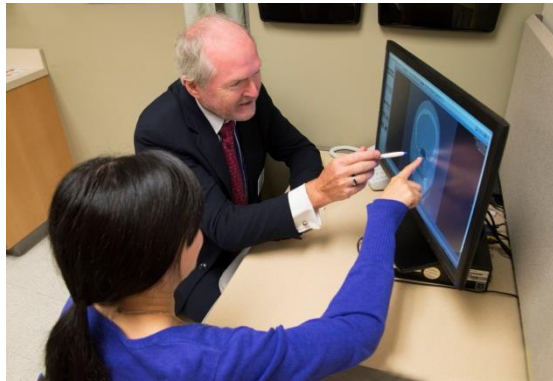


FACE AND HAND TRANSPLANT SURGERY: VASCULARIZED COMPOSITE ALLOTRANSPLANTATION



Face and hand transplantation procedures are promising new methods which can restore quality of life to patients who have experienced a devastating facial injury or upper extremity loss. UW Medicine is joining an elite group of medical centers nationwide that are certified by the United Network of Organ Sharing to perform these types of transplantation.

Under the leadership of Dr. Peter Neligan, director of the Center for Reconstructive Surgery at UW Medicine, the face transplantation program will provide comprehensive care for patients in need of face and hand transplants, giving them new opportunities and hope for the future.

UW Medicine's heart, liver, kidney, pancreas, lung and multi-organ transplantation teams are national leaders in performing lifesaving surgeries. Our transplant services combine advanced clinical research and innovative approaches to provide quality results and outstanding service to patients and their families.

Comprehensive Team

Face and hand transplantation are part of an emerging field of transplant called Vascularized Composite Allotransplantation (VCA). This is the transplantation of body parts made of many types of tissue, such as skin, blood vessels, nerves, bones and muscles from a donor to a candidate.

Face transplantation can include: skin from the face, neck, and/or scalp, lips and tongue, muscles used for facial movement and expression, nerves to animate as well as nerves that provide sensation. Supportive bony structures can also be included in those muscles.

Hand transplantation involves replacement of the entire limb structure, usually limited to injuries sustained to the area below the elbow.

Our team includes experts from reconstructive surgery, transplant, psychiatry, otolaryngology, infectious disease, social work, nursing, nutrition, physical therapy, dentistry, ophthalmology, pain medicine and pharmacy, working together to provide the best possible care for patients.

VCA Transplantation FAQ's

Q. Who is a good candidate for VCA transplantation?

A: Candidates for face and hand transplantation include patients with severe facial deformities or below the elbow amputation resulting from injury, trauma or medical conditions which cannot be successfully restored using currently available standard reconstructive procedures.

Candidates undergo an extensive screening process that can take several months. They will receive medical and psychiatric evaluations to assess for health, social support, and ability for self-reliance and compliance with physician-directed care. Only those candidates who meet specific selection criteria are placed on the waiting list for transplant.

Q. How do you find VCA transplant donors?

A: VCA donation requires a special and sensitive consent process with donor families. For UW Medicine patients, this process is facilitated through specially-trained coordinators from LifeCenter Northwest, a non-profit, federally-designated organ procurement organization for the Pacific Northwest.

Q. What can the patient expect during surgery?

A: Patients waiting for a VCA donation can be called into the hospital for surgery at any time. While hand transplantation can take 8-12 hours, face transplant surgery typically takes 15-25 hours, depending on how much and which parts need to be restored. After surgery, the patient will be placed in a surgical intensive care unit. The amount of time spent in the hospital may be 2-4 weeks, but could be longer, depending on healing, response to therapies and any complications that might arise.

Q. What should the patient expect after surgery?

A: VCA transplant patients should be prepared for extensive rehabilitation, which can last from four to six months. Some parts of rehabilitation may be required for life. The goal for rehabilitation is for the patient to regain nerve function and movement so that he or she can participate confidently in daily activities such as speech, swallowing, smiling, and blinking. Face transplantation therapy focuses on speech, swallowing, smiling and blinking, while hand transplant patients work on grip and dexterity.

After transplant, patients need to adhere to a strict, lifelong regimen of immunosuppressant medication to prevent rejection of their graft. In addition, they will need long-term medical management to assess general health and viability of their transplant.

Q. What is the risk of a rejection for the patient?

A: Every patient will have an episode of acute rejection, which may manifest itself as a change in color, patchiness, swelling or redness. These episodes are managed by making changes to the immunosuppressive medication. Loss of a transplant is rare but can happen and a contingency plan to deal with this scenario will be discussed.

Q. Will a face transplant patient look like their donor after surgery?

A: Because a face transplant is built on a patient's remaining facial structure, the recipient might retain a mild resemblance to the donor, but the overall look will be a mixture of the patient's anatomy and the donor's distinct features.

Q. How do I find out more about this program or send a referral?

A: Visit our website: uwmedicine.org/VCA-transplantation

Referral phone: 206.598.6643

Referral fax: 206.598.8740