



# RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

## Grant/Fellowship Report Form

<b>Grant Holder Name</b>	Claragh Healy MB MCh PhD FRCS(Plast)
<b>Brief biography, including qualification and year of graduation (no more than 100 words)</b>	Graduated UCD 1999. Completed a microsurgical fellowship in Breast reconstruction and Head and Neck in St. Andrew's Centre for Burns and Plastics, Chelmsford, England. Completed Perforator Flap Breast Reconstruction fellowship with Dr. RJ Allen in New York and New Orleans.
<b>Title of Project/Fellowship</b>	Perforator Flap Breast Reconstruction
<b>Year of Award:</b> <b>Commencement Date:</b> <b>Conclusion Date:</b>	2012 1/08/12 1/10/12

### Summary (no more than 250 words)

Robert J. Allen, M.D., is the pioneer of the muscle sparing DIEP (Deep Inferior Epigastric Perforator Flap), SIEA (Superficial Inferior Epigastric Perforator Flap), Superior-GAP (Gluteal Artery Perforator Flap), Inferior-GAP perforator flaps and most recently the Profunda Artery perforator (PAP) flap. He is the founder of The Centre for Microsurgical Breast Reconstruction and the Group for the Advancement of Breast Reconstruction. With the support of an Ethicon Foundation Travel Grant I had the opportunity to spend two months with Dr. Allen and his colleagues, dividing the time between New York and Louisiana.

During this time I participated in office based consultation, pre-op planning, intra-operative and post-operative management. The overwhelming sense from the experience is that microsurgical breast reconstruction can be a relatively effortless procedure with the appropriate planning, assistance and patient and physician attitude. Two key factors contribute to the success of a microsurgical breast reconstruction practice; pre-operative perforator mapping and working with a second microsurgeon. The two elements combine to dramatically decrease operative time, hastening the recovery period and improves both patient and physician wellbeing.

Dr Allen is remarkably talented surgeon, coupled with his sanguine southern gentleman approach made my time with him truly exceptional.

**Grant Report (in the region of but no more than 500 words)**

Objectives of Project/Fellowship:

1. Experience in new Perforator flaps for Breast Reconstruction
2. Understanding and interpreting pre-operative imaging in perforator mapping
3. Exposure and use of alternative recipient donor site vessels
4. Optimising surgical efficiency in perforator flap reconstruction

Did you achieve these objectives?

In addition to the DIEP flap, I was exposed to the novel PAP flap and more technically challenging GAP flaps, and the technical nuances of each flap. Each case was imaged preoperatively and we chose the most appropriate perforator whilst optimising flap design. The anatomy of the internal mammary was exploited to facilitate bipedicle and stacked flaps. Finally the two-microsurgeon team as a routine was key to ensure maximal efficiency.

In your opinion, what is the value of your award to:

(a) Yourself

With the support of an Ethicon Foundation Travel Grant I had the opportunity to spend two months with Dr. Allen and his colleagues, dividing the time between New York and Louisiana. This experience has taught a number of new techniques and skills which serve to improve the outcomes of perforator flap breast reconstruction. In addition it has emphasised the importance of accurate imaging and how an operating partnership contributes to success.

(b) The institution in which you worked

During my time I had the opportunity to complete a twenty year review of my supervisors practice and have presented this work nationally and internationally, and currently await peer-review publication.

I also had the opportunity to relay the different approach to breast cancer management and reconstruction currently in the UK and Ireland, which informed constructive debates on the merits of both approaches.

(c) In the future for Irish patients

This fellowship has provided me with a greater understanding of how to manage a successful breast reconstruction practice. The most obvious advantage to the patient is a greater choice of reconstructions and tailoring to the individual. The experience has given me a greater appreciation of how the efficiency of the surgical process including pre-operative imaging, two-team approach and nursing care all contribute to ensuring the best possible outcome both from a reconstructive perspective and patient experience