Minimally Invasive Fascia Lata Harvest: A New Method

Sir:

Fascia lata (FL) is a material that is abundant and safe to harvest and has multiple uses as a graft material.1–3 Its advantage in augmentation rhinoplasty is in creating a smooth, natural looking dorsum.2

Many techniques have been described for FL harvest, which require endoscopes, strippers, or fasciotomes.4 Other small incision techniques have been described, but the graft segment harvested in those series is narrow5 and not suitable for our purposes.

We describe a simple technique that uses a small superior 2 cm transverse incision and an inferior stab incision to harvest a long and wide graft segment, without the use of specialized equipment. As the graft harvested is abundant, it can be used for many indications; the authors’ main use of the graft is in rhinoplasty.

The harvest limits are as follows: laterally—4 cm anterior to the lateral intermuscular septum—this is to preserve a 4 cm strip of the iliotibial band; inferiorly—10 cm superior to the lateral femoral condyle joint—this is to preserve the FL condensation around the knee; and superiorly—up to 15 cm from the level of anterior superior iliac spine—this is to avoid harvesting FL on the superior surface of the tensor fascia lata muscle.

Figure 1 shows the delineated donor site (yellow shaded area) that will be harvested. This is the fascia anterior to the iliotibial band, 10 cm superior to the lateral condyle, and up to 15 cm from the level of anterior superior iliac spine. The authors have now refined the technique to a superior 2 cm incision and inferior stab incision.

After hydrodissection with saline, a 2 cm superior incision is made and deepened to the plane of the FL. A Boies elevator is used to tunnel under the skin flap. The FL is incised with a blade, and the elevator is used to mobilize the fascia off the underlying muscles.

Two parallel cuts are made with long scissors along the length of the FL, its free edge grasped with a Roberts artery forceps, and then pushed inferiorly until no further extension is possible. The artery tip is tented against the skin, and the inferior stab incision is made, delivering the graft via this incision.

A sheet of FL up to 20 cm × 4 cm can be harvested using this technique (Fig. 2) and folded for augmentation.

Compression dressings are worn for 24 hours, thereafter, compression stockings for 6 weeks. The patient is advised against vigorous activities in the immediate postoperative period.

In rhinoplasty, similar outcomes can be achieved with an FL graft compared to materials such as acellular dermis. Contour lines are smooth, and irregularities are effectively camouflaged. The distinct advantage of FL is that there seems to be minimal resorption.2 The disadvantages include difficult handling, potential donor site morbidity such as hematoma, and 2 additional scars. However, the superior incision is usually quite high up in the thigh and is covered even by shorts.

In conclusion, this described technique enables a simple and safe harvest without special equipment, with acceptable risks and morbidities.

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DISCLOSURE
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