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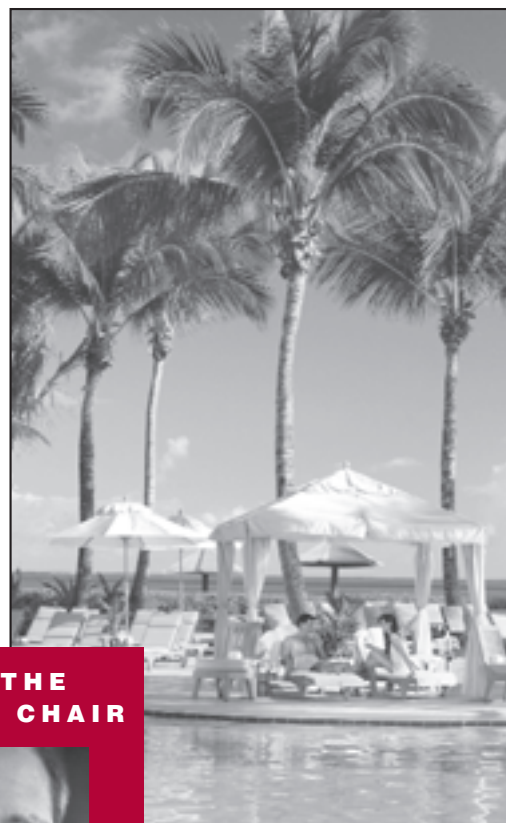
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RECONSTRUCTIVE MICROSURGERY

Cutting Edge Topics and New Evening Sessions

The 23rd annual meeting of the ASRM this January 2007 promises to be one of our best yet. Our meeting venue returns us to beautiful Puerto Rico, this time to the incomparable Westin Rio Mar resort. The meeting has a long-standing tradition of presenting cutting edge topics in microsurgery, panel discussions, and instructional courses applicable to the clinician as well as the researcher and this will continue. Structural changes to the instructional part of the meeting as well as marquis entertainment for the social portion of the meeting will mark the 2007 meeting as one not to be missed.

This meeting will reflect suggestions the membership has made over the years to improve the ASRM meeting experience. One often noted complaint was not enough family and free time during the day to enjoy the venue and camaraderie outside the meeting. This complaint has been addressed by significantly restructuring the meeting. This year's meeting will have significant free time each afternoon and plenty of activities to fill them with. Over 20 hours of free afternoon time have been programmed in. No reason to "skip" presentations or panels now. By one o'clock each afternoon, instructional activities will be curtailed and the free time



FROM THE PROGRAM CHAIR



Michael Zenn, MD, FACS

begins! While we have chosen to make this prime time available for your enjoyment, our goal has been to maintain the high level of educational content and to avoid the reduction of CME available for the meeting. We have done this in a number

of creative ways. While the number of presentations will remain constant, the time for presentation has been curtailed to 3 minutes. This has been partially offset by a necessary and requested increase in discussion time for each paper. Evening panels have been added. Self-study computer modules will also be available throughout the

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On Ideas, Controversies, Solutions and Challenges

Recently, the National Health Service (NHS) in Britain gave the ethical go-ahead to a team led by Peter Butler to perform a series of face transplants. By the time you read this the British team may well have performed the first clinical full face transplant operation. Maria Sieminow has had ethics approval for facial transplantation from her institution, the Cleveland Clinic for quite some time and while she continues her research in the field, is diligently screening patients to find the ideal surgical candidate. French surgeons have already performed a partial facial transplant with world news coverage and much hoopla! This organization has published a position statement on facial transplantation and, with the ASPS, has produced a document that recommends guiding principles for facial transplantation. Both documents can be viewed at <http://www.microsurg.org/ft.htm> and if you haven't read them, you should!

However the purpose of this editorial is not to re-visit the ethical debate surrounding composite tissue allotransplantation (CTA) but rather to use CTA as an example of the type of surgical innovation that creates controversy. Typically opinions are polarized with strong proponents and equally vehement opponents. Ultimately the controversy dies down as people realize that the original proposal was actually quite reasonable and their fears were unfounded and eventually the idea is adopted. Conversely people realize that the issues were real, the proposal unreasonable and finally the matter is dropped. CTA is at the extreme and is currently one of the controversial topics in our field that polarizes opinion. Many innovations are less controversial and are introduced and adopted with far less fuss. Nevertheless, the



Peter Neligan, MD

The thought that one can sew on an amputated part and have it function is something extraordinary to the public yet it has become ordinary to us.

pattern is always the same: idea, polarized opinion, implementation followed either by adoption or rejection.

