英汉对照

BILINGUAL AESTHETIC SURGERY

(WITH ONE ENGLISH DISC)

美容外科学

·附英语光盘一张·

主　　编　关文祥

副 主 编　张　威　蔡仁祥　尹卫民

朗读英文　Martha Kelley（美）

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内容提要

本书将典型的美容外科手术(例如,重睑术、隆鼻术、面部皮肤提升术、面部轮廓塑形术、乳房整形术、腹壁整形术、自体脂肪移植术等)的手术适应证、原理及操作要点,以简明扼要、通俗易懂的文字加以叙述,并辅以英汉对照及光碟原生朗读(由美籍专家提供)。不仅对病例进行深刻剖析,还对应对之术进行了详细讲解。

本书为中英文对照读本,既适应于医学院校的本科生、研究生以及感兴趣的读者阅读,还可以为年轻医师、主治医师、主任医师、教授等提供阅读参考。

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朗读英文　Martha Kelley(美)

2010 年 8 月，庆祝关文祥教授八十寿辰，与部分研究生合影

前言

美容外科是整形外科的分支，有独特的诊疗属性，其中的奥妙往往只有在经历多年的磨炼之后，才能悟出其真谛所在。爱美是人类的天性，随着社会进步、科学发展和生活水平的提高，其表现形式不断更新，同时美容热的出现更使大众对美容外科趋之若鹜。近年来，美容外科无论在规模上，还是在技术层面上，都有了长足的发展。在国际上，美容外科也被称为心理外科，通过应用手术的方法改变求医者的容貌和形体，从而改善、增进他们的生活、工作信心。目前，其在现代医学中已逐渐成为最具有代表性的一个独特分支。

在有限的医学院整形外科教学过程中，美容外科常得不到足够的教学学时。初出校门的年轻医师和住院医师面对名目繁多的美容外科手术，往往需通过自学和继续教育学习班来了解认知。由于美容外科的独特属性，其一直以来均处于多学科交叉和多领域知识交集的高速发展状态。因此，通过文献学习和国际会议交流来获得资信，是医师们主要的学习和自我提升的途径。为此，掌握基本的美容外科英文词汇、熟悉常用诊疗方法的表达是医师们开启美容外科的重要基础，拥有一本英文的美容外科教材也就显得尤为必要。

本书将典型的美容外科手术（例如，重睑术、隆鼻术、面部皮肤提升术、面部轮廓塑形术、乳房整形术、腹壁整形术、自体脂肪移植术）的手术适应证、原理及操作要点以简明扼要、通俗易懂的文字加以叙述，辅以英汉对照及英文朗读光碟（由美籍专家提供）。将引导勤奋好学、探索上进的年轻医师，逐步进入美容外科的医学殿堂，提升学习和交流能力。本书由著名整形外科专家关文祥教授主编，书中内容全面翔实，文笔流畅，译文准确，朗读发音优美，相信会受到广大医生的欢迎。

李青峰教授
上海交通大学医学院
附属第九人民医院
整复外科主任

作为国内第一本英汉对照的美容外科专著，该书的正式出版不但有助于年轻医师按病索骥、得到益助，又可作为学习美容外科英语专业名词之用，对他们的英文听力和会话能力的提高将大有裨益，更有助于他们进行国际学术交流。

最后，关文祥教授已届耄耋之年，由他牵头并与他的研究生合写此书，作为今生“师生缘”的纪念品，愿此“师生缘”天长地久！

李青峰

2014 年 7 月 25 日

作者的话

编写本书的目的与本人之前出版的《英汉对照基础整形外科学》一样，是为了帮助那些有志提高自己美容外科专业英语听力和发音水平的整形外科医生，以便他们在阅读外文书籍和参加国际学术交流时更易理解书中的内容和外籍专家的讲学。我国的医学教育基本为中文授课，因此医生的英语水平普遍较低。不同于如泰国、马来西亚、菲律宾等非英语为母语的国家，甚至我国的香港、台湾等，它们的医学教育用英语授课，毕业出来的医生英语水平较高，不但能听、说、读、写，还能熟练地与西方专家进行交流。

