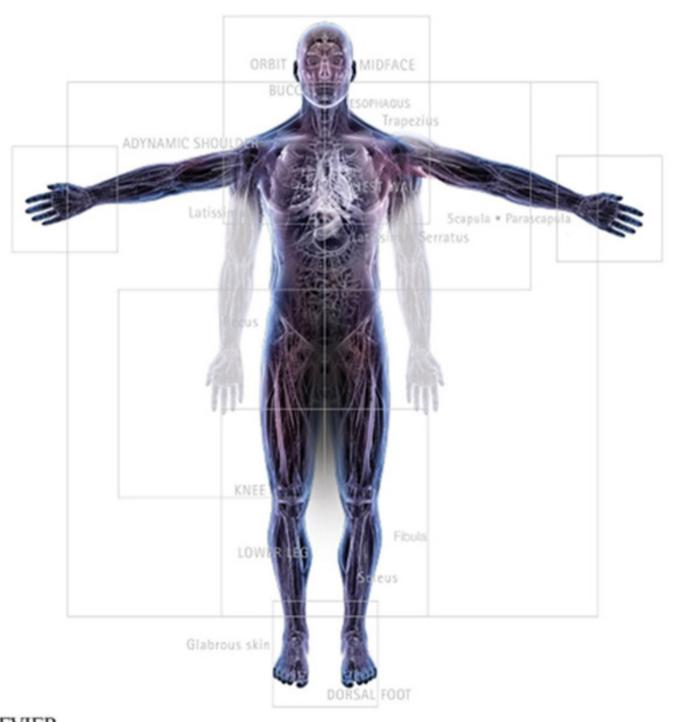
WEI MARDINI

FLAPS AND RECONSTRUCTIVE SURGERY







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FLAPS AND RECONSTRUCTIVE SURGERY

2nd Edition



FLAPS AND RECONSTRUCTIVE SURGERY

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32.04 Bilateral Pedicled Temporalis Muscle Flaps for Reconstruction of a Complete Maxillectomy Defect

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63.01 Face Transplantation: Donor Restoration

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39.01 Contralateral Trapezius Transfer

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Taipei, Taiwan

59.11 Pedicled Anterolateral Thigh Myocutaneous Flap (Vastus Lateralis Myocutaneous Flap) for Reconstruction of a

Medial Thigh Defect

59.15 Reverse Pedicled Anterolateral Thigh Perforator Flap With Venous Supercharge for Reconstruction of a Popliteal Defect

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Assistant Attending Orthopaedic Surgeon

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52.06 Reconstruction of the Mandible With the Preformed Matrixmandible and Fibula OSC Flap

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Microsurgery

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41.06 Composite Osteomuscular Flap of Latissimus Dorsi and Rib

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Aesthetic Surgery at Heidelberg University

Heidelberg, Germany

41.01 Latissimus Dorsi Flap

Geoffrey G. Hallock MD

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Sacred Heart Hospital,

Allentown, PA, USA

3.1 Scalp Split Thickness Skin Graft

32.02 Scalp Fascia Flap (Temperoparietal Fascia Flap)

34.01 Pectoralis Major Flap

37.01 Rectus Abdominis Flap

40.01 Scapular and Parascapular Flaps

41.02 Latissimus Dorsi Muscle Flap

47.02 Radial Forearm Flap

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50.04 Medial Sural Artery Perforator Flap and Lateral

Gastrocnemius Flap

50.05 Medial Sural Artery Perforator Flap

51.01 The Soleus Muscle Flap

59.01 Anterolateral Thigh Flap

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59.16 Maxillary Reconstruction with the Anterolateral Thigh Free Flap

