

FIG. 2. (Above) Dermabond and Proxi-Strip fixation and (below) a 1-year postoperative view of the same patient as shown in Figure 1. The scar is mature and not noticeable.

This new skin closure method is noninvasive and has clear advantages over skin sutures.

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A SIMPLE TECHNIQUE FOR STABILIZING SUBTOTAL DIGITAL AMPUTATION DURING TRANSPORT

Sir:

In all busy microsurgery units, the number of subtotal amputations far outnumbers the number of total amputations. Most of these subtotal digital amputations are found to be precariously surviving due to small vessels in the skin bridge (Fig. 1). This attachment is likely to be damaged because of improper positioning and accidental twisting of the distal part during referral to a major center. The twisting or stretching of the attachment can also result in severe pain and induce vasospasm of the vessels.

To stabilize these precariously viable digits, we have used the commonly available Micropore tape (3M, St. Paul, Minn.) across the level of injury. This keeps the distal part in correct position (Fig. 2). Tape application is simple and pain-free. The tape can be left on until the patient has been anesthetized and the hand prepared for surgery, thereby preventing further damage to the digit during painting and draping.

We first used this technique in patients who came to our

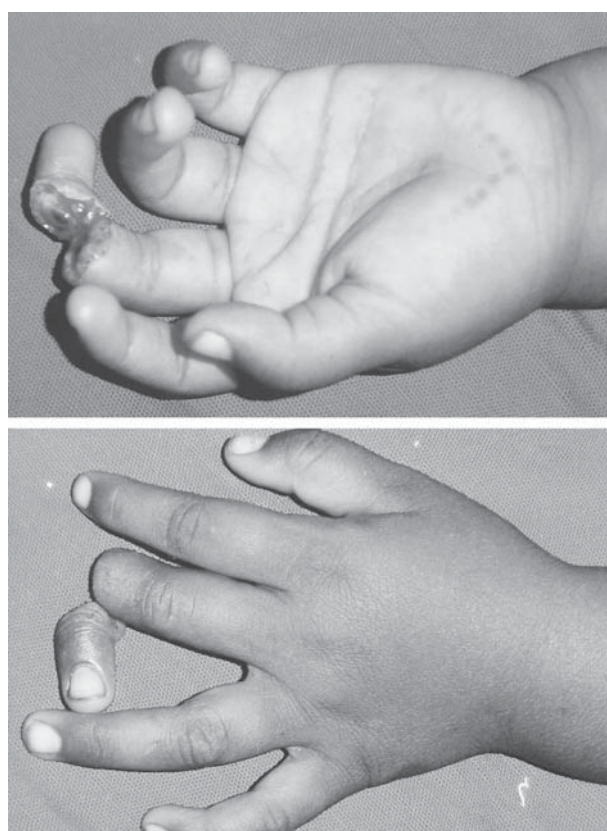


FIG. 1. Subtotal amputation of the left middle finger in a 1.5-year-old child. The distal part of the digit is precariously attached by a small skin bridge.