

APIL

MR FITTON

Mr Antony Fitton gave a presentation at the Devon & Cornwall meeting on 13th January 2010 on the scope and development of plastic surgery. This covered the history of plastic surgery, the first known which was in India 2000 years ago when noses were reconstructed.

In medico-legal reporting part of the problem he has is that there is little measured prognosis of outcome in plastic surgery and so it is largely down to a clinical view in each case.

He stressed that the speciality is very broad. About half of the work is referred by GP, 30% from A & E and 20% by other medical specialities.

There were very significant advances in plastic surgery as a result of the injuries to World War 1 servicemen.

Subsequently one of the leading developments was from 1972 when the flap transfer technique was progressed. Before that it only small sections could be transferred because of the limited blood supply, but after that larger sections could be transferred chiefly due to utilising a larger blood vessel at the top of the thigh and taking sections for the transfer from this donor site.

From the mid 1970's micro-surgery was developed which enabled the intricate joining of nerves and tissue.

Mr Fitton explained the difference between a full thickness graft and a split skin graft. Where a split skin graft is taken the donor site will normally heal completely and the instrument for removing the graft is so precise that it can be set to 3000ths of a centimetre.

Where micro-surgery has been performed in the area of hands in which Mr Fitton is a specialist, the prognosis for repair of nerves can be as long between 2 to 5 years which can cause difficulties when he has to give a prognosis in medico-legal cases.

Most recently artificial skin technique has been developed which if successful avoids the need for grafts. It is known as integra.