



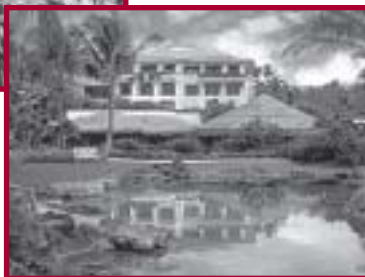
RECONSTRUCTIVE MICROSURGERY

Message From the Program Chair

Kauai, Hawaii provides the venue for the 18th Annual Meeting of the American Society for Reconstructive Microsurgery. Special emphasis has been placed on welcoming our colleagues from Greece and around the Pacific Rim. The meeting starts on Saturday, January 11 and ends Tuesday, January 14. The popular ASRM Resident/Fellow Symposium, organized by Dr. Scott Levin, has been slated for Sunday afternoon. The format will be similar to the past, with combined programming with AAHS and ASPN, and uniquely ASRM portions. Paper presentations (basic research and clinical), panels, instructional courses and invited speakers will provide insights and stimulate the sharing of ideas. Dr. Panayotis N. Soucacos is preparing an exceptional Founder's Lecture. This group really



Attendees are invited to enjoy breathtaking sights like that at the Kalalau Lookout (left), and relax at the gorgeous Hyatt Regency Kauai, built in 1990 into a hillside on 50 acres of ocean-front.



takes reconstructive challenges seriously!

Do join us, with your family, for an interesting meeting in both the scheduled and unscheduled aspects of a meeting on "The Garden Island" (also the oldest inhabited island of Hawaii).

Nancy McKee, MD
ASRM 2003 Program Chair

Godina Lecturer to Present Investigative Challenge at Annual Meeting

"Marko Godina was distinguished by his tireless energy, his impeccable logic, his boundless optimism, and his constant good humor and courtesy"

—G. Lister



Ray Dunn, MD

It is these qualities that are sought after in choosing the ASRM Godina Lecture, honoring Dr. Marko Godina, an unrivaled leader and innovator in

reconstructive microsurgery whose life was tragically cut short at the young age of 43. Established by the trustees of the Marko Godina Fund, this distinguished lectureship highlights a young microsurgeon who has demonstrated leadership, innovation and ongoing commitment to our field in the best traditions of Dr. Godina.

Dr. Raymond Dunn received his medical degree from Albany Medical College in New York and then moved on to General Surgery training at the University of Massachusetts.

Dunn subsequently entered his Plastic Surgery residency at Eastern Virginia Medical School where he was influenced in training and research and Microsurgery by Julia K. Terzis, MD, PhD, as well as Charles Horton, James Carraway and John McCraw.

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Teaching, teaching, teaching... “Are you sure you want to do that...?”

Without a doubt, the favorite part of my medical life is teaching residents and fellows the art and science of reconstructive microsurgery. They all come in with different backgrounds, attitudes, and preferences (at least they think they have preferences) but they are all enthusiastic. Most come eager to learn (well, O.K., a few come to teach) and their differences are what make life interesting. Those who have some experience may be easier in the beginning and they may even offer helpful advice (“...in the three free flaps which I’ve scrubbed on, we always did it this way.”) The true novices take a bit more work early on, but they tend to sponge up everything you say without questioning it. There are pluses and minuses to training either type, but both are fun. With the novice, you can teach them “my way” microsurgery from the start. I actually like being challenged by fellows and residents, though, because you know they are thinking, I’d like to make a couple of observations on this process.

