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