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# RECONSTRUCTIVE MICROSURGERY

## The Future Really is Bright!

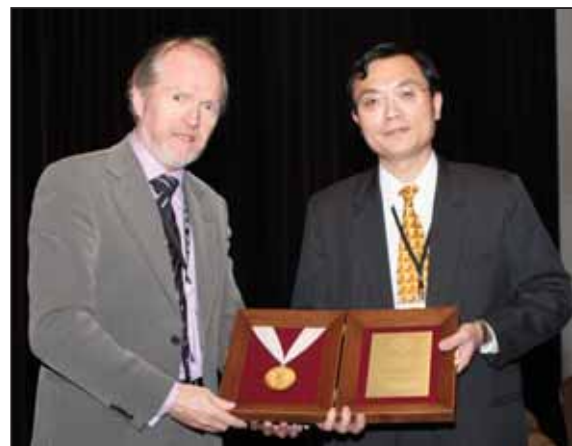
*Charles E. Butler, MD  
2010 Program Chair*

The feedback is in and has confirmed that the 2010 ASRM Annual Meeting was a tremendous success and indeed our future is bright! The weather was less than desirable, but the session rooms were full! Thank you to all that attended and participated in this annual meeting. The meeting of the minds (young and old), in depth discussion and camaraderie make this meeting what it is. Our hope was to provide the attendees with quality evidence based education in an effective format and I believe we have achieved that. Your feedback indicated that the meeting was excellent and the change of format from instructional courses, to concurrent break-out panels, was well-received and addressed the need for more discussion and interaction during these sessions.

The future of microsurgery is in our hands! During the annual meeting the ASRM inaugurated the Young Microsurgeons Group and formed a Young Microsurgeons Committee to address the needs of our younger members. William Zamboni chaired a panel session where young microsurgeons presented complex and challenging cases followed by an interactive discussion of management options with senior discussants. This was a great success and will continue to be a part of the annual meeting. In addition to this panel there was a networking event to bring together the young microsurgeons with long standing members of the ASRM and it was attended by over 125 people. This was a lively reception with great discussion



Scientific Program Chair Charles Butler, MD (left) and outgoing President William Zamboni, MD and net-



Incoming President Peter Neligan, MD, with Godina Lecturer Yur-Ren Kuo, MD

working opportunities bringing together the masters of microsurgery with our future microsurgeons.

As always the Best Case/Best Save, moderated by Mike Zenn, was one of the favorite sessions at this meeting and many great cases were presented. There was much discussion and very lively panels with the final votes coming in for Michael Miller

*continued on page <None>*

## The Future's So Bright

*continued from page 1*

as the winner of both the Best Save and Best Case of the Year.

We were fortunate to have many great speakers. Presenting on Paul Farmer's behalf, Stephen Sullivan and Evan Lyon captivated our attendees providing insight into the role of surgeons in global health. This was such a timely lecture based on within days Haiti was hit with devastation and Paul Farmer and his team were in action.

Our annual Godina Lecture was given by Yur Ren Kuo as he detailed his travels through the world as an ambassador of microsurgery and ASRM in the spirit of Marko Godina. The Buncke Lecture was given by world renowned Susumu Tamai. He addressed the audience with discussing innovations in microsurgical research and clinical practice for limb/digit replantations and

free tissue transfers. He shared with the audience his knowledge of forty years of research and clinical practice in reconstructive microsurgery during his tenure at Nara Medical University

ASRM President William Zamboni selected Dr. John Fildes to be the Presidents Invited lecture. Dr. Fildes is Chief of the Division of Trauma and Critical Care at the University of Nevada

THE **ASRM** COUNCIL AND THE 2010 ANNUAL MEETING PROGRAM AND TECHNICAL EXHIBITS COMMITTEES WOULD LIKE TO EXTEND THEIR THANKS TO THE **2010 EXHIBITORS** FOR THEIR SUPPORT AND PARTICIPATION:

Accutome	Integra	Quality Medical Publishing
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Angiotech	Linear Medical Solutions	Skeletal Dynamics
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Hand Rehabilitation Foundation	OsteoMed	
Hologic		

A SPECIAL THANK YOU TO THE FOLLOWING **2010 SPONSORS**:

Tornier	Ascension Orthopedics
California Pacific Medical Center	ASSI-Accurate Surgical
Synovis Micro Companies Alliance	

## The ASRM social event was a big hit with attendees



## The Future's So Bright

*continued from page 2*

School of Medicine as well as Chairman of the Committee on Trauma (ACS). Dr. Fildes talked about the national standardizations of trauma data and how it has led to a new level of quality measurement.

Finally, the programming ended on a great note with over 125 attendees to the session on clinical updates in reconstructive transplantation chaired by David Mathes. The session divulged the current research and techniques related to composite tissue allotransplantation (CTA) as well as establishing a CTA program. Topics such as improved awareness of patient safety issues and technical advances in hand and face transplantations for both the donor and recipient operations were discussed as well.

