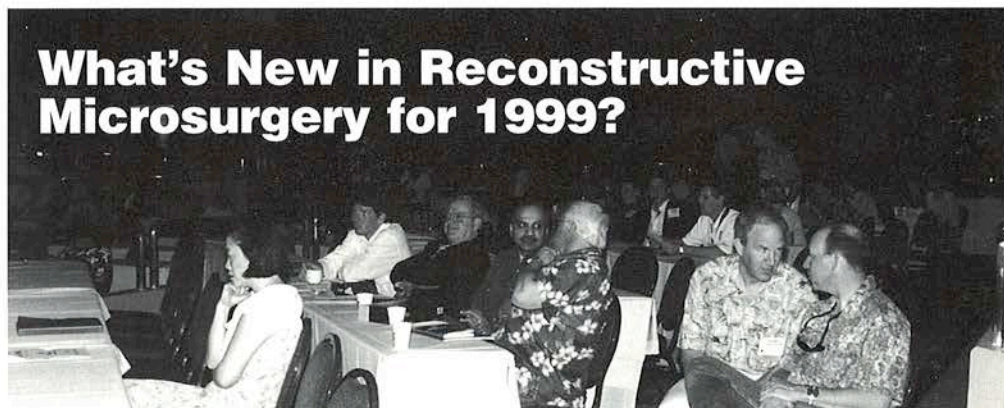




# RECONSTRUCTIVE MICROSURGERY

## What's New in Reconstructive Microsurgery for 1999?



By Randy Sherman, MD

In 1983 a small group of innovative reconstructive surgeons envisioned an organization which would address the ongoing challenges and innovations unfolding daily within the emerging discipline of reconstructive microsurgery. Within a year's time, this group of visionaries convened our first annual meeting at the MGM Grand Hotel in Las Vegas, Nevada alongside the American Academy of Orthopedic Surgery in January of 1985. Those founding members included Drs. James Steichen, Berish Strauch, Julia Terzis, James Urbaniak and Alan Van Beek, each and every one of them compelled by the complex issues of microneurovascular surgery.

Fourteen years and fourteen annual meetings have now passed since that remarkable first day. Like then, today's greatest challenges and most stunning innovations as reported at this year's annual meeting of the American Society of Reconstructive Microsurgery centered around microsurgical solutions for diseases of the peripheral nerve, further refinements in integrated reconstructive efforts of the extremities, a subtle but welcome shift in the ongoing debate of various options in breast reconstruction, as well as striking findings from the major reconstructive microsurgical laboratories across Europe, North America and Japan.

Permeating the scientific atmosphere was talk of the recently completed hand transplantation in Lyon, France as well as the long anticipated North American attempt being staged in Louisville, Kentucky, which as we now know has been undertaken and is so far (as of this writing), proceeding successfully.

While closed door sessions somewhere in the hotel were determining the merger and acquisition

*continued on page 6*

## Big Smiles on the Big Island of Hawaii at the 15th Annual Meeting

Outgoing President David Chiu, MD (left) shares a moment in the spotlight with incoming President Daniel Nagle, MD. For more pictures, turn to page 7.





## ASRM Microsurgery Calendar

### Heady Times for Microsurgeons This June!

**T**his June, due to some savvy scheduling of symposia and meetings, some of the world's best and brightest in the field of microsurgery will be present as speakers, moderators and instructors for a series of symposia and meetings in California. In addition to dates and locations, this "expanded edition" of the ASRM Calendar offers highlights on this exciting window of time. We hope you'll make plans to participate!

#### June 19-21, 1999 ASPN 9th Annual Scientific Meeting

Century Plaza Hotel  
Los Angeles, CA  
Contact: Saleh Shenag, MD  
(713) 798-6310

This meeting of the American Society for Peripheral Nerve promises to continue the growing tradition of excellence and innovation that have been the hallmarks of its previous gatherings. The emphasis in 1999 will be on advances in the clinical and basic science aspects of peripheral nerve metabolism and regeneration. The invited speakers will be experts in diverse scientific disciplines but will address the common theme of peripheral nerve and end organ responses to injury.

#### June 21-22, 1999 Brachial Plexus Symposium: Obstetrical and Adult

Century Plaza Hotel  
Los Angeles, CA  
Sponsored by AAHS  
Endorsed by ASRM  
(312) 236-3309

This international one-day symposium is jointly sponsored by the AAHS and the ISRM. It is also endorsed by the ASPN. The theme is to present state-of-the-art knowledge regarding obstetrical and adult brachial plexus injury, including diagnosis, neurotization, nerve grafting, secondary reconstruction and outcome. Internationally recognized experts in the field will make formal presentations and

*continued on back page*

## Members Urged to Go "International" in June

### EDITOR'S MESSAGE



Neil Ford Jones, MD

*The format of an  
International Society  
meeting is very different  
from the various  
national meetings.... They  
are much less formal and  
more interactive....*

**A**fter the successful 1999 Annual Meeting in Hawaii, what do the members do until the next annual meeting at the start of the new millennium? Do we all scuttle (or shuttle) back to our hospitals and laboratories to immerse ourselves in the everyday pursuits of patient care or research, emerging briefly, like squirrels from hibernation, to submit abstracts of our recent work in May 1999?