Wyatt Ho MD

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Tulsa, OK, USA

22.03 Endoscopically-Assisted Medial Sural Artery Perforator Flap Transfer for Foot Reconstruction

47.03 The Suprafascial Harvest of the Radial Forearm Flap

54.07 Bilateral Second Toe Transfer for Reconstruction of

Distal Fingertip Amputations: Markings

54.08 Bilateral Second Toe Transfer for Reconstruction of

Distal Fingertip Amputations: Recipient Prep

54.09 Bilateral Second Toe Transfer for Reconstruction of

Distal Fingertip Amputations: Flap Harvest

54.10 Bilateral Second Toe Transfer for Reconstruction of

Distal Fingertip Amputations: Inset

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Seoul, Korea
43.02 SCIP

Chung-Chen Hsu MD

Division of Trauma Plastic Surgery Department of Plastic and Reconstructive Surgery Chang Gung Memorial Hospital Linkou, Taiwan

43.03 Groin Flap With Iliac Bone Harvest Based on the Superficial Circumflex Iliac Artery

51.02 Hemi-Soleus Distally Based for Lower Extremity Defect 54.12 Microsurgical Transplantation of the PIP Joint of the Second Toe Part 1

54.13 Microsurgical Transplantation of the PIP Joint of the Second Toe Part 2

54.14 Microsurgical Transplantation of the PIP Joint of the Second Toe Part 3

Marco Innocenti MD

Professor of Plastic Surgery University of Florence, Director Plastic & Reconstructive Microsurgery Department Careggi University Hospital, Florence, Italy 52.07 Proximal Fibula Flap with

52.07 Proximal Fibula Flap with Growth Plate 52.08 Proximal Fibula Epiphyseal Transplant

Seng-Feng Jeng MD FACS

Professor of Surgery Plastic Surgery E-Da hospital Kaohsiung, Taiwan 50.03 Medial Sural Artery Perforator Flap

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Hershey, PA, USA
13.04 Dorsalis Pedis Exposure

Roger K. Khouri MD, FACS

Volunteer Professor Herbert Wertheim College of Medicine University Park, FL, USA; Medical Director Miami Breast Center & Miami Hand Center Miami, FL, USA 7.1 Lipografter / Jackhammer Grafting

Roger Karl Khouri Jr BS

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University of Michigan Medical School
Ann Arbor, MI, USA;
Research Assistant
Miami Breast Center & Miami Hand Center
Miami, FL, USA
7.1 Lipografter / Jackhammer Grafting

Hanyang University Medical Center

Jeong-Tae Kim PhD

Seongdong-gu Seoul, Korea 56.01 Perforator Flaps in the Lateral Thoracic Area: Latissimus Dorsi Perforator Flap, Thoracodorsal Perforator Flap, and Lateral Thoracic Perforator Flap

Michael J.A. Klebuc MD

Associate Clinical Professor of Plastic and Reconstructive Surgery Weill Cornell Medical College Director, Center for Facial Paralysis Surgery and Functional Restoration Methodist Hospital Houston, Texas 10.04 Facial Nerve Anatomy

L. Scott Levin MD, FACS

Paul B. Magnuson Professor of Bone and Joint Surgery Orthopaedic Surgery Chairman, Department of Orthopaedic Surgery Professor of Orthopaedic Surgery Professor of Surgery, Division of Plastic Surgery University of Pennsylvania Health System, Philadelphia, PA, USA

13.04 Dorsalis Pedis Exposure

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22.03 Endoscopically-Assisted Medial Sural Artery Perforator Flap Transfer for Foot Reconstruction
22.04 Pedicled Peroneal Artery Perforator Flap for Reconstruction of a Soft Tissue Defect Over the Tibia
54.12 Microsurgical Transplantation of the PIP Joint of the Second Toe Part 1
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54.14 Microsurgical Transplantation of the PIP Joint of the Second Toe Part 3

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42.01 Iliac Flap

43.01 Groin Flap

49.06 Endoscopic Harvest of the Gracilis Muscle

59.02 Anteriolateral Thigh Flap

59.05 Vastus Lateralis Myocutaneous Flap

60.01 Tensor Fascia Lata Flap

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54.12 Microsurgical Transplantation of the PIP Joint of the Second Toe Part 1

