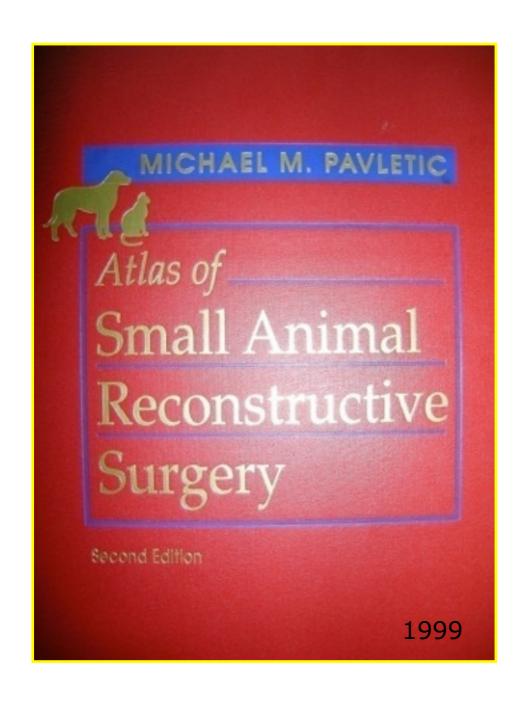
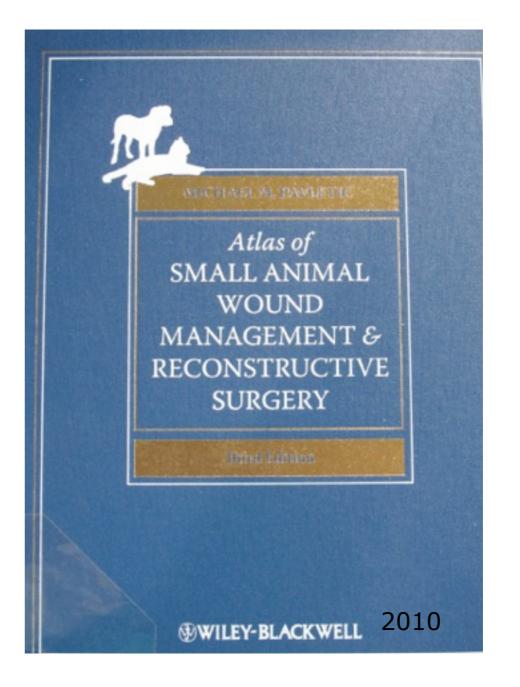
# Practical: reconstructive surgery

## Program, Saturday

- 09.00 10.30 tension relief and pedicle flaps
- 10.30 11.00 Coffee-break
- 11.00 12.30 free grafts skin axial pattern flaps
- 12.30 14.00 Lunch
- 14.00 15.30 skin and myocutaneous axial flaps
- 15.30 16.00 Coffee Break
- 16.00 17.30/18.00 muscle and omental flaps (amputation)
- Answering to possible questions

## Reconstructive Surgery





## Program, Saturday

● 09.00 – 10.30 – tension relief and pedicle flaps

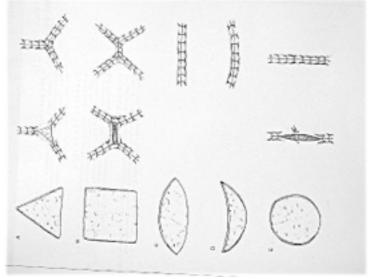
## Principles of reconstructive surgery

#### ACCURATE PREOPERATIVE PLANNING

- extent of trichotomy
- surgical preparation of the entire area



## Principles of reconstructive surgery



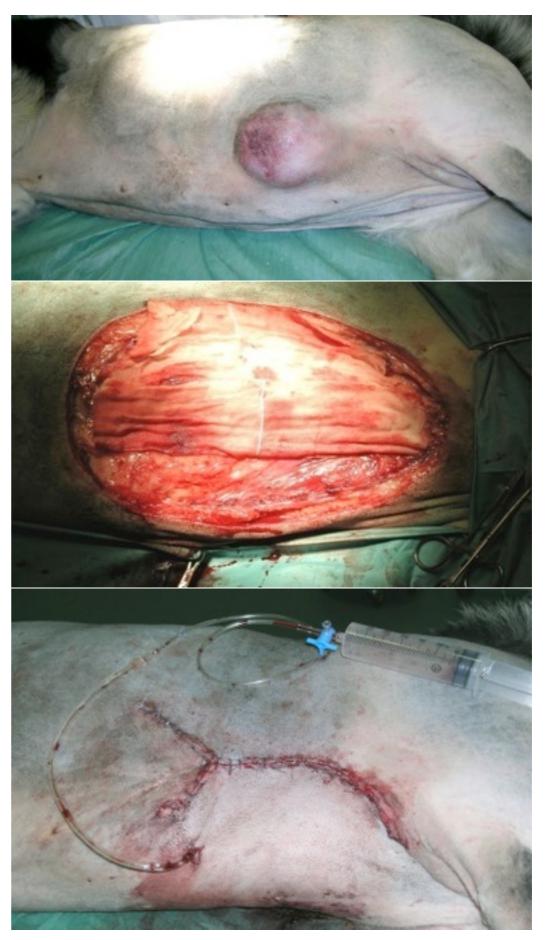
From Pavletic MM,
Atlas of Small
Animal Reconstructive
Surgery, 2nd edition,
WB Saunders C, 1999, 2010

geometrical wound preferred as these are easier to reconstruct (start from angles)

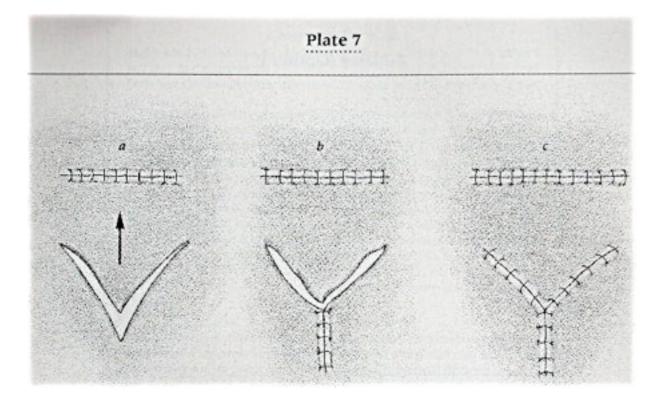








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#### 2 release incisions





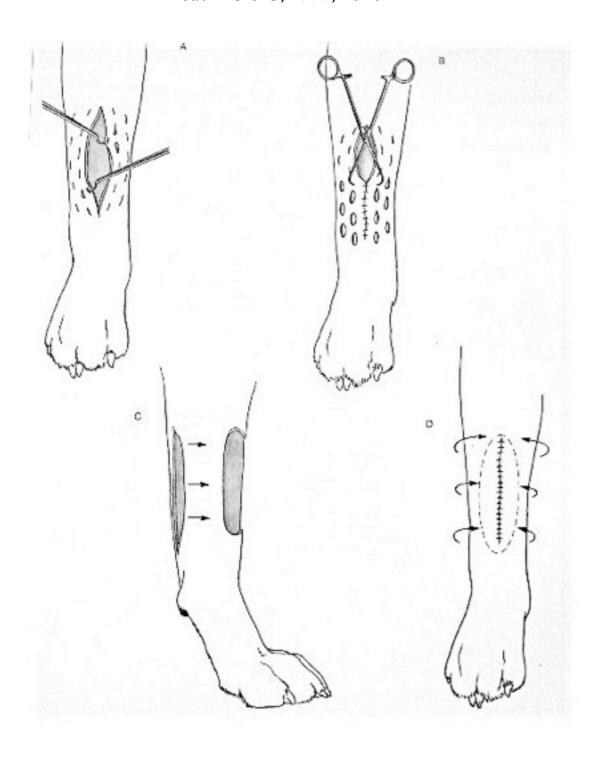






release incision

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#### multiple release incisions





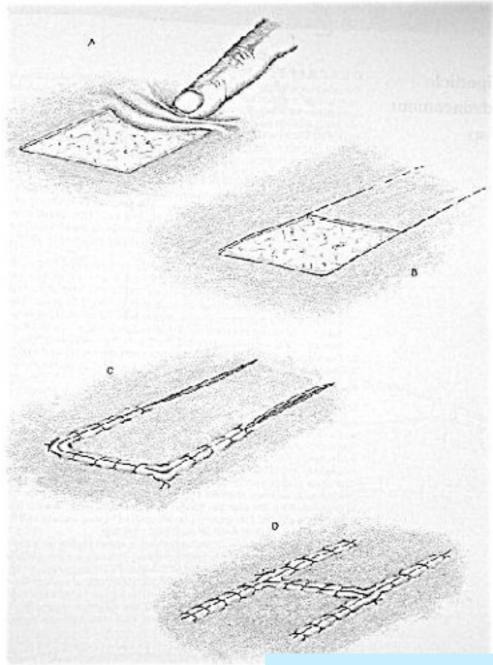
## Reconstructive procedures

- second -intention healing
- tension-relieving techniques
- local flaps
- distant flaps
- axial pattern flaps
- myocutaneous and muscle flaps
- free grafts
- +/- omentalization, mesh

