1- **Continent Catheterizable Umbilical Low Pressure Intestinal Pouch with Our New split ileal end seromuscular Anti-reflux Technique.**

**Background.** Cosmesis, better function, and stomal stricture avoidance are important issues in constructing continent urinary abdominal stomas for bladder cancer patients when orthotopic urinary diversion is not feasible. This study aims to evaluate the outcome of continent catheterizable umbilical low-pressure intestinal pouch incorporating a new split ileal end anti-reflux technique.

**Methods.** Twenty-three patients underwent a continent umbilical low-pressure intestinal pouch incorporating a new seromuscular antireflux technique (split ileal end) after radical cystectomy when orthotopic reconstruction was not feasible. Mean operative time was 210 min (130 min for radical cystectomy and 80 min for reconstruction of the pouch). The mean follow-up after surgery was 18 mo (range 6–30 mo).

**Results.** The most common early postoperative complications were urinary leak that occurred in nine patients: seven were conservatively managed and two by re-exploration. Late postoperative complications occurred in eight patients, of whom three developed stomal stenosis and treated successfully with repeated dilatation. Thirteen patients were totally continent, seven were fairly continent, and only two were poorly continent.

**Conclusions.** The functional results with this catheterizable umbilical low pressure intestinal pouch incorporating our new anti-reflux technique were satisfactory with better cosmesis.

2- **Levator anguli oris muscle based flaps for nasal reconstruction following resection of nasal skin tumours**

**Background**

Surgical excision remains the best tool for management of skin tumors affecting nasal skin, however many surgical techniques have been used for reconstruction of the nasal defects caused by excisional surgery. The aim of this work is the evaluation of the feasibility and outcome of levator anguli oris muscle based flaps.

**Methods**

Ninety patients of malignant nasal skin tumours were included in this study. Age was ranged from four to 78 years. For small unilateral defects affecting only one side ala nasi, levator anguli oris myocautaneous (LAOMC) flap was used in 45 patients. For unilateral
compound loss of skin and mucus membrane, levator anguli oris myocautaneous mucosal (LAOMCM) flap was used in 23 patients. Very large defects; bilateral either LAOMC or LAOMCM flaps combined with forehead glabellar flaps were used to reconstruct the defect in 22 patients.

Results
Wound dehiscence was the commonest complication. Minor complications, in the form of haematoma and minor flap loss were managed conservatively. Partial flap loss was encountered in 6 patients with relatively larger tumours or diabetic co-morbidity, three of whom were required operative re-intervention in the form of debridement and flap refashioning, while total flap loss was not occurred at all.

Conclusions
Immediate nasal reconstruction for nasal skin and mucosal tumours with levator anguli oris muscle based flaps (LAOMC, LAOMCM) is feasible and spares the patient the psychic trauma due to organ loss.