Peroneal muscle eversion technique for fibula flap

Sir,

Free fibula flap has evolved as a gold standard for bony reconstruction. Donor site morbidity can be distressing both for the surgeon and patient alike. Donor site morbidity can delay time to discharge, the overall duration of treatment and return to normal activity.

Peroneal tendons extend for lower 1/2 to 2/3rd of leg. Peroneal tendons are exposed from the beginning of flap harvest, with risk of desiccation or paratenon injury during the long duration of harvest, leading to loss of graft over tendon and Subsequent debridement and need for secondary grafting or prolonged dressing. Wound complications can be prevented by better surgical techniques.

Technique: Peroneal muscles are released from fibula during lateral approach. Tendons are well hydrated with saline irrigation before peroneal eversion. Peroneal eversion is done by anchoring posterior edge of peroneal muscles to anterior skin margin with stapler or suture, placing tendons covered by muscle. This can be done before or after osteotomy. This technique prevents trauma to fragile paratenon and also improves overall exposure. Peroneal muscle eversion is released after flap detachment and haemostasis, reducing overall duration of tendon exposure.

Advantages: Peroneal eversion technique prevents tendon exposure throughout surgery, keeping paratenon well hydrated and away from handling. This atraumatic technique decreases incidence of graft loss.

Dushyant Jaiswal, Yadav Prabha, Vinay Kant Shankhdhar, Puranik Prashant, Gujjulannavar Rajendra, Raghuvirsinh Solanki

Department of Plastic and Reconstructive Services, TATA Memorial Hospital, Parel, Mumbai, Maharashtra, India

Address for correspondence:
Dr. Prashant Puranik, House No. B-304, 3rd Floor, Gopalan Residency, Telecom Layout, K P Agrahara, Vijaya Nagara, Bengaluru, Karnataka - 560 023, India.
E-mail: prspuranik@gmail.com

Access this article online

Quick Response Code:

Website: www.ijps.org

DOI: 10.4103/0970-0358.155281