作者选择美容外科，因为它是整形外科的一个分支，更是因为目前在国内美容手术已开展普遍，是我国人民生活水平提高的一个标志。爱美之心，人皆有之，自古而然，不是今天才有。在过去的年代里，人们受到“左倾”思想的压制，认为“爱美”是资产阶级思想，更不允许做美容手术，否则会受到批判。1962 年，本人开展了第一例美容手术，是国内开展美容手术的第一人。由于当时年纪较轻，大概也是初生牛犊不怕虎，竟敢在“左倾”压力下为一位香港来沪女青年做双眼皮手术，收费仅 2 元人民币（其实香港收费 2000 港币，但国内收入水平较低，我每月工资为 78 元）。幸好领导被蒙在鼓里，我没有受到指责。后来，我还胆大包天继续偷偷做其他美容手术。现如今，爱美之心被释放出来，人民的思想也发生了改变。回想改革开放之初，整形外科医生极少且也只有在大城市才可以开展整形美容外科手术。20 世纪 80 年代初，我科被卫生部指定为培养整形外科医生基地之一（另一个是北京整形外科医院）。我们培养的进修医生遍布全国各省市（西藏除外），现在连中小城市的医院也可以开展整形美容手术。不知不觉中，美容外科逐渐成为整形外科茁壮成长的一个分支，市场广阔。与此同时，国内美容市场也因此鱼龙混杂、良莠不分，一些没有资质的“美容医生”趁机混杂其中，违法施行美容手术、开美容门诊甚至医院，其目的只是为了赚钱，而无视手术风险和效果。

本书所包含的内容，限于录音价钱昂贵（每小时 60 美元），只是美容的精粹和常见部分。我国整形美容外科界泰斗张涤生院士曾说过，“做美容手术要求很高，要想做好它，不但需要经过整形外科正规训练，使其具有整形外科

扎实基础，还要有人体美学观点”。现在，由于市场混乱，美容手术的医疗纠纷和事故层出不穷，希望有关部门加以严厉整顿，坚决取缔那些不法“美容诊所”。另外，本人以从事整形美容外科40余年经验的资深医生、20世纪80年代曾任第一届上海整形外科学会主任委员、继张涤生院士后担任第二任九院整复外科主任的资格，诚心奉劝那些爱美的女性，不要轻易相信韩国的美容技术而过分崇拜，其实他们只是更有机会宣传而已。近日，又有报到称三名女性去韩国做美容手术，遭到无执照的美容医生毁容，最终国际索赔无路，导致其哑巴吃黄连。

实际上，整形美容外科技术最好的是美国。本人有幸在20世纪80年代根据两国交换学者计划访问美国11座城市，会上介绍了我国的整形外科工作，得到了同行的高度赞赏。在我介绍的病例中，有些是他们没有见过的，会后年轻医生要求我进行示教手术被我婉拒，因为我知道美国法律非常严格，无美国医生执照不能在患者身上做手术，否则会受到严厉的法律惩罚。

再者说，本人编写此书的另一目的是为了纪念我们今生的“师生缘”。我和学生们的确有缘分，不然我也不会从千里之外的马来西亚来到中国上海，和他们成为师生，他们毕业后不管被分配到哪里，我们仍保持联系。现在我年老了，他们经常关心我和我的家庭，此情胜于远在千里外的手足之情。所以，我决定合作编写此书作为永久的纪念品。我写英文部分，学生们将其翻译成中文，并聘请美国专业人士进行朗读，制作英文录音光碟，以帮助大家提高英文水平。

最后，谈到本书的顺利编写和出版，我要感谢我的研究生张威博士、蔡仁祥博士、尹卫民博士等人的出力出资，上海交通大学医学院附属第九人民医院整复外科的资助支持，各位教授为本书慷慨提供患者照片，以及上海交通大学出版社的通力协作。故衷心的祝愿此书能够顺利出版。

关文祥
上海交通大学医学院附属第九人民医院整复外科
2015年2月21日

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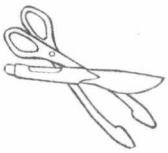
Part One

The Face and Neck



Chapter 1
Blepharoplasty[1]

A Double Eyelid[2]

About one half of the Asian people have single eyelid[3] which is considered not as attractive as the double eyelid. Double eyelid means that in the upper eyelid, there is a curve crease[4] above the eye lashes. The lashes[5] accordingly point forward or a little bit upward while the lashes of the single eyelid point a bit downward. The double eyelid eyes seem to be a bit larger which also contribute to the attractiveness of the face. So those girls who have single eyelid seek plastic surgeons to create a crease in their upper eyelids. In contrast, the Caucasian[6] people almost all are born with double eyelids.

