When to Call a Plastic Surgeon

Robert F. Dempsey, MD, FAAP
Plastic Surgery

Why This Talk?

Type I  Type II  Type III
Agenda

- Plastic Surgery
- General Pediatric Plastic Surgery
- Specialty Plastic Surgery

Plastic Surgery?

- Hard to define!
- Operate from head-to-toe in all age groups
- No one organ system
- Rapidly expanding
  - Vascularized composite allotransplants (face transplant)
  - Large volume fat grafting
  - Perforator flaps
Plastikos – to mold or shape

- Majority of procedures do not
- Even the NAME is confusing!

Plastic Surgery?

- Public equates plastic surgery with cosmetic surgery
- Widely publicized through popular media
- Poorly understood
Plastic Surgery?

- Cosmetic surgery is only half of the puzzle
- The roots of plastic surgery lie in its reconstructive heritage

Plastic surgery is a problem solving specialty through the application of principles.

– Dr. Vasconez
General Pediatric Plastic Surgery

- Lumps & bumps
- Wounds
- Scars
- Minor burns
- Macromastia
- Gynecomastia

Lumps & Bumps

- Cysts, lipomas, dermoids, pilomatrixomas, nevi
- NOT ALL need to be removed
- Dermatology commonly evaluates nevi first
Lumps & Bumps – Timing

2016

FDA review results in new warnings about using general anesthetics and sedation drugs in young children and pregnant women

Health care professionals should balance the benefits of appropriate anesthesia in young children and pregnant women against the potential risks, especially for procedures that may last longer than 3 hours or if multiple procedures are required in children under 3 years. Discuss with parents, caregivers, and pregnant women the benefits, risks, and appropriate timing of surgery or procedures requiring anesthetic and sedation drugs.

Wounds

- Acute vs. chronic?
- Acute – trauma
- Chronic
  - Delayed healing & pressure sores
  - Stage
  - Not urgent (usually)
  - Establish care in wound center
Scars

- All skin trauma deep to epidermis
- 1 year maturation process
  - No revisions prior to maturation

Scar Care

- Massage
- Sun Protection (SPF 30+)
- Silicone Sheeting

Macromastia

### Indications

- Chronic neck/back pain &/or intertrigo
  - Decreased QOL
- At least 16 years old
- BMI < 35
- Non-smoking

### Common Questions

- Breast feeding?
  - Not affected, but may require supplementation
- Breast CA Risk?
  - NO increased risk
  - Actually decreased?
  - ↑ risk of requiring breast biopsy
- Nipple sensation
  - 1st year transient numbness common
  - Permanent in 10%
Macromastia

Gynecomastia

- Pubertal
  - > 50% incidence?
- Important to R/O other etiologies
  - Testicular Tumors
  - Hormone Imbalances
    - CMP, FT, TT, LH, Estradiol, DHEA, TSH, FT4, hCG, PRL
  - Drugs
    - MJ, Amphetamines, Steroids, etc…. 
Gynecomastia

[Images showing different angles of a person's chest and abdomen, with one side showing more pronounced development than the other.]
## Specialty Plastic Surgery

- Hand
- Wound
- Cleft
- Craniofacial
- Vascular Anomalies
- Facial Paralysis
- Brachial Plexus
- Breast

## Specialty Plastic Surgery – Cleft

- Multidisciplinary team
  - PS, ENT, Orthodontics, SLP, Genetics, Psychology
- Prenatal visit
- Early care focused on feeding
  - NGT usually unnecessary
  - Modified bottles
  - CP babies usually unable to breast feed
• Timing
  – NAM?
  – Lip repair @ 3 mos
  – Palate repair @ 12 mos
  – ABG @ ~7 – 9 years
  – Orthognathic surgery after facial maturity?
  – Cleft rhinoplasty

• Non-cleft VPI (submucous cleft palate)
  – Refer if speech concerns
Specialty Plastic Surgery – Craniofacial

- Abnormal Head Shape
- Ear Anomalies

Craniosynostosis or Plagiocephaly?

[Images of abnormal and normal head shapes]
Lambdoid Craniosynostosis

Positional Plagiocephaly
Craniosynostosis vs. Plagiocephaly

- Early referral
- CT gold standard over cephalograms
- Surgery as early as 2 months of age
- When in doubt...refer 😊
Positional Plagiocephaly

- R/O reversible causes
  - Tummy time
  - Torticollis → PT

- Molding helmet therapy
  - Moderate-severe cases
  - Run through NSGY clinic
  - Ideally started ~4 months
    - Hard to remodel past 12 months

Congenital Ear Anomaly

- Neonatal molding is highly effective
- Relies on circulating maternal estrogens
  - Breast feeding may slightly elongate this process
- Need to start by 4 WEEKS of life
- EARLY/Urgent referral
  - Not covered by insurance
Otoplasty

- Surgery deferred until ears are “mature”
  - 5-6 years of age
- 6 weeks of head “dressing” & restrictions
  - Better to wait until child will be compliant

Summary – Key Points

- Plastic surgery isn’t just for cosmetic procedures
- Function and quality-of-life are important
- Elective treatments can wait *(most of the time)*
- Teamwork between families, pediatricians and surgeons is key – especially when there are multiple surgeries ahead