Case Study

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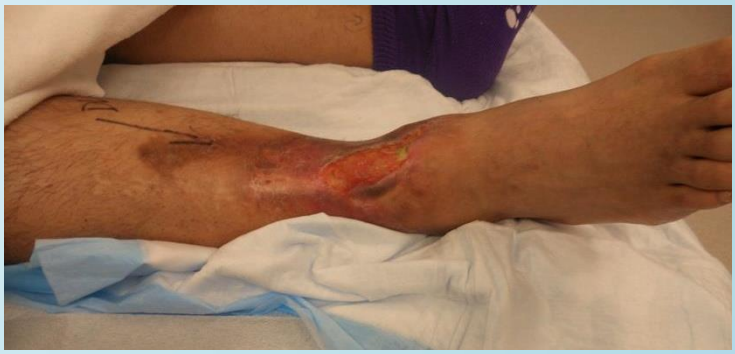
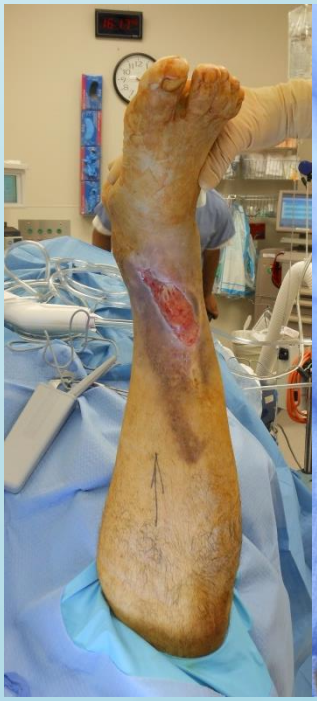
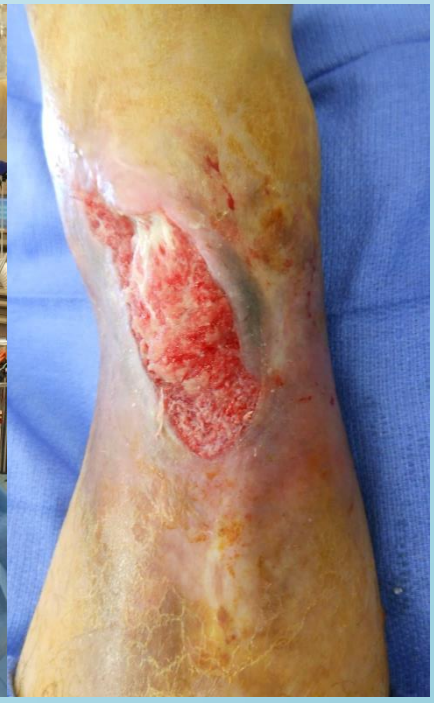
Case 011

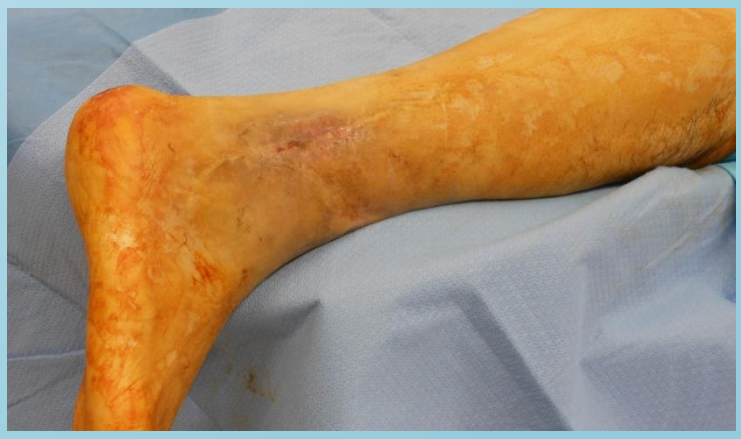
A 38 year old male patient made an appointment to deal with some residual pain. When he was about 14, the patient got into a car accident and his ankle had never fully healed. The scarring was fairly severe and his wounds were still problematic for him.







