

**THE AMERICAN
SOCIETY
FOR RECONSTRUCTIVE
MICROSURGERY**

VOLUME 5, NUMBER 3
AUTUMN 1994

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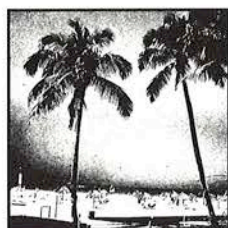
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The views expressed in articles, editorials, letters and or publications published by ASRM are those of the authors and do not necessarily reflect the society's point of view.



RECONSTRUCTIVE MICROSURGERY

ASRM marks a decade of progress



Marco Island

The January 1995 Marco Island Meeting of the American Society for Reconstructive Microsurgery marks our tenth anniversary as a surgical specialty society. We are indebted to the original five founding members of our

society, Drs. Berish Strauch, James Steichen, Allen Van Beek, Julia Terzis, and James Urbaniak who first met in June, 1983 to plan an American society dedicated to the advancement of reconstructive microsurgery.

The first two-day meeting of the society was held January 18-19 1985, at the MGM Grand Hotel in Las Vegas. The original by-laws of the American Society for Reconstructive Microsurgery were voted on and passed at that meeting.

During the last ten years we have grown in number from the original 77 members who attended that meeting to 332 active and corresponding members including plastic, orthopedic, and general surgeons from around the world. Last year's meeting in Kansas City was attended by 330 surgeons and was our largest meeting to date.

ASRM has also grown in stature and our society is recognized as the official voice for reconstructive microsurgery in America and abroad. We have cosponsored educational symposia with the American Association for Hand Surgery, The Plastic Surgery Educational Foundation, the American Academy of Orthopedic Surgeons and with the International Society for Reconstructive Microsurgery as well as microsurgery societies in Europe and Asia.

Not only have we grown in numbers but the research carried out and the

PRESIDENT'S LETTER



**Robert C. Russell, MD,
FRACS, FACS**

innovations developed by our members have advanced the science and technology of reconstructive microsurgery to its present advanced state. We can now cover large soft tissue defects caused by trauma or the surgical ablation of advanced tumors which were not previously resectable. We can provide functioning free muscle transfers for extremity of facial re-animation and we can reconstruct skeletal defects in the face and extremities with precise anatomical restorations of form and function.

Our members conduct research into many areas of interest including drugs to prevent microvessel thrombosis, methods to improve nerve regeneration, ways to prevent reperfusion injury after ischemia, flap expansion prior to transfer and the creation of custom made composite flaps using growth factors or transferred vascular pedicles. The ASRM was established to disseminate knowledge and advance science and we have been very successful in both areas.

Today we are faced with new challenges which clearly mark a change in direction for

(continued on page 3)

EDITOR'S MESSAGE



Peter J. Stern, MD

*Decisions regarding
replantation
surgery must be
unemotional,
cost effective and in
our patient's best
interest.*

Outcome Research Replantation

Outcome studies which are condition rather than procedure oriented, have become a very hot topic in the 1990's. Three to four years ago most of us were unfamiliar with the term; today, we have varying degrees of familiarity, but microsurgeons have had little involvement in these studies.

The necessity for outcome studies have been generated by the rising cost of medical care delivery. It is currently estimated that between 12% and 14% of the gross national product is devoted to medical care. This is considered unacceptable by many of our government leaders especially when other nations (Canada, Japan, and Germany) spend less than 10% of their GNP on medical care and more than 30 million US citizens are not covered by conventional insurance.

It is apparent to me that reliable outcome research data in microsurgery will be invaluable to the government, third party payers, physicians and patients; however, the generation of such data will be difficult to obtain.

Nevertheless, it is important that we take an active rather than traditionally passive role in the design and implementation of such studies because the very nature of our specialty may be redefined by individuals who have little knowledge of what we do. Our participation has merit on the following grounds: we are well suited to define and prioritize the problems to be studied and we have access to collaborators to help fund, design, implement, interpret, and disseminate the results of such studies.

I believe outcome studies can be accomplished in microsurgery, but will be difficult to carry out for many reasons. Consider replantation.

First, a well designed study must be developed. Statisticians tell us for a study to be valid it must be controlled (i.e., there is an alternative treatment, in this case amputation), randomized (helps minimize selection bias), and prospective (data parameters all present when collated).

Second, there are many problems with

any surgical trial. These include variable ethical attitudes and surgical bias, differences in technical abilities, and it may take many years to determine the ultimate "outcome."

