



Reconstructive Microsurgery

**Autumn/Winter
2012**

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New Ideas, Novel Formats in 2013



Come join your friends at the ASRM 2013 Annual Meeting in Naples, Florida. We have several exciting programs filled with new ideas, new faces, and novel formats. Our program this year will focus on innovation, with many young panelists and speakers from around the world. The program includes a wide variety of topics, including head and neck

reconstruction, breast reconstruction, lower extremity trauma management, complex nerve reconstruction, and upper extremity surgery. We are looking forward to innovative panels on topics such as tissue engineering, lymphedema reconstruction, and computer aided design/modeling, composite tissue allotransplantation, robotic and endoscopic assisted microsurgery and flap perfusion technology. We have expanded our Young Microsurgeons Group programming to both a panel session (featuring YMG surgeons) and an YMG forum. The YMG forum will include invited lecturers of the YMG Committee's choice.

Exciting social events and a beautiful setting will make this a meeting you won't want to miss. The education is planned to be interesting and thought-provoking and will make this a meeting to remember.

We look forward to seeing you January 12-15, 2013 at the Naples Grande Hotel in Naples, Florida. [RM](#)

2013 SCIENTIFIC PROGRAM CO-CHAIRS



**James
Higgins, MD**



**Michael
Sauerbier, MD**

The 2013 Annual Meeting Program-at-a-Glance can be found on page 7.

Elevating Our Focus on Higher Education

The prospect of seeing so many reconstructive surgeons from around the world come together to focus on this year's annual meeting in Naples, Florida is wonderful. I hope everyone enjoys their time in Naples, Florida. I know the meeting will spark new enthusiasm and creativity in all of us. It's great to be a microsurgeon!

It is an honor and privilege to have been your President for 2012. The past year has been one of reflection and growth. Our society is growing in numbers and spirit. Our membership has increased to over 645 members. The meeting itself has a record attendance and a record international participation. Indeed, this meeting is a testament to the greater global interest and outreach in microsurgery. The program is expertly managed by our two co-chairs: Jim Higgins from Curtis Hand Center and Michael Sauerbier from Bad Soden am Taunus/Franfurt. Great work Jim and Michael! This year, we aspired to bring different disciplines together to highlight the latest advances in reconstructive microsurgery. I would like to personally thank all faculty who have traveled from far and wide to make this ASRM meeting one of our best.

Apart from the meeting, the ASRM has been working on a number of initiatives to help position the organization and its members for the future. We should all be interested in a path that leads to a higher level of education, innovation, and application of our trade. Education has many forms. We teach medical students, residents, and peers. To be true to ourselves we must also agree that we learn from students, residents, and our peers as well.

But our medical and surgical educational forums are changing through new dictums from our governing bodies. Through the Accreditation Council for Graduate Medical

Education (ACGME), we now must work beyond competencies to incorporate milestones as a part of our training programs. Documentation of graduated experience is now required but soon verification of proficiency will be needed for our trainees to move to the next level. This form of education is a far cry from when my mentors (who were great) educated me.

So how do we move forward with the new rules and regulations and how do we know what is the best method of teaching and learning? Surgical education will need to

PRESIDENT'S LETTER



**Michael Neumeister, MD,
FRCSC, FACS**

Online, standardized grading systems of microsurgical techniques should be developed to permit universal dialog between institutions and immediate interactive feedback for trainees.

become a greater part of our path to higher levels of education. We are behind our colleagues in some of the other surgical disciplines when it comes to research in surgical education. We all want our trainees to be confident and competent in microsurgery and complex reconstruction. But with the added work hour restrictions, milestones, and verifications of proficiencies, are we still teaching students the best we can or should be?

Simulation labs and skills labs will be needed. Online, standardized grading systems of microsurgical techniques should be developed to permit universal dialog between institutions and immediate interactive feedback for trainees. Many institutions have developed early grading systems but a more universal approach should be employed to meet the needs of every institute, the trainees, and the governing bodies. Microsurgeons are

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	Michael Neumeister, MD
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Reconstructive Microsurgery is published two times yearly for members of ASRM, a non-profit organization. The subscription price is included in the annual membership dues. All correspondence and address changes should be addressed to:

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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.

