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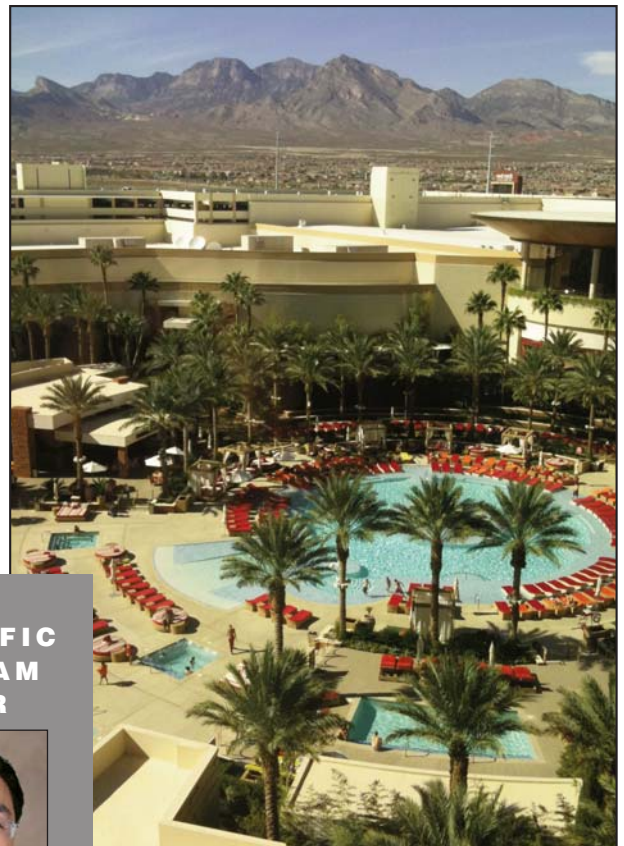
RECONSTRUCTIVE MICROSURGERY

Place Your Bets

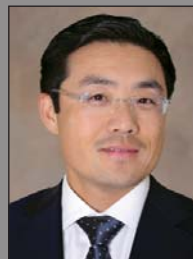
As we put away our summer clothes and prepare our fall and winter gear, I find solace in the fact that the warmth of the sun in Las Vegas for ASRM 2012 is only 3 months away. For this Chicagoan, these next three months can be long, but the anticipation of ASRM 2012 will keep me warm... along with my overcoat and gloves.

During these past few weeks the scientific program committee has feverishly worked to evaluate all 333 (2nd highest in history) submissions and have coordinated a star-studded group of panels and break out sessions to capture the latest developments in the world of microsurgery and complex reconstruction. The Masters series will once again be moderated by Dr. Lawrence Gottlieb and Dr. Michael Zenn will host the Best Case/Best Save session to celebrate the highlights of microsurgery this past year. These two perennial favorites promise not to disappoint.

Keynote speaker, Steven Levitt (author of *Freakonomics*) will add his sense of humor and perspective of how he and other economists view the world and members will have an opportunity to add our views at least as it pertains to microsurgery with the Audience Response



2012 SCIENTIFIC PROGRAM CHAIR



**David H. Song, MD,
MBA, FACS**

**The 2012 Annual Meeting
Program at a Glance can be
found on page 5**

System of voting. Coupled with a focus on the economics of reconstructive surgery, ASRM 2012 is a sure bet to be one of the most memorable gatherings of microsurgery to date.

So dust off that old Elvis costume, cash in the 401K (or what's left of it) and buy your airline ticket to Vegas. Place your bets with me on a rewarding meeting that you will not soon forget.

David H. Song, MD, MBA, FACS
Scientific Program Chair 2012 [RM](#)

Knowledge is our currency

Excitement grows as January's ASRM meeting takes final shape.

A lot has happened in both domestic and international arenas since last year's Cancun meeting. We have witnessed the Arab Spring, where seemingly powerful, despotic, and autocratic rulers and regimes were toppled by young, idealistic, and technologically savvy individuals. These individuals were willing to give up their lives to live in a free society with the freedoms of expression and thought often taken for granted by many of us in the western countries. We have also seen the assumedly stable economies of Western Europe and America rocked to the core by currency crises and inherently unstable finances. Hopes ride on austerity measures and promises of bailouts by the other European and Asian countries, who only a few decades ago were themselves poor and destitute. What incredible contradictions and juxtaposition of power and reversal of roles.

What parallels can we draw from these events and do they apply to our microsurgery society? What questions should we ask ourselves? Do we have similar threats? Are we living and roaming as dinosaurs about to fossilize? Have we become so complacent with how we do things that we can no longer perceive the winds of change?

Realizing the potential of the younger and energetic members of newly trained microsurgeons in our group, ASRM under previous and current leaderships created the Young Microsurgeons Group (YMG) to encourage participation

and foster leadership in the next generation. As a result of listening to our younger members and actively engaging their participation in the Executive Council, one tangible result was the streamlining of the process of going from candidate to full active membership once the candidate member has become board certified. The scientific program, with its breadth of papers and topics, along with numerous moderators and participants, many of whom represent the next generation of microsurgeons from our group, is a testament to the vitality of the organization. The large numbers of international presenters and participants offer new ideas and

EDITOR'S MESSAGE



E. Gene Deune, MD, MBA

*[At annual meetings]
we ask questions
without intimidation
and freely share our
mistakes so that
others can learn
from them.*

foster cooperation between multiple centers and individuals.