54.13 Microsurgical Transplantation of the PIP Joint of the Second Toe Part 2

54.14 Microsurgical Transplantation of the PIP Joint of the Second Toe Part 3

59.07 Anterolateral Thigh Flap for Wound Coverage and Flow Through Reconstruction of the Radial Artery

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Department of Plastic and Reconstructive Surgery

Beaumont Hospital

Dublin, Ireland

19.01 Radial Forearm Free Flap Phalloplasty

Susan E. Mackinnon MD

Plastic and Reconstructive Surgery

Washington University

St. Louis, MO, USA

68.01 Jumping the Nerve Gap

Samir Mardini

Professor of Surgery

Mayo Clinic College of Medicine

Program Director, Plastic Surgery

Surgical Director

Essam and Dalal Obaid Center for Reconstructive

Transplant Surgery

Mayo Clinic

Rochester, MN, USA

10.05 Facial Nerve Anatomy, clinical case.

10.06 Facial Nerve Anatomy and Stimulation

14.01 Ileocolon Flap for Reconstruction of the Hypopharynx,

Cervical Esophagus and Voice

18.01 Component Separation

25.03 Airborne Suture Tying Technique

64.04 Face Transplant: Recipient Preparation

64.05 Face Transplant: Lower Face Donor Procurement

64.06 Face Transplant: Recipient Reconstruction

Jaume Masia Ayala MD, PhD

Professor of Plastic Surgery

Chief, Plastic Surgery Department

Director, European School of Reconstructive Microsurgery Barcelona, Spain

8.3 Vascularized Groin Lymph Node Transfer for Upper Extremity Lymphedema

8.4 Superficial Circumflex Iliac Artery Perforator Flap (SCIP Flap) for Lymph-Node Transfer in Lymphedema Treatment

Steven L. Moran MD

Professor and Chair of Plastic Surgery, Professor of Orthopedic Surgery

Mayo Clinic

Rochester, MN, USA

45.01 First Dorsal Metacarpal Artery Flap

55.01 Medial Femoral Condyle Flap Based on Descending

Geniculate Vessel

55.02 Medial Femoral Condyle Flap

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Washington, DC, USA

16.01 DIEP

Milomir Ninković MD, PhD

Professor of Plastic Surgery

Chairman, Department of Plastic, Reconstructive, Hand and Burn Surgery

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Munich, Germany

23.01 Peroneus Function After Reconstruction

23.02 Facial Movement After Reconstruction

46.01 Extended Lateral Arm Flap

Ömer Özkan MD

Professor of Plastic and Reconstructive Surgery Department of Plastic and Reconstructive Surgery

Akdeniz University Hospital

Antalya, Turkey

41.03 Latissimus Dorsi Flap

66.01 Uterus Transplantation: Surgical Technique

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Associate Professor

Akdeniz University Hospital

Head of Plastic and Reconstructive Surgery Department

Antalya, Turkey

66.01 Uterus Transplantation: Surgical Technique

Ernesto Padula MD

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32.04 Bilateral Pedicled Temporalis Muscle Flaps for Reconstruction of a Complete Maxillectomy Defect

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13.04 Dorsalis Pedis Exposure

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University of Southern California

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54.01 Great Toe Transfer for Reconstruction of Metacarpal

54.02 Great Toe Transfer for Reconstruction of Metacarpal Hand Part 2

54.03 Great Toe Transfer for Reconstruction of Metacarpal Hand Part 3

Bohdan Pomahac MD

Director, Plastic Surgery Transplantation

Medical Director, BWH Burn Center

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Harvard Medical School

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64.01 Facial Transplant

64.02 Face Transplant Postoperative Result

64.03 Face Transplant Postoperative Result: Showing

Spontaneous Emotion

Gemma Pons MD, PhD

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8.3 Vascularized Groin Lymph Node Transfer for Upper Extremity Lymphedema