What happens in the next phase of development? Typically the few pioneers modify and fine tune their idea, seek new applications, spread the word and then slowly, often very slowly, the mainstream follows. Perforator flaps are a perfect example of this. Isao Koshima is really the father of perforator flaps and has been doing them since the 80's in some shape or form. Others either had the same idea or followed his lead but for many years the proponents of perforator flaps consisted of a very small group of dedicated individuals. I attended the annual meeting of ASRM in Hawaii in 1998 when Phillip Blondeel delivered the Godina Lecture on perforator flaps.

As I was sitting down to listen to his lecture I turned to the person next to me and asked "Are you doing these yet?" His response reflected my thinking at the time and probably the thinking of many people in the room. "Don't see the point really, the flaps we have are good enough". At the end of Phillip's talk we looked at each other and agreed that maybe we should look into these perforators more carefully. In the almost 10 years that have intervened perforator flaps are still not universally being used however they have passed the threshold between adoption and rejection. More and more people are using them and in many institutions they are commonplace. How long has that taken? The best part of twenty years and probably another 10 before they are the standard!

To most of us, microsurgery is exciting. This is really brought home to me when medical students or OR nurses new to our ser-

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.

President	L. Scott Levin, MD
Editor	Peter C. Neligan, MD
Executive Director	Krista A. Greco
Managing Editor	Anne B. Behrens

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vice exclaim surprise when they realize that the large flap I have just harvested is going to survive on the single perforator they see running into the flap. Situations like this make me realize just how cool microsurgery is. People also still get excited about replants. The thought that one can sew on an amputated part and have it function is something extra-ordinary to the public yet it has become ordinary to us. To my way of thinking replants represent the next and final phase in the development and life of a new idea.

When the first replants were done in the 60's they were as revolutionary as the face transplant is today even if a little less controversial. The names of Cobbett, Buncke, Tamai, O'Brien and others are honored as microsurgical pioneers. Replants represented a new era in the field of surgical technical capability and opened the door to the whole field of reconstructive microsurgery. For many years the replant was considered the ultimate in microsurgical expertise. Other techniques came along and eclipsed the replant. Myocutaneous flaps, free flaps and perforator flaps became more interesting and the replant became relegated to something commonplace in our eyes, even if not in the eyes of the public.

So if reconstructive microsurgery really started with the replant where is the replant in our current spectrum of activity? Sadly it is being abandoned. It seems that fewer and fewer centers are accepting replants and patients often get shuttled long distances, at huge cost, for treatment. We can say that it is not our fault. Reimbursement is poor, and the procedures are long and disruptive to an elective practice. Replants have become a chore that many of us don't want to do any more! We've lost interest yet if we don't do replants, who will? "Not our problem!" I hear you

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HOT OFF THE PRESS! ASSOCIATION NEWS

Annual Meeting

Meeting and housing registration is open. Please visit www.microsurg.org to register and make your hotel arrangements. There is limited space availability, please register now!!!

Web site

Keep up to date on the associations events, campaigns and press releases by visiting the official website of the ASRM at www.microsurg.org. This website also houses the listing of ASRM committees and its members as well as an up-to-date membership roster.

Godina Lecture: Ming Huei Cheng, MD

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

It is these qualities that are sought after in choosing the ASRM Godina Lecturer, 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, upcoming microsurgeon who has demonstrated leadership, innovation and ongoing commitment to our field in the best traditions of Dr. Godina. Ming Huei Cheng, MD is the 2006 Godina Traveling Fellow.



Ming Huei Cheng, MD

"An Empty Glass—Filling, Sharing and Refilling, a Never-Ending Quest for Universal Knowledge"

Knowledge, techniques and experience should be shared to achieve our common goals of conquering new frontiers in reconstructive microsurgery and improving treatments for our patients. It is my endeavor to teach what I have learned and share

what I have received. Ming Huei Cheng, MD, MHA is Assistant Professor and Chairman of the Division of Microsurgery and Hand in the Department of Plastic and Reconstructive Surgery at Chang Gung Memorial Hospital in Tao-Yuan, Taiwan. After completing his residency in Plastic Surgery at Chang Gung Memorial Hospital in Taiwan, Dr.Cheng completed his research fellowship at The University of Texas M.D. Anderson Cancer Center and continued on in the US as a visiting scholar at Emory University, Louisiana State University Medical Center and the University of California – Los Angeles. He returned to Taiwan to complete his Executive Master of Health Administration at Chang Gung University.

RM

Editor's Message

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say. Rather than walk away, maybe there is a better solution. While a resolution in one jurisdiction may not work in another, it is interesting to note that the Province of Quebec has come up with an innovative approach to their replant problem. The situation in Quebec was the same as it is in many parts of North America. Replants were a problem. No one wanted to do them, and the patients were being sent all over the province and sometimes beyond, for treatment. Quebec microsurgeons, working with the provincial government, came up with a plan that has been extremely successful. A provincial replant center was established in Montreal. A reimbursement model was established which pays microsurgeons for being on call. They get paid a fixed amount while on call whether they do replants or not. During the time they are on call they are not permitted to bill for other services, i.e. they are available for replants only and they must accept all replants. The reimbursement is fair and any microsurgeon in the province can apply to be included in the call schedule. What has transpired is quite remarkable. There is no shortage of surgeons to take replant call. Replants are dealt with efficiently and expertly and everyone is happy.