Indeed our future is really bright and the ASRM will continue its tradition in presenting cutting-edge topics in complex reconstruction and microsurgery, applicable to the clinician as well as the researcher.

See you next year. [RM](#)



Godina Alumni

**ASRM "Best" Awards 2010**

Best Microsurgical Case of the Year Award

**Michael J. Miller, MD**  
*Femur/Fibula Pelvic Reconstruction*

Best Microsurgical Save of the Year Award

**Michael J. Miller, MD**  
*Salvage of Jejunum Reconstruction*



President's Invited Lecturer John Fildes, MD (left) receives an appreciation plaque from Dr. Zamboni



Gunter Germann and Charles Butler converse during a break



"Best Save" and "Best Case" awardee Dr. Michael Miller (left) with Dr. Michael Zenn



L to R: Drs. Clarke, Zamboni, Lyon, Sullivan and Vedder



**Program** faculty Michael Neumeister, MD (left) and Fu Chen Wei, MD (right) with William Zamboni, MD.



Michael Miller, MD (center) with representatives from Synovis MCA, one of the meeting sponsors.



Past Presidents (front row, from L to R): L. Scott Levin, William Pederson, William Zamboni, David Chiu, Berish Strauch, and James Urbaniak. Back row: Randy Sherman, Joseph Kutz, William Swartz, Lawrence Colen, Neil Jones, and Robert Russell.



New this year, the Young Microsurgeons' Group had a special event of its own!



# Putting our Future in Perspective

Recent events have affected every aspect of life. The economic downturn changed many things... a man-made disaster. Global warming is another man-made disaster. More conventional are the various armed conflicts around the globe. Apart from these man-made disasters it seems like we're also experiencing more than our fair share of natural disasters or "Acts of God," than at other times, earthquakes in Haiti, Chile and China, an Icelandic volcano threatening global air travel. Maybe one is in retribution for the other...who knows! And what has all this got to do with reconstructive microsurgery, one might ask.... on the one hand, very little, on the other, a lot.

First of all, let's look at the obvious. Armed conflicts produce casualties, a clear role for reconstructive surgeons. Many of our members are taking the initiative to make themselves available to treat the war wounded, an effort we're all proud to be part of and something that involves not just members of ASRM but the Plastic Surgery community in general. What about natural disasters? Elsewhere in this edition of *RM* you will find an article by one of our members, Fred Duffy, describing his recent visit to Haiti. Clearly there is going to be a need for reconstruction for the victims of this and other natural disasters. The scale is mind-boggling and the logistics of treating these people are staggering. Yet we are needed and we will be there to answer the call. ASRM, along with other organized groups is monitoring the situation and one of the roles we, as a surgical society can play is through networking, letting people know what's needed and putting people in touch. We will continue to monitor this.

## PRESIDENT'S LETTER



Peter Neligan, MD

*A significant reduction in the amount of cosmetic surgery being performed [has] more and more surgeons making sure to retain at least some reconstructive practice.*

What about the economic downturn, what can that possibly have to do with reconstructive microsurgery? Well, one of the interesting situations that the economy has wrought is a significant reduction in the amount of cosmetic surgery being performed. This has caused people to re-think their practice mix and more and more surgeons are making sure to retain at least some reconstructive practice. Graduating residents are starting to look at models other than solo private practice and there is a move towards hospital and group based practice. This is good for Plastic Surgery and it is good for ASRM. Until now, microsurgery training has been somewhat hap-

azard in the sense that while there are many programs, there is little co-ordination among programs. This makes it difficult for candidates to find the best program and for programs to find the best candidates. Thanks to the leadership of Chuck Butler and the Micro Fellowship committee, this is about to change. In this issue of *RM*, Dr. Butler details where we are in the process of setting up a micro match. This is a very exciting advance and our thanks go to Dr. Butler and his committee.

The bottom line of all of this is that the future of reconstructive surgery is strong and we are positioning ourselves to train the next generation of surgeons to continue this work that we all find so exciting. **RM**

## 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.

President	Peter Neligan, MD
Editor	Gregory R. D. Evans, MD
Executive Director	Krista A. Greco
Managing Editor	Anne 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.

