Technical Section [TECHNICAL NOTES AND TIPS

A technique to aid minimal access harvesting in the second stage of autologous ear reconstruction

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BACKGROUND

Two-stage autologous ear reconstruction requires banking of costal cartilage. During the first operation, a cartilage segment that will subsequently elevate the ear framework is banked subcutaneously along the chest wall incision. We present a modified technique for the first stage using vertically anchored banked cartilage that allows minimal access harvesting during the second stage of the procedure.

TECHNIQUE

The cartilage is inserted in a subcutaneous tunnel perpendicular to the inferolateral margin of the chest wall incision. Minimal lateral dissection allows it to fit snugly. A monofilament anchor suture secures the cartilage to the deep dermal layer (Fig 1). During the second stage, a small incision (equal to the width of the cartilage piece) in the lateral edge of the existing scar allows access (Fig 2). The cartilage can then be retrieved.

Figure 1 Anchoring the vertically orientated costal cartilage to the skin incision

Figure 2 Technique for minimal incision costal cartilage harvesting

DISCUSSION

Banking the cartilage piece into a perpendicular, snugly fitting, vertical subcutaneous tunnel and further anchoring it to the deep dermal layer ensures a stable cartilage position. It also makes it safer and easier to retrieve the cartilage subsequently.

A novel method of 'hands-free' laparoscopic retraction

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