

# Procedure enhances skin cancer recovery

BY CLAUDIA PINTO  
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Dave Hart thought the cancerous growth on his nose was a zit.

When he found out otherwise, he wasn't alarmed. But he promptly made arrangements to have the lesion removed.

"I went in thinking that I was going to get a little something scraped off my nose," recalled the 48-year-old Pulaski resident.

Instead, Hart was left with a hole on his nose the size of a quarter.

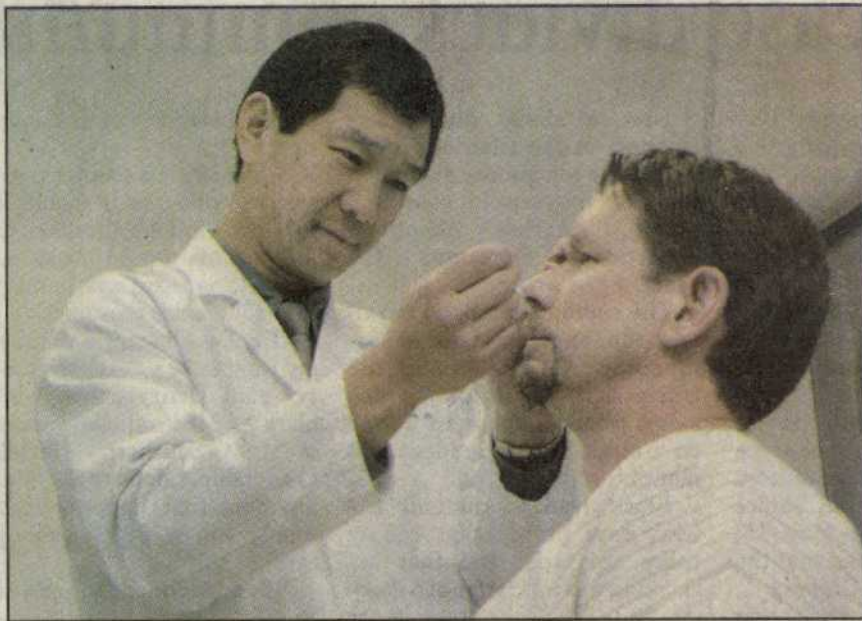
"My doctor pulled out a mirror and asked me if I wanted to see," Hart recalled. "I was shocked. I had no idea there was that much cancer."

A few years ago, the surgery could have left Hart's nose permanently disfigured or caused problems with breathing. But with advancements in a procedure dubbed the "forehead flap" technique, Hart's nose soon will look much the same as it did before the growth appeared.

"The forehead flap technique is the gold standard," said Dr. Stephen Park, the University of Virginia Medical Center's director of facial plastic and reconstructive surgery. He performed the procedure on Hart.

"In terms of dependability, cosmetic appearance and function of the nose, it cannot be beat," he said.

The surgery involves cutting a flap of



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Dr. Stephen Park, the University of Virginia's director of facial plastic and reconstructive surgery, tends to Dave Hart during an examination after Hart's surgery removing a skin cancer lesion.

skin from the middle of the forehead and leaving it attached at the brow. The flap is pulled over the hole on the nose, providing a blood supply from the forehead.

Once the flap is in place, the two sides of the forehead are sown together.

"Since most skin cancer sufferers are elderly, the skin on the forehead has more laxity, enabling us to close the hole in the forehead with minimal difficulty," Park said.

After three weeks, the blood vessels from the nose become attached to the skin flap and excess skin can be removed. It takes a few months for the scarring to heal.

The forehead flap technique is offered locally at both UVa and Martha Jefferson Hospital.

The procedure can repair voids ranging from 2 centimeters to the entire nose. It is superior to skin grafts in situations where there is exposed or missing cartilage, said Dr. Victoria Vastine, a plastic surgeon with Martha Jefferson.

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Park treats the flap constructed from forehead skin to aid healing after the surgery.

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"Free-cartilage grafts require a really good blood supply to survive, and the forehead flap technique provides that," she said.

Though the technique is not new, recent refinements have made the results look more natural. For example, surgeons now thin the skin flap of excess fat and muscle. And the hole often is made bigger so that scarring blends in with the natural contours and wrinkles in the nose.

Park teaches a course to physicians on the latest refinements.

"Many places today do forehead flaps, and the results are variable," Park said. "On occasion, the results can leave a reconstruction that is more conspicuous and less satisfying."

"In 30 years, the course will be obsolete because these techniques will be common knowledge," he said.

Doctors diagnose skin cancer in about 1 million Americans each year. Nearly half of all Americans will develop a cancerous skin lesion at least once by age 65.

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