This year presents an unique opportunity for members of the American Society for Reconstructive Microsurgery to participate in another society's tri-annual meeting—that of the International Society of Reconstructive Microsurgery (ISRM)—to be held in sunny Southern California in Los Angeles June 22-26, 1999. The ISRM, founded in 1972, was the first society to be devoted to clinical practice and

research in microsurgery. The upcoming meeting in Los Angeles is only the third time that the International Society has met in the United States, the last time being in New York in 1983. The format of an International Society meeting is very different from the various national meetings such as ASRM, ASSH, ASPRS and the Academy of Orthopaedic Surgeons. They are much less formal and more interactive with presenters only having a limited number of slides (up to 12) to demonstrate a new flap or a new technique. This is then followed by a free flowing discussion and other microsurgeons are allowed to propose alternative strategies using up to six slides. This allows a much more lively and sometimes heated interchange of information.

Over the past few years, there has been ongoing discussions about a possible merger between the two international microsurgery societies: the International Society for Reconstructive Microsurgery and the International Microsurgical Society. Unlike past symposia of the ISRM, which were closed meetings of their members and invited guests, the Council of the ISRM has taken the decision this year not only to invite members of the International Microsurgery Society but also to invite members of the American Society for Reconstructive Microsurgery to the 15th Annual Symposium in Los Angeles.

Because this is the last microsurgical symposium of the 20th century, this meeting provides an unique opportunity for members of all three organizations to reflect on the enormous advances that have been made in microsurgery over the past 27 years and more importantly to look forward to identify the emerging developments and technologies that will impact on microsurgery in the 21st century.

This invitation to members of the American Society for Reconstructive Microsurgery will allow us to interact with colleagues in the International Society for Reconstructive Microsurgery and the International Microsurgery Society from around the world, so come out of hibernation in June! **RM**



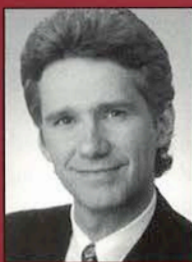
# High Tech Programs Spark Society's Growth

**T**he warmth of the Hawaiian sun is just a memory, but what a wonderful memory. Dr. Randy Sherman and his program committee did a fabulous job in organizing and orchestrating a great meeting. The energy of that meeting should spur us on to continue the programs championed by Dr. David Chiu.

Chief among those programs is the development and maintenance of the website as well as the creation and maintenance of a microsurgery database. Dr. Keith Brandt has taken the website development by the horns and has, in a very short period of time, developed an outstanding site that should serve our members well. The website will continue to be refined to respond to the needs of our membership.

Dr. Carolyn Kerrigan has done a terrific job in developing the microsurgical database. She, and her committee members, will coordinate their efforts with Keith

## PRESIDENT'S LETTER



**Daniel J. Nagle, MD**

*Chief among our  
programs is the development  
and maintenance of the  
website as well as the  
creation and maintenance  
of a microsurgery  
database.*

Brandt to provide a tool for collecting data on microsurgical cases on a global scale.

In addition to this activity, the website will eventually be configured to allow Internet registration for our annual meetings, as well as Internet submission of abstracts.

Another priority of the American Society for Reconstructive Microsurgery during the coming year will be the monitoring and participation in the development of the evaluation and management guidelines being proposed by the Health Care Financing Authority. Under the able leadership of Dr. Mark Buehler, the Coding and Reimbursement Committee continues to be pro-active in this regard. His committee is also pursuing an effort to eliminate incorrect coding edits that have been implemented by HCFA through the Correct Coding Initiative.

I would encourage all members of the American Society for Reconstructive Microsurgery to encourage their younger colleagues, fellows, and residents who are

interested in Microsurgery to apply for membership in our society. The Membership Committee, along with the By-laws Committee, is in the process of developing a new membership category, the "candidate member" category. It is hoped through this category of member, the Society will continue to attract young microsurgeons in the Society and thus maintain its growth.

We all owe a debt of gratitude to Dr. David Chiu for his outstanding leadership during the past year. Again, our hat must also go off to Dr. Randy Sherman for organizing such a successful annual meeting in Hawaii in spite of the turmoil that has existed in regard to our management company. I am blessed in that I will be working with a new management company based at the Illinois State Medical Society and led by someone well known to our Society, Laura Downes Leeper.

Ms. Downes has assigned Erika Monroe Kane to be our account manager. I have worked with Ms. Monroe Kane quite extensively since she has taken on this role and I can assure the Society she is a very capable young lady who is enthusiastic about our Society and its goals. I have no doubt whatsoever that under Ms. Downes Leeper's leadership and Ms. Monroe Kane's expertise and enthusiasm, the Society will be under excellent management as it moves into the next millennium. An extra bonus is that Mary Jo Herrold who has been organizing our meeting for a number of years at AMS has also joined Laura's team.

