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RECONSTRUCTIVE MICROSURGERY

What's New in Reconstructive Microsurgery?



The 2008 ASRM Meeting in Los Angeles

*By Günter Germann, MD
Scientific Program Chair*

Whenever you think, what can be new in Reconstructive Microsurgery, is there really anything out there that can enhance my practice, improve my outcome, expand my treatment options? Simply attend the next annual ASRM meeting and you find always something inspiring and stimulating. The

2008 meeting in LA is a perfect example for this; high end research and excellent clinical papers represented the cutting edge of our speciality.

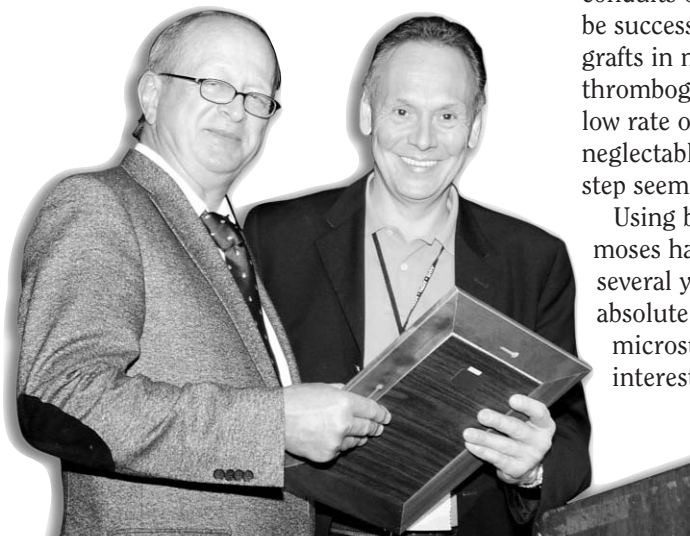
Some of the highlights, new trends or useful information are summarized below.

Research activities focused on three main areas: allotransplantation, neo-biomaterials and the quest for new type of flaps based on the free style perforator concept.

Experimental results have shown that conduits of acellular dermal matrix could be successfully used as interpositional grafts in microsurgery reconstructions. The thrombogenic potential is acceptable, the low rate of thrombosis in a rat model was neglectable so that the bench-to-bedside step seems not to be to far away.

Using bio-glues for suture free anastomoses have been under investigation for several years, but results presented show absolute comparability with conventional microsurgical suture techniques. An interesting concept was presented with

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How the Web is Changing Microsurgery

The 2008-year started with a great success as the 35th annual meeting of the American Society of Reconstructive Microsurgery made its mark in Los Angeles. The Drs. Germann and Colen put together an outstanding program highlighted by our guest speaker, Aaron Vinik, MD.

Attending our meeting were Linda Philips, President of the Plastic Surgery Education Foundation, Rick D'Amico, President of the American Society of Plastic Surgeons, and Paul Pomerantz, CAE, Executive Vice President of President of the American Society of Plastic Surgeons. The purpose of their visit was to continue and reinforce the dialogue established 3 years ago by Scott Spear about enhancing the presence of "reconstruction" within the ASPS through a greater involvement of its sister societies, the ASRM, AAHS, ASPN, and the PSRC. The ASPS and PSEF recognize the importance of reconstruction as a part of the specialty of Plastic Surgery. The need to restore and elevate "reconstruction" within the ASPS/PSEF is apparent to its entire executive council. Drs Phillips and D'Amico's meeting with each of the societies in Los Angeles should be embraced as a sign of positive change. Their goal is to get word out to the members of the ASRM, AAHS, ASPN and PSRC that the ASPS/PSEF wants input into reformatting reconstruction and research within the ASPS and PSEF. Better terms instead of reformatting may actually be "restoring" or "resurrecting" reconstruction and research into the heart of our mother society. But despite the terminology, the fact remains that the ASPS and PSEF have a sincere interest in this champagne. Over the past 3



