

## **UEMS ORL SECTION AND BOARD**

### **SUBSPECIALTY TRAINING PROGRAMME IN FACIAL PLASTIC RECONSTRUCTIVE AND AESTHETIC SURGERY**

#### **A. Introduction:**

The UEMS ORL Section and Board of Otorhinolaryngology Head and Neck Surgery has developed a European training program for the subspecialty of facial plastic reconstructive and aesthetic surgery. This training program is based on a successfully completed post graduate (specialist) training in otorhinolaryngology – head and neck surgery as defined in the UEMS ORL Section and board accepted training program of otorhinolaryngology – head and neck surgery.

This programme will serve as a guideline for approved training centres to enable the facial plastic reconstructive and aesthetic surgery fellows to meet the European Standard, as set out by the European Board of UEMS – ENT section. The aims and goals of such training are moving towards a competency based assessment of graduates.

A brief syllabus of the programme is listed below:

1. Facial anatomy and physiology
2. Pathology and diseases of the face and of systemic disease as manifested in the face
3. Facial deformity analysis
4. Aesthetic facial analysis
5. Principles and practice of facial photography
6. Psychology and psychopathology of patients with facial deformity
7. Psychology and psychopathology of patients requesting aesthetic facial surgery
8. Psychological management of patients with facial deformity
9. Psychological management of patients requesting aesthetic facial surgery
10. The logbook is the surgical syllabus
11. Management of complications of reconstructive and aesthetic facial surgery
12. Ethics in reconstructive and aesthetic facial surgery
13. Principles and practice of non-surgical management of aesthetic facial deformity

The goals of the subspecialty training programme are as follows:

1. Comprehensive understanding of structural and functional facial anatomy and facial analysis.
2. Diagnosis of all pathology related to facial plastic and reconstructive surgery.
3. Comprehensive understanding of all psychological aspects of facial plastic surgery.
4. Understanding of management planning and patient selection for surgery.
5. Understanding of non-surgical options.
6. Appreciation of art, science, philosophy and ethics of facial plastic surgery.
7. Acquisition of surgical skills in facial plastic and reconstructive surgery.
8. Knowledge and practical management of post-operative facial plastic and

reconstructive surgery patients, including management of complications.

9. Knowledge and practical management of a facial plastic and reconstructive surgical practice.

10. Attendance at hospital rounds and university programs both to foster teaching, research and audit in facial plastic surgery.

### **B. Definition:**

Otorhinolaryngology – Head and Neck Surgery (ORL-HNS) is composed of doctors who have post-graduate training in the specialty which deals with functions, diseases and disorders, of children and of adults; of the ear; external, middle and inner ear, the temporal bone and lateral skull base, the nose, paranasal sinuses, lacrimal glands and anterior skull base, the oral cavity, pharynx, larynx, trachea, oesophagus, as well as the neck which includes thyroid and salivary glands, as well as adjacent structures in the head and neck. The specialty training includes investigation and treatment of diseases and disorders that affect the auditory, vestibular, olfactory and gustatory senses; and includes disorders of the cranial nerves; as well as human communication in respect of speech, language and voice disorders; and conditions that affect mastication and upper swallowing and digestion. There are other conditions diagnosed by the specialty of otorhinolaryngology, head and neck surgeons but located in adjoining anatomic areas will be treated in close knowledge and cooperation of those related specialists.

Facial Plastic Reconstructive and Aesthetic Surgery is a specialty that includes in-depth study and training in the surgical and non-surgical management of aesthetic and reconstructive treatments of the soft and hard tissues comprising the neck, face and cranial areas. The scope of this specialty includes both congenital and acquired conditions of the neck, ears, chin, mouth, lips, cheeks, nose, eyelids, forehead, and scalp.

### **C. The Training Centre or Institution:**

Each year there will be publically advertised on the UEMS ENT section web pages and throughout the European community an opportunity for suitable training centres to apply for accredited recognition as an advanced training centre for the subspecialist training programme in facial plastic reconstructive and aesthetic surgery. Each centre will apply by written application, which will be reviewed by the Accreditation Board. Each centre will be approved by a site visitation. The development of a fellowship programme in facial plastic reconstructive and aesthetic surgery is deemed most likely to succeed when integrated into existing training programs to enhance rather than compete for educational purposes. Naturally a time-table working proposal for the working of the Fellow must be suggested and submitted in writing at the time of application.

Approval as a training centre would be renewable every 5 years, as per performance against specific criteria.

### **D. Requirements of the Training Centre;**

1. Evidence of centralisation of patient care not only in facial plastic reconstructive

and aesthetic surgery, but other specialist care.

2. Evidence of a sustained clinical volume and activity in facial plastic reconstructive and aesthetic surgery over a preceding period of 5 years – (e.g., >200 new cases).

3. Evidence that modern contemporary approach to facial plastic reconstructive and aesthetic surgery is by discussion and involvement in a multidisciplinary team (MDT) approach to patient care. It would be expected that such MDT not only may include facial plastic surgeons, but also dermatology, head and neck surgery, maxillofacial surgery and possibly general plastic surgery. Such clinics would be held weekly or monthly. Evidence that such meetings exist would be validated by inspection of attendance sheets and case record discussions.

4. There should be adequate numbers of clinicians directly related or affiliated to such MDT – surgeons (ORL-HNS, OMFS, Plastic Surgeons), dermatologists, anaesthesiologists, radiation oncologists, medical oncologists, radiologists, pathologists, as well as Thoracic Surgeons, Ophthalmologists, Neurosurgeons, Paediatrics. Also essential in the MDT philosophy includes Speech and Language Therapists, Dental Prosthesis, Dietetics, Social Services, Psychologists etc.

5. A comprehensive approach to surgical care of patients includes nutritional support, respiratory therapy, reconstruction, maxillofacial prosthodontics, and rehabilitation, and is an indication of a comprehensive facial plastic reconstructive and aesthetic surgery programme. A major deficiency in the availability of these clinical factors may be a cause for disapproval.

6. Availability of specialist nursing care 24/7 on designated wards as well as availability of beds on Intensive Care or High Dependency Wards when required.

7. Facilities and time available for didactic learning opportunities.

8. Facilities and time allocation for basic scientific research.

9. Facilities for study and availability of library – journals, textbooks, videos , internet, etc

### **E. The Trainee or Fellow:**

Admission to the Subspecialty Training Programme in facial plastic reconstructive and aesthetic surgery is contingent upon completion of in Otorhinolaryngology, head and neck surgery and must have been registered as an ORL Specialist for a minimum of 2 years.

1. Applications will be made in writing and supported by citations on suitability from three clinical referees, at least two out of which shall be from current mentors/trainers.

2. Previous clinical and surgical work in the subspecialty will be taken into consideration in the selection process.

3. Candidates on selection will be requested to attend for interview, and appointment to the training programme will be competitive – there may be more institutions or more candidates year on year.

4. The clinical training will be for a period of 2 years full time or equivalent training and will not be extended for any additional period of time.

5. The fellow must take part in all facets of clinical activity, and must not be considered as a resident in general ORL-HNS.

6. Depending on each Fellow's needs, a period of time may be seconded to allied specialities such as maxillo-facial surgery, Plastic Surgery, Ophthalmology and Neurosurgery for a period of no longer than 3 months in one or two allied specialties, with approval of the supervising programme director.
7. Participation in the development and implementation of interdisciplinary facial plastic reconstructive and aesthetic surgical research is to be strongly encouraged.
8. A major contribution in a minimum of one scientific peer-reviewed publication before or during the programme is the minimum expected.
9. Ample time needs to be filled in to the weekly working program for compulsory study: nominal journals, text books, course, congresses etc
10. The fellow is expected annually to return to the Board an evaluation form on the programme content and structure, supervision and expertise of the trainers, as well as the programme director.

#### **F. The Programme Director:**

1. The programme director must be an acknowledged expert certainly National, but preferably European if not International expert by repute and have a solid academic background (e.g. docent or equivalent production).
2. Each programme director must be supported by his national ORL Society, and national facial plastic reconstructive and aesthetic surgery (if one exists!).
3. The hospital administrator or Chief Executive, as well as the Dean of the Medical School, and the Professors of ORL/HNS must support the development of a Fellowship programme in facial plastic reconstructive and aesthetic surgery.
4. The programme director must contribute sufficient time to the programme to assure adequate leadership – considered to be more than 10 years of professional experience.
5. The programme director must be “experienced” in facial plastic reconstructive and aesthetic surgery and must possess appropriate qualification to ensure proper instruction and supervision of trainees or fellows.
6. The programme director must demonstrate an interest in teaching, as well as demonstrating a track record in education and mentorship, as well as participation in regional and national scientific societies, presentations and publication of scientific and clinical studies and/or active participation in research as it pertains to facial plastic reconstructive and aesthetic surgery.
7. At least two “full-time” or “part time” surgical faculty members should be committed to the training programme.
8. The use of fellows exclusively for expansion of clinical practice potential or medical student/residency training is strictly prohibited.
9. Sufficient clinical material must be available to assure exposure to the broad range of conditions and problems associated with the management of facial plastic reconstructive and aesthetic surgery.

#### **G. The Programme:**

##### **Academic:**

1. Programs must develop a structural curriculum with defined goals and objectives.
2. Clinical, basic science and research conferences as well as seminars and critical literature review activity pertaining to the subspecialty, must be conducted regularly and as scheduled.
3. It is essential that the fellow participates in the planning and conducting conferences. Both the faculty and trainees must attend and participate in multidisciplinary conferences.
4. Fellows must have the appropriate supervised opportunities to develop skills in providing consultation and communication with colleagues and referring clinicians.
5. Fellows training must involve increasing responsibility in both inpatients and outpatients environments and should culminate in significant patient management responsibilities spent within the institution.

### **Clinical:**

1. Programmes must provide structured clinical opportunities for fellows to develop advanced skills in facial plastic reconstructive and aesthetic surgery.
2. On completion of training the fellow must have had a cumulative experience so as to be senior operating or teaching surgeon – mainly major cases.
3. A sufficient number and variety of cases must be available for each trainee to assure adequate inpatient and outpatient exposure to the broad range of conditions.
4. Clear lines of responsibility and appropriateness between fellows and trainees must be defined at the commencement of each areas of training, clinical duties and duration of training.
5. The working relationship between the fellow and the resident trainees must be complimentary and enhance the educational experience.

