AESTHETIC SURGERY

TROUBLE □

How to avoid it and how to treat it

Edited by

Eugene H. Courtiss

AESTHETIC SURGERY

TROUBLE ■

How to avoid it and how to treat it

Edited by

Eugene H. Courtiss, M.D., F.A.C.S.

Associate Clinical Professor of Surgery (Plastic),
Boston University School of Medicine;
Assistant Visiting Surgeon (Plastic),
University Hospital, Boston, Massachusetts;
Chief, Plastic and Reconstructive Surgery,
Newton-Wellesley Hospital, Newton Lower Falls, Massachusetts;
President, American Society for Aesthetic Plastic Surgery

With 453 illustrations

The C. V. Mosby Company

Saint Louis 1978

Cover design reproduced from
Torso #5, polished bronze sculpture by Kieff.
Courtesy Pucker-Safrai Gallery,
Boston, Massachusetts.

Printed in the United States of America

The C. V. Mosby Company
11830 Westline Industrial Drive, St. Louis, Missouri 63141

Library of Congress Cataloging in Publication Data

American Society for Aesthetic Plastic Surgery.
Aesthetic surgery.

Papers presented at the scientific sessions of the 10th annual meeting of the American Society for Aesthetic Plastic Surgery, Los Angeles, Mar. 21-25, 1977.
Includes bibliographical references and index.
1. Surgery, Plastic—Congresses. I. Courtiss, Eugene H., 1930- II. Title. [DNLM: 1. Surgery, Plastic—Methods—Congresses. 2. Breast—Surgery—Congresses. WO600 A254 1977]
RD119.A57 1978 617'.95 78-4958
ISBN 0-8016-1060-5

TS/CB/B 9 8 7 6 5 4 3 2 1

CONTRIBUTORS

Thomas J. Baker, Jr., M.D., F.A.C.S.

Assistant Professor of Plastic Surgery,
University of Miami School of Medicine,
Miami, Florida; Past Historian, American Society of
Plastic and Reconstructive Surgery;
Past Treasurer, American Society for Aesthetic
Plastic Surgery

Ricardo Baroudi, M.D.

Chief of Department of Plastic Surgery,
Catholic University of Campinas Medical School,
São Paulo, Brazil

T. Ray Broadbent, M.D.

Associate Clinical Professor,
University of Utah School of Medicine,
Salt Lake City, Utah;
Past Secretary General, International Congress of Plastic Surgery;
Past Vice-Chairman, American Board of Plastic Surgery;
Past President, American Society of Plastic and
Reconstructive Surgery

Ray A. Elliott, Jr., M.D.

Associate Clinical Professor of Plastic Surgery,
Associate Clinical Professor of Orthopedics (Hand),
Albany Medical College; Chief of Plastic Surgery,
Memorial Hospital, Albany, New York;
Past President, American Association for Hand Surgery;
Past Vice-President, Educational Foundation of American
Society of Plastic and Reconstructive Surgery

Simon Fredricks, M.D., F.A.C.S.

Clinical Professor of Plastic Surgery,
University of Texas Medical School, Houston, Texas;
Past President, American Society for Aesthetic
Plastic Surgery

Nicholas G. Georgiade, M.D., F.A.C.S.

Professor and Chairman, Division of Plastic,
Maxillofacial and Oral Surgery, Duke University
School of Medicine, Durham, North Carolina;
Past Vice-Chairman, American Board of Plastic Surgery;
Past President, American Society of Maxillofacial Surgeons;
President, American Association of Plastic Surgeons

Matthew C. Gleason, M.D.

Associate Clinical Professor of Plastic Surgery,
University of California at San Diego,
School of Medicine,
San Diego, California

Marcia Kraft Goin, M.D., Ph.D.

Clinical Professor of Psychiatry,
University of Southern California School of Medicine,
Los Angeles, California

Robert M. Goldwyn, M.D.

Associate Clinical Professor of Surgery,
Harvard Medical School, Boston,
Massachusetts; Past Historian, American Society of
Plastic and Reconstructive Surgery

Howard L. Gordon, M.D.

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

Mark Gorney, M.D., F.A.C.S.

