

RECONSTRUCTIVE SURGERY AFTER TRAUMA WOUNDS

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During the past decades plastic surgical procedures, especially microsurgical techniques have achieved major advances concerning complex defect closure.

A simple flap coverage of defects with well perfused tissue enables a stable defect closure. Reconstruction after trauma wounds rather means recreation of anatomical structures, proper tissue and function. Replacement of skin, muscle, fascia, tendon, bone and cartilage often represents a major challenge for reconstructive surgeons.

The optimal flap choice depends on size, location and type of tissue defect, as well on the morbidity of the donor site.

A composite flap has advantages concerning the inclusion of different types of tissue. The identification of a suitable donor site is often challenging, especially if there is a requirement for a flap containing several tissue components, a long vascular pedicle and a low morbidity of the donor site.

During the past years the medial femoral condyle has become a new working horse for reconstructive surgeons with a long and steady vascular pedicle and a low donor site morbidity. In the presentation we would like to introduce the results of our own anatomical study and our clinical experiences.