

MALE AESTHETIC SURGERY

EDITED BY
Eugene H. Courtiss

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EUGENE H. COURTISS, M.D.

Associate Clinical Professor of Surgery (Plastic),
Boston University School of Medicine;
Clinical Instructor, Department of Surgery,
Division of Plastic Surgery, Harvard Medical School, Boston;
Chief, Plastic and Reconstructive Surgery, Newton-Wellesley Hospital,
Newton Lower Falls, Massachusetts

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MALE AESTHETIC SURGERY

Contributors

GOVIND ACHARYA, M.D.

Formerly Assistant Professor in Plastic Surgery
at Medical College of Virginia,
Richmond, Virginia

SHERRELL JERONE ASTON, M.D.

Assistant Professor of Surgery (Plastic Surgery),
New York University School of Medicine,
New York, New York

JAMES L. BAKER, Jr., M.D.

Chief, Plastic Surgery Department,
Orlando Regional Medical Center,
Orlando, Florida

THOMAS J. BAKER, M.D.

Assistant Clinical Professor of Surgery (Plastic),
Department of Surgery, University of Miami
School of Medicine, Miami, Florida

JOSEPH CHARLES BANIS, Jr., M.D.

Assistant Professor of Surgery,
Division of Plastic and Reconstructive Surgery,
University of Louisville, Louisville, Kentucky

JOHN BOSTWICK III, M.D.

Associate Professor of Surgery,
Division of Plastic and Reconstructive Surgery,
Emory University School of Medicine,
Atlanta, Georgia

I. KELMAN COHEN, M.D.

Professor and Chairman,
Division of Plastic and Reconstructive Surgery,
Medical College of Virginia, Richmond, Virginia

BRUCE F. CONNELL, M.D.

Associate Clinical Professor of Surgery,
California College of Medicine,
University of California, Irvine, California

EUGENE H. COURTISS, M.D.

Associate Clinical Professor of Surgery (Plastic),
Boston University School of Medicine;
Clinical Instructor, Department of Surgery,
Division of Plastic Surgery, Harvard Medical
School, Boston; Chief, Plastic and Reconstructive
Surgery, Newton-Wellesley Hospital,
Newton Lower Falls, Massachusetts

CHARLES J. DEVINE, Jr., M.D.

Professor and Chairman, Department of Urology,
Eastern Virginia Medical School, Norfolk, Virginia

DAVID G. DIBBELL, M.D.

Professor and Chairman, Department of Surgery,
Division of Plastic and Reconstructive Surgery,
University of Wisconsin, Madison, Wisconsin

DALE B. DUBIN, M.D.

Plastic Surgery Facility, Tampa, Florida

NANCY P. DURR

Research Associate, Orentreich Medical Group,
New York, New York

MILTON T. EDGERTON, Jr., M.D.

Professor and Chairman,
Department of Plastic and Maxillofacial Surgery,
University of Virginia Medical Center,
Charlottesville, Virginia

RAY A. ELLIOTT, Jr., M.D.

Associate Clinical Professor of Surgery (Plastic),
Albany Medical College, Albany, New York

ROBERT S. FLOWERS, M.D.

Assistant Clinical Professor of Surgery,
University of Hawaii, Honolulu, Hawaii

DAVID W. FURNAS, M.D.

Clinical Professor, Division of Plastic Surgery,
University of California, Irvine, California

NICHOLAS G. GEORGIADIS, M.D.

Professor and Chairman, Division of Plastic, Reconstructive and Maxillofacial Surgery, Duke University School of Medicine, Durham, North Carolina

FRANK J. GEROW, M.D.

Professor, Plastic Surgery, Cora and Webb Mading Department of Surgery, Baylor College of Medicine, Houston, Texas

HOWARD L. GORDON, M.D.

Assistant Clinical Professor of Surgery (Plastic), University of Miami School of Medicine, Miami, Florida

MARK GORNEY, M.D.

Clinical Associate Professor, Department of Plastic Surgery, Stanford University, Stanford, California

FREDERICK M. GRAZER, M.D.

