

Surgical Pearls

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Nasal Ala Island pedicle flap and Alar sill advancement flap

- When to use them
- Their advantage
- Pitfalls to avoid

Nasal Ala Island pedicle flap

- Yi et al, Dermatol Surg. 2011 Jun;37(6):851-4 using adjacent cosmetic units like the side wall
- Different design : Place entire flap on the ala
- 88 in the last 12 months

Nasal ala IPF: when to use it

- Ala defect
- Anywhere on the ala
- size of defect may be up to 50% of ala



Nasal ala IPF: Alternate Options for closure:

Full thickness skin graft



Nasal ala IPF: Alternate Options for closure:

Unilateral Rotations



Nasal ala IPF: Alternate Options for closure:

The Yi et al IPF (with or without nasalis)



Nasal Ala Island pedicle flap

- For defects up to 1/3+ size of ala
- Keeps it all on the ala
- Very simple in design
 - Only 2 incisions
 - Slight undermining laterally
 - Only 2 vicryls

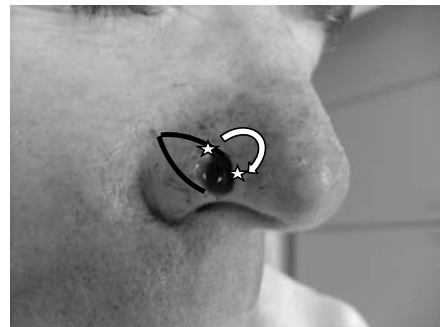
Two cuts

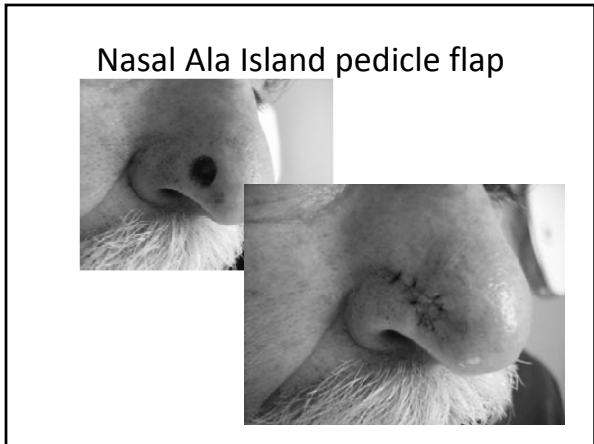
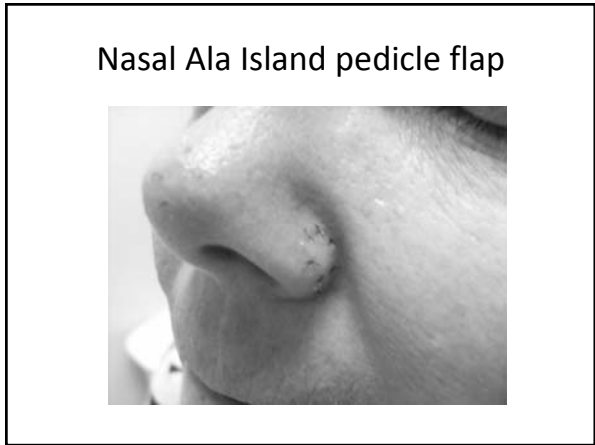
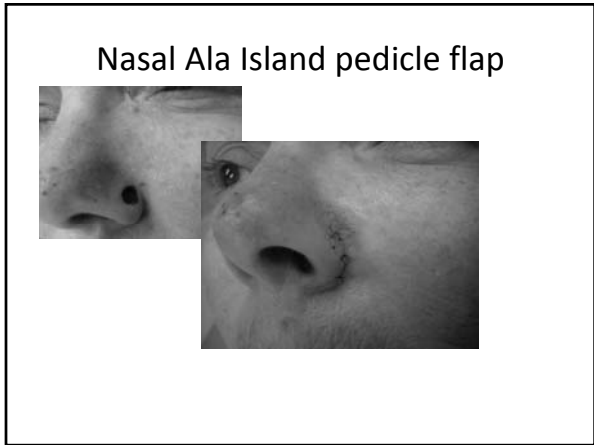


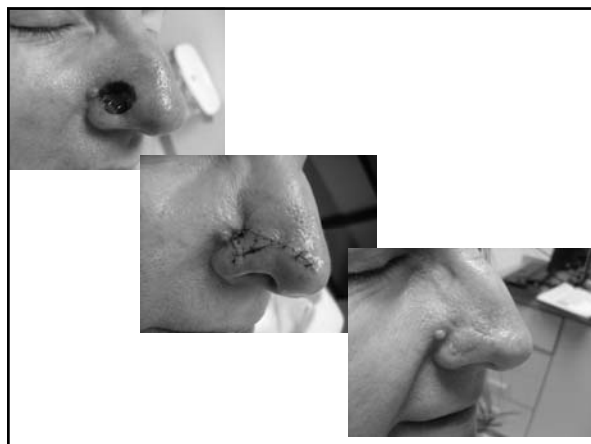
Undermine



Approximate







Nasal Ala Island pedicle flap: issues

- The code is 14060 (not the old IPF)
- Pincushioning : can be used to your advantage
 - Know how to fix it (only 2)
- Position your vicryls correctly to control tension vector

Alar sill advancement flap

- Use of the sill/groove to hide scar old concept
 - Perialar crescentic advancement flap



- Think of it for any defect abutting the crease
 - Laterally and inferiorly only
 - Lip, cheek...not directly above...+/-directly below

Alar sill advancement flap

- Undermine the non-nasal portion
- vicryls are superficial in non-nasal skin

