Introduction
Reconstruction of the cervico-facial contour following parotidectomy has been accomplished utilizing two layers of intact and/or meshed allogenic tissue. Following resection of a bulky parotid tumor (Fig. 1) inserting morselized material between the two grafts may be necessary to achieve a superior aesthetic result while still facilitating healing.

Surgical Technique
Following parotidectomy (Fig 2), an allogenic graft is prepared by either of two methods: 1) fashioning a template utilizing sterile paper to match the defect or 2) by directly measuring the defect and cutting a suitable amount of graft material to size. A duplicate graft is prepared using either the paper or graft as a template. One of the two grafts is meshed to a desirable ratio, commonly 1.5:1. The excess material from the periphery of the meshed graft is excised. Morselized material is obtained by using the tissue trimmed from the meshed graft and/or by meshing tissue from the original stock. The harvested meshed material to be morselized is then cut into smaller pieces.

The meshed graft is used as the deep layer, facilitating visualization of the facial nerve during in-setting (Fig. 3). The intact graft is placed superficial to the meshed graft and secured with sutures around its periphery, providing access posteriorly (Fig. 4) for placement of the morselized allogenic material (Fig. 4, inset). The cervico-facial flap is repeatedly re-positioned and the cervico-facial contour continuously re-assessed until sufficient morselized graft tidbits have been inserted to achieve the desired appearance, after which the superficial graft is sutured “closed.” (Fig. 5). The presence of meshed and morselized graft material facilitates healing by avoiding the barrier effect caused by two intact allogenic grafts.

Results
Precise placement of morselized allogenic material between meshed and intact allogenic grafts in the post-parotidectomy defect permits rapid tissue in-growth while restoring the cervico-facial contour.

Conclusion
Repair of sizable parotidectomy defects utilizing a three-layer grafting technique has resulted in favorable aesthetic and healing outcomes.

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