

Reconstructive

SURGERY



At the birth of the NHS much progress had been made in reconstructive surgery due to experience built on treating battle casualties during World War II. But plastic surgery could only use skin and muscle adjacent to the area being treated. By proving that you could take material from any area of the body and connect into local blood vessels, the development of microsurgery has had a dramatic influence on the range of reconstructive surgery.

NHS consultants were among the world-leaders in microsurgery, with the first toe-to-thumb transplant achieved in East Grinstead in the late 1960s. We can now reattach body parts, repair much larger defects and reconstruct lost function as well as appearance.

This has had important knock-on effects in the support of work by other surgeons, especially those treating cancer. Oncology surgeons can now remove much larger tumours that would have been considered inoperable in the past, in the confidence that microsurgery techniques mean the wounds left can be reconstructed.



PROFESSOR SIMON KAY
RECONSTRUCTIVE SURGEON
LEEDS ROYAL INFIRMARY