Clinical Associate Professor, Stanford University;
Director, Plastic Surgery Unit, St. Francis Memorial Hospital,
San Francisco, California

Dicran Goulian, Jr., M.D.

Professor of Surgery,
Cornell University Medical College,
Ithaca, New York;
Past Secretary-Treasurer, American Society of
Maxillofacial Surgeons

Frederick M. Grazer, M.D., F.A.C.S.

Associate Clinical Professor,
Plastic and Reconstructive Surgery,
University of California at Irvine, College of Medicine,
Irvine, California;
Treasurer, American Society for Aesthetic Plastic Surgery

José Guerrero-Santos, M.D., F.A.C.S.

Professor of Plastic and Reconstructive Surgery,
University of Guadalajara, Medical College;
Director and Plastic Surgeon-in-Charge of the Institute
of Reconstructive Plastic Surgery of Guadalajara,
Jalisco Public Health Service,
Guadalajara, Mexico

Bernard L. Kaye, M.D., D.M.D.

Clinical Professor of Surgery (Plastic),
University of Florida, Gainesville, Florida; Historian, American Society
for Aesthetic Plastic Surgery

Jerome R. Klingbeil, M.D.

Associate Clinical Professor, Department of Surgery (Plastic),
University of California at Irvine, College of Medicine,
Irvine, California

Norman Levin, M.D.

Assistant Clinical Professor,
Department of Anesthesiology,
University of California at Los Angeles School of Medicine;
Chief, Department of Anesthesiology, Century City Hospital,
Los Angeles, California

John R. Lewis, Jr., M.D.

Associate Clinical Professor of Plastic Surgery,
Emory University, Atlanta, Georgia; Associate Clinical Professor of
Plastic Surgery, University of Kentucky, Lexington, Kentucky; Past
President, American Society for Aesthetic Plastic Surgery

Paul K. McKissock, M.D.

Assistant Clinical Professor of Surgery (Plastic),
University of California at Los Angeles School of Medicine,
Los Angeles, California

Peter Mosienko, M.D.

Attending Plastic Surgeon, Cedars of Lebanon
Hospital, Mercy Hospital, South Miami Hospital,
Jackson Memorial Hospital, Miami, Florida

Thomas D. Rees, M.D., F.A.C.S.

Clinical Professor of Surgery (Plastic),
New York University, New York;
Vice-President, American Society for Aesthetic Plastic Surgery

Charles P. Vallis, M.D., F.A.C.S.

Instructor of Plastic Surgery and Dermatology,
Tufts Medical School, Lynn, Massachusetts

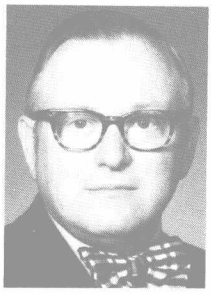
John E. Williams, M.D., F.A.C.S.

Diplomate American Board of Plastic and
Reconstructive Surgery

Robert M. Woolf, M.D., F.A.C.S.

Associate Clinical Professor of Plastic Surgery,
University of Utah College of Medicine,
Salt Lake City, Utah

FOREWORD



Charles E. Horton

It is with great pride that I contribute a foreword to this book—pride in the authors and editor who have assembled a treatise that will contribute significantly to plastic surgery, and pride in the quality of plastic surgery, which has developed to the extent that it is a major contributing specialty in the delivery of health care.

I would note that the title of this book emphasizes the word "trouble." When these noted experts admit trouble is inherent in surgery, when they are candid enough to discuss it honestly and try to help others to prevent problems, I cannot help but comment on another aspect of plastic surgery that is giving the medical profession and ethical plastic surgeons trouble. I refer to the fact that many untrained physicians are attempting advanced techniques in plastic surgery. Whether this is to enlarge their ego or to profit financially or perhaps both, I leave to the reader. It is enough to say that when untrained and oftentimes unscrupulous practitioners use the name plastic surgery and produce trouble as they must do, then the ethical specialty of plastic surgery suffers. The states license a physician to practice, and plastic surgeons cannot restrain the right of an individual to do surgical procedures. The philosophy of plastic surgery, however, must be learned over a long time by exposure to techniques over the entire body, which may be applicable to a particular problem in a certain area. The philosophy, creativity, deftness, gentle tissue handling, and application of principles cannot be learned from a book or by brief exposure to the specialty. Many surgeons see one or two operations—a nose operation or a face-lift—and attempt to do these without think-

