



Ashok Kumar Gupta, J Regen Med 2018, Volume 7 DOI: 10.4172/2325-9620-C1-008

Global Experts Meeting on PLASTIC AND AESTHETIC SURGERY

May 14-15, 2018 | Singapore City, Singapore

Dynamic functional abdominal wall + perineal and peri anal reconstruction + fecal / urinary incontinence

Ashok Kumar Gupta

Bombay Hospital Institute of Medical Sciences, India

F unctional rehabilitation following high velocity, extensive, complex life threatening post-traumatic injuries including loss of the anterior abdominal wall, anterior wall of the urinary bladder, pubic symphysis and pubic ramus and / or phallus, scrotum, testes using vascularized fibula graft + innervated Latissimus dorsi to achieve the pelvic stability and strength + gracillis muscle flaps to achieve the anal / urinary sphincter control is presented.

Sixteen patients with large full-thickness abdominal wall defects were successfully reconstructed by means of a Vascularized Fibula Graft + Latissimus Dorsi flap with composite / complex sphincter restoration using Gracilis flap for neo-sphincter was been used for urinary / anal incontinence. Functional outcome of the abdominal wall strength and donor thigh morbidity were judged with long term follow up as well Uro-dyanamic Studies and Cine radiography + rectal pressure studies. All cases had

- 1. Pelvis with loss of pubic symphysis / pubic rami.
- 2. Extensive loss of soft tissue / muscles of the abdominal wall / perineum.

- 3. Loss of the anterior wall of the urinary bladder / sphincter control.
- 4. Destruction of vagina / penis and scrotum with both testes.
- 5. Disruption of the perineal musculature / anal sphincter control

Uro dynamic studies, ultra-sonography, electromyography and manometry studies helped analysis of patients with incontinence to urine / stool. Most patients showed an average increase in mean squeeze pressure: from 43.0 mm Hg prior to surgery to 151.0 mm Hg. All patients reported improvement social interactions, and the quality of their life.

Seven patients had complications, including enterocutaneous fistula, partial small bowel obstruction, seromas, superficial wound infection and recurrent abdominal wall laxity.

The proposed algorithm provides a systematic approach that incorporates available techniques for delayed reconstruction of the abdominal wall.

Biography

He is a professor of Bombay Hospital Institute of Medical Sciences. He has been the recipient of "Padma Shri" in the year 2009 and recipient of "Sheikh Hamdan International Award" in 2010.

guptashok@hotmail.com

Notes: