

# DOWNLOAD PDF PLASTIC, RECONSTRUCTIVE AND AESTHETIC SURGERY 1999

## Chapter 1 : Cosmetic Surgery Program > Plastic and Reconstructive Surgery | Surgery | Yale School of Medicine

*For more than 50 years Plastic and Reconstructive Surgery® has been the one consistently excellent reference for every specialist who uses plastic surgery techniques or works in conjunction with a plastic surgeon.*

It may involve the rebuilding of severely fractured bones, as well as skin grafting. Reconstructive surgery includes such procedures as the reattachment of an amputated finger or toe, or implanting a prosthesis. Prostheses are artificial structures and materials that are used to replace missing limbs or teeth, or arthritic hip and knee joints. In cancer patients, reconstructive surgery is done to restore the function as well as the appearance of the face and other parts of the body. The most commonly performed reconstructive surgeries of cancer patients are breast reconstruction, laceration repair, scar revision, and tumor removal. The surgeon must try to retain as much sensation as possible when performing skin or bone grafts in the head and neck as well as recreate a reasonably normal appearance. Preparation Preparation for nonemergency plastic or reconstructive surgery includes patient education, as well as medical considerations. Some operations, such as nose reshaping or the removal of warts, small birthmarks, and tattoos can be done as outpatient procedures under local anesthesia. Most plastic and reconstructive surgery, however, involves a stay in the hospital and general anesthesia. Patients are typically asked to stop taking certain prescription medications that affect bleeding for about two weeks before the procedure and to stop smoking for at least a week before the operation. Preparation for reconstructive surgery following cancer treatment may require much more extensive counseling and discussion of possible alternatives to the surgery. Facelifts and cosmetic surgery in the eye area require very close attention to the texture of the skin and the placement of surgical cuts incisions. Patients scheduled for plastic surgery under general anesthesia will be given a physical examination, blood and urine tests, and other tests to make sure that they do not have any previously undetected health problems or blood clotting disorders. The doctor will check the list of prescription medications that the patient may be taking to make sure that none of them will interfere with normal blood clotting or interact with the anesthetic. Patients are asked to avoid using aspirin or medications containing aspirin for a week to two weeks before surgery, because these drugs lengthen the time of blood clotting. Smokers are asked to stop smoking two weeks before surgery because smoking interferes with the healing process. For some types of plastic surgery, the patient may be asked to donate several units of his or her own blood before the procedure, in case a transfusion is needed during the operation. The patient will be asked to sign a consent form before the operation. Patient education The doctor will meet with the patient before the operation is scheduled, in order to explain the procedure and to be sure that the patient is realistic about the expected results. This consideration is particularly important if the patient is having cosmetic surgery. Aftercare Medical Medical aftercare following plastic surgery under general anesthesia includes bringing the patient to a recovery room, monitoring his or her vital signs, and giving medications to relieve pain as necessary. Patients who have had fat removed from the abdomen may be kept in bed for as long as two weeks. Patients who have had mammoplasties, breast reconstruction, and some types of facial surgery typically remain in the hospital for a week after the operation. Patients who have had liposuction or eyelid surgery are usually sent home in a day or two. Patients who have had outpatient procedures are usually given antibiotics to prevent infection and are sent home as soon as their vital signs are normal. Psychological Some patients may need follow-up psychotherapy or counseling after plastic or reconstructive surgery. These patients typically include children whose schooling and social relationships have been affected by birth defects , as well as patients of any age whose deformities or disfigurements were caused by trauma from accidents, war injuries, or violent crime. Risks The risks associated with plastic, cosmetic, and reconstructive surgery include the postoperative complications that can occur with any surgical operation under anesthesia. These complications include wound infection, internal bleeding, pneumonia, and reactions to the anesthesia. In addition to these general risks, plastic, cosmetic, and reconstructive surgery carry specific risks: Dermabrasionâ€” A technique for removing the upper layers of

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skin with planing wheels powered by compressed air. Liposuctionâ€™” A surgical technique for removing fat from under the skin by vacuum suctioning. Mammoplastyâ€™” Surgery performed to change the size of breasts. Rhinoplastyâ€™” Surgery performed to change the shape of the nose. An Experience with Flaps. Cite this article Pick a style below, and copy the text for your bibliography. Retrieved November 09, from Encyclopedia. Then, copy and paste the text into your bibliography or works cited list. Because each style has its own formatting nuances that evolve over time and not all information is available for every reference entry or article, Encyclopedia.

## Chapter 2 : Plastic Surgery Center Newark | Cosmetic Surgery Wilmington

*The journal presents the latest surgical procedures with audit and outcome studies of new and established techniques in plastic surgery including: cleft lip and palate and other heads and neck surgery, hand surgery, lower limb trauma, burns, skin cancer, breast surgery and aesthetic surgery.*

## Chapter 3 : Plastic, Reconstructive & Aesthetic Surgery Overview - Singapore General Hospital

*Â²Morrison, theinnatdunvilla.com, Colin, A Survey of Cosmetic Surgery Training in Plastic Surgery Programs in the United States, Plastic and Reconstructive Surgery - Journal of the American Society of Plastic Surgeons, pp,*

## Chapter 4 : Journal of Plastic, Reconstructive and Aesthetic Surgery

*Both Dr. Chang and Dr. Thornton are certified by the American Board of Plastic Surgery, sanctioned by the American Board of Medical Specialties, for plastic, reconstructive and aesthetic surgery of the whole body, from head to toe.*

## Chapter 5 : Cosmetic Surgery vs. Plastic Surgery | American Board of Cosmetic Surgery

*Plastic surgery encompasses both cosmetic surgery and reconstructive surgery and seeks to maximize both appearance and function, regardless of the initial presentation. Often a significant amount of overlap exists between the two and in the name of the specialty was changed from Plastic and Reconstructive Surgery simply to Plastic Surgery to reflect this.*

## Chapter 6 : Reconstructive Procedures | American Society of Plastic Surgeons

*Aesthetic Plastic Surgery is covered in Current Contents/Clinical Medicine, SciSearch, Research Alert, Index Medicus-Medline, and Excerpta Medica/Embase. Aesthetic Plastic Surgery is ranked #7 in the Google Scholar H-5 Index of Plastic and Reconstructive Surgery, with a H-5 Index of*

## Chapter 7 : Journal of Plastic, Reconstructive & Aesthetic Surgery - Elsevier

*Breast imaging for aesthetic surgery: British Society of Breast Radiology (BSBR), Association of Breast Surgery Great Britain & Ireland (ABS), British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS).*

## Chapter 8 : Plastic, Reconstructive Cosmetic Surgery | Mid Hudson Plastic Surgery

*At Osceola Plastic and Maxillofacial Reconstruction and Cosmetic Surgery, our surgeons provide excellent medical care combined with outstanding customer service, allowing you to enhance your beauty and health or restore them when injuries or cancer had taken them from you.*

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## Chapter 9 : Surgical Care Reconstructive and Cosmetic Surgery

*Biography. Michael J. Terry, M.D., is an Assistant Professor in the Division of Plastic and Reconstructive Surgery at UCSF. He graduated from the Massachusetts Institute of Technology in and earned his medical degree from Columbia University College of Physicians and Surgeons in*