- If present they MUST be elevated including the panniculus layer
- the base should be large enough to support the perfusion of the subdermal plexus of the flap
- length proportional to the flap base in order to avoid necrosis of the most distal part

**ADVANCEMENT FLAPS** 

**ROTATING FLAPS** 







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Advancement flaps

usually used to close squared or rectangular defects width of the flap should be equal to the defect's width one or two flaps (H plasty)















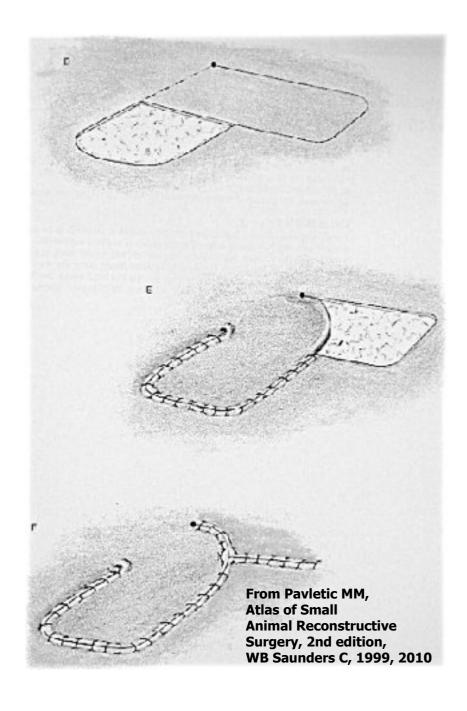








#### ROTATING (PIVOTING) FLAPS



#### Transposition flap

the flap is rotated, usually between 45-90°

its width should be equal to the defect's width

its base is aligned along one defect's margin

























## Program, Saturday

● 11.00 – 12.30 – free grafts - skin axial pattern flaps

## Free grafts

- pieces of skin of different shape, size and thickness
- excised from a donor site (usually the lateral thorax or abdomen) and transferred in another one (more often distal limbs)

They can be prepared as
- partial (epidermis and a
limited part of dermis)
thickness grafts

- *FULL* (epidermis and dermis) *thickness* grafts - ESPECIALLY IN VET. MED.

## Free grafts

SURVIVAL depends on neovascularization

Partial thickness grafts heal easier than full thickness ones

Full thickness grafts, if healed correctly, are haired

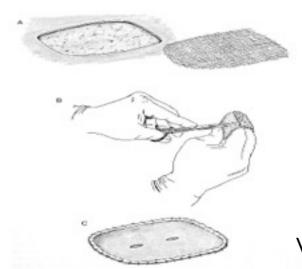
All the adipose tissue must be carefully eliminated

Ideally, they are harvested from the donor site and positioned over a healthy granulation tissue

May also be placed on a fresh wound





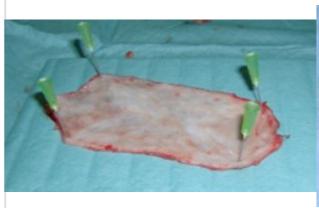




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To avoid collection of fluid, alternate full thickness incisions are performed in the graft







#### BANDAGE, 3 layers:

- 1) non-adherent dressing with an oilbased antibiotic ointment
- 2) absorptive/padding layer (cotton roll)
- 3) elastic wrap (e.g. self-fix)

If the gratf has been applied over a joint region, the latter should be immobilized

Tie-over bandages may be used in difficult areas

First change (be very careful! irrigate with warm sterile saline) after 72 hours, then every 3-4 days

More frequent causes of failure are movement, infection and collection of fluid (blood, serum) under the graft









tie-over









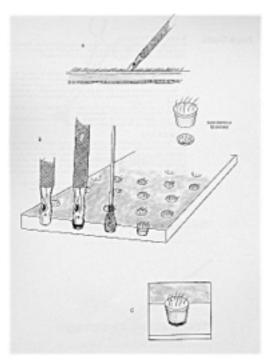




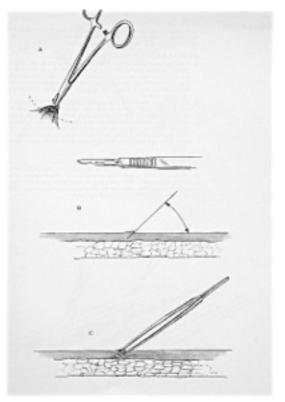




### Pinch and punch free grafts ....







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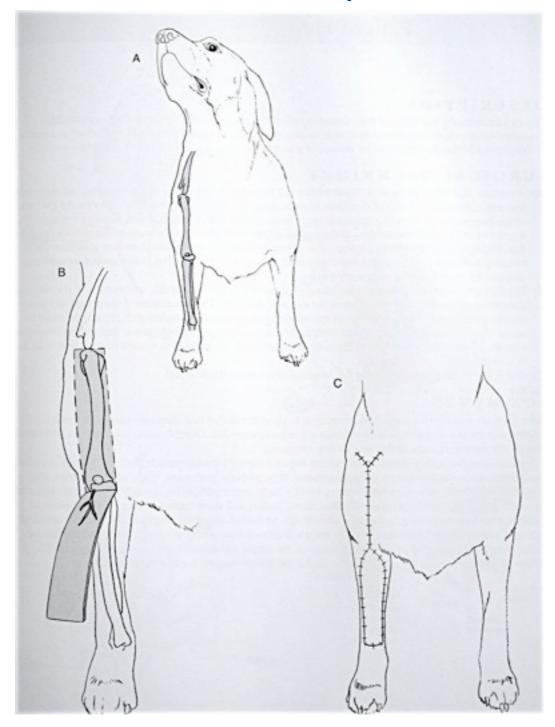


when radiation starts



### Skin axial pattern flaps

#### Superficial brachial axial pattern flap



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- antebrachium up to carpus
- shoulder
- elbow

carpal region: necrosis

Centered over the cranial aspect of the brachium, parallel to humerus







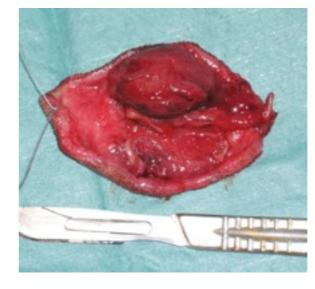


30













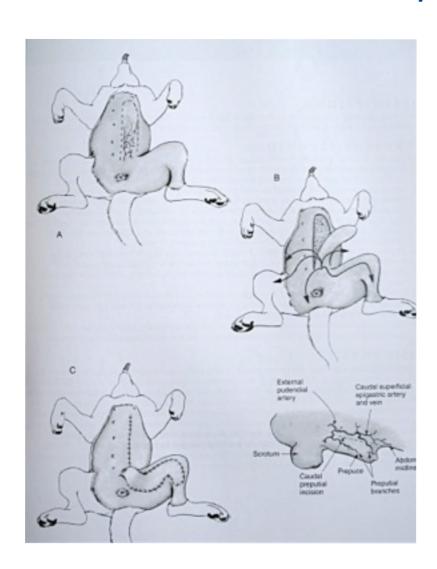








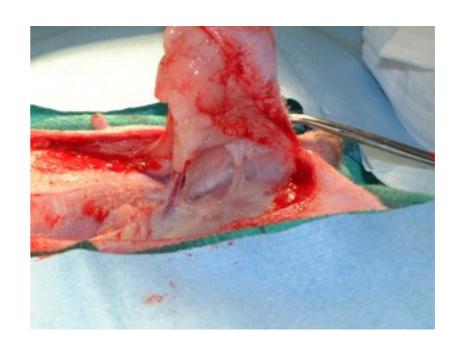
#### Caudal superficial epigastric axial pattern flap



The flap includes MG 3(2) to 5 (2-4 in CATS). Vascularization derives from caudal epigastric artery that emerges from the inguinal canal

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#### Do you remember mastectomy?





