

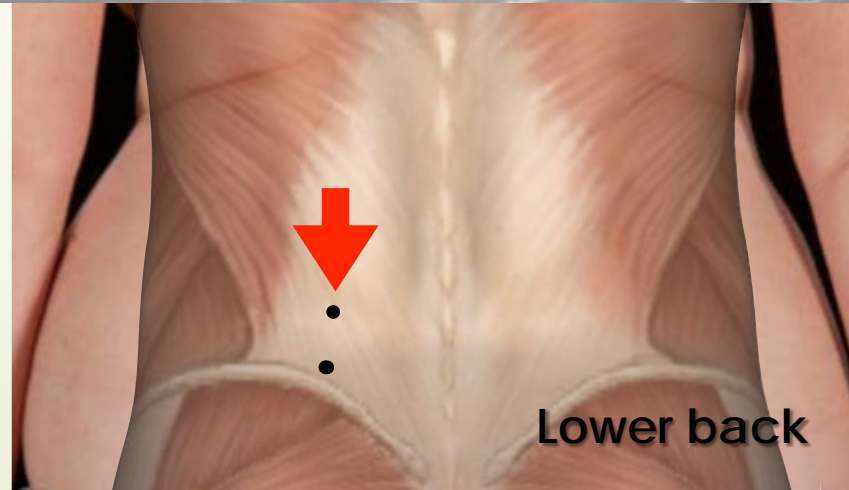
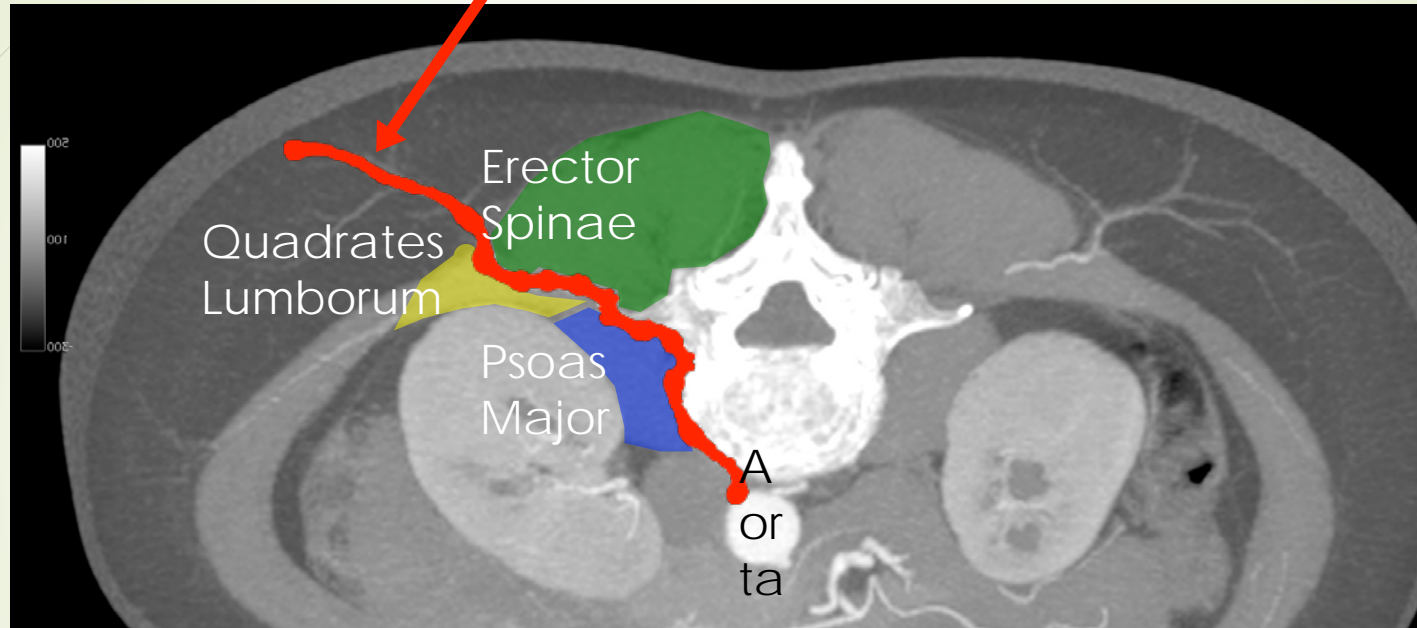
Lumbar Artery Perforator Flap (LAP flap)

