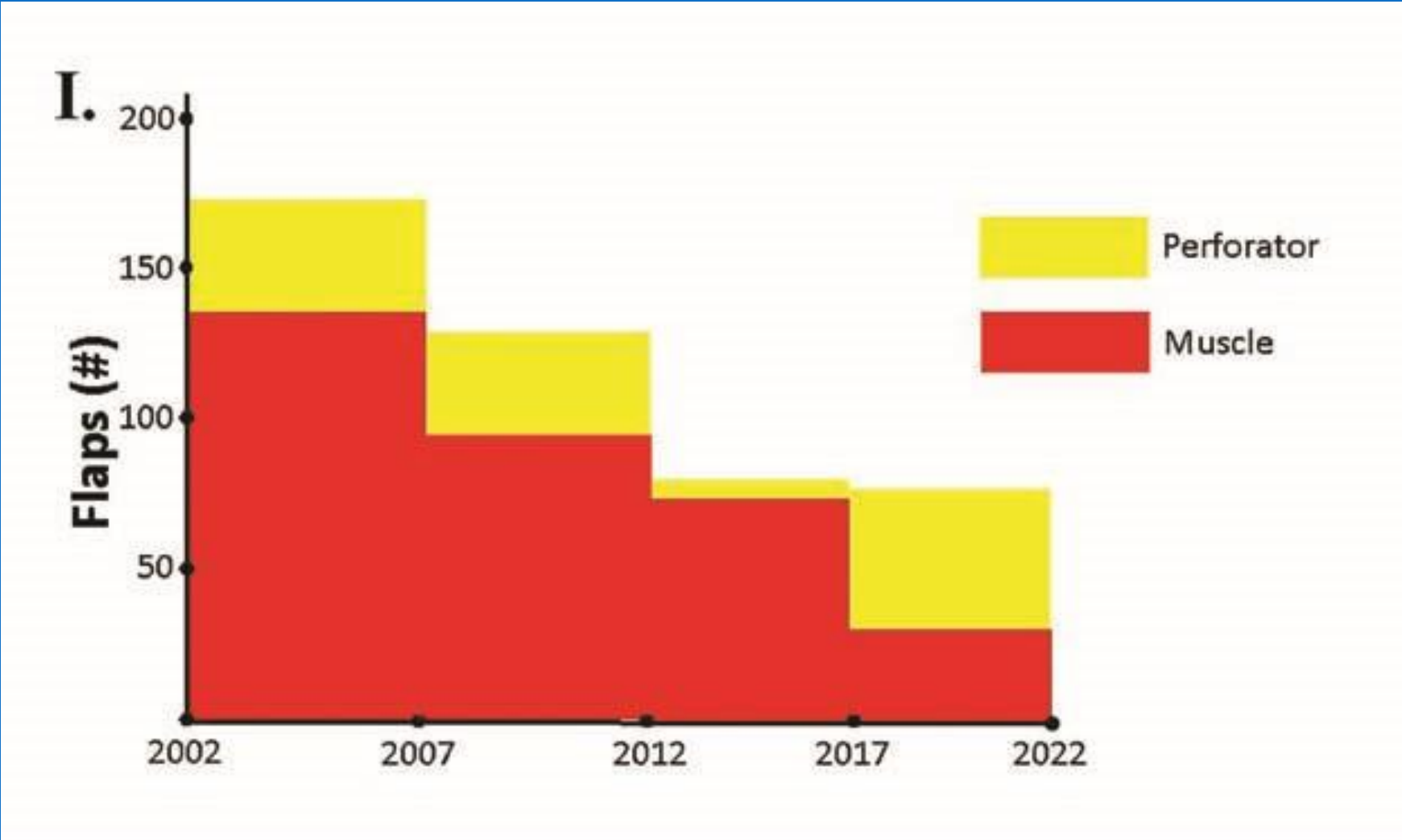