The anatomic difference between these two peoples is that, the Caucasian's upper lid levator[7] inserts at the upper part of the tarsus[8] while the Asian's inserts at the lower part of the tarsus, nearly completely placed in front of the tarsus In this way, when the levator of Caucasian eyelid contracts to open the eye, there is a crease appearing in the lid. However, in Asian upper eyelid, when the levator contracts to open the eye there is no crease in the eyelid. Besides, in Asian upper eyelid there are also more fat tissues accumulated between the skin and the levator. This further prevents the appearance of the crease. To create a crease in the upper lid in Asian people, the plastic surgeon should have a clear knowledge of these differences of anatomy before he can achieve a good aesthetic result.

Preoperative examination of the patient's upper eyelid, including the appearance and function is imperative. If the patient's levator has

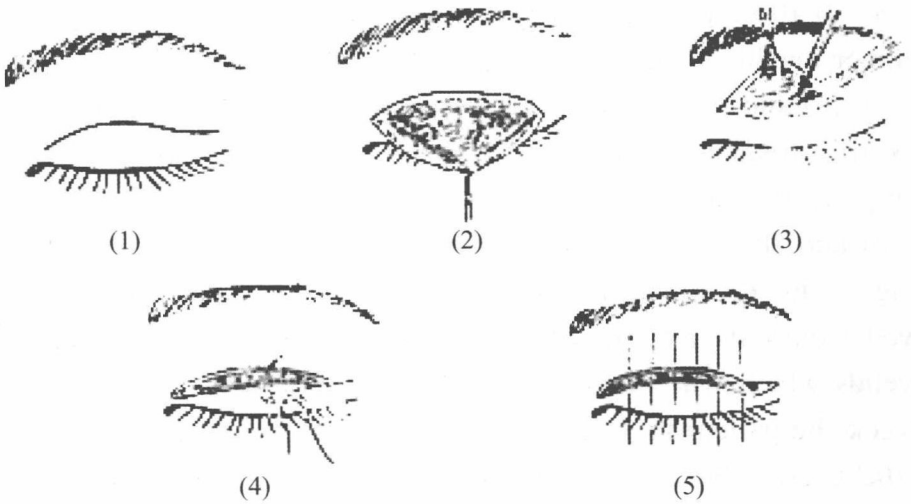
functional problems due to any other causes than the pure dysfunction[9] of the levator, the patient is not indicated for creating a palpebral[10] crease. For example, if the patient has ptosis of the upper eyelid due to myastheniagravis[11], and indeed there are many diseases that can lead to ptosis of the upper eyelid, the levator function can only be restored by medicine but not surgery. Deception should also be ruled out because the patient can lift his upper eyelid to a normal position by forceful contraction of his or her frontal muscle even he or she really has ptosis of the eyelid. At last a preoperative photo of the patient should not be omitted.

Operation is always done under local anesthesia and on an outpatient basis. The traditional design of the crease is to let the patient stand upright and look forward. With methylene blue[12] draw the position of the expected crease on the patient's each upper eyelid. Symmetry[13] and shape of the lines are important for optimal[14] operative result。The crease line should begin from the medial canthus[15], about 2mm above the eyelid margin. It then curves upward and laterally until it reaches the midpoint of the eyelid at a point about 6 to 8 mm above the eyelid margin (adjustment[16] should be made according to the patient's local individuality[17] or the patient's desire). The methylene line then curves downward and laterally to 3 to 5 mm above the eyelid margin and extends horizontally[18] to cross the outer canthus for 5 mm distance. The same line is drawn on the opposite upper eyelid. After that let the patient lie supine[19] on the operating table. Infiltrating[20] along this blue line with 0.5% lidocaine mixed with epinephrine, skin incision is made on this methylene line exactly. Undermine both skin edges a little bit just to expose the levator muscle and a strip[21] of it about 3mm wide is resected. Then one can see the tarsal plate which is white in color and a bit hard. Then one turns to the opposite side and does the same thing. After comparing the wounds of both sides to be sure that they are nearly the same in shape and length, stop the oozing points with electrocautery[22]. The four 2 mm wound edges are cleared off the subcutaneous tissues. The operator starts to close the wound. Usually 5 pieces of 6－0 nylon stitches are used and each needle with nylon enters 2mm the wound edge and bites the full thickness of the aponeurosis[23] of the levator, better including a small superficial part[24] of the tarsus itself. The needle is brought out through the opposite