O.K., you put ‘em all through the rat lab (to learn what? How to do a replant on a rat’s leg—not much like doing a lats free flap in my book). Then you let them watch and assist on a couple of human flaps. Then, finally, you let them sew a vein (or maybe, an artery) and it takes everything out of you to not just do it yourself. After an hour, including several major motor seizures, four broken microsutures and several dropped instruments, you’re done. You get the patient to the ICU, make sure everything’s O.K. and head home (physically and mentally exhausted.) In the back of your head you’re worrying a little bit about the “fellow” vein, and hope your beeper doesn’t go off as soon as you sit down to dinner. You get home and your spouse tells you “You have no patience!”—boy, if they only really knew about patience and the fact that you left it all on the floor of O.R. 9. Miraculously, the flap sur-

vives—even with a fellow doing one of the vessels. As time goes on, though, you realize that the trainee (resident or fellow) is getting the hang of it. The time and patience invested has started to pay off. The bent 100 micron needles, the broken \$75 sutures, the dropped \$175 micro pickups become a distant memory (at least until next year). Why, the fellow only needed two sutures to complete the venous anastomosis today! As they get more confident, however, they start to question things a bit more. This is where it really gets interesting.

You’re having a bit of trouble one day with getting things to fit and decide to try something a bit different (perhaps you’ve done it before and perhaps not) to get the darn vessel to go together properly. As soon as you start, the fellow looks up from the scope and says “Dr.

Pederson, are you sure you want to do this?” This statement always makes me want to say “gotcha”. The fellow has the basics down pat now, but you’ve got to keep them thinking. I like to throw ‘em a curve once and a while and see if they can come up with something new that might work. When I’m trying some new and bizarre experimental anastomosis, I always tell ‘em not to worry, that I’m sure this will work (I hope it works, anyway). If you’ve got a really good fellow, they’ll usually figure out that what you’re doing does make sense—even though they haven’t seen or read about it before. Anybody can do the easy ones, but we shouldn’t teach our younger generation to be micro robots. Let’s keep ‘em on their toes and they’ll keep thinking and become innovators in the future. The only way we as a specialty and society can advance is to keep training people brighter and better than ourselves.

I think we also need to teach our future colleagues that although microsurgery is amazing, it’s not that hard and it’s not magic. We still see too many new residents or fellows who think that microsurgery is a fringe part of reconstructive surgery (“...that stuff takes too long” or “Where I came from those things never worked...”) Yes, microsurgery can be hard at times but it’s also amazing and fun. I still get a rush when the clamps are removed and the flap (or toe or finger) immediately turns pink (but I get coronary spasms when they don’t!) However, it is certainly my philosophy that we should show our trainees that being totally uptight about this doesn’t add anything. At the end of the training cycle a few years ago, one of my fellows came to me with a confession. He told me that he was scared to death of doing microsurgery until he rotated with me. At his former institution, he told me, all microsurgical reconstructions were done in a tomb-like atmosphere with no music, no talking, and no resident

EDITOR’S MESSAGE



William C. Pederson, MD

I like to throw ‘em a curve once and a while and see if they can come up with something new that might work.

President's Mid-Year Report

vessel-suturing. Give me a break! I usually make my fellows sew vessels listening to rock music while I give a running commentary on their technique. Lowering the general sphincter tone and getting them to relax makes microsurgery seem much more like a normal endeavor than a mystical undertaking. Sure, when they go on to their own practices, they may suffer from an increase in epinephrine titers, but at least they know that microsurgery can be done in a relaxed fashion (whether or not they like rock music). Microsurgery shouldn't be taken lightly, but it is fun surgery and we should relax and enjoy it - particularly when teaching others. Let's try and get rid of the high sphincter tone and have a good time. In the immortal words of Garth, "Party on, dude!" **RM**

RECONSTRUCTIVE MICROSURGERY

The mission of the American Society for Reconstructive Microsurgery is to promote, encourage, foster and advance the art and science of reconstructive micro-neurovascular surgery; and to establish a forum for teaching, research and free discussion of reconstructive microsurgical methods and principles among members.

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The views expressed in articles, editorials, letters and or publications published by ASRM are those of the authors and do not necessarily reflect the society's point of view.

