



Preface

Microsurgical Reconstruction of the Head and Neck



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In the past decade, the microsurgical approach has been tacitly accepted as the standard of care in the reconstruction of the extensive defects in the head and neck region after cancer resection.

Whereas in the early 1980s and 1990s microsurgical skills belonged only to those surgeons who completed a microsurgical fellowship, now this type of training is part of the regular curriculum of most plastic surgery programs. As a result, microsurgical reconstruction of the head and neck is now available in practically every region of North America in both academic and nonacademic centers.

There are many microsurgeons who could have done an excellent job writing most of the articles chosen for this issue of the *Clinics in Plastic Surgery*. The contributors I have invited are known for their commitment to the care of this particular group of patients. I thank each one of them for their thoughtful contributions.

I also salute all the head and neck extirpative surgeons and reconstructive microsurgeons

whose commitment to the care of the underprivileged cancer patient population goes mostly unrecognized in these times of diminishing health care resources.

Although few innovations have taken place in the last decade in this field, we have gone through a period of consolidation. I believe that our current knowledge of what makes a successful flap and what does not justifies another look at this topic.

The one notable microsurgical advance of the past decade is in the area of composite tissue allotransplantation, albeit mostly in the upper extremity. One article in this issue has been devoted to this topic in anticipation of a new approach to the reconstruction of the extensive defects of the head and neck patient using composite tissue allotransplants in the not-too-distant future.

The last article in this issue is devoted to methodological issues of measuring and reporting our

outcomes when we compare novel techniques/flaps with traditional ones. The “expert pronouncements” as the determinants of the state-of-the-art should give way to evidence-based microsurgery to help us advance the field and optimize the use of scarce health care resources.

It has been my honor to have edited this issue of the *Clinics in Plastic Surgery*. I would like to thank Paula McKay for all of her editorial assistance. I would also like to express my gratitude to Joe Rusko, Publishing Manager, and Elsevier for their help in this endeavor.