The Orthopaedist’s Perspective on Common Flaps and Failure Mechanisms

Free vs Rotational

Muscle Flaps : (rotational / free) (gastroc, soleus, EDB / latissimus, gracilis, rectus, vastus)

 Pro’s:

 Ease of harvest

 Large, dominant pedicles

 Volumetric

 Ability to Atrophy

 Donor Site minimal (minus necessary STSG)

 Cons:

 Can be bulky

 Always require STSG

 Monitoring is more difficult

Fasciocutaneous Flaps: (perforator – ALT, peroneal/ tibial propellar, reverse sural, parascapular, etc)

 Pro’s:

 Versatile

 Long Pedicles (parascapular / ALT)

 Easier to monitor

 Cons:

 Large flaps have conspicuous done site

 Perforator Flaps more difficult to harvest

Failure Mechanisms:

 Inadequate Debridement

 Thrombosis

 Vaso-spasm

 Inadequate Coverage