THE AMERICAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY

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RECONSTRUCTIVE MICROSURGERY

FROM THE PROGRAM CHAIR

Joseph Serletti, MD

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Annual Meeting a Mix of Tradition and Innovation

This January, we will welcome all of you to the 22nd annual meeting of the American Society for Reconstructive Microsurgery. Over the last several years, our annual meetings have provided a comprehensive and innovative update on clinical and research activities within Reconstructive Microsurgery. Most agree these have represented some of the finest meetings and programs in our society's history. It is our sincere hope that this year's meeting continues with this tradition of excellence.

We are continuing with an emphasis on audience participation within the paper and panel presentations as this provides for the most fertile academic exchange. We will have four panels which include discussions on education, the players behind successful microsurgery, combining microsurgery and craniofacial surgery, and revising our reconstructions. The panel participants are all recognized experts who will bring tremendous depth and experience to their assigned topics. We will have 20 different instructional courses representing a mix of new and old. We have also assigned panel and course faculty to some of our younger membership so as to promote our young surgeons and infuse new concepts to conventional processes.

We continue with the combined programs on Saturday with the American Association for Hand Surgery and the American Society for Peripheral Nerve and the combined program on Sunday with the American Society for Peripheral Nerve. All three program chairs have worked closely to make this a substantive interdisciplinary program with the panels and courses tack-

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Microsurgery Is Sensational

Microsurgery is sensational. When blood spurts across the vascular anastomosis, and the replanted finger or "free" flap turns pink, it is a sensational experience. People feel like cheering. I certainly did when I began to do this surgery. That pink color is a sign of life.

The Founding Fathers of the United States of America believed that we were entitled "to certain inalienable rights," "among those life, liberty and the pursuit of happiness." The sensational pink color is the first of these for the reconstructive microsurgeon, demonstrating life. What are the other two inalienable rights as they might relate to our work? To have liberty implies the ability to move around freely. I suggest, therefore, the ability to restore movement to the replanted finger gives it liberty. The ability of the "free" flap to restore limbs also confers mobility. Now what can be the third inalienable right as it relates to our work in reconstructive microsurgery? The ability to be sensible, to have sensibility, to restore sensation, and thereby to perceive the environment's stimulation, I suggest permits the pursuit of happiness. When the replanted "blind" finger can again "see," and the resurfaced pharynx can again perceive the presence of food and drink, and prevent aspiration, yes, that allows us to pursue happiness. And that is sensational!

For the American Society for Reconstructive Microsurgery, this is indeed a sensational time. At the opening ceremony of the American Society for Plastic Surgery meeting in Chicago on Saturday, September 24, ASRM was recognized by Scott Spear, MD, the President of the ASPS, as having a seat on its Board of Directors for the first time. And on Monday, September 26, at the ASPS meeting, the ASRM had panels for the first time, in the midst of the aesthetic presentations. One panel was entitled, "Facial Transplantation: A Public Debate," with Robert L. Walton, MD as the moderator, and Peter E.M. Butler, MD, Neil Ford Jones, MD, and M. Sharon Webb, MD, JD, as the panelists (see the ASRM position statement on Facial Transplantation on page 10 in this issue of the newsletter). The second panel was entitled, "The nerve is Injured—Now What? Strategies for Iatrogenic Nerve Injuries During Cosmetic and Common Plastic Surgery Procedures," with Keith E. Brandt, MD as the moderator, and Paul S. Cederna, MD, A. Lee Dellon, MD, Allen L. Van Beek, MD, and William A. Zamboni, MD as panelists. This was sensational!

EDITOR'S MESSAGE

A. Lee Dellon, MD

The survival of the free composite tissue transfer would confer the freedom of this previously secluded individual to be liberated, and move about.

As this issue goes to press, another sensational event is the World Society for Reconstructive Microsurgery meeting, scheduled for October 21-22, 2005 in Buenos Aires, Argentina. Guillermo Loda, MD is the host and Congress organizer. Wayne Morrison, MD is the President, Julia K. Terzis, MD, PhD, is the President-Elect, Robert J. Allen, MD is the Secretary General, Hanno Millesi, MD, is the Historian, and Fu-Chan Wei, MD, is the immediate Past President. We hope many of you will have made reservations to attend this sensational meeting. Buenos Aires is a beautiful city with happy, beautiful people, and great food

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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and wine. When I had the honor to speak to the South American Society for Surgery of the Hand, in Buenos Aires, two years ago, Luiann and I took a side trip to Mendoza, their Napa Valley. (The malbec grape matures beautifully in Mendoza.) This is a wonderful, diverting, experience that will revitalize (pink) and liberate your creativity, inspiring your continued pursuit of reconstructive microsurgery.

