



CORRESPONDENCE AND COMMUNICATION

In situ vein grafting for lymphatic supermicrosurgery



Dear Sir,

Supermicrosurgical lymphaticovenular anastomosis (LVA), or lymphatic supermicrosurgery, is becoming a useful option for the treatment of lymphedema.^{1–5} One of major advantages of lymphatic supermicrosurgery is less invasiveness; LVA can be performed under local anesthesia via a small skin incision (1–40 mm).^{2,4} However, we sometimes face a situation where recipient veins are too distant from or significantly larger than a lymphatic vessel to anastomose directly. In such a case, a vein and/or a lymphatic vessel are dissected further to obtain enough length to anastomose directly, but elongation of skin

incision length is usually required. To address this challenge, we applied a new technique for lymphatic supermicrosurgery.

There were 2 veins and a lymphatic vessel in a surgical field (Figure 1). One of the veins was significantly larger than the lymphatic vessel, so the other smaller vein was suitable for LVA in terms of caliber size. Since the smaller vein was too distant from the lymphatic vessel to anastomose directly, it was used as a vein graft bridging the larger vein and the lymphatic vessel in a side-to-end fashion. Unlike conventional vein grafting, this method does not require further elongation of skin incision or additional skin incision to harvest a vein graft. A major drawback is that the method requires 2 anastomoses per 1 LVA. Although the method can be applied in limited situations, the method can be a useful option for LVA; the method allows accomplishment of LVA without further invasiveness. Further clinical investigations are required to refine surgical procedures and confirm the efficacy of the methods.

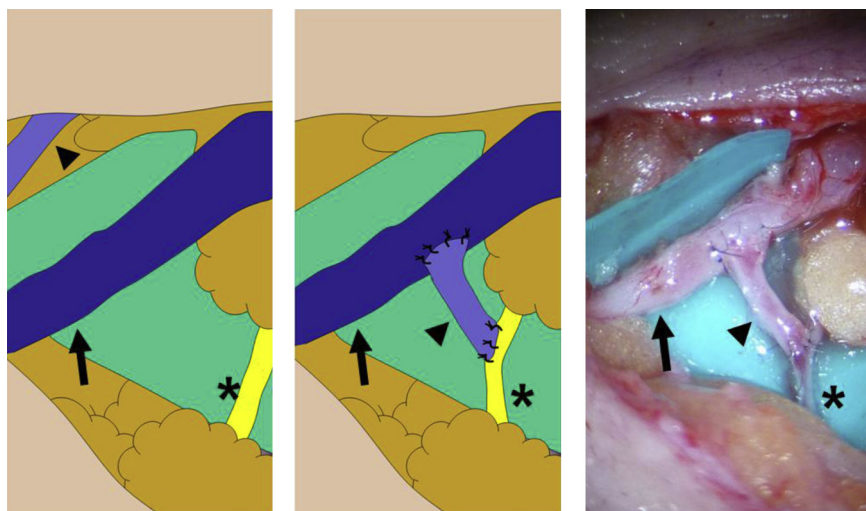


Figure 1 In situ vein grafting for lymphaticovenular anastomosis. There are 2 veins (larger vein, arrow; smaller vein, arrowhead) and a lymphatic vessel (asterisk) (left). The smaller vein is used to bridge the larger vein and the lymphatic vessel (center). An actual photograph of the anastomosis (right).

Disclaimers and disclosure of conflicts of interest

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Prior presentations

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