During these annual meetings, we disseminate our knowledge through formal paper presentations and during social gatherings in open rooms and outdoor venues. We ask questions without intimidation and freely share our mistakes so that others can learn from them. Knowledge is our currency. It is an asset that we have earned from our personal experiences and from others' hard work and dedication. It is an asset that we share freely and willingly. In doing so, we empower our specialty to bring forward ideas and innovations in microsurgery with the expectation that these skill sets undergo further refinements in an evolutionary process that is smooth and seamless. Let's continue this evolution this coming January. I hope to see you there.

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	Keith Brandt, MD
Editor	E. Gene Deune, 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.

Vegas: Not our typical secluded resort

OK, Vegas is different! Yes, we have a fantastic meeting planned with a wonderful reception planned Saturday evening and a Vegas-style dinner with entertainment on Monday evening, but there is so much more to do. This is not our typical secluded resort with a golf course, where your only planning is your Tee time or where to go for dinner.... This *is* Vegas.

I don't mean to state the obvious, but plan ahead. Yes, there are hundreds of shows in Vegas but the most popular ones sell out quickly. Here's a suggested plan; stop whatever you are doing, call your spouse and make sure they understand you want them to come to Vegas with you. Call your mother-in-law and ask them to watch the kids. Visit <http://www.vegas.com/shows/> and decide now what shows you want to try and catch.

Keeping in mind that our attendees will want to explore Las Vegas, we have left Friday night, Saturday night (after the Welcome Reception), and Sunday night as "free" evenings. Although the Red Rock Resort is only about 10 minutes from the strip, traffic in the evenings can definitely impact travel time. The resort provides a shuttle but you are not able to reserve seats, so be ready to use taxis.

For those who don't want to fight the crowds on the strip, there is an endless variety of things to do right in the resort. Although there are over 20 different places to eat in the resort there are five very popular dining establishments where reservations are suggested, especially on the weekends.

PRESIDENT'S LETTER



Keith Brandt, MD

Stop whatever you are doing, call your spouse and make sure they understand you want them to come to Vegas with you.

Don't forget the Casino. Set yourself a budget and enjoy over 3000 slots and video poker machines, over 60 gaming tables, Red Rock race and sports book, and the Poker room. The resort has over 3 acres of pools, cabanas, lounges and swim up bars as well as a 35,000 sq ft. spa to pamper your loved one. If that isn't enough there is an onsite movie theater and bowling alley. And yes there is even golf. Numerous excellent courses are within minutes of the resorts. Call the concierge for assistance with your exploration of the Red Rock area and Las Vegas.

Our program chair Dr. David Song has put together a fantastic scientific program, but this venue offers tremendous opportunity for enjoyment beyond the meeting.

Plan ahead, and make ASRM 2012 your best meeting ever.

Also in January, look for the new ASRM website. Dr. Michael Klebuc and his committee have artfully improved the website. New tabs and callouts allow easier navigation. Also new is a "Find a Surgeon" function. There will be a campaign shortly after the launch to update all member's information for the search function. [RM](#)

ASRM FUTURE ANNUAL MEETINGS

2012

JANUARY 14-17, 2012

Red Rock Casino Resort Spa
Las Vegas, NV

2013

JANUARY 12-15, 2013

Naples Grande
Naples, FL

2014

JANUARY 11-14, 2014

Grand Hyatt Resort & Spa
Kauai, HI

UPCOMING INTERNATIONAL MEETINGS

WSRM 2013

July 12-14, 2013
Chicago, IL
www.wsrn.net

SOCIETY NEWS

DISCOUNT ON ANNUAL MEETING REGISTRATION

AAHS, ASPN and ASRM are offering reduced registration rates on all combination meeting registrations. You must register for at least 2 meetings to take advantage of the reduced rates. Visit <http://www.microsurg.org/meeting.html> to register today!

Are you a member of the ASRM yet? If not, submit a completed membership application and receive a reduced registration fee as an "applicant". Visit <http://www.microsurg.org/members.html> to apply for membership and receive a discount on your meeting registration.

DUES

Membership dues invoices will be mailed in November. Payments may be made online www.microsurg.org or by check. If you have any questions, please contact Jessica Reynertson at 312-456-9579. Dues must be kept current in order to receive mem-

bership benefits inclusive of reduced meeting registration rates.

BEST CASE/BEST SAVE

Best Case and Best Save submissions are due December 15, 2011. I encourage all Active members to submit a case or two for consideration. Using the link on our home page (www.microsurg.org) or by direct email (contact@microsurg.org), send a short synopsis of the case with illustrative JPEGs and why you think the case merits consideration. Please note that any file sizes over 10 MB must be submitted on a CD and mailed to the Central Office.

In order to be considered, you must be an Active member of the ASRM, you must have performed some part of the reconstruction during the 2011 calendar year, and you must personally attend the annual meeting to present your case to the membership. Cases will be discussed by an expert panel and voted upon by the membership present.

ASRM/PSF COMBINED RESEARCH GRANT

ASRM and PSF are pleased to offer a grant opportunity to promote advancement and innovation in reconstructive microsurgery research. Up to \$10,000 USD will be awarded. Applicants must be an ASRM or ASPS member or candidate member. We encourage as many submissions as possible from our ASRM members. It is required that all applications go through **proposalCENTRAL** which can be found at <https://proposalcentral.altum.com/default.asp?GMID=70>. Submissions are due no later than December 1, 2011.

