

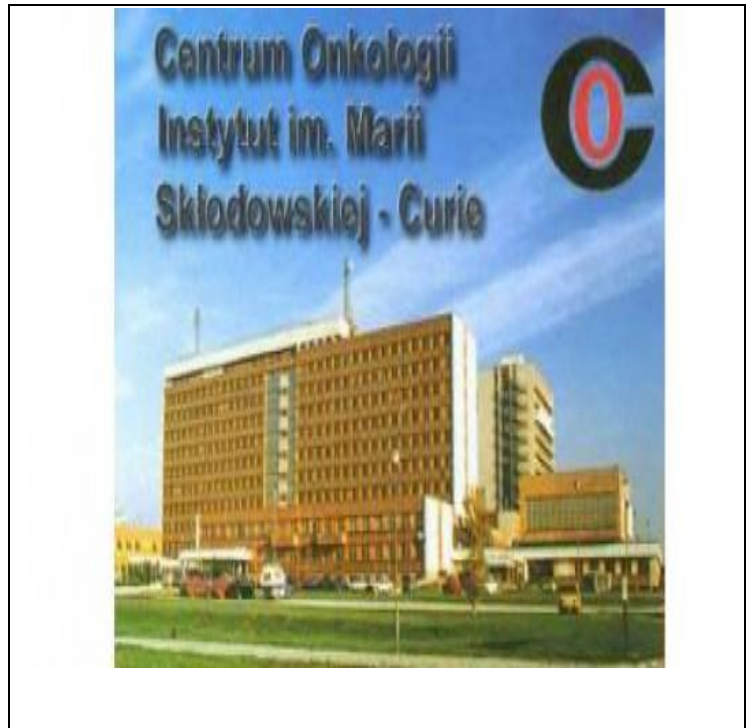
The Use of Radial Forearm Free Flap for Total Lower Lip Reconstruction: The Analysis of 10 Consecutive Cases and Quality of Life Evaluation

Dr. Lukasz Krakowczyk

Department of Oncological Surgery, Cancer Centre, M.C Sklodowska Memorial Institute

Abstract

Background: Postresective defect of the total lip, especially when associated with soft tissues of lower face still remains a challenge for adequate reconstruction. Among many options micro vascular free tissue transfer is the latest major advance and the main contributing factor in the quality of life improvement. The modern techniques are able to deliver well-vascularised tissues which allow reconstructing even most complex and extended defects. The aim of lip restoration is to provide proper oral lining and external cheek skin and to reconstruct oral competence. There are several issues in lower lip reconstruction using micro vascular tissues that must be considered, including defect's size, aesthetic units, support, recreation of the vermilion and defects of associated tissues. Among many certain donor sites the radial forearm free flap (RFFF) has become a golden standard for majority of patients with total lip postresective defects. **Materials and Methods:** The aim of this paper is to present the group of 10 consecutive patients with lower lip cancer, where RFFF was used for functional lower lip reconstruction, with analysis of life quality. In the material the patient characteristics is presented with the details of RFFF modifications according to the type of lip suspension. Based on own QOL questionnaire, the functional and aesthetic results were analyzed. **Results:** The results suggest that the careful and detailed planning of the size, shape and type of lip suspension influence both functional and aesthetic results. Static lip suspension for defects limited to lower lip only is comparable to dynamic suspension in cases where the defect is complex and extended. Results of quality of life analysis may be a predictive factor influencing the choice of individual flap modification including the type of lip suspension. **Conclusions:** Our experience with free radial forearm free flap for total lip reconstruction suggests that the careful and detailed planning of the size, shape and type of lip suspension influence both functional and aesthetic results.



Dr .Lukasz Krakowczyk, Department of Oncological Surgery, Cancer Centre, M.C Sklodowska Memorial Institute, Wyrbrzeże Armii Krajowej 15, Gliwice, Poland, E-mail: lukaszkrakowczyk@wp.pl

1. Song R, Gao Y, Song Y, Yu Y (1982) The forearm flap. Clin Plast Surg 9: 21-26.
2. Sawhney CP (1986) Reanimation of lower lip reconstructed by flaps. Br J Plast Surg 39: 114-117.
3. Jeng SF, Kuo YR, Wei FC, Su CY, Chien CY (2004) Total lower lip reconstruction with a composite radial forearm – palmaris longus tendon flap: a clinical series. Plast Reconstr Surg; 113: 19-23.
4. Furuta S, Sakaguchi Y, Iwasawa M, Kurita H, Minemura T (1994) Reconstruction of the lips, oral commissure, and full thickness cheek with a composite radial forearm palmaris longus free flap. Ann Plast Surg 33: 544-547.
5. Ozdemir R, Ortak T, Kocer U, Celebioğlu S, Sensöz O, et al. (2003) Total lower lip reconstruction using sensate composite radial forearm flap. J Craniofac Surg 14: 393-405.

[4th International Conference on Ear Nose and Throat March 16-17, 2020 Sydney, Australia](#)

[Dr. Lukasz Krakowczyk](#)

[Department of Oncological Surgery, Cancer Centre, M.C Sklodowska Memorial Institute, Title: The Use of Radial Forearm Free Flap for Total Lower Lip Reconstruction: The Analysis of 10 Consecutive Cases and Quality of Life Evaluation, 4th International Conference on Ear Nose and Throat March 16-17, 2020 Sydney, Australia](#)