Surgical Corrections

PART 2

This section deals with utilizing those aesthetic principles developed in Part 1 to achieve the desired aesthetic outcome. I believe that these principles are applicable in the overwhelming majority of patients undergoing surgical corrections. However, one should not misconstrue statements made as sacrosanct. Exceptions will always be encountered. It is the thoughtful surgeon, unbound by rigid dogma, who can aesthetically adapt.

Because treatment plans are based on describing the morphologic appearance of the individual and deemphasizing the skeletal diagnosis, this section is divided into four basic, "bread-and-butter" morphologic facial patterns typically treated. Admittedly, this format is arbitrary, because there is a wide degree of overlap among the different morphologic types. For instance, the facially convex, posteriorly divergent patient may have a long face as well. The separation into four major morphologic types was done for organizational purposes only. However, it does assist in encouraging one to think in terms of what the patient looks like and not what the X-ray film looks like.

It should be emphasized that only the more commonly encountered developmental deformities are addressed. Congenital problems, particularly clefts and major lower face asymmetries such as hemifacial microsomia, were intentionally omitted.

Minimal follow-up periods of 12 months are provided in patient presentations. If no specific length of follow-up is stated, one should assume it is at least 12 months. Longer follow-up times are mentioned when they add further information regarding the stability of a given procedure.