

First Experience of the International Microsurgery Journal Club through Facebook Live

Gunther Mangelsdorff, MD^{1,2} Ricardo Yañez, MD² Jose Ramon Rodriguez, MD³

¹Department of Plastic and Reconstructive Surgery, Hospital del Trabajador de Santiago, Santiago, Chile

²Department of Plastic and Reconstructive Surgery, Clinica Santa Maria, Santiago, Chile

³Department of Plastic and Reconstructive Surgery, Chang Gung Memorial Hospital, Taoyuan, Taiwan

Address for correspondence Gunther Mangelsdorff, MD, Department of Plastic and Reconstructive Surgery, Hospital del Trabajador de Santiago, Santiago, Chile, Ramon Carnicer 185, Santiago (e-mail: gmangelsdorff@hts.cl).

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We would like to thank for the opportunity to have participated in the first International Microsurgery Journal Club of *Journal of Reconstructive Microsurgery* (IMC-JRM), as authors of the article selected for discussion.

Our article entitled "Reduced Anterolateral Thigh Flap Donor-Site Morbidity Using Incisional Negative Pressure Therapy (INPT)"¹ was developed looking for an alternative that would allow us to reduce the donor-site complications in the anterolateral thigh flaps, where we had seen an important rate of dehiscence in flaps greater than 8 cm wide.

Having been selected for this first IMC-JRM and being able to discuss the article through Facebook-live broadcast was a completely new experience for us, with a very good reception by the IMC.

When reviewing the statistics 1 week after having been made, they were: 1,480 views, 89 like hits, 49 comments, 15 shares, and 192 YouTube views.

Among the topics treated online according to the questions of the participants, it is worth highlighting some below:

- Most of the benefits are in larger and wider flaps. If we would have to prioritize a subset of high-risk patients, those with wound closure under higher tension would probably exhibit the highest benefit.
- With respect to the kind of negative pressure therapy device used, we have used several devices that are available in Chile, VAC and Renasys.
- One of the concerns was to know the mechanism by which the INPT decreased the complications. In our opinion, the increased tension between the wound edges is the key factor.
- Another concern was that patients with abnormal body mass index were not included in this series. It was proposed that INPT could be even more beneficial for overweight and obese patients.

- It was also discussed if the INPT would have utility in the donor site of other flaps; after testifying the benefits from using INPT on the ALT flap donor site, we have extended its use for most of the other free flaps.
- About expanding the INPT application in other scenarios, such as nonsalvageable venous congestion cases, based on several of the proposed mechanisms underlying negative-pressure therapy, such as edema reduction, improved microcirculation, and reduced tension across the wound site, it is reasonable to think that NPT may also have a role as a lifeboat for flaps with nonsalvageable venous congestion.
- Finally, the subject of patient's tolerance to treatment was addressed. Most of the patients do not feel any discomfort related to the use of INPT, so that it can be safely kept in place for 7 days.

The answers to these interesting questions and others that arose from the discussion can be found in the Facebook-live broadcast video that is available, and we invite you to see them at: <https://www.facebook.com/groups/1702063276733451/permalink/2251109911828782/> and the detail of the installation of the device is available at: <https://youtu.be/hd2XBDblTmk>.

Once again, thank you for the opportunity to share our experience in your IMC-JRM, and we hope that this incredible instance of mutual learning will be maintained over time.

Conflict of Interest

None declared.

Reference

- 1 Mangelsdorff G, Cuevas P, Rodríguez JR, Pereira N, Ramirez E, Yañez R. Reduced anterolateral thigh flap donor-site morbidity using incisional negative pressure therapy. J Reconstr Microsurg 2019;35(03):229–234

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