In many instances when one specialty becomes bored with a technique, another takes it up. There are many examples of this. When I trained in Ireland hypospadias was still in the mainstream of plastic surgery practice. When I came to North America I realized that Urology had long since taken over this area of practice. Similarly, Head and Neck surgery was very much part of what the plastic surgeon did when I trained. In North America, Otolaryngology, which has always been a major player in the field, has taken over Head and Neck practice almost to the exclusion of general surgery

President's Invited Speaker: Ronald M. Zuker, MD, FRCSC, FACS, FAAP



**Ronald M. Zuker,
MD, FRCSC,
FACS, FAAP**

"Turtles and Challenges: A Survival Guide for the Young Microsurgeon"

Microsurgery need not be survival of the fittest. Around every bend lie opportunities to embrace, major challenges to solve and first smiles to enjoy. We will also look at 7 microsurgical areas of accomplishment and outline 7 more emerging areas for the young microsurgeon to explore. Enjoy the journey! Ronald Zuker received his MD degree from the University of Toronto in 1969, followed by a rotating internship in Vancouver, BC. After a brief period of family practice he pursued an interest in Anthropology

and Jungle Medicine, spending one year working with the Shipibo Indians in the Amazon basin – eastern Peru. He then entered the McGill University program in Surgery and returned to the Gallie Program at the University of Toronto to obtain his FRCSC in Plastic Surgery. He received a McLaughlin Travelling Fellowship to pursue interests in microvascular surgery and pediatric plastic surgery, where he spent most of his time in Japan under the guidance of Dr. Kiyonori Harii and also in New Zealand, Australia and Europe. Upon returning to Canada he joined the staff of The Hospital for Sick Children as a consultant in Plastic Surgery and as Director of the Burn Unit. He was later appointed to the Department of Surgery of the University of Toronto as a lecturer in surgery, and now serves as Full Professor. As a staff surgeon of the Division of Plastic Surgery at The Hospital for Sick Children, Dr. Zuker practices plastic and reconstructive surgery exclusively in children. His primary interest is in facial paralysis and he is the recognized worldwide authority for this disorder. Dr. Zuker is co-director of the University of Toronto Facial Paralysis Clinic which is the only one of its kind in Canada.

RM

and plastic surgery probably because those two specialties lost interest and became more preoccupied with other areas such as minimally invasive surgery and cosmetic surgery. In the UK the wheel has turned one cog further and both Otolaryngology and Plastic Surgery are losing head and neck surgery to the maxillo-facial surgeons, again probably because both ENT and Plastic Surgery have become pre-occupied with the more lucrative practices of functional endoscopic sinus surgery (FESS) and cosmetic surgery.

This society is less about partisan specialty affiliation and more about inclusiveness. We are all microsurgeons and welcome and encourage microsurgeons from all specialties to join our membership. That is what is different about

ASRM. What is different about what we do is that nobody else is likely to take on what we discard. So if microsurgeons stop doing replants, replants stop being done! What is happening with replants could also happen within other areas of microsurgical practice. It is a fact that many people do pedicled TRAM flaps for breast reconstruction because of expediency. They may rationalize their decision in other ways but the fact is that a DIEAP flap takes longer to do and doesn't pay a whole lot better so why do it! In order to keep our field vibrant we need to find solutions to the replant issue and ensure that reimbursement for complex microsurgical procedures is competitive. This is a difficult challenge but one I think we need to take on. Our future depends on it. **RM**

Service Ops Abound for War Wounded and RM Specialty

Nine months ago, several initiatives were proposed to the Council of the American Society for Reconstructive Microsurgery. One of these initiatives was to integrate the ASRM with other surgical subspecialties and societies. As a global society we have become the definitive voice and leader in reconstructive microsurgery throughout the world.

Not only am I sure that I have the “right people on the bus”, but many of you have taken initiatives with little coaxing, to serve the society selflessly and enthusiastically. I have received a tremendous response from the recent inquiry asking those of you committed to our surgical colleagues in the military to offer your assistance, skill, and expertise to the care of our service men and women who have been injured during Operation Enduring Freedom and Operation Iraqi Freedom. The response has been overwhelming. Volunteerism of this nature is noble, and represents a milestone in the development of a partnership between the United States Military Physicians and the ASRM. Dana Covey, MD, Navy Orthopaedic Surgeon General, and Jim Ficke, MD, Army Orthopaedic Surgeon General, are enthusiastically anticipating a geographic map that we will present to Dr. Covey in January, that locates members willing to provide care to those returning from conflict. Surgical needs beyond the capability of some military bases include complex upper extremity reconstruction, such as toe to hand transfers, brachial plexus surgery, craniomaxillofacial surgery, vascularized bone transfer, management of different coverage problems, and limb salvage issues. We can and we will help.

