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| Author(s) | Lam, LK; Ho, CM; Wei, WI; Wong, SY |
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25.6 Current status of trauma registry in Queen Mary Hospital

WK Yuen, HK Tong*

Department of Surgery, University of Hong Kong Medical Centre and * Accident & Emergency Department, Queen Mary Hospital, Hong Kong, China

A hospital trauma registry (TR) was implemented in Queen Mary Hospital in January 97. Only data of trauma patients managed by the hospital trauma team was entered into the TR. In the first phase of the TR, patients' demographics, mechanism of injury and outcomes were recorded. We reviewed the data collected in the TR from January 97 to December 97. In the year 1997, there were 319 patients managed by the hospital trauma team in the Accident and Emergency Department. There were 250 male (78.4%) and 69 female (21.6%). The average age was 47.5 years. 95.3% of them had blunt injuries. Penetrating injuries contributed to less than 5% of all injuries. Road traffic accident and falls were the two commonest mechanisms of injury. Revised Trauma Score (RTS) was recorded in 91.2% of cases and 74% had RTS > 10. The average length of hospital stay was 8.4 days. As to the overall outcome, 52% of all patients were discharged home and 11% of patients died in hospital.

We concluded that this limited version of hospital TR helps us to define the scope of problems encountered in a local regional hospital. Furthermore, based on this preliminary data, the hospital TR is revised.

25.7 Improved management of the donor site of free radial forearm flap

LK Lam, CM Ho*, WI Wei, SY Wong

Department of Surgery, The University of Hong Kong, Queen Mary Hospital & *Department of Surgery, Kwong Wah Hospital, Hong Kong, China

The free radial forearm flap has been widely used in head and neck reconstruction. The donor defect when covered with split-thickness skin graft is unsightly, and often complicated by exposed tendons. The direct closure method was first described by Elliot (1988). The donor defect was closed by transposition of the forearm skin based on the ulnar vessels. Since September 1991, we have adopted this closure method in all patients when the free radial forearm flap is small. A plaster of Paris slab was used for splintage at the end of surgery and all patients were referred to the physiotherapist and occupational therapist for splintage and mobilization exercise one week after surgery.

Method: From September 1991 to December 1997, 20 patients had free radial forearm flap donor sites closed primarily. The hospital, outpatient and physiotherapy/occupational therapy records of the patients were reviewed. Patients were also called back for follow-up.

Results: The primary pathology included carcinoma of the tongue (8), floor of mouth (3), buccal mucosa (3), alveolus (2), oropharynx (1) and others (3). The age ranged from 20 to 70 years, mean 55 years. The size of the flap was measured by a short axis, ranged 4.5 to 5.5 cm, mean 5 cm; and a long axis, ranged 6 to 7.5 cm, mean 7 cm. Three patients developed partial necrosis at the radial border of the forearm skin flap. Two of them required debridement and skin grafting. All patients had limitation of wrist movements in the initial postoperative period and the duration of supervised exercise ranged from 4 to 28 weeks, median 12 weeks. All patients except one regained full range of wrist flexion and extension. No patient had problems of tendon uncovered.

Conclusion: The primary closure method for radial forearm flap donor site the achieved the purpose of tendon coverage. The tight closure was associated with mild ischaemic problems in 15% of patients. Vigorous mobilization helped to regain early normal wrist movement.