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*2009 Annual Meeting
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RECONSTRUCTIVE MICROSURGERY

Preview of the 2009 ASRM Meeting in Maui

By J. Brian Boyd, MD
Scientific Program Chair

An island paradise awaits you in Maui. Shake the snow from your parka, step out of your galoshes and discard your thermal underwear. Hawaii beckons! Let its gentle floating breezes push aside the hurricanes and flooding of fall and the snowstorms, freezing rain, slush and permafrost of the winter solstice. Let its swaying palms, golden beaches, and lush vistas undo the winter blahs and set the stage for the ASRM's 25th Birthday Party!

Once again, a record number of abstracts have been received and 120 papers accepted for presentation – a ratio of one in three. Original presentations, both basic science and clinical, are vital to maintain the dynamism of Microsurgery and many excellent papers that do not fit into the formal program will be available as

continuous electronic poster presentations in the exhibition hall.

The theme for this year's meeting will be the 25th 'Silver' anniversary of the Society. Special celebrations are planned. Cognizant of the fact that many of the participants would like to don their baggies, 'hang five,' and head for the 'green room,' the symposium will end early each day to permit recreational activities. For this purpose, the number of major panels has been reduced: but those that remain will update the registrants in all the major areas of microsurgery. In addition, the instructional courses will be increased in number and converted into 'mini panels.' Up to six of these will run simultaneously. Each will have a moderator and three to five panelists, and a wide range of topics will allow registrants to customize their experience according to their interests. Conjoint panels with the AAHS and ASPN are also planned.

For the Masters' Symposium, Larry Gottlieb has arranged a theme entitled: 'Disasters with the Masters' – an expert collage of what not to do in Microsurgery and how to deal with the consequences. Once

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Hard to beat the view from the Grand Wailea Resort, the site of the 23rd ASRM Annual Meeting. For highlights of the program, see the Program-at-a-Glance on page 8.

“Show Me The Money”

We have all felt the crunch of our local institutional support diminish for our academic pursuits. Specifically, the institutional grants for research have dwindled as many universities and practice plans “insurgents for that matter” are now dealing with decreased revenue reimbursement and incomes. To compound the problem, external funding agencies including the NIH are not able to provide the start-up funds for many meritorious proposals submitted by many of the members of the American Society of Reconstructive Microsurgery. This does not mean that the “overall interest” and research has decreased but the funds have been stiffened elsewhere. So a question arises as to where we can go to find funds to help support our research endeavors. There is some encouraging news that has recently surfaced from the American Society of Plastic Surgeons as well as The Plastic Surgery Educational Foundation.

The encouraging news, as I allude to, comes from a varied group that many of the ASRM members felt disenfranchised from. As most of us are aware, the ASPSP/PSEF governance has undergone a massive reorganization to a) improve efficiency, b) reduce overlap, c) free up funds, and most importantly, d) to provide an avenue for researchers within plastic surgery from many a subspecialty thereof to pursue research and provide answers to academic questions for all of the members. So what specifically has been done at the ASPSP/PSEF level to help the ASRM? The answer to this question is “research streamlining”. The Plastic Surgery Educational Foundation has been restructured to be involved primarily with research, other aspects of education for plastic surgeons will be

EDITOR'S MESSAGE



**Michael Neumeister, MD,
FRCS, FACS**

Where can we go to find funds to help support our research endeavors?

under the opposes of the ASPSP. This is an important differentiation for the ASPSP and the PSEF as it essentially frees up funds that can be utilized directly for research. The ASPSP/PSEF has hired an essential research coordinator, Mr. Keith Hume whose expertise lies in the managing research endeavors for large corporations. The research governance has been divided up into a research thought leaders group to which the ASRM has a member delegate and the research coordinating council. Directed by Dr. Bill Kuzon, the Research Coordinating Council has subcommittees that are broken up into Research Educational Committee, Research and Communications and Advocacy Committee, Basic and Translational Research Committee, and Clinical Evidence Based Committee. Through this, a Research Oversight Committee has all subspecialty societies involved in defining what avenues of research are of interest to their

group. Together this restructuring should bring a more streamlined research focus to all of plastic surgery. The Research Oversight Committee has members from the ASRM, ASMS, ASPN, AAHS, AASPS, ASPSP and the PSEF. It is the hope and intent of the ASPSP/PSEF that this committee can help establish clinical research network and discuss the issues currently facing plastic surgery that require additional scientific studies and clinical data. Furthermore, they hope to delineate the long term scientific needs in plastic surgery. It is also felt that this committee can help understand those research needs of the subspecialty societies and help these societies to fulfill their research goals.