Finally, I would like to plug the millennium meeting to be held in South Beach. Chris Pedersen, the Program Chairman, has some excellent ideas for that meeting. We are going to focus on cutting edge technology in microsurgery. We, of course, hope to attract many of our colleagues from the European continent, as well as from Central and South America. Of course, we hope our colleagues from the Pacific Rim and Australia will also join us in Florida.

I look forward to serving the Society with all my energy. I thank all the members of the Society for giving me the opportunity to serve you during this coming year. **RM**

## RECONSTRUCTIVE MICROSURGERY

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

### President

Daniel J. Nagle, MD

### Editor

Neil Ford Jones, MD

### Account Executive

Erika Monroe Kane

### Managing Editor

Anne B. Behrens

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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.



## New ASRM Executive Director Takes the Helm

In mid-1998 after almost five years of providing management service to the ASRM, Associated Management

Services decided to downsize their management service operation. As a result, the ASRM leadership was forced to seek alternate management service arrangements. After an extensive search and a series of interviews with the top four candidate firms, DSS was selected, the management service division of the Illinois State Medical Society. The



Erika Monroe Kane

DSS is led by ASRM former executive director, Laura Downes Leeper, CAE.

Under the new management agreement, Erika Monroe Kane will assume the role of ASRM Executive Director. Members may have met Erika at the Hawaii meeting where she began her association with ASRM. Erika is presently working to establish a solid foundation to ensure improved service and is excited to become more familiar with ASRM members. Erika has, most recently, brought her professionalism

and comprehensive approach to an affiliate society, the Ohio Valley Society for Plastic and Reconstructive Surgery.

The DSS is pleased to add Mary Jo Harrold, CMP to their team. In her role as Meetings Manager, Mary Jo will be responsible for the ASRM Annual Meeting and educational symposia. As the Meetings Manager for ASRM since 1993, the DSS is thrilled to have Mary Jo as part of their team and believes she will bring much needed continuity. **RM**

## Buy Your Tickets NOW!

Due to the exceptionally high volume of people traveling in early January 2000, making travel arrangements for the ASRM 2000 Annual Meeting could be difficult. Those planning to attend are encouraged to purchase airline tickets as early as possible.

### ASRM Annual Meeting Program Dates

#### Saturday

January 8, 2000

AAHS\* & ASRM Joint Scientific Program

#### Sunday-Tuesday

January 9-11, 2000

ASRM Annual Meeting

Contact the ASRM Central Office for more information at (312) 456-9579. **RM**

\*The AAHS Annual Meeting begins January 5, 2000.

## Seventh Annual Godina Lecture

*"Mark 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 sought and honored in the selection of a Godina lecturer. Dr. Godina was an unrivaled leader and innovator in reconstructive surgery whose life was tragically cut short at the young age of 43. Established by the trustees of the Mark 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.

To qualify for consideration, you must be a member of the ASRM and under the age of 43. A one page abstract, of a 30 minute lecture, must be submitted to the central office prior to May 31, 1999. The Godina Lecture will be given at the ASRM Annual Meeting, to be held in Miami, Florida, January 8-11, 2000. If you know of a member who meets the criteria, send your nomination to the central office and that member will be asked for a submission.

ASRM Central Office  
20 N. Michigan Avenue, Suite 700  
Chicago, IL 60602  
Phone (312) 456-9579  
Fax (312) 782-0555  
**RM**

## Special Thanks to Ronald Zuker, MD for his service to the members of ASRM as Editor of Reconstructive Microsurgery.

*Dr. Zuker's direction for new columns exposed members to the innovative work going on in microsurgery (Innovative Microsurgeon) and helped to create a written record of our specialty's roots (History of Microsurgery). His promotion of symposia participation encouraged members to grow personally while broadening the knowledge of the Society as a whole. Thank you, Dr. Zuker, for all your hard work and a job well done!*

## Raffle Winner

Congratulations to Lindy L. Loya, OTR/CHI, the winner of the Exhibitor Raffle at the AAHS/ASRM Annual Meeting held in Hawaii.

She is the winner of two round-trip tickets with United Airlines to anywhere in the continental United States.

Congratulations Lindy! **RM**

# American Society of Reconstructive Microsurgeons 1999 Council and Committees

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Anthony A. Smith, MD

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## Liaison to ISRM

David T. W. Chiu, MD

## Liaison to COPSO

William M. Swartz, MD

## Domestic Clinical Symposia

### Rep to PSEF

Larry S. Nichter, MD





## What's New in RM?

*continued from page 1*

status of the ISRM (International Society for Reconstructive Microsurgery) and the IMS (International Microsurgery Society) into a new group which may be entitled the World Society for Reconstructive Microsurgery, our scientific program boasted representation from a truly internationalized base. Invited speakers and presenters and participants came from nearly every continent representing all of the major reconstructive microsurgery centers. Indeed, the world was there.