### **H. Evaluation:**

1. Programme director must establish procedures for evaluating the clinical and technical competence of the fellow. The trainee will document his/her progress by keeping the UEMS log book of facial plastic reconstructive and aesthetic surgery subspecialty training.
2. Faculty Evaluation – the training faculty must evaluate the fellow on a semi-annual basis and must include teaching ability and commitment, clinical knowledge and scholarly contributions
3. Programme Evaluation – There should be documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the trainees and the teaching responsibilities of the faculty.
4. Exam – At the end of the training the trainee needs to pass an exam to demonstrate his/her knowledge of the required literature and clinical knowledge. On completion of the training and successful demonstration of competency and successful passing of the European examination the candidate will be able to use the suffix graduate of European training in otorhinolaryngology – head and neck surgery (ETORL-HNS). Fellows will be expected to follow the rules of the

International Federation of Facial Plastic Surgery Societies (IFFPSS) for the United International Certification in Facial Plastic Surgery (UIC). The fellow will be expected to sit the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) board exam as part of the assessment for the IC which is awarded by the IFFPSS. Sitting the exam is enabled under the auspices of the IFFPSS, of which the EAFPS is a member. Special dispensation or fellow allows him/her to sit the examination without having to provide the case report details supplied from 2 years of independent practice that is required of non-fellows.

#### **I. Logbook *Appendix A***

#### **J. Charters on training and visitation –**

Fellows are advised to familiarize themselves with the UEMS charter on Training of Medical Specialists [www.uems.net](http://www.uems.net). The ORL-HNS Section and Board amended this Charter in June 2001 in relation to the requirements for the Specialty of ORL-HNS. The amended document can be found on the Section Website [www.orluems.com](http://www.orluems.com).

The website also includes UEMS Charters on :

1. Continuing medical education
2. Quality assurance
3. Visitation of training centres.

The information for the Logbook may also be collected and collated electronically, <http://orluems.com>

#### **K. Required literature and scientific journals to be mastered –**

1. Reading list – *Appendix B*
2. Journals
  - a. Facial Plastic Surgery
  - b. Archives of Facial Plastic Surgery
3. Books
  - a. Facial Plastic and Reconstructive Surgery – Ed. I Papel
  - b. Facial Plastic Surgery – Eds. HD Vuyk, PJFM Lohuis
  - c. Rhinoplasty, Ed: G. Nolst-Trenité
4. Videos – *Appendix C*

## Appendix A: Logbook

### A. Diagnostic Procedures and multidisciplinary approach

#### a) CLINICAL EXAMINATION

1	assessment of the face and ethnic variation
2	facial analysis
3	effects of aging process
4	assessment of skin
5	psychological assessment / screening
6	photography
7	investigation of the cranial nerves, clinical
8	facial paralysis grading
9	anterior rhinoscopy
10	endoscopy
11	microscopy
12	computer imaging
<b>b) TESTS OF FUNCTION</b>	
13	rhinomanometry
14	acoustic rhinometry
15	olfactory tests
16	cytology of nasal mucosa
17	allergy tests
18	airstream simulation
19	photography, videography
<b>c) INTERPRETATION OF RELEVANT IMAGING</b>	
20	ultrasound scan (a- and b-mode)
21	X-ray conventional, OPG
22	Cephalometry
23	interpretation of
	a. CT-scan
	b. MR-imaging
	c. Isotope scan (szinti-scan)
	d. Angiography
	e. PET-CT

24	digital volume tomography			
25	3D Analysis			
<b>B. Non-surgical management</b>				
26	pharmacological therapy			
27	topical drug application			
28	chemical peels			
29	laser therapy			
30	intense light therapy			
31	noninvasive tissue therapy			
32	intense ultrasound and related methods			
33	percutaneous cryotherapy			
34	percutaneous, minimally invasive tissue ablation			
35	management of wounds			
36	wound dressings			
		General		Advanced
		i	s	a
<b>C. Surgical management</b>				
37	topical, local and regional anaesthesia	X		
38	suture techniques	X		
39	turbinate surgery	X		
40	excision techniques for cutaneous malignancies	X		
41	application of botulinum toxins and neuromodulators	X		
	a. for reconstructive purposes	X		
	b. for the treatment fo facial paralysis and other neural deficits		X	
	c. for cosmetic purposes including wrinkle treatment	X		
	d. for wound healing and improved scarring	X		
42	application of fillers (temporary and permanent)			
43	wrinkle treatment, other methods			
44	management of scar tissue		X	
45	lipolysis		X	
46	prosthetic options for ear, nose, etc		X	
<b>I. Head and Neck</b>				
47	excision of malignant tumor of mandible		X	
48	excision of benign tumor or cyst of mandible		X	
49	excision of benign tumor or cyst of maxilla	X		
50	excision or destruction of intranasal lesion	X		
51	rhinophyma excision	X		
52	excision nasal dermoid cyst	X		
53	rhinectomy (partial or total)		X	
54	maxillectomy		X	
55	tracheal reconstruction			
56	revision of tracheostomy scar	X		
57	excision of cystic hygroma		X	
58	removal of cervical lymph-nodes	X		
59	neck dissection			
	a. selective neck dissection level I to III		X	
	b. selective neck dissection level I to V		X	



	c. modified radical neck dissection		X	
	d. radical neck dissection		X	
	e. extended neck dissection		X	
60	glossectomy (partial or total)		X	
61	resection floor of mouth and mandibular resection, and radical neck dissection		X	
62	excision, lesion of palate; with local flap closure	X		
63	resection of palate or extensive resection of lesion		X	
64	parotidectomy			
	a. partial parotidectomy	X		
	b. superficial parotidectomy	X		
	c. subtotal parotidectomy		X	
	d. total parotidectomy		X	
	e. radical parotidectomy		X	
65	excision branchial cleft cyst, vestige, or fistula	X		
66	thyroidectomy		X	
67	excision of thyroglossal duct cyst or sinus	X		
68	vermillionectomy (lip shave), with mucosal advancement		X	
	<b>II. Trauma</b>			
69	repair of soft tissue injuries		X	
70	treatment of			
	a. nasal fracture	X		
	b. nasal septal fracture	X		
	c. nasoethmoid fracture	X		
	d. frontal sinus fracture		X	
	e. nasomaxillary complex fracture (LeFort II type)		X	
	f. fracture of malar area		X	
	g. orbital floor blowout fracture		X	
	h. fracture of orbit		X	
	i. palatal or maxillary fracture (LeFort I type)		X	
	j. craniofacial separation (LeFort III type)		X	
	k. mandibular or maxillary alveolar ridge fracture		X	
	l. mandibular fracture		X	
71	reoperative surgery for facial fractures		X	
	<b>III. Reconstructive</b>			
72	destruction of malignant lesions			
	a. laser surgery	X		
	b. electrosurgery	X		
	c. cryosurgery	X		
	d. chemosurgery	X		
	e. surgical	X		
	f. curettement	X		
73	excision of malignant lesions	X		
74	mohs micrographic technique			X
75	insertion of tissue expander(s)			X
76	removal of skin neoplasms and primary reconstruction	X		
77	repair of defects on the face and head			

	a. skin grafts (split-thickness or full thickness)	X		
	b. composite grafts	X		
	c. local flaps	X		
	d. allografts		X	
	e. xenografts		X	
	f. muscle		X	
	g. myocutaneous		X	
	h. fasciocutaneous flap		X	
	i. free skin flap, fascial flap, muscle or myocutaneous flap with microvascular anastomosis			X
	j. bone graft with microvascular anastomosis			X
	k. free osteocutaneous flap with microvascular anastomosis			X
	l. other			X
78	scar revision	X		
79	reconstruction midface			
	a. Lefort I		X	
	b. Lefort II			X
	c. Lefort III			X
80	reconstruction, entire or majority of forehead and/or supraorbital rims			X
81	reconstruction of orbital walls, rims, forehead, nasoethmoid complex			X
82	reconstruction of mandibule			X
83	reconstruction of maxilla			X
84	augmentation of bony skeleton (autograft, allograft, or prosthetic implant)			X
85	diagnostic and surgical management of temporomandibular joint			X
86	reconstruction of mandibular condyle			X
87	reconstruction of zygomatic arch and glenoid fossa			X
88	reconstruction of orbit			X
89	orbital repositioning			X
90	medial canthopexy		X	
91	lateral canthopexy		X	
92	reduction of masseter muscle and bone			X
93	repair of nasal malformations			X
94	repair of nasal vestibular stenosis		X	X
95	septoplasty or submucous resection	X		
96	revision septoplasty	X		
97	rhinophyma operation	X		
98	repair of septal perforation		X	
99	repair of partial and total nasal defects		X	
100	nasal/sinus endoscopy, surgical (with medial orbital wall and inferior orbital wall decompression)		X	
101	repair of nasolabial fistula		X	
102	lip resection			
	a. partial resection and plastic reconstruction of lip(s)	X		
	b. total resection and plastic reconstruction of lip(s)		X	

103	surgery for velopharyngeal insufficiency		X	
104	pharyngoplasty (plastic or reconstructive operation on pharynx)		X	
105	pharyngoesophageal repair			X
106	esophagoplasty			X
107	free jejunum transfer with microvascular anastomosis			X
108	approach to anterior cranial fossa			
	a. craniofacial approach			X
	b. orbitocranial approach			X
	c. bicoronal, transzygomatic and/or lefort I osteotomy approach			X
109	resection of excision of neoplastic, vascular or infectious lesion of base of			X
	a. anterior cranial fossa			X
	b. infratemporal fossa			X
	c. parapharyngeal space			X
	d. petrous apex			X
	e. parasellar area			X
	f. cavernous sinus			X
	g. clivus or midline skull base			X
110	approaches to middle cranial fossa			
	a. infratemporal pre-auricular approach			X
	b. infratemporal post-auricular approach			X
	c. orbitocranial zygomatic approach			X
111	skull base and craniofacial			
112	endonasal endoscopic approaches for skull base surgery			
	a. transfrontal			X
	b. transcribriform			X
	c. transplanum			X
	d. transsellar			X
	e. transetmoid-pterygoid-sphenoidal			X
	f. transcavernous-transclival			X
	g. transodontoid			X
113	transorbital neuroendoscopic approaches			X
114	subcranial and subfrontal approaches			X
115	transfacial approaches to skull base (transoral and transpalatinal)			X
116	rehabilitation of facial nerve paralysis			
	a. dynamic muscle transposition flaps		X	
	b. dynamic muscle free flaps		X	
	c. static procedures		X	
	d. face-lifting procedures		X	
	e. blepharoplasty procedures		X	
	f. lip procedures		X	
	g. chin procedures		X	
117	facial nerve anastomosis			
	a. facial-spinal accessory		X	
	b. facial-hypoglossal		X	
	c. facial-phrenic			X