Third, there must be agreement of the parameters selected to measure outcome. Clearly, vascular integrity does not correlate with outcome nor do traditional measurements such as sensibility and range of motion. What is satisfactory to the surgeon may be unsatisfactory to the patient.

Fourth, there are innumerable co-variant factors which might preclude randomization into a specific arm of the study (age, occupation, medical condition, socioeconomic status, etc.).

Fifth, patients have an incredible capacity to adapt and adjust over time. This is substantiated in an article by Paul Brown¹, who surveyed nearly 200 surgeons who had permanently lost parts of their hands.

Sixth, replantation, compared with other procedures, is uncommon. There is wide institutional and regional variation making data collection and assessment difficult.

Finally, the cost and manpower to complete outcome studies may be prohibitive, necessitating the need for outside funding.

Decisions regarding replantation surgery must be unemotional, cost effective, and in our patient's best interest. True outcome data would be very helpful in making such decisions, but I'm not sure we will ever have it. We must work together in the future in a prospective manner to define the parameters and to design outcome studies in microsurgery which can be eventually funded and successfully carried out over the next few years. Your part in this process is vital to our specialty.

*Peter J. Stern, MD
Editor*

¹Brown, PW. Less than ten-surgeons with amputated fingers. J Hand Surg 7:31-37, 1982.

A decade of progress *(continued from page 1)*

our society. We must now become involved in the socioeconomic and political aspects of medicine. During the last two years the ASRM has established a committee on clinical guidelines and outcome studies for microsurgical procedures. We are also involved for the first time in modifying the CPT codes through our Coding and Reimbursement Committee and with the ASPRS and AAOS are having an impact with the RUC Committee.

The socioeconomic changes which are now driving medicine including the development of HMO's, capitation, and contract medicine may adversely effect reimbursement for complex microsurgical procedures or, more importantly, may restrict access to the clinical services which we can provide our patients. If a specialist knows more and more about less and less, then certainly reconstructive microsurgeons can hardly be considered practitioners of primary care. It is possible that in the future we may be told by a less qualified physician or, even worse, an administrator that a given reconstructive procedure which could provide improved patient function and/or quality of life is not "cost effective." We must, therefore, make every effort to educate our referring primary care physicians about the procedures that we can perform for the benefit of *their patients*. Our future is, therefore, tied to the education of primary care physicians.

The work we do and the "miracles" we perform often makes headlines in the lay

press. The public is amazed at the results of reconstructive microsurgery which we take for granted and they are hungry to hear more. Many of you will have the chance to deal with the media and should do so as a representative for all reconstructive microsurgeons.

We must educate the public so that they will continue to expect the best possible medical services available when they are indicated. The media's coverage of the young Minnesota farm boy who had both arms replanted by Allen Van Beek following a farm accident is an example of how we should interact with the press. This is the kind of story which brings credibility to our work and portrays a positive image of reconstructive microsurgery.

None of us can predict what the future will hold, but I hope all of you will stay involved in the process of change. Certainly, it is no longer sufficient for us to educate only ourselves. I believe that we must spread the word to patients, to our referring physicians, to the insurance companies, to the directors of HMO's, and to our elected political officials about the patient benefits which result from reconstructive microsurgery.

The first ten years established ASRM as a society to educate microsurgeons. The next decade must also include education for the rest of the medical community and the public at large. **RM**



RM Notes

ASRM President Robert C. Russell, MD was profiled in Indiana Alumni magazine, September/October 1994. Dr. Russell's 1968 Rose Bowl appearance as an offensive guard for IU through to his current career are highlighted. Regarding Russell, Stephen Beaven writes:

"The Rose Bowl team helped build the confidence that made him a success in the classroom and at the operating table. Raising two daughters, he says, will provide challenges long after he retires."

In April of this year, Dr. Russell and wife Anne adopted baby Mirriah. A 4-year-old daughter from Viet Nam, Kaitlyn, joined the Russell family in early October.

Godina Memorial Lecturer

Applications are now welcome for individuals interested in presenting the Godina Lecture at the Eleventh Annual Meeting in Tucson, January 14-17, 1996. The lecturer must be a member of ASRM, under the age of 43 when the lecture is given. He or she will receive an honorarium of \$500 and the Godina Memorial Medal.