YOUNG MICROSURGEONS' GROUP

known for their innovative flare. Embracing surgical education research is not only timely, but offers a wide-open field of innovation for all of us.

Along similar lines, we should also embrace research in quality outcomes. As our hospitals and government apply strategies to reinforce a higher level of quality, the ASRM should develop strategies to maintain control of our destiny, to maintain standards of our trade. Ultimately, we need to increase our scope of research to include not only areas of ischemia/reperfusion, flap physiology, immune-suppression, and tissue engineering, but also the arenas of surgical education and quality outcomes. To that end, the ASRM has re-invigorated its efforts to fund research and support our future. [RM](#)

ASRM CALENDAR

2013

JANUARY 12-15, 2013

ASRM 28th ANNUAL MEETING

Naples Grande
Naples, FL

JULY 11-14, 2013

WSRM WORLD CONGRESS

2013

Chicago, IL
www.wsrw2013.org

2014

JANUARY 11-14, 2014

ASRM 29th ANNUAL MEETING

Grand Hyatt Resort & Spa
Kauai, HI

2015

JANUARY 24-27, 2015

ASRM 30th ANNUAL MEETING

Atlantis
Paradise Island, Bahamas

How to Compete with a “Non-compete” Clause

So you have trained for 6 to 9 years after finishing medical school. You owe six figures in student loans. You may or may not have been able to start a family. The Young Reconstructive Microsurgeon is very skilled in surgery but inexperienced in business. As we become providers, we are called upon to make a lot of critical decisions.

First of all there are no guidebooks on picking your first job. There are many options and some of them are listed here: university, government, hospital employee, solo, plastic surgery group, or multispecialty group. These will be discussed more broadly in terms of contracts.

In an academic model there will usually be a one-page contract that outlines nothing. Usually there exists a lengthy faculty handbook that is really the “contract”. For all of you interested in joining an academic practice, the first thing you should do is get a PDF copy of the faculty handbook sent to you via email for your review prior to your interview. In particular, you should evaluate the handbook as it relates to being promoted. Secondly, you should look at the renewal process of your academic appointment. If you remember nothing else, the words “promotion” and “renewal” are critical.

Institutions are very sensitive to losing surgeons who perform procedures that are reimbursed at very high rates. This is reflected by the amount of power wielded by departments such as Orthopaedics and Neurosurgery. The commonality is SPINE surgery, if you need to understand the money trail. As you might imagine, some surgeons occasionally

COMMITTEE CHAIR



Robert Whitfield, MD

*If the institution...
has not independently
negotiated a fee
schedule, using instead
Medicare rates for
microsurgical cases,
then you will become
desperately
undervalued.*

get fed up with their Institution and just leave, gutting hospitals and departments on their way out. They may move to a nearby health system that is now bending over backwards to recruit them, promising them more OR time, a devoted OR team, better equipment, etc. This has led to many institutions using separate “Non-compete” clauses or a “Covenant Not to Compete”.

In addition to a “Non-compete” clause in a contract, another red flag telling you to look more closely at an institution is how they value microsurgical procedures. If you are a reconstructive microsurgeon, you perform procedures that are techni-

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Non-compete Contract

continued from page 4

cally demanding and time consuming. If the institution doesn't recognize the value and has not independently negotiated a fee schedule, using instead Medicare rates for microsurgical cases, then you will become desperately undervalued. You will generate a relatively large amount of RVU's (Relative Value Units) while not a significant amount of collections. Appropriately, you will be told that you are not collecting much and you will not take home as much money. And, oh by the way, you need to develop programs, publish papers, lecture, and teach students and residents to be promoted. (This is in your spare time when you are not doing free flaps!)

