

Preface

to the Second Edition

The specialty of plastic surgery has long served as an incubator for surgeons with creativity and imagination. Ours is a discipline that continues to evolve, fueled by innovation and an ongoing desire to refine and improve our results. We are privileged to be plastic surgeons at a time when we have so much to offer our patients. In the 12 years since the publication of the first edition of *Reoperative Aesthetic & Reconstructive Plastic Surgery*, the world has witnessed the introduction of numerous medical and technologic advances that have given us the tools to accomplish the previously unimaginable. From face transplantation to tissue engineering, plastic surgeons have been at the forefront of surgical innovation. The nature of what we do demands open, fertile minds that dare—to “see,” to dream, and to implement solutions for seemingly intractable problems. No area of plastic surgery demands more creativity, ingenuity, and problem-solving skill than that of reoperative plastic surgery.

It is gratifying to note that reoperative surgery, a subject that was little discussed when the first edition was published, is now increasingly a familiar theme in scientific publications, meeting panels, and program topics. The first edition advanced the concept of reoperative plastic surgery, providing a foundation for ongoing discussion. Now, after another decade of experience and directed thought about this subject, we have crafted a second edition to continue the conversation and to examine lessons learned and new options currently available. It contains the latest information on this topic.

Regrettably, the topic of reoperative surgery does not always receive the attention it deserves. Even experienced surgeons are sometimes reluctant to share lessons learned from errors, unsatisfactory results, or complications. Yet it is exactly that information that is most valuable to surgeons who have not yet encountered the same conditions but may face them with the very next patient they see. The goal of this book is to put this elusive knowledge at your fingertips. It is for this very reason that the book has become a favorite among young plastic surgeons preparing for their oral board examinations as well as experienced practitioners seeking insight into difficult cases or contemplating recertification.

Although many basic plastic surgery principles remain solidly entrenched in these freshly inked pages, there is much that is new. Anatomy has not changed—but our understanding of anatomic relationships has evolved, enabling us to develop new procedures and to refine and improve old ones.

As with the first edition, the book consists of two volumes comprising seven parts arranged by anatomic region. All chapters have been revised, and there are 11 totally new chapters that address topics such as endoscopic treatment of secondary brow ptosis, staged procedures and reoperations following massive-weight-loss surgery, secondary fat grafting, correction of postlipoplasty deformities, reoperative head and neck reconstruction, reoperative lower lid blepharoplasty, and psychological considerations for the reoperative patient.

I am joined by a group of expert contributors who have shared their experience in reoperative situations to guide you, the reader, toward proven approaches, preventing strategic errors, and providing a ready resource for consultation. Authors from the first edition have carefully updated their material, adding new cases, deleting concepts or procedures that they have abandoned, and providing insight into technical nuances that maximize and enhance long-term corrections. New contributors have addressed topics that were underrepresented previously and those that are new to this edition. It is helpful to remember that these new procedures are not necessarily immune to the need for secondary surgery.

Throughout these pages, the emphasis is on surgical judgment and the clinical problem-solving process that is critical to the successful execution of any reoperative procedure. Many new features and hundreds of photographs, medical illustrations, and clinical cases have been added to enhance the educational experience. To improve the aesthetic appearance and facilitate understanding of the various operative sequences, the majority of illustrations and cases are now in color. The book is filled with tips and tricks and surgical nuances to assist surgeons with developing the finesse necessary to avoid complications in the pursuit of excellence. Each chapter now includes multiple-choice board review questions, annotated references, key points, and improved illustrated operative technique. Two DVDs with operative video complement the book.

It is likely that these volumes will be consulted in bits and pieces—a few paragraphs, a chapter, or a section at a time. However, I recommend that these chapters be read early: “The Patient,” “The Surgeon,” and “What Is Reoperative Surgery?” These will set the stage for the information that follows and help you gain perspective on the special problems associated with the reoperative patient before you are confronted with a difficult patient who is frightened, angry, or critically ill. It is hoped that the information contained within these pages will prompt you to pay closer attention to your own outcomes with secondary surgery and provide insight into the techniques that have proven effective. Reoperative surgery is a challenging yet wonderfully rewarding endeavor. We hone our skills and sensibilities by becoming expert in solving these interesting and complex problems. The ultimate reward is enhanced results and improved outcomes for our patients, and an opportunity to advance the art and science of our specialty.