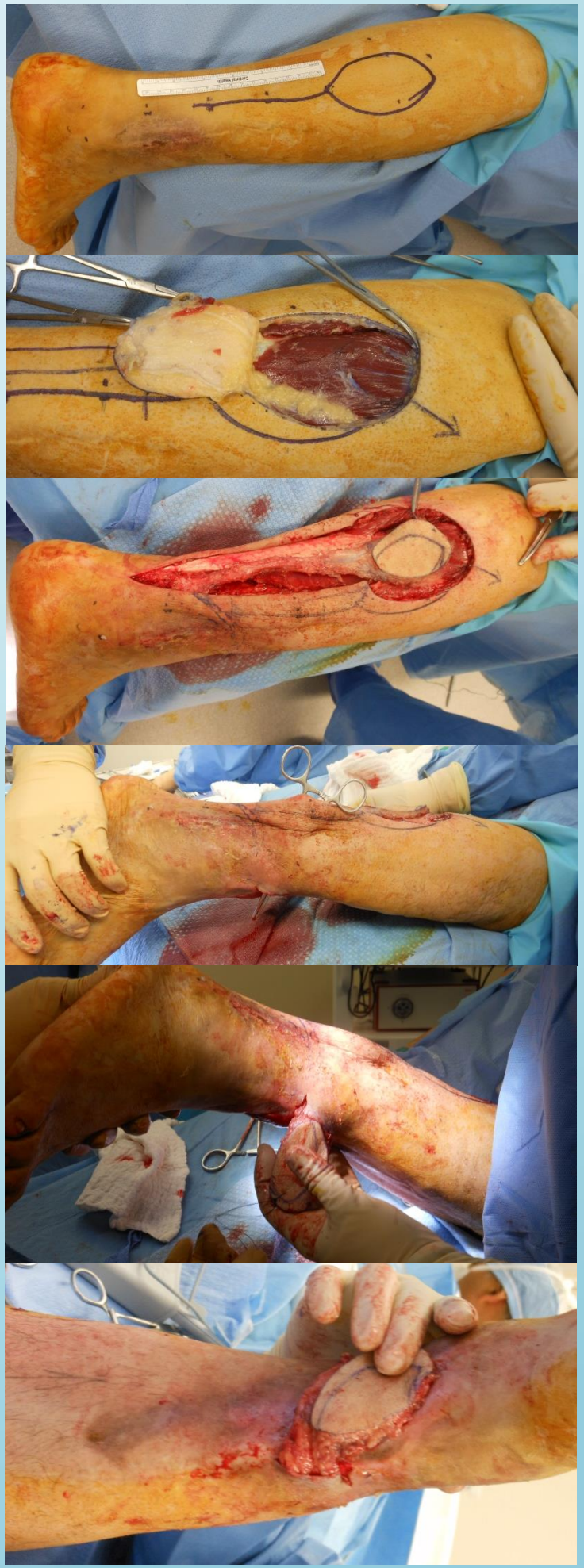
The procedure to be done was to remove a full thickness layer of skin, still attached to his body and suture it over the wound. Then a split-thickness skin graft would be taken from his thigh and placed over the remaining exposed areas and the area of the first graft.



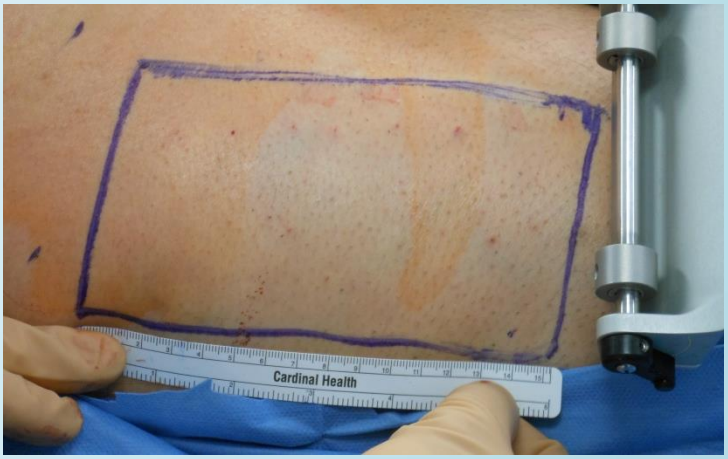
The wound was thoroughly debrided and cleaned in preparation of the surgery and grafting.