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

As members of the ASRM, we should have open discussions about our future, our relationships with other societies, and our desire to be reconstructive surgeons.

years, the Presidents of the ASPS and PSEF have traveled to our annual meetings to talk to the executive councils to discuss a greater involvement and active participation in the restructuring of the ASPS. Clearly, the ASPS and PSEF are reaching out to have us involved in the decision of determining our own fate within their (actually "our") societies. Reconstruction is extremely important for the survival of Plastic Surgery as a specialty. There is no question of that. To that end we, as members of the ASRM, should not reject the courtship of the ASPS and PSEF, but rather embrace the chance to re-establish a more dynamic presence and improve the value to all members of these societies.

Drs Phillips and D'Amico asked for our input into what it would take to fill the reconstructive and research void within the ASPS that has caused some resentment in the past amongst some society members. So what are our beefs? If we had a magic lantern, what wish would we have about our mother societies, the ASPS and PSEF? How should the ASPS annual meeting be formatted? How much of the annual meeting should be reconstruction and/or research? What about sponsored symposia and educational support? For that matter, what resources can and should be shared? Can we expect research funds/grants from the PSEF to support microsurgical and complex reconstruction projects? It appears that we have an opportunity to make some significant changes within the infrastructure of the ASPS and PSEF to resurrect reconstruction. It would seem pru-

RECONSTRUCTIVE MICROSURGERY

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

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Editor	Michael Neumeister, MD
Executive Director	Krista A. Greco
Managing Editor	Anne B. Behrens

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HOT OFF THE PRESS! ASSOCIATION NEWS

dent to jump at this chance. The efforts of the past 3 years should not be shunned. It seems we can help decide our own fate within the ASPS and PSEF. If the governance of the ASPS and PSEF drop the ball on this endeavor, shame on them. If we drop the ball, shame on us.

As a part of their new strategic plan and resurgence of reconstruction and research, the ASPS and PSEF invited the leaders of all of the sister societies including the ASRM, AAHS, ASPN, PSRC, ASMS, ASAPS, the members of their reconstructive council, and other thought leaders from these groups, to express their concerns, give insight into the future, and formulate a framework for building a new infrastructure that fulfills the needs and missions of all parties interested in reconstruction and research. As members of the ASRM, we should have open discussions about our future, our relationships with other societies, and our desire to be reconstructive surgeons. [RM](#)

The American Society for Reconstructive Microsurgery (ASRM) is improving its web site and has added a **Microsurgery Fellowship search function** to assist candidates in obtaining information on current microsurgery fellowship opportunities. If an institution offers a Microsurgery Fellowship and/or a Hand Surgery Fellowship program and they wish to have it included in the ASRM's database and posted on the ASRM web site, the Fellowship Director or Administrator should visit <http://www.microsurg.org/fellowship/message.asp> to submit the requested information.

Fellowships that are largely hand surgery are listed in the "Primary Hand" category and should indicate under "additional program information" the following pertinent information:

Are your fellows are eligible for the CAQ?

Are you in the Hand Match?

This new system will replace the existing fellowship list on the ASRM web site as of March 17, 2008; therefore, all existing Microsurgery Fellowship information will need to be re-entered through this link.

The Ad Hoc Micro Fellowship Committee thanks all those that have chosen to participate in this joint venture to assist our future microsurgery fellows in their pursuit of training opportunities.

If you have any questions please contact Krista Greco at KristaGreco@isms.org or 312-456-9579.



(Left to right): Dr. Joseph Serletti, Dr. J. LoGiudice, Dr. Guenter Germann and Dr. James Higgins

ASRM Best Awards 2008

Best Microsurgical Case of the Year Award

James P. Higgins, MD
Revascularization via Ulnar Artery Repair

Best Microsurgical Save of the Year Award

J. LoGiudice, MD
Heterotopic Scalp Replant

American Society for Reconstructive Microsurgery 2008 Council and Committees

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Peirong Yu, MD

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Greg Evans, MD
Peirong Yu, MD

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L. Scott Levin, MD, FACS
Eduardo Rodriguez, MD

Time & Place

Lawrence Colen, MD, *Chair*
William C. Pederson, MD
L. Scott Levin, MD, FACS

25th Anniversary of the Founding of ASRM

This is the first newsletter since taking over the presidency of the American Society for Reconstructive Microsurgery from Larry Colen, MD after the very successful annual meeting in Beverly Hills in January. I remain very conscious of the enormous responsibility following in the footsteps of a distinguished line of presidents. Dr. Colen left us with a highly successful organization and his legacy will be the record number of new and candidate members that have joined the Society at the annual meeting. As the immediate past president, Larry will remain on Council for another year and we will benefit from the continuity of his wisdom and advice.

The American Society for Reconstructive Microsurgery is rapidly becoming the organization of choice, not only for plastic surgeons and orthopaedic surgeons involved in microsurgical reconstruction, but also for those plastic surgeons whose major emphasis is on complex reconstructive surgery. In addition, the first ENT surgeon was elected to membership this year and hopefully this will stimulate other ENT surgeons involved in microsurgical reconstruction after head and neck cancer to apply for membership in order to gain access to a forum for discussion of the latest developments in this area of microsurgery.

Continued growth and viability of the American Society for Reconstructive Microsurgery depends on attracting and involving younger members finishing their residencies and microsurgical fellowships and entering practice. The introduction of candidate membership has proved to be remarkably effective with 24 residents and fellows applying for candidate membership and 18 applicants accepted for active status last

PRESIDENT'S LETTER



Neil F. Jones, MD

The ASRM is rapidly becoming the organization of choice, not only for plastic surgeons and orthopaedic surgeons involved in microsurgical reconstruction, but also for those plastic surgeons whose major emphasis is on complex reconstructive surgery.

year. Candidate members are the future life blood of our society and I would urge all residency program directors and microsurgery fellowship directors to encourage their trainees to apply for candidate membership. In a parallel development, Chuck Butler, MD and Joe Serletti, MD are reorganizing the data base of microsurgery fellowships on the ASRM web site to provide more precise information to residents seeking fellowship training. Eventually, it is hoped that this will translate to a universal application procedure and a Match selection process.

One of the most important priorities for the ASRM Council has been to maintain and expand the status of ASRM as the premier voice of reconstructive micro-

surgery at meetings of other national organizations. Two examples will illustrate this mission. This year six faculty from ASRM will provide a half-day module on microsurgical breast reconstruction at the Santa Fe breast meeting in September. Similarly, ASRM faculty organized a very successful half-day precourse on microsurgical reconstruction of the upper extremity at the annual meeting of the American Society for Surgery of the Hand in 2007 and this precourse is to be repeated (albeit with different topics) at the ASSH meeting in 2008. Older members will remember that in the past our ASRM meeting was held in conjunction with the ASSH meeting



Presidents' Invited Speaker Luis Vasconez, MD with Lawrence Colen, MD

in the fall, but this affiliation was subsequently changed to a combined meeting with the American Association for Hand Surgery in January. Since microsurgery is undoubtedly the single most important advance in hand surgery over the past thirty years, it is vitally important that the ASRM maintains its educational role at meetings of the American Society for Surgery of the Hand. Similar opportunities could potentially be

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President's Letter

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organized at other national meetings, such as a course on salvage of open tibial fractures or vascularized bone grafts or brachial plexus reconstruction at the American Academy of Orthopaedic Surgeons meeting or microsurgical breast reconstruction at the American College of Surgeons meeting. The ASRM Council would welcome proposals from any young members who are willing to organize such potential educational opportunities.

