Improving the success of nipple reconstruction

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BACKGROUND

Nipple reconstructions are often at risk of tissue necrosis and poor cosmesis as the tissue becomes critically ischaemic when raised off the skin blood supply. Skin perfusion is related to microcirculation, which can be influenced by local temperature.¹ We have found that a simple method for improving perfusion is to apply a pad of Gamgee tissue to the wound site.

TECHNIQUE

Post-operatively, a 12" x 12" Gamgee pad is secured around the nipple and to the chest wall with adhesive tape. The pad is left on for two weeks and if the nipple has fully taken, the pad can be left off. However, if ischaemic changes are seen in the reconstructed nipple (eg dusky areas or skin necrosis), the pad is left on for a further two weeks and then removed. In our experience, prolonged application of the Gamgee pad beyond four weeks does not provide any further improvement in cosmetic outcome.

Figure 1

DISCUSSION

This procedure has been used in our unit with surprisingly good results even in patients with poor predicted outcomes (eg smokers). We have also used this procedure to some degree of success in large breast reductions or operations where the nipple-areolar complex blood supply is at risk. We believe the Gamgee pad acts as an added layer of insulation that maintains warmth and increases tissue perfusion without extensive compression compromising the microcirculation.

Reference

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Tension free vaginal tape in static facial reanimation: new use for a well tested device

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BACKGROUND

Static techniques as a modality for reanimation of the paralysed lower face involve suspension of a part of the face by a sling. Alloplastic materials for facial suspension include polypropylene mesh and the polytetrafluoroethylene patch.¹ Tension free vaginal tape (TVT; Ethicon Sàrl, Neuchâtel, Switzerland; Fig 1) is a frontline device used for surgical correction of stress incontinence in women first described in Sweden.² The tape is made of blue polypropylene and acts rather like Velcro® sticking to the tissues.

TECHNIQUE

A standard rhytidectomy incision is made with accessory incisions at the nasolabial fold, philtrum of the upper lip and midline of the lower lip. Two separate strips of TVT are tunnelled into the accessory incisions from the preauricular incision and secured to the orbicularis oris at the midline of the upper and lower lip respectively and then to the modiolus separately using 4/0 polypropylene sutures. The ends of the tapes are secured with titanium screws to the zygomatic body and arch.

DISCUSSION

Pre-formed TVT is the ideal size (1.1mm) for application through minimal facial incisions. The Velcro® effect causes it to stick to surrounding tissues, which may increase longevity of the effect.

In its urogynaecological application, TVT carries complication risks of extrusion (2%), migration (<1%) and erosion (4.5%).³ The risk of extrusion on the face should not be any greater than with any other alloplastic sling material. There is a theoretical possibility of difficulty of subsequent surgery should removal of the tape be required.

References

1. Konior RJ. Facial paralysis reconstruction with Gore-Tex Soft-Tissue Patch. *Arch Otolaryngol Head Neck Surg* 1992; **118**: 1,188–1,194.
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Figure 1 Tension free vaginal tape