

## Wound management in head and neck reconstruction

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After removing the sutures that close fresh wounds, tape is often applied to prevent hypertrophic scarring. However, tape has the disadvantage that it can mask signs of early postoperative wound complications. Since patients who undergo head and neck reconstruction have a high incidence of postoperative infection or fistula, we examined the postoperative use of tape in 138 patients who underwent free flap reconstruction immediately after head and neck cancer resection. In most patients, the flap recipient site in the neck region did not undergo postoperative taping. By contrast, the flap donor site of all patients was treated with tape for 3 months. Retrospective medical chart review searching for the postoperative development of hypertrophic scars or keloids showed that while most patients did not develop pathological scarring in the neck region, hypertrophic scars did emerge in the donor site of some patients, especially those who had undergone anterolateral thigh flap transfer. Thus, free flap donor sites should be managed carefully to prevent hypertrophic scar growth.