DISCUSSION

'Optimum mobility' facelift

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Dr Nabil Fanous presented a clear discussion of his theory of the intrinsic mobility of the face. The author noted that the mobility of the superficial musculoaponeurotic system (SMAS) layer is more dominant than the subskin layer. This is an astute observation and has inherent practical applications. The concept of calling this mobility 'intrinsic' is a good one.

The author dramatically and pictorially described the technique for the preoperative markings. It would have been easier to follow had he used the same side of the face for his diagrams and photographs. The description and intraoperative presentation of his suturing technique was very clear.

The author compared the various techniques currently used in achieving facelift surgery. He concluded that it is not always necessary to have an extensive dissection to achieve the end result. This of course is an axiom for all surgery – do no more dissection than required to achieve the end result, whether you

are doing a facelift or a fasciectomy for Dupuytren's contracture.

Dr Fanous' technique of SMAS plication is similar to the less invasive suturing plications of the SMAS that are being presented currently. The author documented the historical evolution of SMAS anatomy and utilization. One must not forget that, 45 years ago, Dr Gustof Aufricht was hauling up and suturing the SMAS – he called it the deep fascia.

The pre- and postoperative photographs depicting the results were comparably clear; all of the patients presented had a loose integumentary system. The results were good and demonstrated that what could be achieved from plications of the SMAS only and lateral placation of the platysma only. The author did not show any patients with heavy integumentary systems or fat necks, which would require suction-assisted lipectomy and subplatysma removal of fat.

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BOOK REVIEWS

David L Brown, Gregory H Borschel, eds. The Michigan Handbook of Plastic Surgery, 2004. Lippincott Williams & Wilkins, ISBN 0-78-175189-6, 420 pp, US\$42.95

This is a pocket handbook of 54 chapters and 420 pages covering the entire field of plastic surgery. Each chapter is composed of well organized detailed lists so nothing will be missed when a trainee or plastic surgeon reviews a topic, particularly when seeing a patient. At the end of each chapter is a short list of clinically useful pearls. There are a number of diagrams and lists that offer an overview of surgical choices and indications.

This is an essential book for medical students to use during a rotation in plastic surgery, and for plastic surgery residents as a memory recall reminder in working up a plastic surgery patient, in presenting patients on rounds or for study session review.

Each chapter might benefit from a reference list of a few essential review papers the authors used in compiling the book and suggested reading for overviews on various topics related to the chapters. I suggest adding short sections on analgesics, anxiolytics and antibiotics. Sections on local and sedation (neurolept) anesthesia, monitoring, and resuscitation would also be useful.

I recommend this book as an essential pocket or briefcase book for trainees and plastic surgeons.

John R Taylor MD FRCSC FACS Toronto, Ontario John L Wobig, Roger A Dailey, eds. Oculofacial Plastic Surgery: Face, Lacrimal System, and Orbit, 2004. Thieme Medical Publishers Inc, ISBN 3-13-127921-4, 304 pp, US\$149.00

The field of oculofacial plastic surgery has always been a grey zone for practitioners of plastic, reconstructive, ophthalmological and cosmetic surgery. Dealing with the diverse anatomy of the face, lacrimal system and orbit, no single group of subspecialties has been able to achieve ownership of the subject, making any attempt to put together a single simple authoritative reference of the material next to impossible. Nevertheless, Drs Wobig and Dailey, of the Casey Eye Institute at the Oregon Health and Science University of Portland, have edited this text to provide an authoritative guide to a wide range of procedures performed by oculoplastic surgeons.

In a series of 19 chapters, the editors and 12 distinguished international contributors have collaborated to produce a text that is both perceptive and perplexing. Each chapter is solidly based on anatomy and the text is beautifully illustrated by clean and concise illustrations rendered by Lynn Kitigawa. The framework is sound and the diagrams are easy to understand. However, the diversity of opinions by such a large group of scholars can be overwhelming to an individual trying to approach a specific problem. It is of great benefit to glean the knowledge and expertise of these learned authors. However, it

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