This October at the ASPS, I will be presenting a lecture “Why we need the ‘R’ –Reconstructive

PRESIDENT'S LETTER



L. Scott Levin, MD, FACS

Not only am I sure that I have the “right people on the bus”, but many of you have taken initiatives with little coaxing, to serve the society selflessly and enthusiastically.

Milestones from 75 Years of ASPS History”. This is a tremendous opportunity to reflect back on the development of surgical techniques that evolved during military conflicts. From the trenches of World War I, to the South Pacific and Europe in World War II, Korea and Vietnam, we have learned our art. The devastating nature of IED & RPG explosive devices are now taking their toll on our military, creating injuries of massive proportion. There are over 20,000 injured, 60% of these have musculoskeletal injuries and there are 600 amputees as a result of our recent engagement in Afghanistan and Iraq. Many of you have

reached out to partner with our military colleagues.

This October I will be presenting my patient, Jonathan Kunihom, as an example of what ASRM can do for the military. Jonathan is a 33-year-old college graduate with a PhD and a Marine who volunteered for service in Iraq. New Year’s Day, he was ambushed, and had his arm shattered by a RPG device. Several of his platoon members were severely injured or killed. He survived and made it from Iraq, to Landstuhl Army General in Germany, and then to Duke, in a matter of days. He was initially offered an above elbow amputation, but his military surgeons felt that if he had a free tissue transfer “below elbow” would be achieved. Jon was operated on at Duke Medical Center and today is working on the DARPA Project for amputees. He is a father of a healthy child and has integrated back into society with a passion for helping amputees. I provide this example to demonstrate need, and to indicate that the goal of military liaison is needed and is worthwhile.

On another positive note, I have received word that our proposal to allow ASRM members to contribute to PSEF under “Matching fund status”, similar to the program that the Orthopaedic Research and Educational Foundation has granted us, has been approved. The details of this will be finalized but what this comes down to is that for every \$1,000 that is donated, the first \$300 will go to PSEF, and the remainder to the ASRM. Approximately 80 of our members indicated that they have or would contribute to PSEF, which instantly generates a research fund of \$55,000 if we have no other participants this year. This is a tremendous opportunity for us to provide

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President's Letter

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seed grants to our young members and to develop our own research product lines as we go forward. Part of the funding can be considered for a research endowment and the details of this will be finalized after the ASPS Meeting.

The Annual ASRM sponsored Flap Course, held in Durham this past August, was over subscribed by 20 individuals from around the country. This year the American Society for Surgery of the Hand joined in endorsement along with PSEF. This course, under the leadership of Michael Zenn, was taught by members of our organization including international microsurgeons. The Annual Duke ASRM Flap Course has gained tremendous recognition for being a superb educational opportunity. I have had the privilege, as has Bob Walton, to travel around the country as the PSEF Visiting

Professor this year. We proudly carried the banner of reconstruction and ASRM during our visits traversing the United States and Canada.

It is clear that the complexion of the training in hand & microsurgery fellowships, and in Plastic Surgery Residencies is not only variable, but the volume of microsurgery varies as well in each institution or hospital. Along those lines a survey was recently sent to you. I ask each one of you about your participation in replantation and microvascular hand call. A recent talk at the American Society for Surgery of the Hand indicated that there was a sobering decline in the practice in microsurgery among hand society members. Those who are taking call and those able to take call, and able to execute microsurgical procedures for upper extremity

reconstruction, replantation, and salvage at the highest level must come forward. Clearly, reimbursement, litigation, physician burnout and lifestyle all have influenced a decline across the country. We cannot let this trend continue to spiral downward. We, as "the" pre-eminent microsurgical society must take an active role to identify members who are capable, and interested in replantation and revascularization. As well, the healthsystems, state governments and health insurance companies must assure compensation, facilities, support, and malpractice coverage, so that all the other obstacles are done away with. If this is possible, we can continue to care for our patients the way that our founders did 25 years ago. Please answer this survey honestly and with conviction. If you are capable, tell me. Responses to this survey will hopefully provide data to establish centers of excellence in microsurgery, across the country. The need is greater than ever for our patients, and we cannot abandon the techniques and our abilities, for economic reasons alone.

We clearly have the right people on the bus, but there is a lot of work to do in the next 3 months. The Annual Program, under the leadership of Mike Zenn, is turning out to be spectacular. By now you all have received the program; Dr. Richard Gelberman will be the guest speaker for all 3 societies. I have asked Ron Zuker, a living legend, to present the Presidential Address. Ron's demeanor, intellect, ability, scholarship, and kindness define what we all should strive to be.

