Editorial

Reconstructive surgery: today and tomorrow

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Plastic and reconstructive surgery is a well established surgical specialty. It is a specialty that involves patients of all age groups and crosses anatomical boundaries. In recent years, there are significant developments in the various subspecialties of plastic and reconstructive surgery. This seminar is very timely in bringing up-dated information to our colleagues

It is usually said that the training of plastic surgeons starts with management of burn patients. The challenge begins at the early phase of burn treatment where the primary aim is to prevent the formation of hypertrophic scar. Subsequently, many operations over years may need to be carried out for one patient. For each patient the reconstruction need is different from another. Ho, et al. addressed these problems fully and outlined the current status of management of burn patients.[1] The various new methods of reconstruction were presented in a nutshell and this included the use of free flaps under certain circumstances. Microvascular free tissue transfer is one of the most important developments in plastic and reconstructive surgery. The ability to move the desired tissue from one part of the body to another has revolutionized the concept of reconstruction. Head and neck surgeons dare to extend their margins of resection for malignant lesions as they know there is always a way to fill up the defect. Ip and Chow reviewed the topic on microvascular free flap and gave an outline of the various tissues commonly used for free tissue transfer.[2] The possibility of extending the application of free tissue transfer by the use of prefabricated flaps and insertion of tissue expanders was discussed.

Transsexual surgery has been practised in Hong Kong and other countries for many years. The paper by Yuen on transsexual surgery reviewed the experience of local plastic and reconstructive surgeons in this area.[3] The results are certainly comparable to those in other countries. Another subspecialty in plastic and reconstructive surgery which has been practised for years is cleft lip and cleft palate reconstruction. To tackle this problem requires a multi-disciplinary approach. This can be seen in the paper written by Tung, et al.[4] Orthodontics, paediatricians, otolaryngologist, psychologist and speech therapist are involved to provide total patient care. The paper also stressed the importance of the timely delivery of the appropriate surgical treatment.

The plastic and reconstructive surgeons are also involved in the emergency management of traumatic patients. The last two papers by Wu, et al.[5] and Lam, et al.[6] addressed this problem adequately. With the advances of microsurgery, more limbs could be salvaged than before. Advances in imaging techniques allow the surgeon to know the exact extent of the defect in the head and neck region and thus institute appropriate reconstruction. The management of facial fractures is not just reducing the fracture and fixing them with metal plates. The patient has to be managed as an individual, and adequate medical knowledge in the total care of the traumatic patient is mandatory to achieve a favourable outcome.

Craniofacial surgery, head and neck surgery and hand surgery are the other subspecialties of plastic and reconstructive surgery. A contemporary plastic and reconstructive surgeon should initially receive training in all aspects of the specialty and later focus on a subspecialty. In this way, the specialty will make steady and firm progress.

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