

TRISMUS RELEASE AND FREE ANTERO LATERAL THIGH FLAP

- INDICATION: - Release of a partial trismus or a complete fibrotic or bony ankylosis. Closure of a big defect of the face/cheek by preparing a free Antero Lateral Thigh (ALT) flap with micro vascular anastomosis.
- MATERIALS NEEDED: - Gowns + gloves
- Linen for draping
- Basic Plastic Surgery Set
- Basic Maxillo Facial Surgery Set
- Big Langenbeck retractors
- Preparation forceps
- Haemoclip forceps
- Vessel loops
- Micro instruments
- Extraction forceps
- Drill/saw
- Hammer + chisel
- Gauzes
- Diathermia, mono and bipolar
- Suction
- Ink
- Saline/adrenaline solution
- Heparine solution
- Syringe + small needle or carpule syringe
- Syringe + IV needle to rinse
- Knife 10 + 15
- Sutures
- Cotton wool
- Crepe bandage
- EQUIPMENT: - Diathermia
- Suction unit
- Drill/saw unit
- PREPARATION PATIENT: - The patient is lying on the back.
- DISINFECTION: - Disinfect the head with Betadine solution. Circular disinfection of the upper leg including the iliac crest with Betadine solution.
- DRAPING: - Drape the head with a turban. The upper leg circular including the iliac crest, the lower leg wrapped into a towel.
- OPERATION REPORT: **Trismus part**
- Drawing the scar tissue that has to be removed.
- Injection of saline/adrenaline solution into the incision lines and the intra oral mucosa.
- Incision of the scar tissue which has to be removed.
- Preparation of a suitable artery and vein in the neck for the anastomosis.
- Intra oral release of scar tissue with a Freer and a Williger rasp
- Extract dentition with extraction forceps if necessary.
- Osteotomy and removal of ipsilateral coronoid process with a reciprocal saw and hammer and chisel.

- If necessary release of the tendon fibers of the temporal muscle which remained attached to the ascending ramus with a Williger rasp and freer.
- If the oral aperture is not sufficient then osteotomy and removal of contralateral coronoid process and release of the tendon fibers of the temporal muscle which remained attached to the ascending ramus.
- If there are bony bridges remove them with reciprocal saw and hammer and chisel.
- Placing of the Heister forceps.
- If there is still a trismus, inspection of the ipsilateral temporo mandibular joint (TMJ).
- High condylectomy or a high gap osteotomy of the ascending ramus with a reciprocal saw and hammer and chisel.
- Preferable interposition of soft tissue to prevent recurrence of the trismus.

Reconstructive part

- Incision with knife 10 into the incision line on the upper leg.
- Identification of the perforated artery to the skin flap with preparation scissors and debakey forceps.
- Identification of the circumflex femoral artery.
- Preparation of the perforated artery up to the circumflex femoral artery.
- Collateral branches can be tied up by haemoclips.
- Placing an artery forceps on the pedicle and cut the pedicle.
- The flap is free and can transported to the face.
- Ligature on the artery and vein.
- Place a drain if necessary.
- Close the fascia, subcutis and skin of the upper leg.
- Rinse the pedicle of the free flap with Heparine solution.
- Model the flap into the defect of the face.
- Suture one part of the flap with the skin site into the oral mucosa.
- Suture the other part of the skin as an outer lining.
- Anastomose the artery and the vein with micro instruments and Ethilon 8-0 and 9-0 to the artery and the vein in the neck.
- Further closure of the skin.

BANDAGE:

- Pressure bandage on the upper leg.

SPECIALITIES:

- Post operative control of the free flap.