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Harvard Medical School

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31.01 Forehead Flap

31.02 Facial Artery Myo Mucosal Flap

31.03 Submental Flap

32.03 Temporoparietal Fascia Flap

64.02 Face Transplant Postoperative Result

64.03 Face Transplant Postoperative Result: Showing

Spontaneous Emotion

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19.01 Radial Forearm Free Flap Phalloplasty

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64.01 Facial Transplant

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34.02 Pectoralis Major Flap

35.01 Delto Pectoral and Internal Mammary Artery Perforator Flaps

Eduardo D. Rodriguez MD, DDS

Helen L. Kimmel Professor of Reconstructive Plastic Surgery Chair, Hansjörg Wyss Department of Plastic Surgery

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52.05 Fibula Flap for Obliteration and Osseous Reconstruction of a Persistent Frontal Basilar Fracture Infection Associated with Nasofrontal Outflow Tract Obstruction

Shai Rozen MD, FACS

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Director of Microsurgery

Director of the Facial Palsy Program

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10.07 Facial Reanimation: Masseteric Nerve to Facial Nerve

Transfer, Cross Facial Nerve Grafting

10.08 Facial Reanimation: Preoperative Facial Markings,

Preparation of Face on Recipient Side, Harvest of Partial Gracilis Functional Muscle Flap, Masseter Nerve Dissection,

and Insetting of Gracilis to Paralyzed Side

Michel Saint-Cyr MD, FRSC(C)

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Baylor Scott and White Temple, TX, USA

7.2 Fat Grafting for Breast Reconstruction

8.1 LV Bypass Preoperative Planning in Lower Extremity Lymphedema

16.02 Muscle Sparing Latissimus Dorsi

22.02 Keystone Island Perforator Flaps for Thigh Defects

22.05 Peroneal Artery Perforator Propeller Flap

41.04 Preoperative Markings Extended Latissimus Dorsi

41.05 Latissimus Dorsi Flap for Breast Reconstruction

49.07 Preoperative Markings for Transverse Upper Gracilis

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49.08 Flap Harvest of Transverse Upper Gracilis

Myocutaneous Flap for Breast Reconstruction

49.09 Vertical Design Upper Gracilis Flap for Breast Reconstruction

57.01 Preoperative Deep Inferior Epigastric Perforator (DIEP) Marking in a High BMI Patient

57.02 Deep Inferior Epigastric Perforator Flap Harvest and Dissection Summary

59.08 Free Vastus Lateralis Muscle Flap

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61.01 Posterior Tibial Artery Perforator Propeller Flap

62.01 Intraoperative PAP Flap Markings and Flap Harvest

62.03 Pedicled Superficial Femoral Artery Perforator Flap

62.04 Superficial Femoral Artery Perforator Flap for Knee

62.05 Proximal Free-style Superficial Femoral Artery Perforator Flap for Medial Thigh Defect

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- 9.1 Trans Oral Robotic Surgery
- 9.2 External View of Robotic LD
- 9.3 Robotic Harvest of Rectus Abdominis
- 9.4 Robotic Harvest of Latissimus Dorsi
- 9.5 Robotic Microvascular Anastomosis
- 9.6 Robotic Lymphaticovenous Bypass

Basel Sharaf MD, DDS, FACS, FRCDC

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- 10.01 Exposure of Superficial Temporal Vessels
- 10.02 Exposure of the Facial Vessels
- 10.03 Exposure of the Transverse Cervical Vessels
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- 13.01 Groin and Lower Extremity Landmarks
- 13.02 Exposure of Posterior Tibial Vessels
- 13.03 Exposure of the Dorsalis Pedis and Tibialis Anterior

Amanda K. Silva MD

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17.01 Chest Wall and Diaphragm Mesh Reconstruction

Moving With Respirations

17.02 Chest Wall Defect and Expanding Lung

17.03 Flap Inset

Alison Snyder-Warwick MD

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49.01 Segmental Gracilis Muscle Transfer for Smile in a Case of Möbius Syndrome

49.10 Stage 1 - Cross-Facial Nerve Grafting for Smile

David H. Song MD, MBA, FACS

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17.01 Chest Wall and Diaphragm Mesh Reconstruction

