

## Fasciotomy Closure

This sixty-four-year-old man presented with sudden pain and swelling in his right wrist, requiring a fasciotomy and opening and packing of his radio-carpal joint. He grew *Streptococcus G* on the culture.

DynaClose tapes were applied on post-op day two, when the wound measured 17 x 4.5 cms. He had marked swelling, but the tape helped narrow the gap to 2.2 cms. By week one, the defect had narrowed to 1.5 cms, which still permitted the continuing drainage. He continued to move his fingers and wrist, but had marked forearm and hand edema. He required a four-week course of penicillin G 400,000 units Q4H. By week five, the wound was closed with a spread scar 1.5 cms in maximum width.

Early application of the tapes prevented the expected significant spread of defects of this sort, and achieved slow closure without a secondary skin graft. It also permitted the usual dressings required for this kind of infectious process to be done. He was able to exercise his hand earlier since there was a minimal dressing over the dynamic tapes, and the problem of the expected tendon adhesions to a skin graft was avoided.

He had major wrist stiffness and a weak grip requiring several months of physiotherapy to regain grip strength and movement, but the entire process was, without question, accelerated by the simple use of the dynamic closure tapes. The standard skin graft coverage normally required in cases like these causes extensive tendon adhesions, therefore the salvage of such an excellent range of motion in these circumstances was, according to the attending surgeon, unprecedented.