ing that the plastic surgeon draws on enormous resources and background to safely complete these seemingly simple procedures. The raising of flaps, the skin flap circulation, skin tension, color, suture reaction, healing, fibrosis, skin incisions, pressure dressings, nerve injury, parotid surgery, facial paralysis, dermabrasion, peeling, burns, Z-plasties, contouring, entropion, ectropion, ptosis, facial bone fractures, cancers of the head and neck, skin loss, cleft lip and palate, congenital problems of the face, and many, many other problems, all treated by plastic surgeons, help them in their background and knowledge of how to do face-lifts. To have less training is to be incompetent. To do the limited surgery, knowing that background surgery is inadequate and skills are incomplete, not only is morally and ethically dishonest, but borders on fraud and misuses the good name of plastic surgery.

To those ethical plastic surgeons who have worked to provide good medical care to the public, this book will be a treasure. To those whose standards of practice are less, this book should be a warning. It is a notice to all medicine that plastic surgery is willing to train and teach and in fact has been doing so for years, but plastic surgery asks that the proven reliable methods of education not be discarded and that a new, opportunistic regime developing surgeons with limited exposure, limited capability, and producing limited results not be substituted for the generally well-trained and broadly experienced plastic surgeon.

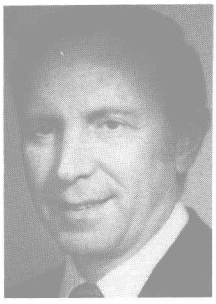
Plastic surgeons spend untold hours correcting trouble caused by untrained physicians who have not learned the basic philosophy of plastic surgery taught for generations and who do not take the time to find out if their inadequacies will cause trouble.

This book will help prevent trouble for the well-trained plastic surgeon. Perhaps this foreword will stimulate the ill-trained person who wishes to do plastic surgery to join us in a legitimate learning effort to produce excellent care and to use standards that will meet comparison over the world as the best, rather than halfway training, halfway care, halfway results, and trouble.

Charles E. Horton, M.D., F.A.C.S.

Professor and Chairman, Department of Plastic Surgery,
Eastern Virginia Medical School;
Director, Eastern Virginia Graduate School of Medicine,
Norfolk, Virginia; Past President, American Society for Aesthetic
Plastic Surgery; Past President, Educational
Foundation of American Society of Plastic and Reconstructive Surgery;
Past Chairman, American Board of Plastic Surgery

PREFACE



Eugene H. Courtiss

A series of presentations with the common theme "Trouble: How to Avoid It and How to Treat It" was part of the scientific sessions of the tenth annual meeting of the American Society for Aesthetic Plastic Surgery held in Los Angeles, California, March 21-25, 1977. All too often, well-organized presentations originate at national meetings only to become rapidly forgotten because the material is not printed; this book serves to record what would otherwise have been lost.

Associated with every operation are trouble spots; these must be avoided if optimal results are expected. Consciously and unconsciously, superior surgeons think about these details, how to avoid them and how to treat them. In no small measure this forethought provides a basis for their distinction. The less experienced often have not considered the trouble spot, let alone become aware of proper management should it be encountered. When trouble is improperly treated, a complication, or at least an unfavorable result, often ensues. Rather than emphasize finality, this book focuses on the identification of trouble and its prevention and treatment.

Each chapter deals with a specific surgical procedure and reviews it within the framework of "trouble: how to avoid it and how to treat it." The reader will note this is not a technical manual, nor a "how I do it," nor even a textbook or atlas. Rather, it draws upon the broad experience of each author and through that experience identifies the trouble spot, notes its avoidance, and suggests its management.