## American Society for Reconstructive Microsurgery 2010 New Members

### Active

Jay Agarwal, MD  
*Salt Lake City, UT*

Craig Birgfeld, MD  
*Seattle, WA*

William Casey, MD  
*Phoenix, AZ*

Stephanie Caterson, MD  
*Boston, MA*

Nitin Engineer, MD  
*Louisville, KY*

Jay W. Granzow, MD  
*Torrance, CA*

Lifei Guo, MD  
*Boston, MA*

Eric Halvorson, MD  
*Chapel Hill, NC*

Roberto D. Lachica, MD  
*Germantown, TN*

Joshua Lemmon, MD  
*Richardson, TX*

Kant Lin, MD  
*Charlottesville, VA*

Raman Mahabir, MD  
*Temple, TX*

Samir Mardini, MD  
*Rochester, MN*

David Mathes, MD  
*Seattle, WA*

Sameer Patel, MD  
*Philadelphia, PA*

Hakim K. Said, MD  
*Seattle, WA*

Jesse A. Taylor, MD  
*Cincinnati, OH*

Pankaj Tiwari, MD  
*Columbus, OH*

Jan Jeroen Vranckx, MD  
*Leuven, Belgium*

Danru Wang, MD  
*Shanghai, China*

Jason Williams, MD  
*Halifax, Nova Scotia, Canada*

Toni Zhong, MD  
*Toronto, Ontario, Canada*

### Candidate

David M. Adelman, MD  
*Houston, TX*

Thomaso Addona, MD  
*Garden City, NJ*

Raj Ambay MD  
*Houston, TX*

Alberto Julian Aviles, MD  
*West Bloomfield, MI*

Michael Bezuhly MD  
*Halifax, Nova Scotia, Canada*

Justin M. Brown, MD  
*St. Louis, MO*

Dean R. Cerio, MD  
*Birmingham, AL*

Edward Chang, MD  
*San Francisco, CA*

Sharon L. Clancy, MD  
*Duarte, CA*

Bradley Kevin Coots, MD  
*Spokane, WA*

Holger Engel, MD  
*Taipei, Taiwan*

Evan Garfein, MD  
*Bronx, MD*

Brian Janz, MD  
*Columbus, OH*

Wrood Kassira, MD  
*Miami, FL*

Jeffrey Kozlow, MD  
*Ann Arbor, MI*

Kai Liu, MD  
*Shanghai, China*

Otway Louie, MD  
*Seattle, WA*

Evan Matros, MD  
*New York, NY*

Joyce McIntryre, MD  
*Worcester, MA*

Nilton D. Medina, MD  
*Providence, RI*

Kurtis Moyer, MD  
*Hershey, PA*

Noel B. Natoli, MD  
*Hershey, PA*

Elizabeth Nessel, MD  
*Rochester, MN*

Tanya Oswald, MD  
*St. Louis, MO*

Christopher John Pannucci, MD  
*Ann Arbor, MI*

Luci Pavone, MD  
*Chicago, IL*

Wojciech H. Przycecki, MD  
*Boston, MA*

Salim Saba, MD  
*Chapel Hill, NC*

Thomas Sholz, MD  
*Orange, CA*

Graham S. Schwarz, MD  
*New York, NY*

Subhro Sen, MD  
*Palo Alto, CA*

David A. Shifrin, MD  
*Milwaukee, WI*

Jae Song, MD  
*Ann Arbor, MI*

Rachel Sullivan, MD  
*Baltimore, MD*

Philip J. Torina, MD  
*New York, NY*

Julie Vasile, MD  
*Stamford, CT*

Christopher G. Williams, MD  
*Lane Tree, CO*

# Communicating to Each Other

Welcome to the Spring-Summer edition of the *Reconstructive Microsurgery* newsletter. This issue is devoted to volunteerism. With the natural disasters in Haiti, Chile and other parts of the world, our physicians have continued the call for humanitarian aid. Our society has a long history of caring for the injured and maimed, and whether it be in Haiti or taking care of lawn-mower injuries, our members bring the best of reconstructive surgery to these areas. Within this edition you will find articles related to our members contributions. Our society is only as strong as our members and demonstrations of these humanitarian accomplishments makes our society even stronger.

Another example of this volunteerism will be Trent Douglas MD, FACS CDR, MC(FS), USN Director



Gregory R. D. Evans, MD

*Our members continue to restore form and function... in areas of natural disasters and right here at home.*

for Surgical Services USNS Mercy (T-AH 19) when he embarks on a 4-month tour of duty to Southeast Asia and Indonesia this summer. Trent has been a guest at many of our reconstructive panels demonstrating how the military has assisted with these natural disasters and continues to care for those that do not have the means for medical treatment. We wish Trent the best as the USNS Mercy embarks on another trip with additional reconstructive volunteers for those in need.

Volunteerism is alive and well in our society. Our members are a group of highly trained individuals that continue to restore form and function, whether this is in areas of natural disasters or right here at home. It is a good thing also, for who knows, we might all be volunteers as our Healthcare environment continues to change. [RM](#)

## ASRM NEWS

### LAWN MOWER INJURY PREVENTION CAMPAIGN

The ASRM and fellow organizations are teaming up once again in an awareness campaign for the prevention of lawn mower injuries. The American Society for Reconstructive Microsurgery (ASRM), American Society of Plastic Surgeons (ASPS), American Society of Maxillofacial Surgeons (ASMS), American Academy of Pediatrics (AAP), and American Academy of Orthopaedic Surgeons (AAOS) have taken the lead over the past four years to educate adults and children on the importance of lawn mower safety and how to prevent devastating injuries from happening.

