



DERMATOLOGICAL SURGERY

THE BRIDGE FLAP VERSUS THE SPLIT THICKNESS SKIN GRAFT FOR LOWER LEG SKIN CANCER REPAIR

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Introduction: Surgery of the lower limb to remove skin cancer often requires the use of skin grafting due to tightness of the surrounding tissues and poor dermal integrity.

Objectives: We present a retrospective case review of our experience with the Bridge Flap to determine whether it was different to that for Split Thickness Skin Graft repairs.

Methods: Case records for 92 bridge flaps performed for lower leg skin cancer surgery in the last 3 years were reviewed. The indications and outcomes of the most recent 40 bridge flaps were compared to the 40 split-thickness skin grafts (STSG) done immediately before the commencement of bridge flaps as a reconstructive option in our unit. The technique of Bridge Flap execution is detailed.

Results: Similar numbers of bridge flaps (18) and STSG (16) were executed on the pretibial lower leg, but more bridge flaps (9) compared to STSG (3) were performed on the calf, and lateral lower leg (bridge flap = 9, STSG = 4). More STSG (5) compared to bridge flaps (2) were performed on the medial lower leg, ankle (bridge flap = 1, STSG=5), Achilles (bridge flap = 0, STSG = 1), foot (bridge flap = 1, STSG =5). The number of post-operative visits required after a bridge flap (1.73 visits) was significantly lower compared to STSG (3.73 visits, P-value = 0.000001).

Conclusions: The bridge flap is a useful flap for the repair of lower leg defects after excision of skin cancer and requires less post-operative visits than a STSG.

