

MOJE DOBRODRUŽSTVÍ V GENTU

FELLOWSHIP V UZ GENT:

1.7.2024 - 30.9.2024



MUDr. Matěj Patzelt, Ph.D. et PhD.

KLINIKA PLASTICKÉ CHIRURGIE V UNIVERSITAIR ZIEKENHUIS GENT (UZ GENT)

- Jedna z nejlepších klinik plastické chirurgie na světě
- Přednosta: Prof. Blondeel – „otec“ rekonstrukce prsu DIEP lalokem
- Výběrový Fellowship na 3 měsíce
- Rekonstrukce prsu
- Transgender operace
- Operativa obličeje a krku
- Krytí defektů
- Popáleniny



CO JSEM SE NAUČIL?

- Preparace DIEP laloku
- Preparace TDAP laloku
- Preparace ALT laloku
- Vaginoplastika
- Phaloplastika
- Hybridní rekonstrukce a lipofilling
- Krytí defektů volnými laloky

DIEP LALOK



MODELACE REKONSTRUOVANÉHO PRSU



LUMBÁLNÍ LALOK

BREAST



BREAST

Lumbar Flap versus the Gold Standard Comparison to the DIEP Flap

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Background: The lumbar artery perforator flap breast reconstruction whenever the deep inferior flap is not an option. The main indication is a seen in young *BRCA*-positive women seeking premediate reconstruction.

Methods: Between October of 2010 and July of breast reconstructions were performed. The patient demographics, perioperative parameters **Results:** Seventy-six lumbar artery perforator compared with a cohort of 560 DIEP flaps. The lumbar patients was 23.8 kg/m², with a mean Average body mass index for DIEP patients was at operation of 48.8 years old. Lumbar artery perforator (range, 77 to 1216 g) on average versus 530 g (DIEP flaps. The amount of corrective procedure in both cohorts: 13 percent of the lumbar artery of the DIEP patients underwent no procedure underwent one procedure, and 25 percent versus or more procedures. Lipofilling was performed in perforator flaps compared with 57 percent of the volume injected was 98.0 cc and 125.1 cc for DIEP flaps, respectively ($p = 0.071$).

Conclusions: The lumbar flap is a good alternative possible. Bilateral autologous reconstruction is patients, and secondary corrections are comparable *Reconstr. Surg.* 145: 706e, 2020.)

The deep inferior epigastric perforator (DIEP) flap is the gold standard in autologous breast reconstruction if sufficient donor-site tissue is available and when there is no compromise of the abdomen by previous surgery. The lumbar artery perforator flap is a great alternative whenever a DIEP flap reconstruction is not possible.^{1,2} In our practice, the lumbar flap has replaced the superior gluteal artery perforator as the second-choice free flap for breast reconstructions. The main indication is the lack of abdominal bulk in

slender women selection. The advantages acceptable donor-site a soft moldable flap handle³ region, and the p sensate by incorporating nerves (Fig. 1). Even handles contain a good a nice breast mound flap are that bilateral the flap's pedicle is the procedure and improve outcomes, an interposition graft is routinely used at breast reconstruction (Fig. 2). Preoperative computed tomographic imaging is imperative to visualize the best perforators. Their location is confirmed intraoperatively

From the Department of Plastic and Reconstructive Surgery, University of Gent. Received for publication February 8, 2019; accepted July 9, 2019.

The Lumbar Artery Perforator Flap in Autologous Breast Reconstruction: Initial Experience with 100 Cases

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Background: The lumbar artery perforator flap is an alternative flap in breast reconstruction for those patients who are not eligible for a deep inferior epigastric artery perforator (DIEAP) flap. Shaping of this flap is easier compared with other flaps because of the quality of the lumbar fat and the gluteal extension.

Methods: Between October of 2010 and June of 2017, a total of 100 lumbar artery perforator free flap breast reconstructions were performed in 72 patients. Patient demographics, indications, flap specifics, and complications were reviewed retrospectively.