In the private world, there are multiple practice model options. With the Affordable Care Act looming, I cannot begin to sort them all out so I will stick with general concepts. To begin with, if you have chosen to go out into solo practice the ability to borrow money with your debt to income ratio will be limited. In addition, one of the first things you will be asked for is a business plan which 99% of us have no clue about developing. If you join another surgeon or a larger group there will be a contract. Within that contract there usually will be a "Non-compete" clause (more on this in a moment). In general, you would get privileges to at least one hospital and ambulatory surgery center. You have to decide whether to be "in network" or "out of network".

Despite the newcomer status you will perform reconstructive surgery and presumably get paid; however, there is no guarantee that you will be paid. There is typically a lag of payments and unless you receive assistance from the group you join in the form of a guaranteed base or financial assistance for coming to a new area from a hospital system, the initial period can be financially difficult. In the short term, you begin working as

hard as possible and eventually collect cases for your Boards and become acclimated to your new area.

Each reconstructive microsurgeon with ability and desire becomes successful to a degree. In the spirit of the

The only way to work it, to my knowledge, is if another department at the institution or another health system is willing to fight the "Non-compete" for you.

overachieving surgeon, I will presume you each become the #1 or #2 collectors in your practice in less than two years. If this is not the case, then the rates negotiated for microsurgery at your practice are inadequate and you are undervalued when compared to your peers. Hopefully, at the same time you'll pass your Boards and become a member of one or more in plastic surgery societies. Typically this is not enough for the average overachieving microsurgeon, so you work harder.

At the end of the year—or your contract—there are always issues. Maybe you have decided that the system you are in no longer works. Unless you stayed where you trained (I don't recommend), it can take that long to understand the politics of your group. Then there are the politics of the work environment outside of your group, i.e., the institution, hospital, community and region. If you have decided that the environment is not what you signed up for, then you need to make a change.

This is the time when that contract and "Non-compete" clause surfaces. Since my presumption is that you are a successful reconstructive microsurgeon at this point, the signature on that paper is a problem. I have been told you can fight "Non-compete" clauses and win. I have heard over and over that they are not enforceable. There is one flaw in the logic: it is your "Non-compete" clause, not their "Non-compete" clause, to litigate. Unless you have your own war chest of a quarter of a million dollars and more than a few bottles of 5-hour Energy, these battles are a waste of time. The only way to work it, to my knowledge, is if another department at the institution or another health system is willing to fight the "Non-compete" for you.

In addition, institutions may not fight fair, as demonstrated in two specific cases I know of. In the first, an Institution specifically retained attorneys in the community, in addition to their own full-time in-house legal counsel, to limit the ability of a surgeon to find legal counsel that would oppose them. This tactic ensured that the best legal firms would have a conflict of interest in representing a faculty member against an Institution that was already a client. In the second situation, multiple "Non-compete" clauses existed with not only the group but also with the hospital system. Ultimately, these large institutions and hospital systems had control because of the "Non-compete" clause.

So, if you are offered a contract with a specific "Non-compete" clause, then negotiate it out of the contract or down to a point that it doesn't require you to have to move to an entirely different community, city, or state until it expires. In essence, these agreements are a restraint of trade!

RM

Contributed by Michael J.
Miller, MD, Education Chair

TIP # 56

“Gentlemen, we are going to relentlessly chase perfection, knowing full well we will not catch it, because nothing is perfect. But we are going to relentlessly chase it, because in the process we will catch excellence.”

—Vince Lombardi

Attention to Detail: Key to Success

Why do some microsurgeons seem to rarely have flap failures? Is it simply that they are technical wizards? Perhaps. Most often, however, consistent success comes from thoughtful attention to detail.

Of course, the surgeon’s technical talent is a factor in success, but it is not the most important one! In 22 years of training residents and fellows, I have observed that technical aptitude follows a normal distribution, and consistent success is not necessarily found at the high end. A surgeon with an eye for detail can be more effective than a gifted technician with a casual, undisciplined attitude. Success begins with good patient selection, pre-operative preparation, and a thoughtful plan. Essential during surgery are gentle dissection, thoughtful setup, good visualization, technical precision, and patience to allow undisturbed perfusion during the period of active platelet aggregation. Finally, there must be a well-designed post-operative care routine. Also essential are training a cohesive team and estab-

lishing adequate infrastructure to care for the patient. Learning to attend to these details before, during, and after surgery leads to fewer take backs and flap failures.

