2018 AAD Annual Meeting
W001: Hands-on: Wound Closures

Lab Handout
1.) Proper EVERSION is Achieved With Buried Sutures

2.) Starting and Ending Your Simple Running Sutures Beyond the Ends of Your Wound Can Avoid Dimpling and Puckering
Linear Closure and M-Plasty

Advancement Flaps

Baker. Local Flaps in Facial Reconstruction. 3rd Ed.
Crescentic Modification of Advancement Flap

Rotation flaps: fundamentals

Figure 1. (A) Classic rotation flap design. An arc is taken off a triangulated defect, allowing for rotation of the leading flap edge to close the primary defect. (B) Closure of the primary defect is shown with an arrow. As the primary defect is closed by rotation, a secondary defect develops along the arc of rotation. (C) Advancement along the secondary motion completes closure. Tension is directed along the vector shown by the arrow. (D) Owing to unequal arc lengths, a dog-ear removal is usually required along the outer arc of the secondary defect near the origin of the rotation pivot point. (E) Rotation completed with tension vectors depicted.
Rotation flaps: fundamentals

Figure 2. Lengthening the leading edge of a rotation arc overcomes pivotal restraint and minimizes secondary flap motion. As the “oversized” flap is rotated into place, there is less need for advancement along the secondary flap motion.
Rhombic Transposition Flaps
(Webster)
Rhombic (Dufourmental)  

Bilobed Flap

Z-plasty
Single-stage melolabial transposition