

**THE AMERICAN
SOCIETY
FOR RECONSTRUCTIVE
MICROSURGERY**

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SUMMER 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.

President

Robert C. Russell, MD, FRACS, FACS

Editor

Peter J. Stern, MD

Account Executive

Elaine Larkin-Leighton

Managing Editor

Marie Czenko Kuechel

Graphic Designer

Charles Musto

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Reconstructive Microsurgery
ASRM
444 East Algonquin Road
Arlington Heights, Illinois 60005
708 228-9717

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RECONSTRUCTIVE MICROSURGERY

ASRM readies for Marco Island meeting

The Tenth Annual Anniversary Meeting of the American Society for Reconstructive Microsurgery will be held on beautiful Marco Island this year and is shaping up to be our most memorable meeting yet! A record number of 182 abstracts were submitted for consideration by the Program Committee making their decision very difficult. Roger Kouri, MD and his committee have assembled an international instructional course faculty and will use the successful format developed last year by Graham Lister, MD. A younger member will give the course presentation followed by comments and discussion lead by one of our more senior members. This instructional course innovation gets younger members involved in giving courses while still adding the perspective of our most experienced members to the discussion.

This year's meeting will feature two invited lecturers and a third shared speaker on the ASRM/AAHS combined meeting date, Saturday, January 14, 1995. Mark Schusterman, MD, Chairman of Plastic and Reconstructive Surgery and at MD Anderson Hospital in Houston, Texas has been chosen to give 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 have allowed Dr. Schusterman and his colleagues to gain vast experience in free tissue transfer reconstruction of these defects which he will share with us in January.

Professor General Nguyen Huy Phan is the highest ranking military physician in Viet Nam and will be speaking to us on the

PRESIDENT'S LETTER



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

development of microsurgery in his country. Over the last 10 years Dr. Phan has worked diligently to help rebuild his country's medical infrastructure and to increase the services provided following the Viet Nam war. He has over 40 years experience in plastic and reconstructive surgery and, despite many financial and political obstacles, is the driving force behind the development of microsurgery in Viet Nam. Dr. Phan has treated a large number of patients using free tissue transfers to reconstruct a variety of congenital and acquired defects. Last year he was awarded honorary membership status in ASRM and we look forward to his address on the changing face of medicine and the development of microsurgery in Viet Nam.

The invited speaker for Saturday's combined program will be Mr. Pat Clyne who was the Chief Videographer for Mel Fisher's expeditions in the Caribbean which resulted in the discovery of the 1622 Spanish galleons Atocha and Margarita. Mr. Clyne helped develop and record the

(continued on page 2)



Marco Island

EDITOR'S MESSAGE



Peter J. Stern, MD

These are members who for whatever reason, simply cannot attend the Annual Meeting but still wish to remain members of the organization.

Marco Island meeting *(continued from page 1)*

archeological data and created photographic maps of the artifact scatter pattern from the lower hill section of the Atocha. He was also influential in mapping from the air, mosaics of the total search area of Atocha's main hull which was strewn over many miles. Mr. Clyne's photographs directed the underwater search and recovery operations which culminated in salvage of the world's largest collection of sunken treasure. We look forward to this fascinating true life adventure of Mel Fisher's 16 year search for the lost Spanish galleons. His one hour address on January 14 entitled "The Art of Finding Gold Off the Florida Coast," will be open to ASRM/AAHS members, their families, and guests and should be the highlight of the meeting.

We hope by holding our concurrent meeting with AAHS to increase attendance

at both meetings. A reduced registration fee has been set for members of either organization who plan to attend both meetings. Reduced airfares are also possible by staying over Saturday night. I hope all ASRM members will participate in both meetings.