mercoledì 4 aprile 12

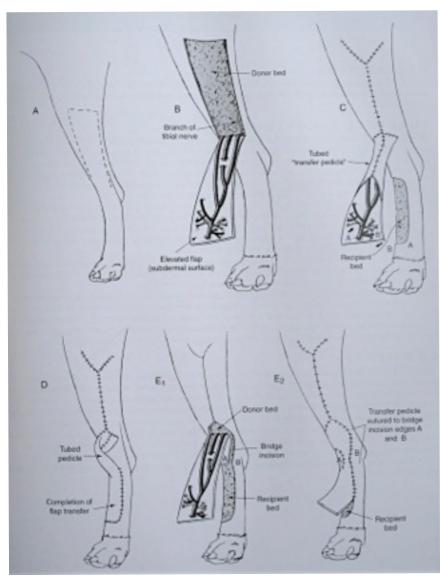








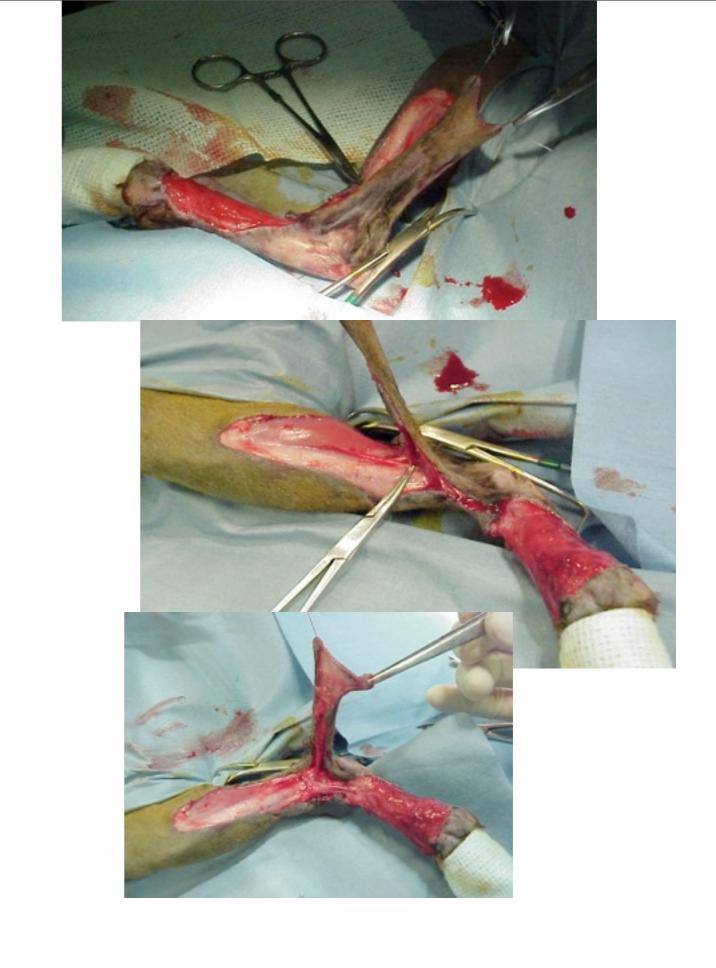
#### Reverse Saphenous Conduit flap



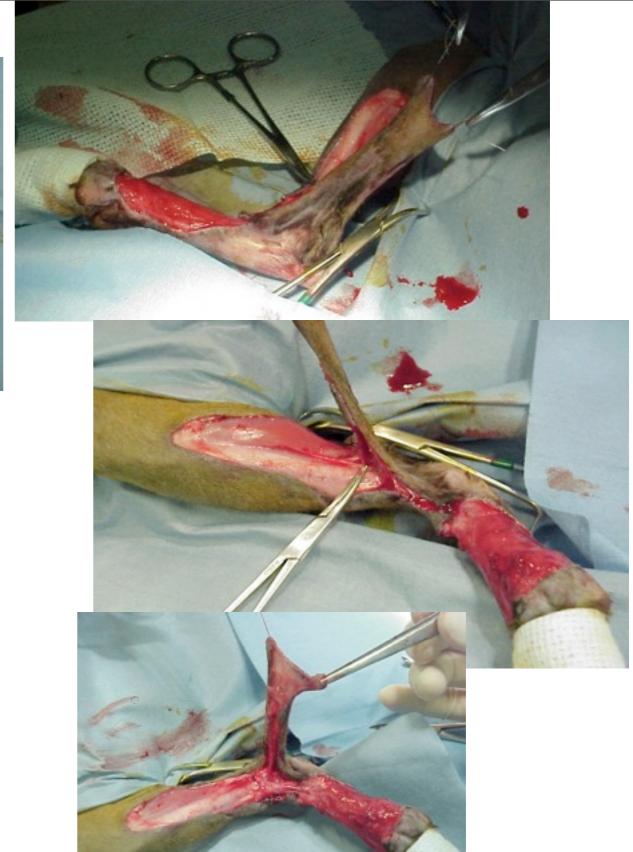
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Animal Reconstructive
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- constructed on the medial aspect of the tibial region
- survival provided by an alternative and complex vascularization





