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Pedicled flaps, such as groin flap employed for digital resurfacing in trauma cases, are susceptible to compromised neovascularization due to reduced area of inset, or underlying infections. To enhance flap viability, ischemic preconditioning through delay is performed before division, utilizing various techniques.

Kislov and Kelly¹ and Furnas et al² employed rubber band tourniquets and rubber-shod bowel clamps, respectively, for ischemic preconditioning. While economical, these techniques lack control and necessitate medical personnel for application.

George et al³ introduced a specialized device for ischemic preconditioning, consisting of two opposing V-shaped plates with screws for tightening and a groove for surgical division. This device facilitated early pedicled flap division through continuous, controlled, and clinically monitored ischemic preconditioning. While cost-effective, the fabrication and procurement of the flap clamp pose challenges in many centers.

In our institution, we have successfully implemented a cost-effective approach, achieving comparable results using a simple zip tie secured around the base of the pedicled flap. This zip tie is applied over a steri-tape around the base of the flap to prevent pressure necrosis of the skin and can be gradually tightened along its ridges (**~Fig. 1**) for controlled ischemic preconditioning.

In contrast to the flap clamp, the premade, simple, affordable, and economical zip tie can be utilized by the patient or their caregiver. The ridges on the zip tie enable controlled, continuous, and gradual ischemic preconditioning of the flap.

This zip tie method not only provides a practical solution but also addresses the limitations of existing techniques. We believe this cost-effective approach could find widespread application in select group of patients particularly where the other modalities may not be available.

This article aims to present a viable alternative for ischemic preconditioning in pedicled flap surgery in diverse medical settings and used as an outpatient department procedure as well.

This method can be reversed by simply cutting the zip tie.



Fig. 1 Zip tie applied at the base of the flap.

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Conflict of Interest None declared.

References

- 1 Kislov R, Kelly AP Jr. Cross-finger flaps in digital injuries, with notes on Kirschner wire fixation. Plast Reconstr Surg Transplant Bull 1960;25:312–322
- ² Furnas DW, Lamb RC, Achauer BM, Turpin IM, Black KS. A pair of five-day flaps: early division of distant pedicles after serial crossclamping and observation with oximetry and fluorometry. Ann Plast Surg 1985;15(03):262–267
- ³ George A, Cunha-Gomes D, Thatte RL. Early division of pedicled flaps using a simple device: a new technique. Br J Plast Surg 1996; 49(02):119–122