The Marriott's Marco Island Resort and Golf Club is an exceptionally beautiful site for our tenth anniversary meeting. The resort has three pools, five restaurants, lighted tennis courts, and an 18-hole championship golf course complete with alligators on the water holes. There are wonderful opportunities for bicycling, shell-ing, and everglades boat and fishing tours which can be arranged by the hotel. Please mark your calendars now and plan to bring your entire family. I look forward to seeing you in Marco Island. **RM**

Highlights from mid-year council meeting

The ASRM had its mid-year meeting in Chicago on July 16, 1994. There are many exciting activities going on in our organization. Roger Khouri, MD reported that he is finalizing the plans for the next annual meeting in Marco Island. Of particular interest is a combined day of scientific presentations on January 14, with the American Association for Hand Surgery. Dan Nagle, MD, chairman of the CPT committee presented his committee's activities on coding and reimbursement. His hard work, hopefully, will be instrumental in the recognition of the skill, time and effort required to perform microsurgical procedures.

Finally, two proposed bylaws changes will be presented to the membership at the Annual Business Meeting in Marco Island.

The first is to delete the requirement of attending at least one Annual Meeting every three years to maintain active membership (Article 4, Section 3, C.5). The Council recommends this requirement be deleted because failure to attend the annual meeting does not mean a member does not support our organization. These are

members who for whatever reason, simply cannot attend the Annual Meeting but still wish to remain members of the organization. However, the bylaws as they stand now, force them to be dropped from active membership if they have not attended an annual meeting in three years.

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. It is our recommendation to have the bylaws reflect the following:

1. Shall be a physician/surgeon presently retired from active practice.
2. Or, has reached the age of 65 or over.
3. Demonstrates continued interest in Reconstructive Microvascular Surgery.

We encourage you to vote for these changes.

RM

Clinical Guidelines and Outcome Studies

The Committee on Clinical Guidelines and Outcome Studies has been investing available options in applying for grant money to fund outcomes studies in microsurgery. Outcomes studies may be important in the future, but are expensive and it is difficult to define what the federal government really wants. The areas of concentration for which funds are being sought include digital replantation and lower extremity reconstruction following trauma. **RM**

John D. Lubhan, MD

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

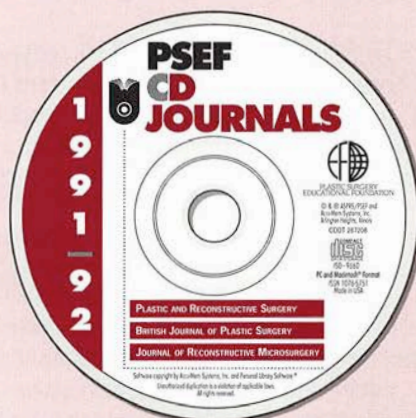
ASRM 10th Annual Meeting
Marco Island, Florida
Contact: ASRM, (708) 228-9717

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 **RM**



Journal of Plastic and Reconstructive Surgery available on CD-ROM

The PSEF has produced its first CD-ROM (compact disc-read only memory) which includes full text and high-resolution graphics of the 1991 and 1992 editions of the Journal of Plastic and Reconstructive Surgery, British Journal of Plastic Surgery and the Journal of Reconstructive Microsurgery. The CD-Journals disc will be available in September.

Having these reference materials accessible on a single compact disc for computers can save a surgeon hours of research time. Surgeons can insert the compact discs into their computer CD-ROM drives, and run an assortment of searches (title, subject, etc.) which will access everything printed in the three journals for 1991-1992.

The CD-Journals disc the first piece in a planned PSEF CD-ROM library. The CD-Journals Volume II disc is currently in the preliminary planning stages.

The CD-Journals disc can be ordered from PSEF at 1-800-766-4955. **RM**

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Committee update of busy season

The Coding and Reimbursement Committee has been busy – we were able to present and successfully defend the relative work values developed by the society for the replantation of completely amputated parts. We were also able to assign and have accepted relative values for the free tissue transfer codes currently present in the CPT code manual. We did not change the value for CPT code 15755.

