

Anatomy Dissection Workshop: Sunday 26 March

Instructions to Plastic Surgery Trainees

Choose which flaps you will raise from the allocated list below. You can raise some or all of your allocated flaps. You will need to pre-read the flap anatomy.

Do not raise flaps which are allocated to later groups. If flaps have not been raised by earlier groups at your station, then you may raise them. Leave the flaps in situ for everyone to study.

You may swap with other registrars at your station. The procedures have been planned to permit simultaneous surgery. Many flaps/ procedures are bilateral. Assist each other.

Bring your loupes.

The last group will need to allocate time to tacking down the skin edges on raised flaps.

Group 1 Morning:

Orientation + briefing by University Staff: 0815 * **this is mandatory for all workshop participants. Please be on time.**

Workshop 0830 – 1200

A: (See programme for groups)

Forehead flap: Raise a forehead flap for complete nasal reconstruction. Leave the nasal skin intact for a subsequent rhinoplasty. Skeletonise the pedicle. (In which plane do you raise each part of the flap?)

Dissect the **temporal branch of the facial nerve**. (What are its landmarks? In which plane does it lie?)

Dissect the **lacrimal apparatus**. (How would you cannulate the lacrimal system? How would you do a dacrocysto-rhinostomy?)

Lower Lip flap: Raise an Abbe Flap that would reconstruct a defect of the upper lip from the commissure to the ipsilateral philtral column.

Lower eyelid: Raise a flap to reconstruct a defect of the lateral half of the lower eyelid and include a Z-plasty in the lateral part of the flap.

Ear cartilage: Harvest the largest possible piece of ear cartilage that still leaves the ear intact. Score the cartilage and observe the change in shape.

Expose the **internal mammary vessels** in the 3rd intercostal space and dissect to the 2nd intercostal space.

Groin dissection: Dissect the inguinal nodes INFERIOR to the inguinal ligament and transpose the sartorius muscle to cover the femoral vessels. Keep contents attached inferiorly.

Medial gastrocnemius muscle flap: Raise this as a muscle only flap to cover the patella. Skeletonise the pedicle. Do not dissect the patella and the medial femoral condyle area.

B:

Upper Eyelid: dissect the components of the upper eyelid and show Muller's muscle.

Facial Nerve: Expose the facial nerve as for a superficial parotidectomy

Pectoralis Major: raise a pectoralis major flap to reconstruct a total sternal defect

Harvest **costal cartilage** for total ear reconstruction

Abdominal wall: Dissect the components of the upper half of the abdominal wall as a **components separation** flap to reconstruct a central upper abdominal wall defect

Anterolateral thigh flap. Raise a 10 x 6 cm flap with an 8cm pedicle length.

Medial plantar flap: raise a 6 x 6 cm flap to cover the heel pad.

Group 2: Afternoon

Orientation: 1245h * **this is mandatory for all workshop participants. Please be on time.**

Workshop 1300 – 1630h

A:

Temporoparietal fascial flap: raise an 8 x 6 cm TPF flap and leave it pedicled on the superficial temporal vessels

Great toe flap: Raise a great toe flap on the FDMA to reconstruct a thumb defect at the MCPJ level (working out how much vessel, nerve, tendon length is needed to allow e-s anastomosis to the radial artery)

Digastric muscle: raise an anterior belly of digastric muscle flap for lower lip palsy

Serratus anterior muscle: raise an 8 x 6 cm serratus anterior muscle flap

Deep inferior epigastric a perforator flap: raise a DIEP of one half of the lower abdomen and leave its pedicle intact

Fibula: Raise an osteocutaneous fibula flap with an 8 x 6cm skin paddle, an 8cm pedicle length and sufficient bone to create an 8cm body and 3cm anterior segment of mandible and perform the osteosynthesis in situ

B:

DCIA: Raise an osteocutaneous DCIA flap to create an ipsilateral hemi mandible and include an 8 x 6 cm skin component

Medial Femoral condyle: Raise a bone flap from the medial femoral condyle for scaphoid reconstruction

Neck Dissection: Perform a neck dissection of levels 1-4. Identify recipient vessels for head and neck free flaps. (Take care not to discard of contents- please keep attached. You will need to reattach the lower insertion of SCM as the clavicle has been removed on the specimen.)