Finally, at our annual meeting in Tucson in January, 2006, a sensational new component will be added. At the end of the ASRM meeting, there will be the Sixth International Symposium on Composite Tissue Allotransplation (CTA). The opening remarks will be by Warren C. Breidenbach, MD, who has organized this meeting. Thomas E. Starzl, MD will give his unique perspective on "The History and Challenges of Transplantation." Dr. Briedenbach's closing words are on "CTA Today: Looking Toward the Future", which follows a panel discussion on Craniomaxillofacial Composite Tissue Allotransplantation. In July of this year, while I was in Boston teaching, the New York Times had on its Sunday front page, a banner on Face Transplantation, with an article inside chronicling the work of Maria Siemionow, MD, PhD, DSc at the Cleveland Clinic, and the approval of its IRB to do the first clinical case. This week, as the TV news portrayed the arrival of Hurricane Rita, subheadings described the first interviews of patients who might be candidates for this surgery, a storm within a storm. In a published interview on the proposed surgery, it was noted the concerns that the flap would first need to turn pink, to be alive. It was then described that the disfigured individual, whose face was no longer present, might have an identity crisis. The transplanted face turning pink would symbolize a new life, and how to deal with it. The survival of the free composite tissue transfer would confer the freedom of this previously secluded individual to be liberated, and move about. And the plan to connect both the Trigeminal and Facial nerves of the donor to the recipient would confer the possibility to interact with the environment, in terms of both movement and perception. The Founding Fathers were no strangers to difficult ethical and moral questions. It is likely that our Founding Fathers would cheer at the restoration of certain inalienable rights by reconstructive microsurgeons. And that too is sensational. **RM**

Godina Lecture: David Chang, MD, FACS

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

– G. Lister

It is these qualities that are sought after in choosing the ASRM Godina Lecturer, honoring Dr. Marko Godina, an unrivaled leader and innovator in reconstructive microsurgery whose life was tragically cut short at the young age of 43. Established by the trustees of the Marko Godina Fund, this distinguished lectureship highlights a young, upcoming microsurgeon who has demonstrated leadership, innovation and ongoing commitment to our field in the best traditions of Dr. Godina. David Chang, MD, FACS is the 2005 Godina Traveling Fellow.

David Chang, MD, FACS

"The Impact of Reconstructive Microsurgery on Cancer Patient Management"

The advances in reconstructive microsurgery have revolutionized the postoncologic reconstruction, and in many centers, reconstructive surgery has become an integral part of the multidisciplinary approach to cancer management. This presentation will focus on some of these advances in reconstructive microsurgery and how they have impacted the overall approach to cancer patient management.

David Chang, MD, FACS is Associate Professor in the Department of Plastic Surgery at The University of Texas M.D. Anderson Cancer Center in Houston, Texas. He also serves as Clinical Assistant Professor in the Department of Surgery at Baylor College of Medicine and as Adjunct Associate Professor in the Department of Bioengineering at Rice University. Dr. Chang received his Doctorate of Medicine from the University of Wisconsin Medical School in Madison and later completed his fellowship in microsurgery and hand surgery under Chairman Harry J. Buncke, MD at the Microsurgical Transplantation and Replantation Center in San Francisco. **RM**

We Can Do It! But should we?

PRESIDENT'S LETTER

William C. Pederson, MD

Members of this society have all been aware of the potential for facial transplantation for several (? many) years, but the cat is now out of the bag—it's all over the news. An article in the *Chicago Tribune,* from June 12, by Peter Gorner, spells it out in "Surgery's next step: face transplants." There have been many other reports in the media, and I have even found bloggers talking about it on the web. While I have some thoughts about all of this, I think it is instructive to review some history first.