“Who needs a microscope? I only use loops.” “It does not matter if the scrub knows the instruments- I just pick them up myself.” “I never monitor flaps. I never have failures.” We have all heard these claims. For some, exceptional natural ability might make up for a lack of conscious attention to details, but a young microsurgeon must be cautious emulating this approach. As a resident, fellow, and new surgeon, do not be misled by the apparent ease of completing a complicated operation when working with an experienced surgeon. That surgeon may have learned to do things over time of which he or she might not even be aware. Be engaged during the procedure when assisting and try to understand the rationale for each step. Envision doing it yourself.

Consistently high quality is more predictable with disciplined attention to optimize each detail.

Just as with natural ability, the quality of patient outcomes tends to follow a normal distribution for any period in a surgeon’s career. At the extremes we have excellent results and punctuated by memorable disasters, but overall quality clusters around some mean with a degree of variation determined by the individual surgeon experience and skill (Fig. 1). For surgeons of any natural ability, moving the outcome curve to the right and reducing variability (i.e., achieving consistently excellent results) can come with attention to detail. The surgeon must seek to optimize every step of the procedure, establishing a technical routine consisting of carefully conceived steps. This approach will yield to predictably good outcomes for surgeons of all levels of natural ability. [RM](#)

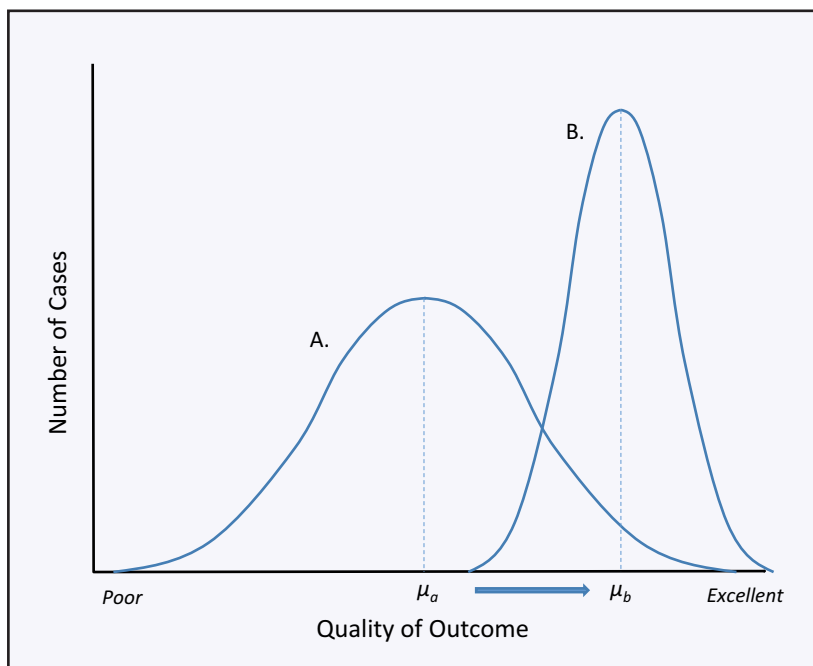


Figure 1. Normal distribution of outcomes early (A) and later (B) in one’s career. Surgeons of any ability who pay attention to details can improve their mean outcomes and reduce variability- i.e., achieve predictable success.

ASRM President's Invited Lecturer Hans-Ulrich Steinau, MD, PhD

Sunday, January 13
10:00 am–11:00 am



Dr. Hans-Ulrich Steinau has served as chief of the Department for Plastic, Reconstructive and Hand Surgery, BG University

Hospital Bergmannsheil, Ruhr University Bochum, and is currently a senior consultant plastic surgeon at University of Essen. Professor Steinau was also the president of the German Society for Plastic, Reconstructive and Aesthetic Surgery and most notably was the first plastic surgeon to become president of the German Society of Surgery.

