

RECONSTRUCTIVE PLASTIC SURGERY

Procedures At-a-Glance



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The Symbol of Excellence in Plastic Surgery®

A public education service of the American Society of Plastic Surgeons®

The first step:

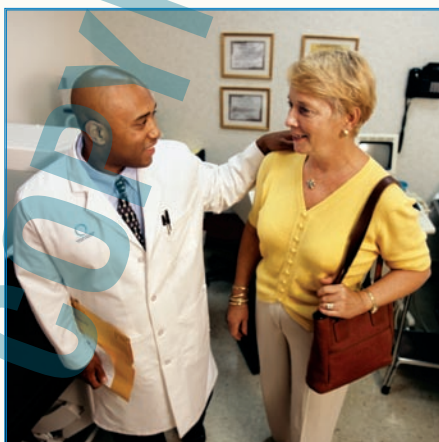
Choose a surgeon you can trust

Plastic surgery, whether for cosmetic or reconstructive purposes, involves many choices. The first and most important is selecting a surgeon you can trust. A doctor's board certification is one of the best indicators of his or her training. Ask for certification from The American Board of Plastic Surgery® (ABPS), the only one of the 24 boards approved by the American Board of Medical Specialties (ABMS) that certifies physicians in plastic surgery of the face and all areas of the body. To be ABPS board-certified, a physician must meet these rigorous standards:

- ▶ Graduate from an accredited medical school
- ▶ Complete at least **five** years of surgical training following medical school with a minimum of **two** years of plastic surgery residency training
- ▶ Pass comprehensive oral and written exams

American Society of Plastic Surgeons (ASPS) Members must:

- ▶ Be certified by the ABPS or in Canada by The Royal College of Physicians and Surgeons of Canada®
- ▶ Complete continuing medical education including patient safety each year
- ▶ Perform surgery in accredited, state-licensed or Medicare-certified surgical facilities



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Injuries, disease and birth defects all can lead to deformities which can be repaired with reconstructive plastic surgery. Although surgery can restore form and function to improve your condition, it can't fulfill unrealistic expectations. Your best results will occur when you work closely with your plastic surgeon to set realistic goals. This brochure presents an overview of the indications and applications for the following reconstructive plastic surgery procedures:

- ▶ Breast reconstruction
- ▶ Breast reduction
- ▶ Cleft lip and palate repair
- ▶ Ear surgery
- ▶ Hand surgery
- ▶ Scar revision
- ▶ Skin cancer treatment

Breast Reconstruction

If you lost a breast or were disfigured by mastectomy, several surgical techniques can be used to reconstruct a new breast:

Flap technique forms a natural breast shape using donor sites which may include the abdomen, back or buttocks.

Implants can create a new breast mound.

Tissue expansion aids in the formation of new tissue when healthy tissue is inadequate after mastectomy to cover and support the breast implant.

Nipple and areola reconstruction (pigmented skin surrounding the nipple) is achieved through additional grafting techniques and tattooing to provide areola color.



Breast Reduction



Female Breast Reduction

Surgery can correct disproportionately large, sagging breasts through removal of excess fat and tissue to create a smaller, better-positioned breast. Depending on the size and position of your breasts, incisions may include a keyhole pattern, vertical pattern or circular pattern. Reduction in the size of an enlarged areola may also be performed. Your breast reduction surgery may be covered by insurance. Carefully review your policy to determine coverage.

Male Breast Reduction

Over-developed male breast tissue and, in some cases, asymmetry of the male breast can be corrected with plastic surgery to create a flatter or more symmetric contour of your chest. In most cases, correction of gynecomastia is not eligible for insurance coverage.

Liposuction is used when fatty tissue is the primary source of breast over development. Incisions are commonly hidden at the areola, in the underarm area or in the breast crease.

Excision techniques are recommended where glandular breast tissue or excess skin must be removed to correct gynecomastia.

Cleft Lip and Palate Repair

A cleft lip is an incomplete upper lip formation present at birth that appears as a separation on one or both sides. An incomplete formation of either the hard or soft parts of the upper palate inside the mouth is a cleft palate, also present at birth. These defects may cause impaired feeding, speech, dental development and hearing, and will require surgical treatment by a team of specialists.

Cleft lip repairs are initially performed when a child is at least 10 weeks of age and 10 pounds in weight and has a hemoglobin (or blood count) of at least 10.

Cleft palate repairs are generally performed when a child is somewhat older, from 9 to 18 months of age.

Correction of a cleft lip or palate usually requires multiple procedures during a child's growth and development. Intervention is recommended early because of other medical problems that can be associated with clefting, particularly ear infections.



Ear Surgery

Protruding ears on one or both sides can be corrected with plastic surgery.

