



# 16<sup>th</sup> MBC MEETING

TURKEY - ISTANBUL  
March 31 - April 3, 2010

Mediterranean Council for Burns & Fire Disasters  
WHO Collaborating Center



International Association for Humanitarian Medicine  
Brock Chisholm



with special endorsement by

Turkish Society of Plastic Reconstructive  
and  
Aesthetic Surgery  
&  
Turkish Society of Burn Management  
and  
Prevention



# ABSTRACTS - Poster Presentation

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[Accepted:Poster Presentation] [Clinical]

Limitations of running y-v plasty in releasing burn scar contracture

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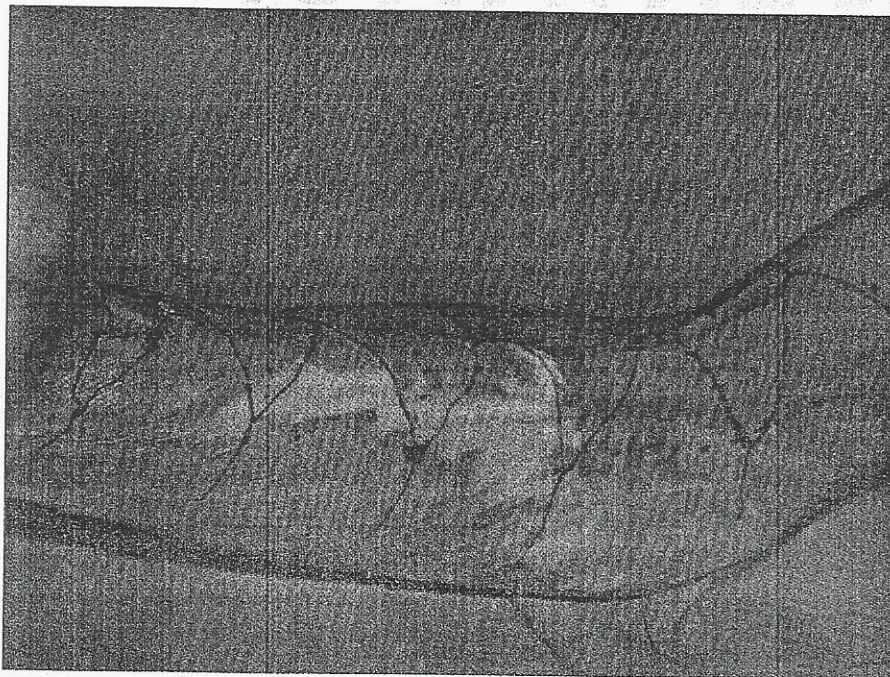
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**BACKGROUND:** Many approaches to the release of burn contracture have been described, every of which offers some advantages for the treatment of burn contractures, but they have some limitations in surgery. In this study, difficulties with running y-v plasty are tried to describe after the experience of 21 patients treated by using this technique.

**METHODS:** This study included 21 patients who had burn scar contracture placed either one anatomical area; or more than one anatomical area. Preoperatively, for marking the flaps, a zig-zag line of which angles were kept in the range of 60-90° was drawn over the contracture line. In the operation, incision was firstly made only into the skin, and then deepen through the facia, making advancement of the V flap in the way of sliding easy. V flap was advanced as possible as along the long limb of the Y on the base of subcutaneous pedicle. After meticulous hemostasis, all incisions were sutured.

**RESULTS:** In most of the patients, successful release of the contracture was achieved without any complication. However; in a few cases some challenging problems developed, suggesting possible limitations of the running Y-V plasty procedure. In two cases, V's tip necrosis was occurred. In another patient, V-flaps were insufficient to cover the antecubital defect area. One servical contracture relapsed. Also in two patients, for three joints, wrist, elbow and ankle, undermining of the distal V flap was necessary to advent the V flap into the Y incision. Significant skin wrinkles were also observed at the dorsal surface of the hand in one patient who had severe upper extremity contracture.

**CONCLUSIONS:** When considering running Y-V plasty for the release of contracture, knowing of its difficulties will help and facilitate selection of the cases suitable for the procedure to achieve successful results and avoid possible complications.



A severe flexion contracture at her right upper extremity involving hand, wrist, forearm and elbow. A long running Y-V-plasty was planned to release this contracture. Appearance after marking the flaps.