ASRM Godina Lecturer Steven L. Moran, MD

Monday, January 14
3:30 pm –4:30 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 microsurg-

Exceptional Invited Speakers

geon who has demonstrated leadership, innovation and ongoing commitment to our field in the best traditions of Dr. Godina. It is a pleasure to introduce Steven L. Moran, MD as the 2012 Godina Traveling Fellow.



Dr. Moran is a professor of plastic surgery and professor of orthopedic surgery at Mayo Clinic in Rochester, Minnesota, chair of plastic surgery

and the director of the Mayo Clinic's Composite Tissue Allotransplant Program, and staff surgeon at the Shrine Hospital for Sick Children in Minneapolis. His practice focuses on disorders of the upper extremity as well as microsurgical reconstruction, congenital hand surgery and wrist arthritis. Dr. Moran is currently the associate editor for *Hand*, and was named the 2008-2009 Sterling Bunnell traveling fellow by the American Society of Surgery of the Hand.

Buncke Lecture Joseph Upton, MD

Tuesday, January 15
8:30 am–9:30 am



The Harry Buncke Lectureship was 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 numeral department chairs throughout the world. It is our pleasure to introduce Joseph Upton, MD as the 2013 Buncke Lecturer.

Support received from California Pacific Medical Center

Joint Presidential Keynote Lecture Carl Hiaasen

Saturday, January 12
11:00 am–12:00 pm

"Stranger Than Fiction"



Bestselling novelist and journalist Carl Hiaasen is among South Florida's most vital natural resources. He writes in a comic style—

Hiaasenesque – that combines thrilling plot lines, blunder-prone schemes, headstrong men and women, corrupt politicians, and a loving nod to the natural landscape of South Florida. Carl Hiaasen will present true weird stories of Florida and how they weave their way into the novels. RM

**28th Annual Meeting
of the American Society for
Reconstructive Microsurgery**

**January 12–15, 2013
Naples Grande Hotel
Naples, Florida**



Saturday, January 12, 2013

AAHS/ASP/ASRM Combined Day

- 6:30–8:00am Breakfast with Exhibitors**
- 7:00–8:00am AAHS/ASP/ASRM Instructional Courses**
- 201 Common Nerve Transfers to Restore Upper Extremity Function: Indications, Surgical Options and Post-Operative Therapy
*Chair: Susan E. Mackinnon, MD
Instructors: Ida K. Fox, MD; Amy Moore, MD; Lorna Kahn, PT, CHT*
 - 202 Brachial Plexus Update
Instructors: Allan Belzberg, MD; Howard Clarke, MD, PhD
 - 203 Targeted Reinnervation
Instructors: Gregory Dumanian, MD; Paul Cederna, MD; Oskar Aszmann, MD
 - 204 Cortical Reorganization
Instructors: Martijn Malessy, MD; Wendong Xu, MD
 - 205 Avulsion Injuries of the Upper Extremity
*Moderator: Scott Hansen, MD
Instructors: Amir Taghinya, MD; Babak Safa, MD*
 - 206 The Future of Microsurgery Training: Training Microsurgeons in the Era of Duty Hours, Patient Safety, and Quality Improvement
*Moderator: Ruben Bueno, MD
Instructors: Gordon Lee, MD; Anuja Antony, MD; Gustavo Perez-Abadia, MD*
- 8:00–8:15am President Welcome**
*Jesse B. Jupiter, MD, AAHS President;
Robert J. Spinner, MD, ASPN President;
Michael W. Neumeister, MD, ASRM President*

