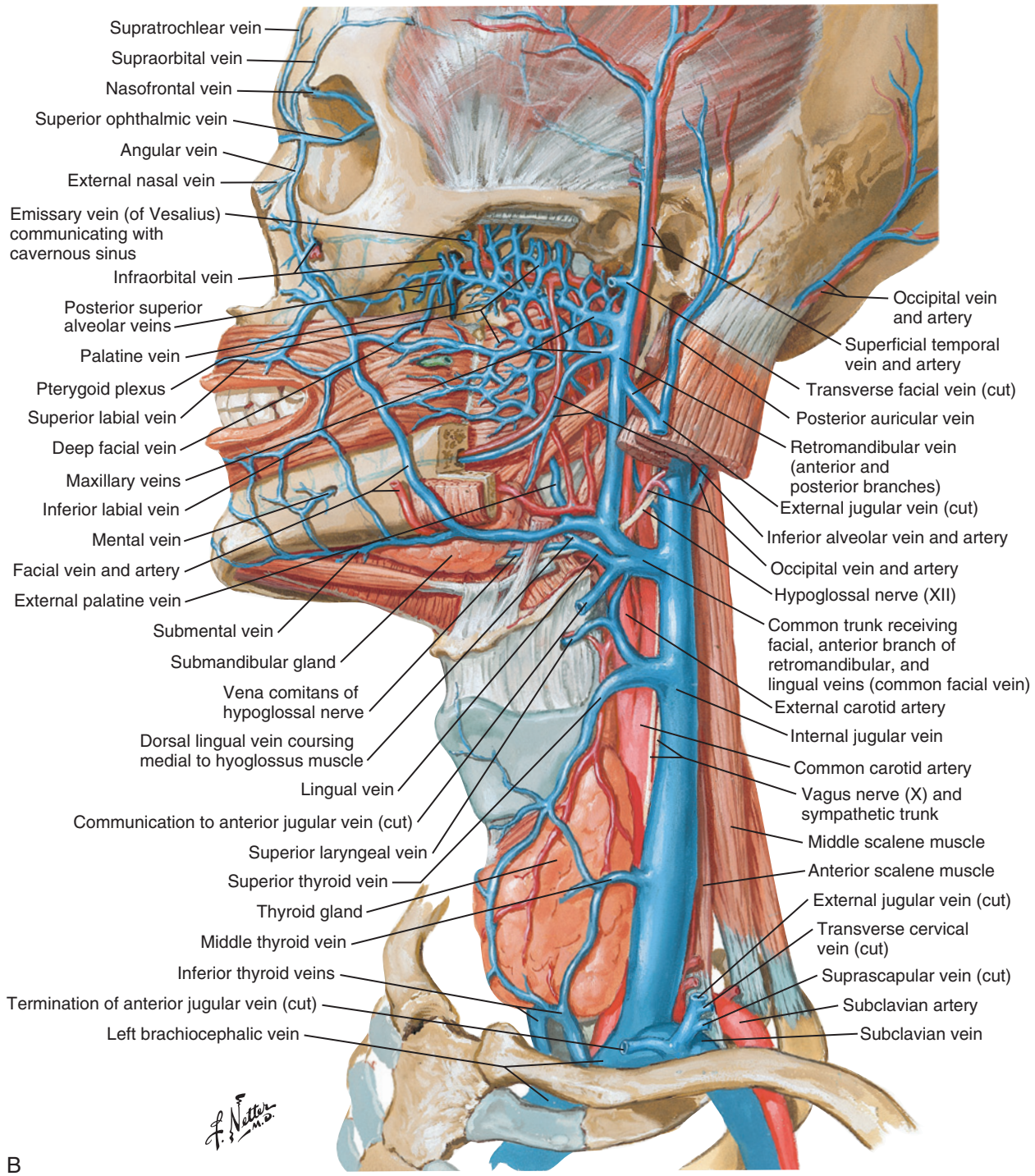

Figure 10.5, cont'd (B) Veins of oral and pharyngeal regions; venous drainage of the mouth and pharynx. (Reprinted from Netter Anatomy Illustration Collection. ©Elsevier Inc. All Rights Reserved.)

facial artery supplies cervical and facial branches to this region. Cervical branches include the ascending palatine, tonsillar, and submental artery. The latter supplies the submental artery flap. Facial branches include: the inferior labial, superior labial, alar base, lateral nasal, and angular artery. The facial artery passes 1–1.6 cm lateral to the oral commissure.[5] The facial artery itself is the named artery in the facial artery musculomucosal (FAMM) flap, described by Pribaz.[6] This is an intraoral flap that has earned its place in the armamentarium of most head and neck surgeons. This flap incorporates the mucosa and buccinator muscle, as well as the facial artery. The facial artery is more commonly used as a recipient artery for free flaps. It is easily accessed in the neck through a Risdon incision but can also

be accessed in the nasolabial region. The facial artery diameter at its origin ranges from 2 mm to 3.7 mm, with a mean diameter of 2.7 mm.[4]

Advantages and Disadvantages

The main advantage of the facial artery is its easy accessibility. If the patient is having a neck dissection, this advantage is not as obvious as when the patient is having a head and neck reconstruction without a neck dissection. One disadvantage of using the facial artery in this situation is that it must be dissected well back towards its origin and sometimes it needs to be taken down below the posterior belly of the digastric muscle to improve access for microvascular anastomosis.

