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Pedicle perforator flaps in vulvar reconstruction-Restore the cosmesis and life quality with new generation reconstruction

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Vulvar reconstruction is challenging. Early postoperative mobilization tethers the wound, making it easily break down. Inevitable urine, stool and vaginal discharge contaminate the wound easily, resulting in infection and subsequent partial or total flap loss and may indicate further surgical debridement. Both function and aesthetic results determine satisfactory outcome. With advanced microsurgical technique, reconstructive surgeons are now able to close the wound with a perforator-based flap, and provide better restoration of its function as well as its original appearance. Different perforator flaps have been introduced in vulvar reconstruction from lower abdomen, vulvo-perineal, buttock and thigh. We recommended the use of perforator flaps from medial thigh with multiple advantages. Using perforator flaps reduces donor site morbidities by retrograde dissection of the perforator to the main pedicle without sacrificing the muscles. Harvesting the flaps from neighbor region of vulvar eliminates the requirement of microsurgical vascular anastomosis. The nature of the medial thigh provides tissue that restores similar bulk of vulvar and enhances postoperative cosmesis. Different perforators are available, including deep femoral perforator flap (also known as profunda artery perforator flap), medial cecumflex femoral artery perforator flap, deep external pudendal artery perforator flap, and internal pudendal artery perforator flaps. In particular, the medial thigh is a region rich of perforators. Free style perforator flaps without knowing origins can also be designed safely with nice backup. Post-operative life quality was assessed using FATC-G and FATC-V questionnaires with satisfied respons. The presentation will conclude a new generation of vulvar reconstruction using the most updated technique.

Biography

Tommy Nai-Jen Chang finished his training in the Department of Plastic and Reconstructive Surgery in Chang-Gung Memorial Hospital in Taiwan and now is now a staff and Assistant Professor in the department. He has involved in clinical practices relate to micro-vascular and micro-peripheral nerve surgeries for ten years. He is also experiencing in perineal reconstruction using different perforator flaps.

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