Edward Buchel

University of Manitoba

CANADA

FLAP Anatomy - red line showing the path of the main blood vessel for the LAP flap



41 yr , prior left lumpectomy and radiation treatment

Now with New Left cancer



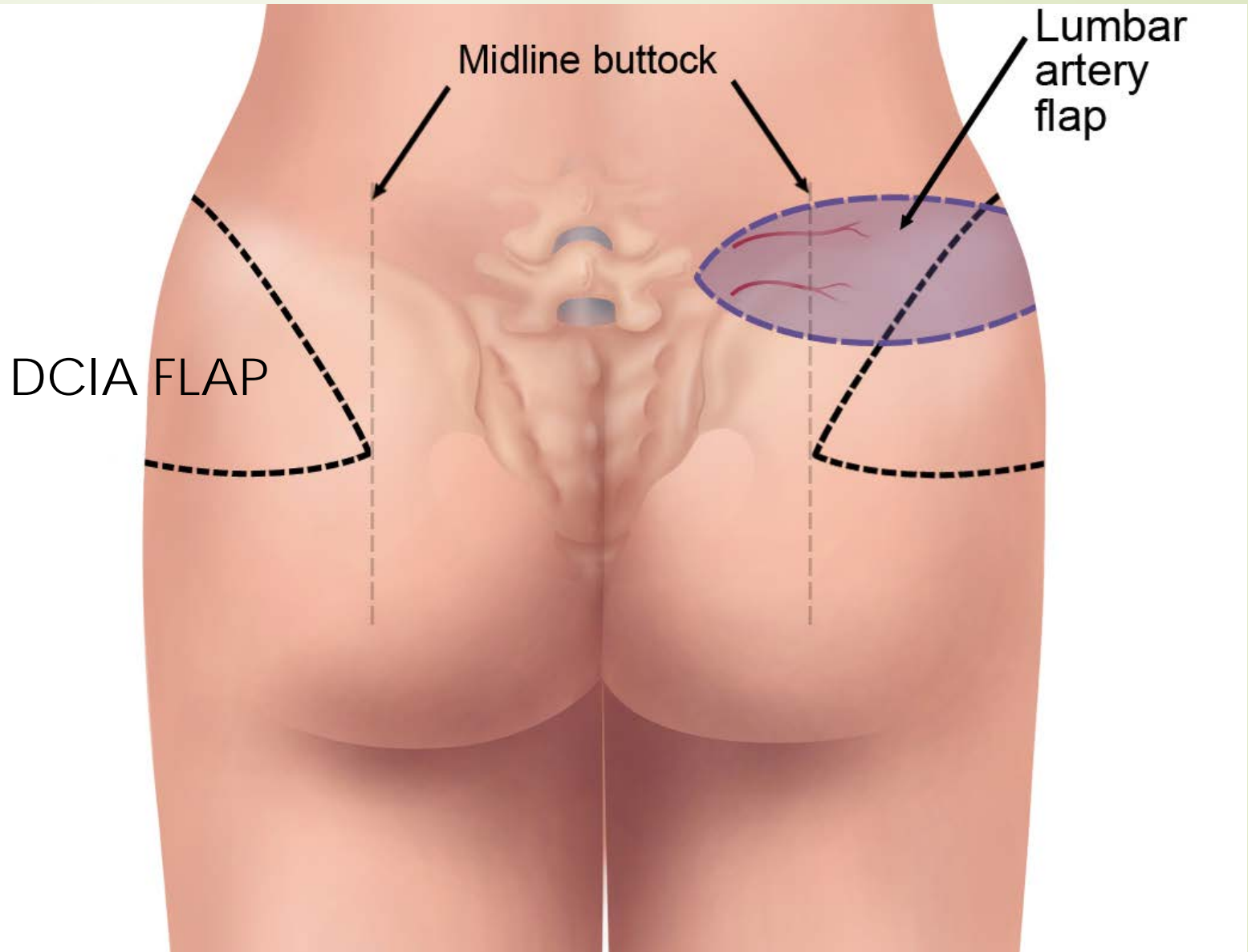
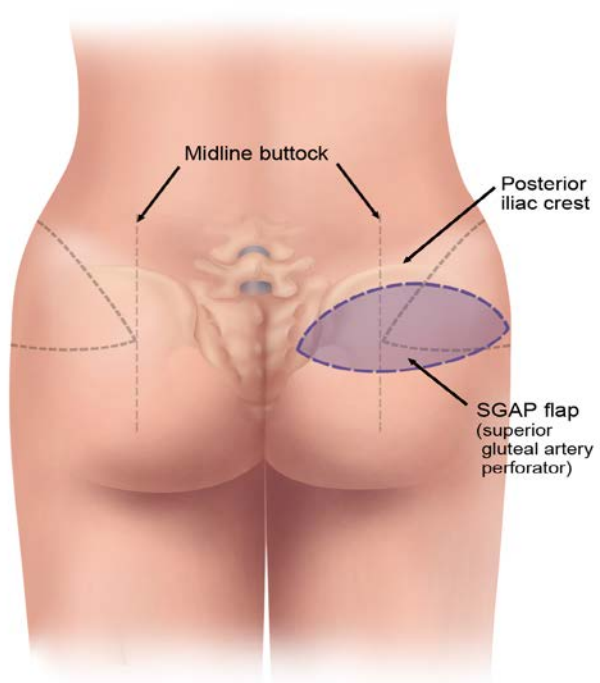
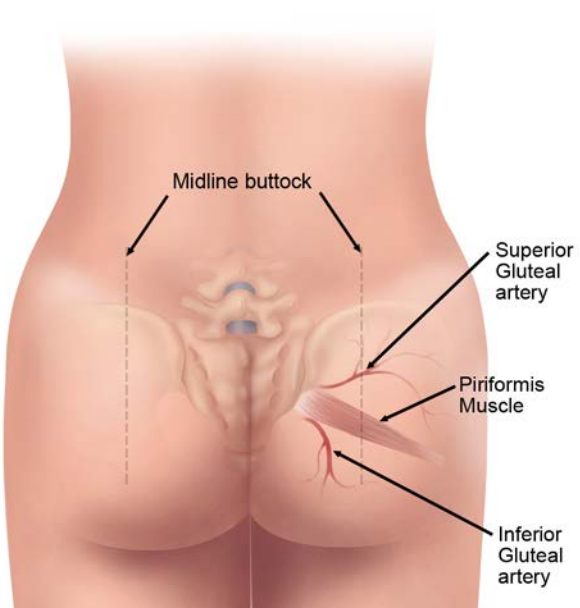
Patient had an Abdominoplasty

