

PROBLEMS IN AESTHETIC SURGERY

Biological Causes and Clinical Solutions

Edited by

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PROBLEMS IN AESTHETIC SURGERY

Biological Causes and Clinical Solutions

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To

NANCY

whose love, support, and patience
through endless hours of editing
made this book possible

Preface

No one is a keener observer of wound healing than a cosmetic surgeon with an impending bad result! Dusky skin after a facelift or a contracting breast capsule leads the surgeon to the most minute inspection of technique and to much soul searching. The solutions to these problems are often based solely on empiricism, and cosmetic surgeons commonly complain about the dearth of sound research on which to base therapeutic decisions. The thoughtful surgeon, attending meetings at which techniques are described in glowing anecdotal terms this year, yet quietly abandoned next year, often wonders how to obtain solid information about cosmetic surgery.

Yet considerable scientific research does bear on the problems of cosmetic surgery. To date this information has not been readily available or in one volume. The goal of this book is to assemble the latest information, both from basic science and from clinical experience, that has been studied in a scientific manner. The disciplines of biochemistry, biomechanics, electron microscopy, physiology, and animal experimentation have been drawn on as they apply to the biology of cosmetic surgery.

This is a problem-solving book. Three types of problems are addressed: the acute problem occurring after surgery, the problem of how to prevent trouble, and the problem of understanding the basic nature of the tissues involved in cosmetic surgery.

The first type of problem is that faced by the cosmetic surgeon who on the first day after a facelift realizes that the patient has a nonfunctioning facial nerve or a large hematoma covered by dusky skin. In this uncomfortable situation, with visions of unhappy patients and lawsuits flitting about, the surgeon can look up the latest information on nerve regeneration or on the effects of hematomas on tissue and whether hyperbaric oxygen might help. If tissue is lost or hypertrophic scarring occurs, what is the best treatment to reduce the deformity? This book deals with these and similar issues.

Staying out of trouble is at least as important to the cosmetic surgeon as dealing with it, and many chapters in this book deal with preventing poor results. Thus information is available on the question of how long patients must stop smoking, how to prevent intraoperative hypertension, how to prevent pigmentation problems, and when and how to use antibiotics prophylactically.

The third area of scientific interest for the cosmetic surgeon is understanding the biologic behavior of the tissues that we manipulate and shape. Chapters on fat, elastosis, collagen, wound healing and biomechanics, aging skin, and cosmetics all provide information that will allow better results from cosmetic surgery.

Multiple authors, both basic scientists and clinicians, have contributed thorough, scientifically valid information that will allow specific answers to the challenges of cosmetic surgery, and I am grateful to them for their contributions. I am also exceedingly grateful to Karen Berger and Sandy Gilfillan of The C.V. Mosby Company, without whose considerable expertise and gentle advice this book would not have been.

Ross Rudolph, M.D.

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