

The Insider

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Overcoming Reconstructive Challenges

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PERIOPERATIVE SERVICES

SPECIAL POINTS OF INTEREST:

- Find out More about the twist on reconstructive surgeries happening here at PAMC

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Dr. Daniel Suver has recently added a new twist to reconstruction at Providence Medical Center that will give additional choices to patients choosing breast reconstruction after mastectomy, as well as allow us to treat patients that have traditionally needed to transfer out of state. Suver has begun performing free flap tissue transfers at our facility. He has been working closely with Linda Ewers, RN, and surgical tech Ron Avellaneda to get this off the ground.

Suver performed microvascular free flap transfer in Seattle for about three years for a variety of reconstructive challenges, including breast reconstruction. Years ago, it was there that he met Dr. Jana Cole. In October, Suver moved to Anchorage to form a partnership with Dr. Cole and Dr. Manuel. The practice will be performing these procedures together.

Suver says that while free flap tissue transfers for breast reconstruction have been successfully performed for a few decades, the most modern refinement significantly decreases the donor site morbidity and better retains abdominal wall integrity and strength.

“Traditional breast reconstruction using abdominal tissue,” Suver explains, “sacrifices the function of one of the rectus muscles to make one breast.” This happens with either a pedicled TRAM flap or a free TRAM flap. “Over the years, plastic surgeons realized we could transfer the abdominal wall fat and skin based on perforating blood vessels, but leave the rectus muscle in place.” These are known as perforator free flaps. For the abdomen, they are called either a DIEP flap (deep inferior epigastric perforator) or a free muscle sparing TRAM (transverse rectus abdominus myocutaneous) flap. These free flap procedures involve removal of the tissue from the body and reconnecting its blood supply to new vessels in the chest using the operating microscope. “The benefit of these perforator based free flap reconstructions is that we can transfer the tissues needed to reconstruct a breast, but leave the rectus muscle intact. This significantly decreases abdominal wall morbidity, and decreases the risk of hernia or bulge.” He explains that this is a benefit in unilateral reconstruction, but is absolutely vital in bilateral breast reconstruction.

Another group of patients who will be able to take advantage of the free flap procedure are those who have suffered lower leg tib/fib fractures with significant soft tissue loss. If the bone cannot be covered with vascularized tissue, amputation is required. Free tissue transfer allows transfer of large areas of tissue, such as the skin and fat from the lateral thigh, or even the entire latissimus muscle, to cover these traumatic wounds. This technique can be applied all over the body, and can be used for a variety of problems, such as repairing large oncologic resection defects and replacing infected cranioplasties or skull defects.

In the past, candidates for microvascular free flap surgery have had to travel to Seattle for the procedures. Suver says now that the program is up and running, many patients who previously had to travel out of state can be treated locally.