Members interested should submit a single paragraph outline of a 30 minute lecture, by December 15, 1994, to:

President-Elect Ralph T. Manktelow, MD
EM 10-236, Toronto General Hospital
200 Elizabeth Street
Toronto, Ontario M5G 2C4

The Godina Memorial Lecture, as established by the trustees of the Marko Godina Fund, is in honor of Marko Godina, MD who died in 1986 at age 43, in the



**FOR
MEMBERS ONLY**

Dear ASRM Members:

There are many interesting ASRM committees available for members to take part. Most of these committees meet at the annual meeting and their work is done by correspondence during the year. I will be forming the committee lists in the next few months and would appreciate hearing from those of you who would like to take part in a committee.

The Program Committee is responsible for the organization of the annual meeting scientific program. This requires a review and rating of over two hundred abstracts submitted for the annual meeting.

Audiovisual Subcommittee is responsible for seeking submission for the audiovisual theater to be held at the annual meeting and to prepare short reviews of videotapes to be published in each issue of the newsletter.

The By-laws Committee is responsible for reviewing and recommending changes in the by-laws. All by-laws changes recommended by council or members of the society are reviewed by this committee.

The Technical Exhibits Committee is responsible for arranging for technical exhibitors for the annual meeting which provides important financial support to our annual income.

Education Committee is responsible for establishing educational goals and developing the Society's involvement in CME activities.

Member Correspondence Subcommittee solicits members for letters describing techniques, suggesting ideas, sharing research findings and posing problems in microsurgery.

Clinical Guidelines and Outcomes develops a standardized format including a computer database to be used in preparing guidelines for microsurgical procedures. This committee also determines ways to seek funding to pursue outcome studies in microsurgery.

Coding and Reimbursement is responsible for reviewing CPT codes which apply to microsurgery and to rationalize the appropriate design additions to those codes.

Please notify me directly if you are interested in participating on any of these committees.

Yours sincerely,



Ralph T. Manktelow, President-Elect
EM 10-236
Toronto General Hospital
200 Elizabeth Street
Toronto, Ontario M5G 2C4
Canada

Program Highlights

Founders Lecture

Friday, January 13, 1995
10:15 am - 10:50 am

The ASRM Founders Lecture will be presented by Professor General Nguyen Huy Phan, the highest ranking military physician in Vietnam. The lecture will focus on the changing face of medicine and the development of microsurgery in Vietnam.

Dr. Phan has worked diligently over the past 20 years to help rebuild his country's medical infrastructure and to increase the services provided following the Vietnam war. He has treated a large number of patients using free tissue transfers to reconstruct a variety of congenital and acquired defects. Dr. Phan has over 40 years experience in plastic and reconstructive surgery and despite financial and political obstacles, is the driving force behind the development of microsurgery in Vietnam.

Second Godina Memorial Lecture

Thursday, January 12, 1995
10:10 am - 10:40 am

Mark Schusterman, MD, Chairman of Plastic and Reconstructive Surgery at MD Anderson Hospital in Houston, Texas will deliver the Second Annual Godina Lecture entitled "Reconstructive Microsurgery: The Next Generation."

Dr. Schusterman and his associates at MD Anderson have pioneered, developed, and refined microsurgical reconstruction of large composite defects created by cancer resection in the head and neck, breast, and extremities. The volume of cancer patients seen at MD Anderson Hospitals has allowed Dr.

Schusterman to gain vast experience in free tissue transfer reconstruction of these defects.

The Godina Lecture is given by a member of the American Society for Reconstructive Microsurgery who is younger than 43, the age at which Marko Godina died in 1986, as established by the trustees of the Marko Godina Fund.

International Panel: 25 Years of Microvascular Free Flaps: Changing Economics and Indications

Friday, January 13, 1995
11:30 am - 1:00 pm

A diverse panel of international physicians will participate in this panel. Initial presentations and difficult cases will be presented and reviewed by the panelists. An opportunity for discussion between the panelists and attendees will be included.

Keynote Speaker: The Art of Finding Gold Off the Florida Coast

Saturday, January 14, 1995
12:35 pm - 1:35 pm

Pat Clyne, a member of Mel Fisher's expedition in the Caribbean resulting in the discovery of the 1622 Spanish galleons Atocha and Margarita, will tell the fascinating true life adventure of the 16-year search for the lost Spanish galleons. Mr. Clyne helped develop and record the archeological data and created photographic maps of the artifact scatter pattern which culminated in salvage of the world's largest collection of sunken treasure.