In closing, I feel a sense of urgency that although much work has been done this year, thanks to all of you, much remains. I didn't do this alone. Krista Greco, Alice Hayner Romano and the Central

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Branford Marsalis

SPECIAL EVENT ANNOUNCEMENT

Once-In-A-Lifetime can happen for you on January 15, 2007!!!!

Experience a once-in-a-lifetime music event featuring one of the most popular jazz artists of our time. In a very limited, intimate setting, Grammy Award winning saxophonist Branford Marsalis will perform for ASRM to benefit Habitat for Humanity's Musicians' Village. The devastation caused by Hurricane Katrina forced many of New Orleans' musicians to flee the city. The Musicians' Village, an effort co-chaired by Marsalis, has endeavored to build 81 Habitat-constructed homes in the Upper Ninth Ward for displaced New Orleans musicians. Learn more about this accomplished artist and the project at

www.branfordmarsalis.com. Net proceeds from this event will be contributed to the New Orleans Habitat for Musicians' Village. One ticket included when you register for the ASRM Annual Meeting – additional tickets are for sale to meeting attendees and their guests. For information on the concert event and the ASRM annual meeting please visit www.microsurg.org.

2007 PROGRAM-AT-A-GLANCE

21st Annual Meeting of the American Society for Reconstructive Microsurgery

January 13-16, 2007 | Westin Rio Mar Beach Resort, Rio Grande, Puerto Rico

AAHS/ASRM/ASPN Combined Day Program

Saturday, January 13, 2007

- 6:30–7:30 am Continental Breakfast
- 7:00–8:00 am Panel: Upper Extremity Injuries in Modern Warfare
- 8:00–8:10 am AAHS/ASRM/ASPN Presidents' Welcome
Ronald Palmer, MD, AAHS President
L. Scott Levin, MD, FACS, ASRM President
Rajiv Midha, MD, ASPN President
- ASPS Presidential Remarks
- 8:10–9:10 am AAHS/ASRM/ASPN Presidents' Invited Lecture: Richard H. Gelberman, MD
"Identifying Targets for Clinical and Research Excellence in 2007"
- 9:10–9:30 am Break with Exhibitors
- 9:30–10:30 am AAHS/ASRM/ASPN Outstanding Nerve Paper Presentations
- 10:30–11:30 am Panel: Brachial Plexus Surgery 2007
- 12:30 pm Shot Gun
- 11th Annual Day at the Links
(Information on this event, along with a registration form, can be found on page 9 of this issue.)

ASRM

Saturday, January 13, 2007

- 12:30–4:00 pm **ASRM Master Series in Microsurgery**
Additional registration required.
Complimentary to ASRM Residents/Fellows.
Part III of the course instituted in 2005 to provide an in-depth description of state-of-the-art techniques pertinent to the key flaps which incorporate the breadth of reconstructive surgery. An interactive video, prepared by a master surgeon, will be followed by audience discussion and expert commentary.
- 12:30–12:40 pm Introductory Remarks
Elisabeth K. Beahm, MD, FACS, Chair
- 12:40–1:05 pm Facial Recontouring
Joseph Upton, MD, FACS

- 1:05–1:15 pm Discussion and Comments
Robert Walton, MD, FACS
- 1:15–1:40 pm Thoracodorsal Artery Perforator (TDAP) Flap
Moustapha Hamdi, MD
- 1:40–1:50 pm Discussion and Comments
Maurice Nahabedian, MD, FACS
- 1:50–2:15 pm Superior Gluteal Artery Perforator (SGAP) Flap
Bernard Chang, MD, FACS
- 2:15–2:25 pm Discussion and Comments
Robert J. Allen, MD
- 2:25–2:40 pm Break
- 2:40–3:05 pm Vascularized Epiphyseal Transfer
Marco Imocenti, MD
- 3:05–3:15 pm Discussion and Comments
L. Scott Levin, MD, FACS
- 3:15–3:40 pm Esophageal Reconstruction
Hung-Chi Chen, MD
- 3:40–3:50 pm Discussion and Comments
Ron Yu, MD
- 6:00–7:30 pm ASRM International Reception

Sunday, January 14, 2007

- 6:00–7:00 am Continental Breakfast with Exhibitors
- 7:00 am–2:00 pm Patient Safety Computerized Presentations
- 7:00–7:15 am Welcome
L. Scott Levin, MD, FACS, ASRM President
Michael Zenn, MD, ASRM Program Chair
- 7:15–8:30 am Concurrent Scientific Paper Presentations A-1
- 7:15–8:30 am Concurrent Scientific Paper Presentations A-2
- 8:30–9:30 am ASRM/ASPN Panel: Functioning Muscle Transfer
Allen T. Bishop, MD, Moderator
David Chwei-Chin Chuang, MD
Alexander Shin, MD
Milan Stevanovic, MD