118	suture of nerves, nerve grafting, nerve repair		X	
119	repair of brow ptosis		X	
120	repair of blepharoptosis		X	
121	correction of lid retraction		X	
122	correction of lagophthalmos		X	
123	repair of ectropion		X	
124	repair of entropion		X	
125	canthoplasty (reconstruction of canthus)		X	
126	excision and repair of eyelid		X	
127	reconstruction of eyelid		X	
128	repair of canaliculi		X	
129	dacryocystorhinostomy		X	
130	reconstruction after orbital content resection			X
131	drainage of abscess or hematoma of the external ear,	X		
132	resection and reconstruction of preauricular malformations (e.g. tag, sinus) fistula, cyst)	X		
133	excision of external ear (partial or complete)	X		
134	repair of partial and total auricular defects		X	
135	radical excision external auditory canal lesion		X	
136	reconstruction of external auditory canal (meatoplasty for stenosis)		X	
137	reconstruction of congenital aural atresia		X	
138	reconstruction of external auditory canal for congenital atresia			X
139	temporal bone resection			X
<b>IV. Congenital</b>				
140	destruction of cutaneous vascular proliferative lesions		X	
141	repair choanal atresia		X	
142	repair fistula; oromaxillary, oronasal		X	
143	repair of cleft lip/nasal deformity		X	
144	palatoplasty for cleft palate		X	
145	lengthening of palate		X	
146	repair of anterior palate		X	
147	orthognathic surgery			X
148	otoplasty	X		
<b>V. Aesthetic</b>				
149	endonasal rhinoplasty		X	
150	external rhinoplasty		X	
151	revision rhinoplasty		X	
152	augmentation rhinoplasty		X	
153	cleft lip rhinoplasty		X	
154	upper lid blepharoplasty		X	
155	lower lid blepharoplasty		X	
156	midface lift		X	
157	face lift		X	
158	forehead/eyebrow lift (conventional, endoscopic, etc.)		X	
159	lipectomy, liposuction		X	
160	neck lift		X	
161	facial resurfacing		X	

162	tattoo treatment		X	
163	augmentation on the face			
	a. fat injections		X	
	b. application of facial implants		X	
	c. application of bone grafts		X	
164	lip surgery		X	
165	genioplasty / mentoplasty	X		
166	hair restoration		X	

## **Appendix B: READING LIST**

### **I - Basic Sciences**

- Baek, S., Kim, S., Tokunaga, S., & Bindiger, A. (1989). Oriental blepharoplasty: Single-stitch, nonincision technique. *Plastic and Reconstructive Surgery*, 83, 236-242.
- Baker, S. R. & Graney, D. O. (1997). Chapter 18: Anatomy of the Face. In *Otolaryngology Head and Neck Surgery*; 1, III ed.
- Bernstein, L. (1990). Dental development and abnormalities. In G. B. Healey (Ed.), *Common Problems in Pediatric Otolaryngology*, 303-322. Chicago, IL: Year Book Medical Publishers.
- Bramhall, J. (2001). Regional anesthesia for aesthetic surgery. *Seminars in Cutaneous Medicine and Surgery* 21(1): 3-26.
- Carlson, K.C. & Roenigk, R.K. (1990). Know your anatomy: perineural involvement of basal and squamous cell carcinoma on the face. *J Dermatol Surg Oncol*, 16(9):827-833.
- Chang, E.W., Lam, S.M., Karen, M. & Donlevy, J.L. (2001). Sliding genioplasty for correction of chin abnormalities. *Arch Fac Plast Surg*, 3(1):8-15.
- Chusid, J. G. The cranial nerves. *Correlative neuroanatomy and functional neurology*, 4, 92.
- Converse, J. M. (1984). Skin grafts: Physiology and clinical considerations. *Otolaryngologic Clinics of North America*, 1. Philadelphia, PA: W.B. Saunders.
- Daniel, R. K. (1992). The nasal tip: Anatomy and aesthetics. *Plastic and Reconstructive Surgery*, 89(2), 216-224.
- De Jong, R. H. (1977). *Physiology and Pharmacology of Local Anesthesia*. Springfield, IL: Charles C. Thomas.
- Gay, G. R. (1982). Clinical management of acute and chronic cocaine poisoning. *Annals of Emergency Medicine*, 11, 562-572.
- DeLacure, M. D. (1994). Physiology of bone healing and bone grafts. *Otolaryngologic Clinics of North America*, 27(5), 859-874.
- Difazio, C. A. (1981). Local anesthetics—action metabolism and toxicity. *Otolaryngologic Clinics of North America*, 14, 515.
- Dutton, Jonathan J. (1992). Surgical anatomy of the eyelids. *Atlas of Ophthalmic Surgery: Oculoplastic, Lacrimal, and Orbital Surgery*, 2(2), 4-21. Mosby Year Book, St. Louis, MO.
- Ellis, D.A. & Gage, C.E. (1991). Evaluation of conscious sedation in facial plastic surgery. *J Otolaryngol*, 20 (4):267 -273
- Fiedler, V. C. & Galan, A. (1994). Androgenetic alopecia. *Facial Plastic Surgery Clinics of North America*, 2(2), 101 -109.

Fisher E & Frodel JL. Wound Healing in Facial Plastic and Reconstructive Surgery. Second Edition, Edited by Ira Papel. Thieme

Frodel, J. L. (1992). Wound healing. In Papel, I. D., et al. (eds), Facial Plastic and Reconstruction Surgery. St. Louis: Mosby. p. 14-21.

Frodel, J. L., Jr. (1992). Wound healing. In I. D. Papel & N. E. Nachlas (Eds.), Facial Plastic and Reconstructive Surgery, 14-21. St. Louis: Mosby Year Book.

Goding, G. S., & Eisele, D. W. (1992). Embryology of the face, head, and neck. In I. D. Papel & N. E. Nachlas (Eds.), Facial Plastic and Reconstructive Surgery, 511-519. St. Louis: Mosby Year Book.

Gray's Anatomy (pp. 457-459, pp. 1425-1446). Hamra, S. T. (1990). The deep-plane rhytidectomy. Plastic and Reconstructive Surgery.

Hansten, P. D. (1983). Beta adrenergic blockers and epinephrine. Drug Interactions Newsletter, 3. Hewell, T. S., & Tardy, M. E. (1984). Nasal tip refinement. Facial Plastic Surgery, 1, 87.

Hilger, J. R. (1992). Rhytidectomy. In I. D. Papel & N. E. Nachlas (Eds.), Facial plastic and reconstructive surgery, (pp. 129-137). St. Louis: Mosby Year Book.

Hoffman WY. Reanimation of the paralyzed face. Otolaryngol Clin North Am. 1992 Jun;25(3):649-67.

Hollinshead, W. H. (1982). Anatomy for Surgeons: Vol. I. The Head and Neck, 3, 340-342. Philadelphia: Harper & Row.

Kasperbauer, J. L., & Kern, E. B. (1987). Nasal valve physiology: Implications in nasal surgery. Otolaryngologic Clinics of North America, 20(4), 699-719.

Konior, R. J. & Kridel, R. W. H. (1994). Tissue expansion in scalp surgery. Facial Plastic Surgery Clinics of North America, 2(2), 203-217.

Lee, J. S., Park, W. J., Shin, M. S., & Song, I. C. (1997). Simplified anatomic method of double-eyelid operation: Septodermal fixation technique. Plastic and Reconstructive Surgery, 100(1), 170-181.

Marcus, J.R., Tyrone, J.W. et al (1999). Optimization of conscious sedation in plastic surgery. PRS. 104(5):1338 -1345

McCarn KE, Park SS. (2005). Lip Reconstruction. Facial Plastic Surgery Clinics of North America, 13, 301-314.

McCollough, E. G., & Hillman, R. A., Jr. (1980). Chemical face peel [Symposium on the Aging Face]. Otolaryngologic Clinics of North America, 13(2), 353-365.

Moscoco, J. F. & Urken, M. L. (1994). The iliac crest composite flap for oromandibular reconstruction. Otolaryngology Clinics of North America, 27(6), 1097-1117.

Ondrey, F. G., & Hom, D. B. (1994). Effects of nutrition on wound healing. Otolaryngology—Head & Neck Surgery, 110(6), 557-564.

Orentreich, N., & Durr, N. P. (1982). Biology of scalp hair growth. Clinics in Plastic Surgery, 9(2), 197-205. Orentreich, N. (1980). Punch grafts. In T. D. Rees (Ed.), Aesthetic Plastic Surgery, 30, 865-874. Philadelphia, PA: W. B. Saunders Company.

Peskind, S. P., Stanley, Jr., R. B., & Thangathurai, D. (1993). Treatment of the compromised trachea with sleeve resection and primary repair. Laryngoscope, 103, 203-211.

Reed BR, Clark RAF. Cutaneous Tissue Repair: Practical Implication of current Knowledge. Journal Americal Acad Dermatol 1985, 13:919.

Rees, T. D. (1980). Aesthetic Plastic Surgery (Volumes 1 and 2). Philadelphia, PA:

- W. B. Saunders Company. (NEW EDITION IS AVAILABLE—1995)
- Sykes, J. M. & Dugan, F. M., Jr. (1994). Evaluation and management of eyelid trauma. *Facial Plastic Surgery*, 10(2), (pp. 157-171). NY: Thieme.
- Tardy, M. E. & Toriumi, D. M. (1992). Philosophy and principles of rhinoplasty. In I. D. Papel & N. E. Nachlas (Eds.), *Facial plastic and reconstructive surgery*, (pp. 278-294). St. Louis: Mosby Year Book.
- Waldman, S. R. (1994). Transconjunctival blepharoplasty: Minimizing the risks of lower lid blepharoplasty. *Facial Plastic Surgery*. (pp. 27-41). NY: Thieme.
- Warren, D. W., Hinton, V. A., Pillsbury, H. C., III, & Hairfield, W. M. (1987). Effects of size of the nasal airway on nasal airflow rate. *Archives of Otolaryngology-Head and Neck Surgery*, 113, 405-408.
- Weber, R. C., Kearns, D. B., & Smith, R. J. H. (1987). Split calvarium cranioplasty. *Archives of Otolaryngology-Head and Neck Surgery*, 113(1), 84-89.
- Weinberger, M. S., Becker, D. G., & Toriumi, D. M. (). Rhytidectomy. In Cummings, *Otolaryngology-Head and Neck Surgery*, 13, 648-659.
- Zide, B. M., & Jelks, G. W. (1985). *Surgical anatomy of the orbit. The eyelids*. New York: Raven Press.