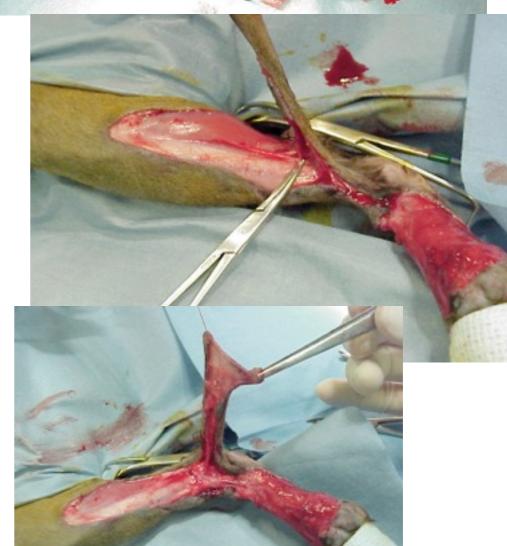








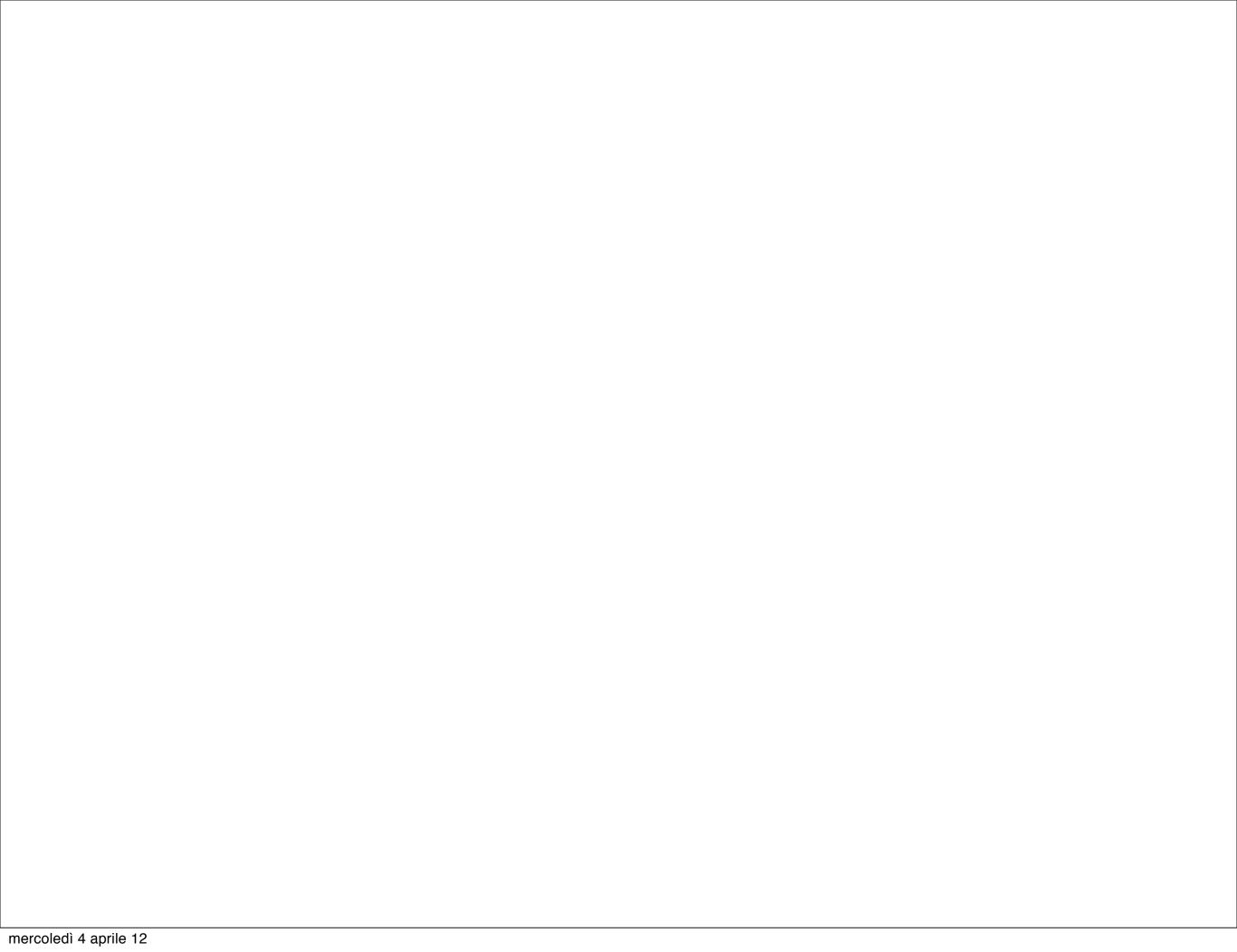








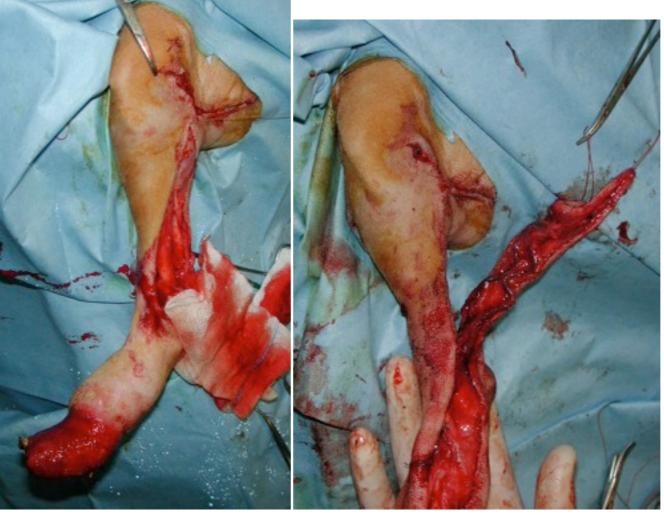








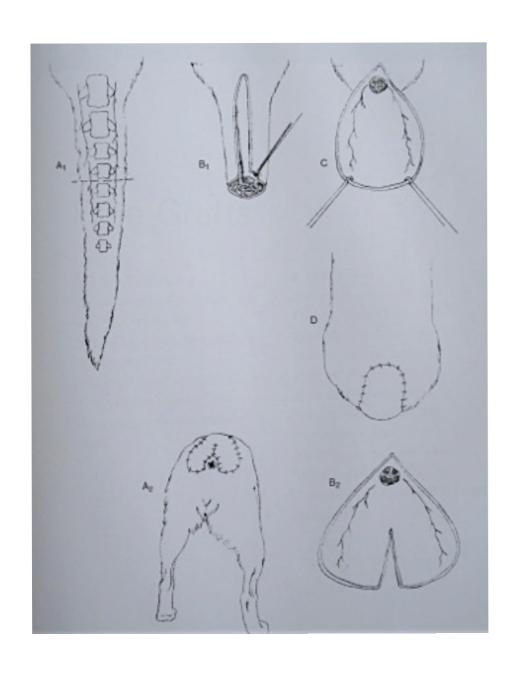








## Lateral caudal (tail) axial pattern flap

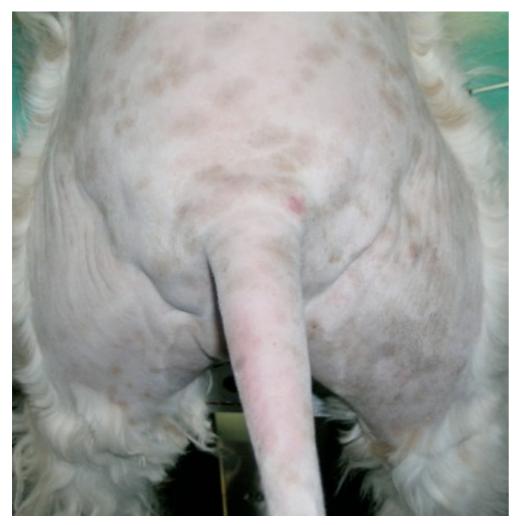


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WB Saunders C, 1999, 2010

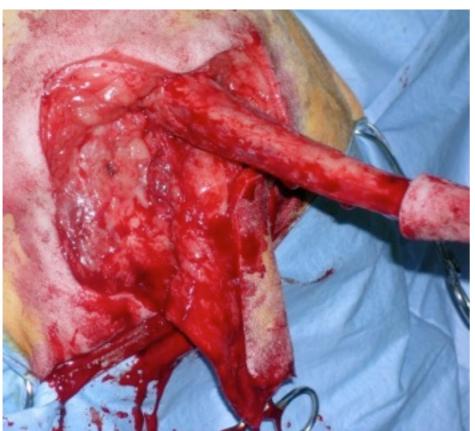
# Tail amputation and use of the skin

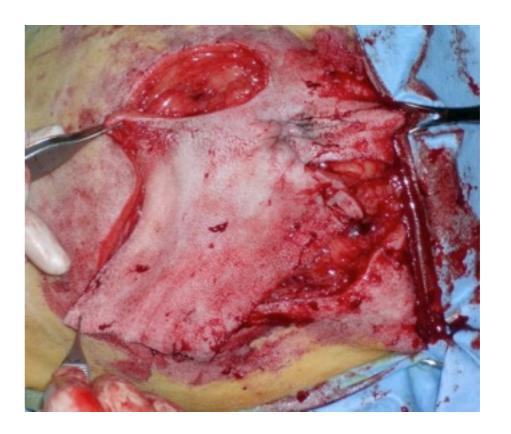
for defects of

- perineum
- caudodorsal trunk







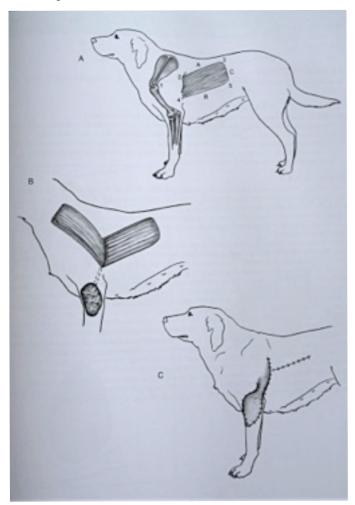


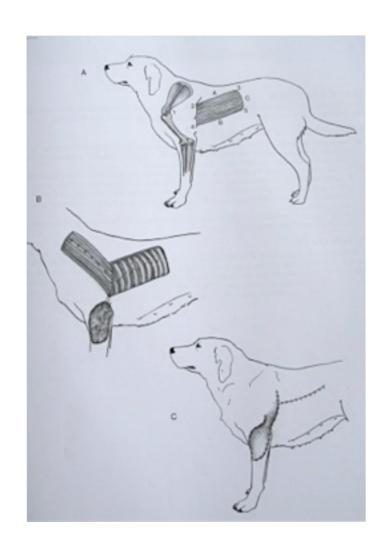
# Program, Saturday

● 14.00 – 15.30 - myocutaneous axial flaps

## Cutaneous trunci myocutaneous flap

## Latissimus dorsi myocutaneous flap





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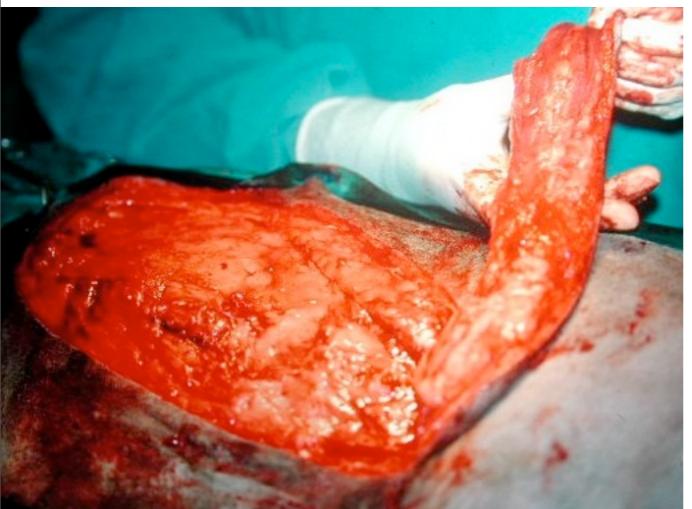
Landmarks for the latissimus dorsi and cutaneous trunci myocutaneous flaps. 1, Ventral border of the acromion; 2, adjacent caudal border of the triceps muscle; 3, vertebral attachment of the last rib; 4, distal third of the humerus: and 5, axillary skin fold. To construct the flaps, draw a line from 2 to 3 and a second parallel line from 5. Incise and connect the two parallel lines dorsally.

