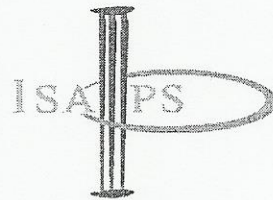


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ABSTRACT BOOK

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significant decrease in scar volumes. Responce to Triamsinolone had increased adversely to the age.

Conclusion: As a conclusion, use of meshed silicone on hypertrophic scars evaluated as an effective therapy. In addition to its decreasing effects on itching and erythema, it's topically used can be consider as a useful and suggestible method for treatment and prevention of scars.

Key words: Hypertrophic scar, Silicone, Treatment

Abstract ID 107

Your Index Finger Is Your Measure !

Burak Ersoy, M.D. Mehmet Bayramiçli, M.D.
*Plastic, Reconstructive and Aesthetic Surgery Department,
Marmara University Faculty of Medicine*

Introduction: An objective assessment of open wounds, scars or various forms of skin and soft tissue lesions begins with the description of its size and location. Frequently we hesitate to perform a thorough measurement and roughly estimate its length and width (and height / depth if necessary) with our naked eye which are usually prone to significant variations among different observers. Paper rulers and measuring tapes are very handy and inexpensive tools yet many physicans do not carry them regularly in their pockets. We describe a new and inexpensive method which can be readily applied for measurement purposes.

Materials and methods: A practical and readily available method to measure various small-to-moderate-sized defects and lesions as well as some intraoperative details necessitates nothing more than our bare hands. Each individuals' hand posseses specific landmarks such as fingertips and interphalangeal joint creases. Determining and memorizing the distances between these landmarks can be helpful in measuring length and width as well as height or depth of defects and lesions throughout the body. In this way many measurements such as the 3-dimensional size of a decubitus ulcer, length and width of a skin lesion and the maximal mouth opening in a patient with temporomandibular joint dysfunction can be readily performed without any need for a ruler. Also the rough and occasionally misleading estimation done with the naked eye can be improved.

Conclusion: This method is practical and easy to perform, necessitates no specific instrument or tool other than the bare hand and it provides a better estimation of the size of the defect than the naked eye alone; nevertheless the measurement with a ruler or measuring tape remains obviously as the golden standart.

Key words: measurement, index finger , ruler

Abstract ID 37

Vacuum-Assisted Closure Of Perineal War Wound Related To Rectum

Dr. Nazım Gümüş, M.D.
Department of Aesthetic, Plastic and Reconstructive Surgery, Adana Numune Research and Training Hospital, Adana, Turkey

Vacuum-assisted wound closure therapy has widely been used in various clinical applications with succesful results, and has considerably increased in popularity over the past decade. Presented here is a patient who sustained a complex war wound to his perineum. After the initial treatment he had left from the hospital in which he was treated for four days in Iraq. On the examination, all wounds were contaminated by dirt and foreing bodies, also involved significant volume of devitalized tissue. Perineal injury had not only caused a large skin defect, but also left a deep wound leading to rectal perforation, so the wound and its around were quite contaminated and

infected by rectal contents.

After improving his general condition with medical treatment, he underwent an immediate operation in which firstly a colostomy was performed, and then the wound tract placed between perineum and rectum was sharply and extensively debrided to viable-appearing bleeding tissue to remove the whole necrotic tissues, foreign bodies, cloths and debris. At the end of the intervention, a negative pressure dressing was applied and used during 12 days, and then completed, as the wound tract obliterated entirely without permitting any leakage of rectal contents, and wound bed appeared clean, granulated, contracted and viable suitable for definitive closure with flap mobilization.

When dealing with this experience presenting an unusual wound which placed in a very difficult area of the body for the treatment, perineum, and which caused from a challenging reason, war injury, and also which complicated with rectal injury, the technique seems to have a significant beneficial effect on the healing of complicated wounds such as perineal wound and war wound, even if they are at risk of severe infection and progressive tissue necrosis.

Key words: war, wound, vacuum-assisted closure, perinea, rectum

Abstract ID 283

General Anesthesia For Pilonidal Disease Tramadol Hydrochloride Given Intraoperatively And Incidence Of PONV

M.Jovanovski-Srceva ;A.Damevski; L.Damevska; S.Pejkova

CARIC (Clinic for Anesthesia Reanimation and intensive Care) -Skopje

Introduction and objectives: Pilonidal disease is a painful condition usually occurs in the intergluteal region. Local, spinal or general anesthesia are commonly used techniques for the disease. During procedures patients are placed on stomach which together with general rises the incidence of Postoperatively nausea and vomiting. Tramadol is centrally acting analgetic chemically different from opiates. It is binding to m-opioid receptors and have similar side effects like opiate. The aim of our study is to present different incidence of PONV in patients with pilonidal disease depending dose given intraoperatively and subjective recognition on antiemetic effect postoperatively .

Method and material : It is prospective study witch included 40 patients each age 24-70, ASA I-III undergoing General Anesthesia standard Propofol 2-3mg/kg, Fentanyl 0,005mg/kg, esmeron 0,06mg/kg, O₂, N₂o 35-75% and sevoflurane MAC according to age. Patients were divided in two groups :Group A(n=20) in witch we administrated 100mg intraoperatively ,group B who received 200mg .Control group C(n=20) are given 100mg Postoperatively. The patients are followed postoperatively first three hours every 30 min for measurement of Blood Pressure, Heart Rate, SaO₂, Postoperative nausea and vomiting.

Results: Group B had the lowest incidence of PONV (2pts nausea (10%), vomiting 1pts(5%) v.s 4pts (20%)+2pts(10%)for Group A and compered to group C who had the highest 8pts,(40%) 5 pts(25%).

Conclusion and Discution: are the effects of tramadol as agonist and antagonist really related to dose given intraoperatively or postoperatively

Key words: tramadol Hydrochloride, Intraoperatively, Nausea, vomiting

Abstract ID 287

Minimally Invasive Anesthesia In All Cosmetic Procedures Creating Illusion Of General Anesthesia .New And Old Experiences

Marija Jovanovski-Srceva 1 Zorka Nikolova -Todorova 1Anton Damevski 1

CARIC (Clinic for Anesthesia Reanimation and intensive Care) -Skopje

Introduction: All cosmetic surgery can be performed safest with local anesthesia .General anesthesia (GA) is the most common and convenient, but involves exposing patients to lethal risks