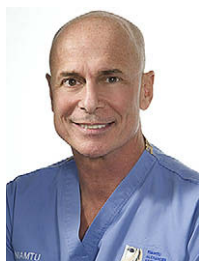


Preface



Joseph Niamtu III, DMD
Guest Editor

A revolution is occurring in the field of cosmetic surgery as it has become an accepted, requested, and welcome part of contemporary society. Many changes have happened over the past 40 years. Cosmetic facial surgery has been around in some shape or form for centuries. However, it became a predictable procedure only after advances in anesthesia, surgery, and antibiotics. Forty years ago, cosmetic surgery was a well-kept secret of the rich and famous. People who sought out the procedure then were on average older than those seeking it today, and many of them would sneak away to have the procedure done secretly. The procedures were expensive and extensive, and many produced an unnatural appearance. Much has changed. Baby boomers, now in their sixth decade, don't want to look old and hence are having surgery earlier. They tend to prefer smaller procedures at a younger age to avoid the "overhaul" their parents had. With the increased focus on youth, health, and beauty, cosmetic surgery has worked itself into the fabric of mainstream life and pop culture and has become a rite of passage in aging for many patients.

Along with this phenomenal growth of cosmetic surgery came another paradigm shift: Numerous specialties began providing cosmetic procedures. Although plastic surgery controlled cosmetic surgery in the past, today 80% of cosmetic surgery is performed by non-plastic surgeons. So, now we have had exponential growth of patients with a similar growth of providers. It only made sense that the number of surgery complications would also grow.

Complications are a normal part of surgery. No surgeon is immune. Complications can stem from uncontrollable factors, such as the patient's immune system and healing; from preventable or

controllable factors, such as nonsterile surgical environments; or from incompetence or mistakes on the part of the surgeon or staff. Complications can occur in the preoperative, intraoperative, and postoperative phases of cosmetic facial surgery. Someone once said, "Most complications are proximal to the scalpel," which means that they are the fault of the surgeon. It is probably safe to say that the average surgeon has more complications on the upslope of his or her learning curve. Having said this, even the most competent and experienced surgeons experience complications. Although dreaded, complications have much to teach surgeons about preventing them or limiting them in the future. One of the biggest mistakes a surgeon can make is to see a patient from another colleague and "bad-mouth" that colleague's ability or competence. What goes around comes around and surgeons who speak badly of colleagues will most likely be subject of similar remarks some day.

All surgeons can and must learn from complications as well as have a firm understanding of their pathophysiology and how to prevent them. The purpose of this volume is to present the more common complications that accompany cosmetic facial surgery. Surgeons should be forthright about their complications. The profession and public can see right through those surgeons who claim never to have complications. It is my hope that readers will gain valuable information on what causes common complications and on how they can improve their practices and techniques to limit or prevent them. Obviously, a volume of this size cannot discuss the entire scope of all complications, so we have focused on the "garden variety" commonly seen in the cosmetic facial surgery practice. Because some aspects of

complications are subjective, it is not uncommon for different practitioners to have different ideas about the cause and prevention of complications.

The process of dealing with complications begins before they occur—at the preoperative stage. Because most complications are predictable (for example, 2% of facelift patients will have a hematoma), the informed consent and patient process should include a discussion of the common (and uncommon) complications. It has been said that when a problem is discussed preoperatively it is a sequela, but when it is discussed postoperatively it is a complication. Very true. We owe it to our patients to inform them of the possible complications that accompany their proposed surgery. Surgeons who fail to obtain written consents are difficult to defend in the courtroom. Lawsuits are an unsavory part of cosmetic surgery for both the patient and the surgeon. No one wants complications to happen and every good surgeon takes them and their impact on the patient seriously. A complication on a cardiac patient during efforts to save that patient's

life may go unchallenged, but, with elective cosmetic procedures (cosmetic surgery is never required), a patient who came in to look better and now looks worse is definitely more likely to pursue legal options. The late Julius Newman, a cosmetic surgery pioneer, was correct when he said, "If you do this type of work, expect problems."

I am truly honored to have had the opportunity to assemble contributors who are among the leaders in their specialties in cosmetic facial surgery. The breadth of their knowledge and experience make this a truly valuable volume for any practitioner in any specialty that performs cosmetic facial surgery.

It is my hope that this volume will serve both as a guide for managing complications and as a preventive primer for avoiding them.

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