Application Technique for the Microsurgical Myocutaneous Transverse Rectus Abdominals Flap

Sergio Altura*

Editorial Office, Plastic Surgery: Case Studies, Belgium

*Corresponding Author**

Sergio Altura
Editorial Office, Plastic Surgery: Case Studies, Belgium E-mail: alturaser@hotmail.com

Received: 14-Mar-2022, Manuscript No. pscs-22-79883; **Editor assigned:** 16-Mar-2022, PreQC No. pscs-22-79883 (PQ); **Reviewed:** 30-Mar-2022, QC No. pscs-22-79883 (Q); **Revised:** 04-Apr-2022, Manuscript No. pscs-22-79883 (R); **Published:** 11-Apr-2022, DOI:10.37532/pscs.22.3.2.1

Introduction

When reconstructing the breast, the pedicle Transverse Rectus Abdominals Myocutaneous (TRAM) flap is frequently employed. To connect the dissection area to the mastectomy defect, a medial tunnel is made after fully raising the flap. Four surgeon fingers should normally fit through this tunnel, though the number may vary depending on the size of the flap. However, wider tunneling has the potential to harm the inframammary fold and breast. As a result, we present a method for moving the flap through a narrow tunnel without incident. An opening was created in the mastectomy defect along the breast's meridian during breast reconstruction utilizing a pedicle TRAM flap. The breadth of this tube was large enough to fit three of the surgeon's fingers. The flap was raised to its highest point before being placed into a funnel with a hydrophilic covering and an interior surface made of polymeric vinyl. Through the funnel, the flap was pushed into the mastectomy defect.

Our creative method of delivering a pedicle TRAM flap via a funnel was simple and secure, and it is accepted as being appropriate. In the past, plastic surgeons were the ones who did breast reconstruction. But during the past four years, we've started performing autologous, implant-based breast reconstruction procedures, which are often carried out by our qualified oncoplastic breast surgeons. In our center, the most frequent reconstruction is the pedicle TRAM flap reconstruction. we carried out a retrospective study to assess the efficacy of breast surgeons doing a pedicle TRAM flap breast reconstruction based on complication rates and cosmetic results. We also looked at how happy the patients were with the breasts that had been rebuilt.

One of the most well-liked methods for breast reconstruction is the Transverse Rectus Abdominis Myocutaneous (TRAM) flap. Pedicle TRAM flaps today seem obsolete and are used less frequently as new methods have developed and improved for better microsurgical outcomes. For the majority of patients, this flap can still be a feasible approach with acceptable cosmetic outcomes and a complication rate that is equivalent to microsurgical methods. The pedicle TRAM flap approach is fairly well recognized, however there is still disagreement about a few key points. A medial tunnel is made to connect the dissected area to the mastectomy defect after elevating the flap, preventing detachment of the inframammary fold. The upper abdomen skin and subcutaneous fat are excised from the fascia up to the costal margins (IMF). The width of this tunnel, which might vary depending on flap volume, should be large enough to fit four of the surgeon's fingers. Wider tunneling speeds up the delivery of the flap but may harm the IMF and regular breast.

The precise mechanism underlying abdominal wall activation is yet unknown. After an MS-TRAM flap, the gradual growth of the abdominal wall and neovascularization mediated by hormone effects may be one mechanism resulting in fewer issues with the abdominal wall in pregnancy. The abdominal wall is made up of five muscles, including the rectus abdominals, external and internal oblique muscles, pyramidal and transverse abdominal muscles, and rectus sheath, as well as two superficial layers of fascia called Camper's and Scarp's fascia. As a result, the other three muscles may be able to make up for a rectus abdominal muscle deficiency following an MS-TRAM flap. The abdominal wall also serves both passive and active physiological purposes. To prevent herniation during pregnancy, the passive function involves an even distribution of pressure. When the abdominal pressure is elevated during fetal growth and birth, these abdominal muscles mediate the active function.

A mastectomy, or surgery to remove your breast to treat or prevent breast cancer, is followed by a medical operation called breast reconstruction that gives your breast its original shape. Through the use of flap surgery, a new breast mound is created by moving a portion of tissue from one part of your body, most frequently your belly. Plastic surgery that involves breast rebuilding using flaps is a challenging technique. When you have a mastectomy, your body's own tissue can be used to reconstruct your breasts in large part (immediate reconstruction), while it is occasionally possible to do this as a separate treatment later (delayed reconstruction). Plastic surgeons have historically been in charge of breast reconstruction. Our autologous breast reconstruction project has been underway for the past four years. In order to assess the risks and aesthetic results of a pedicle transverse rectus abdominals myocutaneous (TRAM) flap breast reconstruction, we undertook a retrospective analysis.

The lower abdomen's elliptical-shaped flap was so designed. Incisions were made in the upper and lower abdomen and widened until the external oblique Apo neurosis. The upper abdominal flap was then raised, starting at the Apo neurosis and ending at the costal margins. The mastectomy site and the abdominal site were then connected by a tube. The flap was taken out by lateral to medial dissection from the Apo neurosis. The margins of the rectus muscle beneath were made visible via a vertical incision in the anterior rectus sheath. The inferior epigastria vessels along the rectus muscle's lateral edge were cut and split. The rectus muscle, together with the connected flap, was able to be elevated off of the posterior rectus fascia as a result of the distal portion of the anterior rectus sheath and rectus muscle being separated. After that, the majority of these women will undergo mastectomy surgery, either with or without breast reconstruction. Plastic surgeons have traditionally handled breast reconstruction surgery. Our unit has engaged in breast reconstruction surgery for the past four years. Options for autologous or implant-based reconstruction will be presented to women who are candidates for reconstructive surgery.

Cite this article: Altura S. Application Technique for the Microsurgical Myocutaneous Transverse Rectus Abdominals Flap. J. Plast Surg: Case Stud. 3(2), 2022 001.