Editorial

The Soul of Plastic Surgery

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As plastic surgeons we justifiably pride ourselves on our long and rich history of surgical innovation and the ability to solve hitherto insurmountable problems. We can reliably trace the lineage of our profession to 600 BC , to the time of Susruta and the first forehead flap used in nasal reconstruction[1].

Some Progress was seen during the times of the ancient Grecian and Roman civilisations. Perhaps the most notable is De Medicina by Roman writer Aulus Cornelius Celsus in which techniques for reconstruction of the nose, lips, and ears are described[1]. In the Byzantine era, Oribasius put together an exhaustive 70 volume medical text called the Synagogue Medicae which contained several sections dedicated to the repair of facial defects.

The Renaissance in its wake brought remarkable advances in all the sciences. In the fifteenth-century, the Ottoman surgeon Serafeddin Sabuncuoglu wrote a surgical tome titled 'Imperial surgery' which included 153 surgical topics, including detailed descriptions of maxillofacial surgery, eyelid reconstruction and gynaecomastia.

Despite these noteworthy developments, it was the great wars of the twentieth century which were to have the greatest impact on the progress of our specialty. Military surgeons were faced with a plethora of extensive facial injuries the likes of which had rarely been encountered. These devastating injuries required courageous new innovations in reconstructive surgical techniques, thus giving birth to modern Plastic Surgery[2].

By the middle of the last century Plastic Surgery as we know it had really come into its own.

As we reflect upon the remarkable advances made by our specialty, one is also compelled to recognize the changes within our specialty. Aesthetic work now forms a significantly larger proportion of the repertoire of Plastic surgeons in the developed world. This in itself is neither surprising nor necessarily retrogressive. There is increasing demand for cosmetic procedures and the financial incentives are significant. I strongly believe that our aesthetic work makes us better at the reconstructive part of our practice and vice versa. The worrying thing is that more and more of the young plastic surgeons coming out of our training programs are devoting themselves purely to cosmetic work. The grey line between dermatological aesthetics and plastic surgery is getting even more blurred giving rise to the genre of the 'Cosmetologist'[3]. These individuals can be from any branch of medicine or even enterprising general practitioners who may or may not have had any formal training.

Our specialty is the only one which is not based on an anatomical region or an organ system. Our only claim to being an independent specialty has always been that 'we can do it better'. This claim is based on a profound understanding of the minutiae of anatomy and the technical finesse and innovative ethos that is the hallmark of a plastic surgeon. This, however, is not enough. We have to be doing more of a particular procedure to appreciate the nuances of technique that will enable us to live up to our promise. Whether we acknowledge it or not, our specialty has always faced an existential threat as we do not have the protection of an exclusive anatomical region. In many countries in the west we have already lost ground to regional specialists. Head and neck reconstruction after cancer ablation has traditionally been a purely plastic surgical area of endeavor. We have made landmark contributions to this field and yet in the United States more ENT surgeons are leading the charge rather than plastic surgeons. In the U.K, it is the Maxillofacial surgeons who are the go-to specialists for this in a significant number of units[4]. It is the same story in hand surgery, Hypospadias repair and cleft lip and

palate. The emergence of Facial Plastic Surgery and Breast surgery as established fields is further eroding into the diminishing province of Plastic surgery. Not being rooted to a region, we were always a surgical anomaly and if we are not careful, we will stand corrected. That would be a sad day for surgeons whom Millard described as 'the most highly skilled individuals on the planet'. We simply cannot afford to 'de- skill' ourselves to fit into the mold of a Cosmetologist, or we risk losing the soul of the identity that makes us unique.

References

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