MEMBERSHIP

Are you a Candidate member? Are you board certified? Let us know and we can transfer you to Active membership status without all the paperwork! Email contact@microsurg.org or call the Central Office at 312-456-9579. [RM](#)

2012
AAHS ASPN ASRM
ANNUAL MEETINGS

AMERICAN ASSOCIATION for HAND SURGERY
January 11-14, 2012

AMERICAN SOCIETY for PERIPHERAL NERVE
January 13-15, 2012

AMERICAN SOCIETY for
RECONSTRUCTIVE MICROSURGERY
January 14-17, 2012

Red Rock Casino Resort & Spa, Las Vegas, Nevada

**27th Annual Meeting
of the American Society
for Reconstructive
Microsurgery**

**January 14–17, 2012
Red Rock Casino
Resort Spa
Las Vegas, NV**



**AAHS/ASPN/ASRM
Combined Day**

Saturday, January 14, 2011

- 6:30–8:00am Breakfast with Exhibitors**
- 7:00–7:45am AAHS/ASPN/ASRM Instructional Courses**
- 201 Management of Failed Carpal Tunnel Surgery
Chair: A. Lee Osterman, MD
Instructors: Miguel A. Pirela-Cruz, MD; Josh Abzug, MD; Nash A. Naam, MD; Nancy Davidson, MD, TC/L; Carlos Henrique Fernandes, MD
- 202 Carpal Tunnel Syndrome- Update (ABPS MOC)
Chair: Donald H. Lalonde, MD
Instructors: Peter Murray, MD; Ather Mirza, MD; Michael Bednar, MD
- 203 Nerve Transfers vs. Tendon Transfers: Timing, Treatment Options and Post Operative Therapy
Thomas Tung, MD; Justin Brown, MD; Christine Novak, PhD, PT
- 204 Controversies in Management of Complex Regional Pain Syndromes: Surgery vs. Non-Operative Treatment Options? Validated Methods to Study Outcomes?
Ivan Ducic, MD; Wyndell Merritt, MD; Henk Coert, MD
- 205 Winning the Future: How to Best Train the Next Generation of Microsurgeons
Michael Miller, MD; Randy Sherman, MD; Michael Neumeister, MD; J. Brian Boyd, MD
- 206 Bench to Bedside: Translational Research in Microsurgery
Moderator: Geoff Gurtner, MD
Instructors: Terry Mckatyn, MD; Justin M. Sacks, MD



- 8:00–8:15am President Welcome**
Steven McCabe, MD, AAHS President
Ivan Ducic, MD, ASPN President
Keith E. Brandt, MD, ASRM President
- 8:15–9:30am Joint AAHS/ASPN/ASRM Panel: CTA vs. Robotics**
Moderator: Gedge Rosson, MD
Invited Panelists: Susan Mackinnon, MD; W. P. Andrew Lee, MD, FACS; Oskar Aszmann, MD
- 9:30–10:00am Break with Exhibitors**
- 10:00–11:00am Invited Joint Lecturer Steven Levitt**
- 11:00–12:00pm AAHS/ASPN/ASRM Joint Outstanding Paper Presentations**
- 12:00pm Golf Tournament**
- 12:00–5:00pm Masters Series in Microsurgery “Disasters of the Masters”**
(Pre-registration is required)
Chair: Lawrence Gottlieb, MD
- 12:00–12:30pm Lunch in Meeting Room (Master Series attendees only)
- 12:30–1:00pm Welcome Introduction
Lawrence Gottlieb, MD
- 1:00–1:30pm Breast
David H. Song, MD
- 1:30–2:00pm Upper Extremity
E. Gene Deune, MD
- 2:00–2:30pm Lower Extremity
Raymond Dunn, MD
- 2:30–2:45pm Discussion/Questions
- 2:45–3:00pm Break
- 3:00–3:30pm Limb Salvage
Marco Innocenti, MD

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2012 PROGRAM-AT-A-GLANCE

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Masters Series in Microsurgery (cont'd)

3:30–4:00pm	Face reconstruction <i>Stefan Hofer, MD</i>
4:00–4:30pm	Face Transplant <i>Laurent Lantieri, MD</i>
4:30–4:45pm	Discussion/Questions
4:45–5:00pm	Closing Remarks

5:00–6:00pm	ASRM Young Microsurgeons Group/New Member Reception (Invitation Only)
6:00–7:30pm	ASPN/ASRM Welcome Reception