This has been a busy year for the Officers and Committee Chairs of ASRM. *Recognizing that the future of our Society depends on ASRM achieving a solid financial basis, a huge effort has been exerted by the leadership towards this goal.*

Proposals were sought from five investment consulting firms including UBS Paine Webber, Inc., Scott and Stringfellow, Inc., Legg Mason, Morgan Stanley and Salomon Smith Barney. An Ad-hoc Investment Committee was established which, along with the Finance Committee, reviewed all proposals and on March 19, 2002, a decision was made to go with Jeff Palmer from Salomon Smith Barney.

A long term investment policy was established, circulated, approved and signed, and by May 16, 2002, all ASRM holdings were transferred from Paine Webber to Salomon Smith Barney. Subsequently, along the agreed Investment Policy, fund allocation guidelines were established. Investment results are communicated monthly among the financial consultants and members of the Ad-hoc Investment and Finance Committees. Thus, all involved parties have a clear understanding at all times of the investment goals and objectives of Fund assets and a clear basis for evaluating investment results.

Furthermore, ISMS finance services have been terminated and ASRM has chosen to go with Peter Kuhn at PBK Ventures. The transfer of finances from ISMS to PBK Ventures was also successfully completed by May 16, 2002. Monthly financial statements are circulated by the Central Office way in advance of the monthly conference calls. I believe this effort has placed our Society in solid financial grounds for the 21st century.

Immediately following the conclusion of the Cancun ASRM meeting, Dr. Nancy McKee and her Program Committee have worked nonstop to put together an exemplary program that we will all enjoy at the 2003

PRESIDENT'S LETTER



Julia K. Terzis, MD, PhD

Recognizing that the future of our Society depends on ASRM achieving a solid financial basis, a huge effort has been exerted by the leadership towards this goal.

ASRM meeting in Kauai, Hawaii. This involved an unending storm of e-mails to choose our 2003 panels, instructional courses and invited speakers.

The upcoming 2003 ASRM meeting will also provide us with the unique opportunity to have a combined scientific program day with the Hellenic Society for Reconstructive Microsurgery (HSRM). This has been arranged for Monday, January 13, 2002. The leadership of the HSRM will be welcomed along with the fifteen speakers whose abstracts were accepted for presentation in our program. I am particularly happy to welcome Professor Soucacos as our Founder's Lecturer, who will enlighten us in

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President's Report

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topics of Reconstructive Microsurgery in my native country and map-making.

To further promote the international flavor of our meeting, invitations have been sent to our Pacific and South American colleagues. The Godina lecture will be given by Ray Dunn, who is about to embark on his global tour to well-known microsurgical centers in the Orient and Europe.

To entice more of our world-wide audience to join us in Hawaii in January, 2002, the suggested design in the cover of our registration brochure was exchanged for real life photographs attesting to the beauty of the Hawaiian Islands.

In order to safeguard the modest money resources we have in the Godina Fund, a call for donations by ASRM members was initiated in the spring and will continue this fall. Marko Godina was a creative microsurgeon, an insightful teacher and a wonderful human being. Each one of us has a responsibility to donate to the Godina Fund, which is an important way that we can invest in the future of our Society. Supporting promising young surgeons to develop along the pathway that Marco Godina carved in his brief career is a powerful investment to the future of ASRM. I want to take this opportunity to thank those of you who have contributed to this worthwhile cause, which I believe by the end of the fall drive, will offset the Godina Traveling Fellow's expenditures. This will leave our Godina Fund intact and safeguard the future of this worthwhile program.

Another new addition to our scientific program is the Historian's Lecture delivered by Scott Levin. Dr. Levin has worked hard to put together a pictorial history of our Society and also to assemble an excellent

faculty for the resident/fellows symposium.

Thanks to the efforts of Randy Sherman and other visionaries, a solid bond has been established among ASRM, AAHS and ASPN. Several of our past Presidents are currently in leadership positions in AAHS and many of ASPN's past Presidents have served and are serving currently ASRM. This continued spirit of cooperation has made it easy for the Presidents and Program

Supporting promising young surgeons to develop along the pathway that Marco Godina carved in his brief career is a powerful investment to the future of ASRM.

