Reverse tissue expansion

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Excision of skin tumours in the lower limbs of elderly patients often leaves defects that require skin grafts or flaps. We have employed a

Figure 1 Preoperative photograph of a lesion on the medial aspect of a 91-year-old woman's calf. Arrow indicating the abnormality to be excised.

Figure 2 Postoperative photograph with arrow indicating a neat, linear scar following excision. Patient had undergone three weeks of compression bandaging preoperatively, excisional surgery with direct closure and by two weeks of compression bandaging postoperatively for wound support.

simple method to enable direct closure of lower limb defects by performing compression bandaging 2–4 weeks prior to surgery. The skin of elderly patients often lacks elasticity. Compression bandaging results in the reduction of calf volume but the skin envelopes remain static, creating skin laxity. Preoperative and postoperative photographs are shown in Figures 1 and 2. We term this reduction in tissue volume 'reverse tissue expansion'. We have not seen this technique described previously and consider it a useful addition to our wound closure armamentarium.

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The use of alginate dressing on grafted donor sites in burns

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Kaltostat® (ConvaTec, Uxbridge, UK) calcium sodium alginate has become the dressing of choice for split-thickness skin graft (SSG) donor sites in most burn centres.¹ We used to reapply the residual small pieces of harvested SSG on the donor sites and we have used Kaltostat® to dress these donor sites. Figure 1A shows the remaining meshed SSG fixed with Histoacryl® (TissueSeal, Ann Arbor, MI, US)

Figure 1 Grafted donor site (right thigh) dressed with Kaltostat® during surgery (A), on day 7 following surgery (B) and on day 10 (C)