ASRM

Sunday, January 15, 2012

7:00–8:00am	Breakfast with Exhibitors
7:30–7:45am	President and Program Chair Welcome <i>Keith E. Brandt, MD, ASRM President</i> <i>David H. Song, MD, MBA, FACS,</i> <i>Program Chair</i>
7:45–8:45am	ASRM Concurrent Scientific Paper Sessions
9:00–10:00am	ASRM Breakout Panels
401	Maximizing Aesthetics in Reconstructive Breast Surgery <i>Moderator: Steven Kronowitz, MD</i> <i>Panelists: Stefan Hofer, MD; Joan E. Lipa, MD</i>
402	TUG of War: What Is The Ideal Secondary Choice for Autologous <i>Moderator: Julie E. Park, MD</i> <i>Panelists: Steven Vega, MD; Frank Dellacroce, MD; Thomas Hayakawa, MD</i>
403	Navigating the DIEP SIEA: How to Choose the Right Perforator System <i>Moderator: David H. Song, MD, MBA, FACS</i> <i>Panelists: Gedge Rosson, MD; Bernard Chang, MD; Michel Saint-Cyr, MD</i>
404	Damage Control: Optimizing Function in the Mangled Hand <i>Instructors: James Higgins, MD; Michael Neumeister, MD; Charles Lee, MD; Milan Stevanovic, MD</i>
405	Truth or Dare: Lower Extremity Reconstruction with and without Microsurgery <i>Moderator: Joon Pio Hong, MD</i> <i>Instructors: Howard Langstein, MD; Geoff Hallock, MD; Steven Moran, MD</i>
406	State of the Art Treatment of Lower Extremity Sarcoma

Moderator: Ginard Henry, MD

Instructors: E. Gene Deune, MD; Marco Innocenti, MD

10:00–10:15am Break with Exhibitors

10:15–11:15am Joint ASPN/ASRM Panel: Reconstructive Challenges: Head to Toe

Moderator: Ivan Ducic, MD

Invited Panelists: Eduardo Rodriguez, MD; Samir Mardini, MD; James Higgins, MD

11:15am–12:15pm

ASRM President's Invited Lecturer Susan Mackinnon, MD

12:15–1:15pm ASRM Poster & Exhibits Luncheon

1:15–2:15pm ASRM Concurrent Scientific Paper Sessions

2:15–4:15pm ASRT Programming

Welcome

L. Scott Levin, MD, FACS

Funding VCA

Bohdan Pomahac, MD

Tissue vs Organ: ASRT efforts at OPO regulation

Sue McDiarmid, MD

Moving towards International Registry and Outcomes Data

Maria Siemionow, MD

PANEL: Establishing a VCA Program

Panelists: L. Scott Levin, MD; Linda Cendales, MD; Kodi Azari, MD, Jaime Shores, MD

Complications to Date—the Bad and the Ugly

Warren Breidenbach, MD; Jaime Shores, MD; Bohdan Pomahac, MD; Laurent Lantieri, MD

4:30–6:30pm ASRM Best Case/Best Save

Supported by an educational grant from Synovis, MCA

6:30pm ASRM President's Dinner
(Invitation only)

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2012 PROGRAM-AT-A-GLANCE

continued from page 6

Monday, January 16, 2012

- 7:00–9:00am Breakfast with Exhibitors**
- 7:30–8:30am ASRM Breakout Panels**
- 407 Achieving Efficiency in Vascularized Bone Transfers
Moderator: Joseph Disa, MD
Panelists: Giorgio DeSantis, MD; Eduardo Rodriguez, MD
- 408 Tracheo-Esophageal Reconstruction: A Hard Pill to Swallow
Moderator: Peirong Yu, MD
Panelists: Samir Mardini, MD
- 409 Back to the Future: Tried and True Techniques in Facial Reconstruction
Moderator: Hung-Chi Chen, MD
Panelists: Yur Ren Kuo, MD; Ian Jackson, MD
- 410 Complex Abdominal Reconstruction: whose Role is it?
Moderator: Charles Butler, MD
Instructors: Maurice Nahabedian, MD; Michael Rosen, MD; Michael Franz, MD
- 411 Genitourinary Reconstruction
Moderator: Lawrence Gottlieb, MD
Instructors: Lawrence Colen, MD
- 412 Management of Complex Chest Wall Defect
Moderator: Michael Sauerbier, MD
Instructors: Michael Wong, MD; Scott Oates, MD
- 8:45–9:45am Panel: Young Microsurgeon's Group Panel**
Moderator: Matthew Hanasono, MD
Invited Panelists: Robert Whitfield, MD; Liza Wu, MD; Youn Chung, MD
- 9:45–10:00am Break with Exhibitors**
- 10:00–11:15am ASRM Concurrent Scientific Paper Sessions**
- 11:15–11:45am ASRM Presidential Lecture**
Keith E. Brandt, MD, ASRM President
"Will the ASRM Suffer the Same Fate as the Philipppides? He Died."
- 11:45am–12:30pm Lunch with Exhibitors**
- 12:30–1:30pm Panel: If I Knew Then Now: Tips and Tricks Learned the Hard Way Over a Long and Distinguished Career**
Moderator: Peter C. Neligan, MD
Invited Panelists: Julian Pribaz, MD; Fu Chan Wei, MD; Chris Pederson, MD
- 1:45–2:45pm ASRM Concurrent Scientific Paper Sessions**

- 2:45–3:45pm ASRM Godina Lecture**
Samir Mardini, MD
- 3:45–4:45pm ASRM Business Meeting**
(ASRM Members Only)
- 6:00–7:00pm Godina Alumni Club Reception**
- 7:00–10:00pm ASRM Vegas-Style Evening Event**

