

評估頭頸部癌症電療後之病患於顯微手術中使用止血鉗在頸動脈之結果

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**The outcome of clamping carotid artery for microvascular surgery in
post-irradiation patients of head and neck cancer**

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Purpose:

The available recipient vessels for microvascular anastomosis in head and neck cancer patients after radiotherapy are really limited. End-to-side anastomosis of donor vessel to carotid artery would be the possible choice in these patients. However, clamping carotid artery, especially in radiated neck vessel, could produce complications including neurological and major deficits. In this study, we evaluate the outcome and complications of these patients who received the procedure of clamping carotid artery during the microvascular anastomosis .

Materials and Methods:

From 2006 to 2012, patients received at least 60 Gy radiotherapy were included in this study. Both common and internal carotid artery clamping for end-to-side microvascular anastomosis were included in this study. Post-operative data including flap survival, flap complications, neurological deficit, and neck Doppler survey were evaluated.

Results:

No flap failure and major neurological deficits were discovered from this study. Post operative hospital course was not more complicated than patients not receiving clamping carotid artery.

Conclusion:

Clamping carotid artery is dangerous procedure because of the possibility producing neurological deficits and needs delicate preoperative evaluation. However, it doesn't elevate the risk of neurological deficits or other complications from our study.