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2007 PROGRAM-AT-A-GLANCE

- 9:30–9:50 am **Break with Exhibitors**
- 9:50–10:30am **Concurrent Scientific Paper Presentations B-1**
- 9:50–10:30am **Concurrent Scientific Paper Presentations B-2**
- 10:30–11:30 am **Presidential Address**
L. Scott Levin, MD, FACS
- 11:30 am–12:30 pm **Godina Lecturer: Ming Huei Cheng, MD, MHA**
“An Empty Glass—Filling, Sharing and Refilling, a Never-Ending Quest for Universal Knowledge”
- 12:30–1:30 pm **ASRM Mentor Luncheon**
(invitation only)
- 12:30–7:00 pm **Break—at your leisure**
- 7:00–9:00 pm **ASRM “Pamper Package” Guest Program**
- 7:00–8:00 pm **Limb Salvage Versus Amputation—What’s New?**
Jean-Paul Bosse, MD
Samuel Lin, MD
Emmanuel Melissinos, MD
- 8:00–9:00 pm **Best Microsurgical Save of the Year Award**
- 9:00–10:00 pm **Best Microsurgical Case of the Year Award**
Randy Sherman, MD
- 304 **Esophageal Reconstruction**
Hung-Chi Chen, MD
Lawrence J. Gottlieb, MD
- 305 **Microsurgical Salvage of Breast Reconstruction**
Pierre M. Chevray, MD, PhD
Neil A. Fine, MD, FACS
Michael R. Zenn, MD
- 306 **Microsurgical Research and Funding**
Gregory R. D. Evans, MD, FACS
William A. Zamboni, MD
Zoe Dailiana, MD
- 307 **Facial Reanimation**
David Chwei-Chin Chuang, MD
Marcus C. Ferreira, MD
Ronald M. Zuker, MD, FRCSC
- 8:00–8:30 am **Past President’s Breakfast**
(by invitation only)
- 8:00–9:00 am **Instructional Courses**
- 308 **Microsurgical Breast Reconstruction**
Elisabeth K. Beahm, MD, FACS
Ming Huei Cheng, MD
Maurice Nahabedian, MD
- 309 **Prefabrication of Flaps**
J. Baudet, MD
Julian J. Pribaz, MD
Robert L. Walton, Jr, MD, FACS
- 310 **CPT Coding and Reimbursement**
Keith E. Brandt, MD
Daniel J. Nagle, MD
- 311 **Management of Chronic Pain**
David T. W. Chiu, MD
A. Lee Dellon, MD
Robert Spinner, MD
- 312 **Management of the Ischemic Upper Extremity**
James Patrick Higgins, MD
Wyndell H. Merritt, MD
William C. Pederson, MD
- 313 **Sarcoma Reconstruction**
Joseph J. Disa, MD
Eyal Gur, MD
Geoffrey L. Robb, MD
- 314 **Pediatric Microsurgery**
Gregory M. Buncke, MD
Jeffrey D. Friedman, MD
Luis Schecker, MD
Ronald M. Zuker, MD, FRCSC

Monday, January 15, 2007

- 6:00–7:00 am **Continental Breakfast with Exhibitors**
- 7:00 am–2:00 pm **Patient Safety Computerized Presentations**
- 7:00–8:00 am **Instructional Courses**
- 301 **Refinements in Mandible Reconstruction**
Peter G. Cordeiro, MD
Giorgio DeSantis, MD
Howard N. Langstein, MD
- 302 **Foot and Ankle Reconstruction**
Chih-Hung Lin, MD
Lawrence B. Colen, MD
Hans-Ulrich Steinau, MD
- 303 **Treatment of the Mutilated Hand**
Gunter Germann, MD
Michael Saubier, MD, PhD
Michael W. Neumeister, MD
- 9:15–10:40 am **Concurrent Scientific Paper Presentations C-1**
- 9:15–10:40 am **Concurrent Scientific Paper Presentations C-2**

10:40–11:00 am Break with Exhibitors

11:00am–12:00 pm **President's Invited Speaker: Ronald M. Zuker, MD, FRCS, FACS, FAAP**
 "Turtles and Challenges: A Survival Guide for the Young Microsurgeon"

12:00–12:10 pm "What's New at the Meeting"
Peter C. Neligan, MD

12:15–1:00 pm ASRM Business Meeting (Members Only)

1:00–5:15 pm Composite Tissue Allotransplantation Update Session
 Course is complimentary to ASRM registrants, but pre-registration is required

1:00–1:15 pm Welcome and Introduction
Warren C. Breidenbach, MD

1:15–1:30 pm Duke University's Research Program and How It Relates to CTA
L. Scott Levin, MD

