

Innovations

Innovative slit lip dressing for optimal blister graft success in vitiligo

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ABSTRACT

Suction blister grafting has proven to be a successful surgical modality in treating vitiligo over sites such as lips, eyelids, and face. The dressing over the recipient area plays a crucial role in determining the outcome of the procedure. Therefore, we propose a novel method to dress the upper and lower lip following blister grafting using a slit in an adhesive transparent dressing.

Keywords: Blister grafting, Dressing, Lip, Surgery, Vitiligo

PROBLEM STATEMENT

The lip is considered one of the difficult sites to perform vitiligo surgery due to the difficulty in applying a dressing that adheres to the mucosa and holds the graft in place while permitting the patient to eat and talk. This technique circumvents the need for mucosal adhesion.



Figure 1: Three layered dressings applied over the lower lip in the smiley face direction and on the upper lip in the sad face direction and secured with an adhesive crepe bandage just beyond the angle of the mouth. A linear slit is being made over the adhesive transparent dressing.

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Figure 2: The finished look after making the slit over the oral aperture which allows the patient to do the bare minimum lip movements to eat and talk.

RECOMMENDED SOLUTION

The blister graft harvested from the upper thigh is placed over the dermabraded areas on the upper and lower lip, secured with surgical glue, and covered with a four-layer dressing. The first three layers, comprising of paraffin gauze, saline-soaked gauze, and dry gauze from within outward, are applied over the lower lip in the smiley face direction and on the upper lip in the sad face direction and secured with an adhesive crepe bandage just beyond the angle of the mouth [Figure 1]. The patient is asked to part lips and an adhesive transparent dressing is placed over it after which a linear slit is made over the mouth opening, thus making the dressing water-proof [Figure 2]. The patient can consume small morsels of food with a teaspoon, sip with a boba straw, and communicate. This prevents the patient from opening the mouth too wide, which might dislodge the graft. Previous methods to hold the dressing in place include stay sutures, surgical tape, plastic splints, and dental putty which are cumbersome and uncomfortable for the patient.¹⁻³ Thus, this novel dressing proposed not only provides support and immobilizes the graft but also forms a protective barrier and allows for some essential lip movements enabling the patient to eat and talk.

In addition, it allows us to perform the surgery on the upper and lower lip simultaneously, thus saving both surgical and recovery time for the patient. It also saves the extra resources that are otherwise needed to complete this treatment in two different settings.

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