10th Anniversary Reception and Dinner

Thursday, January 12, 1995
7:00 pm - 10:00 pm

All attendees are invited to celebrate our 10th Anniversary and enjoy a delicious buffet, entertainment, and dancing.

Beach Reception

Saturday, January 14, 1995
6:00 pm - 7:30 pm

Members of both ASRM and AAHS are invited to mingle at the Beach Reception.

Instructional Courses

Seven courses will be given on each Thursday and Friday morning with commentaries by international speakers. Prior registration is required.

Audiovisual Theatre

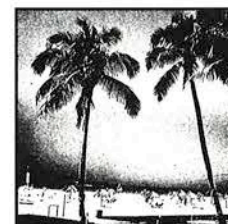
A large selection of tapes covering basic science, microsurgical technique, and the clinical aspects of microsurgery will be available for viewing in the Audiovisual Theatre.

Viewing hours are:

Thursday, January 12, 1995
6:30 a.m. - 5:30 p.m.

Friday, January 13, 1995
6:30 a.m. - 5:00 p.m.

Saturday, January 14, 1995
1:30 p.m. - 5:00 p.m.



Marco Island

Program Preview

The upcoming Tenth Anniversary Meeting of the American Society for Reconstructive Microsurgery will overlap with the American Association for Hand Surgery's (AAHS) 25th Annual Meeting. This unique format will include a day of combined scientific sessions where topics common to hand surgery and microsurgery will be presented on Saturday, January 14.

The Scientific Program will open every morning with a selection of instructional courses where an expert faculty will share with us their technical refinements and

conceptual advances. Endoscopic microsurgery, perforator-based free flaps, and cross brachial plexus transfers are only 3 of the 21 courses you could plan to attend.

The Scientific Program has selected 72 excellent papers from a record number of abstracts submitted for the free paper sessions. These presentations will span the entire spectrum of microsurgery, and as usual for our society will explore new frontiers. We will maintain ASRM's tradition of rich interaction with our international colleagues. Panels will also feature

Meeting Schedule

Wednesday, January 11, 1995

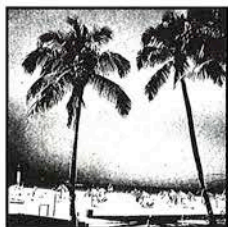
4:00 p.m. - 7:00 p.m.	Registration
4:00 p.m. - 7:00 p.m.	Poster Set-Up

Thursday, January 12, 1995

6:00 a.m. - 5:00 p.m.	Registration
6:00 a.m. - 7:00 a.m.	Poster Set-Up
6:30 a.m. - 5:30 p.m.	Audiovisual theatre
6:30 a.m. - 7:15 a.m.	Instructional Courses
7:15 a.m. - 4:30 p.m.	Viewing of Posters
7:15 a.m. - 7:45 a.m.	Breakfast
7:45 a.m. - 7:55 a.m.	Scientific Program Opening Ceremony
7:55 a.m. - 10:10 a.m.	Free Paper Session I
10:10 a.m. - 10:40 a.m.	Godina Lecture
10:40 a.m. - 11:00 a.m.	Break
11:00 a.m. - 1:00 p.m.	Free Paper Session II
1:00 p.m. - 2:15 p.m.	Lunch
2:15 p.m. - 4:30 p.m.	Free Paper Session III
4:30 p.m. - 5:30 p.m.	Business Meeting
6:30 p.m. - 9:00 p.m.	Reception

Friday, January 13, 1995

6:30 a.m. - 1:00 p.m.	Registration
6:30 a.m. - 5:00 p.m.	Audiovisual Theatre
6:30 a.m. - 7:15 a.m.	Instructional Courses
7:15 a.m. - 1:30 p.m.	Exhibits Open/Viewing of Posters
7:15 a.m. - 7:45 a.m.	Breakfast and Poster Session
7:45 a.m. - 10:15 a.m.	Free Paper Session IV
10:15 a.m. - 10:50 a.m.	Founder's Lecture
10:50 a.m. - 11:10 a.m.	Break
11:10 a.m. - 11:30 a.m.	Presidential Address
11:30 a.m. - 1:00 p.m.	Panel Discussion: 25 Years of Microvascular Free Flaps: Changing Economics and Indications



Marco Island

American and international experts for in-depth discussion of not only the scientific topics, but also the economic pressures already faced by our international colleagues.

A tenth year anniversary presidential address by Robert Russell, MD, the Founders Lecture by Professor General Nguyen Huy Phan from Vietnam, and the Godina Lecture awarded this year to Mark Schusterman, MD from MD Anderson Cancer Center in Houston, will also be among the meeting's highlights.