Modern transplantation began (at least in the U.S.) in 1954 with the transplant of a kidney between identical twins by Dr. Joseph Murray of Boston. This was performed after a long period of experimental work by Dr. Murray and his team, as well as others. As time went on, the Brigham group showed excellent success rates between identical twins and eventually transplanted kidneys in fraternal twins utilizing whole-body irradiation for immunosuppresion. Success rates for non-identical twin donors remained rather poor until the early 1960's, however, when immunosuppresion with azathioprine and steroids was introduced. Through the 1960's, success rates of renal transplantation between non-related donors improved to the 60 – 70% rate at four years, without major changes in the immunosuppression regimen. I should point out that the progress of allograft kidney transplantation was rather slow, as it represented the first clinical attempt at organ transplantation in humans. Nonetheless, by the late 1960's allograft renal transplantation had moved from the experimental realm to clinical acceptance.

December 3, 1967. Dr. Christiaan Barnard performs the first human heart transplant at Groote Schuur Hospital in South Africa. Big headlines. The lay press hails this achievement but his 53 year-old patient survived for only 18 days. All of the experimental work on technique and immunosuppresion had been done by others, much of it at Stanford University by Dr. Norman Shumway, who apparently did not feel that the time was right for heart transplants in humans. Nonetheless, following on the heels of Barnard's first attempt, the teams at Stanford and the Texas Heart Institute (as well as others) began a series of heart transplants in 1968. Results were poor, however, and between 1967 and 1971 only 15% of approximately 170 heart transplant recipients survived for one year. After 1971 heart transplants were basically abandoned until cyclosporine became available in 1983 (a 12-year hiatus). With this drug, cardiac transplantation had a rebirth, and along with other improvements in immunosuppression, now has a 1 year survival rate in the range of 90%, with a nearly 75% 7 year survival. If one looks at this history critically, however, Barnard certainly "jumped the gun" on heart transplantation, and possibly even forced the hand of others into performing cardiac transplantation before it was appropriate. Experience gained in the early patients undoubtedly aided the eventual success of this procedure.

The Louisville group has done "good science"... and we have gained a great deal of information on what it takes to make this type of CTA work. One wonders, however, why there haven't been any more [hand transplants] performed in Louisville since

Now, what about Composite Tissue Allografts (CTA's)? The University of Louisville formed a Hand Transplant Team in 1996 with the goal of developing experimental techniques and drug therapy to perform hand transplantation. This group organized an international symposium to discuss the many ramifications of this procedure in November of 1997. There was a great deal of controversy attending this concept (which remains today), but the Louisville group decided to proceed with an attempt in humans based on a strict experimental protocol. Many were convinced that the transplant would be very quickly rejected due to the immunogenicity of the involved tissues (spelled S-K-I-N.)

Well, back in "jumping the gun" mode, an international group in Lyon, France performed the "first" modern hand transplant on September 23, 1998 (another hand transplant had been attempted in Ecuador in 1964). This procedure was performed on a New Zealand ex-convict who subsequently made

the rounds of the media and then disappeared. The hand had to be amputated due to chronic rejection later (February 2001). The Louisville group performed the first hand transplant in the United States on January 25, 1999, with a second in February of 2001. Both of these procedures were performed, in my mind, as surgical "experiments", with very good follow-up and documentation. Their course has been publicly presented and discussed, and I have had the opportunity to examine the first patient. The function of the transplanted hand is impressive, but obviously not totally normal. Both of these patients have sustained complications related to their immunosuppresion including episodes of acute rejection, diabetes, and avascular necrosis of the hip. While none of these have been life-threatening, the treatment-related problems are significant. A total of around 22 hand transplants have been performed worldwide, with impressive results (in terms of transplant survival).

It is my feeling that the Louisville group has done "good science" in terms of their two patients, and we have gained a great deal of information on what it takes to make this type of CTA work. One wonders, however, why there haven't been any more performed in Louisville since 2001. I have heard a couple of different reasons from those directly involved, but the answer "...insurance won't cover it..." reinforces the experimental nature of this procedure at present.

In terms of other CTA transplants, there have been a few, including a larynx, a few knees, and nerves, but none with enough numbers to really draw any conclusions. As to the proposal to proceed with facial transplantation in the near future, there are a number of problems with this. I do not have space to go into all of the technical and emotional issues involved, but suffice it to say that there are many more issues of this sort than with other CTA's. Several surgeons in the United Kingdom have also proposed proceeding with this procedure, but the Royal College of Surgeons has come out with a very well thought-out position paper against it. In light of this, I asked our past president, Dr. Robert Walton, and a Task Force of people with experience in experimental and clinical tissue transplantation to write a position paper for our society. After much work by Dr. Walton and his Task Force, I forwarded the paper to all ASRM members for comment. The response was overwhelmingly positive. Dr. Walton also presented the paper at the Reconstructive Council Meeting at the American Society of Plastic Surgeons in Chicago, who endorsed it.

