



Service Priorities and Programmes
Electronic Presentations

Convention ID: 1124

Submitting author: Dr Chi Ho Eric TANG

Post title: Associate Consultant, Tseung Kwan O Hospital

**Microvascular Free Flaps Reconstruction for Head and Neck Cancer Surgery:
Inter-departmental collaboration at United Christian Hospital**

*Tang ECH(1)(4), Cho RHW(1)(4), Kwan WYW(2)(4), Tsui KPC(2)(4), Chow TL(2)(4),
Fung SC(3)(4), Victor Abdullah(1)(4)*

*(1) Department of Otorhinolaryngology, (2) Department of Surgery, (3) Department of
Maxillofacial and Dental Surgery, (4) United Christian Hospital*

Keywords:

Free Flaps Reconstruction

Head and Neck Cancer

United Christian Hospital

Introduction

The treatment of Head and Neck Cancer is always a complex undertaking. Over the past decade, our three departments had been working closely together to establish an efficient multidisciplinary team approach for the Head and Neck Cancer management. The vast growing population at the Kowloon East Cluster provides us the great opportunity to expand the clinical services and a better standard of care for the patients.

Objectives

To evaluate the surgical outcomes of the Microvascular Free Flaps after Head and Neck Cancer Surgery, in particular the flap viability rate and the variables that influence the survival of the flaps. Analysis of the peri/post-operative complications and identify the contributing factors are also essential to achieve a safe and successful surgery in the near future.

Methodology

This is a retrospective cohort study of Microvascular Free Flaps Reconstruction for defects of Head and Neck by the three departments at United Christian Hospital between Year 2001- 2016

Result

A total of 162 Microvascular Free Flap Reconstruction have been performed over the 15-years period, with an overall success rate of 91.4%. The most common flaps used were Anterolateral Thigh Fasciocutaneous Flaps (98), Jejunal Grafts (22), Radial Forearm Fasciocutaneous Flaps (11) and Fibular Osteocutaneous Flaps (23). Three

Gracilis Musculocutaneous Flaps and one Free Latissimus Dorsi Musculocutaneous Flaps were used for dynamic facial nerve reanimation. Fourteen flaps (8.7%) required re-exploration for either arterial or venous thrombosis within 2 days post-operatively and required salvage by another free or pedicled flaps. All patients were monitored at our Intensive Care Unit post-operatively, with only one mortality case within the first week after operation due to cardiopulmonary event. The average length of hospital stay is 20.6 days.

Conclusion: Head and Neck tumors can lead to a devastating cosmetic and functional deficits with resultant physical, psychological and nutritional detriment. In cases where surgery is recommended, the key to achieving the best long-term outcome is an optimal reconstruction performed after the tumor resection. Our data will undoubtedly support us to bring further breakthroughs in an effort to restore normalcy and improving the quality of life for our patients.