Chairs of the three societies to organize an excellent scientific and social program for Saturday, January 11, 2003.

Results from the survey that the Central Office ran to identify the opinions of our membership for a possible name change for our society has so far produced a slight majority against a name change. However, the number of respondents represented only 25% of our membership. Further efforts to expand the survey to all reconstructive plastic surgeons have met with roadblocks. This issue will be brought once more for discussion in the strategic planning meeting, which will take place on January 10, 2003 in Kauai, Hawaii. I urge each one of you to communicate to the Central Office your opinion in regard to this important issue. If you choose not to participate in

letting us know your views, this matter will be tabled indefinitely.

The Membership Committee Chair, Ron Zuker, worked diligently to increase the number of new applicants to our Society. A mentorship program was initiated for the candidate members and Geoff Robb was placed in charge of this project. Towards this end, Keith Brandt was our emissary at the Senior Residents Meeting to further advertise to the upcoming plastic surgeons, the benefits of belonging to ASRM. Special ribbons will allow recognition of the resident and fellow participants in our annual 2003 meeting and initiation of junior research and clinical prizes for paper and posters, will further acknowledge the resolve of our Society to embrace enthusiastically this group of young individuals which signify the future growth of our organization.

The International Training and Service Committee, under the leadership of Dr. Zuker, has attained Council approval to raise \$50,000 from corporate sponsors to support an International Traveling Fellowship from third world countries. I urge the membership to support this effort and volunteer to become a sponsor of international trainees, which will only bring you rewarding exchanges and personal satisfaction. As a Director of an International Microsurgical Fellowship Program for the past twenty two years, I am forever grateful to my International Fellows who have taught me so much over the years and I cherish the long-lasting friendships that resulted from these training opportunities.

Furthermore, it is our unique chance to contribute to the present political climate by opening our doors and allowing trainees from other countries to witness our culture and the running of microsurgical services in a democratic freedom-loving environment.

On the same vein, our recent exposure to third world countries in our plight against terrorism, has

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18th Annual Meeting of the American Society for Reconstructive Microsurgery

January 11-14, 2003 | Hyatt Regency Kauai | Kauai, Hawaii

Program-at-a-Glance

AAHS/ASRM/ASPN Combined Day Program

Saturday, January 11, 2003

6:30 am-7:00 am	Coffee
7:00 am-5:00 pm	Posters Open
7:00 am-8:00 am	Instructional Courses 201-205
9:00 am-2:00 pm	Exhibit Hall Open
8:00 am-8:15 am	Presidents' Welcome
8:15 am-9:30 am	Panel-"Functional Restoration Following Devastating Injuries"
9:45 am-10:30 am	Presidents' Lecturer: Art Rettig, MD-"An 18 Year Experience of Treating Upper Extremity injuries in the NFL"
10:30 am-11:15 am	Coffee/Exhibits Break
11:15 am-12:15 pm	Outstanding Nerve Paper Presentations
12:15 pm	AAHS and ASRM Adjourn
12:30 pm	Golf Tournament
7:00 pm-10:00 pm	AAHS/ASRM/ASPN Plantation Paradise Party

ASRM

Sunday, January 12 2003

7:00 am-7:30 am	Coffee
7:00 am-7:00 pm	Posters Open
7:30 am-7:35 am	President's Welcome <i>Julia K. Terzis, MD, PhD</i>
7:55 am-8:30 am	Panel I - "Tissue Engineering: Hope or Hype?"
8:30 am-1:30 pm	Exhibit Hall Open
8:30 am-10:15 am	Scientific Paper Session A - Breast
10:15 am-11:00 am	Refreshment Break
11:00 am-12:00 pm	ASRM/ASPN Panel - "Sural Nerve Graft Reconstruction of the Cavernous Nerves at the Time of Prostatectomy Implications for Preserving Erectile Function"
12:01 pm-1:30 pm	Scientific Mini Paper Session B
1:30 pm-7:00 pm	Resident/Fellows Symposium
7:30 pm-9:30 pm	ASRM Welcome Reception