Results: Twenty-eight bilateral and 44 unilateral breast reconstructions with a lumbar artery perforator flap were performed. Mean patient age was 48 years, and the average body mass index was 23.11 kg/m². The authors report 43 preventive mastectomies for elevated cancer risk with subsequent immediate reconstruction, 34 secondary reconstructions, and 14 tertiary reconstructions. Mean operative time was 7 hours 4 minutes, including the mastectomy in primary cases. Mean flap weight was 499 g (range, 77 to 1216 g) and mean follow-up time was 30 months. The revision rate was 22 percent and nine flaps were lost.

Conclusions: The lumbar artery perforator flap is a valuable alternative to the DIEAP flap in breast reconstructive surgery. It is an excellent flap for *BRCA*-positive patients who are typically young and have limited excess tissue at the conventional donor sites. Despite higher revision rates compared with the DIEAP flap, the lumbar flap is superior in mimicking the shape and feel of native breast tissue. Scarring at the donor site remains a sore point but can be easily treated and used to an advantage to contour the flanks. (*Plast. Reconstr. Surg.* 142: 1e, 2018.)

CLINICAL QUESTION/LEVEL OF EVIDENCE: Therapeutic, IV.



In the search for the ideal autologous breast reconstruction, we strive to give our patients a durable and aesthetically pleasing breast while causing minimal donor-site morbidity. The deep inferior epigastric artery perforator (DIEAP) flap remains the gold standard. However, when a

DIEAP flap is contraindicated, we should be able to provide an alternative to those patients insisting on an autologous breast reconstruction. Several perforator flaps have been suggested, but few have the volume, shape, or feel of native breast

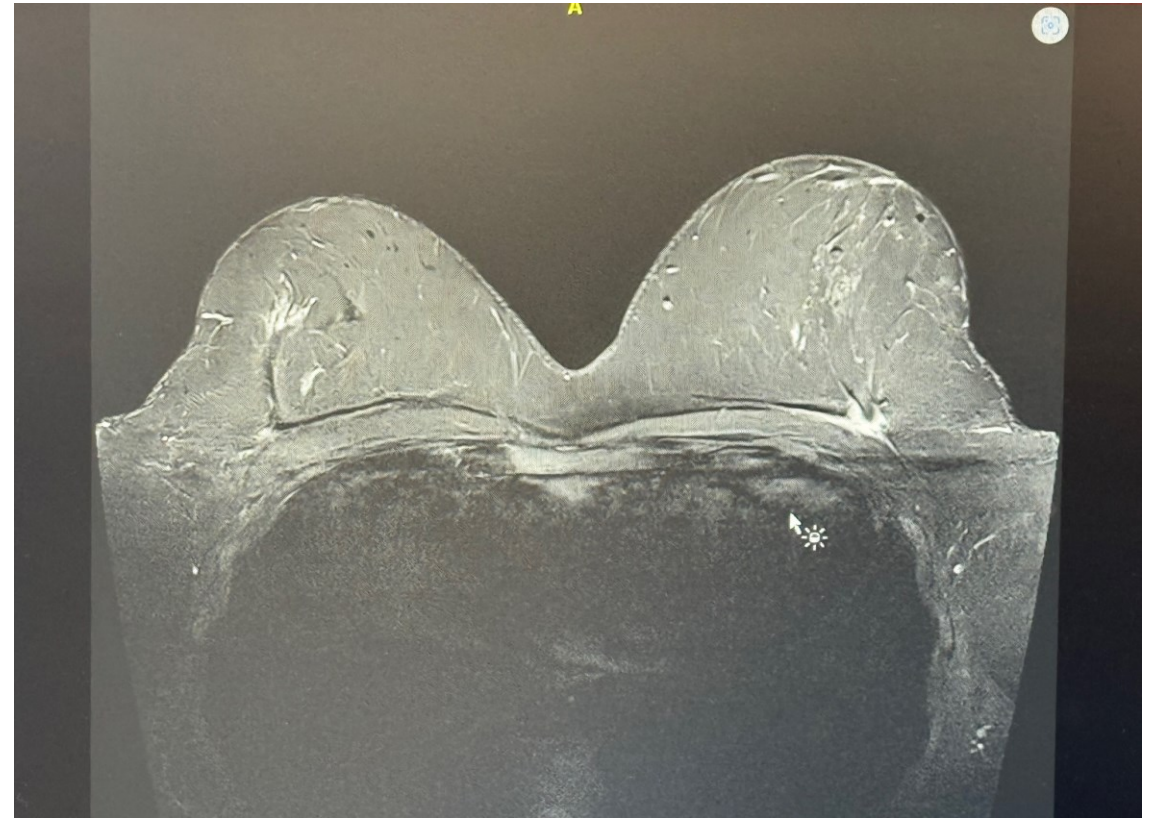
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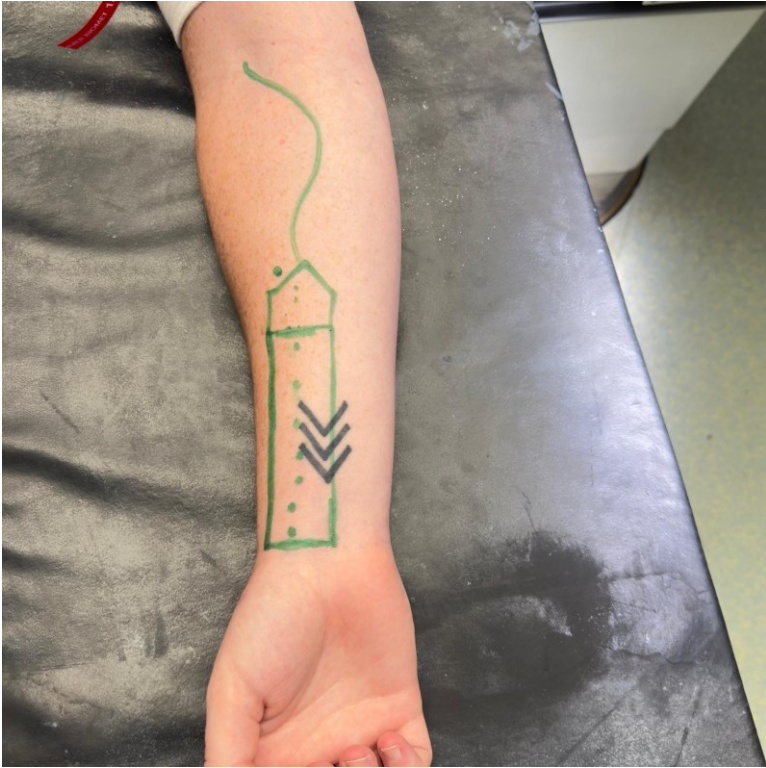
Disclosure: None of the authors has a financial interest to declare in relation to the content of this article.

