

Facial–Facial Nerve Interpositional Graft

Patient Selection

If the peripheral facial nerve defect is more than 1 cm, or in patients with a segmental defect in the facial fan (the predominant defect in parotid cancer patients after radical parotidectomy), facial–facial nerve interpositional grafting results in good facial function (**Fig. 38.4** and **Fig. 38.8**).

! Facial–facial nerve interpositional grafting is the most frequently used nerve reconstruction technique in patients with parotid cancer and nerve infiltration.

Patient Information and Consent

This is the same as for direct end-to-end-anastomosis, but in addition, the patient should be aware that harvesting of the nerve graft will lead to a loss of sensitivity in the target area of the nerve selected—i.e., numbness in the ear region (the great auricular nerve) or in the dorsal lower leg and lateral foot (the sural nerve). Postoperative infection and wound dehiscence in the leg is possible, but this is seldom

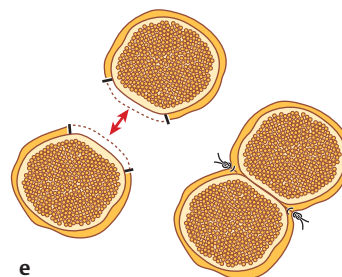
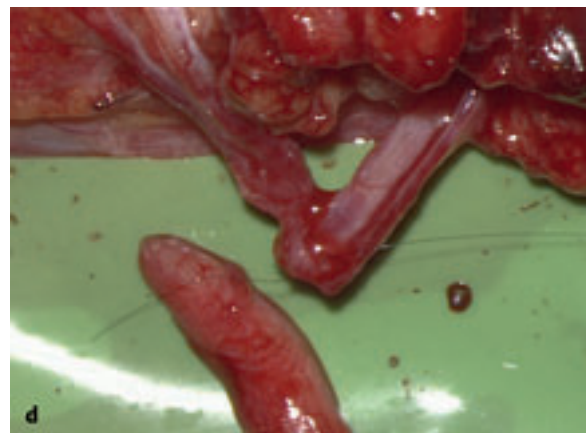
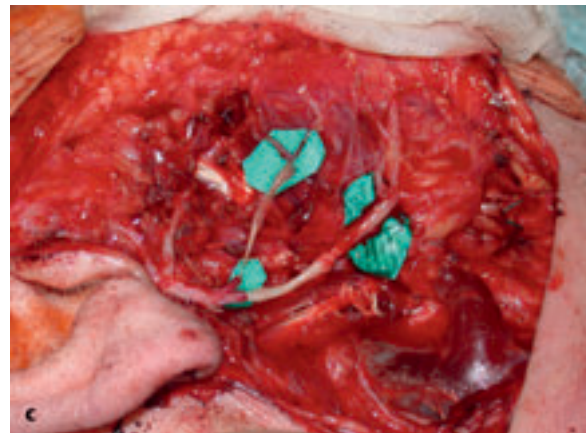
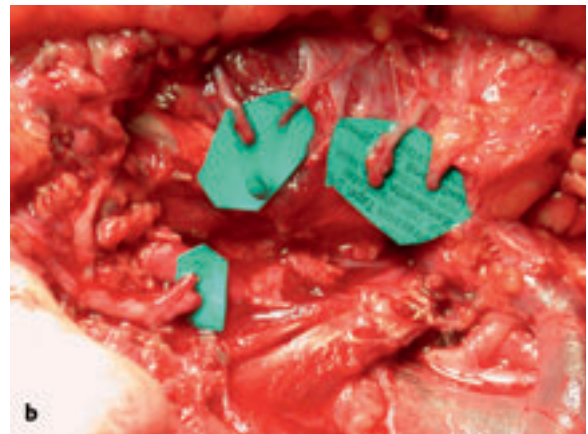
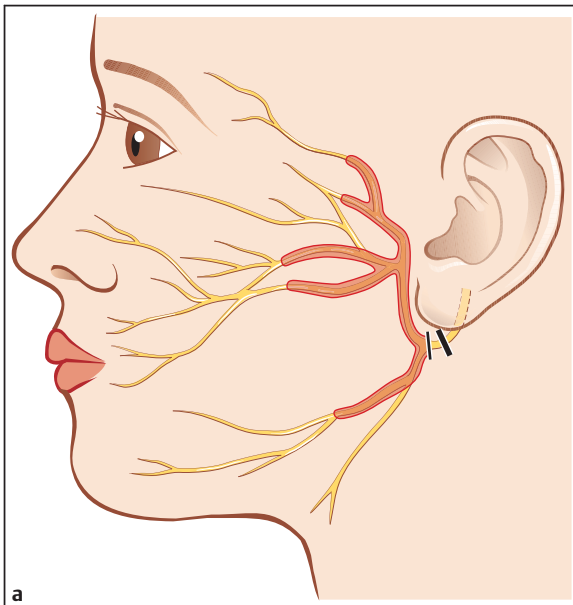


Fig. 38.4a–e Reconstruction of segmental facial nerve defects.

- a** Surgical rehabilitation: a typical surgical segmental defect in the facial nerve at the end of parotid cancer surgery.
- b** The proximal and distal nerve endings are pooled and trimmed for nerve suturing.
- c** Reconstruction with several branches of the great auricular nerve.
- d** Peripheral thin branches are pooled and sutured together to increase the nerve diameter.
- e** The epineurium is peeled off in the attachment zone.