ASRM/HSRM Combined Day

Monday, January 13, 2003

6:30 am-8:00 am	Continental Breakfast
7:00 am-8:00 am	Instructional Courses 301-304
7:00 am-1:00 pm	Exhibit Hall Open
7:00 am-5:00 pm	Posters Open
8:00 am-8:05 am	Introduction of Founders' Lecturer
8:05 am-8:35 am	Founders' Lecture "The Mapmakers: A Message for History" <i>Panayotis Soucacos, MD</i>
8:35 am-8:40 am	Welcome to Hellenic Society for Reconstructive Microsurgery
8:40 am-11:35 am	Scientific Paper Session C - ASRM/HSRM
11:35 am-12:05 pm	Presidential Address <i>Julia K. Terzis, MD, PhD</i>
12:05 pm-12:50 pm	Boxed Lunch
12:50pm -1:50 pm	Panel II - "Challenges in Head and Neck Reconstruction: Current Techniques and Reconstructive Challenges"
1:50 pm-2:50 pm	Concurrent Scientific Paper Session D-1 - Head and Neck Concurrent Scientific Paper Session D-2 - Vessels and Transplants
2:50 pm-3:20 pm	Godina Lecture "Lower Extremity Microvascular Reconstruction: Shoulder of Giants" <i>Raymond Dunn, MD</i>
3:20 pm	ASRM Business Meeting

ASRM

Tuesday, January 14, 2003

6:30 am-7:00 am	Coffee
6:30 am-1:30 pm	Posters Open
7:00 am-8:00 am	Instructional Courses 305-307
8:00 am-9:00 am	Panel III - "Updates in Genitourinary Reconstruction"
9:00 am-9:30 am	Historian Lecture ASRM: "The First 20 Years" <i>L. Scott Levin, MD</i>
9:30 am-1:00 pm	Concurrent Paper Session E-1 - Extremity and Trunk
9:30 am-12:30 pm	Concurrent Paper Session E-2 - Assorted
1:00 pm	Adjourn
1:30 pm	ASRM Council Meeting

Proposed Bylaws Changes for 2003

The proposed changes, put forth by the ASRM Bylaws Committee, have been reviewed and approved by the ASRM Council. The membership will vote on these proposed bylaws changes at the Annual Business Meeting, January 13, 2003 from 3:20 pm-3:50 pm in Kauai, Hawaii. The proposed changes are as follows:

ARTICLE IV: Membership

Section 10. Candidate Membership

- A. Qualifications: Candidate Membership.
1. Shall express an interest in microsurgery
 2. Applicants must be enrolled in or completed a residency program that includes microsurgery training
 3. Candidate members must apply for Active membership status within one year of board certification otherwise there will be a loss of membership.
- B. Application Procedure.
1. Are to be proposed and sponsored ~~in the same manner as active members~~ **by an active or associate member.**
- C. Rights and Privileges for Candidate Membership.
1. May attend scientific meetings and social functions.
 2. May not serve on committees.
 3. May not vote or hold office.
 4. ~~This category is valid for five (5) years.~~
 5. ~~Applicant must pay a \$25.00 initiation fee.~~

ARTICLE V: Officers and Duties

Section 1. Officers

The Officers of the Society shall be the President, President-Elect, Vice-President, Secretary, Treasurer, and Historian

Section 2. Election of Officers

- A. A term of office shall begin at the close of the scientific meeting **and last until the end of the next scientific meeting.**
- B. No member may serve two (2) consecutive one year terms in the same office except ~~for~~ the Secretary, Treasurer, and Historian. The Secretary and Treasurer may serve the same office for not more than two (2) consecutive terms.

