

Distant flaps

Direct distant flaps

Direct distant flaps are connected to the destination directly.

- **Cross-finger flap** – flap from 1 finger to adjacent finger with defect of the fingertip, secondary defect of the donor area is covered by skin flap;
- **cross-leg flap**;
- **tubulated flap in the lower abdomen** – wrist + hand defect coverage.

Indirect distant flaps

Indirect distant flaps are connected to the destination with the help of temporary host destination (usually on the wrist).

- **Filatov flap** – oblique strip of skin with subcutaneous tissue in the hypogastrium, length to width ratio 3:1 → tubulated flap → can be disconnected after 3-4 weeks at either end → after sewing + attaching to the wrist disconnect the remaining stem → transfer to the place of the defect;
- **axial groin flap** – used as both direct and indirect, nutrition from a. circumflexa ilium superficialis → ratio can be > 3:1.

Division according to the composition of the flap

Fasciocutaneous flaps

- Local flaps containing deep fascia on the lower limbs in a length to width ratio of 3:1;
- supplied by fascial vessels and perforators;
- safely cover e.g. bare bone or tendons;
- secondary defect is covered by skin flap.

Muscle and musculocutaneous flaps

Defined vascular supply, we rate:

- closeness to defect;
 - necessity, resp. replaceability of the function (we try to keep a part of the muscle for its function);
 - dominant vascular pedicle;
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- defect in place of collection is usually covered by skin flap;
 - most often we use thoracodorsal flap, gastrocnemius flap and flap of the rectus femoris muscle.

Links

Related articles

- Flaps
- Local flaps
- Free flaps
- Face reconstruction
- Nose reconstruction
- Face soft tissue injuries
- Upper lip reconstruction
- Lower lip reconstruction
- Skin transplants

Used literature

- MĚŠŤÁK, Jan. *Úvod do plastické chirurgie*. 1. edition. Univerzita Karlova v Praze - Nakladatelství Karolinum, 2005. 125 pp. ISBN 80-246-1150-3.