Tuesday, January 17, 2012

- 7:00–9:00am Breakfast**
- 7:30 – 9:00am ASRM Council Meeting**
- 7:30–8:45am ASRM Breakout Panels**
- 413 CPT Coding Workshop
Panelists: Thomas Tung, MD; Scott Oates, MD
- 414 The Business of Reconstructive Surgery: Maximizing Economic Value
Moderator: Loren Schechter, MD
Panelists: Scott Hultman, MD; Kayvan Khiabani, MD
- 415 Marketing your Reconstructive Practice: Pearls and Pitfalls
Moderator: Kaveh Alizadeh, MD
Panelists: Aldona Spiegel, MD; Jamie Levine, MD; Wes Schooler, MD
- 416 Super Microsurgery
Moderator: David Chang, MD
Instructors: Isao Koshima, MD; Jaume Masia, MD
- 417 Facial Reanimation
Moderator: Michael Klebuc, MD
Instructors: Ronald Zuker, MD; Travis Tollefson, MD
- 418 Targeted Muscle Reinnervation
Moderator: Greg Dumanian, MD
Instructors: Paul Cederna, MD; Susan Mackinnon, MD
- 9:00–10:00am Panel: Complex Reconstruction-How To Be Mission Critical To Your Institution**
Moderator: L. Scott Levin, MD, FACS
Invited Panelists: Gregory Evans, MD, FACS; Geoff Robb, MD
- 10:00–11:00am Buncke Lecture**
Wayne Morrison, MD
- 11:00–11:15am Coffee Break**
- 11:15am–12:45pm ASRM Concurrent Paper Sessions**
- 12:45–1:45pm Panel: Innovative Surgery Vs. Experimentation: Where Is The Line?**
Moderator: Peter Angelos, MD
Invited Panelists: Lawrence Gottlieb, MD; Roger Khouri, MD; Geoff Gurtner, MD
- 1:45pm Closing Remarks [RM](#)**

Exceptional Invited Speakers



ASRM President's Invited Lecturer Susan Mackinnon, MD

Sunday, January 15
11:15 am–12:15 pm

“A Path to Innovation”

Over the course of three decades, Dr. Mackinnon's lab, through persistent translational and clinical research, has developed widely applicable techniques that represent a paradigm shift in the surgical management of devastating nerve injuries.

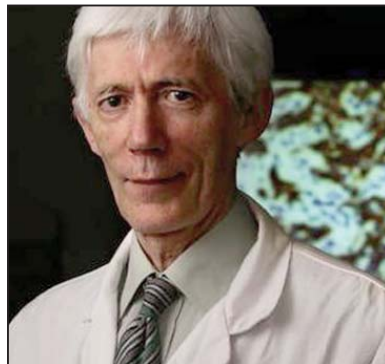


ASRM Godina Lecture Samir Mardini, MD

Monday, January 16
2:45–3:45 pm

“Marko Godina distinguished by his tireless energy, his impeccable logic, his boundless optimism, and his contact 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. It is a pleasure to introduce Samir Mardini, MD as the 2011 Godina Traveling Fellow.



Buncke Lecture Wayne Morrison, MD

Tuesday, January 17
10:00–11:00 am

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 develop several microsurgical laboratories across the globe. He has influenced countless residents and fellows as well as numerous department chairs throughout the world. It is with great appreciation that we

are able to honor Dr. Harry Buncke with his lectureship due funding provided by the California Pacific Medical Center. It is our pleasure to introduce Professor Wayne Morrison, MD as the 2012 Buncke Lecturer.

"Reconstructive and regenerative surgery - politics, power and perspectives as seen from the Antipodes



Joint Presidential Keynote Lecture Steven Levitt

Saturday, January 14
10:00–11:00 am

Steven Levitt is an economist who is a brilliant but uncomplicated man who uses simple questions to reach startling conclusions. Though he has no political agenda his theories have set off a firestorm of controversy and has had both conservatives and liberals up in arms. Levitt has shown other economists just how well their tools can make sense of the real world. Winner of the 2004 John Bates Clark Medal, he is currently the William B. Ogden Distinguished Service Professor of Economics at the University of Chicago. He co-authored the best-selling book *Freakonomics* and its sequel *Superfreakonomics*. [RM](#)

By Michael Miller, MD

The American Society of Reconstructive Microsurgery (ASRM) continues to serve as the principal organization in the country dedicated to advancing the art and science of reconstructive surgery. The 2012 Annual Scientific Meeting will take place January 14-15 at the Red Rock Casino Resort and Spa in Las Vegas, Nevada, a beautiful venue located just outside the city near the natural beauty of the desert mountains. Once again, this event promises to be your best opportunity this year to stay on top of our constantly changing field, catch up with like-minded colleagues, and be refreshed!

Program Chair David Song and his committee have put together a great program. In addition to scientific sessions offering carefully selected abstracts of the best work submitted from around the world, there are thoughtfully designed panels and all the classic sessions you have looked forward to each year. The meeting will begin on Saturday with joint programs of the American Association of Hand Surgery (AAHS), American Society of Peripheral Nerve (ASPN), and ASRM. Steve Levitt, Professor of Economics at the University of Chicago and author of the best-selling book *Freakonomics* will deliver the Joint Presidential Keynote Lecture. Susan MacKinnon will serve as the ASRM President's Invited Lecturer. Her presentation, entitled, "A Path to Innovation," will draw principles to follow for advancing our discipline using illustrations from her

long career contributing to basic and clinical science of peripheral nerve repair. ASRM President Keith Brandt will provide a glimpse of the future projecting from a light-hearted review of the history of the ASRM, asking the question, "Will the ASRM suffer the Same Fate as Philipides? He Died."

