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ACUTE MANAGEMENT	OF MAJOR H	HAND INJURIES	MODERATOR: I.
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SKIN COVER

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Most major Upper limb injuries are invariably associated with significant skin and soft tissue loss. advances, it is possible to cover most defects. This allows salvage of limbs which were being am reconstruction of composite defects is also possible thereby shortening the reconstructive proces

Debridement is the key to success. The quality of the bed determines the infection functional outcome. Good debridement is essential irrespective of the type of skin c or miss it at this stage.

Cover the wound as early as possible, preferably within 48 hours and certainly befo Tendons and bones do not tolerate exposure. Dried and dead bones and tendons r providing skin cover.

While providing skin cover, make the complete plan and not decide for the day. The facilitate the next stage of reconstruction (bone or tendon graft or transfers)

Good skeletal stability is a must before providing skin cover. In the upper limb stable preferable. Loose fixation is the beginning of the end.

If secondary procedures are to be done, skin flaps provide better access than fascic Composite defects need not always be reconstructed with composite flaps.

One need not try every known flap. Do what you are good at. Repetition is the moth Having said that one must also recognize the inherent limitation of any technique. E alternate plans when faced with problems.

Don't forget donor site morbidity. Initial patient satisfaction is dependent on wound I satisfaction is dependent upon donor site morbidity.

Do not give up reconstruction of a major hand injury for fear of inability to cover the seek help. A well healed reconstructed hand is functionally far better than the best a

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