

**Oral Presentation Abstract: O6**

**Title:**

The I-GAP flap for pelvic reconstruction after carcinoma of the rectum.

**Authors:**

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**Abstract:**

Colorectal cancer is the third most common cancer worldwide. Neo-adjuvant radiotherapy has allowed the subsequent resection of many locally advanced rectal carcinomas. This subset of patients frequently had extensive and debilitating wound breakdown, with compromise of ongoing oncological treatment. Since the turn of the millennium, the advent of immediate flap reconstruction of the pelvic floor in this patient population has significantly improved healing, decreased morbidity and hospital stay. The previous workhorse flaps in this regard were the gracilis and rectus flaps. The more recent widespread use of the prone position for the perineal resection has made both these flaps unattractive due to repeated intra-operative re-positioning. The WDGMC colorectal unit presents their experience with a specific design of the pedicled I-GAP (inferior gluteal artery perforator) flap, which has not previously been documented in this setting. The flap is large, well vascularized, easily raised without a position change and results in minimal donor site morbidity. Patient data, technical details and some of our design modifications will be presented.