Dr. Story Musgrave, the preeminent physician-astronaut, who has logged over six shuttle missions during a 30 year career with NASA, set the tone of our meeting by delivering the first AAHS/ASRM combined president's invited lectureship "An Artist's View of the Universe." During that unforgettable two hour journey, we shared with this most remarkable human being his extraordinary perspective of our world, our solar system, and our universe through his photographic lens.

The ongoing challenges of peripheral microneurosurgery were highlighted throughout the program starting with an

international panel of experts on the combined ASRM/AAHS day discussing their pioneering work in the treatment of brachio-plexopathies. These included doctors David Chwei-Chin Chuang from Taipei, Taiwan, Kazutera Doi from Japan, and Hanno Millesi from Vienna, Austria. Dr. Millesi also gave a stirring Presidential Invited Lecture on the history of peripheral microneurosurgery in Europe followed by a memorable Founder's Lecture by Dr. Julia Terzis on her long and productive history in the area of brachial plexus reconstruction.

### Peripheral Nerve

During the paper presentation, Dr. Chuang and his colleagues from Chang Gung Memorial Hospital in Taipei, presented further refinements in the treatment of aberrant reinnervation after reconstruction of the brachial plexus in obstetrical palsy. He described a series of muscle transfers and transplantations as well as nerve transfers with functioning free muscle transplantation in selected categories to correct the various late deformities seen after these types of reconstruction. Clearly these procedures, as he described, take us one significant step further in improving functional outcome in these most desperate patients. Both Dr. Shenq's group at the Baylor College of Medicine and Dr. Berger's group in Hanover, Germany presented large series (over 1,000 patients each) with detailed analysis on their algorithm for the treatment of brachial plexus palsy. These two back to back papers gave us a mature perspective on the entire spectrum of treatment options for this disease process.

Several papers, most notably from the Medical College of Wisconsin group and from the Department of Orthopedic Surgery in Ioannina, Greece, reported their continuing experimental data involving the end-to-side neurorrhaphy phenomena. Each group succeeded in demonstrating the ability of peripheral nerves to complete axonal regeneration through this type of repair, lending further credence to several previously reported studies. Both of the

papers, however, continued to question the functional significance of this phenomena.

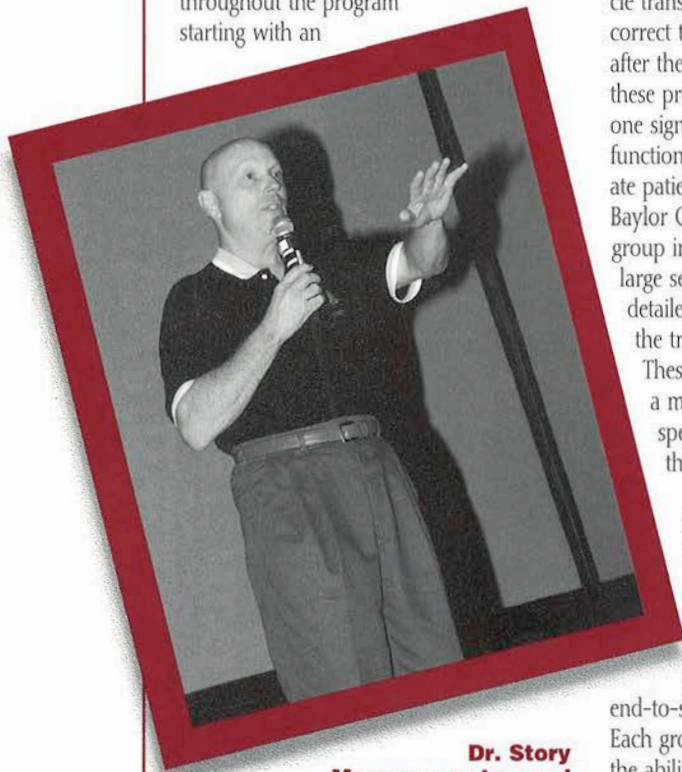
In the area of allotransplantation, Dr. Narina, also at the Medical College of Wisconsin, reported successful nerve allografting without immunosuppression using 2 cm segments of sciatic nerve from Sprague Dauley rats transplanted into the Lewis rat model. Significant return towards normal sensibility was reported.



