



## SHORT COMMUNICATION

### Splinting the radial forearm free flap donor site

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The radial forearm free flap is now established as a workhorse in head and neck reconstruction. Familiarity with a technique leads to pursuit of perfection in its execution. Donor site morbidity should be kept to a minimum and to achieve this goal, post-operative wound care and splinting of the arm should be optimised. The uptake of full thickness skin grafting has improved the aesthetic outcome of the radial forearm flap.<sup>1</sup> Basic principles of graft care suggest that shear forces exerted at the graft site and haematoma formation can contribute to early failure of graft take.<sup>2</sup> Optimum conditions occur when the forearm is held in dorsiflexion ensuring minimal contracture

of underlying tendon with firm pressure overlying the graft site itself and held sufficiently rigidly to prevent movement of the wrist. The conventional use of a volar slab constructed from plaster of paris is messy, does not provide sufficient rigidity and allows little flexibility for dressing changes.

We use a 9 in. 'off the shelf' orthopaedic volar splint applied over two layers of crepe bandaging (Fig. 1). The splint is commonly used for treatment of Colles type fractures of the wrist and is readily available in most hospitals at low cost (less than £5). The position of dorsiflexion with slight ulnar deviation suits the donor site well. In addition, the rigidity of the splint at the volar surface of the forearm guarantees good compression overlying the graft. A major advantage is that the Velcro fastening allows differential pressure according to the underlying bandages thickness and facilitates easy dressing changes by nursing staff even after discharge of the patient.

#### REFERENCES

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2. McGregor IA, McGregor FM. Reconstructive techniques. In: McGregor IA, McGregor FM, editors. *Cancer of the Face and Mouth*. Edinburgh: Churchill Livingstone, 1986: 6–9.

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Fig. 1

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