Hot Topics in Plastic Surgery

William Y. Hoffman, MD

Disclosures:

None

Abstract:

1) The increasing prevalence of obesity in the US and subsequent increase in bariatric surgery has led to a marked increase in plastic surgical procedures after weight loss. The removal of excess skin after bariatric surgery has become a subspecialty of its own and “life after weight loss” programs have become more common. This is more than simple removal of excess skin, however; use of de-epithelialized flaps has allowed a much more sophisticated approach allowing improved cosmetic outcomes from these complex procedures.

2) In breast reconstruction there are multiple new approaches. Although tissue expansion and placement of implants remain the mainstay of reconstruction after mastectomy, the use of microvascular techniques has gained popularity as the amount of abdominal muscle that is taken has been minimized. The DIEP (deep inferior epigastric perforator) flap has become a popular alternative for the appropriate patient. In addition there has been some progress with the use of autologous fat transfer for smaller defects and in some cases even for complete breast reconstruction.

3) Fat transfer has increasingly taken its place in the armamentarium of plastic surgery for both cosmetic and reconstructive purposes. Currently this is limited to autologous fat although there is ongoing research into the use of stem cells to augment the “take” of the fat in various sites.

4) Botox and fillers remain a popular adjunct to cosmetic surgery. Although new preparations of botulinum toxin A have been released there is no clear advantage to one over another. Fillers in this country have been limited to those that are absorbed by the body over time, hence fat transfer is an alternative for the patient who desires a more lasting result.
5) Facial cosmetic surgery has made strides largely in the recognition that many patients were appearing too “done”. Particularly in Northern California the emphasis has been on a natural look after cosmetic procedures, and the recognition of volume loss (fat again!) as a component of aging has affected the approach to these operations.

6) The first kidney transplant was performed by a plastic surgeon, Dr. Joseph Murray, and composite tissue transplantation (face and hand/forearm) has been performed at multiple centers around the world with varying success. As the immunology becomes better understood and controlled, plastic surgeons are ready to transplant multiple parts through microsurgery; this may lead to a new paradigm in reconstructive surgery for some problems.

References:


Evidence-Based Medicine: Breast Reconstruction

A Classification of Clinical Fat Grafting: Different Problems, Different Solutions