**Scientific Lecturer  
Fu-Chan Wei, MD, FACS**

### Extremity Reconstruction

Notable advances in extremity reconstructive microsurgery centered around the treatment of major limb disorders, both congenital and acquired. Dr. Simo K. Vilkki described a fascinating case utilizing a vascularized osseous transfer including growth plate using the iliac crest in a 2½ year-old boy with bilateral humeral hypoplasia and bilateral radial club hand. The subsequent use of external distraction devices provided an excellent four-dimensional sense of the possibilities available with growth plate transfers. Dr. Roger Khouri and colleagues described one fascinating utilization of the vascularized metatarsal phalangeal joint transfer for reconstruction of the elbow joint. Significant series in describing the utiliza-



**Dr. Story  
Musgrave entranced  
his audience with a lecture  
that only a man with his "universal"  
perspective could give.**



**The fun was infectious at the ASRM Annual Meeting even after the sun went down!**

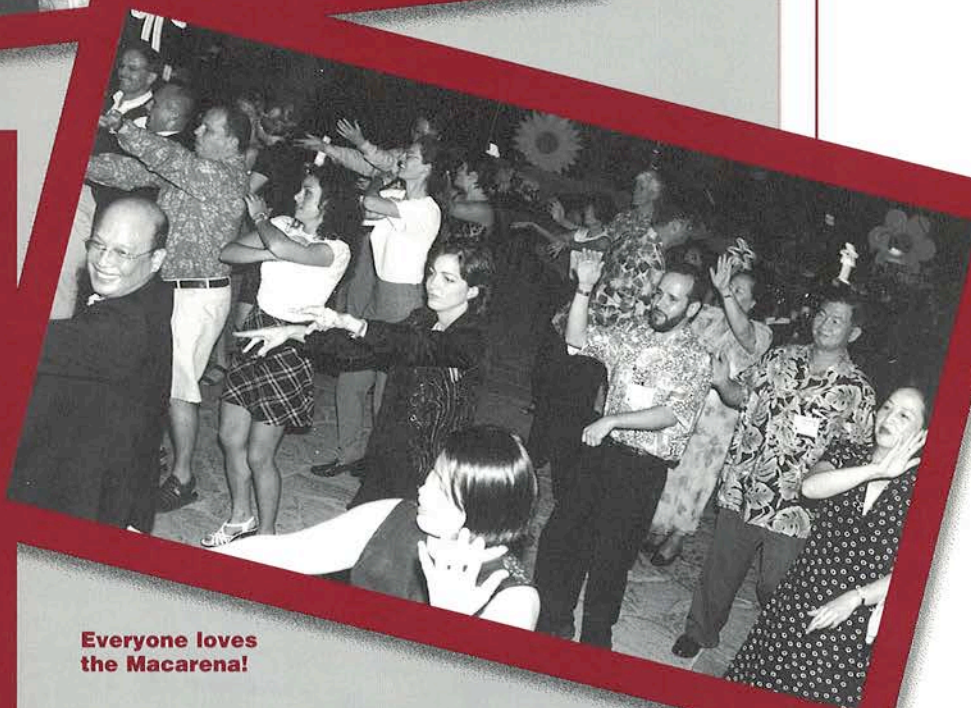
The reception afforded all a chance to cut loose a little after the scientific program was over.



**1999 Annual Meeting Program Chair, and current Vice President Randy Sherman, MD (center) chats with friends.**



**President-elect Saleh Shenaq, MD (left) peruses the buffet.**



**Everyone loves the Macarena!**



**Dr. Chiu thanks Cathy Hay for serving as ASRM Executive Director.**



**Katharina and Gunther Germann, MD (lower left and center) share in the fun at the reception.**





The ASRM Council would like to recognize the following companies for their support and for exhibiting at this year's Annual Meeting. In appreciation, the members are urged to look at these companies when looking for the latest in supplies and equipment and services.

**ASSI Accurate Surgical**

**Acumed, Inc.**

**ARO Surgical**

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**Biomet**

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**Micrins Microsurgical**

**Microsurgery Instruments, Inc**

**Mitek Products**

**Pacific Rim Medical Publications**

**RGP Medical**

**Sharpoint**

**Smith & Nephew**

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**Synthes**

**Wright Medical Technology**

**Xi Tec, Inc.**

## What's New in RM?

*continued from page 6*

tion of vascularized bone transfers in both the upper and lower extremity were detailed by Dr. Scott Levin and his group from Duke as well as Dr. David Chuang from Taipei.

### Breast

In the further refinement of autologous tissue reconstruction of the breast, the age-old debate between the pedicle Tram versus free Tram flap has shifted to a discussion of the relative merits between the classic free Tram flap versus the DIEP flap (Deep Inferior Epigastric Perforator flap). The society was treated to several scholarly presentations of the utilization of the perforator flap for breast reconstruction, first and foremost in the Godina lecture-ship given by Phillip Blondeel, MD describing his PhD thesis on the DIEP flap followed by an instructional course by both Drs. Blondeel and Allen. Dr. Steven Kroll, in his paper on partial flap necrosis in free Tram and DIEP flaps, warned of a less robust blood supply in the DIEP flap versus the standard free Tram flap and issued a call for further studies of this particular alternative before we completely adopt it as our standard bearer.

### Head and Neck

At several points in our program we were reintroduced to the arterial lateral thigh flap. The paper presented by Ferit Demirkan, MD entitled "The Arterial Lateral Thigh Flap: A New WorkHorse In Reconstruction of Head and Neck Carcinoma" gave us an elegant new tool for the reconstruction of most postablative defects in the head and neck region.