It is the overall goal of the reorganization of the PSEF to improve or to facilitate research within plastic surgery. This means greater research funding, increased collaboration, improved

RECONSTRUCTIVE MICROSURGERY

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

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Invitation to New Transplantation Society

research communication and advocacy, improved partnership with external funding agencies including government institutes and industry and improved quality of research. For the ASRM this could mean greater funding opportunities for research in many fields, including composite tissue allograft, complex reconstruction and stem cell biology.

Over the last few years, the leadership of the ASPS and the PSEF have been setting the stage and communicating this vision to the ASRM. I believe that as members of the ASRM we should foster open discussion with the ASPS and the PSEF in their pursuit of reorganization as it would seem that this is in the best interest of research. By being a part of this discussion, and aware of the issues, we not only help carve out the essentials of what we need as members of the ASRM but may also reap benefits for research funding allocated directly to our membership. We ask, “show me the money” or perhaps we should also ask “how can we help”. This mission is important to all of us as members of the ASRM and as members of the ASPS. [RM](#)

The American Society for Reconstructive Transplantation was incorporated on July 9th 2008

The past decade has witnessed two groundbreaking developments in modern medicine: First, pioneering surgeons and institutions around the globe have demonstrated that excellent functional results can be achieved with human hand and face transplantation. Second, strategies reducing long-term immunosuppression have been proven effective in solid organ transplantation trials. Such protocols, if applied to composite tissue transplantation could further improve the life-enhancing benefits of these procedures. In the light of these achievements, composite tissue transplantation is believed to represent the next frontier in Reconstructive and Transplant Surgery.

To serve the growing interest and to help providing a platform for education, science and practice in reconstructive transplantation, the American Society for Reconstructive Transplantation

(ASRT) has been launched with the support of over 70 founding members around the country – and around the globe. The ASRT is a collaborative effort involving surgeons, transplant immunologists, organ procurement organizations and specialists in rehabilitation, psychology and medical ethics. A state of the art website will be established for the advancement of education, science and practice of reconstructive transplantation. It is the spirit of this society to be inclusive with regard to its membership, leadership and collaboration with other societies, institutions, corporations and support groups. We therefore propose a close collaboration with the American Society for Reconstructive Microsurgery in order to pursue the common goal of promoting the optimal treatment for tissue defects and cordially invite the members of the ASRM to also join the American Society for Reconstructive Transplantation.

Stefan Schneeberger, MD
ASRT President [RM](#)

AAHS/ASPN/ASRM Presidents Invited Lecturer Graham Gumley, MD

Helping Our Hands Restore Their Own Feeling

Despite the pace of Globalization this young century, the poor remain in the dark shadow of health care—not able to see any advantage from our skills and developments. Sharing our knowledge and teaching our skills in developing countries multiplies our work, restores hope where the need is greatest and returns to us

the true satisfaction of our healing profession. Dr. Gumley will give a talk based on his recent experiences in the developing world with small teams of Hand and Upper Limb Surgeons providing free care to the poor, with discussion about the opportunities, challenges and rewards. [RM](#)



Graham Gumley, MD



Michael Sauerbier, MD

Godina Lecture: Michael Sauerbier, 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. It is a pleasure to introduce Michael Sauerbier, MD as the 2008 Godina Traveling Fellow.

