

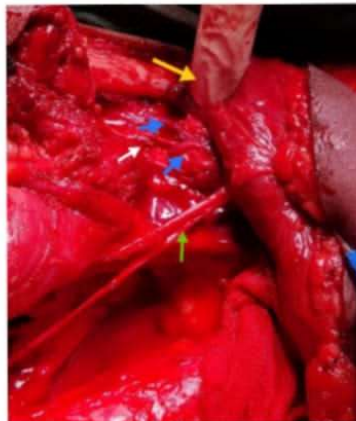
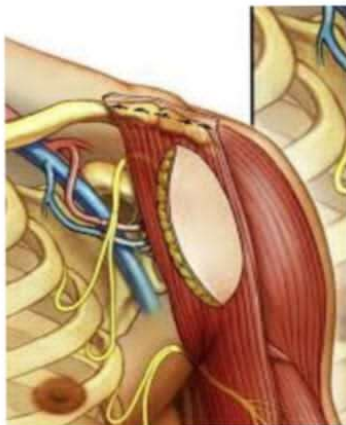
With great pride, we _ the department of Plastic, Burns and reconstructive surgery, MMC&RI_ would like to share about the recently performed *"Gracilis free functional muscle transfer"* surgery for a patient with global brachial plexus palsy.

Owing to the complexity and demands of the procedure, and paucity of dedicated centers for brachial plexus surgeries in our state, this procedure is hardly ever performed, and *_this is the first time such an attempt has been made in Mysore_* , and probably also for the first time in a medical college in Karnataka.

After a tiring eight hours of procedure requiring meticulous dissection and microvascular surgery, and two weeks of postoperative management, we are extremely happy to share that the patient is doing well with complete take-up of the flap, and is planned for discharge.

We would also like to thank the OT staff and the Anesthesia team for their cooperation and support in performing the surgery and highlight their part in our success story.

Let us hope to take many more such progressive steps in the times to come, and carry the name of our institution forward.



Diagrammatic representation (L) of the microvascular anastomosis. White and blue arrows indicate arterial and venous anastomosis, green arrow points at nerve coaptation. The yellow arrow indicates site of muscle origin reinserted into the clavicle

The path ahead..

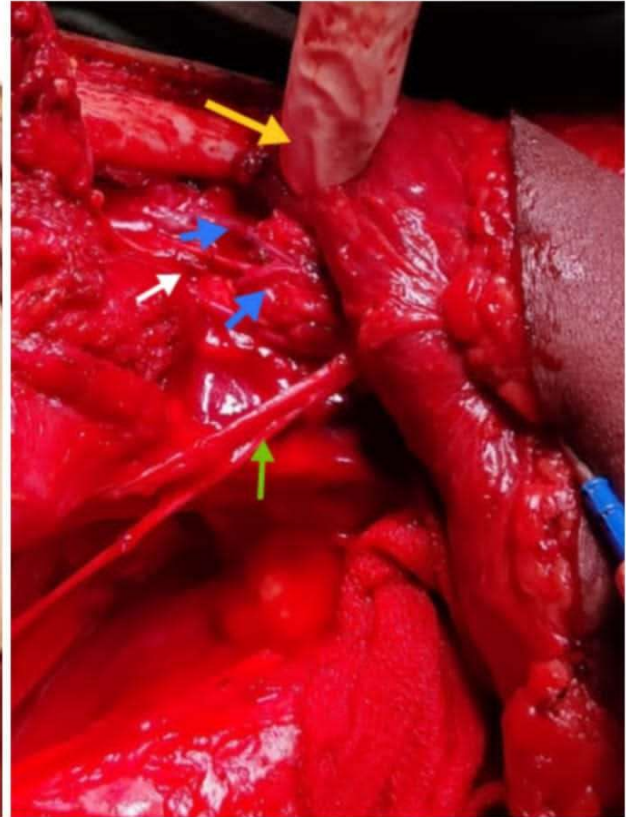
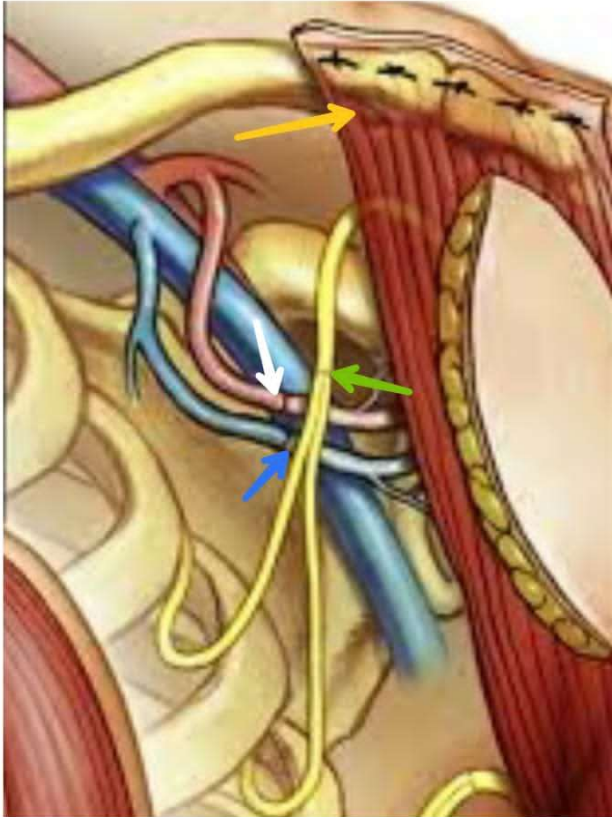
After an eight hour long surgery, and two weeks of vigilant post-operative monitoring, the patient is well on his path to recovery, and planned for discharge.

