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整形外科手术学

OPERATIVE

Plastic Surgery

GREGORY R. D. EVANS



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With 105 contributors

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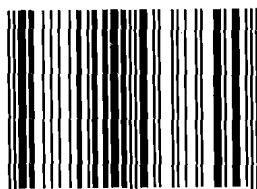
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Preface

The diverse and time-honored history of operative procedures has led to a variety of techniques that are commonly used today to effectively correct defects or deformities. In my search to learn these operative plastic surgery procedures, one of my frustrations was the lack of an atlas of material that would allow the efficient assimilation of the wealth of historical surgical creativity and individual artistic impression. In an attempt to compensate for this lack of atlas material, this book was conceived. The most common operative procedures likely to be encountered by the novice plastic surgeon or the surgeon-in-training were identified, and experts were invited to describe the procedures or repairs routinely performed. In each chapter, the authors attempt to synthesize the myriad of historical data and techniques along with their own personal experience. Obviously, not all defects and their repairs can be applied to this outline. However, we have attempted to organize each chapter to a standard format that will simplify readers' familiarity with the book.

The book itself is composed of 88 chapters that are divided into two major areas. The first involves specific anatomic defects and includes the eyes, nose, lips, ears, breast, perineum, lower extremities, and hand. The second major area comprises specific disease entities or procedures, such as facial rhytidectomy, cleft lip and palate, harvesting of bone and cartilage grafts, mandibular reconstruction, facial reanimation, and Dupuytren's contracture. Because similar flaps may be indicated for multiple problems, certain flaps may be described in more than one chapter. The book is designed, however, for the reader to use each chapter individually and, consequently, to avoid the requirement of reading several chapters to learn the operative procedure. Further-

more, because each individual defect may require alterations in flap harvest and positioning, variations in technique applicable to the defect in question are specific to each chapter. The illustrations have been rendered as line art to assist with interpretation of the operative techniques.

The approach to each chapter has followed our approach to individual patients. This includes assessment of the defect, indications and contraindications for the surgery, room setup, and patient markings. Next, the operative technique section provides the reader with a step-by-step description of the procedure. It is our intention that this descriptive method will guide the surgeon in addressing the defect or deformity to be corrected. The approach to the patient in the postoperative period is also addressed, as well as the requirements for rehabilitation. Finally, the caveat section provides the reader with the most salient points to be gleaned from a chapter. It may also provide a summary of the procedure and a list of complications that may result from the procedure.

It would be remiss of me not to thank Paul Manson, Nelson Goldberg, Randy Sherman, Geoffrey Robb, Stephen Kroll, Mark Schusterman, Michael Miller, Gregory Reece, Bonnie Baldwin, David Chang, Howard Langstein, Charles Butler, and Bitu Esmali, all surgeons and my mentors and associates. In addition, I would like to thank the fellows, residents, and students with whom I have worked and from whom I have learned a great deal. These interactions constantly encourage a quest for knowledge. I would further like to express my appreciation to the contributing authors, whose expertise has assisted with the completion of this book. I would like to thank the patients with whom I have had a pleasure to interact. Their trust and honesty has kept me humble and encouraged me to remain in the health

care profession. Finally, I would especially like to thank the most important people in my life, my family. Their undying support, love, and enthusiasm refresh my spirit to meet each day with a renewed level of excitement.

I trust that this book can be of some assistance in the development of the plastic surgeon's operative ca-

reer. However, it should serve only as a guide to getting started and is in no way a replacement for a continuing quest for further knowledge.

Gregory R. D. Evans

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Introduction

Gregory R. D. Evans, MD

The art of plastic surgery is the restoration of form and function with the resultant improvement not only in aesthetic outcomes but also in the quality of life. The word “plastic” is derived from the Greek *plastikos* (“fit for molding”). While the term “plastique” was used by Desault in 1798, it was the publication of Zeis’s *Handbuch der plastischen Chirurgie* in 1838 that popularized the term.

The longer you look back, the further you can look forward.

—Churchill

Tissue restoration has its heritage in ancient Egypt with the first well-documented manuscript written in 1600 BC on a 12-inch-wide, 25-yard-long scroll, the Ebers Papyrus. This document described multiple operations to restore missing structures of facial expression, such as the nose and ears, in an attempt to restore socially acceptable features.

Civil and penal responsibility of the physician developed during the Assyrian period with the code of Hammurabi. The threat of hand amputation was great incentive for success in the restoration of form and function. Current litigants are much less of a threat than the former physical punishment, and the “above all, do no harm” philosophy has been maintained through today’s current medical practice.

The Sushruta Samhita (circa 600 BC) from ancient India described 15 operations for restoring split or mutilated ears. Records further indicate the earliest rhinoplasty and the repair of nasal defects from cheek tissue. It was against the religious principles of the Hindu priests to contaminate themselves by contact with in-

jured or diseased flesh. Thus, reparative surgery was relegated to the members of the lower caste.

The transformation from the Bronze to the Iron Age is exemplified by Homer’s *Iliad* and *Odyssey*. This coincided with the transformation of the practice of medicine from priests or members of the lower caste to more formalized training. Hippocrates (460 to 370 BC) believed that war was the only proper school for a surgeon. He discussed in the *Corpus Hippocraticum* (400 BC) the pathology and treatment of scars (burns) in an attempt to prevent deformities and mold tissue to more acceptable results.

Celsus (25 BC to AD 50) described in detail plastic surgery on the nose, lips, eyelids, and ears. He was probably the originator of the island flap, and his techniques included molding tissue by the use of sliding grafts to cover quadrilateral and triangular defects.

After the barbarian invasions, the vestiges of Greek and Roman medicine and plastic surgery remained in the Islamic schools. The Middle Ages (AD 1096 to 1438) were devoid of innovation, and the medieval church opposed surgeons. Not until the 15th century did the invention of the printing press make possible books on tissue restoration that included medical illustrations.

The 14th through 16th centuries marked a rebirth in medicine and plastic surgery. The Renaissance produced many gifted surgeons, including Guido Lanfranchi, Guy de Chauliac, and the Brancas family. However, it was left to Gaspare Tagliacozzi (1545 to 1599) to lay the cornerstone of modern plastic surgery. A professor at the University of Bologna and chief surgeon to the Grand Duke of Tuscany, he provided the