### **IIA - Congenital**

- Agarwal, R., Bhatnagar, S.K., Pandley, S.D., Singh, A.K. & Chandra, R. (1998). Nasal sill augmentation in adult incomplete cleft lip nose deformity using superiorly based turn over orbicularis oris muscle flap: an anatomic approach. *Plast Reconstr Surg*, 102(5):1350-1357; discussion 1358-1359.
- Aguilar, E. A. (1993). Otoplasty. In B.J.Bailey, (ed), *Head and Neck Surgery-Otolaryngology*. Philadelphia: J.B. Lippincott. p. 2276.
- Barnhill, R. L., Hurwitz, S., Duray, P. H., & Arons, M. S. (1988). The dysplastic nevus: Recognition and management. *Plastic and Reconstructive Surgery*, 81, 280-289.
- Brent, B. (1999). Technical advances in ear reconstruction with autologous rib cartilage grafts: personal experience with 1200 cases. *Plast Reconstr Surg*, 104(2):319-334.
- Dufresne, C. R., & Carson, B. S. Craniomaxillofacial deformities. *Congenital Deformities of the Face*, 55, 520-531.
- Kotler, H. S., Robertson, K., & Tardy, M. E., Jr. (1994). Pre- and postoperative management in otoplasty. *Facial Plastic Surgery*, 10(3), 244-254.
- Smith, B. J. & Mangat, D. S. (1973). Otoplasty. In Paparella, M. & Shumrick, D. (Eds.), *Otolaryngology*, 4(7), (pp. 2717-2731). Philadelphia: Saunders
- Wang, T. D. & Madorsky, S. J. (1999). Secondary rhinoplasty in nasal deformity associated with the unilateral cleft lip. *Archives of Facial Plastic Surgery*, 1(1), 40-45.

### **IIB - Acquired**

- Adamson, P. A. & Constantinides, M. S. (1995). Complications of blepharoplasty. *Facial Plastic Surgery Clinics of North America*, 3(1), 211-221.
- Bailey, B. J. (1977). Management of carcinoma of the lip. *Laryngoscope*, 87, 250-260.
- Bardach, J., Morris, H. L., Olin, W. H., Gray, S. D., Jones, D. L., Kelly, K. M., Shaw, W. C., & Semb, G. (1992). Results of multidisciplinary management of bilateral cleft lip and palate at the Iowa Cleft Palate Center. *Plastic and Reconstructive Surgery*, 89(3), 419-432.

Byers, R.M., Clayman, G.L., McGill, D., et al. (1999). Selective neck dissection for squamous cell carcinoma of the upper aerodigestive tract: patterns of regional failure. *Head Neck*, 21:499-505.

Cummings, et al. (1986). *Otolaryngology—Head and Neck Surgery*, 1, 258.

Farrior, E. H., & Farrior, R. T. (1992). Analysis in rhinoplasty. In I. D. Papel & N. E. Nachlas (Eds.), *Facial Plastic and Reconstructive Surgery*, (pp. 337-343). St. Louis: Mosby Year Book.

Funk, G. F., Hoffman, H. T., & Carter, K. D. (1993). Special considerations in the management of malignant skin lesions about the eye. *Otolaryngologic Clinics of North America*, 26(2), 215-230.

Gluckman, J. L. & Barrord, J. (1986). Nonsquamous Cell Tumors of the Minor Salivary Glands. *Otolaryngologic Clinics of North America*, 19(3). 497-505.

Auclair, P. L., et al. (1991). Salivary Gland Neoplasms: General considerations. In G. L. Ellis, P. L. Auclair, & D.R. Gnepp (Eds), *Surgical Pathology of the Salivary Glands*, 140. Philadelphia: W.B. Saunders.

Goodwin, W. J., & Schmidt, J. F. (1987). Iatrogenic nasal tip bossae. *Archives of Otolaryngology—Head and Neck Surgery*, 113, 737-739.

Jose, J., Coatesworth, A.p. & Maclennan, K. (2003). Cervical Metastes In Upper Aerodigestive Tract Squamous Cell Carcinoma: Histopathologic Analysis And Reporting. *Head Neck*, 25(3):194-7.

May, M. & Schaitkin, M. (2000). *The Facial Nerve*. 2nd Edition, Stratton, NY: Thieme Medical Publishers, Inc.

Murakami, C. S., & Larrabee, W. F. (1992). Comparison of osteotomy techniques in the treatment of nasal fractures. *Facial Plastic Surgery*, 8(4), 209-219.

Popkin, G. L., Paletta, F. X., Casson, P. R., & Robins, P. Tumors of the skin. In Converse (Ed.), *Reconstructive Plastic Surgery*, 65, 2776-2901. Philadelphia, PA: W. B. Saunders Company.

Powel, N. & Humphreys, B. (1984). *Proportions of the Aesthetic Face*. New York: Thieme-Stratton. p. 9-11.

Powell, N., & Humphreys, B. (1984). *Proportions of the Aesthetic Face* (p. 24). Stratton, NY: Thieme Medical Publishers, Inc.

Rees, T. D. & Aston, S. J. (1978). Complications of rhytidectomy. *Clinics in Plastic Surgery*, 5(1), 109-119.

McCarthy, Josef. (1990). Blepharoplasty and facialplasty. *Plastic Surgery*, 43, 2393-2399.

Georgiade, G. S., Riefkohl, R. & Levin, S. (1997). Face, neck , and brow area. *Georgiade Plastic, Maxillofacial, and Reconstructive Surgery*, 4(50), 627-631.

Shafran, S. D. (1990). The basis of antibiotic resistance in bacteria. *The Journal of Otolaryngology*, 19(3), 158 -168.

*The International Ophthalmology Clinics; Advancing in Ophthalmic Plastic Surgery* edited by Susan R. Carter, M.D. volume 42 (2) spring issue 2002. Lippincott Williams and Wilkens, Philadelphia, PA. Dermatochalasia, page 89-102.

Thomas, J. R. (1986). Complications of aesthetic surgery. In *Complications in Otolaryngology-Head and Neck Surgery*, 2(28), 281-290. Toronto, ONT: B. C. Decker.

Weber, R. S., Kearns, D. B., & Smith, R. J. H. (1987). Split calvarium cranioplasty. *Archives of Otolaryngology—Head and Neck Surgery*, 113(1),84-89.

Weerda, H. & Siegert, R. (1994). Complications in otoplastic surgery and their treatment. *Facial Plastic Surgery*, 10(3), 287-297.



Wesley, R. E., & Collins, J. W. (1983). McCord procedure for ectropion repair. *Archives of Otolaryngology*, 109, 319-322.

Wolfe, D. & Davidson, T.M. (1991). Scar revision. *Arch Otolaryngol-Head Neck Surg*, 117:200-204.

### **IIIA - Medical Management**

Austin, J.R., Peskind, S.P., Austin, S.G., et al. (1993). Idiopathic facial nerve paralysis: A randomized double blind controlled study of placebo versus prednisone. *Laryngoscope*, 103:1326-1333.

Beeson, W. H. (1993). Selection of successful candidates for rhytidectomy surgery. *Facial Plastic Surgery Clinics of North America*, 1(2), 131-134.

Biglan, A. W., May, M., & Bowers, R. A. (1988). Management of facial spasm with *Clostridium botulinum* toxin, type A (oculinum). *Archives of Otolaryngology-Head and Neck Surgery*, 114, 1407-1412.

Coker NJ. Management of traumatic injuries to the facial nerve. *Otolaryngol Clin North Am*. 1991 Feb;24(1):215 -27.

Ellis, D. A. F., & Kleiman, L. A. (1993). Assessment and treatment of the paralyzed lower eyelid. *Archives of Otolaryngology-Head and Neck Surgery*, 119, 1338-1344.

Ellis, D.A. & Gage, C.E. (1991). Evaluation of conscious sedation in facial plastic surgery. *J Otolaryngol*, 20 (4):267 -273.

Gossbart, T.A. & Sarwer, D.B. (1999). Cosmetic surgery: surgical tools – psychosocial goals. *Sem Cutan Med Surg*, 18:101-111.

Hackl et al. The incidence of combined facial and cervical spine injuries. *J Trauma*. 2001;50:41-45

Handler, S. D. (1985). Upper airway obstruction in craniofacial anomalies: Diagnosis and management. *Birth Defects*, 21(2), 15-31.

Hoffman WY. Reanimation of the paralyzed face. *Otolaryngol Clin North Am*. 1992 Jun;25(3):649-67  
Hoffman WY. Reanimation of the paralyzed face. *Otolaryngol Clin North Am*. 1992 Jun;25(3):649-67.

Hollier L, Thornton J, Pazmino P, Stal S. The Management of Orbitozygomatic Fractures. *Plastic and Reconstructive Surgery*, 111:2386, 2003

Iverson, R.E. (1999) Sedation and analgesia in ambulatory settings. *American Society of Plastic and Recon. Surgeons. Task Force on Sedation and Analgesia in Ambulatory Settings. PRS*, 104(5):1559-1564

Manolidis S. Frontal Sinus Injuries: Associated Injuries and Surgical Management of 93 patients. *Journal of Oral and Maxillofacial Surgery*. 62:882-91, 2004.

Marenda SA, Olsson JE. The evaluation of facial paralysis. *Otolaryngol Clin North Am*. 1997 Oct;30(5):669-82.

McIntyre, K. M. & Lewis, A. J. (1987). *Textbook of advanced cardiac life support*. American Heart Association.

Metry, D.W. & Hebert, A.A. (2000). Benign cutaneous vascular tumors of infancy. *Arch Derm*, 136:905-914.

Michael JG, et al. Management of Cornea Abrasion in Children: A Randomized Clinical Trial. *Annals of Emergency Medicine*, 2002, 40 (1) 67-72.

Niessen, F. B., Spauwen, P. H., Schalkwijk, J., & Kon, M. (1999). On the Nature of Hypertrophic Scars and Keloids: A Review. *Plastic and Reconstructive Surgery*, 105(5), 1435-1458.

Perkins, S. W. & Gibson, F. B. (1995). Medium-depth peels. *Facial Plastic Surgery*, 11(1), 22-29.  
Pillsbury HC 3rd. Pathophysiology of facial nerve disorders. *Am J*

Otol. 1989 Sep;10(5):405-12.

