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EVALUATION OF THE ROLE OF CALCIUM ALGINATE IN HEALING OF THE SKIN GRAFT DONOR SITE

Thesis

Submitted To Faculty Of Medicine, Tanta University
In Partial Fulfillment Of The Requirements Of Master Degree
In General Surgery

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وقىل رپ زننى

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صدق الد العظيم

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CONTENTS

	Page
Introduction	1
Aim of the work	3
Review of literature	4
-Healing of split – thickness skin graft donor site	4
-Wound dressing	8
-Care of split thickness skin graft donor site	23
-Alginate dressing	34
*history of alginate	34
*Mechanism of action	37
-The role of alginate dressing in split skin graft donor site.	39
Patients and Methods	41
Results	46
Discussion	65
Summary and Conclusion	73
References	76
Arabic Summary	

INTRODUCTION



INTRODUCTION

Donor sites for partial thickness skin grafts have traditionally been dressed with tulle gras covered with gauze and absorbent padding. Such dressings are far from ideal, as they are bulky, restrict mobility and do not alleviate pain at the donor site. In addition they often adhere to the wound causing further pain and trauma on removal⁽¹⁾.

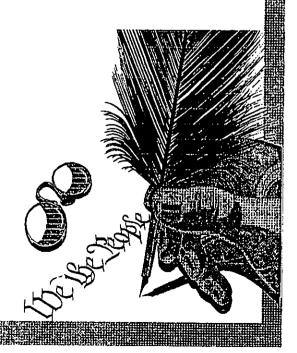
The problems of bulk, pain and shearing of new epithelium were known when polyurethane film dressings were introduced. Dressing such as Opsite resulted in a significant reduction of pain but the wound exudate was trapped and the dressing has to be changed many times to allow removal of exudate and haematoma⁽²⁾. Even the new polyurethane wound covering which allow most water vapor to escape, so reducing the hematoma problem, apparently does not give accelerated healing ⁽³⁾.

Doherty et al., 1986⁽⁴⁾ reported the use of a hydrocolloid dressing (Granufleix) to accelerate healing

but also had problems with hematoma or leakage of exudate around the dressing, which had to be changed frequently. Other hydrogel films have also been used but all appear to suffer from the problem of hematoma and exudate with no reports showing accelerated healing ⁽⁵⁾.

Attwood, (1989)⁽⁵⁾ compared tulle gras on 25 donor sites with calcium sodium alginate "Kaltostat®" on 105 sites and found significant improvements in healing time, quality of healing and patients comfort with the alginate dressing.

AIM OF THE WORK



AIM OF THE WORK

The aim of this study is to assess and compare the efficacy of calcium sodium alginate with the traditional dressing used in our department, Sofratulle[®] overlied with layers of gauze, gamgee or cotton wool and crepe bandage.

REVIEW OF LITERATURE

