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Ronald P. Gruber, M.D.
Review Editor

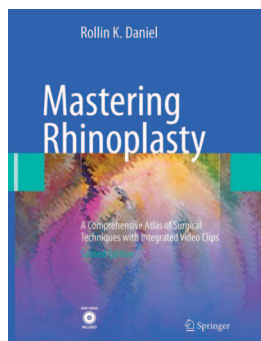
Mastering Rhinoplasty: A Comprehensive Atlas of Surgical Techniques with Integrated Video Clips, 2nd Edition

By Rollin K. Daniel. Pp. 149. Springer, New York, N.Y. 2010. Price: \$339.

Mastering Rhinoplasty is 149 pages with 259 color figures, including 1408 parts and 146 integrated, intraoperative, three-dimensional video clips. Although it is considered an atlas by the author, the book is indeed comprehensive and contains thoughtful information.

The author starts the book with an audacious chapter entitled “Simplifying Rhinoplasty.” Many of us who have been challenged with rhinoplasty throughout our professional careers would have difficulty agreeing that rhinoplasty can be simplified. However, Dr. Daniel has indeed used his 25-year experience with rhinoplasty to simplify, to some degree, this enigmatic yet rewarding technique. This chapter includes patient analyses and guiding principles that enable the reader to detect the nasal flaws to be corrected.

The second chapter, “A Basic Rhinoplasty Operation,” focuses on basic rhinoplasty and practi-



cal information necessary for the delivery of optimal outcomes. This chapter is embellished with video segments that further facilitate the learning of the described techniques.

Daniel next focuses on the “Radix and Dorsum.” In this chapter, he deals with nuances such as radix fullness or deficiency, the presence of a hump, and dorsal deficiencies. He emphasizes the role of the balanced approach to rhinoplasty, whereby some patients need reduction and others need augmentation of the radix, which ultimately makes a difference in the way dorsal imperfections are treated. Wide and narrow noses are also discussed in this chapter, along with other matters, including various forms of dorsal deviation.

The “Tip Techniques” chapter is very thorough and deals with a variety of tip imperfections in a very logical way. Essentially, all aspects of tip surgery, including suture techniques, tip grafts, and dealing with the whole host of tip dysmorphologies, are expertly discussed in this chapter. Correction of imperfections involving the base of the nose is also discussed, including details of the alar-columella disharmonies and alteration of nostril shape in subsequent chapters.

Daniel also very clearly covers functional matters in this book, including valvular dysfunctions, septal surgery, and turbinate abnormalities that disturb airflow.

In a chapter entitled “Primary Rhinoplasty: Decision Making,” Dr. Daniel concentrates on conditions such as wide, overprojected, and underprojected tips, long, short, and asymmetric noses, and ethnic rhinoplasty. He emphasizes the importance of understanding these nuances, which not only add to the rhinoplasty quagmire but also play a cardinal role in the predictability of the rhinoplasty outcome.

One of the last chapters of the book is devoted to secondary rhinoplasty. Here as well, Dr. Daniel provides practical information regarding examination and management of secondary rhinoplasty patients based on his vast experience.

The illustrations in *Mastering Rhinoplasty* are impeccable, colorful, and precise. The case examples are very educational and meaningfully demonstrate the points that the author makes. Although the preoperative and postoperative patient photographs are superb, the intraoperative photographs are inconsistent in quality. The lighting and focus in some of these pictures are suboptimal, but this is a minor flaw in this otherwise clear and concise book.

I believe this book is a superb source of open rhinoplasty information, and it is easy to read and

comprehend. It has admirably captured Dr. Daniel's 25-year experience with a perplexing technique that humbles all of us.

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Bahman Guyuron, M.D.

Augmentation Mammoplasty: Redefining the Patient and Surgeon Experience

By John B. Tebbetts, M.D. Pp. 616. Mosby, Maryland Heights, Mo. 2009. Price: \$311.

The English mathematician and philosopher A. N. Whitehead wrote that Western philosophy could be characterized as “a series of footnotes to Plato.” With the publication of *Augmentation Mammoplasty: Redefining the Patient and Surgeon Experience*, our understanding of breast augmentation may aptly be characterized as a series of footnotes to Tebbetts.

It is obviously absurd to compare anyone to Plato, but this much is true: Tebbetts introduced, defined, or so substantially elaborated on nearly every topic in breast augmentation that future contributions might reasonably be considered to be refinements on his work. Moreover, the philosophical layers upon which the book is constructed are very much beyond our time, and I believe it will be influential far into the future.

While comprehensive, it is personal and highly opinionated rather than encyclopedic. It is based on his 14 articles previously published in *Plastic and Reconstructive Surgery* (he was the solo author of all but two). He updates and expounds upon them, and for the first time, he describes the complex connections among them. It is pleasing to read a book that is extensively referenced rather than being based on armchair analysis and personal anecdote that is so typical of this oeuvre.