Exposure of the Facial Artery

The facial artery can be palpated as it traverses the inferior border of the mandible at the anterior border of the

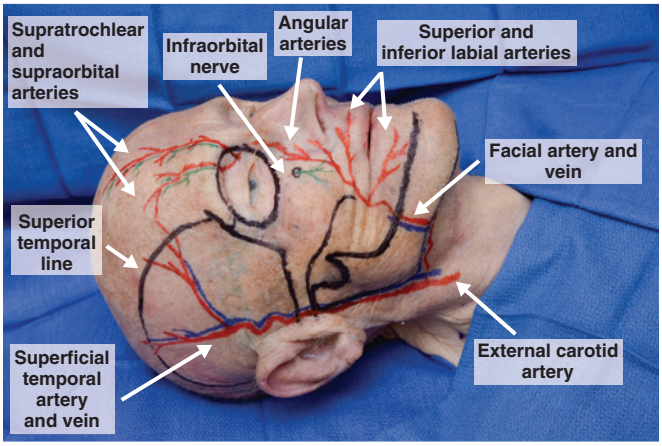

Figure 10.6 Topography of the external carotid artery branches. (Bony landmarks outlined in black).

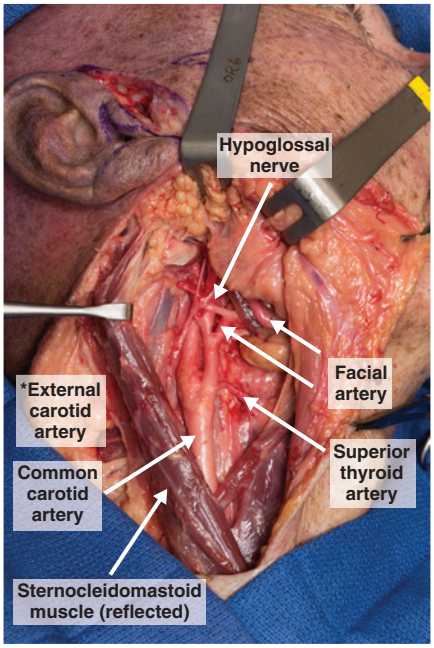

Figure 10.7 External carotid artery* with two of its branches. The facial and superior thyroid arteries. Note the relationship of the hypoglossal nerve and the posterior belly of the digastric muscle.

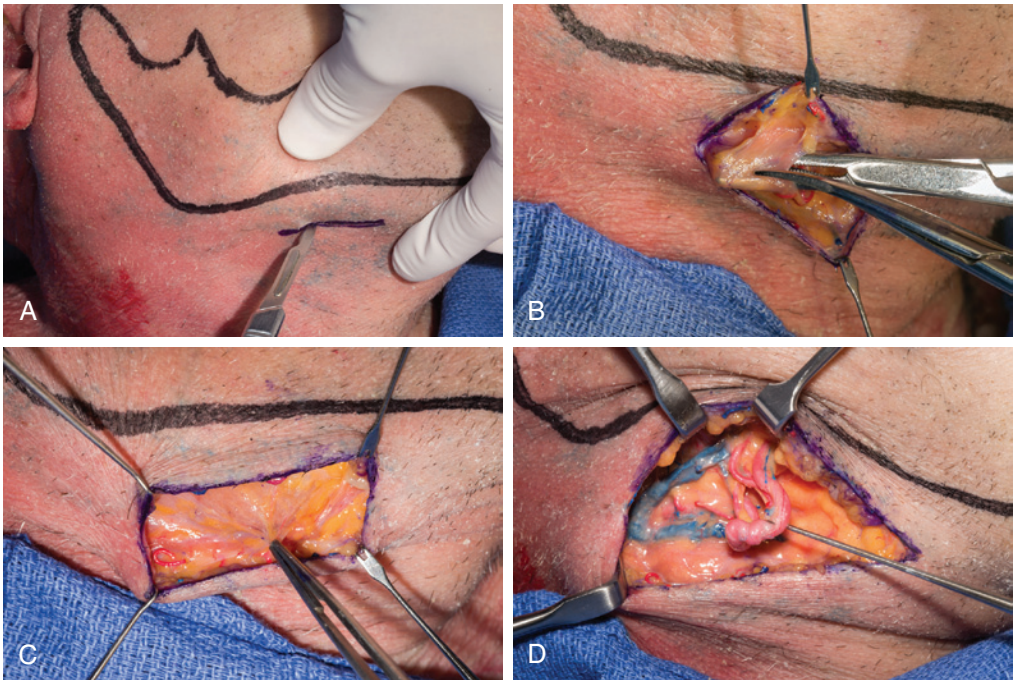

Figure 10.8 Exposure of the facial artery. (A) Marking and incision for facial artery exposure. (B) The platysma is undermined and incised. The marginal mandibular branch, which runs deep to this muscle, is protected. (C) The superficial layer of deep cervical fascia (retracted) is incised. The marginal mandibular branch runs within or deeper to this layer. (D) The facial artery (red) is retracted. The facial vein is posterior (blue).