

# ***JOINT CLINICAL RESEARCH FELLOWSHIP***

## ***BETWEEN***

***The European Association for Cranio-Maxillo-Facial Surgery and  
The Charles Wolfson Centre for Reconstructive Surgery Royal Free  
and UCLH Hospitals***

***Drago Jelovac, Belgrade, Serbia***

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***October 2016- March 2017***

***Report to: Prof dr Peter Butler, Mr. Nicholas Kalavrezos***

***Report to EACMFS Secretariat***

***During this period, I have attended UCLH, Macmillan Cancer Center, Royal Free Hospital regarding Clinical Academic Fellowship Program. (October 2016- March 2017)***

***I would like to highlight the list of my activities and schedule during my fellowship program:***

- ***Introduction of hospital and other hospital facilities. Attending MTD on every Wednesday. (Usually 2 hours) in Macmillan Cancer Center.***
- ***Clinic at Macmillan Cancer center under Mr. Nicholas Kalavrezos and Professor Peter Butler.***
- ***Morning handover, Ward Rounds on daily basis, in the morning 8AM, usually every day.***
- ***Literature review regarding integra project, preparation of patients for major cases under Mr. Kalavrezos***
- ***Theatre observation – introduction to new healthcare system, introduction to staff***
- ***Presentation regarding HPV related cancers – Listening to the lecture, and time for discussion regarding that topic with Mr. N. Kalavrezos.***
- ***Application for honorary contract***
- ***Review of literature (possibilities for publishing)***
- ***Joint induction appointment with prof Peter Butler and Mr. Kalavrezos***

- *Submission of abstract: Lipotransfer for radiation skin fibrosis and volume defects in head and neck oncology for BAHNOS meeting in London 2016*

Attended next procedures: *Excision of squamous cell carcinoma of retromolar part of alveolar ridge, Lugol's Iodine preoperative evaluation, Wide local excision of the Palatal severe dysplasia; Two Mandibular fractures treatment, Two Zygoma fractures management (transconjunctival approach, intraoral approach, Gilles temporal approach); Coleman fat graft transfer to the left neck, submandibular and submental region in a patient previously underwent neck dissection radial forearm free flap due to adenocarcinoma of the sublingual gland; Coleman fat graft transfer to the left neck, parotid and submandibular region in a patient previously underwent neck dissection and radiation therapy; Core biopsy US guided biopsy of the parapharyngeal space tumor; Coleman fat graft transfer to the right neck and parotid region. Patient previously underwent neck dissection and parotidectomy due to malignant parotid tumor; Minimal invasive face lift through preauricular approach; Major case, Tongue cancer, T2N0M0, selective left neck dissection, resection of the tumor, transoral left hemi glossectomy followed by "en block resection of neck tissue through the neck. Observing left lateral arm flap harvesting. Observing vessel dissection, and two micro anastomosis: end to end (facial artery and donor artery; branch of venous thyrolingual facial trunk and donor vein)/ 12 hours; Biopsy of submucosal fibrosis in an Asian patient; Biopsy of temporal artery; Major case , Buccal mucosa, T2N0M0, selective left neck dissection, resection of the tumor, transoral excision of the tumor(6x6.5 cm) followed by "en block resection of neck tissue through the neck. Observing radial forearm flap( RFFF) flap harvesting. Observing vessel dissection, and two micro anastomosis: end to end ( facial artery and donor artery; branch of venous thyrolingual facial trunk and donor vein)/ 12 hours; Mid facial Face lift – Observing- prof Butler P.; Correction of nasal deformity/ rib graft harvesting and reconstruction of the septum of the nose/ septoplasty , osteosynthesis with mini plate; Coleman fat transfer to the neck; Observing flap reanimation, confirmation of skin necrosis, debridement of the flap and wound closure with iodine gauze pack; Definitive reconstruction of the sublingual defect of the floor of the month with superiorly based sternocleidomastoid muscle.; Major case , left tongue, T2N0M0, selective left neck dissection, resection of the tumor, transoral excision of the tumor(6x6.5 cm) followed by "en block resection of neck tissue through the neck. Observing radial forearm flap ( RFFF) flap harvesting. Observing vessel dissection, and three micro anastomoses: end to end (facial artery and donor artery; branch of venous thyrolingual facial trunk and donor vein)/ 12 hours; Zygomaticomaxillary sarcoma*

