

## Letter to Editor

### Author's Reply

Sir,

I was delighted to go through the comments<sup>1</sup> from a good friend Dr. R. Ravishanker regarding the pedicle protection for flap surgery for posterior heel defects which was published earlier.<sup>2</sup>

I would first like to congratulate Dr. R. Ravishanker for having shown the readers one more easier method to solve the difficult problem. However, when one considers the reliability of the method for pedicle protection, one should not hesitate to resort to external fixation method. The method described by me was to introduce only two thin [1.5 to 1.8 mm] K wires in the subcutaneous area of the metaphyseal region of the tibia for only 10 to 14 days, a procedure one may hardly call invasive in orthopaedic related plastic surgery. Moreover, when there is a need for tubular external fixator for concomitant skeletal injury, the ring fixator assembly can be incorporated into the tubular fixator without the need for two additional K wires. Ring fixators

are widely used in orthopaedic surgery these days and are reusable any number of times. However, if the ring fixators are not available, one can use conventional tubular fixators.

Further, the ease with which the patient can be managed postoperatively whether it is for foot elevation, repeated flap inspection, change of dressing or change of posture to lateral decubitus, the external-fixator method scores over the conventional plaster of paris method, both theoretically and practically. Finally, it is the surgeon's choice to decide what is best for the patient under his or her care in the given set-up.

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### REFERENCES

1. Ravishanker R. Pedicle protection for flap surgery for posterior heel defects. *Comments Indian J Plast Surg* 2004;37:81.
2. Kamath JB. A Simple Method for pedicle protection for flap surgery in posterior heel defects. *Indian J Plast Surg* 2003;36:104.