



Global Experts Meeting on

## PLASTIC AND AESTHETIC SURGERY

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## Immediate pedicled gracilis flap in radial forearm flap phalloplasty for transgender male patients to reduce urinary fistula

**Statement of the Problem:** Radial forearm phalloplasty is plagued by high rates of fistula formation. We examined the effect of placing a pedicled gracilis myofascial flap around the urethral anastomosis at the time of radial forearm flap transfer on the development of post-operative urethrocutaneous fistula.

Methodology and Theoretical Orientation: Fifteen patients underwent phalloplasty with urethroplasty between June 2012 and October 2015 and met inclusion and exclusion criteria for the study. We retrospectively reviewed patients' medical records and extracted patient demographic data, prelamination technique (mucosa, skin graft, both, or

neither), and whether or not a gracilis myofascial flap was harvested at the time of flap transfer and used to reinforce the native and neourethra anastomosis. The chi-squared test was used to evaluate the association between the presence of a gracilis flap and fistula formation.

**Findings:** Four patients received a gracilis flap as part of their primary phalloplasty operation. None of these patients developed a fistula. Eleven patients did not receive a gracilis flap at the time of initial surgery and seven developed a fistula.

Conclusion and Signficance: In our patient series, inclusion of a pedicled myofascial gracilis flap at time of radial forearm phalloplasty with urethroplasty was associated with an absence of fistula formation. We have since made inclusion of this flap a standard practice for all trans-males undergoing phalloplasty with urethroplasty.

## **Biography**

Dr. Christopher J Salgado has received his medical degree from Georgetown University School of Medicine in 1995 where he remained for his general surgery training. He has completed his plastic surgery training at the University of Rochester in New York and then served as a Major in the U.S. Army for four years fulfilling my commitment as a plastic surgeon in 2004. Following a microvascular reconstruction fellowship in Taiwan his clinical and research interests are in postoncologic (cancer) reconstruction, genital and perineal functional and aesthetic surgery, aesthetic body contouring, limb salvage, lymphedema, complex trauma reconstruction and transgender surgery. And authored over 100 peer-reviewed articles, written multiple book chapters and edited three books. He is committed to the care of transgender health and sexual reassignment surgery in a university setting where we may be able to further study this field clinically and also committed to getting procedures for transgender patients covered by insurance policies as in Europe. Currently Dr. Christopher is working with the University of Miami Plastic Surgery faculty after 17 years in academic practice.

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