2008 promises to be a vintage year! The first American Composite Tissue Allotransplantation Conference is to be held in Philadelphia July 17–19 and has been endorsed by ASRM. A world-class faculty will discuss evolving strategies for inducing immunological tolerance, provide the most recent updates on the results of the hand and face transplantations performed so far, and speculate on the future role of composite tissue allotransplantation.

ASRM FUTURE ANNUAL MEETINGS

2009

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

2010

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

2011

JANUARY 15-18, 2011
Ritz Carlton Cancun
Cancun, Mexico

2012

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

The very first combined meeting between the Chinese Society of Reconstructive Microsurgery and the ASRM will take place in Shanghai, China October 20th - 22nd. Chinese microsurgeons have made significant contributions, performing the first hand replantation and developing the radial forearm flap. I was fortunate to visit Shanghai and Beijing in 1987 as part of a small group of ASRM members led by Bill Shaw, MD. Subsequent developments in China have accelerated exponentially and will culminate in the Olympics this summer. The combined meeting promises to provide an exciting insight into the development of microsurgery in China, as well as allowing attendees to experience both the old historic sites and the new modern cities. Further details will be sent to all members as soon as these become available, but anyone wishing to present a paper should contact Scott Levin, MD the joint program chairman.

Finally, this "vintage" year will culminate in the most important event in the history of the ASRM so far—the celebration of the 25th anniversary of the founding of the ASRM in 1983 by Jim Steichen, MD, Bob Strauch, MD, Julia Terzis, MD, Jim Urbaniak, MD and Alan Van Beek, MD. This pivotal event—starting an organization to provide a forum for surgeons involved in the new emerging speciality of reconstructive microsurgery—will be celebrated at a gala dinner at the annual meeting at the Grand Wailea resort in Maui, January 10–13, 2009. We are sure that most ASRM members from North America will want to attend this special "Silver" anniversary as well as guests in close proximity in the Far East from Australia, Japan, Korea, Taiwan and China. [RM](#)

What's New in RM?

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flaps delivering local anti-neoplastic therapy after tumour resection. Although, still in the early stages, this concept could be clinically promising in small margin resections or aggressive tumours, where local application of specific agents could support systemic therapy or radiation.

Although tissue engineering becomes more and more sophisticated and the results are liable and reproducible, the main problem of engineered tissues is a limited size and dimension if vascular supply is absent or not included in the construct. Several papers have addressed this issue and evidence is increasing that the combination of a vascular carrier with engineered tissue or neo-organs is the only way to transfer larger constructs of



Godina Lecturer Dr. Peirong Yu

engineered tissue to potential recipient sites. This combination of time proven and space-lab technology opens exiting perspective to us.

Allotransplantation of vascularized tissues has been considered the alternative to tissue engineering for quite a while and many research groups tried to enhance the knowledge base to facility routine clinical application of vascu-

larized allografts. The most important conclusions from this year's meeting are that the size of vascularized allograft is positively correlated with the induction of tolerance, were as larger size of non-vascularized allografts negatively influences the development of tolerance. Several other experiments showed that induction of tolerance can also be promoted by intra-jejunal application of fresh spleen donor cells. For the first time successfully performed was owner-recipient cell fusion to promote tolerance induction. Age of bone marrow cells to induce tolerance has been shown to be of importance, the older the donor cells the less effective they are.

Another interesting concept in vascularized allograft transplantation is simultaneous revascularization of these grafts with autologous vascular pedicles. These grafts become revascularized by capillary sprouting so that immunosuppression can be interrupted after a short period and the allograft is still vascularized despite occlusion of the microvascular anastomosis.

Anatomical research

Anatomy is still an exiting field of research for plastic surgery. Several papers described new types of flaps mainly based on perforator mapping and in-depth evaluations of vascular patterns. The concept of micro-angiosomes around perforating vessels form the basis of the free style perforator flaps. This microangiosomes are independently vascularized and a part of the macro-angiosome puzzle based on the stem vessels.