Prior resection of abdomen tissue is a primary indication for secondary donor site



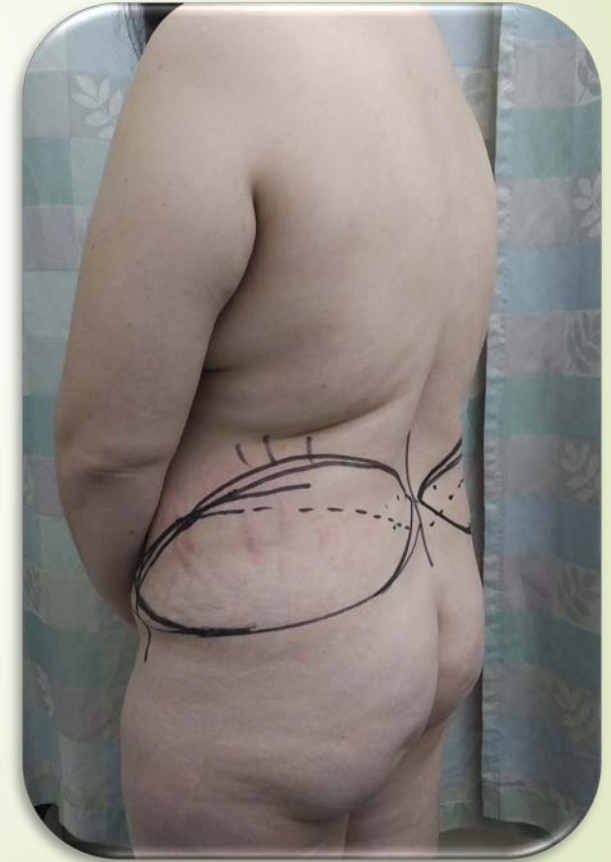
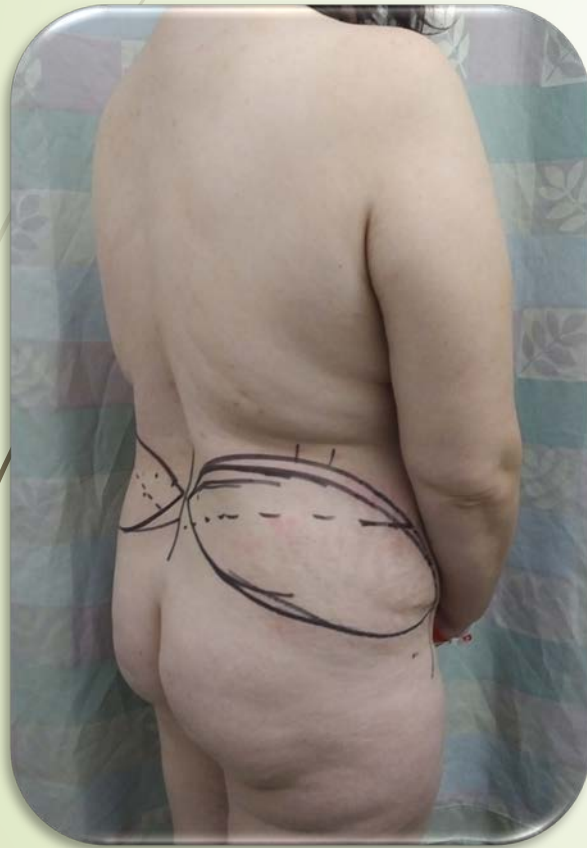
Abdominoplasty patients typically have excess tissue left on flanks and lower back