In summary, 256 members and registrants enjoyed 92 papers presented out of 196 abstracts submitted. There were 16 instructional courses and 33 posters. The Residents and Fellows Symposium was an unqualified success and all in all, at the beginning of 1999 and the end of the 20th Century, the specialty of reconstructive microsurgery is not only alive and well but constantly covering new ground, taking on new challenges, and developing new and creative solutions for our patients. **RM**



## Microsurgery in Argentina

By Gloria Manassero, MD

**A**lthough microsurgery has been established for more than three decades in the first world, in Argentina we are still developing it. Some of our surgeons could do some training in this technique abroad by their own means and opportunity, and nowadays we can count neurosurgeons; head and neck surgeons, traumatologists and specialists in ophthalmology and otolaryngology, and plastic surgeons that apply microsurgery in each of their specialties in the different hospitals of this country.

Probably the majority of them work in anonymity and only a few are internationally recognized for their trajectory and published articles like Dr. J. Juri in scalp flaps and Dr. C. Angrigiani with his articles about extensive scapular flap, TRAM and latissimus dorsi flap with one perforating artery and posterior interosseous flap.

In the 70s, the neurosurgeon Dr. H. Fontana was one of the pioneers who brought this technique from Germany to the pediatric hospital Ricardo Gutierrez of Buenos Aires.

Here he developed a laboratory where Dr. A. Sloninsky and Dr. S. Ruiz trained and in 1977, with Dr. P. Dogliotti they performed the first pediatric microsurgery: a scalp and calvarian bone reconstruction with omentum and mesh skin graft, and in 1979 the first transfer of second toe to hand in a hand malformation.

In Buenos Aires and other cities, we have several centers of different complexity and professionals trained in microsurgery. (See Table)

Anyway, plastic surgeons are probably called most frequently from different specialties to solve by microsurgery difficult problems where an amount of adequate tissue is necessary.

Our health system, compared with the first world, has big differences regarding investment, equipment, infrastructure and organization, but we can consider us satisfied with the level and complexity obtained in our country, as well as final results reached by microsurgery in the different centers.

We know that the concept of microsurgery goes further than the pure technique and the distances, with developed countries, begin to get shorter when we can, with the same line of thought, conceive the idea to perform a microsurgery in a given patient with meticulous planning, choosing the adequate flap and donor site, convenient vessels and finally performing the presurgical plan in the O.R.

When previously the free flap was the last alternative of treatment because of concern with flap morbidity, nowadays, microsurgery has become an indication of choice in several pathology.

So, in our hospital, Dr. J. P. Garrahan of Buenos Aires, in the Plastic Surgery unit, headed by Dr. P. Dogliotti, with Dr. J. Belmont since '89 and with Dr. J. C. Rodriguez since '94, we are performing one microsurgery every two weeks in plastic surgery as well as in other specialties.

This means we are performing 25 microsurgeries a year and among them: Free fibula in immediate reconstruction of mandibular and long bone tumors or in replacement of anterior maxillary segment

of cleft sequelae, and in congenital tibial pseudoarthrosis; Deep epigastic flap in soft tissue reconstruction in hemifacial microsomia, Romberg disease or big defects of face and limbs; Forearm flap in reconstruction of the orbital socket enucleated or in minor defects of soft tissue; Nerve and/or innervated gracilis in facial palsy; Muscle flaps in MMC and traumatic sequelae coverage as well as second toe to hand in hand surgery.

In time, the flap morbidity decreased to 1-2% and now we are perfecting our technique, reducing surgical times and improving cosmetic sequelae of donor sites.

We are aware of our limitations and eager to incorporate new techniques. We understand that only study and daily work are the pillars of our future growth. **RM**

*Dr. Gloria Manassero works as a Staff Surgeon, Plastic Surgery Service, at the Hospital J. P. Garrahan, Buenos Aires, Argentina.*

City	Hospital	Unit	Professional
<b>Buenos Aires</b>	<b>Britanico</b>	<b>Hand Surgery</b>	<b>Dr. Zaidenberg</b>
	<b>Clinicas</b>	<b>Head and Neck</b>	<b>Dr. Curutchet</b> <b>Dr. Mezzadri</b>
	<b>Fernandez</b>	<b>Maxillofacial Surgery</b>	<b>Dr. J. Belmont</b>
	<b>Francés</b>	<b>Plastic and Hand Surgery</b>	<b>Dr. Loda</b>
	<b>J. P. Garrahan (pediatric)</b>	<b>Plastic Surgery</b>	<b>Dr. J. Rodriguez</b>
	<b>Italiano</b>		<b>Dr. Falco</b>
	<b>R. Gutierrez</b>	<b>Plastic Surgery</b>	<b>Dr. S. Ruiz</b> <b>Dr. C. Rijavec</b> <b>Dr. Angrigiani</b>
<b>Buenos Aires (State)</b>	<b>Eva Peron (reimplantation unit)</b>	<b>Plastic Surgery</b>	<b>Dr. H. Lanza</b>
	<b>San Isidro</b>	<b>Traumatology</b>	<b>Dr. Varaona</b>
	<b>Roffo</b>	<b>Neurosurgery</b>	<b>Dr. H. Fontana</b>
	<b>San Martin</b>	<b>Oncology</b> <b>Plastic Surgery</b>	<b>Dr. A. Roque</b>
<b>Entre Rios (Parana)</b>		<b>Traumatology</b>	<b>Dr. Consentino</b>
<b>Santa Fe</b>		<b>Plastic Surgery</b>	<b>Dr. Stagnaro</b>
		<b>Traumatology</b>	<b>Dr. Slulittel</b>