Teachers and Mentors in Reconstructive Microsurgery – the Way it Can Influence a Professional Career

Becoming a good doctor and an experienced Reconstructive Microsurgeon can be a long and winding road with a lot of success but also disappointing moments. Teachers and mentors who also had to go through such moments are very important to develop an own profile of how to act in important or difficult situations. This leads to the point of willing to teach and share what I have learned from important people in my life. Michael Sauerbier, MD, PhD is currently Chairman and Professor at the Department for Plastic, Hand and Reconstructive Microsurgery at the Main-Taunus-Hospitals in Hofheim and Bad Soden am Taunus, Academic

Hospital of the University of Frankfurt, Germany. He is also affiliated as Associate Professor at the University of Heidelberg, Germany. Dr. Sauerbier received a degree in medicine from the University of Wuerzburg, Germany where he also performed his doctoral thesis. He did a research fellowship at the Mayo Clinic in Rochester, MN, USA and worked on his PhD thesis in the biomechanical field of the forearm and hand. Dr. Sauerbier was Vice Chair at the Department of Hand, Plastic and Reconstructive Surgery at the BG-Trauma Center in Ludwigshafen / University of Heidelberg, Germany until 2007. His main interest in Reconstructive Microsurgery is limb reconstruction, especially after sarcoma resection and after trauma as well as thoracic wall reconstruction. **RM**

Harry Buncke Lecture: Ralph Manktelow, 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 his lectureship due to the sponsorship of the California Pacific Medical Center. It is our pleasure to introduce Ralph Manktelow, MD as the 2009 Harry Buncke Lecturer. **RM**

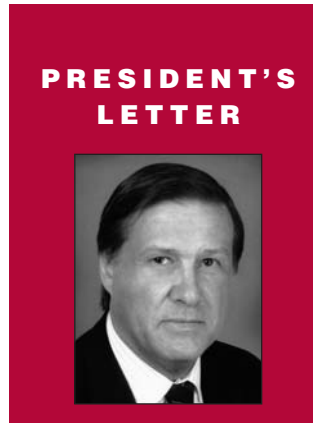


Ralph Manktelow, MD

Collaboration with Other Societies

Since the last newsletter, ASRM members have participated in two very important meetings. The 1st American Conference on Reconstructive Transplantation Surgery was held in Philadelphia in July. The program chairman, Stefan Schneeberger, MD, organized an outstanding faculty of reconstructive microsurgeons, transplant surgeons and immunologists to update the attendees on the progress of the American and European hand transplants and the two French face transplant patients, as well as project the future indications for composite tissue allotransplantation. All the American and European hand transplants, except in the first French patient, continue to survive, although all the Chinese hand transplants have rejected, probably due to discontinuation of immunosuppression. In addition to an update on the first French face transplant performed for a dog-bite injury, details of a second French face transplant for a patient with plexiform neurofibromatosis were provided and the early results were truly spectacular. The transplant surgeons provided details of new protocols for induction therapy and concomitant bone marrow transplantation and these protocols are likely to be applied to composite tissue transplantation in the future. The immunologists provided information on basic research into the “Holy Grail” of transplantation—the induction of tolerance—which is perhaps even more important to the future evolution of composite tissue transplantation than for solid organ transplantation.

The conference also heralded the founding of a new organization, the American Society for Reconstructive Transplantation (ASRT). The mission of this new society is to provide a forum not



Neil F. Jones, MD

The ASRM will partner with the ASRT on a 4-hour mini-symposium entitled, “The Next Level in Reconstructive Transplantation” after the conclusion of the main ASRM meeting.

only for reconstructive microsurgeons, but also those transplant surgeons and immunologists who wish to become involved in the future development of composite tissue allotransplantation. As a gesture of mutual collaboration, the ASRM will partner with the ASRT to organize a 4-hour mini-symposium entitled, “The Next Level in Reconstructive Transplantation” on Tuesday afternoon, January 13, 2009, after the conclusion of the main ASRM meeting. Laurent Lantieri MD will present the results of the second French face transplant and Christophe Hoehnke, MD will present the recent German bilateral

upper arm transplant. This symposium will be offered completely free to all ASRM members.

The first joint conference between the Chinese Society of Microsurgery and the American Society for Reconstructive Microsurgery was recently held in Shanghai in October, organized by Scott Levin, MD and Yixin Zhang, MD. Many of the landmark advances in microsurgery originated in China, including the first hand replantation, the radial forearm and anterolateral thigh flaps and the contralateral C7 and phrenic nerve neurotization procedures for brachial plexus reconstruction. This first joint conference will be extremely important in developing future communication between the two societies, allowing us to learn more rapidly about the ongoing developments in microsurgery in China and providing them with exposure to what we consider to be state-of-the-art microsurgical reconstruction in North America. In order to provide a forum for Chinese microsurgeons to present their work to the rest of the world, we have invited members of the Chinese Society of Microsurgery to attend future meetings of the ASRM; and Peter Neligan, MD, the editor of the *Journal of Reconstructive Microsurgery* offered attendees at the conference the opportunity to publish their papers in the *Journal*. All of the 19 ASRM members that travelled to Shanghai were very impressed with the level of surgical expertise of the Chinese presenters; humbled by their fluency in English (compared with our inability to converse in Chinese!); and staggered by the huge number of patients in some of their series. However, no mention was made of the Chinese hand transplants and it was revealed

