Closed-Incision Negative-Pressure Wound Therapy for management of donor site after deep inferior epigastric flap

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BACKGROUND

- Deep inferior epigastric perforator (DIEP) flap surgery is a commonly performed procedure for breast reconstruction. However, the donor site morbidity remains a significant concern, necessitating effective wound management strategies.
- Closed-incision negative-pressure wound therapy (CI-NPWT) has emerged as a promising approach for optimizing wound healing and reducing complications.

AIM

- This abstract aims to provide a comprehensive review of our experience on the use of CI-NPWT for managing the donor site after DIEP flap surgery.

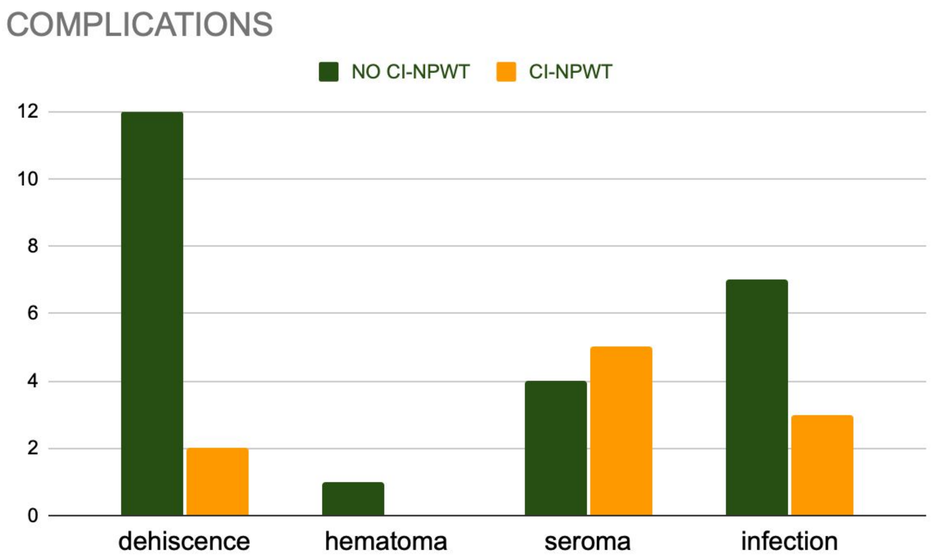
METHODS

The patients were divided in two groups based on whether CI-NPWT was used to manage their abdominal donor incision. Information regarding pertinent patient history, medical comorbidities, risk factors, and surgical technique were extracted from patient charts, along with the incidence of eight separate postoperative donor site complications.

RESULTS

94 patients (43 unilateral and 51 bilateral DIEP flaps)

- Overall, twenty four patients developed a donor site postoperative complication (25%), nine patients on the CI-NPWT group (21%) and fifteen in the no CI-NPWT group (28%) .



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CONCLUSION

CI-NPWT appears to be a valuable adjunctive therapy for the management of donor site incisions after DIEP flap surgery with overall lower complication rates. Its ability to enhance wound healing, reduce complications, and improve patient outcomes makes it a promising technique in the field of reconstructive surgery. However, further high-quality studies are warranted to establish standardized protocols, optimize application techniques, and evaluate the long-term outcomes and cost-effectiveness of CI-NPWT in this specific context.