

## Plastic Flap Recommendations

1. Flaps survive on blood flow, therefore the MABP should be kept above 80 mmHg. Urine output > 90 – 100 cc/hr.
2. Flaps require O<sub>2</sub>, therefore the Hct should be kept at 30 – 35%. This can be done w/ packed RBCs, or in the case of an emergency, whole blood. Too much blood can be just as bad.
  - a. Nasal O<sub>2</sub> at the least, 40% face mask preferred. If intubated, 40 % FIO<sub>2</sub>.
3. Under no circumstances should pressors be given unless its to save the patient's life.
4. Room temperature is critical to pedicle flap (TRAM, latissimus, gastroc-nemius, etc) survival. It should be maintained at 80 deg F.
5. Flap monitoring is critical. Clinical evaluation should include color, temperature, and capillary refill and should be done hourly.
  - a. White/pale/slow or no cap refill = arterial insufficiency
  - b. Blue/purple/rapid capillary refill = venous insufficiency
  - c. Sticking the flap w/ an 18 ga needle: ⇒ bright red blood OK
  - d. Sticking the flap w/ an 18 ga needle: ⇒ dark blood NOT OK
6. Most free tissue transfers will come to the ICU with an implanted venous Doppler. Please make sure you know how to use it.
7. If there are any questions, **CALL!**