Seiff SR, Chang JS Jr. The staged management of ophthalmic complications of facial nerve palsy. *Ophthal Plast Reconstr Surg.* 1993 Dec;9(4):241-9.

Simons JP, Hunt JL, Johnson FT, Pathology Quiz Case. Granular cell Tumore of the Tongue with extensive overlying Pseudoepitheliomatous Hyperplasia. *Archives of Oto* 2003, 129 (1): 127-128.

Stewart, W. D., Danto, J. L., & Maddin, S. (1970). *Synopsis of Dermatology*, 2nd Edition. Mosby Company, St. Louis.

Stucker, F. J., Shaw, G. Y., Boyd, S., & Shockley, W. W. (1990). Management of animal and human bites in the head and neck. *Archives of Otolaryngology-Head and Neck Surgery*, 116, 789-793. Kountakis, S. E., Chamblee, S. A., Maillard, & A. A., J., Stiernberg, C. M. (1998). Animal bites to the head and neck. *ENT-Ear, Nose & Throat Journal*, 77(3), 216-220.

Sykes, J. M. & Donald, P. J. (1992). Frontal sinus and nasofrontoethmoidal complex fractures. In I. D. Papel & N. E. Nachlas (Eds.), *Facial Plastic and Reconstructive Surgery*, (pp. 485-495). St. Louis: Mosby Year Book.

Toriumi, D. M. & Ries, W. R. (1993). Innovative surgical management of the crooked nose. *Facial Plastic Surgery Clinics of North America*, 1(1), 63-78.

Ward C.M.: Consenting to Surgery. *Br. J. Surg.* 1994 47:30-34.

### **IIIB - Reconstructive Surgery**

Baker, S. R. (1994). Local cutaneous flaps. *Otolaryngologic Clinics of North America*, 27(1), 139-159.

Baker, S.R. & Swanson, N.A. (1983). Management of nasal cutaneous malignant neoplasms. An interdisciplinary approach. *Arch Otolaryngol Head Neck Surg*, 109(7):473-479.

Beaty MM, Dyer WK, Shawl MW. The quantification of surgical changes in nasal tip support. *ArchFacialPlastSurg* 4:82-91. (2002)

Bernstein, L. (1969). Z-Plasty in head and neck surgery. *Archives of Otolaryngology*, 89, 574-584.

Boyd, J. B., Gullane, P. J., & Brown, D. H. (1993). Classification of mandibular defects. *Plastic and Reconstructive Surgery*, 92(7), 1266-1275. Urken, M. L., Weinberg, H., & Vicery C.(1991). Oromandibular reconstruction using microvascular composite free flaps: Report of 71 cases and a new classification scheme for bony, soft tissue, and neurologic defects. *Archives of Otolaryngology-Head and Neck Surgery*, 117, 733.

Burget, G.C., & Menick, F.J. (1986) Nasal Reconstruction: Seeking a fourth dimension. *Plastic Reconstruction Surgery*, 78, pp. 145-157.

Caouett-Laberge, L., Guay, N., Bortoluzzi, P. & Belleville, C. (2000). Otoplasty: anterior scoring technique and results in 500 cases. *Plast Reconstr Surg*, 105(2):504-515.

Clark, J.M. & Cook, T.A. (2002). Immediate reconstruction of extruded alloplastic nasal implants with irradiated homograft costal cartilage. *Laryngoscope*, 112(6): 968-974.

Coleman, S.C., Burkey, B.B., Day, T.A., et al. (2000). Increasing use of the scapula osteocutaneous free flap. *Laryngoscope*, 110(9):1419-1424.

Constantian, M.B. (2002). Indications and use of composite grafts in 100 consecutive secondary and tertiary rhinoplasty patients: introduction of the axial orientation. *Plast Reconstr Surg*, 110(4): 1116-1133.

Converse, J. M. et al. (1977). *Reconstructive Plastic Surgery*, 3, 1750. Philadelphia, PA: W. B. Saunders Company.

Converse, J. M., Wood-Smith, D., Macomber, W. B., & Wang, M. K. H. (1977). Techniques for repair of defects of the lips and cheeks. In J. M. Converse (Ed.), *Reconstructive Plastic Surgery* (Vol. 3, pp. 1544-1594). Philadelphia, PA: W. B. Saunders Company.

Cook, T. A., & Davis, R. E. (1993). Cheek reconstruction. *Operative Techniques in Otolaryngology—Head and Neck Surgery*, 4(1), 31-36.

Costantino, P.D., Friedman, C.D., Shindo, M.L., Houston, G. & Sisson, Sr., G.A. (1993). Experimental mandibular regrowth by distraction osteogenesis. *Arch Otolaryngol-Head Neck Surg*, 119, 511-516.

Cutting, C.B. (2000). Secondary cleft lip nasal reconstruction: state of the art, cleft palate. *J Craniofac Surg*, 37 (6):538-541.

Davidson, T. M. (1986). Lacerations and scar revision (ch. 18). In C. J. Krause (Ed.), *Otolaryngology--Head and Neck Surgery* (Vol. 1). St. Louis, MO: C. V. Mosby Company.

Davis, R. E., Guida, R. A. & Cook, T. A. (1995). Autologous free dermal fat graft. *Archives of Otolaryngology-Head and Neck Surgery*, 121, 95-100.

Davis, R.E., et al. (1995). Autologous free dermal fat graft. *Arch Otolaryngol-Head Neck Surg*, 121:95-100.

Denneny, E. C., & Denneny, J. III. Forehead and scalp reconstruction. *Reconstructive Surgery of the Face and Neck*, chap. 42, (pp. 392-398).

Deutsch, B.D. & Becker, F.F. (1997). Secondary healing of Mohs defects of the forehead, temple, and lower eyelid. *Arch Otolaryngol Head Neck Surg*, 123(5):529-534.

Dieter Hoffmann, "Rehabilitation of the Eye in Facial Paralysis, pp257-265, *Facial Plastic Clinics of North America*, Volume 5, August 1997.

Evans, G.R., Schusterman, M.A., Kroll, S.S., et al. (1994). The radial forearm free flap for head and neck reconstruction: a review. *Am J Surg*, 168(5):446-450.

Fitzpatrick, T.B. (1988). The validity and practicality of sun-reactive skin types I through VI. *Arch Dermatol*, 124 (6): 869-871.

Frodel, J.L., et al. (1993). Calvarial bone graft harvest. *Arch Otolaryngol-Head Neck Surg*, 119:17-23.

Furnas, D.W. (1968). Correction of prominent ears by concha-mastoid sutures. *Plast Reconstr Surg*, 42(3):189-193.

Gillis, T. M., & Strong, M. S. (1983). Surgical lasers and soft tissue interactions. *Otolaryngologic Clinics of North America*, 16, 775-784.

Goldfarb, M., Gallups, J.M. & Gerwin, J.M. (1993). Perforating osteotomies in rhinoplasty. *Arch Otolaryngol-Head Neck Surg*, 119(6):624-627.

Goldman, M.P., Fitzpatrick, R.E., & Ruiz-Esparza, J. (1993). Treatment of port-wine stains (capillary malformation) with the flashlamp-pumped pulsed dye laser. *Journal of Pediatrics* 122(1), 71-77.

Goodman, A. (1992). Soft tissue injuries to the face. In I. D. Papel & N. E. Nachlas (Eds.), *Facial Plastic and Reconstructive Surgery*, (pp. 449-459). St. Louis: Mosby Year Book.

Grin, C. M. et al, (1990) Accuracy in the clinical diagnosis of malignant melanoma. *Archives of Dermatology*, 126, 763-766. May, Mark (1983) Trauma to the facial nerve. *Otolaryngology Clinics of North America*, 16, 661-670. McLeod, G. R., and

- Black, R. J. (1991). Malignant melanoma: Cutaneous and mucosal. In Paparella, M. M., and Shumrick, D. A. (eds.): *Otolaryngology*, 3, Philadelphia, W. B. Saunders Company, 2617-2625
- Mohs, F. E. (1978). Chemosurgery: Microscopically controlled surgery for skin cancer-past, present and future. *Journal of Dermatological Surgery in Oncology*, 4, 41-54.
- Gunter, J. P. (1978). Camouflaging scars in the head and neck area. *Journal of Otolaryngology*, 7(1), 75-87.
- Hamoir, M., Plouin-Gaudon, I., Rombaux, P., Francois, G., Cornu, A.S., Desuter, G., Clapuyt, P., Debauche, C., Verellen, G. & Beguin, C. (2001). Lymphatic malformations of the head and neck: a retrospective review and a support for staging. *Head Neck*, 23:326-337.
- Haughey, B. H., Fredrickson, J. M., Lerrick, A. J., Sclaroff, A. & Gay, W. D. (1994). Fibular and iliac crest osteomuscular free flap reconstruction of the oral cavity. *Laryngoscope*, 104, 1305-1313.
- Hjortdal, V.E., Hansen, E.S. & Hauge, E. (1992). Myocutaneous flap ischemia: flow dynamics following venous and arterial obstruction. *Plast Reconstr Surg*, 89(6), 1083-1091.
- Ilanokvan, V. & Jackson, I.T. (1992). Experience in the use of calvarial bone grafts in orbital reconstruction. *Br J Oral Maxillofac Surg*, 30:92-96.
- Imola MJ, Hamlar DD, Shao W, Chowdhury K, Tatum S. Resorbable plate fixation in pediatric craniofacial surgery: long-term outcome. *Arch Facial Plast Surg*. 2001 Apr-Jun; 3(2): 79-90.
- Kohout, M.P., Hansen, M., Pribaz, J.J. & Mulliken, J.B. (1998). Arteriovenous malformations of the head and neck: natural history and management. *Plast Reconstr Surg*, 102(3):643-654.
- Konior, R. J. (1992). Facial paralysis reconstruction with Gore-Tex soft-tissue patch. *Archives of Otolaryngology- Head and Neck Surgery*, 118, 1188-1194.
- Kroll, S. S. (1991), Staged sequential flap reconstruction for large lower lip defects. *Plastic and Reconstructive Surgery*, 88(4), 620-627.
- Lai, A. & Cheney, M. (2000). Temporoparietal fascial flap in orbital reconstruction. *Arch Fac Plast Surg*, 2:196-201.
- Larrabee, W. F., Jr., Makielski, K. H., & Cupp, C. (1993). Facelift anatomy. *Facial Plastic Surgery Clinics of North America*, 1(2), 135-153.
- Layton, C. T., Williams, P. B., Hankins, D. B., Phan, T., Key, J. H., & Pratt, M. F. (1994). Pharmacologic enhancement of random skin flap survival by prostaglandin E2. *Archives of Otolaryngol Head and Neck Surgery*, 120, 56-60.
- Leaf, N. & Firouz, J.S. (2002). Lip augmentation with superficial musculoaponeurotic system grafts: report of 103 cases. *Plast Reconstr Surg*, 109(1):319-326; discussion 327-328.
- Lee, K. J. (1983). *Essential Otolaryngology*, 3, 736.
- Lindsey, W.H. & Davis, P.T. (1997). A 15-year experience. *Arch Otolaryngol-Head Neck Surg*, 123:397-400.
- Mathog, R. H., Hillstrom, R. P., & Nesi, F. A. (1989). Surgical correction of enophthalmos and diplopia. *Archives of Otolaryngology-Head and Neck Surgery*, 115, 169-178.
- Matsunaga, R. S., Simpson, W., & Toffel, P. H. (1977). Simplified protocol for treatment of malar fractures. *Archives of Otolaryngology*, 103, 535-538.