The battle is only half won as yet, since the patient requires regular follow-up and long-term physiotherapy for good return of function.

However, a positive outcome such as this will only propel our enthusiasm to perform more such cases, possibly even more complex ones, and take the name of the department and the institution several notches higher than it already is.



After completion of procedure



Diagrammatic representation of the muscle transfer- yellow arrows indicate reinsertion of muscle into clavicle, white and blue arrows represent arterial and venous anastomosis, green arrow show sites of nerve coaptation

PREOPERATIVE MARKINGS AND MUSCLE HARVEST



Preoperative markings for muscle harvest and transfer



Gracilis dissection with skin paddle overlying the muscle. White arrow points at the location of neurovascular hilum

THE PROCEDURE

- The procedure is long and tedious, and involves harvesting the gracilis muscle, along with its vascular pedicle and motor nerve
- The muscle is then transferred to the recipient bed prepared in the affected limb, and microvascular anastomosis performed to a suitable recipient artery, vein and nerve
- In our case, we used the acromio-thoracic artery and two accompanying veins for anastomosis, and the third and fourth intercostal nerves for coaptation of the gracilis motor nerve

“ GRACILIS FREE FUNCTIONAL MUSCLE TRANSFER FOR BRACHIAL PLEXUS INJURY-A FIRST IN MYSORE ”

DEPARTMENT OF PLASTIC, RECONSTRUCTIVE AND BURNS SURGERY, MMC&RI

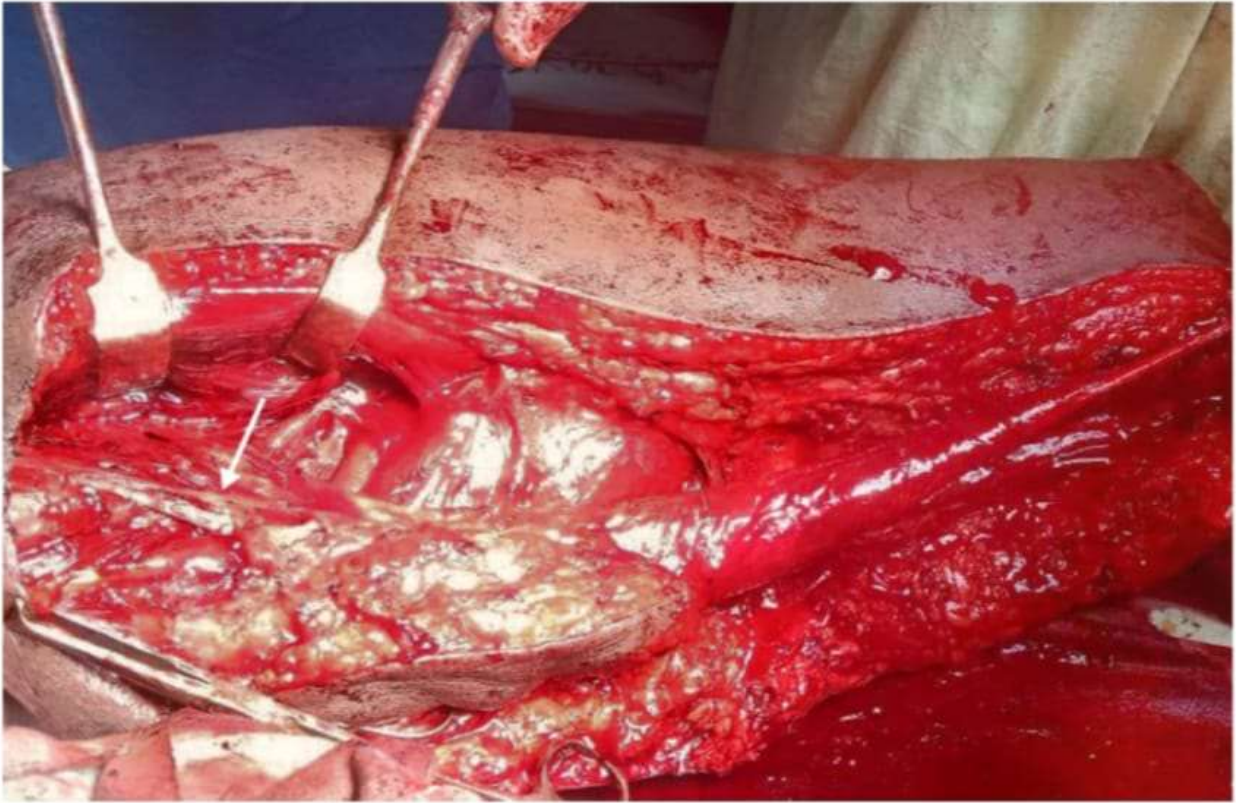
Free functional muscle transfer is an uncommon and sophisticated method of treatment for brachial plexus palsy, and hardly performed outside of centres specializing in Brachial plexus surgery owing to its complexity. We hereby present the first case of gracilis FFMT done in Mysore.

The case in focus

Here is a 47 year old man, the sole bread earner for his family, who lost his left upper limb function after an unfortunate incident suffered 1.5 years back.

Unable to afford treatment in far flung centers, he approached us with hopes of finding a solution. Rising to the occasion as always, the head of our department, Prof.Dr. Mohan G.Kakola, ably supported by the ever-enthusiastic Dr.Vijaykumar N., associate professor, took the bold decision to perform a FFMT to the patient.





Gracilis dissection with skin paddle overlying the muscle. White arrow points at the location of neurovascular hilum



Preoperative markings for muscle harvest and transfer



**Preoperative
photograph**



**After the completion
of procedure**