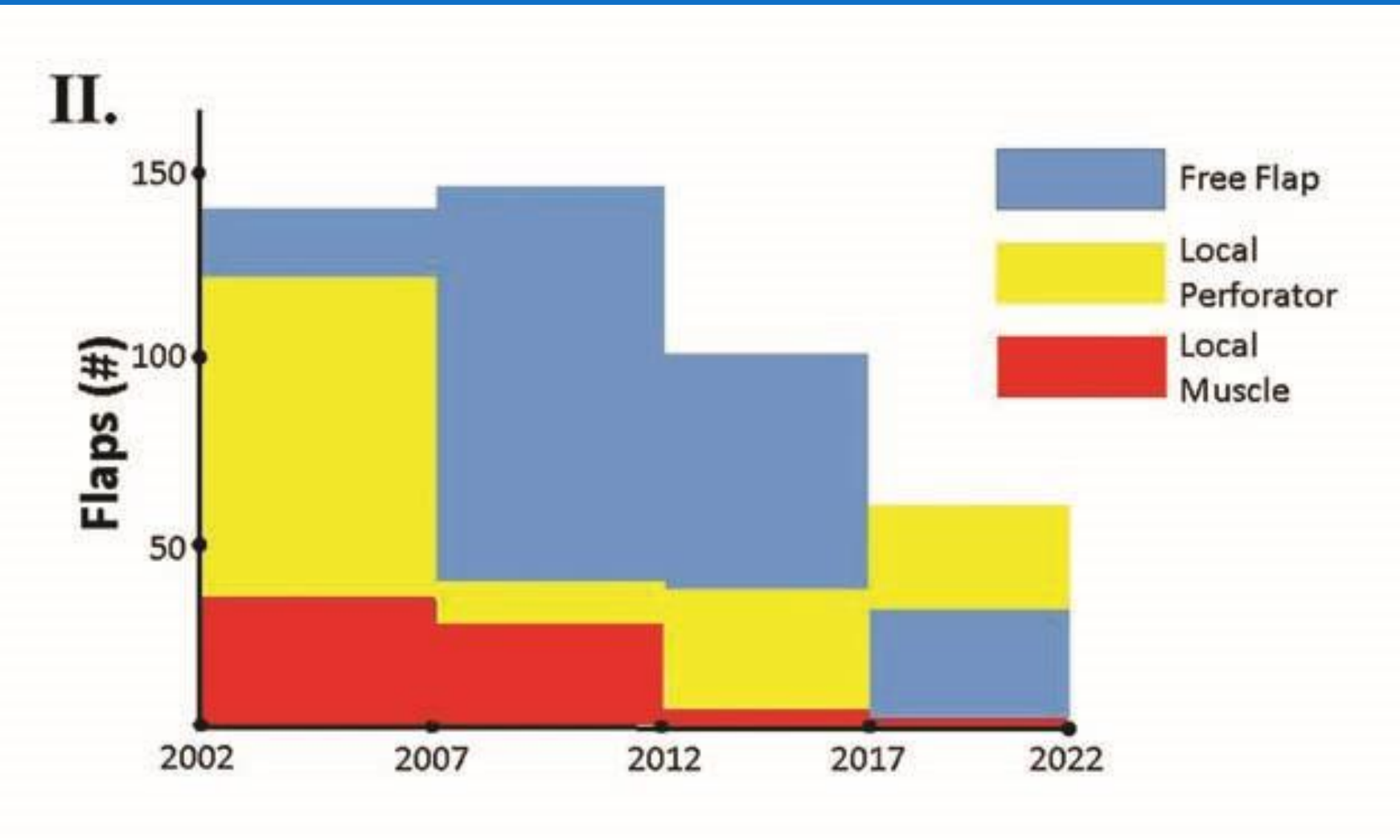