Later, you will enjoy hearing an upcoming leader of reconstructive microsurgery, the 2011 Godina Traveling Fellow, Samir Mardini, present his experience visiting centers around the world. On the final day of the meeting we will hear the

2012 Buncke Lecture given by Wayne Morrison. Throughout the meeting there will be instructional courses and special panels on topics ranging from research to economics of microsurgery practice. Finally, the annual favorites we have come to expect should be better than ever: Best Case/Best Save, Disasters of the Masters, and programming of the American Society for Reconstructive Transplantation.

I hope you plan to join us at this year's meeting in Las Vegas.

RM

AAHS/ASRM Day at the Links Golf Tournament



being held in conjunction
with the AAHS/ASPN/ASRM
Annual Meetings

Saturday, January 14, 2012

12:00 pm

Arroyo at Red Rock Country Club is an Arnold Palmer Signature course and is the only course at Red Rock Country Club open to the public. Stretching 6,857 yards and playing the Arroyo is a rare mix of compelling design and exceptional beauty. Bold bunkering, dramatic water hazards and the stark contrast of emerald greens against the tanned desert mountain, make the Arroyo as visually striking as it is challenging. This links' style layout with Bermuda grass fairways and Bentgrass greens will challenge every level of player. It has five sets of tee boxes to suit all golfers' abilities. The Arroyo Course plays 6,433 yards from the middle tees and is a par 72. Lunch will be provided on carts.

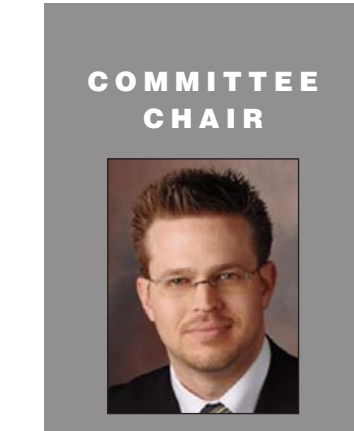
To sign up or for more information, call 312-456-9579.

Work/Life Balance as a Young Microsurgeon

You're almost ready for promotion if you meet the following: Your spouse or significant other is about to leave you, your children are confused and ask who you are when you are actually at home, you attend an event for children where everyone believed your children only had a single parent. So how did we come to this position?

It has always been the surgical mantra: ignore the distractions and press on. Keep moving forward! Accomplish your goals: get through residency, get your fellowship, establish your practice, advance and achieve.... Very rarely slowing down to savor any of the success. Keep your foot on the gas or someone else will come and take your spot, or if you take that break you will lose that case. This has led us to the situation that most of have faced, continue to face or will face—work/life imbalance.

Recently, I became incredibly out of balance. Extremely motivated, I began to write two grants. Not unlike a surgeon to bite off more than they can chew. Having very little experience in the grant process made it that much more challenging. As usual I put in countless hours reviewing literature, pitching the idea to collaborators, and doing meeting after meeting. It is not at all uncommon to not get funded. In fact it is extremely common to not secure funding initially. In both of my grant applications, I was appropriately criticized for having an inexperienced team for the projects. First piece of advice is to get some help from those who have written



Robert Whitfield, MD

Stop doing things that drain your time and energy.... When you are at work, try to keep track of how much time you spend [on] habits that waste your time.

grants in the past or ask to participate in the process but not as the Principle Investigator. This alleviates some of the stress from of the process and allows you to get mentorship (help). The grants, in addition to my usual full-time clinical practice, led to extreme imbalance in my life that has taken nearly eight months to sort out and is not quite complete yet. I did find some helpful tools along the way that I would like to share.

Work hard but a little smarter. Build downtime into your schedule. Each of us has a smartphone of some variety. If you don't, please

go out and get one for yourself and your spouse or significant other. Let them know your schedule. Schedule some time to just hang out and go to the park, a movie or on a bike ride. You may think this sounds crazy but you need to do it! Do what ever it takes to consistently get away each week.

Stop doing things that drain your time and energy. The obvious is work less. This is not a practical solution in our lives and current economic times. But when you are at work, try to keep track of how much time you spend on the Web, making personal calls, or other habits that waste your time. Focus on your clinic, manuscript, or personnel, and complete that task. This seems to become more of a daunting task each and every year.

Take care of yourself. Exercise more. Make time in your schedule to do it. Get up 20 minutes earlier to do an exercise video, ride a bike or jog. It will help the way you feel for the rest of the day. Exercise can help you be more alert. Get some downtime for yourself. Try to spend some time with friends outside of work. Decompress a little watching a game or getting a bite to eat.

With all of this in mind, try to institute changes slowly, such as simply leaving the office early one night a week. Maybe that one night you just head to the gym after work. Try to find 15 minutes to break up your routine, whether it be an exercise video, a walk, listening to music or reading for fun. Make some time for things that you enjoy. [RM](#)

VOLUNTEER OPPORTUNITIES

Haiti/Partners in Health Update and Volunteer Opportunities

By Fred Duffy, MD

I recently returned from a second week of operating in Haiti at the Partners in Health (PIH) facility in Cange. It was a much busier and more organized week than my time there earlier in the year in part because of the establishment of an internship program that brings a creole speaking medical student or surgical resident to Cange to facilitate communication and scheduling for surgical teams. This individual also interfaces between the Haitian surgeons and the visiting surgeons. A wide variety of cases were done: burn contracture release and flaps/grafts, amniotic band release and z-plastys, several latissimus flaps for advance breast cancers, an antero-lateral thigh flap following resection of a large groin fibrosarcoma, and several perforator/muscle flaps to cover exposed tibial wounds (a very common problem in Haiti where the motorcycle is a common form of transportation).