Michael Zenn, MD

Breast reconstruction

Main goal of research in breast reconstruction is refinement of existing techniques to reduce donor site morbidity, improve aesthetic outcome and reliability of the procedures, modifications of the S-GAP and refinements of the I-GAP-flap were introduced which make dissection safer, less time consuming and improve donor site morbidity.

Simultaneous dissection of the SIEV-vein has become almost mandatory in free DIEP transfer. There is increasing evidence that there are various outflow patterns in these flaps and a SIEV can be the salvage in venous congestion in the presence of a patent venous anastomosis to the DIEP inferior epigastric vein. Perforator to perforator anastomosing techniques in the recipient site becomes more and more popular. Some series show almost 20 % perforator to

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Robert Russell, MD



Buncke Lecturer Berish Strauch, MD with President Lawrence Colen, MD

What's New in RM?

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perforator anastomoses although this technique has to be weighed carefully in radiated patients. End-to-site-anastomoses to the internal mammary artery is another modification that allows to use these vessels and not to preclude thier

use later in life saving cardio-vascular procedures. There is increasing evidence that age and existing scars on the abdominal wall are no contraindications for free DIEP-transfer.

An interesting concept was revealed by a MRI study that showed a "sense of self" developing in the reconstructed breast. Touching of the breast by the patient resulted in an increased functional activity in the brain as

THE **ASRM** COUNCIL AND THE 2007 ANNUAL MEETING PROGRAM AND TECHNICAL EXHIBITS COMMITTEES WOULD LIKE TO EXTEND THEIR THANKS TO THE **2008 EXHIBITORS** FOR THEIR SUPPORT AND PARTICIPATION:

AM Surgical	Medlink USA, Inc.
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American Society of Plastic Surgeons	Micrins Surgical, Inc.
APTIS Medical LLC.	Microsurgery Instruments, Inc.
ASSI-Accurate Surgical	MMI
Axogen, INC.	NEUROMetrix
Biomet Trauma	North Coast Medical
Bio Pro, Incorporated	Novadaq Technologies Incorporated
BME	Nutek
Bone Support	Orfit Industries America
Cook Medical	Orthoscan, Inc.
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ASSI (ASRM Cocktail Reception)	ViOptix (ASRM Internet Center)
California Pacific Medical Center (ASRM Buncke Lecture)	Tornier (ASRM Guest Room Key Card)
Synovis, MCS (Best Microsurgical Awards)	

an indication that the patient considers the reconstructed breast part of herself. The use couplers in venous anastomoses in breast reconstruction and in general reduced the rate of venous thrombosis. Several studies presented at the meeting confirmed these findings.

The Transversal Medial Gracilis (TMG) - Transversal Upper Gracilis(TUG) flap is now used in many centers as the second line of defence if the DIEP-flap is not available or has already been used. Main advantage of the gracilis-flap is that it can be used in bilateral reconstructions without time consuming repositioning of the patient. Ischemia time can be kept short. Depending on constitution of the patient the flap can be used simply as an autologous flap or in combination with an implant.

General reconstruction

The VRAM-flap seems to evolve as the ideal flap for reconstruction of perineal defects after abdominal perineal rectum resections. The complication rate of a VRAM flap seems to be less than in flaps from the thigh.

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Dr. Lawrence Colen, Dr. Guenter German, Dr. William Pederson, and Dr. Julian Pribaz participating at the Cirque de Soleil Dinner Theater



ASRM Reception



Dr. Randy Sherman and Dr. Dennis Orgill with moderator Dr. Allen Van Beek in "The Big Debate"

American Society for Reconstructive Microsurgery 2008 New Members

Active

Julian McClees Aldridge, MD
Durham, NC

Alessio Baccarani, MD
Modena, Italy

Bruno Battiston, MD
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Dallas, TX

Martin Boyer, MD
St. Louis, MO

Christopher J. M. Brooks, MD
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Candidate

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Exton, PA

Helen O. B. Taylor, MD
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Eric Williams, MD
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What's New in RM?