- Used to cover defects of the elbow region where a thick coverage (skin/muscle) is usually necessary
- Borders: dorsal, from ventral to acromion toward the 13th rib head; ventral, from the forelimb fold parallel to the previous one

45









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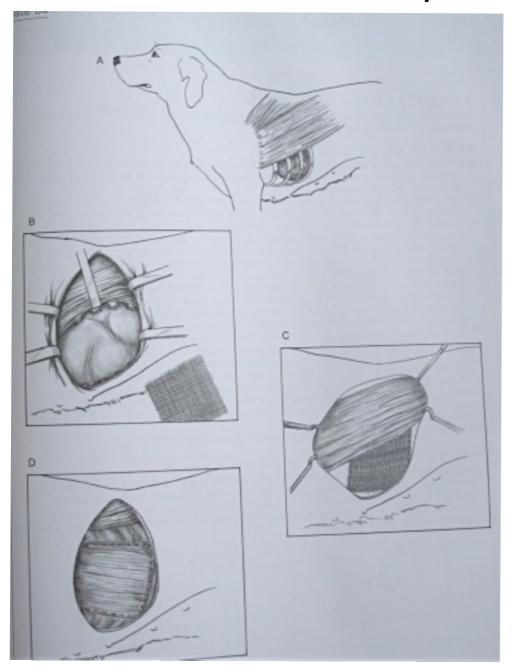




# Program, Saturday

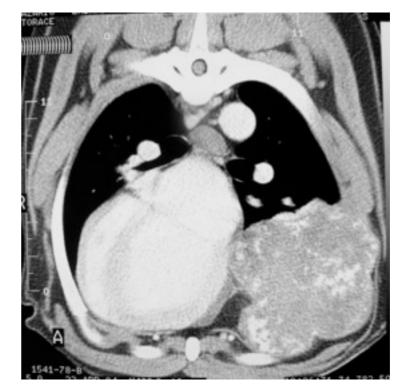
- 16.00 17.30/18.00 muscle and omental flaps (amputation)
- Answering to possible questions

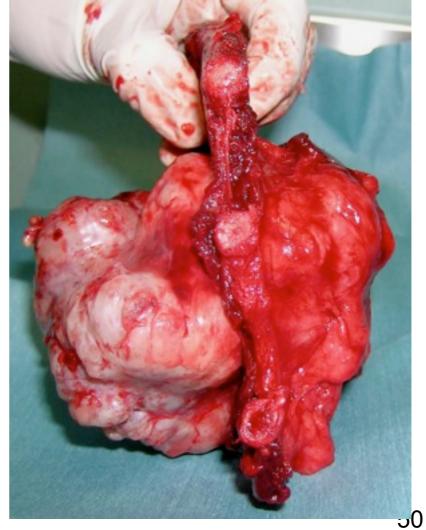
### Latissimus dorsi flap



#### to cover defects of the thoracic cavity

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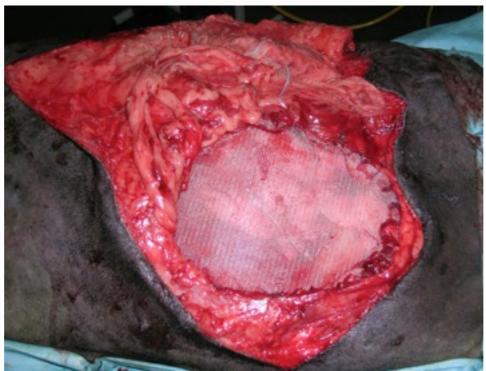






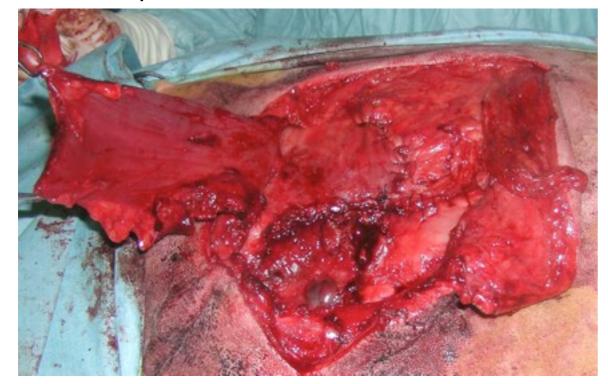
flap of the latissimus dorsi muscle .... to get an airtight closure



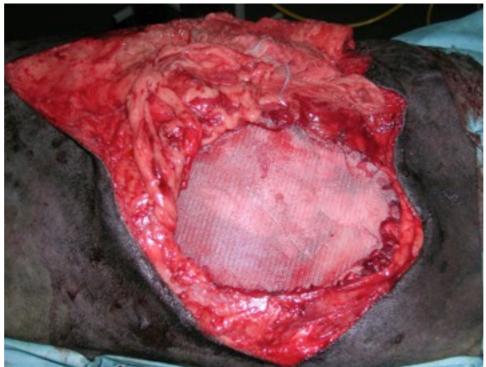




flap of the latissimus dorsi muscle .... to get an airtight closure





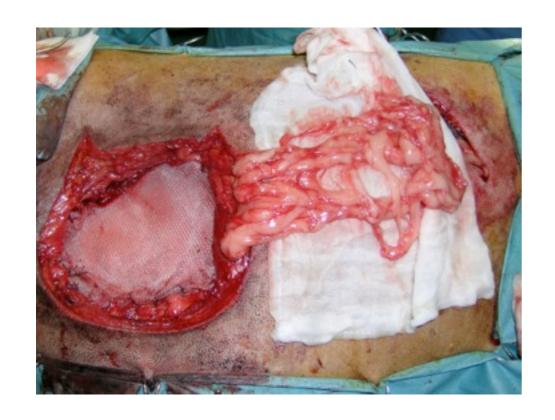




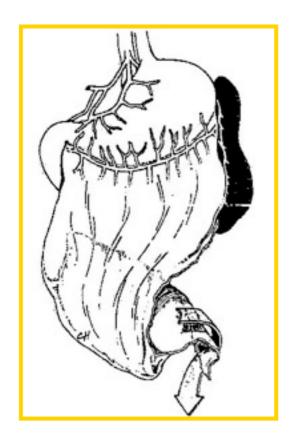
flap of the latissimus dorsi muscle .... to get an airtight closure