## New CPT Codes for Debridement Prior to Free Tissue Transfer

By Mark J. Buehler, MD

**P**reparation of a traumatic wound associated with open fractures often requires multiple debridements before the definitive soft tissue coverage. Prior to January of 1997 debridement codes used for leg ulcers, diabetic foot ulcers and infected wounds were the same codes used for the preparation and debridement of a wound associated with an open fractures. Now new and specific codes have been developed which differentiate debridement of wounds with open fractures from other debridement codes.

In 1993, all codes for treatment of open fractures were deleted from the CPT manual since the amount of work required to treat the associated soft tissue injuries varied widely and could not be captured by a single code. Although the amount of work involved in treating an open or closed fracture is about the same, the work involved in treating the damaged, contaminated soft tissue envelope is variable and often more work intensive than the treatment of the primary fracture. Complete and appropriate debridement may require several surgical procedures in addition to fracture stabilization and free tissue transfer. Therefore, the CPT allows debridement procedures to be coded separately from either the CPT for fracture treatment or the CPT for soft tissue coverage.

In February 1996, the AMA CPT Editorial Panel accepted a proposal from the Academy of Orthopaedic Surgery for three new CPT codes for debridement of open fractures. These codes are:

- 11010 Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
- 11011 skin, subcutaneous tissue, muscle fascia, and muscle
- 11012 skin, subcutaneous tissue, muscle fascia, muscle, and bone

These codes are located in the Integumentary System section of the CPT manual, along with other debridement codes. In addition, there are new minor revisions to the guidelines under the heading "Repair (Closure)" to direct the coder to the new fracture debridement codes.

Debridement procedures may be repeated and coded for as often as necessary to obtain a surgically clean wound prior to soft tissue coverage. When multiple debridements are needed at different surgical times then the modifier -58 should be used with the new debridement codes. This is the modifier for staged procedures at a later operative session and indicates that the subsequent procedure was planned prospectively or was more extensive than the original procedure.

In patients with more than one open fracture or dislocation, two or more debridement codes may be reported in a single surgical session. The multiple procedure modifier -51 should be added to the additional debridement procedures. This modifier also should be used when debridement is reported at the same operative session as fracture/dislocation treatment, or neurovascular, tendon or ligament repair. Modifier -51 should not be used when a single fracture debridement is the only procedure reported.

Debridement codes not associated with fractures (i.e. 11040-11044) can be reported with fracture debridement codes CPT11010-11012 in those multiple trauma patients who have a combination of open wounds with open fractures or dislocations and without fractures or dislocations, in different anatomic sites. Again, the multiple procedure modifier -51 should be appended to all secondary procedures.

### A FLAP ABOUT FREE FLAPS

Many good changes were made in the 1997 CPT manual when the generic code 15755, Free flap (microvascular transfer), was eliminated and replaced with the following more accurate codes for soft tissue free tissue transfers:

- 15756 Free muscle flap with or without skin graft with microvascular anastomosis
- 15757 Free skin flap with microvascular anastomosis
- 15758 Free fascial flap with microvascular anastomosis

Unfortunately, HCFA has bundled any split thickness skin graft (CPT 15100) needed to cover a free muscle flap with the new CPT code 15756. This was not the intent of the new code and, in fact, the original descriptor did not include the harvesting and placing of a STSG on the muscle flap at the time of the surgery. We are currently in discussion with HCFA and will be requesting an editorial change from the current description to "free muscle or free myocutaneous flap". In the mean time, code separately for the STSG using CPT 15100 with the CPT code 15756 for the free muscle or myocutaneous flap. **RM**

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# The Bulletin Board

*Keeping up with old friends and making new ones within the Society can be difficult when time is short, hours are long and opportunities come but once or twice a year. Reconstructive Microsurgery would like to offer members a way to keep current with each other through this friendly and informal "member bulletin".*

**Raymond Dunn, MD.** Worcester, MA. We managed to bring our three daughters to the micro meeting in Hawaii. They had a great time with my wife and I as their "porters". The meeting was great and Phillip Blondeels' Godina Lecture was particularly stimulating regarding perforator flap design. We'll be looking to push this area a bit here at UMass. Anyone travelling to or through the Worcester, MA area is invited to stop by, stay with my wife and I, talk to the residents and share our passions for reconstructive microsurgery.