I was also able to tour the new hospital under construction in Mirebalais. The hospital is due to be completed in late 2012 and will be by far the most advanced hospital in Haiti. It will have six new, spacious operating rooms (the two ORs in Cange are very small and



Myself, John Chew who is in charge of construction, and Jean-Hamiltong Pierre, a general surgeon in Cange



The entrance to the new hospital in Mirebalais



The future site of the operating rooms

haphazardly stocked.) As I mentioned in the last newsletter, I am excited about the possibilities of teaching and skill transfer once this facility opens. I have already taught the general surgeons at Cange how to perform a latissimus flap which will be a very helpful tool as many Haitian women present with advanced breast cancers that are not amenable to primary closure. I have asked numerous Haitians about plastic surgical capabilities in Haiti and get the same answer: there is one plastic surgeon practicing in Port au Prince. The population of Haiti recently surpassed 10,000,000 so the need for our skills is tremendous. PIH is in preliminary talks with several teaching institutions regarding working in the new hos-

pital. I continue to believe this is a great opportunity for us to get involved in. As in any developing country, it is unclear how much microsurgery can be accomplished when OR time is at such a premium and the need for more basic operations is so high.

I plan on making another trip early in the year and would ideally like to coordinate at least quarterly trips for plastics cases. Please contact me if you are interested in joining me early next year or making a trip yourself.

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RM

Contributed by Lawrence J. Gottlieb, MD,
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TIP # 55

Surgical marking pen: more than just for skin

Plastic surgeons use the surgical marking pen more often than any other surgical specialties. Most of us find pre-operative and intra-operative marking of the skin to be a valuable adjunct to our surgical planning. Many of us have also found drawing on disposable surgical drapes a useful teaching tool in explaining anatomy or techniques to residents and students. I have found that the purple marking pen, which invariably contains gentian violet (a topical antifungal medication) as its “ink” useful to mark structures within the body.

- **Avoids twisting.** When dealing with long pedicles, multi-paddle or chimeric flaps with multiple pedicles (or perforators) or long vein grafts, there is a risk of twisting. By marking one surface of the vessels *in situ* (after dissection but before transfer), subsequent twisting or kinking of the pedicle or vein graft can be recognized easily and early enough to avoid a problem. (Fig. 1)
- **Visual cue.** Small vessels (perforators, septocutaneous vessels) are usually visualized by the dark hue of the accompanying vein. (Fig. 2) After division of the pedicle this visual cue is much less obvious. Insetting is usually performed before revascularization of the flap putting this poorly visualized vessel at risk for injury. By marking the perforator prior to pedicle division it is easier to keep it out of harms way during inseting. (Fig. 3)
- **Helps clean up Shmutz.** Shmutz is an English term derived from Yiddish (or German) that means dirt or filth. In microsurgery, we call the loose fibrinous component of the adventitia, shmutz. Adventitia is thrombogenic and should be carefully trimmed near the anastomosis. Care needs to be taken to avoid aggressive trimming to prevent injury to the media. Sometimes the

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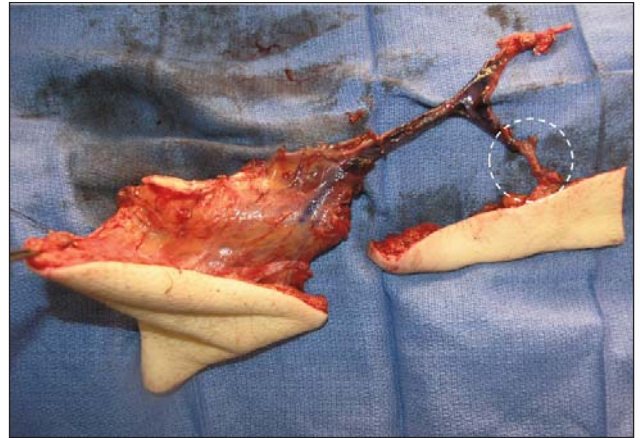


Figure 1: Exposed surface of vessel marked *in situ*. On transfer to towel (for picture) a twist of pedicle is obvious (dotted circle.)

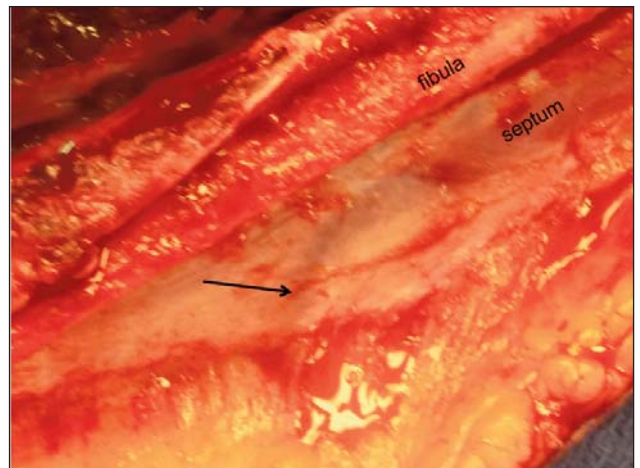


Figure 2: Small vessels are generally seen by the venous blood in them (especially when under a septum)

