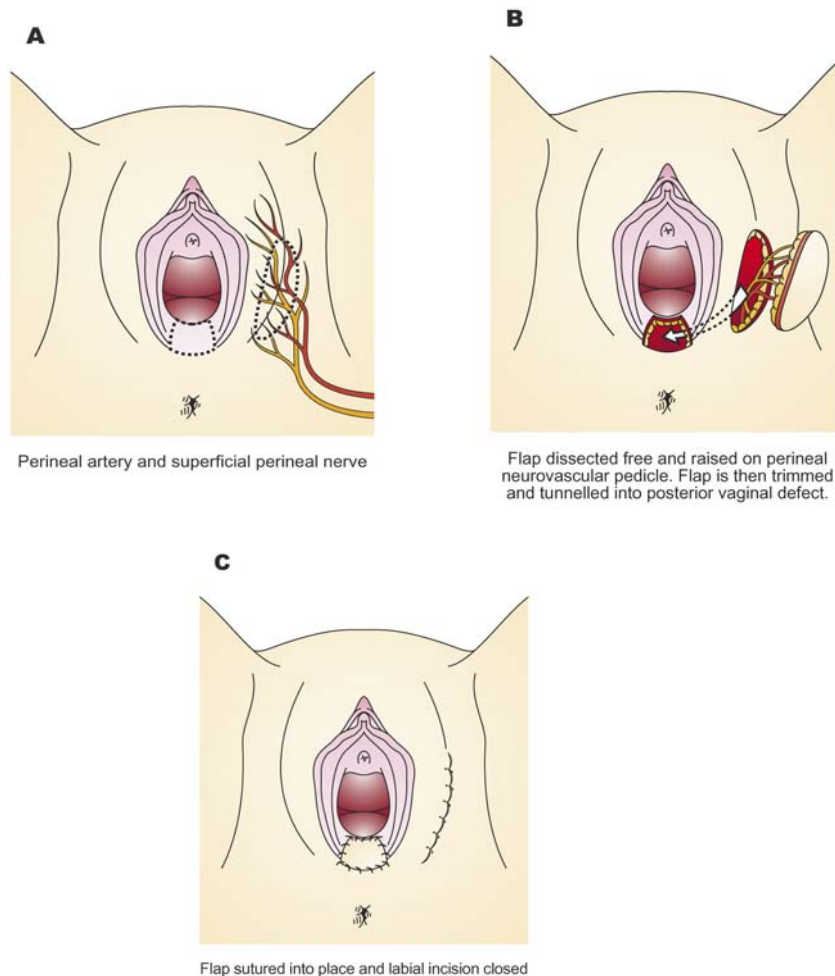


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PERINEAL NEUROVASCULAR ISLAND FLAP GRAFT FOR SEVERE INTROITAL/PERINEAL SCARRING

Synopsis of Video



Marked perineal and introital scarring can be a challenging clinical problem. These women may have injuries from childbirth including episiotomy complications or from perineal surgery. Typically these patients complain of dyspareunia and perineal pain.

The perineal island flap graft has been described for reconstruction of the vulva and repair of cloacal deformity.[1,2] However, the use of a unilateral neurovascular flap has not been described for the treatment of introital/ perineal scarring following childbirth injury and perineorrhaphy.

The video demonstrates the reconstruction of a severely scarred perineum following episiotomy break down. Following removal of the scar tissue from the posterior vaginal wall and perineum, a longitudinally orientated flap of the same dimensions as the skin/ epithelial defect is designed in the skin crease at the lateral margin of the labia majora. This flap is centred over the perforating branches of the perineal neurovascular pedicle (Figure A). The flap is raised from anterior to posterior in a plane superficial to the deep fascia. At the posterior extent of the flap, blunt dissection is used to isolate the pedicle and a tunnel dissected in the subcutaneous tissue to communicate with the skin/epithelial defect (Figure B). The flap is then passed through this tunnel and sutured using dissolving polyglactin

sutures (Figure C). The donor defect is closed directly in layers over a Jackson-Pratt drain using subcuticular poliglecaprone.

This technique is safe and effective and can be performed in one stage. The flap has an excellent vascular supply and the perineum is sensate. The donor site is closed primarily and heals with an inconspicuous scar. Raising the flap as an island on the neurovascular bundle has the advantage of allowing greater flexibility in the positioning of the flap and avoids the previous limitations of buckling or tension on the flap which previously compromised the flap's blood supply. [3]

References

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