All surgical teaching is based on the postulate that inexperienced surgeons are able to learn from the experienced. If the inexperienced are properly trained, they

have the personality and intellect to learn from the mistakes of others. Whether the untrained can learn aesthetic surgery from the trained is debatable; without an appreciation of the basic principles of plastic surgery, it is difficult to appreciate the nuances of aesthetic surgery. Hopefully, untrained surgeons have a fear of complications; this fear may serve as a deterrent to their performance of ill-advised surgery. Unfortunately this book may provide the "quacks" with dangerous information. Because their pathologic personality and greed preclude an appreciation of the significance of trouble, they will continue to maim the public until adequate laws are enacted.

Although the individual authors prepared their chapters independently, several themes are repeated throughout this book. First, the importance of proper preoperative evaluation of the *individual* patient is stressed and restressed. Second, the significance of a *precise* preoperative anatomic diagnosis is emphasized. Third, based upon the preoperative anatomic diagnosis, the need for a *specific surgical correction* planned and tailored for the *individual* patient is underscored. (The procedure must be tailored to the patient and not vice versa.) Fourth, there is a recurrent plea for *conservatism;* taking too much, trying too much, or pushing a method beyond its normal limits simply invites trouble. Failure to adhere to these principles simply serves to replace one deformity with another. Finally, it is frequently noted that *not all aesthetic surgical procedures are suited for all patients; nor should they be undertaken by all surgeons.*

I wish to personally thank the contributors. Without hesitation, they accepted the double challenge of preparing a presentation for a national meeting and providing a manuscript for publication. As editor, I put their presentations into a common format and established some continuity to the chapters. Unavoidably the authors' personal literary style may have become lost by these efforts.

Behind every editor stands a person whose energy and devotion makes it all go. Despite her commitments as both my executive secretary and office manager, Mrs. Carol McGrath tended to the endless details, revisions, and correspondence—and always with an eagerness and smile. On many nights and weekends she waded through trouble. Kaye Hogan diligently transformed my handwriting into typewritten pages; and finally, Dr. J. James O'Brien provided fresh comments as the rough drafts were being polished.

I would be remiss if I failed to acknowledge the patience and understanding of my wife Barbie and my children, Linda and Gary. In so many ways they unselfishly encouraged me during what might have been an impossible project in an impossible year.

Eugene H. Courtiss, M.D., F.A.C.S.

AESTHETIC SURGERY

TROUBLE ■

How to avoid it and how to treat it

CONTENTS

1 **Malpractice,** 1
Mark Gorney

2 **Patient selection: the importance of being cautious,** 14
Robert M. Goldwyn

3 **Psychiatric considerations,** 17
Marcia Kraft Goin

4 **Monitoring the patient under local anesthesia,** 25
Norman Levin

5 **Traumatic and acne scars,** 34
John R. Lewis, Jr.

6 **Otoplasty,** 53
Ray A. Elliott, Jr.

7 **Rhinoplasty,** 75
T. Ray Broadbent
Robert M. Woolf

8 **Mentoplasty,** 97
Bernard L. Kaye

9 **Blepharoplasty,** 107
Thomas D. Rees

10 **Rhytidectomy,** 118
Simon Fredricks

11 **Forehead and eyebrow lifts,** 132
Matthew C. Gleason

12 **Chemical peel,** 145
Thomas J. Baker, Jr.
Howard L. Gordon
Peter Mosienko

13 **Augmentation mammaplasty,** 151
John E. Williams

14 **Mastopexy,** 159
Dicran Goulian, Jr.

15 **Aesthetic challenges in reconstructive mammaplasty,** 173
Nicholas G. Georgiade

16 **Reduction mammaplasty,** 189
Paul K. McKissock

17 **Abdominoplasty,** 204
Frederick M. Grazer
Jerome R. Klingbeil

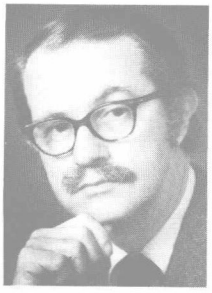
18 **Thigh-lift and buttock-lift,** 223
Ricardo Baroudi

19 **Arm-lift,** 232
José Guerrero-Santos

20 **Hair transplantation,** 247
Charles P. Vallis

CHAPTER 1

Malpractice



Mark Gorney

Just like an iceberg, significant dangers in a patient's true motivation for aesthetic surgery may be hidden. Only the top shows, but located underneath remains potential trouble. Thus careful patient selection is the single most important method of avoiding postoperative problems, including those relating to malpractice. Anatomic suitability and proper surgical techniques are required for a good structural result, but careful screening of patient motivation is required to achieve patient happiness.

