RECONSTRUCTIVE PLASTIC SURGERY

What is Reconstructive Plastic Surgery?

- Breast Reconstruction
- Breast Reduction
- Cleft Lip and Cleft Palate Repair
- Ear Surgery
- Hand Surgery
- Scar Revision
- Skin Cancer Removal

Cost

AMERICAN SOCIETY OF PLASTIC SURGEONS®
WHAT IS RECONSTRUCTIVE PLASTIC SURGERY?

Injuries, disease, and birth defects all can lead to deformities that 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
- Tumor removal
- Hand surgery
- Scar revision
- Skin cancer removal
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 that may include the abdomen, back, or buttocks.

**Implants** can create a new breast mound.

**Tissue expansion** aids in the formation of new tissue. Tissue expansion is used after mastectomy when not enough healthy tissue remains to cover and support the breast implant.

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

BREAST REDUCTION

Surgery can correct disproportionately large, sagging breasts through the 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. Excision techniques are recommended where glandular breast tissue or excess skin must be removed. 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.

Reduction in the size of an enlarged areola may also be performed.

Your breast reduction surgery may or may not be covered by insurance. Carefully review your policy to determine coverage.
CLEFT LIP AND CLEFT PALATE REPAIR

A cleft lip is an incomplete upper lip formation 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. Both cleft lip and cleft palate are 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 six 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.

EAR SURGERY

Surgical techniques create or increase an underdeveloped 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
- Underdeveloped or disfigured ears – a rare condition called microtia

In rare conditions like microtia, reconstruction requires staged surgical procedures to create a more normal external ear and improve hearing. For ear surgery, an individualized surgical plan is required to define goals and achieve desired results.
TUMOR REMOVAL

One of the most commonly performed reconstructive surgeries in the United States is tumor removal. Plastic surgeons can perform these procedures on benign or malignant tumors. Tumors can vary in size, structure, and severity. Therefore, the methods for removal depend on a number of factors, including:

• Location
• Potential for recurrence
• Size
• Stage or development
• Type

Tumors occur in a variety of sizes and may be benign or malignant, so treatment depends on a number of factors. In small tumor removal, a surgeon will extract the tumor or the cancerous area with a scalpel and stitch up the wound or allow it to heal on its own. In cases of large tumors or spreading skin cancers, major invasive surgery is required, involving skin grafts or flaps to reconstruct the treated area.

With the surgical removal of malignant tumors there’s a risk of cancerous cells spreading to healthy areas of the body; a condition known as seeding. There are two special techniques that may be used to help prevent seeding:

• Block resection: the entire specimen is removed as a single piece
• No-touch technique: the tumor is removed by handling only the healthy tissue that surrounds it; the tumor is never touched

HAND SURGERY

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

• Abnormal nerves or blood vessels
• Carpal tunnel syndrome
• Dupuytren's contracture
• Inmobile tendons
• Traumatic injuries
• Missing digits
• Polydactyly (extra) finger
• Short or crooked fingers
• Syndactyly (webbed fingers)
SCAR REVISION

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

Topical treatments such as gels, tapes, or external compression, which can help in wound closure and healing or 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 the closure of a scar incision. Tissue expansion may be an alternative.

SKIN CANCER REMOVAL

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.
Prices for eyelid surgery can vary. A surgeon’s cost may be based on his or her experience, the type of procedure used, and geographic location. Many plastic surgeons offer patient financing plans, so be sure to ask.

**Cost may include:**
- Anesthesia fees
- Hospital or surgical facility costs
- Medical tests
- Post-surgery garments
- Prescriptions for medication
- Surgeon’s fee

**Your satisfaction involves more than a fee:**
Reconstructive surgery is generally covered by most health insurance plans. Pre-certification is often required for reimbursement or coverage. Be sure to consult with your insurance company in advance of any surgery.

When choosing a plastic surgeon, remember that the surgeon’s experience and your comfort with him or her are just as important as the final cost of the surgery.

Plastic surgery involves many choices. The first and most important is selecting an ASPS member surgeon you can trust. ASPS member surgeons meet rigorous standards:
- Board certification by the American Board of Plastic Surgery® (ABPS) or in Canada by The Royal College of Physicians and Surgeons of Canada®
- Complete at least six years of surgical training following medical school with a minimum of three years of plastic surgery residency training
- Pass comprehensive oral and written exams
- Graduate from an accredited medical school
- Complete continuing medical education, including patient safety each year
- Perform surgery in accredited, state-licensed, or Medicare-certified surgical facilities

**Do not be confused by other official sounding boards and certifications.**
The ABPS is recognized by the American Board of Medical Specialties (ABMS), which has approved medical specialty boards since 1934. There is no ABMS recognized certifying board with “cosmetic surgery” in its name. By choosing a member of The American Society of Plastic Surgeons, you can be assured that you are choosing a qualified, highly trained plastic surgeon who is board-certified by the ABPS or The Royal College of Physicians and Surgeons of Canada.

*This brochure is intended strictly for educational purposes. It is not intended to make any representations or warranties about the outcome of any procedure. It is not a substitute for a thorough, in-person consultation with a board certified plastic surgeon.*
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?

Notes:

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