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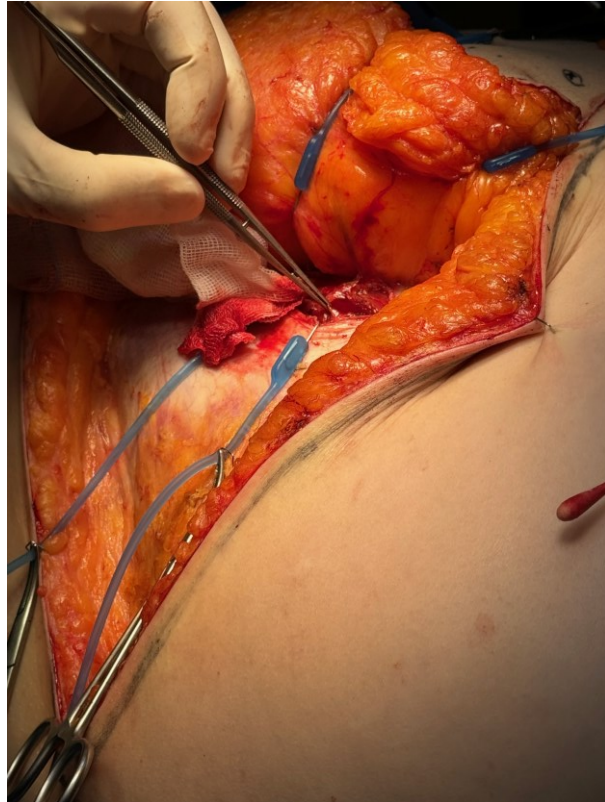
LIPOFILLING PRSU



OPERACE TRANSGENDER PACIENTA



TIPY A TRIKY



MEZINÁRODNÍ SPOLUPRÁCE



VOLNÝ ČAS



***DÍKY ZA
FELLOWSHIP***