- 8:15–9:30am AAHS/ASP/ASRM Combined Panel: Tissue Engineering**
*Moderator: Gregory Evans, MD, FACS
Panelists: Geoffrey Gurtner, MD; Paul S. Cederna, MD; and Raymond Dunn, MD*
- 9:30–10:00am Break with Exhibitors**
- 10:00–11:00am AAHS/ASP/ASRM Joint Outstanding Paper Presentations**
Moderators: David C. Ring, MD; Huan Wang, MD; James Higgins, MD; and Michael Sauerbier, MD
- 10:00–10:07am A Prospective Randomized Study Comparing the Effectiveness of One versus Two Injections for Symptomatic Stenosing Tenosynovitis (Trigger Finger)**
Charles Leinberry, MD; Emran Sheikh, MD; John Peters, BS; Will Sayde, MD; and James Dowdell, BS
- 10:07–10:14am Improving Hand Function Through the Use of the FES Hand Glove 200**
Yasmin Gonzalez, OTR/L, ABDA, CLT, Lisa Gould, MD, PhD, John Merritt, MD, Wanda VanHarlinger, OTR/L, ABDA, CLT, Kevin White, MD, Jill Massengale, MS, ARNP-C and Steven Scott, DO
- 10:14–10:20am Discussion**
- 10:20–10:27 am Skin Derived Precursor Schwann Cells Improve Behavioral Recovery for Acute and Delayed Nerve Repair**
Helene T. Khuong; Ferry Senjaya; Ranjan Kumar; Aleksandra Ivanovic; Joanne Forden; Jeff Biernaskie; and Rajiv Midha, MD, MSc, FRCS(C)
- 10:27–10:34am Schwann Cell Senescence: A Mechanism for Failure of Axonal Regeneration in Long Acellular Nerve Allografts**

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2013 PROGRAM-AT-A-GLANCE

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Maryam Saheb-Al-Zamani, BS; Scott J. Farber, MD; Ying Yan, MD, PhD; Piyaraj Newton, BS; Daniel A. Hunter; Susan E. Mackinnon, MD; and Philip J. Johnson, PhD

10:34–10:40am Discussion

10:40–10:47am An Interim Analysis Health Related Quality of Life in Breast Cancer Patients after Breast Reconstructive Surgery

Rika Ohkuma, MD; Marcelo Lacayo-Baez, MD; Michele A. Manahan, MD; Ariel N. Rad, MD, PhD; Justin M. Sacks, MD; Damon S. Cooney, MD, PhD; Carisa M. Cooney, MPH; and Gedde D. Rosson, MD

10:47–10:54am Trachea Allotransplantation: The Learning Curve

Jan Jeroen Vranckx, MD, PhD; P. Delaere, MD, PhD; K. Segers, MD; and V. Van der Poorten, MD, PhD

10:54–11:00am Discussion

11am–12:00pm Joint Presidential Keynote Lecture “Stranger Than Fiction” Carl Hiaasen

12:00pm Adjourn

12:00–5:00pm Masters Series in Microsurgery

Chair: William Pederson, MD

Lower Extremity Reconstruction—Tips and Tricks

Emmanuel Melissinos, MD

Refinements in Head and Neck Reconstruction

Eric Halvorson, MD

Teaching Microsurgery—How to Avoid Disasters

L. Scott Levin, MD, FACS

Applications for Innervated Muscle Transfer in the Upper Extremity

Milan Stevanovic, MD

Breast Reconstruction in Private Practice—Technical and Fiscal Tips

Gabe Kind, MD

Surgical Approach to Lymphedema—Separating the Wheat from the Chaff

David Chang, MD

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

6:00–7:30pm ASPN/ASRM Welcome Reception
Supported by ASSI



Sunday, January 13, 2013

6:30–7:30am Breakfast with Exhibitors

7:00–7:15am President and Program Chair Welcome

Michael Neumeister, MD, ASRM President; James Higgins, MD, Program Chairman; and Michael Sauerbier, MD, Program Chairman