Associate Clinical Professor of Surgery (Plastic), University of California School of Medicine, Irvine, California

CHARLES E. HORTON, M.D.

Professor and Chairman, Department of Plastic Surgery, Eastern Virginia Medical School, Norfolk, Virginia

NORMAN HUGO, M.D.

Associate Professor, Surgery, Department of Surgery, Northwestern University—McGaw Medical Center, Chicago, Illinois

RICHARD JOBE, M.D.

Clinical Professor of Surgery, Department of Plastic Surgery, Stanford University, Stanford, California

MARTIN L. JOHNSON, M.D.

Chief, Division of Plastic Surgery, Phoenix Memorial Hospital, Phoenix, Arizona

BERNARD L. KAYE, M.D., D.M.D.

Clinical Professor of Surgery (Plastic), University of Florida, Jacksonville, Florida

MARGARETHA WILLEMING LANGMAN, Ph.D.

Clinical Assistant Professor (Psychology), Departments of Plastic and Maxillofacial Surgery and Behavioral Medicine and Psychiatry, University of Virginia Medical Center, Charlottesville, Virginia

GORDON LETTERMAN, M.D.

Professor of Surgery (Plastic), Surgery, George Washington University School of Medicine, Washington, D.C.

JAMES K. MASSON, M.D.

Professor, Department of Plastic Surgery, Mayo Clinic, Rochester, Minnesota

JOHN B. McCRAW, M.D.

Professor, Department of Plastic Surgery, Eastern Virginia Medical School, Norfolk, Virginia

BRYAN CHRISTOPHER MENDELSON, F.R.C.S.E.

Lecturer in Surgery, Monash University Department of Surgery—Alfred Hospital, Windsor, Victoria, Australia

D. RALPH MILLARD, Jr., M.D.

Light-Millard Professor of Plastic Surgery; Chief, Division of Plastic Surgery, University of Miami School of Medicine, Miami, Florida

WALTER R. MULLIN, M.D.

Clinical Assistant Professor of Plastic Surgery, Division of Plastic Surgery, University of Miami School of Medicine, Miami, Florida

NORMAN ORENTREICH, M.D.

Clinical Associate Professor, Department of Dermatology, New York University School of Medicine, New York, New York

GEORGE C. PECK, M.D.

Associate Clinical Professor of Surgery (Plastic), College of Physicians and Surgeons of Columbia University, New York, New York

RICHARD A. PEINERT, M.D.

Clinical Instructor, Surgery, Division of Plastic Surgery, Harvard Medical School, Cambridge, Massachusetts

RONALD RIEFKOHL, M.D.

Assistant Professor of Plastic Surgery, Duke University Medical Center, Durham, North Carolina

HARVEY M. ROSEN, M.D., D.M.D.

Associate Surgeon, Pennsylvania Hospital, Department of Surgery, Philadelphia, Pennsylvania

MICHAEL SCHEFLAN, M.D.

Associate Professor, Department of Surgery,
Medical College of Virginia, Richmond, Virginia

MAXINE SCHURTER, M.D.

Associate Clinical Professor,
Department of Surgery,
The George Washington University Medical
Center, Washington, D.C.

DONALD SERAFIN, M.D.

Associate Professor, Division of Plastic,
Maxillofacial and Reconstructive Surgery,
Duke University School of Medicine,
Durham, North Carolina

GILBERT B. SNYDER, M.D.

Private Practice of Plastic Surgery,
Miami, Florida

LARS VISTNES, M.D.

Associate Professor of Surgery; Chairman,
Division of Plastic and Reconstructive
Surgery, Stanford University Medical Center,
Stanford, California

LINTON WHITAKER, M.D.

Professor of Surgery (Plastic),
University of Pennsylvania School of Medicine,
Philadelphia, Pennsylvania

JAMES D. WILLIAMS, M.D.

Private Practice of Plastic Surgery,
Los Angeles, California

JOHN E. WILLIAMS, M.D.

Private Practice of Plastic Surgery,
Los Angeles, California

FRANCIS G. WOLFORT, M.D.