These core articles are referenced multiple times. Some readers will object that other important publications were summarily ignored, but Tebbetts explains why he believes *Plastic and Reconstructive Surgery* is the most important journal in plastic surgery, and why independent clinical review organization review is critical to the credibility of conclusions. With that standard, I am unaware of conflicting data of equal credibility that were ignored.

Unequivocally, readers will agree that this is the most thorough treatise on augmentation yet published. It is comprehensive enough to educate

a resident, yet it is also such a treasure trove of facts, analysis, anatomic details, patient management tips, case studies, procedural details, and technical pearls that there is much to educate even the most experienced surgeon.

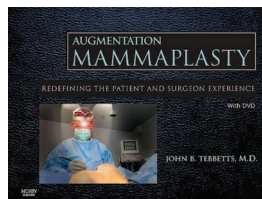
One is struck by the book's “landscape” orientation. This seems to more efficiently communicate visually and emotionally. It affords a greater opportunity to use flow charts, to display photographs together with text more efficiently, and to place pull quotes in the margins (though I did not find them helpful). The abundance of white space makes the all-text pages seem less onerous.

Upon initial perusal, there is a beauty to the illustrations, photographs, and printing that I have never seen before in any textbook. Tebbetts is an accomplished fine art photographer, and those talents are evident in the book's beautiful photographs. Beyond that, proofs from the actual printer on production paper were reviewed. This is expensive and not commonly done, but it contributed to the incomparable final finish.

A chapter is devoted to each of the three major incisions. Too often patients and surgeons consider breast augmentation as the same operation distinguished predominantly by the location of the scar. Tebbetts points out so many anatomic details, benefits, and trade-offs of each technique that it becomes clear that there are much more profound distinguishing features.

Each technique chapter is supported with detailed and often novel descriptions of anatomy, and these are beautifully demonstrated with perfectly lit intraoperative macrophotography, clear cadaver dissections, or revealing artist illustrations. For example, details of the accessory pinnate origins of the pectoralis major muscle are described and clearly illustrated; so too are the locations of perforating blood vessels that are encountered in a subpectoral dissection. Understanding these features enables the surgeon to dissect more accurately and bloodlessly.

There is a detailed analysis of instrumentation, including issues as subtle as how the width and angle of a retractor help or hinder the surgeon. The operative sequence is described with a rigor I have never read about any operation. These “scripts,” as Tebbetts calls them, are so detailed that they seem too “cookbook.” We are left to feel as if there is no other way, but Tebbetts explains the rationale for his suggestions. For instance, most of us probably perform submuscular dissection in no particular order, moving back and forth and releasing whatever is most accessible at the moment. Tebbetts describes a distinct sequence



he uses every time. The rationale makes sense in theory and in practice: it enables earlier identification of perforating vessels, cleaner separation of the pectoralis minor from the pectoralis major, and better overall visualization of the entire dissection, all of which can be accomplished faster with fewer instrument changes and retractor repositionings. I tried it and it works.

At the end of each technique chapter, there is a helpful section called “Challenges and Potential Solutions,” in which he describes the most common pitfalls of that technique and how to avoid and manage them. These topics range from avoiding inferior malposition to managing a pneumothorax. No surgeon is beyond keeping a copy to review before every augmentation.

Many readers will skip to the chapter that describes their preferred technique. For that one chapter alone, it would be worth having this book, but this approach robs the reader of the book’s most important concepts. Our training process, and indeed the fact that our reimbursement is based on the procedure itself, encourages us to focus on the operation itself as the critical event; the preoperative period is to prepare and schedule the patient; and the postoperative course is about getting the patient healed and discharged.

Tebbetts holds our feet to the fire and forces us to recognize that this approach has yielded no improvement in the high levels of complications and reoperations following breast augmentation. He criticizes the complacent attitude of surgeons as well as what he sees as the failure of plastic surgery societies to improve education (the only body he pays compliments to is *Plastic and Reconstructive Surgery*, for elevating its quality and standards). He accuses surgeons of focusing excessively on devices and techniques rather than improving their thinking about the process of breast augmentation.

Instead of the linear and algorithmic solution-based thinking model that is de rigueur for today’s surgeons, he makes a case for “process-based thinking,” which “focuses on the process and subprocesses that ultimately determine actions and outcomes.” He continues, “Instead of focusing on which technique or implant is currently ‘best,’ process-based thinking encourages more optimal use of every available alternative by improving the processes of patient education, clinical evaluation, decision making, surgical execution, and postoperative management.”

He shows how our education, board examinations, and clinical analyses based on this linear “solution”-based method of thinking have failed

to improve outcomes. In a chapter on augmentation mastopexy, he applies business reliability engineering and total quality management analyses to this complex operation. He further shows how creating “affinity sets” or “affinity groups” can be used to group, clarify, refine, and improve our approaches to this and other complex surgical problems.

