The Reconstructive Surgeon vs the Aesthetic Surgeon

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Abstract

Although the scope of practice among Plastic surgeons is quite variable in terms of Reconstructive versus Aesthetic however many are exclusively Aesthetic Plastic surgeons and others are exclusively Reconstructive Plastic Surgeons.

This controversial paper / presentation looks at the author's close to 20 years of practice in a tertiary care setting and experience with both Reconstructive Plastic Surgery and Aesthetic Surgery.

People in various communities view the Reconstructive surgeon as someone who deals with mostly debilitated and sick patients requiring staged and lengthy procedures therefore as a cost for health care whereas the Aesthetic surgeon is someone who deals with normal people and an easy source of profit . However they also fail to know the potentials of Reconstructive surgeon who is expected to provide aesthetically acceptable and pleasing results following complex procedures .

It is very well known to all Reconstructive surgeons that patient's expectations are usually quite high , the reason being they are Plastic surgeons in the first place.

In fact majority of the prominent senior authors of Aesthetic surgery procedures and books are in fact well known Reconstructive surgeons in the first place.

Plastic Surgery means mobilizing tissues or changing their structures while maintaining viability , which is true for every Aesthetic surgery or Reconstructive surgery . Examples range from cleft lip repair ; Rhinoplasty ; Face lift; Augmentation mastopexy ; Free flaps and Fat grafting etc. Any of these procedures can potentially affect tissue viability and end up with wound complications.

The Plastic Reconstructive surgery and Aesthetic surgery go hand in hand. A good Reconstructive surgeon is potentially capable of doing safe and successful Cosmetic practice, certainly more so than Non- Plastic surgery kind of specialties. The reason being we as plastic surgeons do have back up plans in case of failure of initial surgery.

. Both Reconstructive or Aesthetic surgery lines require optimum knowledge of Anatomy , surgical skills and Aesthetic sense. Knowing one's limits is a universal rule for safe practice in any specialty

Recent Publications

Nason RW , ABDULRAUF BM, Stranc MF : The anatomy of accessory nerve and cervical lymph node biopsy . The American Journal of Surgery vol.180,242-243. Sept. 2000

ABDULRAUF BM, Stranc , Sowa , Germschied SL and Mantsch : A novel approach in the evaluation of flap failure using near infrared spectroscopy and imaging . Can.J.Plast.Surg.8(2):68-72,March/April2000

Payette JR, ABDULRAUF BM, Sowa, Stranc, Germscheid, Mantsch : Noninvasive diagnostics: Predicting flap viability with Near infrared spectroscpopy and imaging . Amer.Clin.Lab 18(30):4-6,April199.

Stranc MF, Sowa , ABDULRAUF BM, Mantsch : Assesment of tissue viability using near-infrred spectroscopy. Br.J.Plast. Surg. 51:210,1998.

Rebot MTM, Stranc , ABDULRAUF BM : Ulnar artery free flap and the need fpr concern in its use: anatomical studies and clinical experience. Can.J.Plast.Surg.5(2),88-91, Summer1997.



Biography

Badr Abdulrauf is a Consultant and Section Head , Plastic Surgery at King Faisal Specialist Hospital and Research Center Jeddah , Saudi Arabia . He is a Fellow of the Royal College of Physicians and Surgeons of Canada. He did Research fellowship and Residency Training at the University of Manitoba followed by Pediatric Plastic Surgery fellowship at the Hospital for Sick Children , University of Toronto , Canada. He is an active member of ISAPS .

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Notes/Comments:

As part of this presentation , we would be

sharing reconstructive cases of various regions

and aesthetic surgery of same regions by the

author/ presenter .