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Delayed Primary Retention Suture: A new technique to inset Vascularized Submental Lymph Node Transfer

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Background: Microsurgical procedures such as lympho-venous anastomosis and vascularized Lymph Node Transfer (VLNT) has gained popularity. VLNT has become one of the mainstay treatments of lymphedema with complete obstruction of the lymphatic channels or severe fibrosis of subcutaneous tissue. In our practice, we observed a higher rate of re-exploration when performing vascularized Submental Lymph Node (VSLN) transfer. The aim of this study was to evaluate our vascular complication rate for VSLN transfer requiring re-exploration in the management of lower limb lymphedema and introduce our new technique, delayed primary retention suture (DPRS) technique.

Method: A retrospective study was designed to assess patient who underwent VSLN transfer between 2008 and 2018 for the management of lower limb lymphedema. Patients with bilateral disease were excluded from this study.

Results: A total 69 patients, 74 flaps were included in this study. Means age of the patients were 55.54 ± 17.14 (range 2-81). 18 flaps were performed without and 56 flaps were in-set with DPRS technique. Amongst the non-DPRS group, 2 flaps had venous complication and one had post-op haematoma with re-exploration rate of 16.7%. In the DPRS group, there were 3 venous complication and no immediate complication that required re-exploration. The re-exploration rate was 5.4%.

Conclusion: DPRS technique is a simple and reliable technique that allows the surgeon to control the tightness of the flap inset, and hence the pressure on the anastomosis, post-operatively, which subsequently decreased the venous complication and need for re-exploration.