Maus, M. (2001). Update on orbital trauma. *Curr Opin Ophthalmol*, 12:329-334.

McConnel, F.M., Pauloski, B.R., Logemann, J.A., et al. (1998). Functional results of primary closure vs. flaps in oropharyngeal reconstruction. *Arch Otolaryngol-Head Neck Surg*, 124:625-630.

McGeorge, B.C. (1998). Modified rhombic flap for closure of circular or irregular defects. *J Cut Med Surg*, 3(2):74-78.

Monasterio FO, Drucker M, Molina F, Ysunza A. Distraction osteogenesis in Pierre Robin sequence and related respiratory problems in children. *J Craniofac Surg*. 2002 Jan; 13(1): 79-83

Murray, J. A. M. (1992). Pathophysiology and assessment of the chronically paralyzed face. *Facial Plastic Surgery*, 8(2), 93-99.

Patrinely, J.R., O'Neal, K.D., Kersten, R.C., et al. (1999). Total upper eyelid reconstruction with mucosalized tarsal graft and overlying bipedicle flap. *Arch Ophthalmol*, 117:1655-1661.

Poetke, M., Philipp, C. & Berlien, H.P. (2000). Flashlamp-pumped pulsed dye laser for hemangiomas in infancy. *Arch Derm*, 136:628-632.

Ramirez, O. M., & Heckler, F. R. (1989). Reconstruction of nonmarginal defects of the ear with chondrocutaneous advancement flaps. *Plastic and Reconstructive Surgery*, 32-40.

Richardson, D., Fisher, S.E., Vaughan, E.D. & Brown, J.S. (1997). Radial forearm flap donor site complications. *Plast Reconstr Surg*, 99(1), 109-115.

Rustad, T.J., Hartshorn, D.O., Clevens, R.A., Johnson, T.M. & Baker, S.R. (1998). The subcutaneous pedicle flap in melolabial reconstruction. *Arch Otolaryngol Head Neck Surg*, 124(10):1163-1166.

Staffel, J.G. (2002). Optimizing treatment of nasal fractures. *Laryngoscope*, 112(10):1709-1719.

Stal, S. & Hollier, L. (2002). Correction of secondary cleft lip deformities. *Plast Reconstr Surg*, 15;109(5):1672 -1681.

Stucker, F. J., Shaw, G. Y., Boyd, S., & Shockley, W. W. (1990). Management of animal and human bites in the head and neck. *Archives of Otolaryngology-Head and Neck Surgery*, 116, 789-793.

Kountakis, S. E., Chamblee, S. A., Maillard, & A. A., J., Stiernberg, C. M. (1998). Animal bites to the head and neck. *ENT-Ear, Nose & Throat Journal*, 77(3), 216-220.

Sykes, J. M. & Donald, P. J. (1992). Frontal sinus and nasofrontoethmoidal complex fractures. In I. D. Papel & N. E. Nachlas (Eds.), *Facial Plastic and Reconstructive Surgery*, (pp. 485-495). St. Louis: Mosby Year Book.

Tardy, M. E., Boyce, R. G., Williams, E., Walter, M. A., & Patt, B. S. (1993). Full-thickness skin graft reconstruction of nasal tip defects. *Facial Plastic Surgery* 9(4). 269-274.

Thomas C, Mishra P: Open tip rhinoplasty along with the repair of cleft lip in cleft lip and palate cases. *Br J Plast Surg* 53(1):1-6, 2000

Toriumi, D.M., Josen, J., Weinberger, M. & Tardy, Jr., M.E. (1997). Use of alar batten grafts for correction of nasal valve collapse. *Arch Otolaryngol-Head Neck Surg*, 123(8):802-808.

Triana, R.J. (2000). Microvascular free flap reconstructive options in patients with partial and total maxillectomy defects. *Arch Fac Plast Surg*, 2:91-101.

Tucker, M. R., et al. (1991). *Rigid Fixation for Maxillofacial Surgery*. Philadelphia, PA: J. B. Lippincott Company.

- Urken, M.L. (1991). Composite free flaps in oromandibular reconstruction. *Arch Otolaryngol-Head Neck Surg*, 117:724-732.
- Verwoerd, C. D. A. (1992). Present day treatment of nasal fractures: Closed versus open reduction. *Facial Plastic Surgery*, 8(4), 220-223.
- Vuyk, H.D. & Lohuis, P.J. (2001). Mohs micrographic surgery for facial skin cancer. *Clin Otolaryngol*, 26(4):265-273.
- Webster, R. C., & Smith, R. C. (1982). Scar revision and camouflaging. *Otolaryngologic Clinics of North America*, 15, 55-68.
- Wolfe, D. & Davidson, T.M. (1991). Scar revision. *Arch Otolaryngol-Head Neck Surg*, 117:200-204.
- Zitelli JA, The Bilobed Flap for Nasal Reconstruction. *Archives of Dermatology* 1989 125 (7): 957-9.

### **IIIC - Cosmetic Surgery**

- Adamson, P. A., & Moran, M. L. (1993). Complications of cervicofacial rhytidectomy. *Facial Plastic Surgery Clinics of North America*, 1(2), 257-271.
- Alster, T. (1999). Cutaneous resurfacing with CO<sub>2</sub> and erbium:YAG lasers: preoperative, intraoperative and postoperative considerations. *Plast Reconstr Surg*, 103(2):619-632.
- Alster, T. S. (1998). Increased smooth muscle actin, factor XIIIa, and vimentin-positive cells in the papillary dermis of carbon dioxide laser debrided porcine skin. *Dermatology Surgery*, 24, 155.
- Alster, T. S. (1999). Cutaneous resurfacing with CO<sub>2</sub> and Erbium:YAG lasers: Preoperative, intraoperative, and postoperative considerations. *Plastic and Reconstructive Surgery*, 103, 619-632.
- Alster, T.S. & Lupton, J.R. (2000). Treatment of complications of laser skin resurfacing. *Arch Fac Plast Surg*, 2:279-284.
- Alster, T.S. & Lupton, J.R. (2000). Treatment of complications of laser skin resurfacing. *Arch Fac Plast Surg*, 2:279 -284.
- Anderson, J. R. (1984). A reasoned approach to nasal base surgery. *Archives of Otolaryngology—Head and Neck Surgery*, 110, 349-358.
- Anderson, J. R. & Ries, W. R. (1986). Surgery of the nasal base: Setting tip projection and location. In *Rhinoplasty: Emphasizing the External Approach*, 11, 63. Stratton, NY: Thieme Medical Publishers, Inc.
- Anderson, J. R., & Ries, W. R. (1986). Incisions and skeletal exposure. In *Rhinoplasty: Emphasizing the External Approach* (chapter 10, p. 56). Stratton, NY: Thieme Medical Publishers, Inc.
- Anderson, J. R., & Ries, W. R. (1986). Narrowing the nose. In *Rhinoplasty: Emphasizing the External Approach*, 14, 98. Stratton, NY: Thieme Medical Publishers, Inc.
- Ashinoff, R. & Geronemus, R. G. (1993). Rapid response of traumatic and medical tattoos to treatment with the Q-switched ruby laser. *Plastic and Reconstructive Surgery*, 91(5), 841-845.
- Azuara E (2000) Aesthetic Otoplasty with Remodeling of the antihelix for the correction of the prominent ear: criteria and personal technique. *Arch Fac Plast Surg*, 2(1):57-61.
- Beaty MM, Dyer WK, Shawl MW. The quantification of surgical changes in nasal tip support. *ArchFacialPlastSurg* 4:82-91. (2002)
- Becker, D.G. & Pastorek, N.J. (2001). The radix graft in cosmetic rhinoplasty. *Arch Fac Plast Surg*, 3(2): 115-119.

