

Abstract

Microsurgical Reconstruction in Elderly Patients

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The microsurgical reconstruction is necessary for elderly patients to treat severe trauma and head and neck tumor. The aim of this study is to analyze the risks of microvascular surgery and whether or not happening of more complication in elderly patients who are older than 60 years old and to suggest the solution of the complication. The retrospective study included 41 elderly patients who underwent treatment of 44 microsurgical reconstructions among total 271 cases of microsurgical reconstruction from July, 1988 to December, 1998. Their ages ranged from 61 years to 79 years. There were 26 males and 15 females. The involved sites were 23 head and necks, 13 upper gastrointestinal tracts, 3 lower extremities, 1 chest and 1 sacral region. The causes of microsurgical reconstruction were 36 head and neck tumors, 2 radionecrosis, 2 traumas and 1 melanoma in lower limb. The used flaps were 14 radial forearm flaps, 13 jejunal flaps, 10 latissimus dorsi muscle flaps, 3 rectus abdominis muscle flaps, 2 lateral arm flaps, 1 scapular flap, and 1 iliac osteocutaneous flap. They had medical problems which were 29 tobacco abuse, 14 hypertensions, 13 alcohol abuse, 10 chronic obstructive pulmonary diseases, 7 diabetes mellituses, 3 ischemic heart diseases. All patients have had successful results without specific complications except 3 cases of free flap failure and 3 perioperative death. The causes of 3 flap failures were 2 flap necrosis due to arterial insufficiency and 1 flap loss due to secondary infection. All of these cases were treated with secondary free flap surgery. However 3 patients died perioperatively due to 2 respiratory arrests and 1 sepsis. It was not related to operate microsurgical reconstruction itself, but was correlated with the complication of postoperative care after head and neck surgery. We conclude that plastic surgeons consider the importance of prevention of expected complication as thorough analysis of operative risk factor and appropriate treatment. We had to select the donor and recipient vessel appropriately to perform successful microsurgery in elderly patients and consider vein graft and end-to-side anastomosis to reduce complication if necessary. In addition, we emphasize the importance of pre, peri and postoperative care in head and neck cancer patients to reduce postoperative complication and morbidity.

Key Words : Elderly patients, Microsurgical reconstruction

Table 4. Prevalence of Medical Problems in elderly patients

Medical Problems	No. of Patients
Tobacco abuse	29
Hypertension	14
Alcohol abuse	13
Chronic obstructive pulmonary disease	10
Diabetes Mellitus	7
Ischemic heart disease	3

1, 13, 7, 3, 29, 14, 10, 7, 3 (Table 4).

1,2,5), 60, 41, 36, Malata¹⁾ 70, Bonawitz²⁾ 60, 25, Shestak Jones³⁾ 50, 94, 71, 60, 93%, Malata¹⁾ 70, Bonawitz²⁾ 60, 92.6%, Shestak Jones³⁾ 99%, Malata¹⁾ 3%, Bonawitz²⁾ 5.4%, Shestak Jones³⁾ 6%, Shaari⁶⁾ 6%

7%, 가가, Bonawitz²⁾, 가, 29, 2, Reus⁴⁾, 가, 가, 가, Chick⁵⁾, 가, Levin, tube, Chick⁵⁾ 66, 1/3, 가, 가, 10, 가, 2, 30, 65, 30, 70%

40 가
2000 가⁵⁾

가

Chick⁵⁾

Chick⁵⁾

가

가

가

2

가

, 13

가

가

가

가

가

⁸⁾

7

가

, Goldberg⁷⁾

가

Chick⁵⁾ 31

6

가

2

8

가

Lawson Anderson⁸⁾

가

50%

가

3

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