1:30–2:30 pm Panel: Strategies for Reducing the Risk of Immunosuppression in CTA
Linda C. Cendales, MD
Suzanne T. Ildstad, MD
Joseph R. Leventhal, MD, PhD
Si M. Pham, MD, FACS

2:30–3:30 pm Panel: Status of CTA Around the World
Warren C. Breidenbach, MD
Jean-Michel Dubernard, MD, PhD
Marco Lanzetta, MD
David M. Levi, MD
Raimund Margreiter, MD
Maria Z. Siemionow, MD, PhD

3:30–3:45 pm Break

3:45–4:00 pm Translating CTA: Where Now From Here
Linda C. Cendales, MD

4:00–5:15 pm Abstract Presentations

8:30–10:30 pm ASRM Concert Event: Branford Marsalis Jazz Charity Concert

316 Genitourinary Reconstruction
Lawrence B. Colen, MD
Gerald Jordan, MD

317 Immunology Update
W.P. Andrew Lee, MD
Maria Siemionow, MD, PhD

318 Incorporating Aesthetic Surgery in Your Microsurgery Practice
Joseph M. Serletti, MD, FACS
Jeffrey D. Friedman, MD

319 Vascularized Bone Flaps
Allen T. Bishop, MD
Konstantinos N. Malizos, MD
Satoshi Toh, MD

320 Non-Microsurgery for the Microsurgeon
Christopher Attinger, MD
Matthew J. Concannon, MD
Detlev Erdmann, MD

321 Trunk and Chest Reconstruction
Charles E. Butler, MD
Yueh-Bih Tang Chen, MD, PhD
Lawrence J. Gottlieb, MD

8:15–9:00 am Concurrent Scientific Paper Presentations D-1

8:15–9:00 am Concurrent Scientific Paper Presentations D-2

9:10–10:10 am Panel: Optimizing Results in Head and Neck
Peter C. Neligan, MD, Moderator
Ralph Gilbert, MD
Ron Yu, MD

10:10–10:30 am Break with Exhibitors

10:30–11:30 am Panel: Facial Transplantation – Where Are We Headed?
Maria Siemionow, MD, PhD, Moderator
Warren Breidenbach, MD
Marco Lanzetta, MD

11:30–11:35 am ASRM Military Liaison Initiative
L. Scott Levin, MD, FACS
Capt. Dana C. Covey, MC, USN

Tuesday, January 16, 2007

6:00– 7:00 am Continental Breakfast with Exhibitors

7:00– 8:00 am Instructional Courses

315 Perforator Flaps
Phillip Nicholas Blondeel, MD
Isao Koshima, MD
Fu-Chan Wei, MD, FACS

11:35am–12:35pm Buncke Lecture: James Urbaniak, MD
 "The Perfect Virtue"

12:35pm Meeting Adjourned

President's Letter

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Office have been spectacular in their ability to communicate, organize calls, and administrate this Society. Larry Colen has organized the Member to Member Campaign and I hope this will greatly increase our membership. Our presence is palpable, such as the recent Santa Fe Breast Meeting. This was an absolute success and we are looking for additional wins in the years to come with other societies in head & neck, ASSH,

orthopaedics, urologic, and neuro-surgery. Our financial profile is strong; our ranks in leadership are able. Our Operation Smile Flap Course in May was extremely successful. We had over 40 surgeons from around the world – learning flaps and reconstructive techniques.

I look forward to seeing all of you in January. We promise to make this meeting a superb and time worthy meeting. We have the

unique opportunity to host Branford Marsalis and his Jazz band as well as an awesome program at a beautiful resort in the tropics. This meeting is where friendships are made and a place of renewed science and learning. Join us! **RM**

11th Annual Day at the Links Golf Tournament

being held in conjunction with
the AAHS/ASRM/ASPN
Annual Meetings



Saturday, January 13, 2006
12:30 pm Shot Gun Start
Cost: \$215.00 per player

A shamble format tournament will take place on the Westin's River Course, Greg Norman's first Caribbean design. The 6,945 yard course rolls along the Mameyes River, framed by vistas of mountains and sea. Ideal for players of all skill levels, and typical of Norman's courses, all 18 holes can rate the title of signature. Prizes will be awarded during our post event reception to 1st, 2nd and 3rd place teams, and individuals who win the longest drive, longest putt and closest to the pin competitions. Tournament registration is very limited this year, and may not be available for on-site registration. If you prefer to be paired with specific players, requests must be submitted on your Registration form, or at the Registration Desk by noon on Friday, January 12. Tournament costs include shuttle service, box lunch, greens fees, cart, tournament coordination, prizes, range balls and an after golf reception. Pro-Line clubs are available to rent with advance reservation at \$35 per set.

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

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.

2007 Meeting

continued from page 1

meeting for additional and valuable patient safety CME.