We do not feel that the time is right to proceed with facial transplantation. There are too many questions remaining about the procedure and problems with immunosuppression to proceed at this time. Obviously someone is going to have to be the "first", but I would urge our colleagues not to "jump the gun." I personally do not want to be a poorly-informed naysayer who denigrates advances in our profession (think of Joseph Lister and many others who were initially viewed as nuts). I agree that patients with devastating facial injury are most certainly deserving, and I applaud those of our colleagues who have done tremendous work in this area, but I feel that we should be cautious in proceeding until such point that we can achieve a high degree of success with low complication rates. If an attempt at this procedure is made before the time is right, it could be a severe setback for us all.

You can see our position paper in this issue, and at the ASRM website at www.microsurg.org.

You can download a PDF of the Royal College of Surgeons of England's paper at www.rcseng.ac.uk/publications Facial Transplantation: Working Party Report. RM

Presidential Invited Lecture: David P. Green, MD

David P. Green, MD

"A Macrosurgeon's Perspective on Microsurgery"

This will be a look at how microsurgery has changed and influenced the entire scope of hand surgery. David P. Green, MD is Clinical Professor in the Department of Orthopaedics at the University of Texas Health Science Center at San Antonio. For eight years he was the Coordinator of Resident Training, serving as Chief of the Hand Surgery Service. Dr. Green was the founding president of The Hand Center of San Antonio, where he still practices; he has a special interest and extensive experience in treating athletic injuries of the hand and wrist. His comprehensive textbook entitled Operative Hand Surgery (now in its fifth edition) is used not only throughout the entire United States, but by hand surgeons in virtually every country in the world. RM

21st Annual Meeting of the American Society for Reconstructive Microsurgery

January 14-17, 2006 | Loews Ventana Canyon Resort | Tucson, AZ

AAHS/ASRM/ASPN Combined Day Program

Saturday, January 14, 2006

6:00–8:00 am **Continental Breakfast**

6:30–7:30 am **Instructional Courses**

201 Indications, Timing and Interpretation of Electrophysiology
Harvey Goodman, MD
Allen Van Beek, MD

202 Interdisciplinary Management of Pain
A. Lee Dellon, MD
Randall Prust, MD

203 Nerve Transfers
Susan Mackinnon, MD
Christine Novak, PT/MS
Renata Weber, MD

204 Outcome Measures: Quality of Life
Kevin Chung, MD, MS
Brent Graham, MD
Steven McCabe, MD
Achilleas Thoma, MD, FRCSC

205 Reinnervating Muscle
Paul Cederna, MD, FACS
Nancy McKee, MD, FRCSC

7:45–7:55 am **Presidents' Welcome**
Susan Mackinnon, MD
AAHS President
Maria Siemionow, MD, PhD
ASPN President
William C. Pederson, MD
ASRM President

7:55–8:00 am **ASPS Presidential Remarks**
Bruce Cunningham, MD

8:00–9:30 am **Panel: Composite Tissue Allografts**
William C. Pederson, MD, Moderator
W. P. Andrew Lee, MD
Mary McGrath, MD
Susan Mackinnon, MD
Maria Siemionow, MD, PhD

9:35–10:35 am **AAHS/ASRM/ASPN Presidents Invited Lecture: Colonel Mark Bagg, MD**
"Observations: Extremity Injuries in the Global War on Terrorism"

10:35–11:00 am **Coffee/Exhibits Break**

11:00–11:45 am **Outstanding Nerve Paper Presentations**

12:00–5:00 pm **AAHS Hand Therapy Program**

12:30 pm **10th Annual Day at the Links**

12:30–4:30 pm **ASRM Master Series in Microsurgery**
Additional registration required.
Complimentary to ASRM Residents/Fellows.

This course, presented by experts in the field of microsurgery, will present the techniques, pearls and complications of a variety of microsurgical procedures. The course is designed to present flap dissections and techniques of the entire body over a 3-4 year period, while focusing on 4-5 operations yearly. The format will be an interactive video presentation by the "Master." Audience participation is essential. See the dissection and pick up the pearls. Question the authorities.