Sessions are planned to end early in the afternoon, leaving the rest of the day free for the many optional tours planned, or simply to enjoy the many amenities available at this wonderful beach resort! There's lots to do for the entire family.

On behalf of the Scientific Program Committee, I encourage you to attend and commemorate the Tenth Anniversary meeting of our society. I look forward to seeing you in Marco Island.

Roger K. Khouri, MD

Saturday, January 14, 1995

6:00 a.m. - 1:30 p.m.	Registration
6:30 a.m. - 7:15 a.m.	Instructional Courses
7:15 a.m. - 1:30 p.m.	Exhibit Hall Open/Viewing of Posters
7:15 a.m. - 7:45 a.m.	Breakfast in Exhibit Hall
7:45 a.m. - 7:50 a.m.	Joint ASRM/AAHS Presidential Welcome
7:50 a.m. - 10:45 a.m.	Combined ASRM/AAHS Free Paper Session
10:45 a.m. - 11:05 a.m.	Break
11:05 a.m. - 12:35 p.m.	Joint ASRM/AAHS Panel Discussion: Microsurgery in Hand Surgery: Conventional vs. Microvascular Approaches
12:35 p.m. - 1:35 p.m.	Keynote Speaker
1:35 p.m. - 5:00 p.m.	Audiovisual Theatre
6:00 p.m. - 7:30 p.m.	Beach Reception

Optional Tours

Wednesday, January 11, 1995

11:00 a.m. - 4:00 p.m.	Edison/Ford Winter Homes Tour Olde Naples/Coral Isle Outlet Center
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Thursday, January 12, 1995

2:00 p.m. - 6:00 p.m.	Corkscrew Swamp Sanctuary National Everglades 10,000 Islands Tour
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Friday, January 13, 1995

9:30 a.m. - 2:30 p.m.	Olde Naples/Coral Isle Outlet Center
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Marco Island: A Tropical Paradise

As local host for the ASRM

Annual Meeting, I invite you to

join us in Marco Island, a tiny

island of tropical paradise

suspended off the southern-most

tip of Florida. You will enjoy

beautiful sunsets reflected on the

sparkling waters of the Gulf.

For recreation there are

beautiful beaches for swimming,

sunbathing and shelling. For the

fisherman, you can cast into

some of the world's finest fishing

or tour the wild wetland of the

Florida Everglades. Land lovers

can explore by bike or trolley or

you can tee off on one of the

many area golf courses.

More than 40 restaurants on

the island spotlight Florida's

fresh seafood and shopping

sprees will abound with endless

gift shops and stores including

the quaint 'Port of Marco

Shopping Village'. There will be

activities available for all the

family. We hope you will join us

for this very special annual

event.

Harry K. Moon, MD

Over the last 10 years, Dr. Phan has worked diligently to rebuild Viet Nam's medical infrastructure and to increase the services provided following the Viet Nam war.



Marco Island

Founders Lecturer: Professor Nguyen Huy Phan, MD, DSc

Born in 1928 in Hanoi, Viet Nam, Nguyen Huy Phan's career as a surgeon has lead him around the globe, currently serving as the highest-ranking military physician in Viet Nam. Over the last 10 years, Dr. Phan has worked diligently to rebuild Viet Nam's medical infrastructure and to increase the services provided following the Viet Nam war. To his credit, Dr. Phan is fluent in English, French, Russian, and Vietnamese. He currently resides in Hanoi, Viet Nam with his wife and three children.

In 1958, Dr. Phan began his residency in the Department of Maxillo-Facial and Plastic Surgery at the All Union Institute of Traumatology and Orthopedics in Moscow after receiving his Doctor of Medicine in that year from the Hanoi University School of Medicine. In 1959, Dr. Phan achieved the status of Candidate to the degree of Doctor of Medical Sciences in Moscow.

Dr. Phan returned to Hanoi in 1960 to serve for 2 years as Chief, Division of Maxillo-Facial Surgery, Department of Stomatology, and Maxillo-Facial Surgery, Central Military Hospital (CMH), Hanoi. During this period Dr. Phan was a lecturer at the Hadong Institute of Military Medicine and the Hanoi University School of Medicine (HUSM).

In 1963, Dr. Phan was named Chief, Department of Maxillo-Facial and Plastic Surgery at CMH in Hanoi. He served as the chief consultant in maxillofacial and plastic surgery for Military Medical Service (MMS) and continued to lecture.