Last year this campaign included a press release, audio news release and a demonstration video posted on YouTube. The audio news release aired on nearly 2,000 radio stations across the country (including major markets such as Los Angeles, Chicago, Philadelphia, Boston and Washington, D.C.) and was heard by approximately 11.5 million listeners—an increase of 14

percent over 2008. We look forward to approaching the media in the same manner and having another successful year.

The official launch of the 2010 Lawn Mower Injury Prevention Campaign will be in June, National Safety Month. Please visit [www.microsurg.org](http://www.microsurg.org) for updates. [RM](#)

### NATIONAL DOG BITE AWARENESS CAMPAIGN

ASRM will be participating in the National Dog Bite Awareness Campaign along with the American Society of Plastic Surgeons, American Veterinary Medicine Association, U.S. Postal Service and the American Academy of Pediatrics. The goal of this campaign is to help raise awareness of the problem of dog bites through proper safety steps for both the pet owners and for those in the proximity of a dog. This awareness week is May 17-21 and will be launched in Chicago at the city's main US Post Office on May 13th. Each organization will have a spoke person present to address the media as well as posters with safety tips will be placed in all U.S. Post Offices. [RM](#)



# American Society for Reconstructive Microsurgery 2010 Council and Committees

## COUNCIL

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### Junior Member at Large

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Eduardo Rodriguez, DDS, MD

### Program Chair

Joan E. Lipa, M.D. MSc, FRCS



## COMMITTEE APPOINTMENTS

### Audit

David Chang, MD, *Chair*

Matthew Hanasono, MD

Brad Wilhelmi, MD

### Buncke Lectureship

William A. Zamboni, MD, *Chair*

Elliot Rose, MD

Joan Lipa, MD

Peter C. Neligan, MD

Yur-Ren Kuo, MD

### Bylaws

E. Gene Deune, MD, *Chair*

Paul Cederna, MD

Robert Whitfield, MD

### Clinical Guidelines & Outcomes

James Higgins, MD, *Chair*

Peter Cordeiro, MD

Hakim Said, MD

Lee Pu, MD

### CPT/RUC

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Daniel Nagle, MD

Gabe Kind, MD

Michael Zenn, MD

William C. Pederson, MD

Gregory Buncke, MD

Raymond Dunn, MD, *Ex-Officio*

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Stefan Hofer, MD

### Electronic Communications

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Howard Langstein, MD

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Michael Miller, MD, *Ex-Officio*

### Endowment

L. Scott Levin, MD, FACS, *Chair*

Lawrence Colen, MD

Robert L. Walton, MD

Joseph Sertletti, MD

### Finance

Keith E. Brandt, MD, *Chair*

Periong Yu, MD

Allen Bishop, MD

Joseph Sertletti, MD

### Godina Fellowship Selection

Peter C. Neligan, MD, *Chair*

Keith E. Brandt, MD

Michael Zenn, MD

Yur-Ren Kuo, MD

### Masters Series Symposium

Lawrence Gottlieb, MD, *Chair*

### Membership

Keith Brandt, MD, *Chair*

Donald Baumann, MD

Elisabeth Beahm, MD

Gabe Kind, MD

Eduardo Rodriguez, MD

Michael Neumeister, MD, *Ex-Officio*

### Microsurgical Fellowship

Charles E. Butler, MD, *Chair*

David Mathes, MD

Keith E. Brandt, MD

Peter Cordeiro, MD

Gregory Buncke, MD

Liza Wu, MD

### Nominating

Howard Langstein, MD

Melissa Crosby, MD

William Dzwierzynski, MD

William Zamboni, MD

Hakim Said, MD

### Program

Joan Lipa, MD, *Chair*

Babak Mehrara, MD

David Mathes, MD

Fred Duffy, MD

Gordon Lee, MD

Howard T. Wang, MD

Maria Siemionow, MD

Michael Klebuc, MD

Roman Skoracki, MD

Claire Temple, MD

Jaco Festekjian, MD

Wei Z. Wang, MD

Charles E. Butler, MD, *Ex-Officio*

### Technical Exhibits

Randall Culp, MD, *Chair*

Eduardo Rodriguez, MD

Liza Wu, MD

### Time & Place

William Zamboni, MD, *Chair*

Lawrence Colen, MD

Neil F. Jones, MD

### Young Microsurgeons Group

Robert Whitfield, MD, *Chair*

Gedge Rosson, MD

John Hijjawi, MD

Melissa Crosby, MD

Scott Hansen, MD

Vu Nguyen, MD

Otway Louie, MD

Mark Kiehn, MD

Thomas Hayakawa, MD

## Improving our Society with an Infusion of Youth

One of the most important initiatives of Dr. William Zamboni's presidency, with the support of the Executive Council, was the establishment of the Young Microsurgeons Group (YMG) within ASRM. That initiative started with an ad hoc committee chaired by Dr. Klebuc. The rest of the ad hoc committee included myself, Robert Whitfield, MD, Medical College of Wisconsin; Liza Wu, MD, University of Pennsylvania; Jay Agarwal, MD, University of Utah; and candidate members Raman Mahabir, MD, Scott and White/Texas A&M; and Rich Baynosa, MD, University of Nevada School of Medicine. The committee developed a working structure and a set of by-laws for the YMG.

