Microsurgical venous-branch-plasty for approximating diameter and vessels' position in lymphatic supermicrosurgery

(Figure 1). The base of the flap was sutured to make the neo-branch lumen narrow; the narrow branching point could act as a valve. The created neo-venous branch could be easily approximated and anastomosed to the lymphatic vessel in a

conventional end-to-end LVA fashion, and there was no venous reflux seen after anastomosis thanks to the valve-like structure (Figure 2).

This is the first report of MVP in lymphatic supermicrosurgery to our knowledge. MVP can be helpful when there is only a large vein distant from a lymphatic vessel. Although indication is limited and further study is required to confirm its efficacy, MVP has a potential to be a useful method to allow direct anastomosis to a lymphatic vessel using a distant large vein without additional sacrifice.

Ethics

Reported under Tokyo Metropolitan Bokutoh Hospital ethics committee-approved protocol.

Conflicts of interest

None.


Takumi Yamamoto
Department of Plastic Surgery, Tokyo Metropolitan Bokutoh Hospital, Tokyo, Japan
E-mail address: tyamamoto-bky@umin.ac.jp

Guido Giacalone
Department of Lymphatic Surgery, AZ Sint-Maarten Hospital, Duffel, Belgium

Akitatsu Hayashi
Department of Plastic Surgery, Asahi General Hospital, Chiba, Japan

http://dx.doi.org/10.1016/j.bjps.2016.02.004