There are no objective criteria for determining an individual's psychiatric suitability for a given operation; however, certain characteristics are associated with an excessively high frequency of subsequent trouble. In no way should the following categories be considered all inclusive, nor should they be considered as standards of care, but rather they should be considered guidelines that have proven effective.

TROUBLE ■ Objective deformity versus patient concern

According to Mills,[1] patient concern about a deformity falls between two extremes: those with a major deformity and minimal concern on one hand and those with extreme concern and a minor deformity on the other. Of course the vast majority of patients fall somewhere between these extremes, and most patients have realistic levels of concern about their problem. However, those with great concern about minimal deformities present severe motivational problems and represent the poorest candidates for aesthetic surgery.

We have found it useful to code our impression of the patient's degree of deformity-concern and record it in the patient's chart. This allows for subsequent review and also forces consideration of this very important factor. The ultimate decision rests with the plastic surgeon; it represents his responsibility to both his patient and himself.

TROUBLE ■ Blurred objectives

Aesthetic surgery, regardless of how good the result, is dubious therapy for severe personality disturbances. With experience the surgeon learns to avoid those patients who expect surgery to help them "win friends and influence people." Although a reasonable degree of positive change may be expected, it is unwise to expect that cosmetic surgery will improve the psyche of a disturbed individual.

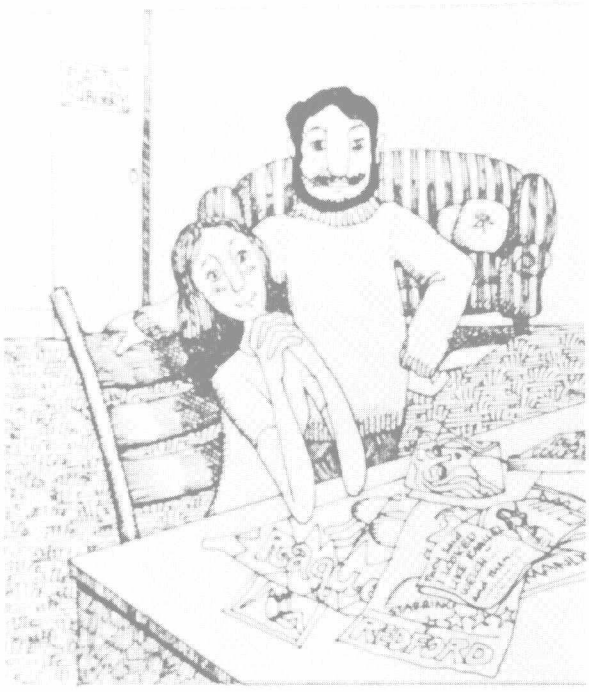


Fig. 1-1. The patient with unrealistic expectations.

Fig. 1-2. The demanding patient.

TROUBLE ■ Great expectations

The surgeon should inquire about the amount of improvement expected by the patient, and this should be compared with the surgeon's anticipated results. If the two do not coincide, it is almost a guaranteed prescription for disaster. Someone who looks like Quasimodo had better understand prior to the operation that he will not look like Robert Redford afterward (Fig. 1-1).

TROUBLE ■ The demanding patient

Beware of patients who come with pictures, drawings, or exact engineering specifications of their desires. They have little or no insight into the realities of aesthetic surgery and fail to understand that the surgeon is working with human tissues, not clay. Thus as a general rule the overly explicit, exacting, fussy patient should be rejected (Fig. 1-2).

TROUBLE ■ The indecisive patient

The importance of a patient's being specific is well recognized. Indecisive patients do poorer than those with clear objectives. The patient who asks: "Doctor, do *you* think I should have this done?" should be told: "I cannot encourage or discourage this operation; I can only tell you what I think can be accomplished. If you have given this careful thought, you may be satisfied with the results. If you

Fig. 1-3. The indecisive patient.