At the annual meeting in Boca Raton, the ad hoc committee met with the leadership to discuss the future of the YMG. What follows is a brief summary of the composition and duties of the group as entered in the bylaws of the ASRM.

The Young Microsurgeons Group (YMG) committee shall consist of nine members, chosen from interested candidates and full members who have been in practice for less than eight years after finishing formal training. The chairperson, responsible for coordinating the functions of the committee, will be selected by the President of ASRM and will work intimately with him to continue to advance initiatives. The chairperson will serve for one year and be eligible for a second term. Committee members will serve for two years.

From the committee, members will be chosen to sit on the Godina and Microsurgery Fellowship committees; to work with the Masters Series chairman; to work with the Scientific Program chair, providing him with four instructional course subjects to include in the annual



Robert Whitfield, MD

*To have an impact,  
we must be a  
strong presence, and  
there is strength in  
numbers.*

The vision of the YMG is to unite young microsurgeons through active membership in the society. To that end, its mission is to enhance the voice and representation of younger members in the society; to support new members in their efforts to provide the highest quality patient care by upholding and advancing the sub-specialty of microsurgery and complex reconstruction through education, research and professional activities; and to bridge the gap between younger and established plastic surgeons while acting as a resource for networking, sharing of fresh ideas, political advocacy, leadership, and development.

We believe that infusing the ASRM with youth improves the core of our society. Our goal this year is to increase the percentage of candidates who become active members among those who have finished their fellowships in the



The Young Microsurgeons' Group committee with Dr. William Zamboni (center) at their inaugural meeting in Boca Raton

meeting; and to be nominated as a YMG Representative to the Council. The committee is to be represented at the breakfast sessions with senior leadership during the annual meeting.

last five years as well as to encourage completion of the board certification process.

Theodore Roosevelt was right when he said, "Every man owes a part of his time and money to the

## Young Microsurgeons' Group

*continued from page 10*

business... in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his sphere." Most professional societies are organized and run by the senior members. The leadership of our society has given us an opportunity to influence the destiny of our sub-specialty. By taking an active role in the YMG, you can help increase the awareness and appreciation of issues facing young microsurgeons. You know as well as I that our issues are not necessarily the same as our more senior colleagues in the mid- to late-portion of their careers. To have an impact, we must be a strong presence, and there is strength in numbers. The YMG is new this year, and we have the opportunity to shape its direction and development.

Members may apply to join the group by filling out the application and including a brief letter of interest. Members may also nominate other members they feel would make a significant contribution to the committee. Deadline for applications and nominations is December 1st each year. The committee will be appointed annually, with the term beginning at the Annual Meeting. Candidate members and residents are encouraged to be involved in the YMG. Just complete the application and include both a letter of interest and a letter from your program/fellowship director or an ASRM member. Medical students also may apply to join the group.

On a personal note, few procedures are more challenging than a complex reconstructive microsurgical case. For example a recent case of mine required a peripheral vascular bypass of an injured SFA with PTFE, an AV loop and latis-simus dorsi free flap for coverage

of a total knee endoprosthesis reconstruction that had been operated on multiple times before. The patient had to be taken back with venous thrombosis on two occasions and a hematoma on another. He left the hospital only to return after falling at home, not once but twice, despite being in a 3D knee brace. After his last procedure I placed him in a long leg cast, the first of my career. A famous quote by Dr. Adam Poole came to mind, "You just can't teach that". The sheer challenge keeps me constantly wanting more. I never get up in the morning with the mindset of "I don't want go through another day of this again." I get up each morning (especially on Thursday, my main OR day) feeling that we have a great challenge in front of us today and we need to be on our game. I am a huge sports fan, and for me Thursdays are the 4th quarter of the playoffs with score tied or the bottom of the ninth and they bring in the closer... that's what we do. We win the game. Reconstructive surgeons are the best closers in our world. [RM](#)