Surgical techniques create or increase an under-developed ear fold or reduce enlarged cartilage to create a more normal appearance. Conditions that can be treated include:

- ▶ Overly large ears – a rare condition called macrotia
- ▶ Protruding ears occurring on one or both sides in varying degrees – not associated with hearing loss
- ▶ Adult dissatisfaction with previous ear surgery

Microtia is a complex congenital ear deformity where the outer ear is severely disfigured. Hearing is impaired in varying degrees. Reconstruction requires staged surgical procedures to create a more normal external ear and improve hearing. Less common ear deformities, which may or may not affect hearing ability, include: constricted ear, Stahl's ear (distorted in shape due to an abnormal fold of cartilage) and cryptotia (hidden ear). An individualized surgical plan is required to define goals and achieve desired results.

Hand Surgery

Plastic surgery can correct structural and functional irregularities, and in some cases restore a more normal appearance of the hand and fingers. Conditions treated by hand surgery include:

- ▶ Injuries
- ▶ Abnormal nerves or blood vessels
- ▶ Carpal tunnel syndrome
- ▶ Dupuytren's contracture
- ▶ Immobile tendons
- ▶ Missing digits, short or crooked fingers
- ▶ Polydactyly (extra) finger
- ▶ Rheumatoid arthritis
- ▶ Syndactyly (webbed fingers)

Scar Revision



Excessive scar formation, which may cause restricted movement can be repaired. Common scar formations include keloids, hypertrophic scars and contracture. Scar revision includes:

Topical treatments such as gels, tapes or external compression can help in wound closure and healing, or to reduce the ability of skin to produce irregular pigment.

Injectable treatments are often used to fill depressed or concave scars.

Surface treatments such as dermabrasion, laser or light therapy, chemical peel solutions, or skin bleaching agents can improve scar appearance and texture.

Excision to remove, narrow or change the direction of a scar.

Pharmaceutical tissue substitutes may be used if ample, healthy tissue is not present for closure of a scar incision. Tissue expansion may be an alternative.

Skin Cancer Treatment

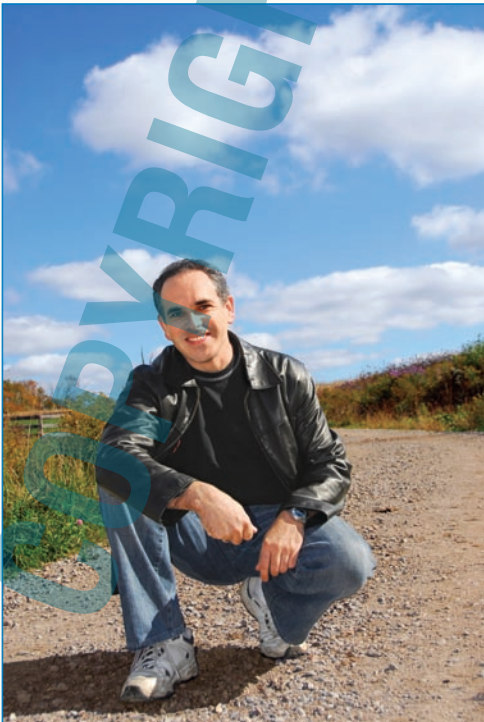
A variety of techniques are used to remove and treat malignant lesions of the skin. Treatment of skin cancer with plastic surgery is designed to maximize cure rates and minimize any resulting disfigurement in appearance.

Simple excision of the cancer with a surrounding rim of normal skin and tissue treats small lesions leaving a small, localized scar.

Microscopic examination of the lesion during surgery assures complete excision of the cancerous tissue.

Larger lesions and those affecting underlying tissue and structures require more advanced treatment. Reconstruction may use advanced flap techniques to repair the excision wound and restore a more normal appearance.

Additional treatments to improve cure rates include radiation therapy.



Questions to ask my plastic surgeon

Use this checklist as a guide during your consultation

- Are you certified by the American Board of Plastic Surgery?
- Are you a member of the American Society of Plastic Surgeons?
- Were you specially trained in the field of plastic surgery?
- Do you have hospital privileges to perform this procedure?
If so, at which hospitals?
- Is the office-based surgical facility accredited by a nationally or state recognized accrediting agency, or is state licensed or Medicare-certified?
- How many procedures of this type have you performed?
- Am I a good candidate for this procedure?
- What will be expected of me to get the best results?
- Where and how will you perform my procedure?
- What shape, size, surface texturing, incision site and placement site are recommended for me?
- How long of a recovery period can I expect, and what kind of help will I need during my recovery?
- What are the risks and complications associated with my procedure?
- How are complications handled?
- What are my options if I am dissatisfied with the cosmetic outcome of my surgery?
- Do you have before-and-after photos I can look at for each procedure and what results are reasonable for me?

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Notes

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