Title: iGAP flap reconstruction of the perineum: a video vignette

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Dear Editor,

This is a video demonstrating the use of gluteal flap for perineal reconstruction following exenterative surgery. Here we illustrate the use of the inferior gluteal artery perforator [iGAP] flap, on a male patient undergoing total pelvic exenteration for a locally advanced rectal cancer, having received neoadjuvant chemoradiotherapy.

We describe the key steps of the procedure which include the skin marking & perforator identification in the prone position, incision and elevation of the flaps, and finally the movement and de-epithelisation of the medial flaps, which are closed in a V -Y formation.

The inferior gluteal artery provides the major blood supply to the lower half of the gluteus maximus and provides perforators to the overlying skin. Most perforators have been described in the horizontal middle third of the gluteal region [1]. Since iGA is the main supplier of the gluteal area it allows for a bulky flap to be raised for perineal reconstruction. The iGAP flap was first described by Higgins et al, for a cover of an ischial sore reconstruction [2].

When surgical resection does not compromise the internal iliac vessels unilaterally or bilaterally or their distal branches, the iGAP provides an appropriate flap volume to obliterate the perineal defect, with good vascularisation and easy access for flap donation in the prone position. The procedure requires patient compliance, by avoiding any direct flap pressure for two weeks to avoid flap dehiscence and necrosis [3].

**Conflict of interest**: Nil

References:

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