Associate Professor of Surgery,
Department of Surgery and Plastic Surgery,
Harvard Medical School, Harvard University,
Cambridge, Massachusetts

ELVIN G. ZOOK, M.D.

Professor of Surgery; Chairman of
the Division of Plastic Surgery,
Southern Illinois University,
Springfield, Illinois

Foreword

This book is about a growing minority: males who seek and have aesthetic surgery. Presently only about one of ten cosmetic patients is a man. Sitting in the waiting room outnumbered by women, he may look uneasy and may be apologetic as if he had wandered by mistake into a lingerie department. But just as women have begun to do what only men in our culture did, so men are doing what was exclusively female: babysitting, wearing hair long, becoming nurses, and undergoing cosmetic operations. This breaking down of gender-determined barriers with an accompanying shift in roles is a major theme of our age.

Another change is the weakening of the puritanical attitude that a person who beautifies his or her body is somehow acting against God's will and deserves condemnation for vanity and self-indulgence. What social commentators decry as the narcissism and self-entitlement of these times has nevertheless liberated men to pursue aesthetic surgery into

the traditional purview of the daughters of Diana.

Under Dr. Courtiss's direction, the participants in this volume provide worthwhile information on dealing with the male in the plastic surgeon's life. The range of subjects is necessarily ambitious because men now want more than just correction of alopecia or gynecomastia. In some medical situations, whether the patient is male or female makes little difference; in others, remembering the patient's maleness is essential for a successful outcome.

Oscar Wilde lamented that as human beings grow older, "All women become like their mothers—that's their tragedy; no man does, that's his." Although that observation and sequence may be questioned, what is certain is that aesthetic surgery now allows many to escape the once inexorable and often unjust sentencing by genes and circumstances.

Robert M. Goldwyn, M.D.

Preface

Increasingly, males are seeking aesthetic surgery. Both in absolute numbers and in relation to females, more men are being treated by aesthetic surgeons. The reasons for this change involve the very fiber of American society—its attitudes, economics, and even politics. Rather than speculate on such sociologic factors, many of which are poorly understood, this book focuses on the surgical considerations that are relevant to daily patient care.

If this volume were to have a subtitle, it would be: “with emphasis on the differences between males and females.” Clearly, there are many differences between men and women. Those which have been identified are noted; unfortunately, many others are not yet understood. Each chapter is a complete unit unto itself. Much that applies to males applies equally to females; however, the differences will be highlighted.

Aphorisms such as “males try to improve something, females try to obtain something” and “males respond to problems, females anticipate them” abound. Although some of these may be true, the exceptions are so common that the value of such aphorisms is negligible. What is important is that balance, harmony, and the other aesthetic ideals for males often differ from those for females; that is why a book on male aesthetic surgery is needed.

Definitions of “plastic,” “reconstructive,” “aesthetic,” “cosmetic,” and “functional” vary according to individual bias. To the practicing surgeon, definitions are of minor importance; the physiologic and anatomic success of an operation is what counts. These goals are also the patient’s objectives. So the reader will have a reference point, as used herein the

prime objective (definition) of “aesthetic surgery” is to improve a patient’s appearance—any “functional” change is secondary.

When third parties such as insurance carriers become involved, definitions become important. They determine whether the company assumes responsibility. Some companies use the words “medically necessary,” which are impossible to define, as a determinant of whether they will pay for a given procedure. Medically necessary for what?

Just as definitions are subjective, nomenclature is imprecise. Often English, Latin, and Greek forms are combined or improperly used; even then they incompletely describe a given operative procedure (for example, the use of many terms referring to surgery of the aging face and neck). Furthermore, too frequently, the precise term is used rarely.

As noted repeatedly in this book, achieving excellence in any aesthetic operation starts with the preoperative interview. At that time most surgeons ask what prompts the patient to seek the consultation. The patient’s response is crucial; it leads to consideration of the specific changes the patient desires. The patient’s anatomic objectives plus his psychologic and sociologic expectations are evaluated by the surgeon, who must also assess his own abilities to achieve these objectives. These are the essential ingredients of successful aesthetic surgery. When one factor is missing, the surgical experience is uncontrolled and may lead to disappointment, dissatisfaction, or disaster.