The area of the full thickness skin graft was carefully measured and drawn before the incision was made. The area on the dorsal calf was then dissected to separate the mass of skin graft from the underlying muscle. The underlying adipose tissue distal to the graft was then dissected to keep the graft connected to the body.

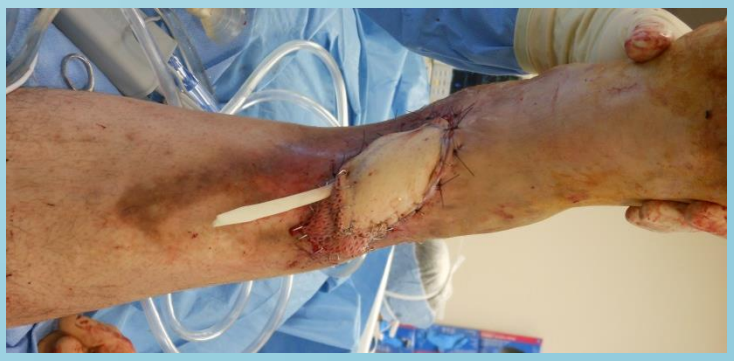
A tunnel was created between the dorsal ankle and frontal ankle location of the wound with scissors and scalpels. Sutures were tied to the graft and it was pulled through the dorsal opening to the wound, with care taken to not rip the overlying skin.



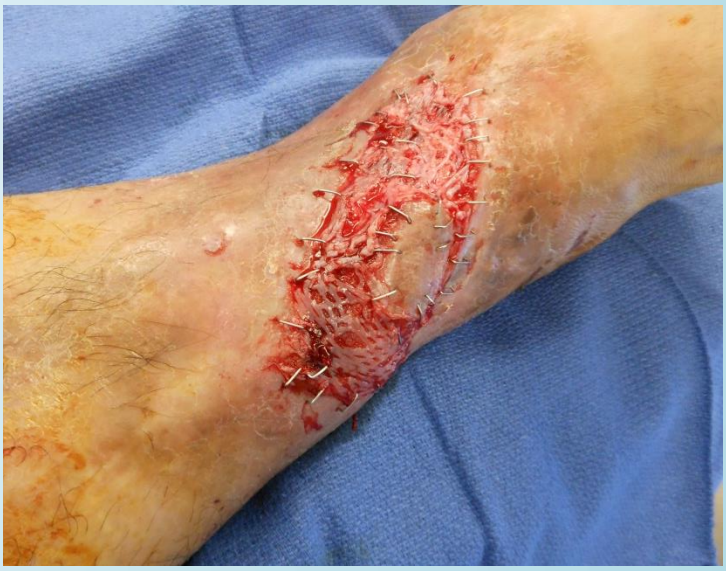
The contralateral thigh was prepared for the split-thickness skin graft with an area of approximately 15x10 cm^2. The graft was removed and prepared with the usual process and applied first to the wound on the dorsal calf. The canal that supplied the adipose connector was stapled shut with no need of a graft.

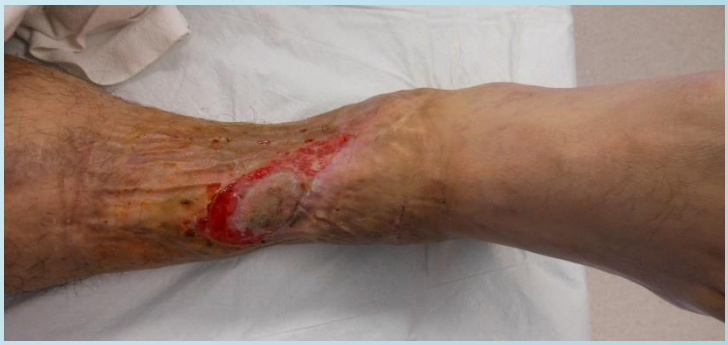


The full-thickness skin graft was then sutured on to the wound and the rest of the split-thickness skin graft was sutured on to completely cover the rest of the wound. A drainage hose was put in place to drain the excess fluids and the wounds were wrapped.



At about 4 months post-operative, the calf and thigh graft locations were healed, but the original ankle wound was only partially healed. Only some of the full–thickness and the split-thickness graft had taken to the wound. Another small split-thickness skin graft was placed over the remaining wound.





At 5 months post-operative, another split-thickness skin graft was placed over the wound to help the wound completely finish healing.