Attaining a diploma as Assistant Professor in 1980, Dr. Phan was named Deputy-Director, of CMH in Hanoi. He

continued to serve as a consultant to Medical Military Service (MMS) and became Assistant Professor of Maxillo-

Facial and Plastic Surgery at Hanoi Institute of Military Medicine and HUSM. Dr. Phan was named Deputy-Director, Head Surgeon of CMH in 1984 where he served through 1990.

Currently the Deputy-Director Head Surgeon at Tram Hung Da Hospital in Hanoi, Dr. Phan continues to serve as Professor and Chairman, Department of Plastic and Reconstructive Surgery, HUSM. He is Director of the Hanoi Plastic Surgery Center, and

Director, National Program of Application of Laser Techniques in Medicine.

Dr. Phan has published 108 articles and book chapters, as well as 3 monographs on various problems of traumatology, maxillofacial surgery, plastic surgery and reconstructive microsurgery. He has received 3 orders conferred by the State Council of Viet Nam in acknowledgement of contributions to the health care system and medicine in the country. In 1986 he was given the honorary title of "The People's Physician," and in 1989 and 1993 received medals for "Dedication to the Young Generation," and "Dedication to the People's Health."

Serving as president of Operation Smile Viet Nam, Dr. Phan has been recognized outside Viet Nam, serving as a Fellow to the Third World Academy of Sciences in Trieste, Italy, as an honorary member of the Cuban Association of Plastic Surgeons, and as honorary member of the American Society of Reconstructive Microsurgery. **RM**

Dr. Phan, shown below performing a surgical procedure, currently practices in his native Viet Nam.



Committees spur ASRM growth

The committees and leadership of ASRM have continuously worked toward the growth of our society and the recognition of the microsurgical specialty in the medical community. During 1994 much activity transpired to excel our growth and maintain our presence, and all committee members are encouraged to continue their efforts.

Annual Meeting 1996 **Ralph T. Manktelow, MD,** **ASRM President-Elect**

The ASRM 11th Annual meeting will be held in Tucson, Arizona, January 14 through 17, 1996. This stand-alone meeting has been scheduled at the spectacular Sheraton El Conquistador Resort and Country Club for 3 days rather than the usual two-day program to provide scientific program time equal to previous years and adequate time for recreational activity.

Recreational opportunities will be both structured and unstructured and include fantastic trails for hiking and horseback riding, superb golf courses and tennis courts. Local attractions include the Sonora Desert Museum and Biosphere. The dates chosen provide very favorable room rates at a time which does not conflict with other meetings.

The ASRM meeting will immediately follow the AAHS meeting which ends January 13 in nearby Palm Springs, allowing members of both organizations to have back-to-back meetings in the same part of the country.

Audio Visual Committee **Richard S. Idler, MD, Chairman**

The Audio Visual Committee will, once again, conduct an audiovisual theater at the ASRM annual meeting featuring both newly submitted videos as well as videos produced by and available for purchase from the ASSH and the PSEF. Many of these videos have been reviewed by members of the committee, and these reviews have appeared on a regular basis in *Reconstructive Microsurgery*.

Coding and Reimbursement **Daniel J. Nagle, MD, Chairman**

During the past year, efforts of the Coding and Reimbursement Committee included

review by the ASRM membership of relative work values established using a survey tool designed by the AMA and Relative Value Update Committee (RVUC). These accepted codes will become effective for Medicare patients once reviewed by HCFA.

New codes for various microsurgical free tissue transfer procedures are in development, and it too recommended that codes related to replantation of incompletely amputated parts and those related to replantation of the leg, be eliminated. Elimination is recommended because the amount of work needed to perform a "replantation" cannot be defined, and level of amputation is not described in these codes.

Recommendations for updating microsurgical codes are also being made to the AMA-CPT panel. If favorably accepted, the codes will be presented for membership review and assignment of relative values. These values will then be presented to the RVUC and ultimately HCFA with the process being complete in Spring 1995.

Education **Thomas E. Trumble, MD,** **Chairman**

The Education Committee has developed plans to co-sponsor our first symposium, Advances in Orthopaedic and Plastic Surgery Reconstruction of Musculoskeletal Trauma, with the Plastic Surgery Educational Foundation in Dallas, in 1996. Organized by Scott Levin, MD, Duke University Medical Center and Thomas E. Trumble, MD, University of Washington, the symposium will include experts from orthopaedic traumatology as well as microsurgery, providing a multidisciplinary forum to discuss advances in the care of traumatized patients. Along with co-sponsorship from the PSEF, the symposium will be endorsed by the American Academy of Orthopaedic Surgeons, the Orthopaedic Trauma Association, the American Society for Surgery of the Hand and the American Association for Hand Surgery.

