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Reply - 313 Dermatome-Induced Lacerations

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***'Reply – 313 Dermatome-Induced Lacerations:
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Abstract

We would like to suggest the use of a simple and relevant mnemonic ('STSG') for the safe use of powered dermatomes to harvest split thickness skin grafts. Safety checklists have been shown to be effective tools for improving patient safety in various clinical settings by improving compliance with good practice and reducing the incidence of adverse events.

Keywords

Powered dermatome; STSG; skin graft; harvest; safety; check list; mnemonic

Text

Dear Sir,

I read with interest the article regarding dermatome induced lacerations and would like to suggest the use of a simple and relevant mnemonic ('STSG') for the safe use of powered dermatomes to harvest split thickness skin grafts (STSG's). Safety checklists have been shown to be effective tools for improving patient safety in various clinical settings by improving compliance with good practice and reducing the incidence of adverse events¹.

In theatre it is often left up to scrub staff (who are in some instances inexperienced with the equipment) to prepare dermatomes for use. Often surgeons neglect or forget to check the dermatome themselves before harvesting a split thickness skin graft despite it, ultimately, being the operator's responsibility. We suggest that the risk of injury or improper graft harvest, related to incorrect dermatome use, can be reduced by surgeons using this simple, easy to recall and quick safety check.

- Size – correct and intended size of blade fitted to dermatome.
- Tight – blade adequately tightened and secured.
- Setting – desired depth setting selected and checked.
- Go – safety lever off and proceed safely with graft harvest.

This check list would ideally be said out loud prior to proceeding with each split thickness skin graft harvest and if used habitually, we suggest it would help improve the safe use of powered dermatomes.

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References:

- 1: Thomassen Ø, Storesund A, Søfteland E, et al. The effects of safety checklists in medicine: a systematic review. *Acta Anaesthesiol Scand* 2014;58:5–18.

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