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President's Letter

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that both Chinese face transplant patients had died, the first from their underlying primary malignancy and the second from unknown causes.

Finally, organization of the upcoming ASRM meeting in Maui continues to progress smoothly. A record number of 375 abstracts were received, more than any other previous meeting. Brian Boyd, MD, the program chairman, has organized the meeting so that sessions begin early in the morning and will be completed by 2 pm in the afternoon, thereby allowing members to spend quality vacation time with their families or experience the multitude of leisure activities. To reflect the theme of this year's meeting, celebrating the 25th anniversary of the founding of the ASRM, the main panels will trace the evolution of microsurgi-

cal reconstruction over the past 25 years and define the current state-of-the-art microsurgical reconstruction of four geographic areas: the upper and lower extremities, the head and neck and the breast. Graham Gumley, MD, a hand surgeon from Sydney, Australia, will speak movingly about volunteering in underdeveloped countries; Ralph Manktelow, MD, a past president of ASRM, will give this year's Buncke lecture and Thomas Starzl, MD, the pioneer of liver transplantation, will be this year's Presidential Invited Speaker. An outstanding program and faculty and a first class resort in a magical location all combine to make this a "not-to-be-missed" opportunity. I hope to see you all in Maui to celebrate our illustrious 25th anniversary! [RM](#)

Meeting Preview

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more, the ever popular 'Best Save/Best Case' feature has been retained and a prize will be given to the presenter of the most dramatic microsurgical rescue. Importantly, to accommodate the record number of original papers submitted for presentation, there will be an expanded timetable with simultaneous sessions on non-conflicting topics.

Undoubtedly, the intellectual experience will be unique, but the symposium's idyllic locale will set the stage for renewing old friendships, enjoying scenes of immense beauty, and participating in world class recreation. The golf tournament has been restored to its Saturday time slot while the ocean offers the full gamut of water sports. It is anticipated that many registrants will either come before or stay on after the meeting, so

make your reservations early to avoid disappointment!

We look forward to seeing you in Maui. [RM](#)



ASRM attendees at the first joint meeting with the Chinese Society of Microsurgery.

Working (Your) Inspiration into Your Practice

by Reuben A. Bueno, Jr., MD

How many times have you read on a residency application that a medical student's interest in plastic surgery began with a reconstructive microsurgery case? An informal survey would perhaps reveal reconstructive microsurgery in a dead heat with pediatric plastic surgery as the most commonly cited reason for these applicants' interest in a career in plastic surgery. We see it mentioned so many times in the personal statement or during the interview process about how a microsurgical case—breast reconstruction, replantation, head and neck reconstruction, lower extremity reconstruction—inspired someone to pursue a plastic surgery residency position. So what happens? Where does that interest go once they are finished with residency? Do they continue to do the cases that inspired them in the first place?

Are they just telling us what they think we want to hear? I do believe that the majority of them are being sincere—that they truly were influenced by a case they saw in medical school that provided a glimpse of what reconstructive microsurgery can accomplish. What have been the most memorable cases of your career? Were they micro cases? I know from my own experience that my most memorable cases from medical school, residency and fellowship training, and during my first 3 years as an attending have, with a few exceptions, been microsurgical cases. They were memorable for many reasons—the reconstructive challenge, the technical difficulty, the things that went wrong—but mostly because of the meaningful impact on a patient's life that the microsurgical reconstruction provided. That's what makes these cases so memorable and richly rewarding.

