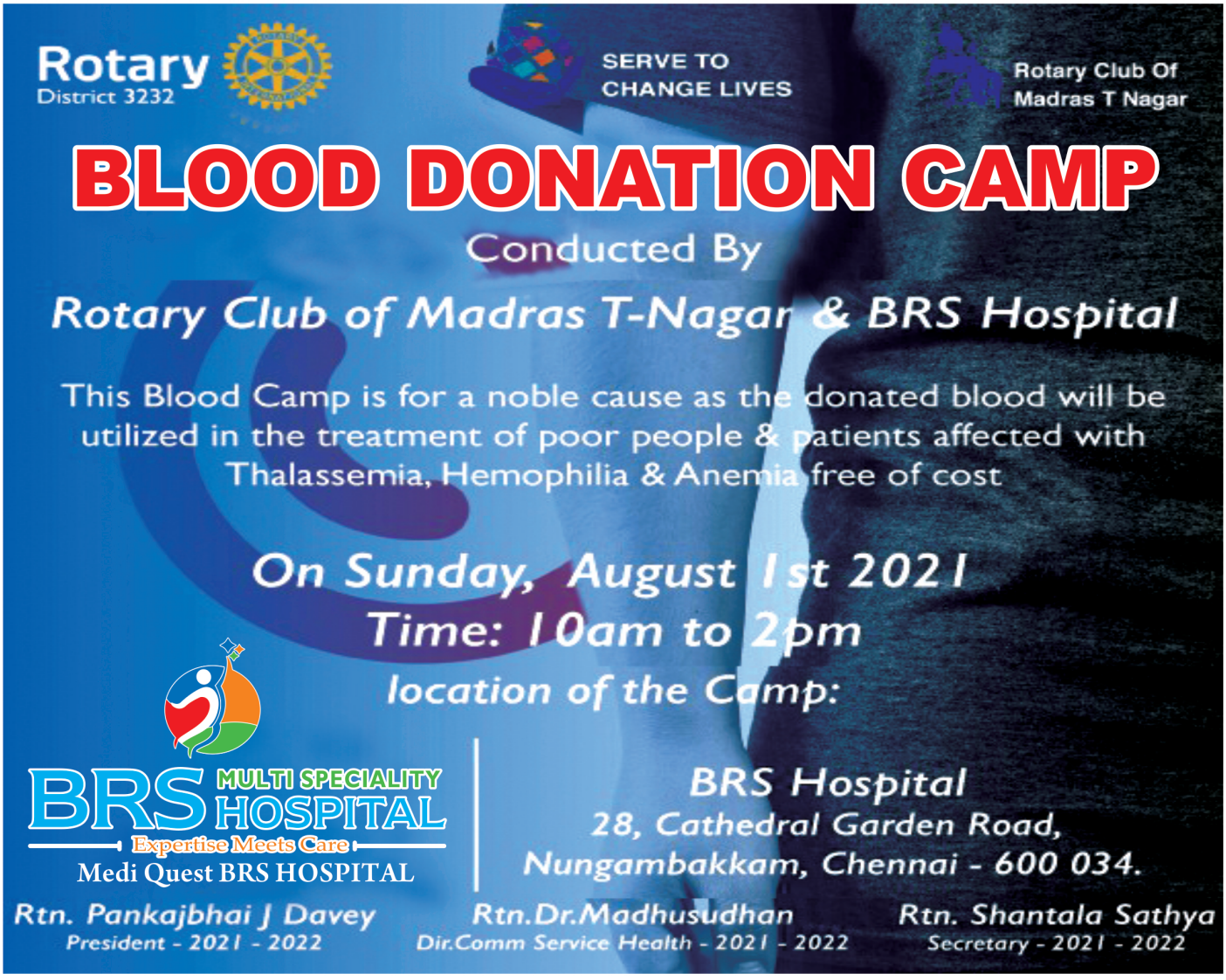

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