*case, secondary reconstruction. Previously reconstructed with radial forearm flap and Peek Implant which is rejected. Removal of the peek implant, debridement of the defect, comparison with 3D models and computer planning. In vivo estimation and decision for left fibula osteocutaneous free flap. Observing FFF flap rising, step by step, after marking of cutaneous perforators. Harvesting of recipient vessels in parotid region. Scaring tissue had impact to vessel harvesting but few vessels were meticulously identified. Successful position of the flap into the defect, basis of the fibula put medial and inferiorly. Pedicle and skin portion of the flap secured with stiches and anastomosis were made. Anastomosis was patent after 30 min. Closing of the defect with respect to the left eyelids; Major case, left tongue, T2N0M0, selective left neck dissection, resection of the tumor, transoral resection followed by “en block resection of neck tissue through the neck. Observing fasciocutaneous radial forearm flap (RFFF) harvesting. Observing vessel dissection, and two micro anastomosis: end to end (facial artery and donor artery; branch of venous thyrolingual facial trunk and donor vein)/ 11 hours; Major case , left tongue, T2N0M0, selective left neck dissection, resection of the tumor, transoral resection followed by “en block resection of neck tissue through the neck. Observing fasciocutaneous radial forearm flap (RFFF) flap harvesting. Observing vessel dissection, and two micro anastomosis: end to end (facial artery and donor artery; VJI and vena commitantes end to side anastomosis, and cephalic vein to EJV (end-to end anastomosis) observing on Saturday)/ 12 hours; CO2 laser excision of the mild dysplasia of the lateral tongue and left floor of the mouth Core biopsy US guided of the endophytic tumor of the tongue and punch biopsy of the tongue; Excision of the sebaceous cyst of the frontal region and suturing of the frontal muscle; Major case , left maxillary cancer, T4N0M0, selective left neck dissection, resection of the tumor, Weber Ferguson incision Observing left fibula osteocutaneous flap harvesting. 12 hours Observing vessel preparation, micro anastomosis; Major case, carcinoma cuniculatum of the mandible, parotid region, maxilla and bilateral neck. Excision of the parotid mass, right radical parotidectomy, excision right posterior maxillectomy, subtotal mandibulectomy with disarticulation at the right side, excision of the neck mass bilaterally. Defect reconstruction with double layer. Inner part closed with pedicled pectoralis major flap, prefabricated reconstructive plate with TMJ part reconstructed mandible. Outer part of skin and soft tissue reconstructed with left pedicled latissimus dorsi flap; Major case, tongue cancer, RFFF, neck dissection, free flap reconstruction. Observation of micro anastomosis and vessel preparation. Observation of modified radical neck dissection level 1 to 4. Theatre surgery observation: Major case. Cancer of with mandible involvement. RFFF for left mandible reconstruction.*

*Observation of neck dissection, vessel preparation and micro anastomosis; Major case, ALT flap; Major case. Cancer of with mandible involvement. RFFF for left mandible reconstruction. Observation of neck dissection, vessel preparation and micro anastomosis.; Coleman fat graft to the neck and face; Mandible sarcoma, reconstruction with RFFF; Major case, tongue cancer, ALT flap reconstruction. Observation of micro anastomosis and vessel preparation. Observation of modified radical neck dissection level 1 to 4. Major case, tongue cancer, radial free flap reconstruction. Observation of micro anastomosis and vessel preparation. Observation of modified radical neck dissection level 1 to 4; Coleman fat graft to the face and neck, observation; RFFF, anastomosis observation and neck dissection. Coleman fat graft to the face and neck, observation; Coleman fat graft to the face and neck, observation; Major case, palate carcinoma, resection with partial maxillectomy. Rising of ALT flap. Reconstruction of the maxillary defect with ALT flap and micro anastomosis. Donor artery was facial, donor veins were thyrolingual vein, external jugular. Major case tongue cancer, left side, hemiglossectomy, Rising of ALT flap. Reconstruction of the maxillary defect with ALT flap and micro anastomosis. Donor artery was facial, donor veins were thyrolingual vein, external jugular; Major case, suspect liposarcoma of the posterior left neck. Perioperative confirmation of lypoma. No latissimus dorsi flap. Excision and primary closure.*

- *Completion database of Coleman fat graft patients under Prof P. Butler and Mr. N. Kalavrezos*
- *Obtaining honorary UCLH contract*
- *Review of the outcome measurement protocols regarding the Coleman fat graft patients who underwent cancer surgery in the head and neck region, preparation for study, model of interview, model of patient questionnaire*
- *Project-research related appointments at Royal Free hospital at Fridays under Professor Peter Butler*
- *Retrospective study, obtaining clinical, histopathological data from 57 patients though CDR, 10 years average follow up. Paper preparation for publishing.*
- *Attended Sarcoma Clinic on Fridays*
- *Improvements of clinical and scientific links and collaboration between two Universities*

- *Upcoming projects*
- *Lipotransfer is a useful tool for surgical refinements following treatment for head and neck malignancies. Prospective trials will be necessary*