- Becker, F. F., Johnson, C. M., Jr., & Smith, O. (1992). Surgical treatment of the upper third of the aging face. In I. D. Papel & N. E. Nachlas (Eds.), *Facial Plastic and Reconstructive Surgery*, (pp. 147-157). St. Louis: Mosby Year Book.
- Beeson, W. H., & McCollough, E. G. (1986). *Aesthetic Surgery of the Aging Face*, p. 157. St. Louis, MO: C. V. Mosby Company.
- Bernstein, R.M., et al. (1998). Standardizing the classification and description of follicular unit transplantation and mini-micrografting techniques. *Dermatol Surg*, 24:957-963.
- Bernstein, R.M., et al. (1998). Standardizing the classification and description of follicular unit transplantation and mini-micrografting techniques. *Dermatol Surg*, 24:957-963.
- Binder, W. J. (1990). Submalar augmentation: A procedure to enhance rhytidectomy. *Annals of Plastic Surgery*, 24, 200-212.
- Botta, S.A., Straith, R.E. & Goodwin, H.H. (1988). Cardiac arrhythmias in phenol face peeling: a suggested protocol for prevention. *Aesth Plast Surg*, 12:115-117.
- Byrne, P.J. & Hilger, P.A. (2004). Lip augmentation. *Arch Fac Plast Surg*, 20(1):31-8.
- Chang, E.W., Lam, S.M., Karen, M. & Donlevy, J.L. (2001). Sliding genioplasty for correction of chin abnormalities. *Arch Fac Plast Surg*, 3(1):8-15.
- Citardi, M. J. & Friedman, C. D. (1994). Nonvascularized autogenous bone grafts for craniofacial skeletal augmentation and replacement. *Otolaryngology Clinics of North America*, 27(5), 891-910.
- Constantian, M. B. (1994). The incompetent external nasal valve: Pathophysiology and treatment in primary and secondary rhinoplasty. *Plastic and Reconstructive Surgery*, 93(5), 919-933.
- Cook, T. A., Brownrigg, P. J., Wang, T. D., & Quatela, V. C. (1989). The versatile midforehead browlift. *Archives of Otolaryngology-Head and Neck Surgery*, 115, 163-168.
- Daniel, R.K. & Letourneau, A. (1988). Rhinoplasty: Nasal Anatomy. *Ann Plast Surg*, 20(1):5-13.
- Dierickx, C., Goldman, M. P., & Fitzpatrick, R. E. (1993). Laser treatment of erythematous/hypertrophic and pigmented scars in 26 patients. *Plastic and Reconstructive Surgery*, 95(1), 84-92.
- Duke, D. & Joop, G.M. (1998). Care before and after laser skin resurfacing. *Dermatol Surg*, 24:201-206.
- Edwards, R.C., Kiely, K.D. & Eppley, B.L. (2000). Resorbable fixation techniques for genioplasty. *J Oral Maxillofac Surg*, 58(3):269-272.
- Ehlert, T. K., Thomas, J. R., & Becker, F. F., Jr. (1990). Submental W-plasty for the correction of 'turkey gobbler' deformities. *Archives of Otolaryngology-Head and Neck Surgery*, 116, 714-717.
- Eppley, B. L., & Sadove, A. M. (1994). Aesthetic facial applications of HTRR polymer grafts. Experimental and clinical results. *International Journal of Aesthetic and Restorative Surgery*, 2(2), 111-118.
- Fitzpatrick, R.E., Goldman, M.P. & Dierickx, C. (1994). Laser ablation of facial cosmetic tattoos. *Aesth Plast Surg*, 18:91-98.
- Foda, H.M. & Kridel, R.W. (1999). Lateral crural steal and lateral crural overlay: an objective evaluation. *Arch Otolaryngol-Head Neck Surg*, 125(12):1365-1370.
- Fritsch, M. H. (1995). Incisionless otoplasty. *Laryngoscope*, 105, 1-11.

- Frodel, J. L., Marentette, L. J., Quatela, V. C., & Weinstein, G. S. (1993). Calvarial bone graft harvest. *Archives Otolaryngol Head and Neck Surgery*, 119, 17-23.
- Fulton, J.E. (1995). Silicone gel sheeting for the prevention and management of evolving hypertrophic and keloid scars. *Dermatol Surg*, 21:947-951.
- Glogau, R.G. & Matarasso, S.L. (1995). Chemical face peeling: patient and peeling agent selection. *Arch Fac Plast Surg*, 11:1:1-7.
- Hamilton, J.M. (1993). Submental lipectomy with skin excision. *Plast Reconstr Surg*, 92(3):443-447, discussion 448.
- Hamra, S. T. (1990). The deep-plane rhytidectomy. *Plastic and Reconstructive Surgery*.
- Hamra, S. T. (1992). Composite rhytidectomy. *Plastic and Reconstructive Surgery* 90(1), 1-13.
- Hamra, S. T. (1992). Composite rhytidectomy. *Plastic and Reconstructive Surgery*, 90(1), 1-13.
- Hanasono, M.M., Kridel, R.W., Pastorek, N.J., Glasgold, M.J. & Koch, R.J. (2002). Correction of the soft tissue pollybeak using triamcinolone injection. *Arch Fac Plast Surg*, 4(1):26-30.
- Harris, J.A. (2004) Follicular Unit transplantation: dissecting and planting techniques. *Facial Plast Surg Clin N Am*, 12: 225 – 232.
- Hetter, G. P. (1989). Improved results with closed facial suction. *Clinics in Plastic Surgery*, 16(2), 319-332.
- Hetter, Gregory P. (2000). An Examination of the Phenol-Croton Oil Peel: Part IV. Face Peel Results with Different Concentrations of Phenol and Croton Oil . *Plastic and Reconstructive Surgery*, 105 (3), 1061-1083.
- Jackson, I.T., Choi, H.Y., Clay, R., Bevilacqua, R., TerKonda, S., Celik, M. & Smith, A.W. (1998). Long-term follow-up of cranial bone graft in dorsal nasal augmentation. *Plast Reconstr Surg*, 102(6):1869-1873.
- Johnson, CM, Godin, MS. The tension nose: Open structure rhinoplasty approach. *PRS* 95(1): 43-51.
- Jost, G. & Levet, Y. (1984). Parotid fascia and face lifting: A critical evaluation of the SMAS concept. *Plastic and Reconstructive Surgery*, 74(1), 42-51.
- Kamer, F. M. (1987). Surgery of the nasal tip. *Facial Plastic Surgery*, 4(4), 249-262. Stratton, NY: Thieme Medical Publishers, Inc.
- Kamer, F. M. (1996). One hundred consecutive deep plane face-lifts. *Archives of Otolaryngology-Head and Neck Surgery*.
- Kamer, F.M. & Minoli, J.J. (1993). Postoperative platysmal band deformity. A pitfall of submental liposuction. *Arch Otolaryngol-Head Neck Surg*, 119(2):193-196.
- Kang, S., Fisher, G.J. & Voorhees, J.J. (1997). Photoaging and topical tretinoin. *Arch Derm*,133(10):1280-1284. Karesh, J. W. (1994). Diagnosis and management of acquired blepharoptosis and dermatochalasis. *Facial Plastic Surgery*, (pp. 185-201). NY: Thieme.
- Kerth, J. D., & Toriumi, D. M. (1990). Management of the aging forehead. *Archives of Otolaryngology-Head and Neck Surgery*, 116, 1137-1142.
- Kerth, T.A. & Toriumi, D.M. (1990). Management of the aging forehead. *Arch Otolaryngol-Head Neck Surg*, 116:1137-1142.
- Kligman, D. & Kligman, A.M. (1998). Salicylic acid peels for the treatment of photoaging. *Dermatol Surg*, 24:325-328.
- Kridel, R. W. & Konior, R. J. (1991). Controlled nasal tip rotation via the lateral



crural overlay technique. *Archives of Otolaryngology-Head and Neck Surgery*, 117, 411-415.

Kridel, R. W. H., & Konior, R. J. (1992). Suction lipectomy. In I. D. Papel & N. E. Nachlas (Eds.), *Facial Plastic and Reconstructive Surgery* (pp. 184-192), St. Louis: Mosby Year Book.

Krize, D. M. (1998). Limited incision submental lipectomy and platysmaplasty. *Plastic and Reconstructive Surgery*.

Lai, A. & Cheney, M. (2000). Temporoparietal fascial flap in orbital reconstruction. *Arch Fac Plast Surg*, 2:196-201.

Larrabee, W. F., Jr. (1993). Open rhinoplasty and the upper third of the nose. *Facial Plastic Surgery Clinics of North America*, 1(1) 23-38.

Little, L. W. (2000). Three dimensional rejuvenation of the midface: Volumetric resculpture by malar imbrication. *Plastic and Reconstructive Surgery*.

Mahaffey, P. J., & Wallace, A. F. (1986). Blindness following cosmetic blepharoplasty--a review. *British Journal of Plastic Surgery*, 39, 213-221.

Maloney, B. P., and Schiebelhoffer, J. (2000). Minimal-incision endoscopic facelift. *Archives of Otolaryngology*, 2:274-278.

Matarasso SL, Carruthers JD, Jewell M, Restylane Consensus Group. (2006). Consensus recommendations for soft- tissue augmentation with nonanimal stabilized hyaluronic acid (Restylane). *Plastic and Reconstructive Surgery*, 117 (3 suppl), 3S-34S.

McCullough, E. G. & Hillman, R. A. (1980). Chemical face peel [Symposium on the Aging Face]. *Otolaryngology Clinics of North America*, 13(2), 353-365. Glogau, R. G. & Matarasso, S. L. (1995). Chemical face peeling: Trichloroacetic acid and phenol. *Facial Plastic Surgery*, 13(2), 263-276.

Johnson, J. B., Ichinose, H., Obagi, Z. E., Laub, D. R. (1996). Obagi's modified trichloroacetic acid (TCA)-controlled variable-depth peel: A study of clinical signs correlating with histological findings. *Annals of Plastic Surgery*, 36(3), 225-237.

McCullough, E. G. & Mangat, D. S. (1981). Systematic approach to correction of the nasal tip in rhinoplasty. *Archives of Otolaryngology*, 107, 12-16.

McGraw, B. L., & Adamson, P. A. (1991). Postblepharoplasty ectropion. *Archives of Otolaryngology-Head and Neck Surgery*, 117, 852-856.

Monheit, G.D. (1989). The Jessner's and TCA peel: a medium depth chemical peel. *J Derm Surg Oncol*, 15:945 -950.

Nachlas, N. E., Smith, H.W., & Keen, M.S. (1992). Otoplasty. In I.D. Papel & N.E. Nachlas (Eds.), *Facial Plastic and Reconstructive Surgery* (pp. 256-269), St. Louis: Mosby Year Book.

Oliver, D. W. (2001). A prospective randomized double blind trial of the use of fibrin sealant for facelifts. *Plastic and Reconstructive Surgery*, 108:2101-2105.

Osguthorpe, J. D., & Calcaterra, T. C. (1979). Nasolacrimal obstruction after maxillary sinus and rhinoplastic surgery. *Archives of Otolaryngology*, 105, 264-266.

Owsley, J. Q. (2000). Facelifting problems, solutions, and an outcome study. *Plastic and Reconstructive Surgery*, 105:302-313.

Papel, I. D. (1992). Lower eyelid blepharoplasty for the senile lid. In I. D. Papel & N. E. Nachlas (Eds.) *Facial Plastic and Reconstructive Surgery*, (pp. 179-183). St. Louis: Mosby Year Book.

Perkins, S.W. & Gibson, F.B. (1993). Use of submentoplasty to enhance cervical recontouring in face-lift surgery. *Arch Otolaryngol-Head Neck Surg*, 119(2):179-

183.

Rees, T. D., Barone, C. M., Valauri, F. A. (1994). Hematomas requiring surgical evacuation following face lift surgery. *Plastic and Reconstructive Surgery*.

