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Soft Tissue Management by Orthopaedic Trauma Surgeons – My Journey

Experience at UAB began as surgeon dealing with chronic osteomyelitis, chronic wounds in unhealthy patients. There was a plastic surgeon, Tad Heinz, who providing timely coverage of traumatic wounds. I began a multi-disciplinary clinic with Dr. Heinz and an Infectious Disease physician to provide care for patients with chronic osteomyelitis. After 6 months, Dr. Heinz accepted a position in Colorado. I learned to perform sural flaps from him before he left.

Early experience was largely in patients with chronic wounds, who were not considered free flap candidates by the plastic surgeons at UAB, such as smokers, diabetics, vasculopaths. I began doing sural flaps in this population as well as in acute trauma cases. Review of my first 47 cases, 94% healed, but only half had resolution of chronic osteomyelitis.

I encountered no resistance from plastic surgeons when I did these cases. I maintained open dialogue with plastic surgeons to learn more types of flaps, improve my technique and refine indications. Plastic surgery has been very willing to help when flaps failed.

I learned more about follow-up and when to worry about the flap during first 50 cases.

At MU, plastic surgeons typically cite literature saying that free flaps work best in acute or chronic situations rather than in the one-six week period. We disagree with watching an open wound for six weeks, but the literature is scant to support our view.

More research is needed to delineate the timing of flap coverage.

Orthopaedic surgeons have a right and a responsibility to learn skin anatomy and physiology and excellent soft tissue handling. We also have a vested interest which is not necessarily shared by our plastic surgery colleagues in early coverage of open fractures or implants to reduce the risk of osteomyelitis.