Email: [Raymond.dunn@banyan.ummed.edu](mailto:Raymond.dunn@banyan.ummed.edu)

**Saleh Shenaq, MD.** Houston, TX. Having the role as Chief of Plastic Surgery at Baylor College of Medicine is challenging and rewarding. Certainly the job consumes a great deal of my time where very little is left for family and personal life. I am proud of our recruitments of faculty and house staff. New areas of research, especially in vascular

gene therapy, are progressing in our laboratory. Pre-engineered vein grafts that are thromboresistant are being developed.

I am honored to have been elected to the position of President-Elect of this Society and to be able to step into the big shoes of my predecessors who contributed significantly to this prestigious body.

My three children, Deana (15), Amir (14), and Farris (12) are growing very fast and certainly they are in a position to teach me things, especially new computer tricks. Soon they will be looking for college and gone, and life goes on.

Email: [sshenaq@bcm.tmc.edu](mailto:sshenaq@bcm.tmc.edu)

**Ron Zuker, MD.** Toronto, Ontario, Canada. After retiring from the editorship of the newsletter, I decided to explore new vistas. The opportunity arose to take part in the OPERATION SMILE "Journal

of Hope '99". It was an unforgettable experience. It certainly renewed my faith in mankind and provided a venue to do what doctors are supposed to do to help those in need. It's like a booster for doctors. I operated, lectured and became very familiar with our fully equipped L1011 "The Flying Hospital". Although this particular mission was mainly directed at clefts, the doors are now wide open for all sorts of needed surgical intervention. I loved it. I think I helped a little and I'll certainly do it again. Retirement from editorship has its benefits.

Email: [ronald.zuker@sickkids.on.ca](mailto:ronald.zuker@sickkids.on.ca)



Ralph Manktelow, MD (left) and Ron Zuker, MD compete for "busiest shirt" honors in Hawaii.

## Keep us posted!

*If you would like to update your fellow members on things that are going on in your life, such as a new direction in your research, a change of job or marital status, a birth in the family, special awards or honors, plans for travel, etc., fax this page or email a note to:*

Anne Behrens  
c/o Reconstructive Microsurgery  
Fax: (847) 534-6648  
Email: [VisOrient@aol.com](mailto:VisOrient@aol.com)

Name \_\_\_\_\_

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News (100 words max, please) \_\_\_\_\_

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## Microsurgery Calendar

*continued from page 2*

participate in panels, with open discussion and, in some cases, video presentations. The symposium is co-chaired by Julia Terzis, MD, and Saleh M. Shenag, MD.

### **June 22-26 1999 ISRM 13th Symposium**

Century Plaza Hotel  
Los Angeles, CA  
Contact: Karen Gabriel  
(702) 883-7470

The theme is to summarize the major advances of the specialty's first three decades and to identify likely developments in the future. Dr. Neil Jones, the Scientific Program Chairman, will be working closely with an international panel of leading microsurgeons to put together a dynamic hybrid of panel, short presentations, and floor discussions. The role of technology will be emphasized. A large number of exhibitors will be providing short hands-on

demonstrations or workshops. In addition, computer video presentations will be available. All members of ASRM are invited. Registration and a reception will be held on June 22. The scientific program will start on June 23.

### **June 27-July 2, 1999 12th Congress of the IPRAS**

San Francisco, CA  
(847) 228-3340

The scene shifts north for the 12th Congress of the International Confederation for Plastic, Reconstructive and Aesthetic Surgery (IPRAS). Hosted by the ASPRS and IPRAS, the congress has been endorsed by the ASRM. Internationally esteemed hand surgeon Robert A. Chase, MD has been selected to give the Keynote Address, "Trajectory", focusing on the changes in medicine and plastic surgery as we move into the next century. The strong scientific and educational program to follow will feature 31 panels, and 17 keynote and biologic basis lectures. Over 400 free papers, 300 poster presentations and approximately 80 instructional courses on a variety of hand, plastic, aesthetic, maxillofacial/craniofacial surgery, and general interest will round out the program.

## OTHER IMPORTANT DATES

### **June 11-13 OVSPRS 42nd Annual Meeting**

Omni Netherland Plaza  
Cincinnati, OH  
Contact: Erika Monroe Kane  
(312) 263-7150

### **October 1-3, 1999 Cumulative Trauma Disorders Symposium**

Co-sponsored by AAHS and ASSH  
Oakbrook, IL  
AAHS: (312) 236-3307

### **January 8-11, 2000 16th ASRM Annual Meeting**

Loews Miami Beach  
Miami, FL

### **January 13-16, 2001 17th ASRM Annual Meeting**

Loews Coronado Island  
Coronado, CA

## RECONSTRUCTIVE MICROSURGERY

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**To Whom It May Concern:**

Due to unseen errors in the latest issue of Reconstructive Microsurgery we, the printer, have printed a replacement issue. This issue will have the same information as the issue you have received previously. Please accept this issue as a replacement to the original. We apologize for any inconvenience this may have caused you and ASRM.