7:15–8:00am Scientific Paper Session: Breast I

8:00–9:00am Joint ASPN/ASRM Panel: Nerve and Technology

Moderator: Paul Cederna, MD

Panelists: Gregory Borschel, MD; Rajiv Midha, MD; and Tessa Gordon, PhD

9:00–9:30am ASPN/ASRM Scientific Paper Presentations

9:30–10:00am Coffee Break with Exhibitors

10:00–11:00am President’s Invited Lecturer Hans-Ulrich Steinau, MD, PhD

11am–12:00pm Panel: Lower Extremity Reconstruction 26 Years After Godina

Chair: Randy Sherman, MD

Panelists: Marco Innocenti, MD; Steven Kovach, MD; Emmanuel G. Melissinos, MD; and Andrew Pollak, MD

12:00–12:45pm YMG Open Forum (Not for credit)

“A Discussion of Your Practice and Politics: Local, Regional and Federal”

Invited Lecturer: Bob Murphy, MD

12:00–12:45pm Lunch with Exhibitors

12:45–2:00pm ASRM Breakout Panels

401 Atypical Microsurgical Indications

Chair: Guenter Germann, MD

Panelists: Milomir Ninikovic, MD; Lawrence Colen, MD; Pedro Cavadas, MD; and Bruno Battiston, MD

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2013 PROGRAM-AT-A-GLANCE

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- 402 Facial Reanimation in the Oncologic Setting
Chair: Joseph Dayan, MD
Panelists: Gregory Borschel, MD; Mark Smith, MD; Daniel Labbe, MD; and David Chuang, MD
- 403 Management of Sarcoma Reconstruction of Extremities and the Thoracic Wall/Trunk
Chair: David W. Chang, MD Acacia IV
Panelists: Peter Vogt, MD; Steven Moran, MD; Marco Innocenti, MD; and Michael Sauerbier, MD
- 404 Tips and Tricks for Approaching Unusual Replantations
Chair: Raja Sabapathy, MD
Panelists: Heinz Burger, MD; Murat Topalan, MD; and Abraham Thomas, MD
- 405 Technical Aspects of Face Transplantation
Chair: Bohdan Pomahac, MD
Panelists: Eduardo Rodriguez, MD, DDS; and Benoit Lengele, MD
- 406 Reimagining: Alternative Anastomotic Techniques to Direct Suture Approximation
Chair: Jesse Selber, MD
Panelists: Raman Mahabir, MD; Geoff Gurtner, MD; and Alexander Gaggl, MD
- 407 Decision Making and Ethical Aspects in Palliative Reconstructive Microsurgery
Chair: Lawrence Gottlieb, MD
Panelists: Kerstin Stenson, MD; Joseph Disa, MD; Matthew Hanasono, MD; and Julian Pribaz, MD

4:30–6:30pm ASRM Best Case/Best Save
Supported by Synovis, MCA



Monday, January 14, 2013

- 6:30–8:30am Breakfast with Exhibitors**
- 7:00–8:15am ASRM Breakout Panels**
- 408 Computer Aided Design/Modeling in Complex Craniofacial Reconstruction
Chair: Jesse Taylor, MD
Panelists: Stephen Baker, MD; Matthew Hanasono, MD; and Eduardo Rodriguez, MD
- 409 Profitability and Microsurgical Breast Reconstruction: Oxymoron or Reality?
Moderator: Maurice Nahabedian, MD
Panelists: Navin Singh MD, MBA; Steven Davison, MD, MBA; and David H. Song, MD, MBA, FACS
- 410 Trachea and Larynx Reconstruction: Hot Topics in Air Supply
Chair: Jan Vranckx, MD
Panelists: Peirong Yu, MD; Stefan Hofer, MD; Michael Neumeister, MD
- 411 Medial Femoral Condyle Vascularized Bone Flap: Expanding Indications and Applications
Chair: Heinz Burger, MD
Panelists: Alexander Gaggl, MD; Allen Bishop, MD; and James Higgins, MD
- 412 Innovations in Facial Reconstruction
Chair: Peter Neligan, MD
Panelists: Julian Pribaz, MD; Roman Skoracki, MD; and Isao Koshima, MD
- 413 Refinements in Toe Transfer, Minimizing Morbidity and Improving Aesthetics
Chair: Gregory Buncke, MD
Panelists: Joseph Upton, MD; Tom Hayakawa, MD; Ryan Katz, MD
- 8:30–9:30am ASRM Business Meeting (Members Only)**
- 8:30–9:30am Scientific Paper Session: Head and Neck I**
- 9:30–10:00am Coffee Break with Exhibitors**
- 10:00–11:00am Panel: Assessing Flap Perfusion with Technology**
Chair: Michael Zern, MD
Panelists: Risal Djohan, MD; Patrick B. Garvey, MD; and Justin Sacks, MD
- 10am–12:00pm Concurrent Scientific Paper Session: Basic Science and CTA**
- 12:00–12:45pm Lunch with Exhibitors**
- 12:45–1:15pm ASRM Presidential Lecture**
Michael Neumeister, MD
ASRM President

