

Guest Editor Preface

Aesthetic Management of Upper and Midface TraumaYadranko Ducic, MD, FRCS(C), FACS¹¹ Center for Aesthetic Surgery, Otolaryngology and Facial Plastic Surgery Associates, Fort Worth, Texas

Facial Plast Surg 2017;33:555–556.

The goals of trauma have always been the reestablishment of pre-morbid form and function. Both tend to go hand in hand when judging an outcome. There are many considerations that need to occur to allow for an optimal outcome. Some should occur at the time of surgery, such as setting the occlusion into proper position; restoring midfacial width, height and projection and proper orbital volume; and intercanthal relationships. Paying attention to resuspending the soft tissues or a lax lower eyelid after bony reduction is important. It may not affect the postoperative scan but will affect what the patient sees in the mirror and how a surgeon's efforts in the operating room are judged. Paying attention to proper scar care with topicals and lasers and maintaining good skin care after repair will improve the overall patient appearance. In cases of loss of eyebrows or lashes from injury, consideration for precise hair restoration

should be given. Finally, as hard as we all try, sometimes the ultimate result is not as good as it could be and we must prepare the patient for touchup or revision surgery and treat any complications that arise from their injury and/or original repair.

In this issue of Facial Plastic Surgery, we have had the pleasure of having several talented experienced surgeons providing their insights into all aspects of care seeking to improve the function and aesthetic outcomes in fracture repair. I feel this would serve as an excellent reference for a, at times, difficult to treat patient population. I truly appreciate all the contributing authors for sharing their individual experiences and providing advice on how to improve outcomes.



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Issue Theme Aesthetic
Management of Upper and
Midface Trauma; Guest Editor,
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Publishers, Inc., 333 Seventh Avenue,
New York, NY 10001, USA.
Tel: +1(212) 584-4662.

DOI <https://doi.org/10.1055/s-0037-1607974>.
ISSN 0736-6825.