

## **Achieving optimal leg position for fibula flap harvest**

Sir,

Fibula flap harvest needs access to all compartments of the leg. Optimal position of operating site leads to comfortable and easy harvest with better assistance. Many times, the main focus of assistant will be maintaining optimal position of the limb. Flexion and internal rotation at hip, flexion at knee and well-supported ankle is the desired position. The difficulty is, maintaining



**Figure 1:** Knee and hip flexion maintained by bundled drapes below thigh. Foot stabilised by dorsiflexing foot end of operating table



**Figure 2:** Limb position maintained by bandage fixed to the opposite side of the table



**Figure 3:** Bandage fixed to metal side railings on the opposite side and held with towel clips

this position consistently throughout the surgery. Our technique of achieving optimal leg position for free fibula harvest is reproduced below.

Technique: Limb is manually exsanguinated, tourniquet is raised, and the limb is kept in desired position. A rolled sheet kept between the thighs avoids excessive internal rotation. Rolled sterile sheets are kept below thigh to maintain flexion at hip. Foot end of the table can be flexed by 30-45° [Figure 1]. This keeps the foot in dorsiflexion and stabilises the ankle against the raised foot end of table preventing sliding of leg. If the limb is short, additional rolled sheets kept over a flexed foot end of the table are useful. Another option is placing a folded drape underneath the ball of the foot, but the leg is still unstable, as the drapes can slide down compared to firm elevated foot end of the table.

This position is maintained by a roller bandage wrapped above the knee and fixed to side bars at the opposite side of the table [Figure 2]. The roller bandage is rolled at the edges of metal side bars under adequate tension over the drapes and anchored with a towel clip to the drapes [Figure 3]. This should be done after tourniquet inflation to avoid venous congestion. Anchoring the leg to the metal side bars and fixing is more stable and secure, additionally maintaining internal rotation at the hip. Adequate internal rotation at hip improves visualisation especially during pedicle dissection. This helps positioning of scrub nurse and other operating team more comfortable compared to anchoring to IV stand, which can lead to restriction of movement.

This technique maintains good stability throughout the surgery.

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Quick Response Code:



**Website:**

[www.ijps.org](http://www.ijps.org)

**DOI:**

10.4103/0970-0358.182231

**How to cite this article:** Jaiswal D, Shankhdhar VK, Yadav P, Puranik P, Gujjulannavar R, Venkat RC. Achieving optimal leg position for fibula flap harvest. Indian J Plast Surg 2016;49:128-30.