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PR14  IMPROVING DISSECTION OF PERFORATORY ARTERIES
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Perforator flaps such as the deep inferior epigastric artery (DIEA) perforator flap is used increasingly for breast reconstruction. This is often preferred to traditional transverse rectus abdominis musculocutaneous (TRAM) flaps where sparing of muscle significantly reduces the risk of abdominal wall weakness. Perforators however are often small (diameter of less than 1 mm) and travel substantial longitudinal and transverse distances within the rectus abdominus muscle. Some surgeons therefore, may find the DIEA perforator flap technically more difficult to dissect than the traditional TRAM flap. Pre-operative CT angiography (CTA) plays an integral part in mapping the size and location of these perforators. We describe a simple intra-operative technique, commonly used in plastic and ophthalmic surgery, which is invaluable in assisting the surgeon in the dissection of these perforators. This technique has been performed successfully on over 12 patients in the last 2 years.

PR15  NEW TECHNIQUE IN PERINEAL AND POSTERIOR VAGINAL WALL RECONSTRUCTION: SUPERIOR AND INFERIOR GLUTEAL ARTERY PERFORATOR FLAPS
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Purpose: Perineal and posterior vaginal wall reconstruction following abdominoperineal and local cancer resection requires replacement of dead space and restoration of function. Ideal reconstructive options include those which avoid muscle sacrifice, do not interfere with colostomy formation, and avoid the use of irradiated tissue.

Methodology: We present our experience with a new technique for perineal and vaginal reconstruction: superior and inferior gluteal artery perforator (SGAP or IGAP) flaps. We describe the operative technique and outcome in 14 consecutive patients. Six cases were performed as primary reconstruction and 8 cases were delayed, with all receiving preoperative radiotherapy.

Results: Immediate reconstructions underwent preoperative imaging with ultrasound only, while delayed reconstructions underwent preoperative CTA. Postoperatively, patients were ambulated immediately, with all bed rest and sitting performed on the contralateral buttock or side for 4 weeks. There were no flap failures or partial flap losses, and no postoperative hernias. Four patients developed early minor wound dehiscence that was resutured in three cases. Revisional surgery was performed for reduction of three bulky flaps. All female patients reported resumption of sexual intercourse following this procedure.

Conclusion: Gluteal artery perforator flaps are good options for perineal reconstruction, avoiding the donor site morbidity associated with rectus abdominis or gluteus maximus muscle harvest.

PR16  A PROSPECTIVE BLINDED RANDOMIZED CONTROLLED TRIAL OF COMMERCIAL VACUUM DRESSINGS VERSUS NON-MECHANICAL TOPICAL NEGATIVE PRESSURE DRESSING FOR DAY SURGERY LOWER LEG SPLIT THICKNESS SKIN GRAFTS
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Purpose: To show that ambulatory non-mechanical negative pressure dressing results in equivalent graft take and survival compared with commercially available mechanical vacuum dressings.

Methodology: Twenty-four patients, both males and female, between 18 and 95 years of age in the Australian population requiring skin grafting of the lower limb from July 2008 were randomized consecutively into commercial vacuum assisted ambulatory dressing group, KCI Freedom Vac, [VAC] and non-mechanical topical negative pressure dressing group using 14 gauge drain [Belvac]. Patients were discharged on the same day of surgery and reviewed at 5 or 6 days post-operatively. Both groups were treated equally in all other facets of care. The dressings remained intact until outpatient review. A photo of the graft was taken upon removal of the dressing. Graft take/survival was measured from these photographs by an experienced plastic surgeon blinded to treatment group.

Results: Graft take was found to be equivalent in both groups. All twelve patients in the VAC group were judged to have >95% graft take at five/six days post-op. In the Belvac group all twelve were judged to have >95% graft take at 5/6 days. The cost for VAC group was $AUD413.50/478.50 [5/6 days] compared to $AUD55.93 for the Belvac dressing group.

Conclusion: We conclude that non-mechanical topical negative pressure dressings are equally effective as commercially available VAC dressings in the treatment of lower limb skin grafts. We recommend that non-mechanical topical negative pressure dressing is an acceptable, cheap and safe alternative to commercially available dressings for day surgery patient.

PR17  *ABDOMINOPLASTY AND URINARY INCONTINENCE
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There has been anecdotal evidence that patients undergoing abdominoplasty have had improvements in their voiding dysfunction postoperatively. To date, there have been three case reports in which correction of urinary incontinence (UI) following abdominoplasty has been described (Widgerow 1992, Mast 1999 & Guneren 1999). However no study has evaluated the influence of abdominoplasty on voiding dysfunction. This prospective study aimed to confirm the anecdotal reports, objectively substantiate the subjective improvements and attempt to explain why abdominoplasty may result in resolution of UI.

Methodology: Twenty consecutive abdominoplasty patients were assessed by a standardised questionnaire pre and postoperatively. Pelvic floor measurements (resting tone & maximal strength) were also obtained. Procedures included either radical or sub-umbilical abdominoplasty.

Results: The study involved 20 patients aged between 25 and 62 years. 14 were found to have stress urinary incontinence. Postoperatively 10 patients described improvement in their symptoms, 3 had no change, whilst 1 patient had worsening of her symptoms. 16 patients were found to have improved pelvic floor strength, 2 remained unchanged and 2 had reduced pelvic floor strength.

Conclusion: Improvement in UI following abdominoplasty was clearly demonstrated. We suggest that this may be attributable to a better bladder neck and urethral angle position, as well as increased pelvic floor tone secondarily generated from contraction of the pelvic floor muscles. Patients reporting UI should be carefully assessed preoperatively. Aim for the future is to predict who simply requires an abdominoplasty to solve the problem and who requires a combined procedure with a urologist.

PR18  CANDIDA AND THERMAL INJURY: 10 YEARS EXPERIENCE FROM A SPECIALIST BURNS UNIT
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Sepsis due to Candida is a rare but significant cause of death in burns patients. Indications for prophylaxis against invasive Candida infection are unclear in patients with thermal injury. Consensus statements do not specifically include this cohort.

We conducted a ten year review of burns patients to the Victorian Adult Burns Service, to identify the extent and clinical significance of Candida infection in a specialist burns unit. Our aim was to define predictive factors for Candidaemia, in order to guide protocols for prevention and early treatment.

Between July 1, 1998 and December 31, 1993 patients were newly admitted with acute burns; of these 143 patients had Candida or Yeast isolated at any site. The most common species was C.albicans. Twelve patients developed 13 episodes of Candidaemia.

Prior colonisation was an important risk factor for Candidaemia, and the risk increased substantially with increased number of colonised sites. Other risk factors for Candidaemia were: higher percent TBSA (total burn surface area).