- C. At the business meeting, a candidate shall be nominated by the Nominating Committee for each office. Additional nominations may be made from the floor.
- D. Election of officers shall be by ballot of the voting members in attendance at the business meeting and a majority shall elect.
- E. In the event of death, resignation or incapacity of the President-Elect, Vice-President, Secretary or Treasurer, the Nominating Committee, which was elected at the last annual meeting, shall be reconvened to select a nominee for the vacant office. The Executive Council shall be empowered to elect the nominee to office.
- F. In the event of death, resignation, or incapacity of an Executive Council Member at Large, the Executive Council shall be empowered to appoint a replacement to serve until the next annual business meeting.

Section 3. Duties of the Officers.

- A. The President.
1. The President shall serve from the end of the scientific meeting at which he/**she** is elected to the end of the next scientific meeting.
 2. Shall be responsible for the scientific and business affairs of the Society.
 3. Shall appoint all committee chairmen and committee members with the approval of the Executive Council, not otherwise provided for in these Bylaws.
 4. Will oversee and coordinate all the activities of the scientific meeting.
 5. Shall preside at all Executive Council meetings.
 6. Shall serve ex-officio on all committees.
 7. Shall endorse all financial statements and forward them to the Treasurer for payment.
 8. Shall be empowered to act for the Society in the event of any contingency not covered in these Bylaws.

President's Report

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brought into focus how privileged some of us are to have been able, as women, to achieve educational, training and research opportunities in this country, while under other oppressive regimes, women are sequestered in their homes doomed to a life deprived of knowledge and self-growth.

As the first woman President of ASRM, I would like with your help, to promote recognition for women professionals among our midst and to facilitate their participation and contributions on an equal footing with the rest of our membership. I know that all of you will assist me in embracing this task with understanding and magnanimity.

Our Society is strong, because it is made out of unique individuals who are committed to the pursuit of excellence in their surgical endeavors, because it has a highly energetic and dedicated leadership, and because it is open-minded and can embrace individuals of any sex, of any religion and of any origin, under one umbrella without prejudice or hesitation. All these attributes can only lead to greater success and global growth.

I am looking forward to joining each one of you in Kauai, Hawaii for our 18th Annual Meeting. **RM**



The golf course at Princeville offers fantastic views from every hole.

7th Annual Day at the Links Golf Tournament

being held in conjunction with
the AAHS and ASRM Annual Meetings

Saturday, January 11, 2003
12:30 pm Departure
Price: \$150.00

The shotgun tournament will be held at the Poipu Bay Resort Golf Course. You'll enjoy stunning ocean vistas from every hole. This Robert Trent Jones, Jr. masterpiece offers an ideal setting from individual players to tournaments. Tournament fees include lunch, greens fees, cart rental and range balls. Please note the club is a spikeless facility and metal spikes are not allowed.

Prizes will be awarded to the team with the lowest gross score in addition to the longest drive, longest putt and closest to the pin. Tournament registration will officially close on FRIDAY, January 10, 2003 AT 4:00 pm. All pairings should be done on site in the pro shop. Golfers are encouraged to submit completed foursomes to the golf pro shop.

To sign up or for more information, call 312-456-9579.

7th Annual Day at the Links Golf Tournament Registration Form

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

FAX _____

PAYMENT METHOD

VISA

MASTERCARD

CHECK

CARD NUMBER _____

EXP. DATE _____

SIGNATURE _____

Please fax this back to the AAHS/ASRM Central Offices at 312-782-0553 or mail to, AAHS/ASRM, Golf Registration, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

MICROSURGICAL PEARLS

by L. Scott Levin, MD
Education Committee Chair

TIP #40

Create a Platform

When performing an anastomosis in a deep cavity, despite adequate retractors, the vessels can be at the limit of instruments. For this reason it's sometimes helpful to elevate the anastomosis on a platform created by folding a sponge so that the vessel can be elevated out of the cavity. The sponge acts as an elevator to place the anastomosis in a more reasonable position to facilitate suturing.

