

PREFACE

The practice of surgery is changing, fueled in large part by innovations in technology that offer surgeons improved options and outcomes for their patients. In cosmetic surgery this translates into a wide variety of options, ranging from topical treatments to tissue fillers to more invasive surgical procedures. Traditional concepts and approaches are giving way to new less invasive operative interventions. Minimally invasive surgical techniques with smaller incisions and less dissection are transforming the practice of cosmetic surgery. Patient expectations have also been heightened with a greater premium placed on a quick recovery with minimal scarring.

Tissue glues play an important role in this changing scenario, offering the potential for reduced tissue trauma, enhanced healing, improved cosmesis, and reduced morbidity. This is particularly significant in facial cosmetic surgery where early appearance and long-term results are critical. Anything that will improve early cosmesis, allow quicker resumption of normal activities, and contribute to improved appearance over the long term is a beneficial intervention.

The search for the ideal tissue sealant has been a prime motivation for surgeons throughout the ages. The goal has been a surgical sealant and adhesive that is safe, biologically compatible, with rapid action and adequate tensile strength. Dating from the introduction of the first fibrin sealant in the 1940s, interest in the use of surgical sealants has grown steadily over time, and the number of versatile tissue adhesives and sealants available to surgeons has increased dramatically in the past 5 years.

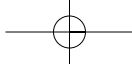
Today, tissue glues are gaining broader acceptance in cosmetic surgery. Fibrin tissue adhesives provide surgeons with an effective means of gaining hemostasis and eliminating the use of drains in some situations. In many cosmetic procedures, large areas of tissue are elevated or dissected leaving a sizeable dead space. Fibrin tissue adhesives allow the surgeon to glue tissue together and obliterate dead space. Octyl-2-cyanoacrylate shortens operative time while providing the surgeon with an effective means of closing skin incisions without the use of sutures.

We have been using tissue glues in our practices for many years with excellent results and decided benefits in patient satisfaction. By incorporating tissue sealants in minimally invasive facial rejuvenation surgery, we have found that these adhesives contribute to hemostasis and patient comfort because they eliminate the need for drains. They also enhance the results of aesthetic facial procedures by reducing the rate of complications and other sequelae such as hematoma, seroma, bruising, and swelling. For us, tissue sealants are a valuable tool for improving the patient's surgical experience and making the postoperative course shorter and easier.

Despite the advantages that we have witnessed with tissue adhesives, we note that many surgeons have only limited experience and varied levels of success with them. Variability in the success with these products may result from inadequate understanding of the capability and effective use of these products. For this reason we have written this book with contributions from some of the world's leading experts on tissue adhesives and sealants. Our writing is based on our personal experience and that of our contributors, which has yielded consistent results with a high level of patient satisfaction. Our intent is to provide the reader with a comprehensive overview of tissue glues and guidance to maximize their application in various clinical situations. We hope this information will allow the cosmetic surgeon to improve surgical outcomes and decrease the recovery time associated with cosmetic surgery.

The book is organized into two parts. Part I provides an overview of the topic. Initial chapters focus on history, available tissue glues, present-day applications, and the clinical utility of platelet-rich plasma in facial plastic surgery. The fundamentals that guide the decision-making process are also explored in depth with specific information on how fibrin-based adhesives can be used for hemostasis and sealing, and how cyanoacrylates can be used for superficial skin closure. Particular attention is paid to safety parameters for tissue adhesives with emphasis on the use of tissue glues in cosmetic surgery.

Part II focuses on clinical applications. It begins with a description of applications for fibrin-based adhesives and cyanoacrylate adhesives in facial plastic surgery. Specific technical issues are discussed, as well as issues related to patient selection, preparation of the surgical site, applicators, setting time, effect on healing, and potential complications. Illustrative case presentations demonstrate time-tested methods of using fibrin-based adhesives and cyanoacrylate adhesives. In the remaining chapters the authors provide their personal approaches to using tissue glues for specific operations, including endoscopic browlift, short-incision face lift, breast and body contouring surgery, and burn



care. Each chapter includes a detailed description of the operative approach, as well as instructions for the preparation and application of the adhesives.

The era of tissue glues in cosmetic surgery has arrived. As more novel materials and applications become available, the impact of surgical sealants on the ease and outcome of cosmetic procedures can only be expected to grow in scope and significance. We hope that this book provides the surgeon with insight into how to use these products to improve surgical outcomes.

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