Replantation of partially amputated extremities and digits were not assigned values in view of fact the committee felt the amount of work could not be well defined, as the number of structures that have to be repaired in an incomplete replantation is not definable.

The five hand surgery codes society members also reviewed were successfully defended before the AMA/Specialty Society RVS Update Committee (RUC) and were accepted at its Boston meeting in May.

Our next project is to develop and refine a new system of coding for microvascular free tissue transfer. The current code 15755 is clearly inadequate and undervalued and does not reflect the large variety of procedures that are carried out by the members of our society and microsurgeons in general. We will develop a new coding system for these procedures and then distribute this to interested members of the society as well as members of other societies whose members perform microsurgery.

Once we are able to establish a consensus in regard to these codes, we will then have to present this to the AMA CPT Committee. If these codes are accepted, it will push us to the next phase, which is the

surveying of our members regarding the relative work values that are to be assigned to these new CPT codes.

Also, we are going to recommend to the AMA CPT Committee the elimination of the partial replantation codes. The reasoning for this has been discussed above.

One question that will also be addressed to the membership is whether or not we should keep code 15755 as a generic free tissue code or if we should eliminate this code.

The schedule for the above activities is relatively tight. The CPT Codes will have to be developed and presented to the AMA CPT Committee by October 21, 1994. Assuming the new codes are accepted, the relative work values must be established and submitted to the RUC by April 12, 1995, to be defended on April 27, 1995.

The other specialty societies that will be interested in free tissue transfer include the ASSH, AAHS, AAOS, ASPRS, and AAO-HNS.

The response society members gave to the survey in December of 1993 is appreciated.

Members should not lose sight of the fact that the relative values we are developing are already beginning to serve as a baseline on which not only Medicare is reimbursing physicians and surgeons, but also third-party payers. In fact, in the state of Illinois as of early July, certain segments of the Blue Cross/Blue Shield group will be using the Harvard relative values as developed and published by HCFA for reimbursement. They will be using a higher multiplier, however, than Medicare. **RM**

Daniel J. Nagle, MD

Video reviews



Pollicization

Author: Dieter Buck-Gramcko, MD

Intended Audience: Plastic and Orthopedic Surgeons

Length: 18 minutes

Rating: Excellent 5 fingers

Summary: This tape nicely outlines the technique for pollicization of an index finger for congenital deficiency of the thumb. This excellent demonstration of this technique would be helpful for any level of surgical training or practice.



Basic Considerations for Peripheral Nerve Repair and Grafting

Author: Hanno Millesi, MD

Intended Audience: Plastic and Orthopedic Surgeons

Length: 30 minutes

Rating: Excellent 5 fingers

Summary: This tape includes discussion of nerve anatomy, group fascicular repair, individual fascicular repair, and epineural repair. Factors important in nerve repair are nicely addressed, including: elastic retraction, fibrous retraction, resection of damaged nerve or fibrotic neuroma, rationale for epineurectomy, epifascicular epineurotomy, and interfascicular epineurotomy. Techniques for optimal coaptation of nerve end are discussed as well as techniques for management of nerve defects.

This is an excellent discussion of techniques for nerve repair and grafting. It is suitable educational material for residents and fellows.



Replantation at the Level of the Metacarpus

Author: Viktor Meyer, MD

Intended Audience: Plastic and Orthopedic Surgeon

Length: 20 minutes

Rating: Good 4 fingers

Summary: Dr. Meyer does a good job demonstrating key elements to performing successful replantation of the guillotine type amputation at the metacarpal level. The tape emphasizes the well accepted techniques of replantation and the conventional sequence of a repair, while performing an actual surgery on an amputated hand. The replantation surgery principles outlined in the tape are superbly documented. Suitable educational material for all levels of surgical training and practice.