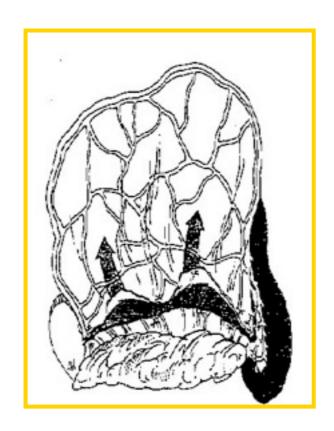


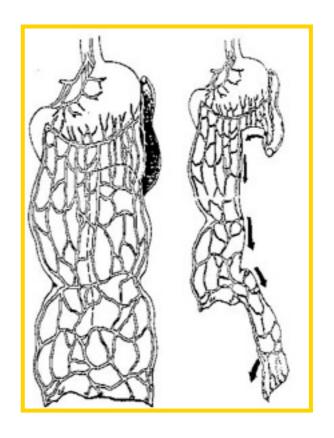






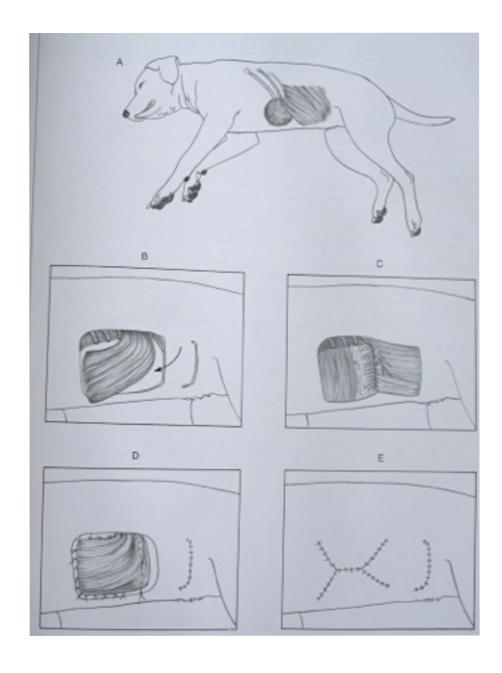






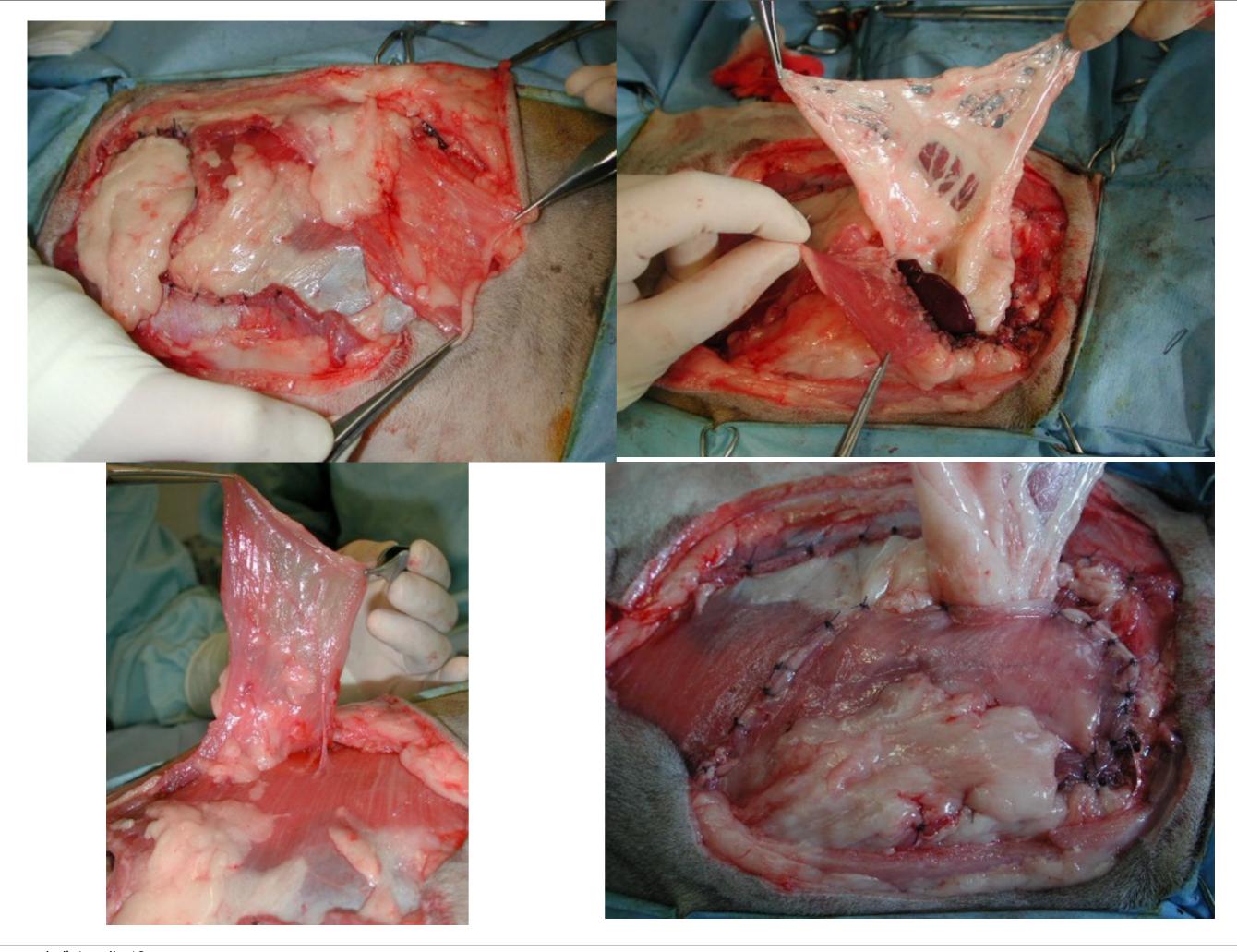
(Ross, Vet Surg 1993)

## Flap of external oblique muscle



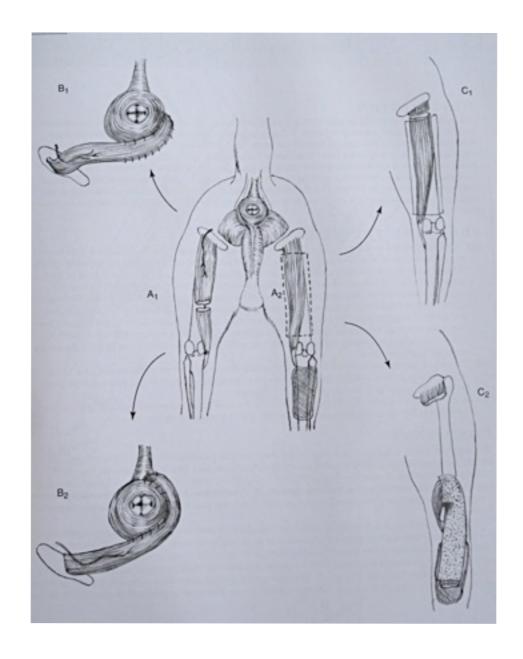
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to cover defects of the abdominal cavity

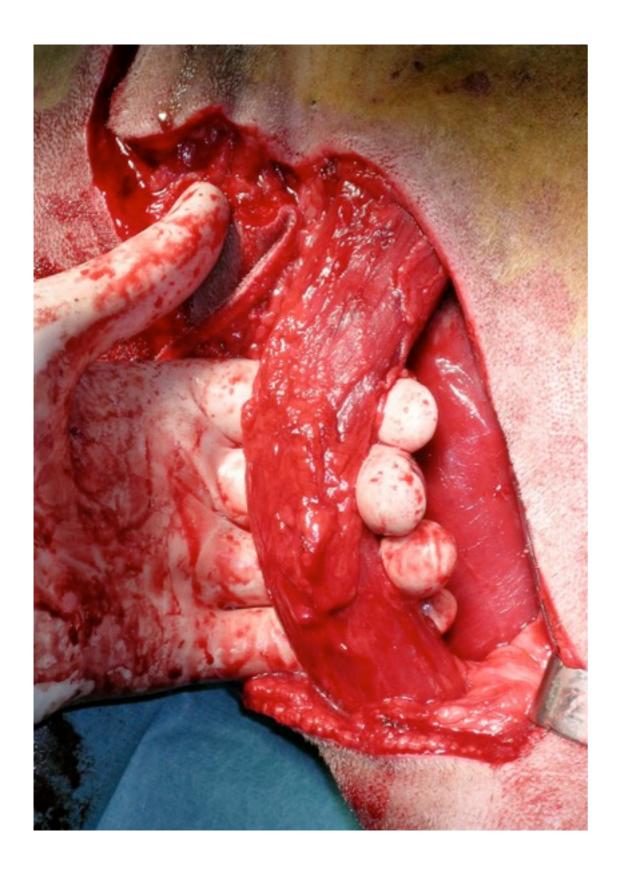


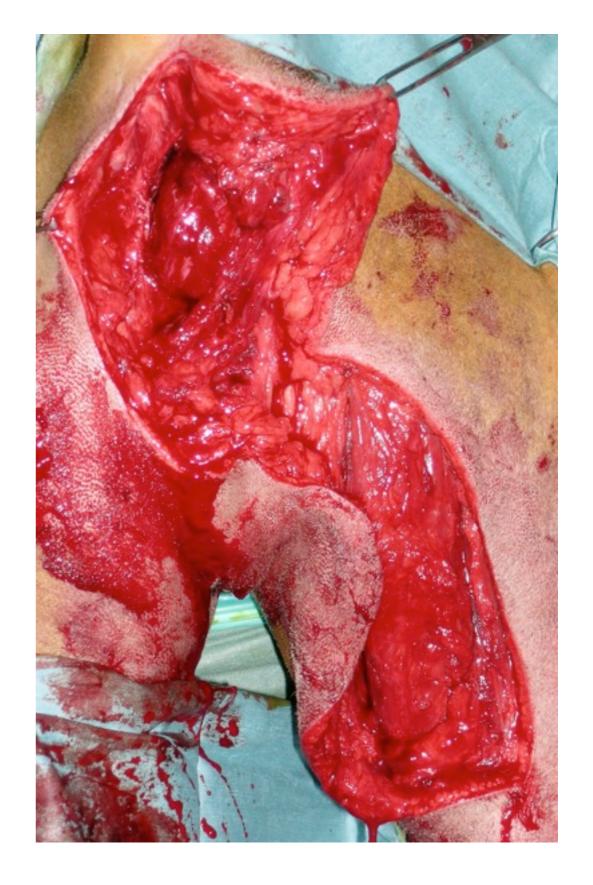
# Lembo Myocutaneous or muscular flap of the semitendinous muscle