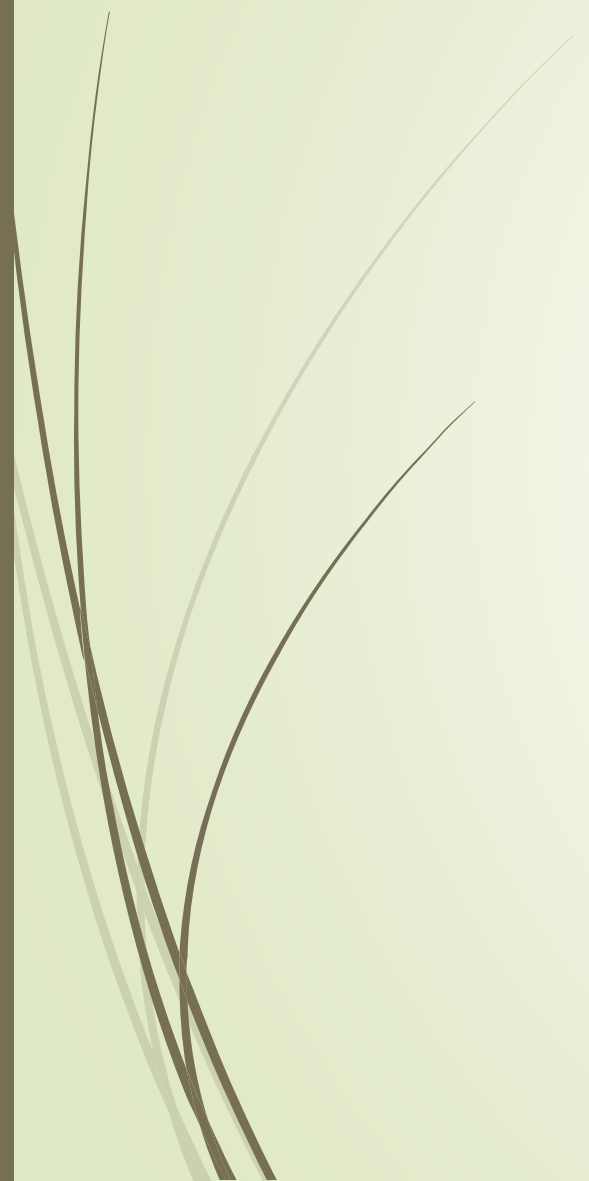
Markings position over the posterior iliac crest

Angled obliquely down to connect with lateral point of abdominoplasty incision













Abdominoplasty---- bilateral breast cancer----
Mastectomies --- bilateral LAP's



Left nipple sparing mastectomy Left LAP flap





Summary

The Good

- ▶ Easy dissection of pedicle
- ▶ Abundance of tissue
- ▶ Reasonable donor site scar
- ▶ Excellent perfusion
- ▶ Limited pain post operatively
- ▶ No real limitation in movement post operatively

The Bad

- ▶ Difficult case surgically
- ▶ Scar on back is higher than we would like