

The Effectiveness of Split Thickness Skin Grafting In the Management of Post Burn Contractures of The Upper Limb

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ABSTRACT

BACKGROUND: Post burn contracture can be effectively managed with split thickness skin grafts (STSGs). STSGs can provide with functional and aesthetic benefits to the patient, as they promote wound healing and can improve range of motion in affected joints. Additionally, STSGs can be used to cover large areas of burn wound, which can help to reduce the risk of infection and improve overall outcomes. Overall, STSGs are a well-established and effective method of post-burn contracture management. Burn injuries are a significant health problem in India and Assam has a high incidence of burn injuries. So that post burn contractures in upper limb also has a high incidence in Assam. Split thickness skin grafting after release is commonly used treatment for post burn contractures of the upper limb, but there is a lack of studies on the use of this technique in Assam and the surrounding region. Thus a study in Assam Medical College would provide valuable information on the effectiveness of split thickness skin grafting in treating post burn contractures of the upper limb in this population, and can help to improve the care of burn patients in the region.

AIM: To assess the outcome of post burn contractures in upper limb in terms of improvement in range of movement managed with split thickness skin grafting.

MATERIALS AND METHOD:

A cross sectional analytical study done on post burn contracture patients who treated with contracture release and split thickness skin grafting in Assam Medical College, Dibrugarh from the period of March 2023 to March 2024. Patients were examined clinically followed by done all preop instigations and examined the donor site properly for viability of the skin. Surgical intervention done under all aseptic precautions and on post operative day 4th dressing opened and examined for if there is any pus, hematoma, seroma. Patient get discharged on the 5th post operative day if the grafting site look healthy. Patient were called upon for the follow up on the 14th day and donor area dressing is reviewed on that day if there is complete healing judged by absence of tenderness on the dressing. Unhealed donor sitedressed with antibiotic ointment and dressing till complete healing. After complete healing of the operated site, pressure dressing is advised for 3 months followed by pressure dressing and physiotherapy for 6-8 months.

RESULT: In our study overall improvement in the range of movement was found about 60.36 in 6 months.

CONCLUSION: According to the current study, individuals with post-burn contracture in their upper limbs experience numerous functional difficulties, but their quality of life can be enhanced with the right care and surgical intervention.

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