12:30–12:45 pm **Introduction**
Gregory M. Buncke, MD

12:45–1:15 pm **Great Toe Transplantation**
Gregory M. Buncke, MD

1:15–1:30 pm **Discussion**

1:30–2:00 pm **Facial Reanimation with Gracilis – One Stage**
Rudolf Buntic, MD

2:00–2:15 pm **Discussion**

2:15–2:45 pm **DIEP and Muscle-Sparing TRAM Breast Reconstruction**
David Chang, MD

2:45–3:00 pm **Discussion**

3:00–3:30 pm **Anterior Lateral Thigh Flap**
Ron Yu, MD

3:30–3:45 pm **Discussion**

3:45–4:15 pm **Cavernous Nerve Reconstruction**
Ted Uroskie, MD

4:15–4:30 pm **Discussion**
David Chang, MD

1:00–5:00 pm **ASPN Scientific Session**

2:00–4:00 pm **ASRM Lakeside Ladies Tennis Tournament**

6:00–6:45 pm **AAHS/ASRM/ASPN Reception**

6:45–10:00 pm **Dinner at the Hidden Vally Inn**

ASRM Scientific Program

Sunday, January 15, 2006

6:00–8:30 am **Continental Breakfast**

7:00–7:10 am **Welcome**
William C. Pederson, MD
ASRM President
Joseph M. Serletti, MD, FACS
ASRM Program Chair

7:10–8:40 am **Panel: What is the Best Educational Model for Training in Reconstructive Microsurgery?**
Randy Sherman, MD, Moderator
Gregory M. Buncke, MD
Neil F. Jones, MD
Howard N. Langstein, MD
Robert Ruberg, MD

8:45–10:45 am **Scientific Paper Presentations Session A-1**

8:45–10:45 am **Scientific Paper Presentations Session A-2**

10:45–11:05 am **Coffee/Exhibits Break**

11:05–12:35 pm **ASRM/ASPN Panel: Current Management of Complex Peripheral Nerve Disorders**
Ivica Ducic, MD, PhD, Moderator
A. Lee Dellon, MD
Ayan Gulgonen, MD
Thomas Janicki, MD
Joseph M. Rosen, MD
Julia K. Terzis, MD, PhD

12:35–12:50 pm **Box Lunch**

12:50–1:50 pm **Instructional Courses**

301 Current Concepts in Management of Osteomyelitis
James Patrick Higgins, MD
Thomas Higgins, MD
Kenneth Means, MD

302 Management of Flap Thrombosis
Chris Brooks, MD
Joseph M. Serletti, MD, FACS
Randy Sherman, MD

303 Optimizing Results in Mandibular Reconstruction
Ara Chalian, MD
Neal S. Topham, MD

304 Perforator Flaps: Getting Started
Robert J. Allen, MD
Bernie Chang, MD

305 Sarcoma Reconstruction
E. Gene Deune, MD
Frank Frassica, MD

2:00–2:30 pm **President's Lecture**
William C. Pederson, MD

2:35–4:05 pm **Scientific Paper Presentations Session B-1**

2:35–4:05 pm **Scientific Paper Presentations Session B-2**

4:10–5:10 pm **Godina Lecture: David Chang, MD, FACS**
"The Impact of Reconstructive Microsurgery on Cancer Patient Management"

6:00–7:30 pm **Welcome Reception**

ASRM Scientific Program

Monday, January 16, 2006

6:00–8:30 am **Continental Breakfast**

7:00–8:00 am **Instructional Courses**

306 Basic Immunology for Microsurgeons
W. P. Andrew Lee, MD
Maria Siemionow, MD, PhD

307 Complex Abdominal Wall Reconstruction
Charles E. Butler, MD
David Low, MD

308 GU Reconstruction
Lawrence B. Colen, MD

309 Microvascular Breast Reconstruction
Bernie Chang, MD
Neil A. Fine, MD, FACS
Joseph M. Serletti, MD, FACS

310 Optimizing Results in Head and Neck Reconstruction
Giorgio Desantis, MD
Joseph James Disa, MD

8:10–9:40 am **Panel: Successful Free Tissue Transfer: An Interdisciplinary Effort**
William C. Pederson, MD, Moderator
Steve Vega, MD
Trevor Pollard, MD

9:45–10:45 am **Presidential Invited Lecture: David P. Green, MD**
"A Macrosurgeon's Perspective on Microsurgery"

10:45–11:05 am **Coffee/Exhibits Break**

11:05–12:35 pm **Scientific Paper Presentations Session C**

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12:35–2:00 pm **Lunch Break**