James C. Grotting

Preface

to the First Edition

Reoperative plastic surgery assumes many guises in a plastic surgeon's practice. Although complications and salvage situations immediately come to mind when we think of reoperative surgery, the scope is far broader. It is the staged procedure carefully planned to preserve blood supply or the finishing touch that transforms a good result into a superlative one. Perhaps it represents a surgical intervention to treat the recurrence of disease or the continued biologic changes of aging. It may be the creative solution for improving an unsatisfactory result—the nemesis of all surgeons. Whatever the definition, much of our practice is reoperative in nature. The thread of commonality uniting all reoperative surgery is that the plastic surgeon finds himself confronting tissue plans biologically altered by the effects of wound healing. This challenge often demands more innovative solutions and greater skill than the initial surgical intervention; it is more right brained than left, more creative than analytic. Much like a chess game, strategic planning is the critical element defining a successful outcome.

When faced with any difficult problem, we typically turn to the literature and to the masters who have preceded us to guide our way. In secondary surgery the answers we seek are more elusive. Despite the complex nature of these procedures, their artful execution and pitfalls have received scant attention in the literature. Thus we often approach these secondary cases with surgical plans derived from our own personal and anecdotal experience only to find ourselves adrift without a nautical chart or compass.

This book is in response to the need for a source of information to which to turn when confronted with secondary problems—a synthesis if you will. Similar to the travel clubs so popular in plastic surgery that have long been a rich source of shared experience and verbal problem solving, this book culls the wisdom and clinical advice from a national and international group of expert contributors. It is an attempt to draw on the cumulative experience of master surgeons to increase our chances of obtaining a favorable result. It would serve us well to have a road map—to know in advance that a brilliantly conceived plan may already have been clinically applied with an unfortunate outcome because of unanticipated tissue failure and to know that an alternative surgical approach would provide a safer, more effective solution. We have focused on those clinical conditions in which previous surgery has resulted in significant tissue changes and in which secondary correction requires an approach that differs from the primary plan. By analyzing reoperative conditions, we seek to better understand the mechanisms by which they occur, thus developing a strategy for avoiding problems and promoting favorable out-

comes. We also attempt to capture the surgical artistry and vision that enable experienced surgeons to produce unparalleled results.

The contributors to this book were carefully selected for their technical skill, their innovative approach to problem solving, and their extensive experience in a particular area. These chapters represent each author's personal approach to specific surgical conundrums. A virtual gold mine of untapped information is contained within their results, taking the reader through the critical planning process essential to achieving superior results. The perspective of each chapter is dictated by its unique subject matter. Some chapters address primarily complications. Others discuss staged procedures, whereas others examine a mix of problems and planned revisions. Some chapters focus on one clinical case and use it as a springboard to discuss a wide range of problems, whereas others contain numerous case examples to highlight individual anatomic challenges.

The scope of this book is both aesthetic and reconstructive; the distinction becomes blurred in the reoperative setting. The 47 chapters are divided into seven sections starting with the reoperative environment and basic issues of scarring, tissue movement and transplantation and then proceeding anatomically to investigate specific reoperative problems of the head and neck, breast, chest wall, trunk and extremities. To make the reading process as smooth as possible, text and illustrations are in close proximity to each other. Hundreds of patient examples and operative sequences have been described and illustrated in color to assist the reader in understanding the nuances of various operative approaches.

One of the primary criticisms levied against any contributor work is the unevenness and overlapping of material from one chapter to another. A concentrated effort was made to obviate this problem by providing a basic format and structure to shape the authors' presentations and by investing enormous time and effort writing my own chapters and editing others to ensure a consistent approach. Notwithstanding these guiding principles, the contributors had the freedom to vary the format when the topic so dictated. In addition, to facilitate the learning process, some overlap still remains when the information is integral to the understanding of a problem or a clinical description. Every attempt was made, however, to retain the author's personality and distinctive style. The wit and individual style displayed by each contributor permit the reader a rare insight into the creative spirit that guides the scalpel.

As the writing process draws to a close, my initial enthusiasm and vitality begin to resurface. I trust that this legacy will be worth the sacrifices and the stolen moments from family and practice. My desire is that the reader and patients will be the beneficiaries of this first attempt to harvest the collective wisdom from those who have risen to the challenge of reoperative surgery.

James C. Grotting