Moving With Respirations

17.02 Chest Wall Defect and Expanding Lung

17.03 Flap Inset

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57.06 Superficial Inferior Epigastric Artery (SIEA) Flap for Breast Reconstruction

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32.04 Bilateral Pedicled Temporalis Muscle Flaps for

Reconstruction of a Complete Maxillectomy Defect

Jason Su Shiuan-tzuen

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Gueishan Township, Taiwan

47.03 The Suprafascial Harvest of the Radial Forearm Flap

54.08 Bilateral Second Toe Transfer for Reconstruction of

Distal Fingertip Amputations: Recipient Prep

54.09 Bilateral Second Toe Transfer for Reconstruction of

Distal Fingertip Amputations: Flap Harvest

54.10 Bilateral Second Toe Transfer for Reconstruction of

Distal Fingertip Amputations: Inset

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12.01 Exposure of the Brachial Artery in the Medial Arm

12.02 Exposure of the Distal Brachial Artery and Its

Bifurcation in the Antecubital Fossa

12.03 Exposure of the Radial Artery in the Wrist and

Anatomic Snuffbox

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64.04 Face Transplant: Recipient Preparation

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64.06 Face Transplant: Recipient Reconstruction

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47.01 Reverse Radial Forearm Flap

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15.01 Babysitter Principle in Facial Reanimation

15.02 Techniques of Cross Facial Nerve Grafting

15.03 Gracilis Free Muscle Transfer for Facial Reanimation

15.04 Pectoralis Minor Free Muscle Transfer for Facial Reanimation

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59.06 Chimeric Anterolateral Thigh Perforator Skin Flap and Vastus Lateralis Muscle Flap for Reconstruction of a Defect in the Maxilla.

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47.01 Reverse Radial Forearm Flap

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58.01 Inferior Gluteal Artery Perforator (IGAP) Flap for Breast Reconstruction

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47.08 Radial Forearm Fascia Flap Reverse Pedicled

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Leuven, Belgium

18.02 Pedicled Innervated Vastus Lateralis Muscle for

Abdominal Wall Reconstruction Case 1

18.03 Pedicled Innervated Vastus Lateralis Muscle for

Abdominal Wall Reconstruction Case 2

18.04 Pedicled Innervated Vastus Lateralis Muscle for

Abdominal Wall Reconstruction: Dissection

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Royal Devon and Exeter NHS Foundation Trust Exeter, UK

20.01 Great Toe Pulp Transfer to Reconstruct Non-Painful Sensate Index Pulp Part 1

20.02 Great Toe Pulp Transfer to Reconstruct Non-Painful Sensate Index Pulp Part 2

59.12 Reconstruction of Hemiglossectomy Defect with the ALT Flap

Fu-Chan Wei MD, FACS

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Taipei, Taiwan

20.01 Great Toe Pulp Transfer to Reconstruct Non-Painful Sensate Index Pulp Part 1

20.02 Great Toe Pulp Transfer to Reconstruct Non-Painful Sensate Index Pulp Part 2

20.03 Second Toe Flap for Index Finger Reconstruction

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47.04 Radial Forearm Flap, Suprafascial Dissection

47.05 Radial Forearm Flap, Suprafascial

47.06 Radial Forearm Flap for Buccal Defect Reconstruction

47.07 Radial Forearm Flap for Reconstruction of an Upper Lip Defect

47.09 Radial Forearm Flap Dissection and Management of the Donor Site with a Full Thickness Skin

52.01 Fibula Osteoseptocutaneous Flap

52.03 Harvest of the Fibula Osteoseptocutaneous Flap Via Anterior Approach

52.04 Fibula Osteoseptocutaneous Flap with Primary

Osteointegrated Implants for Mandible Reconstruction 52.06 Reconstruction of the Mandible With the Preformed Matrixmandible and Fibula OSC Flap

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54.04 Trimmed Great Toe Flap