12:50–1:50 pm **Instructional Courses**

311 Lower Extremity Reconstruction
Christopher Attinger, MD
L. Scott Levin, MD, FACS

312 Management of the Ischemic Upper Extremity
Wyndell H. Merritt, MD
William C. Pederson, MD
James Patrick Higgins, MD

313 New Options for Vascularized Bone Grafts
Marco Innocenti, MD
Steven Moran, MD
Sal Lettieri, MD

314 Successful Microsurgery in a Community Hospital
Peter R. Ledoux, MD
Steven M. Pisano, MD

315 Update on Research in Microsurgery
Gregory R. D. Evans, MD
William A. Zamboni, MD

2:00–3:30 pm **Scientific Paper Presentations Session D-1**

2:00–3:30 pm **Scientific Paper Presentations Session D-2**

3:45–4:45 pm **ASRM Business Meeting**
(Attendance is limited to members only)

ASRM Scientific Program

Tuesday, January 17, 2006

6:00–8:30 am **Continental Breakfast**

7:00–8:00 am **Instructional Courses**

316 CPT Coding for Reconstructive Surgery
Keith E. Brandt, MD

317 Lower Extremity Reconstruction: Use of the Sural Artery Island Flap
Detlev Erdmann, MD
L. Scott Levin, MD, FACS

318 Pediatric Microsurgery
Jeffrey D. Friedman, MD
Ronald M. Zuker, MD, FRCSC

319 Replantation: Are We Making Any Progress
Michael W. Neumeister, MD
Bradon Wilhelmi, MD

320 Vascular Loops
Gunter Germann, MD

8:15–9:45 am **Panel: Craniofacial Surgery and Microsurgery: When Titans Collide**
Joseph M. Serletti, MD, FACS, Moderator
Peter C. Neligan, MD
Julian J. Pribaz, MD
John Siebert, MD

9:50–10:50 am **Buncke Lecture: Fu-Chan Wei, MD, FACS**
"Expanding the Universe of Reconstructive Microsurgery–The Pioneers, The Explorers, The Leaders and The Future"

10:55–12:25 pm **Panel: Revising Your Reconstructions: Timing and Methods**
Robert Walton, MD, Moderator
Elisabeth K. Beahm, MD
Gunter Germann, MD
L. Scott Levin, MD, FACS

12:30 pm Adjourn

1:00 pm Incoming Council Meeting

Please Note: The Strategic Planning Meeting is being held on January 13 from 11:30 am to 1:30 pm, and the Outgoing Council Meeting is on January 13 from 1:30 pm to 3:30 pm.

Buncke Lecture: Fu-Chan Wei, MD, FACS

The Harry Buncke Lectureship has been created with the support of the California Pacific Medical Center to honor Dr. Buncke's remarkable contributions to the field of microsurgery. Dr. Harry Buncke has played a major role in the development of our specialty and has helped developed several microsurgical laboratories across the globe. Fu-Chan Wei, MD, FACS will be speaking at the annual meeting as the 2006 Harry Buncke Lecturer.

Dr. Wei received his training in plastic surgery at Chang Gung Memorial Hospitals. After 2 years in the US for a microvascular surgery fellowship and hand surgery fellowship, Dr. Wei returned to Taiwan and joined the faculty at Chang Gung Memorial Hospital. Dr. Wei currently sits on the editorial board of several journals, including the *Journal of Reconstructive Microsurgery*. His major research interests include in vivo microcirculatory studies of ischemia-reperfusion injury, and composite tissue allo-transplantation where he leads laboratories investigating these subject matters.

Fu-Chan Wei, MD, FACS

"Expanding the Universe of Reconstructive Microsurgery—The Pioneers, The Explorers, The Leaders and The Future"

To create the future one must first acknowledge the past and innovate the present. The pioneers of our specialty have gifted us their legacies: difficulties mastered, challenges conquered, knowledge generated, fostered and exchanged. Today's leaders continue to provide guidance, initiative and strategy, expertly redefining our horizons. We at Chang Gung Memorial Hospital, Medical College and University, Taipei, Taiwan, look onwards to the paradigm shift that awaits our specialty. The universe of reconstructive microsurgery is expanding... and it's exciting. RM

2006 Meeting

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ling challenging problems. We will also have our second Masters Series in Microsurgery based upon last year's series' enormous success.

