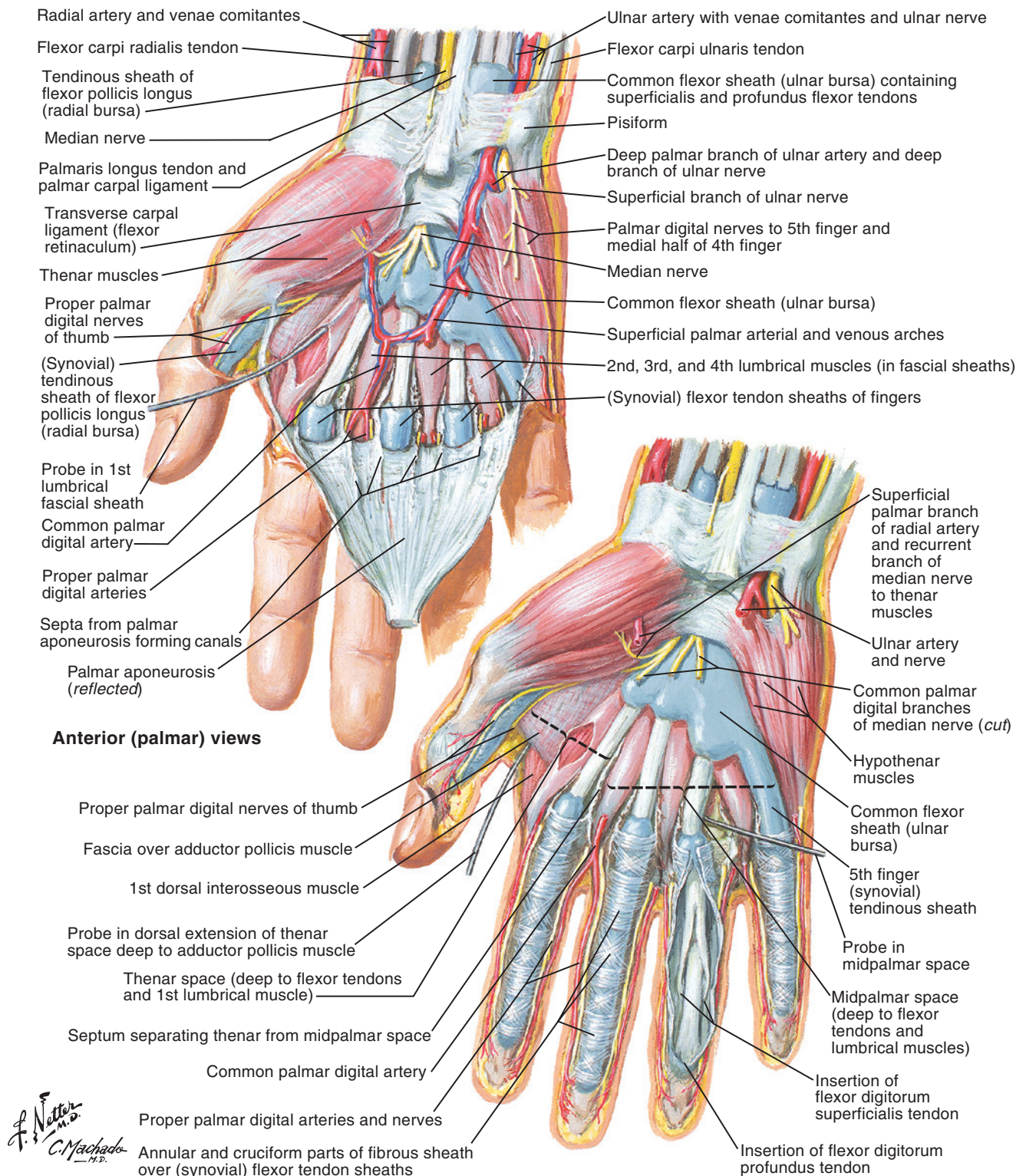


**Figure 12.16** Superficial dissection of the palm. (Reprinted from Netter Anatomy Illustration Collection. ©Elsevier Inc. All Rights Reserved.)

Multiple septocutaneous perforators arise from the radial artery along a line drawn from the middle of the antecubital fossa to the radial styloid (between the brachioradialis and flexor carpi radialis). Proximally, the perforators are few and widely-spaced but include a large, well-defined, named perforator – the inferior cubital artery – that arises approximately 4–5 cm distal to the elbow and can be used

to harvest a thin antecubital skin flap for microvascular transfer. Alternatively, these proximal perforators can be used to design a distally-based, reversed radial forearm flap for dorsal hand coverage.

Distally, multiple septocutaneous perforators can be found grouped closely within 5 cm of the wrist crease. These perforators provide perfusion to the classic radial forearm



**Figure 12.17** Deep dissection of the palm. (Reprinted from Netter Anatomy Illustration Collection. ©Elsevier Inc. All Rights Reserved.)

flap, and can be used to design pedicled perforator flaps from the distal forearm for coverage of small hand defects without sacrificing the main artery.<sup>8,9,10</sup>

At the level of the radial styloid, the radial artery gives off a superficial palmar branch that heads volar to the scaphoid to contribute to the intercarpal arches and usually

anastomoses with the superficial palmar arch in the hand (Fig. 12.4). However, the main continuation of the radial artery curves dorsally passing under the tendons of the first dorsal compartment to enter the anatomic snuffbox superficial to the scaphoid (Fig. 12.18). Here, it can easily be located for recipient vessel preparation in microvascular