



Figure 2—Marking the donor area from the cut glove.

suture pack or foam may be used for this purpose. The material is pressed on to the surgical defect to take a print of the bleeding wound, and has then to be inverted before it is cut and transferred to the donor area.

We use a portion of a sterilised glove cut slightly bigger than the proposed flap. One end is laid on the tissue defect and the other end on the pedicle of the proposed flap. Unlike the materials described above, the glove rubber is not opaque. The precise defect can be traced on the glove with a marking pen because the defect can be seen through the rubber (**Fig. 1**); the marking is continued to plan the whole flap on the glove. The marked portion of the glove is now cut accurately and rotated onto the proposed donor area; the flap is marked on the skin accordingly (**Fig. 2**).

The rubber of a glove used as a stencil is transparent, easy to use because of its pliability and availability and is a cheap alternative to some of the presently used materials.

Yours faithfully,

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'Sponge split' for underlying haematomas

Sir,

A sponge tie-over is a useful alternative to conventional proflavine tie-overs for skin grafts.¹ They help to reduce graft shear and haematoma formation. However, haematomas may still occur, especially in patients on anticoagulant therapy. The conventional method of evacuating a haematoma involves removing a few marginal stitches or staples. The sponge is then lifted minimally, and the haematoma is evacuated. The procedure can, however, be painful, time consuming and result in peripheral graft failure.

This problem can be solved by using a simple modification. The sponge dressing is incised through its full thickness, across its diameter, with a pair of dressing scissors or a no 10 blade. The incision should stop just before the margin of the dressing (**Fig. 1**). The paraffin gauze can then be seen and is incised. The foam can be retracted with ease, and the haematoma is easily seen and evacuated. The incision in the sponge tie-over can then be closed with staples or tape or be overdressed. This



Figure 1—The sponge split to gain access to a haematoma. The sponge edges can be easily retracted to evacuate the haematoma.

is a rapid and relatively painless way of dealing with sub-sponge haematomas. It avoids graft shear and involves minimal disruption of the dressing.

Yours faithfully,

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References

1. Pelissier P. The running tie-over dressing. *Plast Reconstr Surg* 2000; 106:1436–7.