edge of the wound also 2mm in distance. After placing these five nylon sutures in equal distance without tying them, the surgeon turns to the opposite upper eyelid and does the same thing. Tying of the nylon sutures begins from the middle one in both upper eyelids, and at this stage the operator should observe whether the two creases are satisfactory as expected. If there is no problem the surgeon ties the remaining sutures in both upper eyelids. Then ask the patient to open his or her both eyes to look forward and then close them to check again that the two artificial[25] creases are satisfactory as expected without eversion[26] or asymmetry[27]. To complete the operation the eyes are lubricated[28] with antibiotic eye ointment and the eyes are covered with vaseline gauzes and compression dressings. The dressings are off the next day and the skin sutures are removed 5 days after operation. There will be swelling and bruising[29] in the eyelids which will subside 10 to 14 days postoperatively. During the first week the patient may feel stiffness in the eyelids and a bit difficulty to open the eyes. These transient[30] discomforts will disappear over time. The final optimal outcome[31] may appear 3 months postoperatively if done properly.

The plastic surgeon who treats patient's single eyelid often faces two questions i.e. 1. Skin laxity of the eyelid is always present in the patient of over 40 or older. The laxity[32] of the skin must be treated as well before a fine operative result can be achieved. This depends on the surgeon's experience of how much of the skin should be excised. The surgeon can pinch up the eyelid skin preoperatively to determine the amount of skin to be excised when creating a palpebral crease. A second line is drawing above the original line, and the amount of skin between these two lines is excised during operation. If this piece of skin is not excised the excess[33] skin will droop[34] down to interfere with the natural appearance of the crease. In the author's experience, a strip of 3 to 5 mm wide skin should be excised depending on the degree of skin laxity. 2. A single eyelid often is accompanied by an epicanthal fold[35] of varying degree at the medial canthus. This fold covers the lacrimal caruncle[36] which makes the palpebral fissure[37] become shorter than normal. To manage this epicanthal fold there are several ways, but none of them can avoid an unpleasing scar at the medial canthus. The methods include Z-plasty, Y-V plasty, and

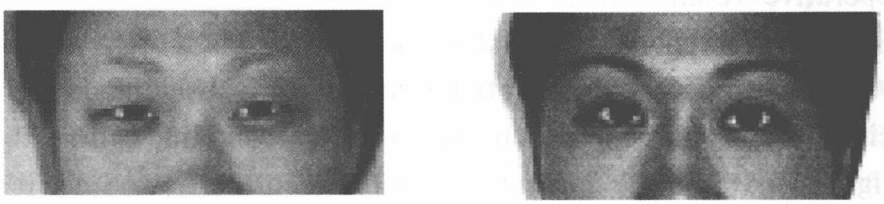
Musthach multiple Z-plasties. All of which can eliminate the epicanthal fold and leave a noticeable scar at the medial canthus. Preoperatively the patient should be informed of this advert side effect to avoid an undesirable lawsuit[38].



(1) (2) (3) (4) (5)

Illustration of the technique

(1) The incision line. (2) Exposure of the orbicular muscle. (3) A strip of orbicular muscle is excised. (4) Close the wound and take a bite of the tarsal plate. (5) The sutures are ready to be tied, and a crease will be created in the upper eyelid.



(1) (2)

Preoperative and postoperative views

(1) Single eyelids. (2) Double eyelid is created in both upper eyelids.

(Courtesy of Prof. Zhang Bo)

B Ptosis[1] of the Upper Eyelid

The normal upper eyelid covers 2 to 3 mm of the superior limbus[2] of the cornea[3], or lies at the level midway between the superior edge of a