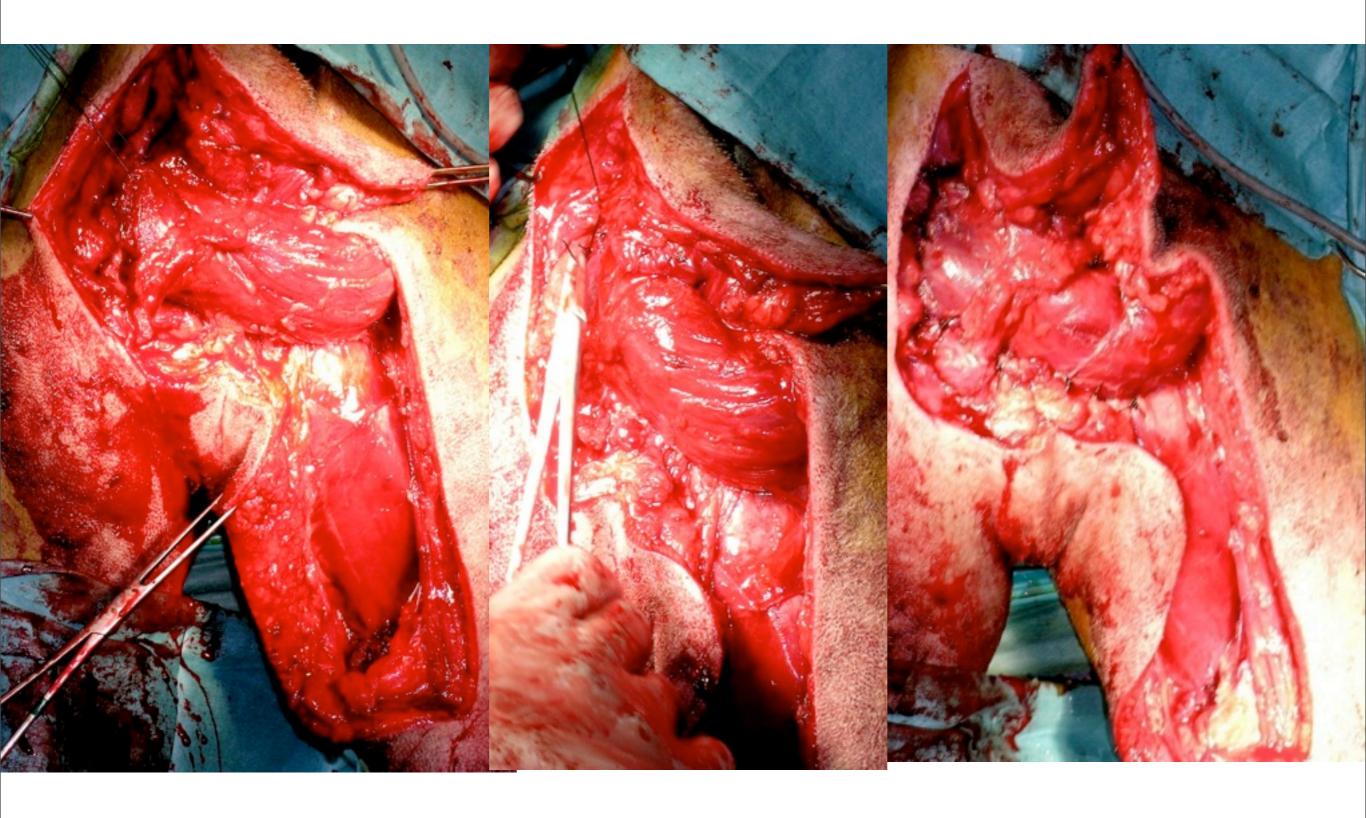
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WB Saunders C, 1999, 2010