We are honored to have several exceptional speakers. Dr. David Chang will be presenting the Godina Lecture. Dr. Fu Chan Wei will be giving the Bunke Lecture. David P. Green, MD, will be the special President's Invited Lecturer.

I want to express my sincere thanks to our president, Chis Pederson, the members of the program committee, and the ASRM council members, all of whom significantly contributed to the development of this year's program. I also want to extend my thanks to all who have agreed to participate in the program and share their knowledge and expertise with our membership. This is a scientific meeting but is also as much a meeting of fellowship, camaraderie, and friendship and I look forward to everyone's participation in the academic and social events of our meeting. Thanks.

Joe Serletti, MD, FACS
ASRM 2006 Program Chair RM

ASRM
FUTURE ANNUAL MEETINGS

2006

JANUARY 14-17, 2006
Loews Ventana Canyon Resort
Tucson, AZ

2007

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

2008

JANUARY 12-15, 2008
Century Plaza Hotel and Spa
Los Angeles, CA

2009

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

2010

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

Position of the American Society for Reconstructive Microsurgery on Facial Transplantation

Composite tissue allotransplantation (CTA) has been performed on a limited basis clinically since 1992. Transplants of nerve, tendon, joint, larynx, tongue, hand, and, most recently, abdominal wall have been reported on just a few cases. The functional and aesthetic outcomes of these transplants have exhibited variable degrees of success. The greatest experience in CTA has been in the hand, with over 18 cases reported worldwide. The outcomes of hand transplantation have been found to be similar to replantation at equivalent levels.

Common to most cases of CTA is the need for ongoing immunosuppression with the attendant adverse consequences of systemic drug toxicity on lung, kidney, hematopoetic, immunologic, and endrocrine systems with increased risks for neoplastic disease, metabolic disorders, and opportunistic infection. Despite recent novel approaches in immune suppression, tissues that undergo CTA exhibit chronic rejection with progressive degradation which is most visibly apparent in the integument and vascular systems. The effects of chronic rejection on long term CTA function and survival have not yet been determined.

Recent experiences in CTA have prompted the proposal of facial transplantation as an alternative approach to treating the facially disfigured. Several centers in the US and abroad have established institutional protocols for facial transplantation. The technical issues surrounding facial transplantation are generally touted as being solved although very little data exist to support this conclusion. If one examines the results of the three reported cases of facial replantation, which provide our best means for objective comparison, the functional and aesthetic results are quite mixed. Anatomic and vascular injection studies suggest that a donor transplant should include the skin, subcutaneous tissue, and SMAS facial musculature system with at least two adjacent vascular choke territories to supply the total facial transplant. This is at variance with proposed facial transplant models that call for skin and subcutaneous tissue only in the transplant, and would accordingly result in an inanimate facial mask. Restoration of animation in the transplant has not been addressed from a functional perspective. Should the transplant be animated using the recipient's facial nerve? If not, will the patient's intrinsic facial musculature be sufficient to animate the composite transplant? The answers to these questions are highly pertinent and as of yet, unknown.

Public debate has given rise to meaningful concerns regarding the known issues of chronic immunosuppression and rejection of the facial transplant. How might the facial transplant change under conditions of chronic immunosuppression and rejection? What would be the consequence of a transplant failure? Is failure acceptable? Can a patient, under these circumstances, engage in informed consent? The answers to these questions are unknown.

The ethics of facial transplantation go beyond the life and death issues common to most transplants and engage other topics that heretofore have not influenced medical decision processes. The face represents the most identifiable aspect of an individual's physical being and is central to communication. One might expect that a facially deformed patient is markedly impaired, but most studies confirm that the severity of deformity does not necessarily correlate with distress. Most patients with facial deformity adapt quite well and accept their physical appearance as "self". The psychology of acquiring another person's identity is very complex; the psychology of losing that newly acquired identity can only be imagined. Similarly, the psychologic repercussions of a facial transplant on family and friends of both donor and recipient cannot be underestimated. The ethics of inflicting an untried, and potentially fatal or deforming remedy for the purposes of advancing science must be carefully weighed against the Hippocratic credo of doing no harm. Those against facial transplantation argue that the desperation of disability never justifies the infliction of a hopeless remedy. Proponents of facial transplantation argue that selected patients who seek

