









Figure 5: Good color match and esthetic outcome six months after surgery



Figure 6: Good color match and esthetic outcome two months after surgery

FTSGs harvested from the abdomen for donor site closure have been used and several complications have been observed, including hematomas, postoperative pain, delayed healing, poor esthetic results, and the need for a second surgical site.<sup>[27]</sup> An FTSG from the inner arm has been used by other investigators, but they claim that additional time for removal of the tourniquet and further preparation and draping of the arm are required.<sup>[33,34]</sup> Other authors have recently reported the use of FTSGs harvested from the upper inner arm or neck for closure of the RFFF donor site defect, leading to a robust coverage.<sup>[35,36]</sup> Among 25 RFFFs used for soft tissue reconstruction, Kaltman *et al.*<sup>[35]</sup> found donor site morbidity in only 1 case, which had a failed FTSG. They promoted the use of a technique similar to the one proposed by Avery *et al.*,<sup>[14]</sup> which involves obtaining an FTSG from the inner arm to close the defect remaining from the RFFF harvesting. However, they also reported wound dehiscence at the medial arm donor site in 2 patients. Hanna *et al.*,<sup>[36]</sup> in a series of 50 patients who underwent RFFF reconstruction with repair of the donor site using an FTSG harvested along the neck dissection incision, reported minor skin loss in 15 cases (30%), which was managed with local wound care until healing by secondary intention. None of the patients had recipient site infections. With this method, the need for this second surgical site was eliminated. However, this technique can be used only when the

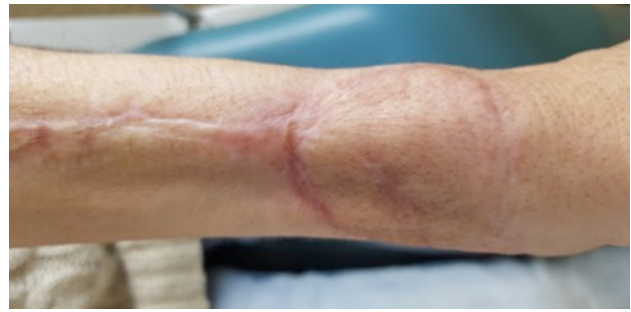


Figure 7: Good color match three months after surgery

recipient vessels are in the neck (it is not possible to use when anastomosis is performed with temporal vessels in non-oncologic patients). In the authors' opinion, another drawback with the use of an FTSG from the arm or neck for RFFF donor site reconstruction is the color mismatch in relation to the forearm skin. Several investigators have reported good results in associated morbidity for the RFFF donor site.<sup>[8,29,37,38]</sup> However, some reported methods for covering a donor site defect are limited by the size of the defect.

As we described in the first 100 cases,<sup>[39]</sup> the Iberic graft technique using 2, 3, or 4 local FTSG triangles facilitates the development of a geometric model for the reconstruction of large RFFF donor site defects (70 to 80 cm<sup>2</sup>), because the alignment of triangles with bases measuring up to 3.5 cm covers defects up to 7 cm wide. The length of the defect is not usually a problem, because defects up to 10 cm in length can be easily covered by triangles measuring up to 5 cm in height, without the need for additional extension of the forearm incision. A limitation to consider in this technique was related to moderate skin laxity of the patients, because most were 55 to 60 years old and thus more likely to achieve good results in the defect closure than younger patients with mild skin laxity. Nonetheless, this surgical technique has shown optimal results in young patients.

During the 7 years since the first description of the technique in 2009, the Iberic graft technique has been performed by the authors in every single patient undergoing reconstruction with an RFFF. Interestingly, there has been an evolution of the adaptation of the skin triangles in the donor site defect from a rigid horizontal disposition of the triangles in the very beginning to a more adaptable and flexible adaptation of the triangle skin grafts, depending on the size, shape, and contour of the donor site defect, including a proximal-to distal disposition of the grafts in the wrist to an oblique or irregular disposition. This feature also illustrates the versatility of this evolving technique for closure of RFFF donor site defects.<sup>[40]</sup>

In conclusion, the Iberic graft technique is a reliable method for closing RFFF donor site defects because