Anatomy of the Forearm and Hand

Author: Robert A. Chase, MD

Intended Audience: Plastic Surgeons and Orthopedic Surgeons

Length: 60 minutes

Rating: Good 4 fingers

Summary: Dr. Chase demonstrates the gross anatomy of the forearm and hand through dissection of cadaver specimens. This is suitable educational material for residents and fellows. **RM**

*Audio Visual Committee ASRM
Timothy S. Loth MD*

Video Rating Scale



**5 Finger Replant
Excellent**



**4 Finger Replant
Good**



**3 Finger Replant
Fair**



**1 Finger Replant
Poor**

*Videos reviewed are available
through the American society
for Surgery of the Hand.*



**SURGICAL
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Surgical Specialties Corporation, a leading manufacturer and the marketer of Sharpoint micro-sutures and cutting instruments, continues its commitment to innovation and excellence in microsurgery by proudly sponsoring this issue of Reconstructive Microsurgery.

When it comes to microsurgical sutures you can count on Sharpoint, for the quality and consistency you've come to expect.

Algimantas Otonas Narakas (1927 - 1993)

Algimantas Otonas Narakas left us on November 25, 1993 at the age of 66, after a short and painful illness. It is only now, when looking back at the past months, that we can realize the great courage he had in pursuing his full professional and surgical activities until the very last days of his life. A courage doubled with reserve, tact and the strength to spare relatives and

been separated from it all his life. He had made plans to go back at long last, a kind of sentimental pilgrimage, which he also saw as a social and political journey he wanted to experience with his two children. Death deprived him of this ultimate joy. Juozas, his father, was Commander in Chief of the Lithuanian Airforce, future Vice-Minister and Minister of Home Affairs.

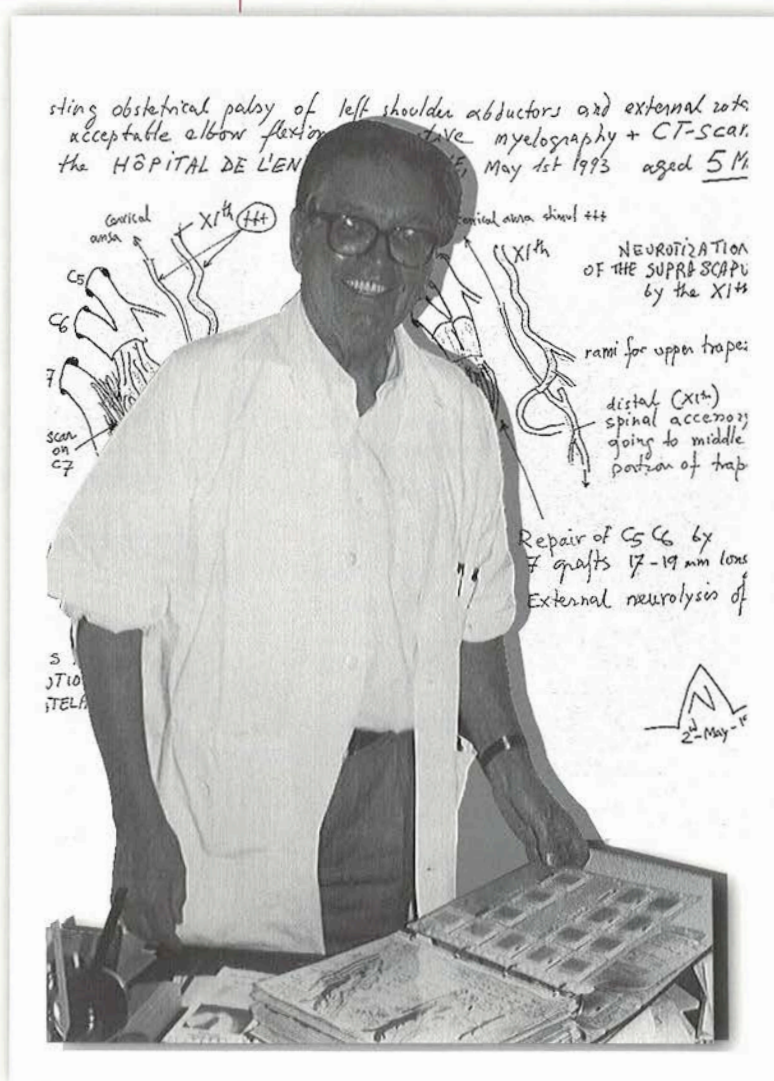
Algimantas was sent to Switzerland in 1938 to be treated medically for an osteitis affecting his left tibia and an osteomyelitis of his right hip, which kept him bedridden until penicillin freed him in 1947. He used this forced inactivity to devour all the German and French literature he found. His culture, his curiosity in all things had to have an origin.

