

JOINT EVENT

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## The “wide-awake” approach: A safe technique in burned hand-reconstruction

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**Background:** Medical texts continue to perpetuate the belief that epinephrine should not be injected in fingers. At the American Society of Plastic Surgeons (ASPS) Plastic Surgery 2007 conference in Baltimore in October, Donald Lalonde, introduced an innovative hand-reconstruction technique called the “wide- awake” approach, which requires only local anesthesia. Keeping the patient awake during this procedure allows the plastic surgeon to make necessary adjustments, which may reduce complications from general anesthesia (such as nausea and vomiting), no sedation, no tourniquet pain, the ability to speak and collaborate to their surgeon during the surgery, without compromising patient safety.

**Materials & Methodology:** The study includes 2 years last activity: From 2014 to 2016. This study has the total number of 20 patients with burn hand wounds and post burn contractures that we handle and operate treated in our Service of Burns in Tirana.

**Results:** In most cases the problem of reconstruction of hand wounds is solved with local Xylocaine and adrenaline. Where to cover the wound after necrectomy the defects are covered, in most cases is used skin transplant, partial or complete with split thickness skin graft in 6 of cases; local flaps in 2 cases; amputation of fingers (at different levels of joint because the gangrene) in 2 cases. 10 patients with different post burn contractures were operated (excision, Z- ta plasty, applying of Split and Full Thickness Skin Grafts, Splitting and K-Wires). All patients did not have any ischemia.

**Conclusions:** Wide awake hand surgery is safe and better alternative to general anesthesia with tourniquet control. Local infiltration of Adrenaline with Xylocaine is safe in digit surgery and it should be used. The procedure is easy to perform, providing bloodless field and decreases the cost and duration of hospital stay. In addition to that tourniquet related complications like neuropraxia could be avoided.

### Recent Publications

1. Hibernoma of Femoral Region: a case report. ESPRAS 2014 Congress Edinburgh, Scotland: (2014), PW86
2. Reconstructive Wounds Aspects In Electric Hand Injury, Our Experience In The Last 6 Years”, Internacinal Public Health Conference Albania (2014), (P.60)
3. Prevention And Surgical Management Of Postburn Contractures Of The Hand”, Turin, 21° SIUST Congress - 18° MBC Meeting - 9° International Humanitarian Congress, Italy (2014)
4. Challenges In Surgical Treatment Of Encephaloceles” 3-st IMCA 2017 Albania, OP158, (P160)
5. Wound` s Treatment Aspects In Electric Hand Injuries” 1-St Annual Albanian Conference Of Trauma And Emergency Surgery, (2017).

### Biography

Gentian Zikaj graduated from the Faculty of Medicine (1998); post-graduated in Plastic Surgery. In 2003 he worked in Universitary National Center of Trauma in Tirana, Albania. In 2008 till now he has been working in the University Hospital “Mother Teresa”, Department of Burn and Plastic Surgery, in Tirana, taking part in all scientific activities. In 2009 he underwent training in Plastic Surgery at the Plastic and Reconstructive Clinic and Esthetic Surgery in Diskapi Hospital in Ankara, Turkey. In 2010 he underwent training course in “Ospedale ‘Civico E Benfratelli’ Reparto di Chirurgia Plastica e Centro Ustioni”. From 2012 he was a Lecturer in the Faculty of Medical Sciences, Tirana, Albania. His responsibilities in clinical practice with patient care include reconstructive burn surgery, providing specialized care for those affected by burn injury, and research efforts for the prevention, treatment and rehabilitation of burns, as well as general plastic surgery, hand surgery and flap reconstructive surgery.

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