Two Decades as Witness to the “Rise” of Local Perforator Flaps, and the “Demise” of Free Flaps for Lower Extremity Reconstruction?

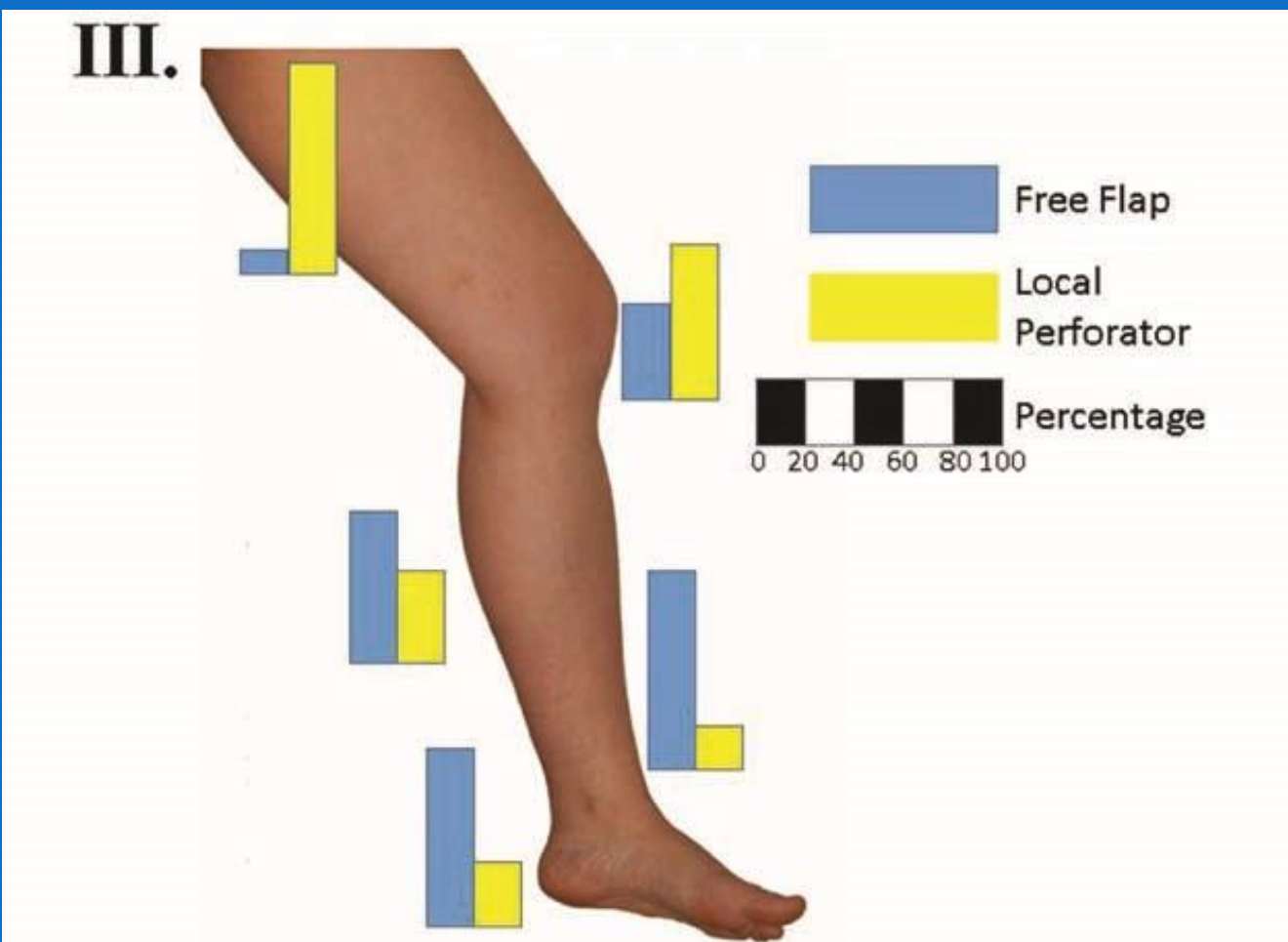
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Flap composition/
5 year interval



Flap subtype/
5 year interval



Zone Ratio Flap Type

Hypothesis: Local perforator flap options have replaced the need for lower extremity free flaps.