TIP #41

Wound Vac

Despite dissection above the forearm fascia to the level of the radial artery perforators, donor site morbidity can be considerable in patients who have a radial forearm flap harvested. At times the flexor carpi radialis tendon can become exposed creating to donor site morbidity. Use of the wound vac has facilitated our radial forearm flap closure. It's also recommended to use post-operative splinting, to allow the skin graft to heal. The use of the wound vac has facilitated wound closure in difficult donor sites. Another example of this would be the other osteoseptocutaneous fibula harvest. We have had difficulty from time to time with peroneal tendon exposure necessitating touch up skin grafting and even debridement of desiccated tendon. The wound vac has greatly reduced donor site morbidity in the osteoseptocutaneous fibula donor site.

Small Improvements Add Up Big

TIP #42

Coordinate Surgical Tasks to Maximize Efficiency

In pre-operative planning it's essential to determine donor site, recipient site, and the type of free tissue transfer utilized. It's helpful to have a meeting with OR staff and, if applicable, residents and fellows or co-surgeons to determine tissue harvest volume, recipient vessels, and sequence of surgery. Often the reconstructive microsurgeon will be working with another surgical discipline, such as orthopaedics or otolaryngologists, and the timing of participation is important to allow efficient use of the workday. It may be possible for the reconstructive microsurgeon to do a small procedure in an adjacent room while the orthopaedic surgeon is performing a nailing or complex fracture, fixation prior to free tissue transfer. While it's desirable to work as two teams

simultaneously, this is not always possible. In the days of managed care and decreasing reimbursement, it's imperative that our surgical volumes be maintained and careful pre-operative planning and discussion with colleagues will allow optimal use of the microsurgeon's time.

TIP #43

Video to Prompt Assistance

When possible, a video tower should be used so that the operating room personnel and even anesthesia can witness the microsurgical anastomosis. We've found that the use of the video tower that shows the actual work under the scope being done is helpful to nursing personnel, particularly the scrub nurse who can anticipate the next need for microsuture and follow the pace of the operation. **RM**

COMMITTEE REPORT

The Coding Committee has not had much on its itinerary for the last 6 months. We are still negotiating with the AMA RUC committee on the additional microvascular codes that were developed last year. Further information is coming. There appears to be two issues that the committee has become aware of. It is apparent that several codes that include times include pre, intra and postoperative minutes. The AMA RUC committee is interested in surveying societies to determine if the appropriate times are listed for these individual codes. Further, the membership may be required to divide the times associated with these codes into pre, intra and postoperative minutes. Second,

CPT Coding

it has come to our attentions that when using the 35761 codes for recipient vessel dissection, Medicare is including the 69990 codes for microvascular dissection. Thus the 69990 code is included in the 35761 dissection and is not being accepted as a separate billing. The committee would like further input into this as to whether other insurance carriers are using this same technique. **RM**

Gregory Evans
Chair, Coding and Reimbursement
Committee
RM

HISTORIAN'S CORNER

by L. Scott Levin, MD

The history of the ASRM is quite rich. This year marks the 20th Anniversary of the founding of the Society. The founding members of the Society, Jim Urbaniak, Jim Steichen, Julia Terzis, Berish Strauch, and Allen Van Beek. It is fitting that the History of the American Society for Reconstructive Microsurgery will be presented on Tuesday, January 14th, highlighting the events of the past 20 years. The ASRM is now a flourishing society composed of orthopaedic surgeons, plastic surgeons, and a few general surgeons. As reconstructive microsurgery has become more the domain of the plastic and reconstructive surgery community, the distribution of topics and emphasis in reconstructive microsurgery has changed. There is still passion in the orthopaedic community for complex extremity reconstruction, but the average orthopaedist calls on the reconstructive plastic surgeon now to do more and more of the free tissue transfers and microsurgical procedures.