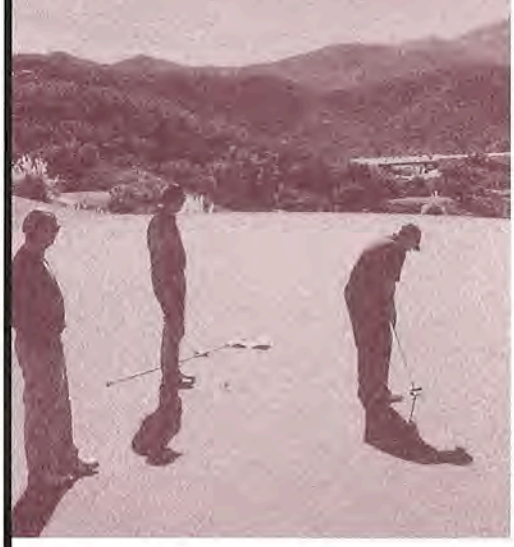
improvement in their quality of life in certain circumstances are prepared to assume risks to achieve it. Answers to these ethical issues can be easily manipulated to comport with most viewpoints. In the final analysis, however, ethics must be regarded as a means for discussing the issues of facial transplantation and not, necessarily, for resolving them.

The 2004 Working Party Report from the Royal College of Surgeons in England concluded that there were too many unanswered questions regarding facial transplantation to warrant clinical trials at the present time. Clearly, facial transplantation is a procedure that has considerable potential for improving the lives of the facially disfigured. Given the current limitations, however, proceeding with a full-scale clinical effort poses great risk for stifling meaningful progress. At the least, further research and progress in CTA transplant immunology is warranted to address the outstanding issues of chronic rejection and patient safety.

In summary, Facial Transplantation is a procedure that carries unknown risks and benefits. Presently, there are insufficient data available upon which to estimate risks and obtain informed consent regarding physical and psychologic safety of the procedure. It is appropriate, therefore, that those involved in this important work move forward in incremental steps with particular emphasis in improving transplant immunology and critically analyzing the long-term results of CTA from a functional, aesthetic and psychosocial perspective. **RM**

10th Annual Day at the Links Golf Tournament

being held in conjunction with the AAHS and ASRM Annual Meetings



Saturday, January 14, 2006
12:30 pm Shotgun
Cost: $200.00 per player

The 10th Annual Day at the Links will unfold on the Loews Ventana Canyon Resort's fabled Mountain Course. Designed by Tom Fazio, named "Architect of the Year" by Golf Digest, this course features the celebrated hole #3, the most photographed golf hole in the west. Prizes will be awarded to the team with the lowest gross score, and individuals who win the longest drive, longest putt and closest to the pin competitions.
Tournament registration will officially close on Friday, January 13, at 11:00 am. If you prefer to be paired with specific players, requests must be submitted to our Registration Desk staff by 11:00 am on Friday, January 13. After this time, foursome changes can only be made at the pro shop prior to tee time. Tournament costs include green fees, cart, tournament coordination, prizes and range balls. No metal spikes are permitted on the course. Tickets are non-refundable.

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

Registration Form

NAME

ADDRESS

CITY STATE ZIP

PHONE FAX

PAYMENT METHOD ❑ VISA ❑ MASTERCARD ❑ CHECK

CARD NUMBER EXP. DATE

SIGNATURE

Please fax this back to the AAHS/ASRM Central Offices at 312-782-0553 or mail to AAHS/ASRM, Golf Registration, 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

AAHS/ASRM/ASPN Presidents' Invited Lecture: Colonel Mark Bagg, MD

"Observations: Extremity Injuries in the Global War on Terrorism"

The morbidity and mortality of war injuries has changed dramatically in the last 50 years. The most recent conflict has demonstrated the value of body armor in terms of lives saved, but with a potential increase in severe extremity injuries. This lecture will focus on what we have achieved in terms of the management of war injuries as well as what has remained the same.

Colonel Mark Bagg, MD is Orthopaedic Surgery Consultant to the Surgeon General, US Army. He is Chairman of the Department of Orthopaedics and Rehabilitation at Brooke Army Medical Center in San Antonio. Dr. Bagg also serves as Assistant Professor of Surgery to the F. Edward Hebert School of Medicine at the Uniformed Services University of the Health Sciences in Bethesda, Maryland as well as Clinical Assistant Professor of Surgery in the Department of Orthopaedic Surgery at Texas Tech University Health Science Center in Lubbock, Texas. **RM**

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