Numerous surgical techniques are followed by acceptable results; rarely is one method right or wrong. Selection of the technique is less important than how it is *planned* and *per-*

**MALE
AESTHETIC SURGERY**

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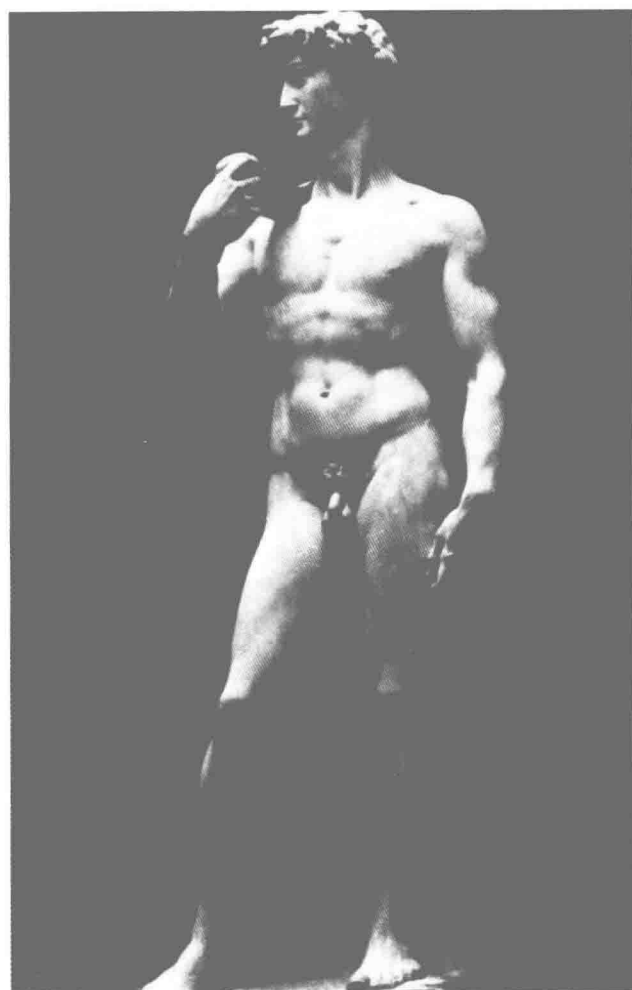
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Section one

AESTHETIC OBJECTIVES



CHAPTER 1

Objectives of aesthetic surgery

Eugene H. Courtiss

Michaelangelo's *David* represents the aesthetic objectives of *Male Aesthetic Surgery*. Anyone who has stood in front of this 17-foot marble sculpture is aware of its presence, domination, and overwhelmingly powerful statement of masculinity. Composed of the head of Apollo and the body of Hercules, it represents early manhood. It portrays an ideal for which the biblical David was symbolic. The figure demonstrates a combination of calmness and tenseness, of serenity and power, of grace and awesome force. It is action in repose, a perfection of mind, body, and soul. Despite the fact that it is a sculpture rather than a casting of an individual, it is balanced, harmonious, and therefore aesthetically unified. Its planes and contours flow to produce a total expression. And *David* is unmistakably masculine.

Sculptors and other artists have greater license than do surgeons. They have no limits to their expression and can use distortion (viz., Picasso) for expression. Surgeons, on the other hand, have different objectives; we are treating reality and are attempting to improve the patient's appearance. After surgery the patient should look *natural*. In a word, that's our aesthetic objective.

Natural should not be confused with perfect. Perfection implies an ideal state without the usual idiosyncrasies associated with nature. Natural may be equated with normality, harmony, or balance of features. For the surgeon this suggests an aesthetic result, which attracts little attention and does not have an "operated look."

Factors determining surgical objectives

Because all people are different, what is natural for one may be different from what is natural for another. Surgery must be individualized for each patient. Gender, ethnic background, age, physical stature, occupation, social status, and personality are relevant factors in determining the normal objective to be achieved for any patient.