Our speakers will continue to be top notch. Our president's invited speaker will be past president Ron Zuker. The Buncke lecturer will be one of the founders of our society, Jim Urbaniak, who still practices microsurgery. Elisabeth Beahm will preside over the 2007 Master's Series which will present interactive video presentations from leaders in their fields. Panel discussions will feature facial transplantation, optimization of results in head and neck reconstruction, and new ideas in limb salvage.

Other members have asked for more presentation and discussion of complications and their management. Others still would like a forum to present interesting and unique individual cases which would be of interest to us as microsurgeons. These single cases do not often warrant formal presentation on the podium. Both of these interests will be served in evening sessions. First, we will be presenting an award for the "Best Microsurgical Save" of the year. Submitted cases will be judged by an expert panel who will score cases based on degree of complication, originality of the microsurgical salvage, and the overall value of the case. The ultimate winner will be decided by the membership present. No formal attire is required and yes, the bar will be open. This should allow exposure to and discussion of complications in a fun and relaxing format. The second award will be for the "Best Microsurgical Case" of the year. We all do great cases throughout the year. Here's your chance to share one with your colleagues and have bragging rights for a year by winning. Again panelists will critique the cases and the membership present will pick the winner.

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Harry Buncke Lecture: James Urbaniak, MD

The Harry Buncke Lectureship has been created with the support of the California Pacific Medical Center to honor Dr. Buncke's remarkable contributions to the field of microsurgery. Dr. Harry Buncke has played a major role in the development of our specialty and has helped develop several microsurgical laboratories across the globe. He has influenced countless residents and fellows as well as numerous department chairs throughout the world. It is with great appreciation that we are able to honor Dr. Harry Buncke with this lectureship due to the sponsorship of the California Pacific Medical Center. It is our pleasure to introduce James Urbaniak, MD as the 2007 Harry Buncke Lecturer.

"The Perfect Virtue"

A past president of the ASRM, Dr. Urbaniak is recognized as a pioneer in the replantation of severed digits and hands. For the past 36

years he has conducted significant research in the area of microsurgical reconstruction of traumatized extremities and avascular necrosis of the femoral head. He was one of the first medical researchers in the world to develop and refine these techniques and as a result, the principles and guidelines he established for microsurgery are widely accepted and used. Dr. Urbaniak received his Doctor of Medicine from Duke University School of Medicine where he completed his surgical internship and orthopaedic surgery residency, and eventually joined the faculty. Dr. Urbaniak is the Virginia Flowers Baker Professor of Orthopaedic Surgery and President Elect of the International Federation of Societies for Surgery of the Hand.

[RM](#)



**James Urbaniak,
MD**



**Richard H.
Gelberman, MD**

AAHS/ASRM/ASPN Presidents' Invited Lecture: Richard H. Gelberman, MD

"Identifying Targets for Clinical and Research Excellence in 2007"

The purpose of this presentation is to present a strategy for overcoming the fiscal and academic resource challenges that threaten research and educational productivity in 2007. Richard H. Gelberman, MD is the Fred C. Reynolds Professor and Chairman of the Department of Orthopaedic Surgery at the Washington University School of Medicine and Chairman of Orthopaedic Surgery at Barnes-Jewish Hospital in St. Louis, Missouri.

[RM](#)

ASRM FUTURE ANNUAL MEETINGS

2007

JANUARY 13-16, 2007
Westin Rio Mar Beach Resort
Rio Grande, Puerto Rico

2008

JANUARY 12-15, 2008
Hyatt Regency Century Plaza
Los Angeles, CA

2009

JANUARY 10-13, 2009
Grand Wailea Resort
Maui, HI

2010

JANUARY 9-12, 2010
Boca Raton Resort & Spa
Boca Raton, FL

2011

JANUARY 15-18, 2011
Ritz Carlton Cancun
Cancun, Mexico

2007 Meeting

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Solicitations for these awards will be sent throughout the year and can be submitted to me via the ASRM website.

Perhaps most exciting is our announcement of Branford Marsalis as our featured entertainer. Monday night will feature a night of jazz with Branford Marsalis and his band. Branford has been very active with Harry Connick Jr. providing much needed relief for musicians affected by Hurricane Katrina through Habitat for Humanity. Our ASRM concert will benefit these efforts. This will be a night remembered for all time.

Our Puerto Rican venue offers plenty of activities for our indulgence. Beautiful beaches, lush rain forests, daytrips to San Juan, golf, and poolside lounging are only a few of the attractions that await us. Visit the hotel's website at www.westinriomar.com to see the beauty and amenities for yourself. While others will be entrenched in work and the mid-winter blues, come enjoy yourself with your friends and family at the ASRM 2007 meeting, January 13-16th. You don't want to miss this one. See you there.

Michael Zenn, MD, FACS
2007 ASRM Program Chair **RM**

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