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FACIAL PLASTIC SURGERY CLINICS OF NORTH AMERICA

Facial Plast Surg Clin N Am 14 (2006) xi–xii

Preface



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It is with great pleasure that I welcome you, our reader, to this edition of *Facial Plastic Surgery Clinics of North America* on upper face rejuvenation. Over the past quarter century our management of the upper face has evolved tremendously. From the original gold standard, the coronal forehead lift, we now have to consider a plethora of surgical procedures and treatments that address the complex anatomy and aging features of the upper face. Notwithstanding our greater understanding, and innovations such as the endoscope, laser, fat grafting, botulinum toxin, and filling agents, there are still various opinions and considerable controversy surrounding the most ideal treatment for any given patient.

We have been most fortunate to have in this issue contributions from many of the most recognized and respected clinicians in our field, representing several specialties. Each of them has advanced the boundaries of our understanding of upper face rejuvenation. Their insights collected in this journal will be invaluable to anyone and everyone practicing aesthetic rejuvenation of the face.

Our articles cover the detailed anatomy of the upper face, emphasizing the importance of the

facial nerve, periosteum, muscle dynamics, and the fascial planes. As in all aesthetic surgery, diagnosis and proper patient selection is emphasized. This is particularly relevant in the upper face where there is such a broad selection of rejuvenation techniques available. Our authors discuss the merits and demerits of open versus endoscopic approaches, not to mention the many fixation options available endoscopically. They have different opinions on the best plane of approach and seek ways to modify basic approaches to achieve what they consider superior results in their hands. Notwithstanding that the authors present many different, and even at times contradictory, opinions and procedures, they all can show excellent results. And so the marriage of science and art is consummated in the management of the aging upper face.

In more recent years, as the population has sought more minimally invasive techniques, we also have seen the introduction of fat grafting and filling agents, and an explosion in the use of botulinum A toxin. Our authors review the importance and use of these essential adjuncts to

surgical intervention. In addition, there are copious references for those seeking additional information and insight.

In summary, I believe that our esteemed senior authors, along with their coauthor contributors, present in this journal the current state of the art of upper face rejuvenation. It is a broad spectrum to

cover, one with many variables, complexities, and nuances. Our authors have fulfilled their task admirably.

I encourage you, our readers, to review each chapter discerningly, and then commit yourself to creative thought and innovation in your management of upper face rejuvenation.