54.05 Trimmed Great Toe Transfer

54.07 Bilateral Second Toe Transfer for Reconstruction of Distal Fingertip Amputations: Markings

54.08 Bilateral Second Toe Transfer for Reconstruction of Distal Fingertip Amputations: Recipient Prep

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54.11 Second and Third Toe Flap for Metacarpal Hand Reconstruction

59.03 Suprafascial Harvest of the Anterolateral Thigh Flap

59.04 Anterolateral Thigh Perforator Flap, Dissection

59.09 Different Designs of the Anterolateral Thigh Flap

59.12 Reconstruction of Hemiglossectomy Defect with the ALT Flap

59.13 Anterolateral Thigh Perforator Flap for Reconstruction of a Palate Defect

59.14 Anterolateral Thigh Perforator Flap for Hypopharyngeal and Cervical Esophagus Reconstruction

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49.01 Segmental Gracilis Muscle Transfer for Smile in a Case of Möbius Syndrome

49.10 Stage 1 - Cross-Facial Nerve Grafting for Smile

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62.02 Profunda Artery Perforator (PAP) Flap for Head and

Neck Reconstruction

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49.01 Segmental Gracilis Muscle Transfer for Smile in a Case of Möbius Syndrome

49.10 Stage 1 - Cross-Facial Nerve Grafting for Smile

68.01 Jumping the Nerve Gap

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59.03 Suprafascial Harvest of the Anterolateral Thigh Flap

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33.01 Flaps

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49.01 Segmental Gracilis Muscle Transfer for Smile in a Case

of Möbius Syndrome

49.10 Stage 1 - Cross-Facial Nerve Grafting for Smile

Preface

Remarkable advances in research, technology, and clinical experience in medicine over the past few decades have resulted in a strong surge of development in reconstructive surgery. Each field of medicine brings about a unique perspective on a disease and its treatment. The patients are the direct beneficiaries of these advances and we, as surgeons, are rewarded with the gift of knowing that we have given hope and provided new opportunities for those who have been disfigured or rendered dysfunctional. The change to the patients' lives and the reward we derive from providing them with a chance to become "normal" again are equally gratifying. The field of surgery is truly rewarding; we are often able to eradicate a disease, improve a condition, rewire a circuit, or recreate form and function. We truly believe that no specialty in medicine is as rewarding as reconstructive surgery, where conditions that were impossible to correct only a few decades ago are now treated with sophisticated and technically advanced procedures on a routine basis.

In order to truly appreciate the significance of this specialty, visualize the following scenarios and the vast number of possibilities that reconstructive surgery offers in dealing with these clinical challenges: a child with missing fingers trying to play with a toy; a young girl unable to symmetrically animate her face trying to explain to her classmates why she looks "funny" when she tries to smile; a teenage boy with an open wound on his leg who has been told that he may need to have his leg amputated; a middle-aged man with a defect in his esophagus being told that he will not be able to eat or drink from his mouth for the rest of his life; a 35-year-old woman trying to conceal a deformed chest after a mastectomy; the family of a 50-year-old man being told that their loved one who underwent a routine coronary bypass procedure may not leave the hospital because of a sternal wound infection that may take his life; and a 14-year-old girl with a brachial plexus injury being unable to reach her hand to her mouth. As a reconstructive surgeon, one may have been exposed to some or all of these situations and may also know that through our field we are capable of bringing hope in a bleak situation.

Reconstructive surgery spans all ages and all specialties. This is part of what makes this specialty unique, challenging, exciting, and unusually rewarding. Elegance and surgical skill are easily noticed and appreciated by our patients. It is difficult to be a reconstructive surgeon and not take special pride in every procedure performed and in positive outcomes seen. Likewise, every surgeon has experienced the consequences of a heroic effort that was unsuccessful. We are able to survive these experiences as surgeons because of our human nature of being able to forget, but, more importantly, for us to be able to forget, we need to know that we have learned as much as we can about a procedure before

performing it and have gathered as much information as possible and reviewed all the necessary material before embarking on a reconstructive effort. Every contributing author has detailed the anatomic basis for the way the described procedures are performed and made every effort to share as much detail of the technique, with colorful and detailed illustrations and pictures, and to provide as many tips as possible from the knowledge and wisdom they have gained during the course of their career. We have been fortunate to be able to bring together a phenomenal group of surgeons and scientists who have had a tremendous amount of experience with reconstructive surgery, and we have tried very hard to bring consistency and clarity to the presentation of this work.

