

Reconstruction using a radial forearm flap is performed with end-to-side anastomosis to the internal jugular vein.



COURTESY DR. ERIC G. HALVORSON

Jugular Vein Anastomosis Succeeds in Flap Transfer

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SAN DIEGO — End-to-side anastomosis to the internal jugular vein in head and neck reconstruction has many technical advantages compared with end-to-end anastomosis, Dr. Eric G. Halvorson reported during a poster session at the an-

nual meeting of the American Head and Neck Society.

One advantage is the fact that the internal jugular vein “is usually present and already dissected by the resecting team,” Dr. Halvorson said in an interview. “It has a large caliber and excellent patency rate in most series of patients undergoing reconstruction. Multiple venotomies can be made of any size, and at any place along the entire length of the internal jugular vein.

“Theoretical advantages include the respiratory venous pump effect and the high flow, which may wash away microthrombi,” he added.

Dr. Halvorson based his remarks on a study of 320 patients (mean age, 56 years) who underwent free tissue transfer for head and neck reconstruction of oncologic defects with end-to-side anastomosis to the internal jugular vein.

The procedures were performed by Dr. Halvorson’s associate, Dr. Peter G. Cordeiro, at Memorial Sloan-Kettering Cancer Center, New York, between 1996 and 2006.

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Patients received intravenous heparin before flap harvest and took aspirin for 5 days postoperatively. All of the procedures were performed with 9-0 nylon continuous suture.

The types of flaps that were most commonly used were the rectus flap (33%), the forearm flap (28%), and the fibula flap (21%), said Dr. Halvorson, who conducted the study during his fellowship in reconstructive microsurgery at Memorial Sloan-Kettering Cancer Center.

The mandible with or without floor of mouth was the most common recipient site (27%), followed by the pharyngo-esophagus (25%), the tongue (17%), and the cheek (17%).

Dr. Halvorson reported that problems with minor wound healing occurred in 5% of patients, whereas hematoma and death occurred in slightly less than 3% of patients.

Partial flap loss occurred in 2% of patients, whereas total flap loss, arterial thrombosis, and venous thrombosis occurred in fewer than 1% of patients.

The researchers concluded that “the size, constant anatomy, availability, patency, and possibility for multiple anastomoses of any size at any site along its course in the neck make use of the internal jugular vein very advantageous for venous anastomosis during head and neck free tissue transfer.”

Dr. Halvorson is now a plastic surgeon at the University of North Carolina, Chapel Hill. ■

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