

Microsurgical venous-branch-plasty for approximating diameter and vessels' Position in lymphatic supermicrosurgery



(Figure 1). The base of the flap was sutured to make the neo-branch lumen narrow; the narrow branching point could act as a valve. The created neo-venous branch could be easily approximated and anastomosed to the lymphatic vessel in a



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conventional end-to-end LVA fashion, and there was no venous reflux seen after anastomosis thanks to the valve-like structure (Figure 2).¹

This is the first report of MVP in lymphatic supermicrosurgery to our knowledge. MVP can be helpful when there is only a large vein distant from a lymphatic vessel. Although indication is limited and further study is required to confirm its efficacy, MVP has a potential to be a useful method to allow direct anastomosis to a lymphatic vessel using a distant large vein without additional sacrifice.

Ethics

Reported under Tokyo Metropolitan Bokutoh Hospital ethics committee-approved protocol.

Conflicts of interest

None.

lymphedema: the generation of a novel lymphedema severity staging system using dermal backflow patterns. *Plast Reconstr Surg* 2011;127(5):1979–86.

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