Algimantas spent his secondary school years at the monastery college of Einsiedeln, in the German part of Switzerland. He thus became perfectly trilingual, as he spoke Lithuanian, German and French. Later he learned English, Italian and Spanish. In 1949 he obtained his "Maturity" Type B (Latin-English) diploma, (the equivalent of the French "Baccalaureate") When Switzerland, in 1946, established diplomatic relations with the Soviet Union, Lithuania having become a Soviet republic, he lost his nationality. Only in 1962 did he acquire Swiss citizenship. Two children were born from his marriage with Colette Kenel: a son, Alexandre and a daughter, Diane.

From 1949 till 1957 he carried out his studies at the medical school of Lausanne University. He spent one year as "medical clerk" at the Frenchay Hospital, then at the Southmead Hospital in Bristol. His studies took him more time, as he had to earn his living which he did in turn as milkman, gardener, mechanic, editor, then scientific and medical journalist.

In 1957, Algimantas O. Narakas received his diploma as an M.D. but he was still a foreigner. The diploma of Swiss M.D. was only granted to him in 1963, after he had become Swiss and had again passed his final medical exams as required by Swiss Law.

His great surgical dexterity - whatever the anatomical area - was due to wide postgraduate training including complete training in general surgery, two years of



colleagues the knowledge of the dreadful end he knew he was to face.

Algimantas Narakas was born on March 23, 1927 in Kaunas, the old Lithuanian capital. He was proud of his country of origin. His great happiness, was when his native land recently regained freedom, also accounts for a secret suffering at having

neurosurgery, two years of orthopaedic surgery, one year of ORL (Ear-nose-throat) and plastic surgery and then four years of hand and peripheral nerve surgery. In 1969 he obtained his diploma as a specialist in general surgery; in 1969, that of specialist in hand surgery, when this particular field was officially recognized as sub-specialty in Switzerland.

From 1969, Dr. Narakas had been associated with Professor Claude Verdan and Dr. Carlos Simonetta at Clinique Longeraie in Lausanne. He had been a medical doctor at the clinic since 1981.

Associated as Privat-Docent to the medical teaching in Accident Medicine since 1971 he was elected Associated Professor and given the chair of Assecurology at Lausanne University in 1978.

In 1977 he became a consultant at the University Hospital of Lausanne for plastic and reconstructive surgery, and hand and peripheral nerve surgery; from 1980, consultant for brachial plexus and late reconstruction surgery at the Children's Hospital of Bern University, as well as for hand and peripheral nerve surgery at the Children's Hospital, Lausanne.

Dr. Narakas was an active, corresponding or honorary member, of more than twenty-five national or international societies.

He wrote 183 papers published in various medical journals, magazines and books, mainly on brachial plexus, peripheral nerves, the hand, the wrist, epicondylitis and surgery of the shoulder. Chief editor of the Peripheral Nerve Repair and Regeneration Journal, associated editor of the Journal of Reconstructive Microsurgery, of the International Review of Spinal, Root and Nerve Surgery as well as of the European Medical Bibliography for Hand Surgery, he was also scientific co-editor of Microsurgery.