This book is unique. It begins with a comprehensive section on principles of reconstruction which covers the types of reconstructive options that exist and how to choose which one is best for the patient, then discusses how to avoid complications in reconstructive surgery, how to deal with complications when they arise, and how to monitor the reconstructive patient. In this section, several new topics have been added including fat grafting, robotics, tissue engineering and lymphedema surgery. A special section is now dedicated to clinical anatomy of every part of the body along with detailed topics on recipient vessel selection and exposure with clear and detailed pictures and illustrations. An entire new section is dedicated to the topic of reconstruction, focusing on each area of the body and providing an algorithm for reconstruction using the flaps outlined later in the textbook. All of the topics on reconstruction are new, with leaders in the field detailing their thought process and techniques on how to deal with a defect and manage complications when they arise. Two sections of the book focus on all the important flaps that are needed to complete the reconstruction of a defect: workhorse non-perforator type flaps and workhorse perforator type flaps. Our intent while putting this book together was to provide a reference that would provide the reader with a comprehensive way of understanding the anatomy of the region where the flap is being harvested from, appreciating the anatomy of the flap itself, understanding the issues involved in reconstructing different parts of the body, appreciating and fully realizing the way to plan and execute flap harvest, tailoring a flap to fit the need of a defect, and reconstructing the defect in the way that yields the most functional and aesthetic result. In the final and totally new section, world leaders in the field of reconstructive transplantation discuss topics of how to start a reconstructive transplant program, the latest advances in research in the field of reconstructive transplantation along with techniques and outcomes of hand, face, uterus, nerve, and abdominal wall transplantation. This entire project is completed and detailed through clear and

thorough writing, beautiful and abundant illustrations and pictures, and a unique library of reconstructive surgical procedures.

We hope that this textbook and video collection will provide a core course for beginners and a reference for experienced surgeons who aim to restore aesthetically appealing form and function to their patients. Every chapter in this book has been written by world renowned surgeons who have had proven successes over the years and have generously given their time and effort to sharing their knowledge and experience with us. The reader will be exposed to the most cutting edge surgical procedures in the field. The curious surgeon who has the drive to find optimal surgical solutions to situations rendered as hopeless will benefit from the materials in this book.

With true appreciation for the contributions of our expert colleagues, and great gratitude to our families, teachers, students and colleagues, we sincerely hope that each reader from every specialty practicing reconstructive surgery will find this textbook to be useful in treating their patients and be an inspiration in providing a resource for them to continue to advance this specialty which is so intense and has a never-ending potential to help those in desperate need of care.

Fu-Chan Wei and Samir Mardini 2016

Dedication

To my wife Nancy, my son William, my daughter Shirley, my son-in-law Darren and my wonderful grandson Kyle whose support and love have made my journey possible.

Fu-Chan Wei MD

To my wife Rawan, and my children Celine and Tarek, your support and love fills my life with joy; to my mother who is so loving, to my father who is so wise and caring, to my teachers who have been so generous, and to my friends who make the journey of life so beautiful; for the love, support and guidance you have given me; from the bottom of my heart, I thank you.

Samir Mardini MD

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Every procedure demonstrated in the video library within this book required enormous effort on the part of the surgeon and team involved in executing the surgical procedure, taping it and narrating every procedure. We owe Mr. Hsu-Chun Chen so much for shooting many of the videos, Marissa Suchyta and Anita Mohan for editing many of the videos, Fiona Townsend for developing the videos, making them presentable and allowing us to be able to provide so many procedures in this second edition.