Certainly, there are rewarding cases in all aspects of plastic surgery, but do we do a good job in promoting the reconstructive cases that inspired us and others into this field? What is it about microsurgery that appeals to you? I asked medical students interested in plastic surgery, our residents, and fellow microsurgeons. Many said similar things, but some were unique to the group:

Attending surgeon: *"It was what was best for the patient to salvage the limb and preserve function."*

Resident: *"It was satisfying to do the micro and have the replanted thumb survive."*

Medical student: *"It was the coolest surgery I have ever seen—to move a piece of the abdomen to the chest and make it look like a breast—now that was cool!"*

So what happens to that enthusiasm as students move to residency and then into practice? Does microsurgery stop being cool, or do other factors lead a surgeon to stop doing those cases? There are many reasons why plastic surgeons stop doing microsurgery—cases are too long, hospital or partners are not supportive, reimbursement is poor, inconvenient to the next day's schedule, microscope doesn't work, don't have residents to monitor the flap, etc.... But what about those of us—ASRM members—who continue to do microsurgery? Are our attitudes as negative as our plastic surgery colleagues who no longer perform microsurgical cases? Do we complain about the same things? Do our trainees see cases that they would want to do in practice or ones that they would want to avoid?

Do we emphasize what was said by the surgeon, resident, and medical student—that microsurgical reconstruction was the best option

for the patient in terms of function and aesthetics, that the technical challenge—the act of suturing a vessel under a microscope—is satisfying, and simply that the case was "cool." We all know that micro cases take a long time, are fraught with potential complications and failure, can really wreak havoc on the next day's schedule, and make things inconvenient for everyone involved from our nurses to the OR staff to our very own families. So why do we—members of the ASRM—continue to take on these cases?

I can't speak for anyone other than myself, but it remains the most challenging part of my practice. I have been fortunate to have been trained by surgeons who remain enthusiastic about microsurgery. From residency at SIU to fellowships in New York and Toronto, I saw my mentors approach the most difficult reconstructive cases with enthusiasm and a sense of purpose. I suspect some of them thought that these cases were "cool," just like a medical student. I am also fortunate that one of those mentors is now my chairman, Mike Neumeister, who has always made microsurgery fun and challenging. With these examples, it never crossed my mind to stop doing micro cases, although I know some of my peers may not have the same supportive environment. What I hope to show medical students and residents is the same thing that I was fortunate enough to see in my training—that microsurgical cases demand the most of you as a surgeon but can also be the most rewarding. And yes, maybe even "cool." **RM**

Reuben A. Bueno, Jr., MD, is an assistant professor of plastic surgery at Southern Illinois University School of Medicine and a member of ASRM.
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2009 PROGRAM-AT-A-GLANCE

23rd Annual Meeting of the American Society for Reconstructive Microsurgery

January 10-13, 2009 • Grand Wailea Resort, Maui, Hawaii

Saturday, January 10, 2009

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| <p>6:45–8:15am Coffee Supported by Medartis</p> <p>7:00–8:00am AAHS/ASP/ASRM Instructional Courses- Additional CME 1 hour each</p> <p>201 Pedicled and Free Flap Reconstruction for Trauma and Tumors of the Upper Extremity
<i>Amit Gupta, MD</i>
<i>Joseph Upton, MD</i></p> <p>202 Current State of the Art Toe Transfers for Thumb and Finger Reconstruction
<i>Gregory Buncke, MD</i>
<i>Neil F. Jones, MD</i>
<i>Fu Chan Wei, MD</i></p> <p>203 Introduction to Acupuncture: Principles and Applications
<i>Lawrence J. Rossi, MD, FAAP, DABMA</i></p> <p>204 Multiple Nerve Transfers for Control of Upper Extremity Myoelectric Prostheses (Targeted Reinnervation)
<i>Greg Dumanian, MD</i></p> <p>205 Bridging the Nerve Gap
<i>James Chang, MD</i>
<i>Susan MacKinnon, MD</i>
<i>Allen Van Beek, MD</i></p> <p>206 Brachial Plexus Surgery-What Works and What Does Not Work
<i>Allen Bishop, MD</i>
<i>Howard Clarke, MD</i>
<i>Robert Spinner, MD</i></p> | <p>8:15–8:30am AAHS/ASP/ASRM President's Welcome
<i>Scott H. Kozin, MD</i>
<i>Robert Russell, MD</i>
<i>Neil F. Jones, MD</i></p> <p>8:30–9:30am AAHS/ASP/ASRM PANEL: Crisis In Hand Trauma Coverage
<i>L. Scott Levin, MD, Moderator</i>
<i>Neil F. Jones, MD</i>
<i>E. Anne Ouellette, MD</i>
<i>William C. Pederson, MD</i>
<i>Luis Scheker, MD</i>
<i>Milan Stevanovic, MD</i></p> <p>9:30–10:00am Brunch with Exhibitors</p> <p>10:00–11:00am AAHS/ASP/ASRM PANEL: Medical Diplomacy-Volunteering, Training, and the Military
<i>Miguel Pirela-Cruz, MD, Co-Moderator</i>
<i>Eric Hofmeister, MD, Co-Moderator</i>
<i>Nash Naam, MD</i>
<i>Eric Thompson, MD</i>
<i>Brian Fitzgerald, MD</i>
<i>Lynn Bassini, OTR, CHT</i></p> <p>11:00am–12:00pm AAHS/ASP/ASRM Presidents Invited Lecturer: Graham Gumley, MD
"Helping Our Hands Restore Their Own Feeling"</p> <p>12:00pm AAHS/ASRM Golf Tournament: Wailea Country Club: Gold Course</p> <p>12:00–5:00pm ASRM Master Series</p> <p>1:00–3:00pm ASPN Programming</p> <p>6:00–8:00pm ASPN/ASRM Cocktail Reception Supported by ASSI</p> |
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2009 PROGRAM-AT-A-GLANCE