Dr. Narakas loved life with a passion. He became a car enthusiast. Hence he had to take part in the 24-Hours le Mans car race - which he did. He had acquired a splendid old Aston Martin, and in 1989 he bought a Acura NSX which he loved driving. He was also passionately fond of sailing and won many boat-races in his category on the lake.

Apart from his skills as a surgeon, he was also gifted with two other talents: he loved teaching, and taught with gusto, thrilling his audience. He was also able,

with a single question to relaunch a debate at a scientific meeting, and carry it much further. His second ability relates to the first one. Dr. Narakas could draw. Any scientific demonstration he made was supported by drawings. Those he included in his operation reports testify to his drawing proficiency.

As soon as he became acquainted with hand surgery, Dr. Narakas focused his interest on nerve repair. In his last publication, he expressed himself in this way:

"At this point I pray the reader to accept introduction of my personal experience. It may shed some additional light on the inside story of present day BP surgery. My former chief Professor Claude Verdan, a pioneer in hand surgery and a promoter of peripheral nerve repair, including nerve grafting, belonged to the school of those who explored brachial plexuses. He introduced me to this type of surgery in the early sixties. He favored my interest in microsurgery for which I was initially trained by Yasargil in Zurich. With Verdan's encouragement I started in 1966 to use autologous grafts for repair of infraclavicular then in 1967 of supraclavicular BPI, obtaining some positive results..."

Dr. Narakas was endowed with the requisite qualities: an adventurous and imaginative spirit; the physical and intellectual strength needed for the first operations. One of them lasted 19 hours.

But compassion was probably his deepest gift. And also, rigour. All his operations were reported with precision, accompanied by appropriate drawings. Per-operational discoveries compared to pre-operational status. Thanks to the charts he had just as meticulously established, he could set the rules for the classification of the lesions: the routes first, primary then secondary repairs and palliative operations. But he also wanted to share his new knowledge. He organized a symposium. The first took place in Lausanne, in 1976. Sir Sydney Sunderland with whom he made friends attended.

Even a few months ago, although he knew he was nearing the end of his life, he continued with the organization of the eleventh symposium, which he wanted to be held. To respect his last wish this meeting

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has now materialized and, in attending, more than 60 specialists worldwide rendered him homage.

Professor Narakas leaves a great vacuum – among those who were lucky enough to receive and enjoy his teaching; among his patients who – quite rightly – had placed their hopes in him; among his specialist colleagues, who will no longer be able to rely on the animation he knew so well how to create in scientific discussions; among his friends and relatives, too soon deprived of Algis' loving care and presence.

During the funeral service preceding burial, Professor Claude Verdan paid an emotional tribute to Algimantas Narakas: "A real man, truly authentic good man has left us, pouring out life in a full, generous, constantly renewed stream, in spite of the terrible obstacles and cruel ordeals he had to overcome, which he always did with unending determination, from his youth until maturity. He always gave the best of himself.

At the bountiful harvest time of his brilliant career, we were able to rejoice in the success of his inventive and creative brain, originality of thinking and expression.

A speaker with the talent to teach, he was a trusty link in the chain necessary to transmit human knowledge and thus gained international recognition. In spite of his worldwide professional and scientific reputation, he retained great kindness; he cared deeply for his patients, as he did for spiritual values, and he was a faithful friend to many.

Exactly twenty years ago, when I had the honor of presenting – for his inaugural lecture – the new Privat Docent Algimantas Narakas in the great amphitheater of the medical school, we both felt moved and were deeply aware of the bond uniting us. And here we are again together, my dear Algis, before this assembly of relatives, colleagues, collaborators and friends, for your "fare well celebration". I thought it was going to be the other way round. Now that your University career has just come to an end, you are already leaving us. Far too soon! Or will you be entrusted with new tasks – far away – still unknown to us? We know, however, that you will continue to shine in our memories and in the light of the far beyond." **RM**

*Prof. Claude E. Verdan
Daniel V. Egloff*

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444 East Algonquin Road
Arlington Heights, Illinois 60005

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