The evolution of "who is doing what" is not as important of the fact that microsurgery, a tool, technique or even a separate discipline is cer-

20 Years of Fellowship

tainly is here to stay, and we find increasing uses for the operating microscope. Our patient complexity increases based on increased ability for oncologic patients to survive, increased age for our population, and new implants in orthopaedics such as the Ilizarov. At the meeting in Hawaii, the rich history of the ASRM will be presented. I am currently collecting photographs, videotapes, original manuscripts, and anecdotes from several past presidents as well as the senior generation of microsurgers who began almost 30 years ago in North America. We have moved from a small group of people showing their slides on the wall of case digital replantation, to a strong and growing membership using digital presentation and electronic submission of abstracts for our well attended and scientifically productive meeting. I look forward to seeing all of you in Hawaii and I would welcome any member who has historical information about mentorship, their first free flap, or remembrances of the "early days" to submit them to me as soon as possible, so they can be edited into the documentary film that I am producing for the ASRM. **RM**

ASRM Microsurgery CALENDAR

2002

American Society of Plastic Surgeons

ANNUAL MEETING

November 2-6, 2002
San Antonio, Texas

Brazilian Society of Plastic Surgery

ANNUAL MEETING

November 20-23, 2002
Salvador, Bahia

2003

American Society for Reconstructive Microsurgery

ANNUAL MEETING

January 11-14, 2003
Hyatt Regency Kauai Resort and Spa
Koloa, Kauai, Hawaii

American Academy of Orthopaedic Surgeons

ANNUAL MEETING

February 5-9, 2003
New Orleans, Louisiana

World Society for Reconstructive Microsurgery

June 2003
Heidelberg, Germany

2004

American Society for Reconstructive Microsurgery

ANNUAL MEETING

January 17-20, 2004
Westin Mission Hills
Palm Springs, California

2005

American Society for Reconstructive Microsurgery

ANNUAL MEETING

January 15-18, 2005
Sanibel Harbor
Sanibel, Florida

2006

American Society for Reconstructive Microsurgery

Annual Meeting

January 14-17, 2006
Loews Ventana Canyon
Tucson, Arizona



History was made at the last annual meeting when four past Presidents served on one panel. From left to right, Robert Russell, MD, Joseph Kutz, MD, Berish Strauch, MD, and H. Bruce Williams, MD.

Godina Lecturer

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Dr. Dunn then joined the Plastic Surgery faculty at the University of Massachusetts where Robert Walton, MD, was Chairman and influential

in his interest in lower extremity microsurgery including acute trauma, chronic wound problems and in chronic venous ulcer disease. Dr. Dunn is also involved in technology development in wound care and tissue engineering and device work. He is currently the Chief of Plastic Surgery at the University of Massachusetts Medical School.

In keeping with the original intent of the Marko Godina award, Dr. Dunn has completed a traveling fellowship. He has had the privilege of visiting institutions, including the German Society of Plastic Surgery Meeting in Heidelberg with Gunter Germann as well as planned trips to Taiwan for the perforator course to be hosted by Fu Chen Wei, and hopefully a trip to Australia as well as Godina's home town of Ljubljana. He hopes also to manage the opportunity of visiting several programs here

in North America if arrangements can be made. Dr. Dunn's lecture, "Lower Extremity Microvascular Reconstruction" will focus on lower extremity microvascular reconstruction. Marko Godina was a pioneer in lower extremity microvascular and a number of his contributions will be highlighted along with significant other contributions and advances in the history of lower extremity microvascular reconstruction. In addition to highlighting these contributions, the lecture will focus and elucidate on a number of his own contributions to this field presented in a provocative fashion to attempt to challenge our membership to continue to seek advances in this area of microvascular reconstruction with their further investigational work.

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