Sunday, January 11, 2009

- 7:00–7:15am** **Welcome**
Neil F. Jones, MD, ASRM President
J. Brian Boyd, MD, ASRM Program Chairperson
- 7:15–8:15am** **Concurrent Paper Presentation Sessions**
- 8:15–9:15am** **ASPN/ASRM Panel: Failed Carpal Tunnel and Cubital Tunnel Surgery**
Robert Russell, MD, Moderator
Neil F. Jones, MD
Susan Mackinnon, MD
Allen Van Beek, MD
- 9:15–9:45am** **Breakfast with Exhibitors**
- 9:45–10:45am** **ASRM Panel: Lower Extremity Update**
L. Scott Levin, MD, FACS, Moderator
Emmanuel Melissinos, MD
Minoru Shibata, MD
- 10:45–11:45am** **President's Invited Lecture**
Thomas Starzl, MD
- 11:45am–12:15pm** **Lunch with Exhibitors**
- 12:15–1:30pm** **Mini Panels**
- (1S) Breast Reconstruction: A Woman's Perspective
Joan Lipa, MD, Moderator
Karen Horton, MD, MSc, FRCSC
Andrea Pusic, MD
Aldona Spiegel, MD
- (2S) Perforator Flaps: Ebb or Flow?
Geoff Hallock, MD, Moderator
Ming Huei Cheng, MD
Isao Koshima, MD
Steve Morris, MD
- (3S) Alternatives to CTA in Facial Reconstruction
Julian Pribaz, MD, Moderator
Jacques Baudet, MD
Robert Walton, MD
- (4S) Surgical Options in the Diabetic Extremity
A. Lee Dellon, MD, Moderator
Chris Attinger, MD
Maria Siemionow, MD
- (5S) Vessel Imaging in Autogenous Breast Reconstruction
Risal Djohan, MD, Moderator
Robert Allen, MD
Moustapha Hamdi, MD, PhD
Masia Jaume, MD
Michael Samson, MD

- (6S) Plan B in Microsurgery
Peter Neligan, MD, Moderator
Guenter Germann, MD
Robert Russell, MD
Randy Sherman, MD

- 1:30–2:30pm** **Godina Lecture**
Michael Sauerbier, MD
 Teachers and Mentors in Reconstructive Microsurgery—The Way It Can Influence a Professional Career
- 5:30–9:30pm** **Presidential Dinner (invitation only)**