GENDER

Much that applies to males applies equally to females. Nonetheless, although legally and politically laws may equalize the sexes, anatomic differences will always exist. Gender differences are the most important determinants of the aesthetic objectives of a given operation.

If Michaelangelo had made *David* a female, how would she have differed? How would she have expressed her femininity? The answers are speculative; the answerer's artistic expression, bias, ideals, and even personality are relevant. In a similar way what is natural to a given surgeon reflects upon the surgeon's artistic sense, expression, and personality.

In subsequent chapters, and in the Editor's Perspectives, specific anatomic differences between the genders are noted. These are the *raison d'être* of this book.

ETHNIC BACKGROUND

An individual's ethnic background and heritage should not be destroyed. Rather, a given feature should be made to look more

natural vis-à-vis the patient's ethnic background. In a sense the feature should be "decaricaturized." Surgery cannot make members of minorities into members of the majority. Blacks cannot be made white; specific features can be modified; but surgery should be done within the parameters of the normal appearance for each ethnic group—American Indian, Chinese, Italian, Jew, or Greek. Everyone has an ethnic background; it should not be destroyed. What is natural for an ethnic group is the goal.

AGE

Adults often have difficulty adapting to changes in their appearance. Their body image is less malleable than that of younger patients. Thus in planning adult aesthetic surgery, a less severe change is more desirable. Furthermore, in older patients some features such as a receding hairline or nasolabial folds reflect a normal appearance.

In general, male aesthetic surgery should be more conservative than female aesthetic surgery. Therefore adult male aesthetic surgery should be ultraconservative.

PHYSICAL STATURE

In a fully mature adult, physical stature is an important determinant of what is natural. A tall, heavy, large-framed male (e.g., 6 feet 2 inches, 200 pounds) looks more natural with a long nose, large chin, and full cheekbones than does a slight, 5 foot 6 inch, 145 pound, individual. For the latter patient the surgeon should plan finer, less harsh, features to achieve a balanced appearance.

OCCUPATION

Closely related to physical stature is occupation. Thus a tattoo is more appropriate for a sailor than for a ballet dancer and a flattened nose is more natural for a boxer than a physician. Occupations do change, but the patient's class of occupation—be it professional, blue collar, or white collar—rarely changes and this occupational level will help determine the aesthetic goals for that patient. Stereotypes of prisoners involve psychologic as well as social assessment. The prognathism, protruding ears, and scars frequently seen in prisoners are perceived to indicate a pugna-

cious tough personality. Although plastic surgery can change a stereotyped appearance, unfortunately this surgery is not capable of altering the psychosocial characteristics of prisoners; the recidivism rate after surgery remains high.

SOCIAL STATUS

Paralleling occupation is social status. What appears natural for an oil baron is different from what appears natural for the individual who digs the wells. Newspapers, society pages, and social registers have all helped to impose certain stereotypes for the physical appearance of the different social classes. Few would dispute the description of the Roman nose as a characteristic of the aristocrat. Even though social status may change, this factor should be taken into consideration in establishing aesthetic objectives in patients.

PERSONALITY

Repeated reference is made in subsequent chapters to the psychiatric factors associated with male aesthetic surgery. With few exceptions, these psychiatric problems are poorly understood; clarification and expansion of the relationship between psychiatric and personality factors and aesthetic goals are needed. A patient's personality may indicate what is natural; the aesthetic goal for a submissive individual may be different from that for a dominating one.

Comment

No feature exists unto itself. Although patients may complain about a given feature and the surgeon may treat just that feature, the aesthetic objective is to produce a balanced and harmonious result considering the total patient and his environment. No formulas define naturalness. Just as artists express balance and harmony in different ways, aesthetic surgeons differ in their perceptions. There is no right or wrong; it is a matter of individual taste, aesthetic values, and judgment. Whether taste or aesthetic value can be taught is unclear. What is clear is that the objective of any aesthetic surgical procedure is to produce a natural and individualized result.

Section two

GENERAL CONSIDERATIONS