**Supraclavicular Lymph Nodes as Vascularized Free Tissue Transfer for Treatment of Lymphedema**

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Treatment for lymphedema has entered an exciting new stage. Advances in microsurgery, imaging and knowledge of the lymphatic system has led to the advent of physiologic procedures such as vascularized lymph node (VLN) transfer.

While there is increasing literature proving the efficacy of VLN transfer, development of techniques are still in an early stage and no standard procedures have been agreed upon. Harvesting of lymph nodes from areas such as the groin and axilla, while well-described, can result in devastating permanent lymphedema of the donor limb. Harvest of lymph nodes from the neck including the submental and supraclavicular regions, while technically demanding, offers the benefits of low donor site morbidity and minimal scarring. In addition, lymph node harvest and recipient site preparation can usually proceed simultaneously.

Of the latter, the harvest of supraclavicular lymph nodes have the advantages of no risk to facial nerve injury and a lower placed scar that is aesthetically more pleasing. However, surgeons must have a firm grasp of the anatomy and technique as the supraclavicular area has many critical structures, such as the carotid artery, internal jugular vein (IJV), and phrenic nerve that must be avoided. This flap must be approached with caution as the space is small and deep, and careless technique can lead to complications such as bleeding, chyle leak and damage to the phrenic nerve or even brachial plexus. As in any surgical approach, with good knowledge of the anatomy and meticulous attention to surgical technique, the supraclavicular lymph node flap can be a great source for VLN. In addition, it can be harvested relatively quickly with minimal donor site morbidity.