In developing patient-education brochures, two topics have been determined to be of most benefit to patients: a post-operative brochure regarding replantation and a generic brochure describing free tissue transfers. Member interest was surveyed in

(continued on next page)



Microsurgery Calendar

September 24-28, 1994

ASPRS/PSEF/ASMS
Annual Meeting
San Diego, California
Contact: ASPRS
(800) 766-4955, ext. 404

October 26-29, 1994

ASSH 49th Annual Meeting
Cincinnati, Ohio
Contact: ASSH
(303) 755-4588

January 11-14, 1995

ASRM 10th Annual Meeting
Marco Island, Florida
Contact: ASRM
(708) 228-9717

January 14-16, 1995

AAHS 25th Annual Meeting
Marco Island, Florida
Contact: AAHS
(708) 228-8375

February 16-21, 1995

AAOS Annual Meeting
Orlando, Florida
Contact: AAOS
(708) 823-7186

Committees spur ASRM growth *(continued from previous page)*

the July issue of *Reconstructive Microsurgery* and results will be reviewed before undertaking the financial commitment to producing these brochures.

Member Correspondence Subcommittee **Michael A. McClinton, MD**

To foster intellectual and social camaraderie, the Correspondence Newsletter Subcommittee was charged with soliciting correspondence from the membership to be published with each issue of *Reconstructive Microsurgery*. The first correspondence newsletters were submitted by the officers of ASRM. These excellent letters were published with the winter issue of the newsletter. Additional correspondence is solicited alphabetically through the society, at present, asking for letters describing microsurgical tricks, research in progress, etc. To maximize the variety of information received and the success of this program, please respond when you receive a request.

Bylaws Committee **William M. Swartz, MD, FACS**

During 1994, the ASRM bylaws were reviewed in their entirety with few changes noted. Article IV, Section 4, C-5 requiring attendance at an annual meeting at least every third year, is eliminated. Eliminating

this requirement concludes the initiate brought to the floor at the annual business meeting in Kansas City, supported both by the committee and membership.

The second proposed change endorsed by the Council is to confer senior status for members 65 years of age or older (Article 4, Section 9, A.2). The bylaws currently state that to obtain senior status you must be retired from active practice and an ASRM member for ten years or more.

Technical Exhibits Committee **Vaughan Bowen, MD, FRCS, MBChB**

The 1993 Annual Meeting Technical Exhibits component in Kansas City attracted 19 companies to fill 22 tabletops. This was a successful year, with \$22,000 in revenue generated. Exhibitors were pleased that food service was in the exhibit hall, increasing the traffic of meeting attendees to the exhibits.

Plans for the 1995 Marco Island meeting differ from previous years, in that the meeting is combined with AAHS, and we are working in a collaborative arrangement with the AAHS Technical Exhibits Committee. As revenue arrangements have been determined and potential exhibitors are sought, suggestions from our members for new potential exhibitors will be well received. **RM**

One more way to help enhance your skills.

We're proud to serve as exclusive sponsors of the ASRM newsletter. We see it as one more opportunity to deliver on our promise to make your work easier.

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Video reviews



Free Muscle Transplant to Replace Forearm Musculature

Author: Ralph Manktelow, MD

Intended Audience: Plastic and Orthopaedic surgeons

Length: 24 minutes

Rating: Excellent 5 fingers

This videotape outlines indications for free muscle transplant to replace forearm musculature in severe injuries. Surgical dissection and several clinical examples involving transfer of the gracilis muscle are shown. The video is excellent in content and presentation. It is a must see prior to undertaking this relatively uncommon but important surgical reconstructive procedure.



Osteocutaneous Scapula Flap

Author: Swartz and Banis

Intended Audience: Plastic surgeons

Length: 23 minutes

Rating: Good 4 fingers

This videotape analyzes free tissue transfer reconstruction of significant mandibular defects secondary to neoplasm or trauma. It is a very well made video and is also a must see for anyone attempting this head and neck reconstruction.