Anybody working on a project which requires teamwork, particularly a project as large as this, realizes very clearly that it is the collaborative effort of the team that makes such an endeavour possible. We are indebted to so many for their hard work and special talents in helping prepare and produce this work and for being there for us during our career and during the time this work was being produced.

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Problem Analysis in Reconstructive Surgery: Reconstructive Ladders, Elevators, and Surgical Judgment

Nicholas B. Vedder

HISTORY OF RECONSTRUCTIVE SURGERY

As one of my professors, the late Bradford Cannon, noted, the field of plastic surgery, unlike most other surgical specialties, has no anatomic or functional area to which it can lay claim; the plastic surgeon practices methods and techniques applicable to all specialties and anatomic areas. Plastic surgery as a specialty was based on, and continues to be defined by, the process of developing creative solutions to the most difficult and challenging problems everywhere in the human body - literally from the head to the toe. As such, the plastic surgeon of today is, in fact, the last true "general surgeon." Though plastic surgery is comprised of two distinct "spheres," reconstructive surgery and aesthetic surgery, the two are closely intertwined and have great overlap. Many of the techniques employed in modern aesthetic surgery have their basis in reconstructive surgery. Similarly, reconstructive surgery focuses on restoring both function and form, such that many techniques used in aesthetic surgery are also employed in modern reconstructive surgery, such as flap contouring, fat grafting, etc.

Reconstructive surgery is the process of restoring the human body to "whole" following tumor extirpation, infection, trauma, or congenital or acquired deformity – restoring both form and function. Because the result of tumor, infection, trauma, or deformity has such a major effect on a patient's life, health, and well-being, reconstructive surgery can have the powerful effect of truly rebuilding a patient's life. The professional and personal gratification this brings to the reconstructive surgeon is profound.

Clearly, not all reconstructive surgery is performed by plastic surgeons. Indeed, orthopedic surgeons, otolaryngology/head and neck surgeons, oral surgeons, ophthalmologic surgeons, urologic surgeons, pediatric surgeons, gynecologic surgeons, and general surgeons perform a great deal of outstanding reconstructive surgery. But what they all have in common in performing reconstructive surgery is that all follow the same goals and principles of restoring both form and function.

The techniques employed in reconstructive surgery have come a long way from the days of Tagliacozzi, reconstructing noses with pedicled flaps from the arm, in the 1500s. Yet, only 50 years ago, those same techniques of random pedicled flaps still formed the basis of much of reconstructive surgery. In the 1930s, split skin grafts came into regular use, and in many ways defined the specialty of plastic surgery at its origin. Over the past 50 years, there has been an explosion in the development of reconstructive techniques and approaches. In the 1960s, it was recognized that designing a flap based on an axial vessel could greatly increase the viable length of the flap to include the entire length of the axial vessel, plus a random component distal to it. This led to McGregor's description of the forehead flap in 1963 and Bakamjian's description of the deltopectoral flap in 1965.^{2,3} Then, the introduction of the two-headed operating microscope in 1960, and Buncke's pioneering laboratory work in the early 1960s, including his rabbit ear replantation in 1964, opened the door to microvascular surgery.^{4,5} The first clinical application of the operating microscope was in replantation, with Konatsu and Tamai's successful complete thumb replantation.⁶ The first microvascular composite tissue transplantation in a human was a second toe to thumb transfer, by Yang and Gu in 1966. In 1972 McLean and Buncke performed a free microvascular omental flap to cover a cranial defect, and the following year, both Daniel and Taylor performed the first free cutaneous flaps - free groin flaps, and thus the microsurgery revolution began.8,9

THE RECONSTRUCTIVE LADDER

In the 1970s, Mathes and Nahai, ¹⁰ as well as others, introduced the concept of muscle and myocutaneous flaps that had a tremendous influence on reconstructive choices throughout the body – head and neck, trunk, as well as upper and lower extremity. In their two seminal textbooks, first an atlas of muscle and myocutaneous flaps in 1979, then a text on clinical applications in 1982, ¹¹ they defined