## Microsurgery Fellowship Match is MOVING FORWARD

*Charles E. Butler, MD  
Microsurgical Fellowship  
Committee*

The American Society for Reconstructive Microsurgery recognizes the need for a formal match process for microsurgery fellowships and is doing something about it. After over two years of hard work, research and strategic planning by the Microsurgery Fellowship Match Committee, led by Charles E. Butler, the ASRM is moving forward with sponsoring a Microsurgery Fellowship Match program to make the process fair and seamless for candidates and programs alike. The Microsurgery Fellowship Match will be launched in the next couple of months for utilization during next year's applicant/interview cycle (fellows that would start training in July, 2011). We are very excited to pioneer this process for microsurgery which addresses the needs of our future microsurgeons and our educational partners. With your continued support of this process we predict a growth in the microsurgery specialty due to the ease of communication to our young surgeons. Please help us spread the word of this major step in microsurgery to young surgeons and programs. [RM](#)

### ASRM FUTURE ANNUAL MEETINGS

**2011**

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

**2012**

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

**2013**

JANUARY 12-15, 2013  
Naples Grande  
Naples, FL

## International Volunteer Update

*Fred Duffy, MD*

Many members of our organization have expressed an interest in volunteering their skills in developing countries in hopes of improving patient care and even more importantly teaching and transferring skills to local practitioners. Some of you may have heard the representatives of Partners in Health speak at our national meeting in Boca Raton in January. This organization has been on the ground in Haiti for nearly 25 years and only in the past year or so have they realized that a surgical component to patient care is crucial to their mission. Microsurgery and complex reconstruction in the developing world is challenging for many obvious reasons but what makes this situation unique is there is some infrastructure present; ORs, blood bank, anesthesia support, etc. I have previously spent time in Haiti and spoke with their representatives with plans to make a trip down this spring. The day our



Scenes of the aftermath of the earthquake (above and below).

meeting ended the earthquake struck.

Some of our members have likely already been on the ground in Haiti. I went down the last week in February to assess the capabilities at their main hospital and to close numerous open tibial wounds that prior teams had addressed with external fixators. Though I was prepared to do free flaps, I was able to get all the wounds covered with local perforator flaps. Logistically, a free flap would have tied up an OR for the entire day when OR time remains at a premium. I want to acknowledge Mike Campbell and Synovis

who generously donated micro instruments, a coupler, backgrounds, etc. and my own institution that also donated many supplies. Much was accomplished on the trip because the PIH folks were told that these patients would have to be sent to the States for free flaps. Amputations in Haiti are almost a death sentence for the individual and their family as the patient is typically unable to make a living.

I am in touch with the Partners in Health leadership. At present they are unsure of what their needs are in the next few months and what their needs will be long term. They will soon be breaking ground on a new hospital in Mirebalais, north of Port-au-Prince that will have 4-6 new ORs. I have suggested to them that this might be a good fit for a place to do some more complex reconstruction. The need in Haiti for all types of health care is great and will be for generations to come. I am not sure where we go from here but I will keep the membership informed as we move forward. Please let me know if you have an interest in helping out in the future and if you speak French or creole. [RM](#)





## Invitation to Attend

*The Annual Meeting in 2011 is shaping up once again to be the celebrated event for Reconstructive Surgeons to communicate clinical and translational research ideas and findings and to keep up to date on the most recent advances in microsurgery – in a forum ideal for networking and meeting with both old and new friends. We return to sun-kissed Cancun to the extraordinary venue of the Ritz Carlton. Besides the traditional ASRM camaraderie, you will find white-sand beaches, Mayan sites nearby and, undoubtedly, a fiesta spirit.*

*As always, we appreciate your feedback from the previous meeting, which was one of the best-attended meetings to date.*

*The break-out panel format developed by Dr. Charles Butler, in lieu of instructional courses, was well-received and helps to bring both more senior members of the Society and the more junior members together for expert sessions. With this in mind, the Young Microsurgeons Group (YMG) Panel will also be continued, so that we can all learn from complex cases. Back by popular demand will also be the Best Case/Best Save, led by Dr. Michael Zenn. So start documenting your amazing cases now!*

*The Call for Abstracts is open and the deadline is July 1, 2010. We need your submissions to make the Scientific Program a success. Remember that the ASRM Resident Essay Contest is open for podium-presenters of abstracts who are residents, fellows or medical students at the time of submission.*

*Main Panels will highlight point-and-counterpoint discussions for some of the more controversial areas of microsurgical and non-microsurgical reconstructions, and audience participation will be encouraged.*

*Together with the AAHS and the ASPN, we are planning smoother transitions among the Societies' meeting content, with broad areas of interest for the Combined Day (Saturday), and Nerve-related topics and papers of interest to ASPN and ASRM members grouped together in combined sessions on Sunday.*

*Finally, we listen... you want some time in the sun as well. Although we can't control the weather forecast, we can control the programming and some afternoon "free-time" will be there for you to enjoy all that Cancun has to offer.*

*Mark your calendars for January 15 – 18, 2011, for the ASRM Annual Meeting at the Ritz Carlton Cancun in Cancun, Mexico. Remember to make sure that your passports are valid (which you should have for the ASPS in any case) and pack your sunscreen!*

**Joan E. Lipa, MD**  
2011 Scientific Program Chair

## Much to Celebrate at the Annual Meeting

By Lawrence Gottlieb, MD

The 25th annual meeting of The American Society for Reconstructive Microsurgery (ASRM) took place at the Boca Raton Resort and Club in Boca Raton, Florida on January 9-12, 2010. Under the leadership of ASRM President Dr. William Zamboni and organization of Program Chair Dr. Charles Butler, the 2010 meeting was a great success. Innovations to the format of the meeting that helped its success included; increased discussion time, poster sessions on a monitor loop and converting Instructional Courses to Break Out Panels without topical overlap.