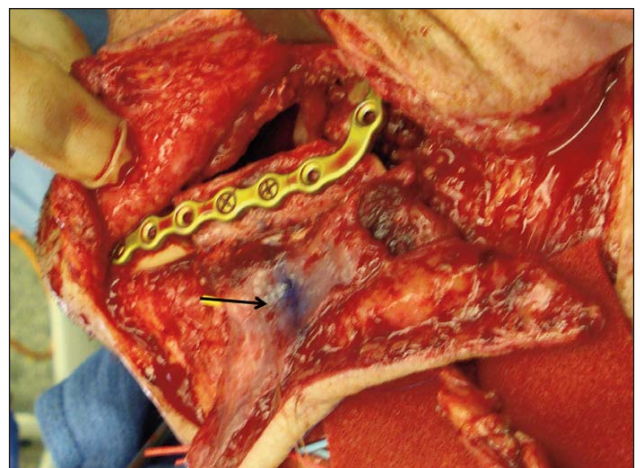


Figure 3: Marking the vessel when it's filled with blood facilitates seeing it when it's not—thereby minimizing inadvertent injury.

Microsurgical Pearls

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distinction between adventitia and media is not entirely obvious, especially on thin veins. In reality, only adventitia that has the potential to be “caught” in an anastomosis needs to be trimmed—usually this is the adventitial shmutz. Adventitial shmutz readily stains by touching the end of the vessel with the tip of a marking pen (then rinsing it with heparinized saline). It is very easy to trim any excess filamentous, fibrous shmutz (which is now stained purple) from the end of the vessel. In addition, normal intima usually does not stain. If the intima retains the dark stain then the vessel should be trimmed back to normal intima. The contrast of white shiny intima with lightly stained vessel wall facilitates improved visualization and thereby precise suture placement. (Fig. 4)

As with all medication, potential toxicity or allergic reactions are theoretical possibility; I have never had any problems with the miniscule amount of gentian violet ink that is used on vessels or other tissue. The advantages of this tech-

nique are providing a visual cue to avoid inadvertent injury or twisting of vessels, safe trimming of perivascular adventitial shmutz, improving visualization of intima and easy identification of injured intima. [RM](#)

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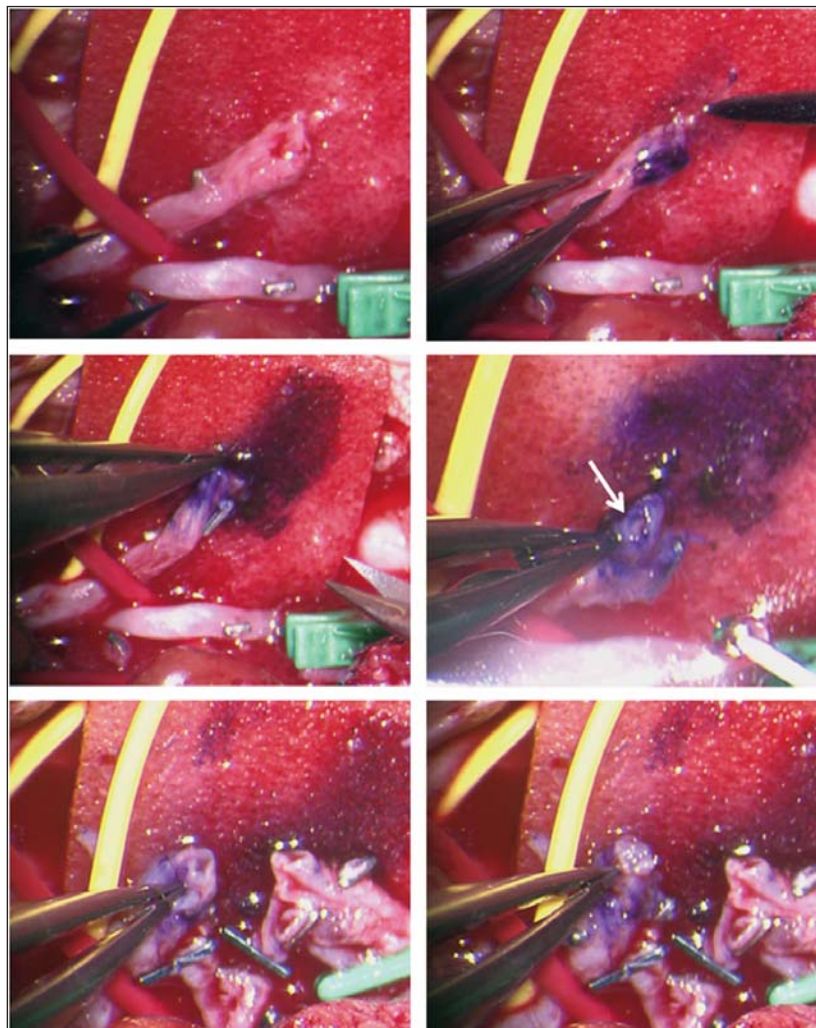


Figure 4: Adventitial shmutz easily stains blue as does injured intima (arrow right middle panel). Right lower panel shows shiny unstained intima that was opened with a slit to facilitate size miss-match.