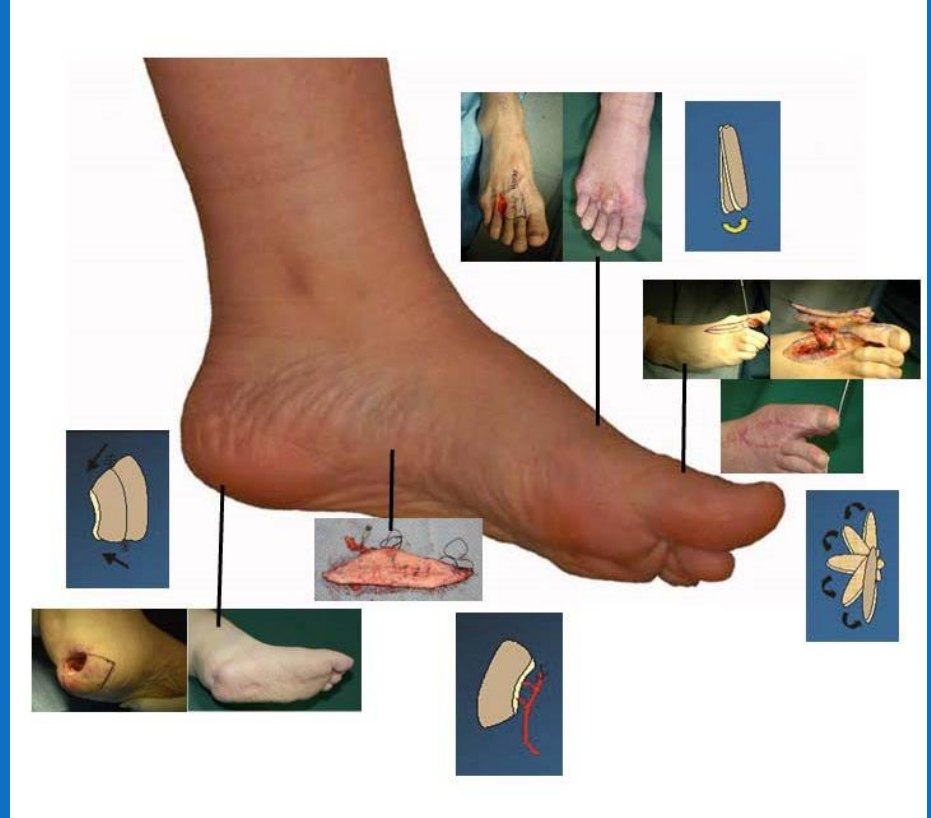
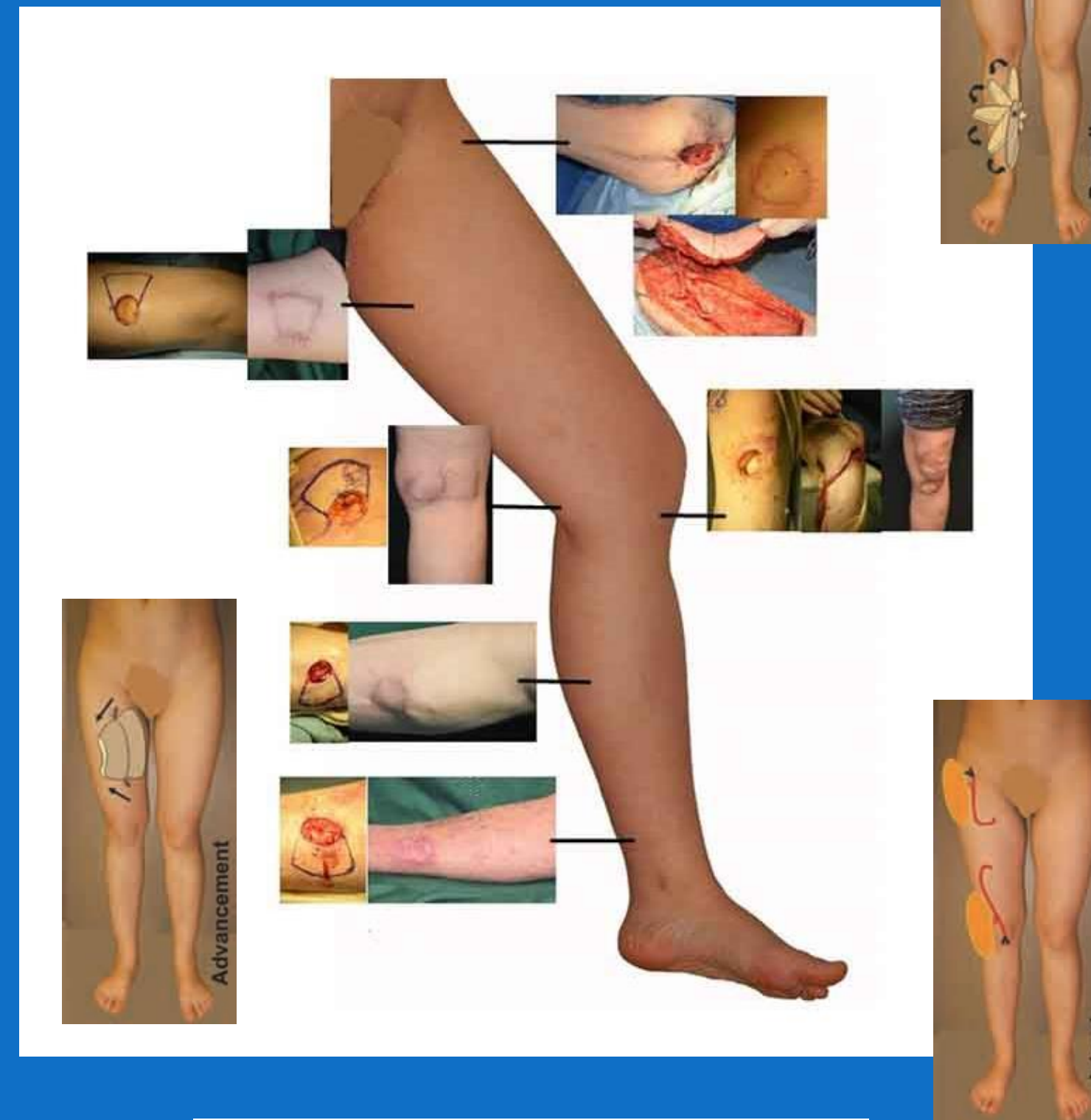
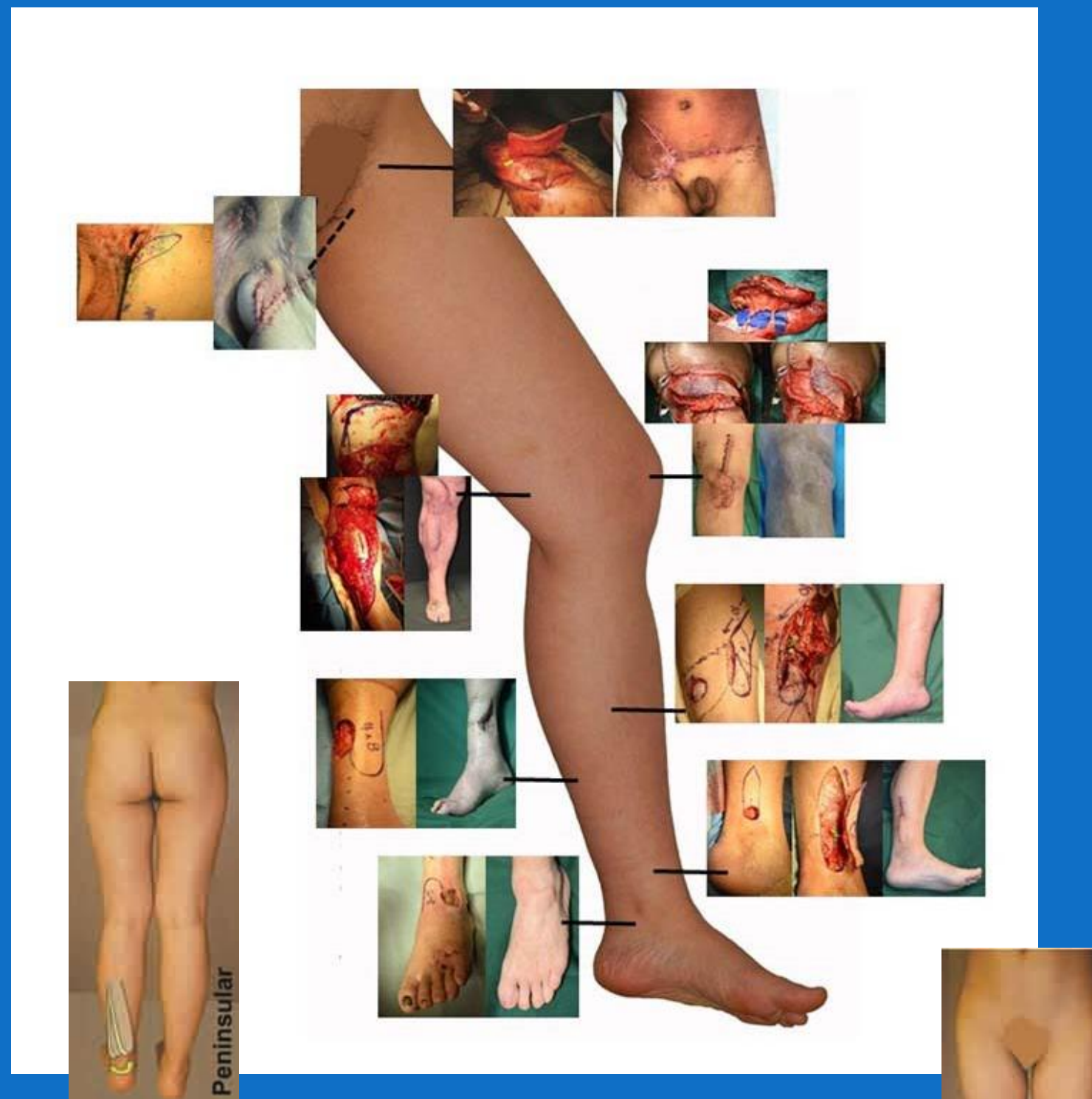
Materials: Over 20 years, 418 (58%) free flaps, 221 (31%) local perforator, and 80 (11%) local muscle flaps were selected for soft tissue coverage in all lower extremity zones

Results:

1. Perforator flaps, whether local or free, were the dominant flap choice in all intervals to preserve function whenever possible [Chart 1.].
2. Only in the last 5-years did local perforator flaps exceed use of free flaps [Chart 2.].
3. Local muscle flap selection diminished eventually almost to naught [Chart 2.].
4. Local perforator flaps could be used in every zone of the lower extremity [Chart 3.].
5. Free flaps significantly exceeded the role of local perforator flaps for the distal leg and foot&ankle [Chart 3.].

Conclusions:

1. Free flaps have not been eliminated by local perforator flaps, especially for the more distal lower extremity [Charts 2,3.].
2. Both muscle **AND** perforator flaps have a valid role in lower extremity soft tissue coverage [Chart 1.].



[Local perforator flaps available in all zones]