Letters to Editor

Regarding new technique of drainage

Dear Sir,

This is regarding Dr. Kamath’s article on his new suction drain for hand surgery.

Dupuytren’s contracture needs not just release of contracture but excision of the abnormal tissue. After fasciotomy the skin is just loosely sutured back so that any collection will come out through the gap between sutures. I don’t understand how you can achieve a water tight closure so as to maintain the negative suction.

REFERENCE

1. The history of the groin flap by Ian Jackson


Authors’ Reply

Dear Sir,

Thank you very much for going through our publication on “Two in one suction drainage using syringe” published in the IJPS. We would like to respond to your comments in two folds.

One, we believe that there is a dead space following Fasciotomy in Dupytren’s contracture which increases the chances of hematoma formation and subsequent complications like delayed wound healing. Hence we think the wound has to be treated and closed like any other post-operative wound. As long as the skin margins are viable there is no need of loose suturing of skin flaps as it will only cause problems and preclude suction drainage. After all we are dealing with a condition which is noninfective and hence should not be treated differently from the routine. Moreover, a loose sutured wound in these areas will take a long time to mature leaving an ugly scar and preventing early mobilization of the hand which we feel is the main factor governing good results in hand surgeries.

Secondly, the case that was shown is just one example of this novel drainage system although this principle can be used in any situation where two small to moderately sized wounds are close to each other. We have used it at various places in the extremities and even in facial surgeries.

Jagannath B. Kamath
Kasturba Medical College, Mangalore, Karnataka, India

Address for correspondence: B. Jagannath Kamath, Jyothi Mansion, Opposite Prabhat Theatre, KS Rao Road, Mangalore - 575 001. India.
E-mail: bjkamath@satyam.net.in

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