RM Adrian, L Griffin "Laser tattoo removal", *Clinics in Plastic Surgery*, April 2000; 27(2) 181-192 GA Moreno-Arias, M Casals-Andrew, A Camps-Fresned "Use of Q switched alexandrite laser for removal of traumatic tattoos of different origins: *Laser Surg Med* 1999; 25(5): pp 445-50. M Kapeman-Beade, VJ Levine, R Ashinoff "Laser Removal of Tattoos", *American Journal of Clinical Dermatology* 2001; 2: pp21-25

Rohrich, R., Gyimesi, I., Clark, P. & Burns, A.J. (1997). CO2 laser safety considerations in facial skin resurfacing. *Plast Reconstr Surg*, 100(5):1285-1290.

Rohrich, R.J., Raniere, Jr., J. & Ha, R.Y. (2002). The alar contour graft: correction and prevention of alar rim deformities in rhinoplasty. *Plast Reconstr Surg*, 109(7): 2495- 2505.

Rossiter, J.L. (1994). Dermabrasion: clinical uses in otolaryngology. *J Otolaryngol*, 23(5)347-353.

Rubach, B. W., Schoenrock, L. D. (1997). Histological and clinical evaluation of facial resurfacing using a carbon dioxide laser with the computer pattern generator. *Archives of Otolaryngology Head Neck Surgery* 123, 929-934.

Schwartz, R. J., Burns, A. J., Rohrich, R. J., Barton, F. E., Byrd, H. S. (1999). Long-term assessment of CO2 facial laser resurfacing: aesthetic results and complications. *Plastic and Reconstructive Surgery* 103(2), 592-601. Millman, A. L., Mannor, G. E. (1999). Combined erbium:YAG and carbon dioxide laser skin resurfacing. *Archives Facial Plastic Surgery* 1, 112-117.

Rostan, E. F., Fitzpatrick, R. E., Goldman, M. P. (2001). Laser resurfacing with a long pulse erbium:YAG laser compared to the 950 ms pulsed CO2 laser. *Lasers in Surgery and Medicine* 29, 136-141.

Schoenrock, L. D. & Reppucci, A. D. (1994). Correction of subcutaneous facial defects using gore-tex. *Facial Plastic Surgery Clinics of North America*, 2(3), 373-387.

Sheen, J.H. (1984). Spreader graft: a method of reconstructing the roof of the middle nasal vault following rhinoplasty. *Plast Reconstr Surg*, 73:230-237.

Sheen, J.H. (1993). Tip graft: a 20-year retrospective. *Plast Reconstr Surg*. 91(1): 48-63.

Simons, R. L. (1975). Adjunctive measures in rhinoplasty. *Otolaryngologic Clinics of North America*, 8(3), 717 -742.

Simons, R. L. (1992). Management of the lower third of the nose-vertical dome division. In I. D. Papel & N. E. Nachlas (Eds.), *Facial plastic and reconstructive surgery*, (pp. 314-319). St. Louis: Mosby Year Book.

Smith, B. (1986). *Ophthalmic Plastic and Reconstructive Surgery* (p. 717). St. Louis, MO: C. V. Mosby Company.

Smith, B. J. & Mangat, D. S. (1973). Otoplasty. In Paparella, M. & Shumrick, D. (Eds.), *Otolaryngology*, 4(7), (pp. 2717-2731). Philadelphia: Saunders

Stough, D. B., III & Stough, D. B., IV. (1994). Hair-replacement techniques. In I. D. Papel & N. E. Nachlas (Eds.), *Facial Plastic and Reconstructive Surgery*, (pp. 215-225). St. Louis: Mosby Year Book.

Stuzin, J. M., Baker, T. J., & Gordon, H. L. (1992). The relationship of the superficial and deep facial fascias: Relevance to rhytidectomy and aging. *Plastic*

and Reconstructive Surgery, 89:441-449

Stuzin, J. M., Wagstrom, L., Kawamoto, H. K., Baker, T. J., & Wolfe, S. A. (1990). The anatomy and clinical applications of the buccal fat pad. *Plastic and Reconstructive Surgery*, 85(1), 29-37.

Tardy, E. M. (1980). *Otolaryngologic Clinics of North America*, 227. Philadelphia, PA: W. B. Saunders Company.

Toriumi, D. M. & Johnson, C. M. (1990). Open structure rhinoplasty for precise control of nasal tip projection. *Operative Techniques in Otolaryngology-Head and Neck Surgery*, 3, 166.

Toriumi, D. M. & O'Grady, K. (1994). Surgical tissue adhesives in otolaryngology-head and neck surgery. *Otolaryngologic Clinics of North America*, 27(1), 203-209.

Toriumi, D. M. & Ries, W. R. (1993). Innovative surgical management of the crooked nose. *Facial Plastic Surgery Clinics of North America*, 1(1), 63-78.

Weinberger, M. S., Becker, D. G., & Toriumi, D. M. (). Rhytidectomy. In Cummings, *Otolaryngology-Head and Neck Surgery*, 13, 648-659.

Weinberger, M. S., Becker, D. G., & Toriumi, D. M. (1998). Rhytidectomy. In Cummings, *Otolaryngology-Head and Neck Surgery*, 13, 648-659.

Weinstein, C., Pozner, J., Schefflan, M. (2001). Combined erbium:YAG laser resurfacing and face lifting. *Plastic and Reconstructive Surgery* 107(2), 586-592.

Seckel, B. R., Kovanda, C. J., Cetrulo, C. L., Passmore, A. K., Meneses, P. G., White, T. (2000). Laser blepharoplasty with transconjunctival orbicularis muscle/septum tightening and periocular skin resurfacing: a safe and advantageous technique. *Plastic and Reconstructive Surgery* 106(5), 1127-1141.

Whetzel, T. P. and Stevenson, T. R. (1997). The contribution of the SMAS to the blood supply in the lateral face lift flap. *Plastic Reconstruction Surgery*, 100(4), 1011-1018.

Whiting; Haber; Epstein – Advanced hair loss; Bonhanna

### ***Appendix C: Video list***

#### **• RHINOPLASTY**

Overprojected Nose with Chin Augmentation, D. Toriumi, MD

Deviated Nose with Dorsal Hump, D. Toriumi, MD

Droopy Tip Rhinoplasty, R. Kridel, MD

Saddle Deformity: Composite Reconstruction, R. Daniel, MD

Primary Rhinoplasty with Dorsal Hump Reduction and Tip Rotation, V. Quatela, MD

Primary External Rhinoplasty, R. Kridel, MD

Rhinoplasty for Trapezoid and Placement of Alar battens, S. Perkins, MD

Cosmetic Open Septorhinoplasty, P. Adamson, MD

Salvage Secondary Rhinoplasty, R. Kridel, MD

Asian Rhinoplasty: An Autogenous Approach, R. Daniel, MD

Primary Rhinoplasty, D. Toriumi, MD

Endonasal Tip Rhinoplasty for Correction of bulbous tip, S. Perkins, MD

Primary Rhinoplasty: Endonasal Technique, N. Pastorek, MD

Primary Rhinoplasty, Low Radix, High Dorsum, M. Constantian, MD

Correction of Increased Tip Projection, A Bulbous Tip, J. Gunter, MD  
Primary Septorhinoplasty and Inferior Turbinectomy, B. Guyuron, MD  
Augmentation Rhinoplasty with Small Dorsal Reduction, C. Johnson, MD  
Endonasal Double *Dome* Correction of Broad Flat Tip, S. Perkins, MD  
Cosmetic Endonasal Double Dome Tip Rhinoplasty, S. Perkins, MD  
Male Rhinoplasty, R. Rohrich, MD  
Intranasal Rhinoplasty Technique, I. Papel, MD  
Reconstruction of Caudal Nasal Support Structure, T. Cook, MD  
Rhinoplasty with Septal Hemitransfixion to Correct Caudal deformity, F. Kamer, MD  
Revision Rhinoplasty with Pinched Tip and Valve Collapse, W. Larrabee, MD  
The Simons Modification of Vertical Dome Division, I. Goldman, R. Simons, MD  
Delivery Flap Approach for Double Dome Tip Rhinoplasty, Patient A, S. Perkins, MD  
Delivery Flap Approach for Double Dome Tip Rhinoplasty, Patient B, S. Perkins, MD  
Primary Rhinoplasty, B. Guyuron, MD  
Cosmetic and Functional Open Septorhinoplasty, P. Adamson, MD  
Dissection manual, K. Ingels, EAM. Mylanus  
Rhinoplasty, G. Nolst-Trenité  
External Rhinoplasty, G. Nolst-Trenité

- **AGING FACE/REJUVENATION SURGERY**

Extended SMAS Facelift, J. Stuzin, MD  
Chin/ Pre-Jowl and Submalar Augmentation, W. Binder, MD  
Perioral Rejuvenation, R. Clevens, MD  
Autologous Fat Grafting, T. Tzikas, MD  
Asian Blepharoplasty, R. Goldberg, MD  
Upper Lid and Transconjunctival lower lid blepharoplasty, S. Perkins, MD  
Cosmetic Upper Transconjunctival blepharoplasty, P. Adamson, MD  
Upper lid and Modified Transcutaneous Lower Lid Bleph, E. McCollough, MD  
Upper and Lower Bleph. with Skin Muscle Flap Suspension, S. Perkins, MD  
Closed Temporal Cable lift, R. Goldberg, MD  
Endoscopic Forehead Lift, P. Adamson, MD  
Bi-Plane Forehead lift, S. Baker, MD  
The Pretricheal Forehead / Brow lift, E. McCollough, MD  
Deep Plane Face lift and Four lid blepharoplasty, N. Pastorek, MD  
Endoscopic Facial Rejuvenation, N. Isse, MD  
Transblepharoplasty Midface lift, M. Sullivan, MD  
Combined Temporal Lower Eyelid, S. Perkins, MD  
Deep Plane Facelift: A Case Study, P. Adamson, MD  
Deep Plane Facelift with Soft Tissue Shaving, T. Wang, MD  
Deep Plane Facelift with Forehead Lift and Bleph., C. Johnson, MD  
Modified SMAS Facelift, H. Mittelman, MD  
Arcus Margnialis Release and Orbital Fat Repositioning. R. Goldberg, MD  
Tri-Plane Rhytidectomy. S. Baker, MD  
The Next Generation Suspension Rhytidectomy. E. McCollough, MD  
Modified Deep Plane Facelift: SMAS Imbrication Tech. S. Perkins, MD

Three Approaches to Patient Consultation H. Mittelman, MD, etc.  
Contemporary Use of Botulinum Toxin in Facial Rejuvenation, c. Maas, MD  
Lip and Perioral Enhancement, W. Dyer, MD, etc.  
Cosmetic Otoplasty P. Adamson, MD  
Otoplasty, R. Siegert, C. Walter, H. Weerda