The meeting commenced on January 9th with the traditional American Association of Hand Surgery (AAHS), American Society for Peripheral Nerve (ASPN), and ASRM Combined Day Program. Medical anthropologists and physicians Stephen Sullivan and Evan Lyon gave the AAHS/ASPN/ASRM joint presidential keynote lecture. This was followed by AAHS/ASPN/ASRM joint outstanding papers. The afternoon session included the ASRM Masters Series in Microsurgery, which once again concentrated on disasters created, inherited or

avoided. Each member of the internationally renowned panel (Drs. Phillip Blondeel, Eyal Gur, Michael Neumeister, Michael Klebuc, Peter Neligan, Julian Pribaz, and Milan Stevanovic) truly deserved the designation of

Best Case/Best Save presentations moderated by Dr. Michael Zenn. This year both the Best Case and the Best Save Awards were won by Dr. Michael Miller chief of the division of plastic surgery at Ohio State University Medical Center.



Buncke Invited Lecturer Susumu Tamai, MD, PhD (center) with Dr. William Zamboni and Dr. Neil Ford Jones

“Master of Disaster”. Saturday afternoon traditionally gives members the choice of the AAHS/ASRM Day at the Links Golf Tournament or the ASRM Masters Series in Microsurgery. The unseasonal weather lead to an unprecedented standing-room-only attendance at the Masters Series. The most popular and entertaining session of the meeting continues to be The

ASRM hosted a number of invited speakers. Dr. Yur-Ren Kuo from Taiwan gave the Godina Lecture honoring Dr. Marko Godina. The Buncke Lecture honoring Dr. Harry J. Buncke, was given by one of the fathers of microsurgery, Dr. Susumu Tamai from Japan, on “Forty Years of Research and Clinical Practice in Reconstructive Microsurgery: A Review of My Tenure at Nara University”. In addition, Dr. John Fildes gave the ASRM President’s Invited Lecture entitled “National Trauma Data Bank, Acute Care Surgery and Regionalization of Trauma Care”. The 2010 meeting culminated with an exciting session jointly sponsored by the American Society of Reconstructive Transplantation (ASRT) titled “ASRM Clinical update in Reconstructive Transplantation: Where Do We Stand?” chaired by Dr. David



The “Best” awards panel in action

*continued on page 15*

## Historian's Corner

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Mathes. Dr. Raimund Margreiter of Innsbruck, Austria gave the keynote address: "Pioneering Transplantation – What It Takes."

Many initiatives implemented by ASRM immediate past president, William Zamboni, have come to fruition in the past year. Perhaps the most significant one was the creation of the Young Microsurgeons Group (YMG) and creation of an YMG committee. Initially started as an ad hoc committee with Dr. Michael Klebuc serving as chair, the ASRM council and membership ratified the YMG as a full-fledged committee of ASRM at its annual meeting in Boca Raton. This committee will consist of nine members in practice for less than eight years. Dr. Robert Whitfield was appointed chair of the new YMG committee. The YMG committee held its first meeting to discuss the policies, procedures and goals of this group. In addition, Dr. Zamboni chaired a new ASRM YMG Panel entitled "Complex Case Presentations: Does Experience Change What You Do?" which included presentations by young microsurgeons with discussion by designated senior microsurgeons. Another initiative that was started by Dr. Zamboni was the establishment of a Medical Student Annual Meeting Travel Scholarship. Two Medical Student Scholarships were awarded this past year. Shailesh Agarwal from the University of Chicago Pritzker School of Medicine and Bryce Olenzark from Johns Hopkins University School of Medicine were the recipients. In addition, the International Hardship Scholarship Grant underwent a title change to the International Travel Grant. Four of these grants were distributed this year. The primary research initiative of 2009 was the establishment of a new partnership between ASRM and the PSEF creating an ASRM/PSEF Combined Pilot

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January 12-15, 2011

**AMERICAN SOCIETY FOR PERIPHERAL NERVE**  
January 14-16, 2011

**AMERICAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY**  
January 15-18, 2011

[www.microsurg.org](http://www.microsurg.org)

