

## **For Immediate Release**

### **HEIR TO THE SPARE** ***Surgeons Using Spare Body Parts to Reconstruct Following Cancer Ops***

**Newcastle, UK - xx May, 2024** - A surgical process which uses flesh and skin usually discarded during operations to graft on operation sites is proving successful, according to a presentation at a recent surgical event.

The study, entitled, *A Single Centre 10-Year Experience Using the Spare Parts Principle for Sarcoma Reconstruction*, was authored by ST4 Plastic Registrar Sachin Teelucksingh, Juan Enrique Berner, Timothy Crawley and Daniel B Saleh, supervised by consultant plastic surgeon Mani Ragbir, and presented by Dr Teelucksingh at the British Association of Plastic, Reconstructive and Aesthetic Surgeons' (BAPRAS - [www.bapras.org.uk](http://www.bapras.org.uk)) recent North East regional meeting.

Conducted as a retrospective study of all soft tissue sarcoma patients treated in the north of England spanning from 2012 to 2021, the study examined key data points including patient demographics, tumour characteristics, surgical approaches, and post-operative outcomes. The primary focus was on cases involving limb-threatening sarcomas, where traditional surgical methods for preserving the limb were impractical due to factors such as major vessel or nerve involvement.

Sarcoma represents a diverse category of cancers that originate in both bone and soft tissues, known as soft tissue sarcoma. Soft tissue sarcoma arises in the supportive and connecting tissues of the body, encompassing muscles, fat, blood vessels, nerves, tendons, and joint linings. With over 70 identified types, treatment approaches for sarcoma are tailored according to the specific type, its location, and individual factors.<sup>1</sup> Surgery for sarcoma cancers in a limb usually involves incision and reconstruction, but if the cancer is complex, preserving the limb is not always possible.

Patients who undergo amputations due to sarcomas of the limb may require a second operation, which removes tissue from a donor site to reconstruct and restore aesthetics. This donor site adds to the patient's recovery time and increases the potential for complications. By using tissue that is free from cancer but on the part of the body that has been amputated, surgeons are able to make use of what would usually be thrown away, whilst decreasing the patient's recovery time.

The benefits of using 'spare parts' to reconstruct following amputation surgery are far-reaching, extending beyond the patient. Operating time is potentially decreased, reducing burden on operating theatres, which are often at capacity. Patient recovery time is decreased as there is only one wound, which could shorten hospital stays, and the risk of complications. As a result of this, cost to the NHS reduces.

Dr Teelucksingh says:

***“Our research sheds light on the effectiveness of utilising the spare parts principle in sarcoma reconstruction, particularly in cases where preserving the limb through conventional means is challenging. By salvaging and repurposing tissues that would typically be discarded, we can enhance functional outcomes and minimise donor site morbidity for patients.”***

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<sup>1</sup> <https://www.mayoclinic.org/diseases-conditions/sarcoma/symptoms-causes/syc-20351048#:~:text=Sarcoma%20is%20the%20general%20term,and%20surround%20other%20body%20structure>  
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Consultant plastic surgeon Mani Ragbir, supervisor of the study and President of BAPRAS, emphasised the potential impact of the findings on clinical practice. Mr. Ragbir says:

***“The use of spare parts in sarcoma reconstruction represents a significant shift in our approach to limb-preserving surgery. By maximising the use of available tissues and minimising the need for extensive grafting, we can improve patient outcomes and streamline post-operative care.”***

## **CASE STUDY**

58-year-old David Brown, a retired train driver hailing from South Shields, twice underwent removal of malignant melanomas, before finding out that a lump under his arm was a sarcoma. David was treated at Durham University Hospital, where he was told he may lose his arm, but a limb-preserving operation meant his arm was saved and, after daily radiotherapy, he was given the all-clear from cancer two months later.

Sadly, in 2023, David noticed a new lump and was told he would need to undergo a drastic amputation called a forequarter amputation, in which the arm, shoulder blade and collar bone is removed. On 1<sup>st</sup> October 2023, David, who is married, underwent the drastic life-saving operation, which was carried out by consultant plastic surgeon Mani Ragbir at the Freeman Hospital in Newcastle- Upon-Tyne, using the ‘spare parts principle’ technique. David says:

***“When they first told me I may lose my arm, I responded that if that happened, I would not be able to live. I could not imagine a life as an amputee. However, when the tumours returned and the pain so was severe even morphine couldn’t help, I was keen to go ahead. The operation was a success and I’ve never looked back or felt sorry for myself. In fact, just a month afterwards, I was planning six-months on holiday, popping back only to attend hospital appointments and do my washing!”***

Over the next few months, David and his wife visited Egypt, India, Gran Canaria, Florida, Bali and Australia. David continues:

***“When I was 13, I had a tattoo on my left forearm. Years later, I was fed up with it and underwent laser surgery, getting rid of all of it but a blob. I was happy that at least the amputation would finally rid me of the tattoo, but due to the spare parts principle the blob is, in fact, now on my shoulder!”***

BAPRAS President Mani Ragbir concludes;

***“David was a prime candidate for the technique, undergoing a fairly complex procedure. Recovery limited to a single wound rather than multiple meant that David was able to return to daily life more quickly, establishing a new normality. David is an inspiration, and we wish him all the best for the future.”***

## **ENDS**

### **Notes to Editors:**

#### **About the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)**

The British Association of Plastic, Reconstructive and Aesthetic Surgeons is the voice of plastic surgery in the UK, advancing education in all aspects of the specialty and promoting understanding of contemporary practice. BAPRAS speaks for the majority of reconstructive and aesthetic plastic surgeons providing services to patients in the UK today. For more information visit

[www.bapras.org.uk](http://www.bapras.org.uk) or @BAPRASvoice on Twitter/Instagram.

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