These are seminal ideas for surgeons, and this is precisely what is so groundbreaking. He shows us how the results of these analyses made him change and how these changes produced improvements where traditional thinking had failed. It would behoove surgeons in other disciplines to apply these methods to the operations they are studying.

Another innovative concept is stated in the subtitle, *Redefining the Patient and Surgeon Experience*. While most surgical textbooks have a technical focus, this book’s focus is the patient. This means that preoperative education, analysis, creation of the surgical plan, and postoperative care not only are no less important than the procedure itself but are the elements upon which the procedure is premised. The pervasive theme throughout this book concerns meeting expectations, reducing pain, shortening recovery time, lowering reoperations, and eliminating permanent tissue damage.

More novel than redefining the patient experience may be redefining “the surgeon experience.” What does that mean? Just ask any plastic surgeon how he or she feels after a postoperative visit by a patient complaining about a subtle asymmetry, some postoperative skin stretch, or a few palpable ripples that are either normal, due to the patient’s tissues, or beyond the surgeon’s control. There is an adage that a father can be no happier than his most unhappy child. Indeed, such patients can make our experience miserable. Tebbetts describes a comprehensive patient education and consent program that explicitly tells patients all the things that can possibly go wrong. They are not buried in the fine print of a document patients are handed just before surgery; patients are given this material in a repeated manner and they initial it line by line. Their breasts will not match. The surgeon cannot control stretch. They will feel their implants. The only way to be totally natural is not to have implants. And so on.

When it was first published, I saw it as an overbearing attempt by Tebbetts to cover himself medicolegally, and no doubt it does do that, but it only does that because it is thorough and honest. Learning that, a few patients will forgo surgery;

most will now expect these shortcomings and not complain; and for the rare few who proceed and still complain, we can at least show them that they signed off on their complaint. I've tried it, and it has redefined my experience. By helping ourselves this way, we end up doing what is right for patients. Why do more surgeons not do this? Some might worry it would scare away patients, and others do not want to organize the paperwork necessary to implement it.

It has been years since Tebbetts first described "PCSEF" (parenchyma to stretched envelope fill), "APSS" (anterior pull skin stretch), "STPTIMF" (soft-tissue pinch thickness at the inframammary fold), and "STPTUP" (soft-tissue pinch thickness of the upper pole). How many surgeons understand these terms? Though they are actually simple, he missed the opportunity to explain them lucidly. For someone who is not adept with these terms, some text would probably feel clunky. On the other hand, there are beautiful descriptions and illustrations that clarify and elaborate on his previous description of the dual plane technique.

The four accompanying DVDs and their 6 hours of video are even more groundbreaking. In addition to the superb intraoperative photography and bloodless surgery that surpass any surgical videos I have ever seen (all shot by ace surgical videographer Bruce Solomon), there are videos of the instructions given to the patient caregiver, an overview of the instrumentation, the telephone call made to patients after surgery, each of the decisions and trade-offs discussed in the preoperative meeting, and much more. Also included are all of his key articles published in *Plastic and Reconstructive Surgery*, along with all the paperwork he uses in his practice related to breast augmentation, such as informed consent documents, clinical evaluation sheets, anesthesia sheets, and post-anesthesia care unit protocols.

Tebbetts holds nothing back; this book provides everything he has to give. Yet it is daunting nonetheless to imagine assimilating it into your own practice. A chapter suggesting how readers should start putting these processes to work for themselves would have been desirable.

Information is intentionally repetitive for those who will read the book out of order or who might read a single chapter. Still, for those who do read from beginning to end, certain phrases and analogies (such as "filling a breast with an implant is like filling a breast with a funnel") get tiring. It leads the conscientious reader to start skipping sections and lose attention.

While Tebbetts relies heavily on referencing outcomes-based data, there are also topics presented that previously have not been described. These sections are a fascinating read, uninhibited by space constraints or the need to satisfy journal referees. The filler, implant, and tissue dynamics chapter makes us think in new ways about implant fill and its relationship with the breast envelope. The nagging problem of inferior pocket closure is introduced and analyzed. Strategies for managing glandular ptotic and constricted lower pole breasts provide valuable clinical insights.

After his comment about Plato and Western philosophy, Whitehead continued, "I do not mean the systematic scheme of thought which scholars have doubtfully extracted from his writings. I allude to the wealth of general ideas scattered through them." In this way, Tebbetts goes a step farther than what Whitehead attributed to Plato, because in addition to the wealth of ideas in his writings, he has given us a new scheme of thought to apply to surgery. If we take what he has given us, we can redefine the experience for our patients and for ourselves.

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Steven Teitelbaum, M.D.