Research Grant. Drs. Charles Butler, William Zamboni and Peter Neligan were selected to serve on the ASRM/PSEF Grant Review Committee. Once again, ASRM partnered with other societies in public awareness initiatives. The 2009 public awareness initiatives were; consumer fireworks safety, lawn mower safety and dog bite prevention. In addition ASRM continued its tradition of endorsing and participating in a number of national and international meetings including: The Stephen Mathes Reconstructive Symposium, the 1st Mayo Clinic Symposium in Reconstructive Surgery, the Santa Fe Breast Surgery and Body Contouring Symposium, the 8th Annual Duke Fresh Cadaver Flap Dissection Course, the QMP Reconstructive Surgery Symposium and the First Atlanta Pacific Microsurgery Conference in Modena Italy. Perhaps the most significant initiative that was realized at the 2010 meeting was approval to implement a Microsurgery Fellowship Match. **RM**

### 2010 ASRM Resident Paper Winners

**Kristy Boyd, MD**

*"Refining Perforator Selection for DIEP Flap Breast Reconstruction CT Angiography and Transit Time Flow Volume Measurements"*

**Christopher G. Zochowski, MD**

*"Use of MRA In Pre-Operative Planning of Dep Inferior Epigastric Artery Perforator Flap Breast Reconstruction"*

**Thomas Kremer, MD**

*"Surgical Angiogenesis-A New Approach in Allogenic Joint Transplantation to Prevent Immunosuppression"*

**Faith Zor, MD**

*"A New Composite Nose Allotransplantation Model with Sensory and Motor Reinnervation"*

Contributed by  
Bernard T. Lee, MD  
Education Chair

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TIP # 52

Autologous Fat Grafts

Remember reading Tip #37, by L. Scott Levin, MD, in this newsletter in 2002. To stop a small anastomotic leak a bipolar cautery could be used to seal the leak by “spot welding” the anastomosis. In my hands, this would almost certainly lead to some sort of disaster and late night theatrics.

When I see a small area of leaking after microsurgery, I take a small (1 cm) piece of fat and wrap it around the anastomosis. After a few minutes the fat will seal these small bleeding areas without any further intervention. Obviously, a constant jet of blood probably needs more sutures. Although other techniques have been described using fibrin glue or surgical, the presence of a clot-inducing material around the anastomosis always makes me a little uncomfortable. Using a small autologous fat graft has no additional cost, is free, and completely safe. I have to thank Bob Allen for that tip...

In addition to sealing leaks, I also place additional fat grafts around the vessels for stabilization and positioning. In microsurgical breast reconstruction, for example, my preference is an internal mammary anastomosis. When you couple a skin sparing mastectomy with a free flap, it can be difficult to predict the vessel lie underneath the flap after inseting. By adding fat grafts around the internal mammary anastomosis, one can avoid an acute take-off and prevent inadvertent kinking.

When I have had the unfortunate opportunity to re-explore the vessels in these patients, the fat grafts are sticky and adherent. This occurs within a few hours after placement. Even more interesting, in the few cases where a CT was performed in these patients, the fat grafts are visible and present 4 months after surgery. The Houndtooth units of the tissue surrounding the vessels confirms that the fat is still present.

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TIP # 53

Low Abdominal Scars and Breast Reconstruction

With the rise in cesarean sections for childbirth, almost half of my patients coming in for breast reconstruction have an abdominal scar. I remember one particular woman who came in for a preoperative consultation with an abnormally long, low transverse “Pfannenstiel” incision. Something just didn’t seem right. I pulled her old hospital records and obtained a preoperative Duplex ultrasound. Her obstetrician had difficulties during her twin birth and divided both rectus muscles, ligating both deep inferior epigastric vessels at the same time.

This low transverse incision variant is known as a Maylard incision. Obstetrician/gynecologists use this incision for more rapid access and for better exposure. This incision is typically longer than a traditional Pfannenstiel incision (17-19 cm vs. 10-14 cm, respectively); it is also a few centimeters higher. A Maylard incision is associated with emergency cases, multi-fetal gestation, macrosomia, pathology at the later-

al/deep pelvis, and large myomatous uterus.

If you suspect that a patient may have a Maylard incision, it is important to obtain the previous operating room records. Even with a Maylard incision, it is possible that the deep inferior epigastric vessels may not be ligated. Anatomic studies have shown variability in where the vessels enter the rectus muscle; it is possible that vessels that enter the muscle at a higher level may be spared.

Preoperative imaging is important if a long low transverse incision is identified. With the current advances in CT angiography I would use this preoperative imaging modality in any patient with previous abdominal surgery. Duplex ultrasound can also be helpful and in my patient was able to demonstrate a lack of continuity and reversal in the direction of blood flow.

A few months later, I saw a patient in consultation with recurrent cervical cancer. She was going to have a pelvic exenteration and was referred to me for vaginal reconstruction. A pedicled rectus flap seemed like a good choice, but as I was looking at her low, long transverse abdominal incision, the light bulb above my head turned on. I decided to look at her previous operating room records and sure enough she had a Maylard incision; both deep inferior epigastric vessels were ligated. **RM**

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