EF Teleplast: Myocutaneous Flaps

Author: John B. McCaw, MD

Intended Audience: Plastic and Orthopaedic surgeons

Length: 120 minutes

Rating: Good 4 fingers (non-micro)

This videotape is a copy of an interactive television program produced by the Plastic Surgery Educational Foundation. It is a comprehensive review of the most commonly used conventional myocutaneous flaps. This excellent presentation includes cadaver dissections emphasizing pertinent anatomy as well as presentation of several clinical cases including intraoperative dissection. It certainly is an important and comprehensive overview and should be viewed by all surgeons who do reconstructive microsurgery.



EF Teleplast: Fasciocutaneous Flaps

Author: Louis Vasconez, MD

Intended Audience: Plastic surgeons

Length: 120 minutes

Rating: Good 4 fingers (non-micro)

This is a second in a series of interactive television programs produced by the Plastic Surgery Educational Foundation. It is a comprehensive review of fasciocutaneous flaps. The comprehensive program includes many examples of cadaver surgical dissections as well as clinical cases. Once again, it is the type of study that should be viewed and reviewed by all surgeons doing reconstructive microsurgery.

*Audio Visual committee ASRM
Mark P. Koniuch, MD*



Free Tissue Transfer for Breast Reconstruction

Authors: William W. Shaw, MD

Intended Audience: Plastic Surgeons

Length: 120 minutes

Rating: Excellent 5 fingers

This videotape presents autologous tissue reconstruction of the breast with the free TRAM technique. It demonstrates the preoperative making of the flap on the abdomen and its elevation, the preparation of the recipient site and the contouring of the flap to achieve symmetry. The videotape emphasizes the following technical points for a successful result:

1. Minimizing the rectus fascia taken with the flap in order to achieve direct fascia closure without mesh;
2. Preservation of the lateral edge of the inferior rectus muscle and minimizing resection of the muscle;
3. Preparation of thoracodorsal vessels in a way that potentially preserves future use of the latissimus dorsi;
4. Contouring of the flap to achieve symmetry;
5. Many intraoperative and postoperative tips that are all important for successful outcome.

(continued on next page)

In lieu of correspondence newsletters for this issue of Reconstructive Microsurgery, eight video reviews by Drs. Mark Koniuch and Achilles Thoma are presented. These videotapes will be available for viewing at the January meeting of ASRM.

Michael A. McClinton, MD

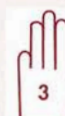
Video Rating Scale



**5 Finger Replant
Excellent**



**4 Finger Replant
Good**



**3 Finger Replant
Fair**



**1 Finger Replant
Poor**

Video reviews *(continued from previous page)*



The Lateral Transverse Thigh Free Flap

Authors: L. Franklyn Elliott, MD, Philip H. Beegle, Jr., MD, Carl R. Hartrampf, MD

Intended Audience: Plastic Surgeons

Length: 15 minutes

Rating: Good 4 fingers

This videotape introduces the lateral transverse thigh free flap as a means for autogenous tissue reconstruction of the breast. It includes the technical details of raising the flap, the scar left on the thigh and compares the relative merits of this method of reconstruction in comparison with the free gluteal flap and TRAM flap.



Fibula Free Flap Mandible Reconstruction

Author: David A. Hidalgo, MD
Intended Audience: Plastic and Head & Neck Surgeons

Length: 35 minutes

Rating: Good 4 fingers

This videotape demonstrates the utilization of the free fibular bone osteocutaneous flap for mandible reconstruction. It includes the technical details of elevating this flap and the performance of multiple osteotomies while the flap is still attached to the leg. It emphasizes the 3-dimensional reconstruct-

ion of the mandible by utilizing templates in 2 different planes and their use during the in situ osteotomies of the fibula.



Aesthetic Facial Reconstruction with a Free Scapular Flap

Authors: Bryant Toth, MD, Michael Moses, MD, James W. May, Jr., MD

Intended Audience: Plastic Surgeons

Length: 12 minutes

Rating: Good 4 fingers

This videotape demonstrates the reconstruction of a depressed and scarred forehead with a scapular flap. Although part of the forehead skin was intact, the total forehead is reconstructed with the flap as an aesthetic unit. The reconstruction is facilitated by the use of a template to outline the defect and the size of the desired flap. The video emphasizes the following steps:

1. The use of template in harvesting the correct size flap;
2. The importance of the aesthetic unit of the forehead;
3. The technical details and need of inseting the flap prior to the microvascular anastomosis.

*Audio Visual Committee ASRM
Achilleas Thoma, MD*

RECONSTRUCTIVE MICROSURGERY

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