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- 1:15–2:15pm** **Young Microsurgeons Group**
Panel Chair: Robert Whitfield, MD, FACS
Invited Panelists: Patrick Garvey, MD; Jay Granzow, MD, MPH; and Ned Snyder, MD
- 2:15–3:30pm** **Concurrent Scientific Paper Sessions: Torso and Trunk**
- 3:30–4:30pm** **ASRM Godina Lecture (Not for credit)**
Steven L. Moran, MD
- 4:30–5:30pm** **American Society for Reconstructive Transplantation**
Panel Panelists: Linda Cendales, MD; W.P. Andrew Lee, MD, FACS; and Bohdan Pomahac, MD
- 6:00–7:00pm** **Godina Alumni Club Reception**
- 7:00–10:00pm** **ASRM Latin Style Evening Event**

Tuesday, January 15, 2013

- 6:30–8:30am** **Breakfast**
- 7:00–8:30am** **ASRM Council Meeting**
- 7:00–8:15am** **ASRM Breakout Panels**
- 414 Getting Published in Reconstructive Surgery: What You Need To Know To Succeed
Chair: Stefan Hofer, MD
Panelists: Michael Neumeister, MD; and Peter Neligan, MD
- 415 Venous Flaps: When, Where and Why to Use them In Hand Reconstruction
Chair: Rudy Buntic, MD
Panelists: Avi Isulur, MD; Jay Agrawal, MD; and Bauback Safa, MD

- 416 Aesthetic, Functional and Technical Evolution in Mandible and Maxilla Reconstruction in the Last Two Decades
Chair: Giorgio DeSantis, MD
Panelists: Eric Santamaria, MD; Evan Matros, MD; and Babak Mehrara, MD
- 417 Vascularized Bone Flaps vs. Bone Grafts vs. Alloplastic Reconstruction in Cranioplasty
Chair: Eduardo Rodriguez, MD, DDS
Panelists: Alexander Gaggl, MD; Anthony Wolfe, MD; and Amir Dorafshar, MD
- 418 Minimally Invasive Flap Harvest: Big Flaps, Small Incisions
Chair: Jesse Selber, MD
Panelists: Neil Fine, MD; John Pederson, MD; and Paul Cederna, MD
- 419 Vascularized Lymph Node Transfer for the Treatment of Lymphedema: Controversies in Safety and Efficacy
Chair: Joseph Dayan, MD
Panelists: David Chang, MD; Corrine Becker, MD; Ming-Huei Cheng, MD; and Babak Mehrara, MD
- 420 Controversies in Autogenous Breast Reconstruction
Co-Chairs: Bob Allen, MD and Christoph Heitmann, MD
Panelists: Aldona Spiegel, MD; Ali Sadeghi, MD; and Karen Horton, MD
- 8:30–9:30am** **Buncke Lecture**
Joseph Upton, MD
- 9:30–10:45am** **Concurrent Paper Session: Extremity**
- 10:45–11:45am** **Panel: Future of Breast Reconstruction**
Moderator: Joseph Serletti, MD
Panelists: Bob Allen, MD; Liza Wu, MD; Kevin Fox, MD; and David Song, MD, MBA, FACS
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