Monday, January 12, 2009

- 7:00–8:00am** **Concurrent Paper Presentation Sessions**
- 8:00–9:00am** **Buncke Lecture**
Ralph Manktelow, MD
- 9:00–10:00am** **Panel: Head and Neck Microsurgery: State of the Art**
Peter Neligan, MD, Moderator
Hung Chi Chen, MD
Joseph Disa, MD
Ron Yu, MD
- 10:00–11:00am** **Concurrent Paper Presentation Sessions**
- 11:00–11:30am** **Presidential Address**
Neil F. Jones, MD
- 11:30–1:30pm** **Best Case/Best Save Presentations & Luncheon**
Michael Zenn, MD, Moderator
- 1:30–2:30pm** **Concurrent Paper Presentation Sessions**
- 2:30–3:45pm** **Mini Panels**
- (1M) Brachial Plexus Challenges & Solutions
Howard M. Clarke, MD, PhD, Moderator
Kazuteru Doi, MD
Xiao-Song Gu, MD
Julia K. Trezis, MD, PhD
- (2M) Nerve and Muscle Transfers
Susan Mackinnon, MD, Moderator
Allen Bishop, MD
Alexander Shin, MD
Thomas Tung, MD
- (4M) Sarcoma Reconstruction
David Chang, MD, Moderator
Peter Cordeiro, MD
Michael Sauerbier, MD
Alexander Shin, MD
- 7:00–10:00pm** **ASRM 25th "Silver" Anniversary Celebration**

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2009 PROGRAM-AT-A-GLANCE

Tuesday, January 13, 2009

7:00–8:15am Mini Panels

- (1T) Urogenital Reconstruction
Lawrence Colen, MD, Moderator
J. Brian Boyd, MD
Lawrence Gottlieb, MD
- (2T) Outcome Studies in Microsurgery
Achilleas Thoma, MD, Moderator
John J. Coleman, MD
Peter Cordeiro, MD
Andrea Pusic, MD
- (3T) Maxillomandibular Reconstruction
Matthew Hanasono, MD, Moderator
Roman Skoracki, MD
J. Trad Wadsworth, MD
- (4T) Microsurgery Reconstruction of Hand and Forearm
Michael Neumeister, MD, Moderator
Michael Sauerbier, MD
Milan Stevanovic, MD
- (5T) Microsurgery in Academic vs. Private Practice
William C. Pederson, MD, Moderator
Gregory R. D. Evans, MD
Neil Fine, MD

(6T) Tissue Engineering in Microsurgery
Geoffrey Gurtner, MD, Moderator
Wayne Morrison, MD
Ron Yu, MD

8:15–9:15am **Annual Business Meeting**
(ASRM members only)

9:15–10:15am **Facial Re-Animation: How I Do It**
Ralph Manktelow, MD, Moderator
Roger Simpson, MD
Julia K. Terzis, MD, PhD
Ronald Zuker, MD

10:15–11:15am **Concurrent Paper Presentation Sessions**

11:15am–12:15pm **Concurrent Panel: Algorithms in Breast Reconstruction**
J. Brian Boyd, MD, Moderator
Elisabeth Beahm, MD
Ed Buchel, MD
Joseph Serletti, MD

11:15am–12:15pm **Concurrent Panel: Evolution of Upper Extremity Reconstruction**
Wayne Morrison, MD, PhD, Moderator
Luis Scheker, MD
Susumu Tamai, MD
Fu Chan Wei, MD

12:15–12:30pm **Closing Remarks**

12:45–1:45pm **Council Meeting** [RM](#)

ASRM/AAHS Day at the Links Golf Tournament

being held in conjunction with the
ASRM/AAHS/ASPN Annual Meeting
Saturday, January 10, 2009



Tee times: 12:00 pm – 1:15 pm

Cost: \$230.00 per player Tickets are non-refundable.

Nike Rental Clubs: \$53/must be arranged in advance to guarantee availability.

Another memorable golf experience unfolds on the first class Gold Course at the Wailea Country Club. This year's format is a Shamble, and promises a challenge. Each member of your foursome hits a tee shot. The best drive of the team is selected, and all players play their own ball out from that point. Due to course restrictions, the tournament will be scheduled as consecutive tee times, allowing you the flexibility to sign up for your preferred tee time and foursome. We're looking forward to seeing you on tournament day, and will pass on more detail and instructions in your welcome packet. Greens fee, lunch, transportation and golf course gratuities included.

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

ASRM FUTURE ANNUAL MEETINGS

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

2012

JANUARY 14-17, 2012
Red Rock Casino Resort Spa
Las Vegas, NV