Use of the Paper Backing of Sterile Paraffin-Impregnated Gauze for Ultra-Thin Skin Graft Transfer in Vitiligo: A Surgical Pearl

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Dear Editor,

An ultra-thin graft provides good, uniform repigmentation in vitiligo with excellent cosmetic matching and no side effects because it contains a minimal amount of dermis.[1,2] Harvesting the graft from the donor area is the key step. Petroleum jelly is generally used together with appropriate skin stretching to smooth the donor area and reduce friction during the procedure. This ensures that the instrument [a Silver's knife (developed by H.L. Silver) or shaving razor blade mounted on artery forceps] glides properly, facilitating the harvesting of an ultra-thin graft. Potential disadvantages of using petroleum jelly include the lack of sterility and the associated risk of secondary infection. Conventionally, the harvested graft is transferred to a Petri dish or a tube containing normal saline. This approach has two main limitations: (1) the need for an additional container that must be sterilized before use; and (2) the need to realign the graft before placing it on the dermabraded recipient area, which may increase procedural time.

To overcome this problem, a white paper with soft paraffin is available inside commercial sterile paraffin-soaked gauze (Jelonet, manufactured by Smith and Nephews), which is normally used for dressing the donor and recipient areas in vitiligo. This sterile, soft paraffin can be used in the donor area to reduce friction instead of petroleum jelly, facilitating the proper harvesting of an ultra-thin graft. After harvesting, the graft is placed on white paper using curved forceps after removal of paraffin. The white paper inside can act as an interim base for the placement of the donor graft, followed by realignment with the dermal side facing up (Figure 1). Then, the paper holding the graft can be cut with surgical scissors to match the size, shape, and contour of the recipient area. It can then be transferred immediately to the dermabraded recipient area with curved forceps, while the white paper is removed, thereby reducing the time required (Figure 2). After removal of the white paper, the graft is fixed to the recipient site with a traditional three-layer dressing. The potential advantages of this technique include the following: (1) the use of a sterile material during graft harvesting; (2) the potential to reduce the risk of secondary infection; (3) the use of the soft paraffin already present in the sterile gauze to facilitate ultra-thin graft harvesting, eliminating the need for separately applied, potentially nonsterile petroleum jelly and potentially reducing costs; (4) the reuse of the white paper backing, which would otherwise be discarded, as a temporary surface for graft placement and transfer to the recipient area; (5) the ability to accommodate multiple grafts on a single sheet of paper; (6) the potential to reduce procedural time; and (7) the potential to minimize graft-edge rolling and wrinkling.

A surgical pearl study by Sindhuja et al.[2] demonstrated the use of similar method of use of single antiseptic tulle gras dressing as carrier of ultrathin split-thickness graft for vitiligo but this is better for single vitiligo patch at a time but in our innovation, multiple ultra-thin grafts can be placed on single white paper which can be cut according to size and put over multiple dermabraded recipient sites within shorter time.

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Figure 1. White paper acting as an interim base for ultrathin split-thickness grafts



Figure 2. Graft is transferred to the dermabraded recipient area with curved forceps while removing the white paper

Footnotes

Informed Consent: Written informed consent was obtained from the patient.

Authorship Contributions

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