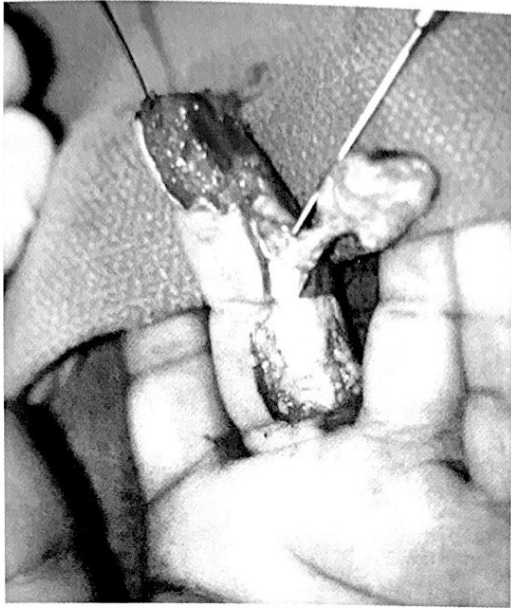


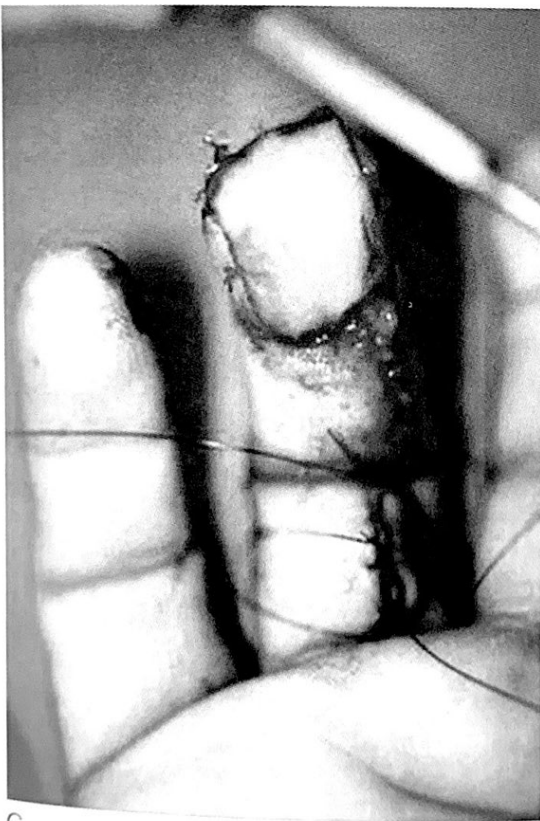
**FIGURE 172-17.** Reversed homodigital island flap. **A,** Flap design over the palmar-lateral aspect of the proximal phalanx on the noncritical side of the middle finger; the ulnar palmar artery is dissected as the pedicle of the flap, while the digital nerve is skeletonized and left behind. In the sensate alternative, the digital nerve is sacrificed and raised with the flap to be repaired with the stump of the digital nerve on the critical radial side. **B,** On elevation of the flap, the digital artery is dissected as much as necessary to reach the defect but to ensure the preservation of the retrotendinous communicating branch. The dissection should preferably not extend beyond the middle portion of the middle phalanx. **C,** Flap simply inset with a hypodermic needle. The donor site is covered with a hypothenar split graft (SG). In the sensate alternative, the neurorrhaphy is performed to the end of the radial digital nerve. (From Foucher G, Khouri K: Digital reconstruction with island flaps. *Clin Plast Surg* 1997;24:1-32.)



A



B



C



D

**FIGURE 172-18.** Reverse-flow homodigital island flap. *A*, Distal phalangeal palmar defect of the middle finger with reversed homodigital island flap dissected on its vascular pedicle. *B* and *C*, Flap transposed to the defect and donor site covered with skin graft. *D*, Early postoperative result.