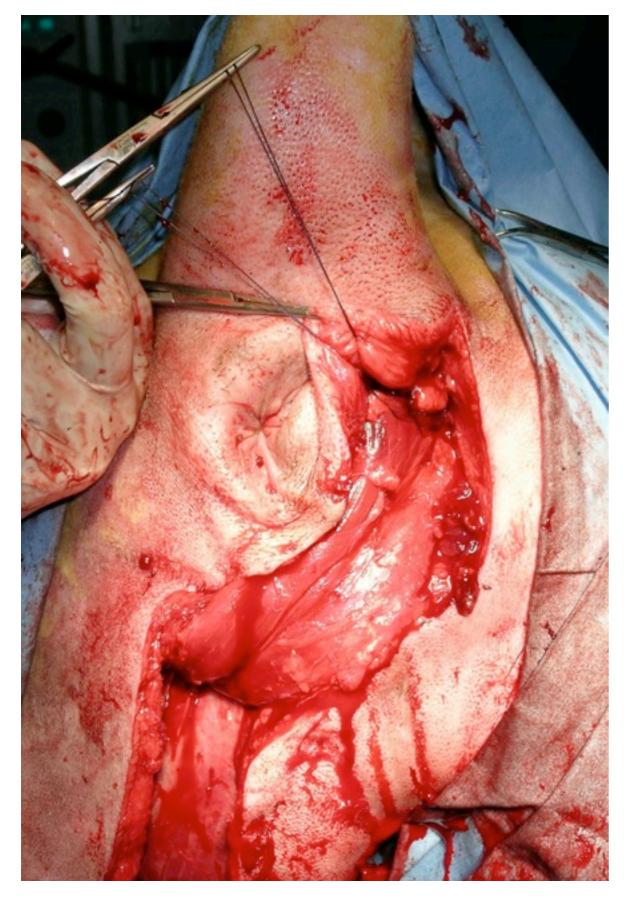


Mainly in perineal hernia

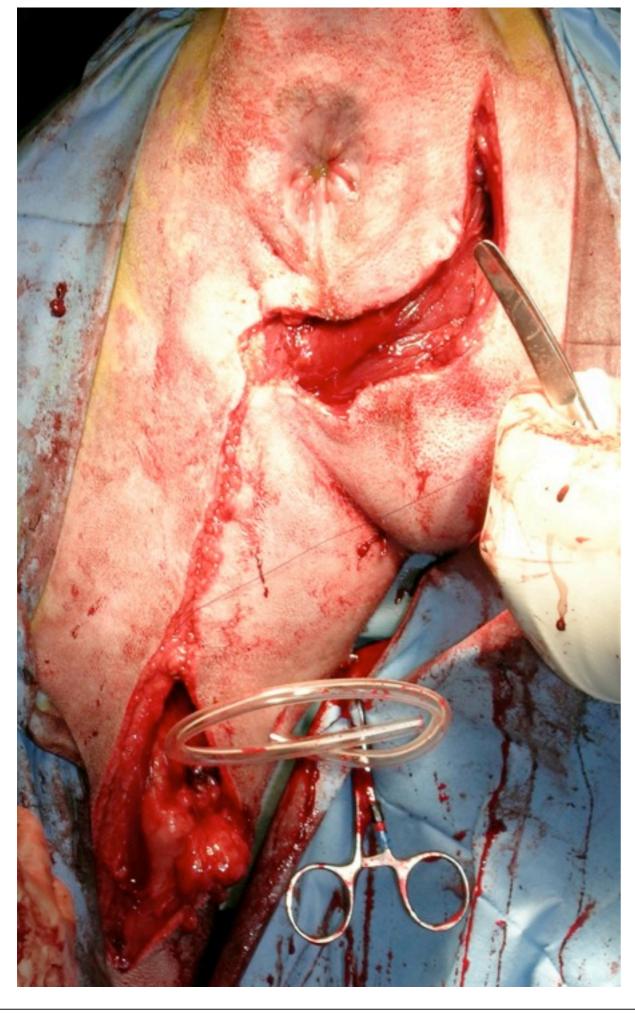














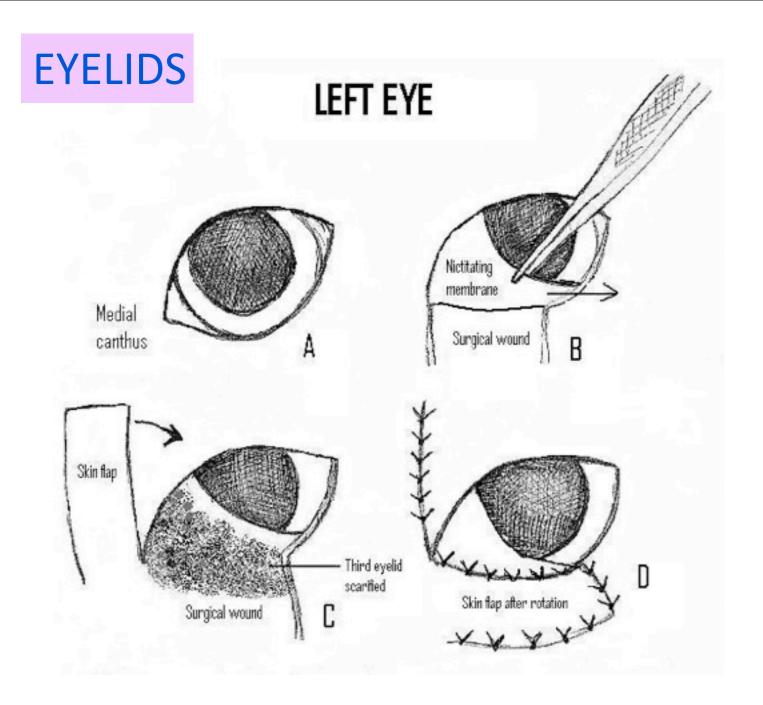
# FACE / HEAD

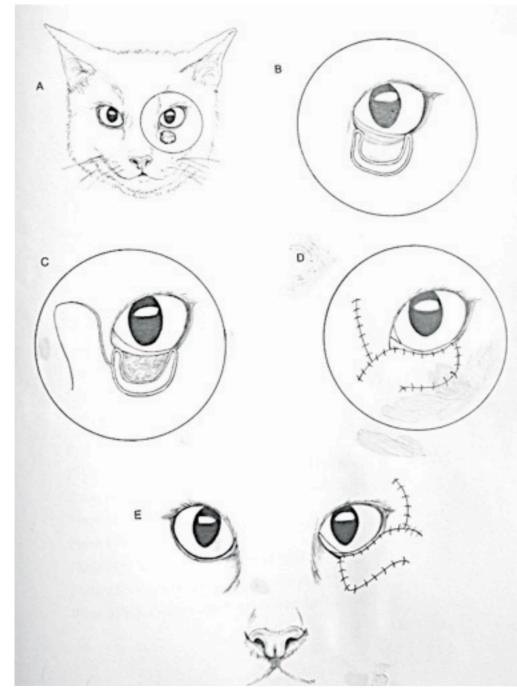
#### **EXAMPLE OF**

- advancement flap
- rotating flap
- axial pattern flap

# FOR TRAUMATIC O AFTER TUMOR EXCISION

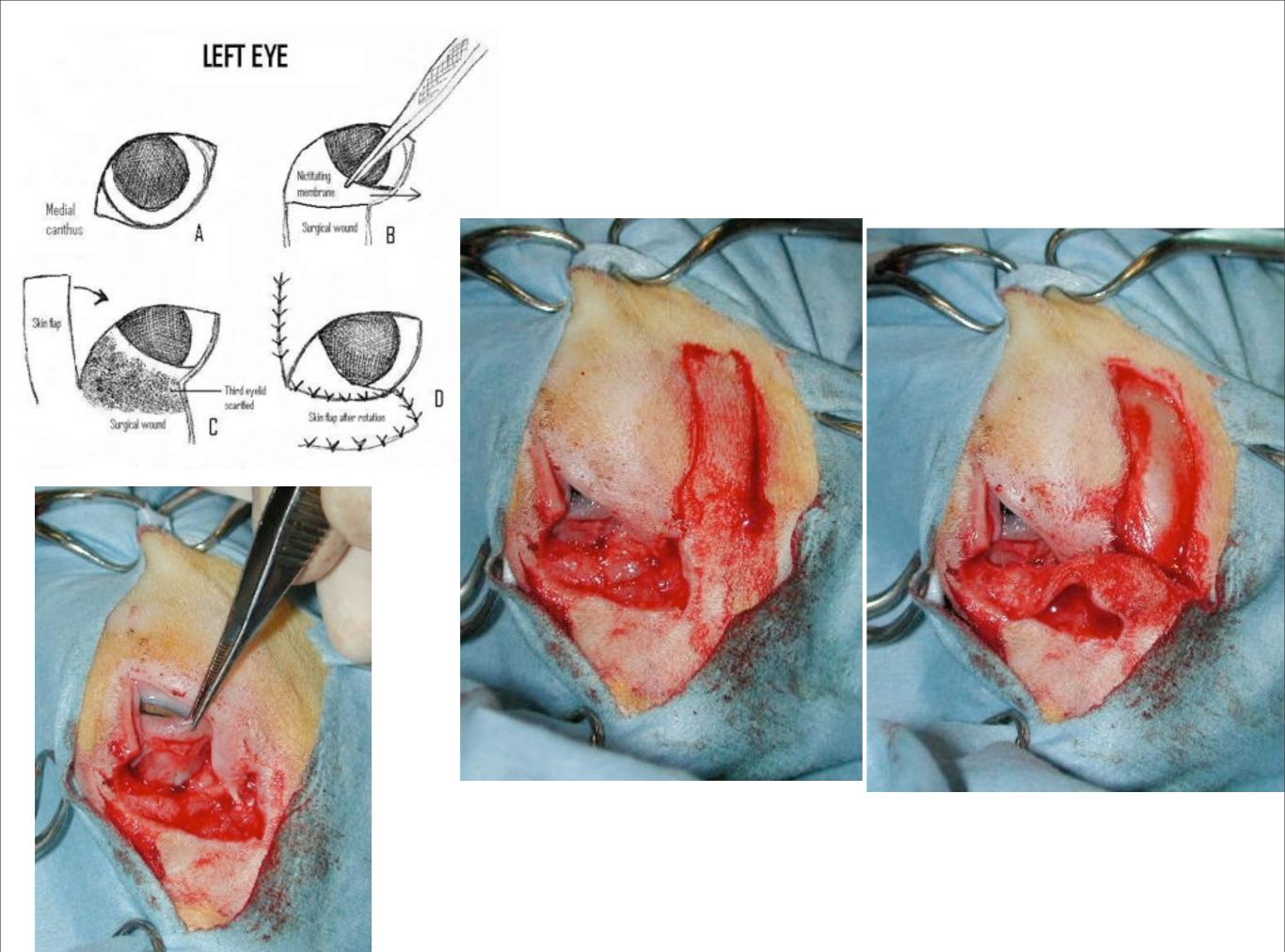
Frontal region
Nasal region
Eyelid
Lip and Cheek





Schmidt K., Bertani C., Martano M., Morello E., Buracco P. Reconstruction of the Lower Eyelid by Third Eyelid Lateral Advancement and Local Transposition Cutaneous Flap after "en bloc" Resection of Squamous Cell Carcinoma in 5 Cats. Veterinary Surgery 34:78-82, 2005

third eyelid-skin flap recontruction of the lower eyelid





15 months later







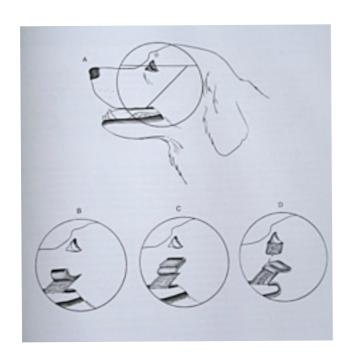






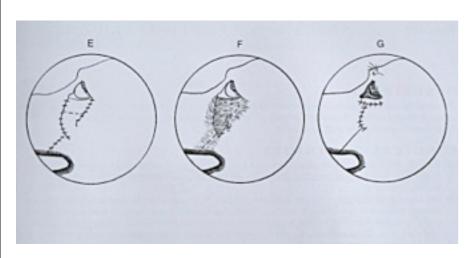


## "LIP TO LID"









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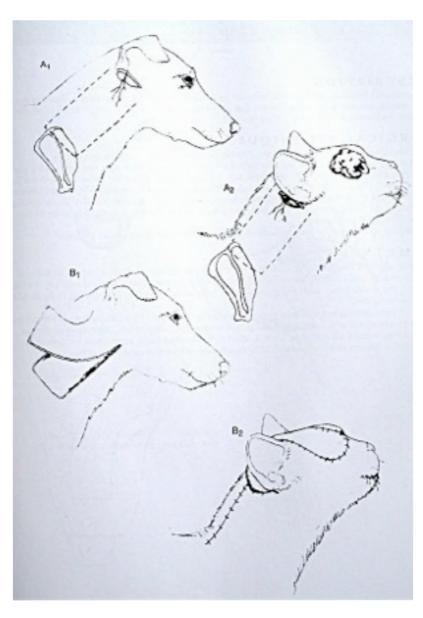


#### Caudal auricular axial pattern flap

For defects of the head and face (frontonasal)

It is centered over the dorsolateral neck up to the caudal lower part of the pinna

The base is at the level of the atlas wing and its undermining should include platisma



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