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Indications for vascularized bone grafts are also expanding. A rather recent development such as the medial femur condyle periosteal flap provides almost any type of small to medium size bone graft with a sufficiently long pedicle and minimal donor site morbidity. They are used for scaphoid non-unions, radial reconstructions and recalcitrant tibial pseudarthrosis. In long bone reconstructions of the lower extremity, combined constructs of avascular allografts and vascularized fibula become increasingly popular since they provide immediate stability, early weight bearing and excellent remodelling through hypertrophy of the fibular and creeping substitution of the allograft.

A new concept to treat lymphedema was presented with a microsurgical lymph node transplantation. The en bloc-transplantation of healthy lymph node into radiated axillas lead to a significant improvement of the lymphatic outflow and reduced chronic swelling and lymphedema.

The concept of arterialized venous flow through flaps was also presented in several papers. They all demonstrated modifications of harvesting techniques and reperfusion patterns that made these flaps, which have not gained wide spread popularity among microsurgeons, more reliable.

The 2008-meeting had something in store for everybody: the researcher, the practicing microsurgeon, the adventurer who is always eager to try new flaps and techniques and the battle hardened micro-warrior who constantly tries to improve his performance. The best thing about our annual meeting is that it will be as exciting in 2009. [RM](#)

HISTORIAN'S CORNER

By David W. Chang, MD, FACS

This year marks the 25th anniversary of the American Society for Reconstructive Microsurgery (ASRM). In 1983, founding council members Drs. James B. Steichen, Berish Strauch, Julia K. Terzis, James R. Urbaniak, and Allen L. Van Beek founded the ASRM to provide a forum for teaching, research, and free discussion of reconstructive microsurgical methods and principles. The first ASRM meeting was held in 1985 at Las Vegas, Nevada, with Dr. Berish Strauch as the society's inaugural President. The first Founders' Lecture was given by Dr. Harry J. Buncke. In 1993, trustees of the Marko Godina Fund established the Godina Lectureship to honor Dr. Marko Godina, an unrivaled leader and innovator in the field of reconstructive microsurgery who died tragically at the age of 43. This distinguished lectureship highlights the work of young, upcoming microsurgeons who have demonstrated leadership, innovation, and commitment to our field. Dr. Lawrence B. Colen gave the first Godina Lecture at the 1993 ASRM Meeting, held in Kansas City, Missouri. The Harry J. Buncke Lectureship was established in 2004 with the support of the California Pacific Medical Center to honor "the father of microsurgery". Dr. Buncke played a major role in the development of our specialty and has influenced countless residents, fellows, and departments throughout the world. Dr. G. Ian Taylor gave the

The 25th Anniversary of the ASRM

first Harry J. Buncke lecture at the 2004 ASRM Meeting.

Over the past 25 years, the field of reconstructive microsurgery has grown and matured tremendously. As surgical techniques and instrumentation have been refined, flap survival rates associated with microvascular free tissue transfer have improved: once considered an extreme option of

last resort, microvascular free tissue transfer has evolved to become the preferred reconstructive procedure in many situations. During the 1980s, the free TRAM flap became the most advanced form of autologous tissue breast reconstruction; the 1990s witnessed the popularization of perforator flaps with an emphasis on reducing donor site morbidity; and recently, after a successful spate of hand and face transplants, interest in the field of microsurgical replantation and transplantation has burgeoned.

Although the history of reconstructive microsurgery dates back a mere 45 years—and free flaps have been in clinical use for only about 35 years—significant advances have been made within this time. And during the past 25 years, the ASRM has played an integral role in promoting, encouraging, fostering and advancing the art and science of reconstructive microsurgery. As ASRM members, we should take pride in our accomplishments, be grateful to our field's founders and innovators, and look to the future as we continue our quest to improve the field of reconstructive microsurgery. [RM](#)

