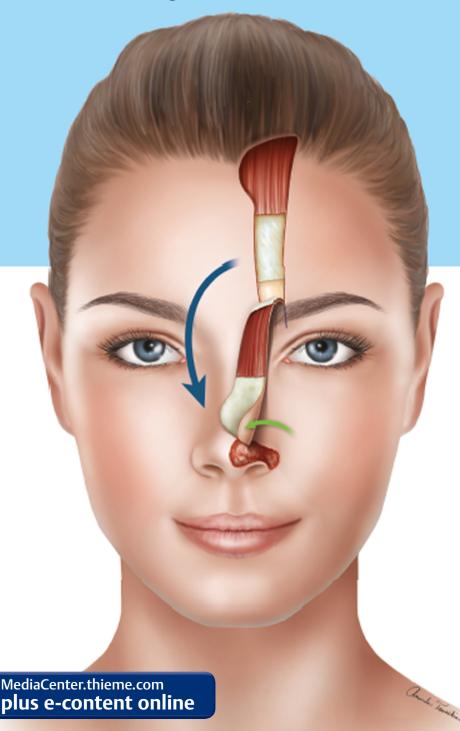
# Facial Reconstruction After Mohs Surgery

James F. Thornton Jourdan A. Carboy plus videos







## **Facial Reconstruction After Mohs Surgery**

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364 illustrations

Thieme New York • Stuttgart • Delhi • Rio de Janeiro Executive Editor: Sue Hodgson Managing Editor: Haley Paskalides Director, Editorial Services: Mary Jo Casey Production Editor: Torsten Scheihagen

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Senior Vice President and Chief Operating Officer: Sarah Vanderbilt

President: Brian D. Scanlan

Printer: Replika Press Pvt. Ltd.

#### Library of Congress Cataloging-in-Publication Data

Names: Thornton, James F., author. | Carboy, Jourdan A., author. Title: Facial reconstruction after Mohs surgery / James F. Thornton, Jourdan A. Carboy.

Description: New York : Thieme, [2018] | Includes bibliographical references.

Identifiers: LCCN 2017039193| ISBN 9781626237346 (print) | ISBN 9781626237353 (e-book)

Subjects: | MESH: Face-surgery | Reconstructive Surgical Procedures | Mohs Surgery

Classification: LCC RD119.5.F33 | NLM WE 705 | DDC 617.5/

20592-dc23

LC record available at https://lccn.loc.gov/2017039193

© 2018 by Thieme Medical Publishers, Inc. Thieme Publishers New York 333 Seventh Avenue, New York, NY 10001 USA +1 800 782 3488, customerservice@thieme.com

Thieme Publishers Stuttgart Rüdigerstrasse 14, 70469 Stuttgart, Germany +49 [0]711 8931 421, customerservice@thieme.de

Thieme Publishers Delhi A-12, Second Floor, Sector-2, Noida-201301 Uttar Pradesh, India +91 120 45 566 00, customerservice@thieme.in

Thieme Publishers Rio de Janeiro, Thieme Publicações Ltda. Edifício Rodolpho de Paoli, 25º andar Av. Nilo Peçanha, 50 – Sala 2508 Rio de Janeiro 20020-906 Brasil +55 21 3172-2297 / +55 21 3172-1896

Cover design: Thieme Publishing Group Typesetting by Thomson Digital, India

Printed in India by Replika Press Pvt. Ltd. 5 4 3 2 1

ISBN 978-1-62623-734-6

Also available as an e-book: eISBN 978-1-62623-735-3

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## **Preface**

The worldwide rise of skin cancer cases, both melanoma and nonmelanoma, has driven the development of effective treatment plans. 1 Mohs surgical excision remains the gold standard of treatment and requires expedient, effective, and safe surgical treatment of the resultant Mohs defects. This book is a summary of 15 years and 12,000 cases in a surgical practice devoted to post-Mohs facial reconstruction. The practice is outpatient and involves daily resident education. The intended audience is both skilled and beginning surgeons. The cases presented were collected over the course of less than a year and by design are not "one-off best results," but rather are daily working examples of common defects and standard repair techniques. Each presented case is based on hundreds of representative examples and is designed to provide efficacious, safe, aesthetically pleasing, and functionally complete repairs, while remaining respectful of the patient's age, anesthesia commitments, and available resources. Although the textbook is based on a single surgeon's practice, experts in the field were included for anesthesia, Mohs surgery, oculoplastic surgery, total ear reconstruction, and microsurgical reconstruction. The textbook is divided into three sections. The first covers the unique management of post-Mohs patients including evaluation for anesthesia and the thought process behind deciding the appropriate surgical repair. The second section discusses the management of defects based on specific anatomic locations. The final section discusses the management of complications and revisions. By book design,

there is enough duplication between the first and second sections that experienced surgeons can jump to section two without content loss. The included algorithms should be considered for general guidance, which look to supplement the principles of the reconstructive decision process, as opposed to rigid pathways. Of note, there is extra emphasis on nasal reconstruction, which reflects the complexity and frequency of nasal repair. Also, a third of the book is devoted to management of complications and revisions, and this is a mere reflection that over 90% of current reconstructed patients would like some improvement of their operative scars.<sup>2</sup> It also indicates the frequency of referrals for revision of suboptimal results from previous repairs and the importance of addressing the risk of even the rarest of complications. I hope that surgeons across all specialties will find what is written useful and beneficial to their practice.

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## **Acknowledgments**

To my father, NASA Astronaut William E. Thornton, MD, who set the bar so high both literally and figuratively. To my wife Katina Thornton, MD, mother of our six children and the definition of strength, beauty, and grace. To my best friend Larry Hollier, MD, who without his encouragement and good advice, I would likely be working in an urgent care clinic in Seagoville, Texas.

-James F. Thornton, MD

To my sister, Jade Carboy, who will always keep me grounded and endlessly inspires me with her strength and creativity. To my husband, Hansary Laforest, my stability, who shows me every day through his kindness and honesty that there is so much decency in the world. To my parents, Stephen and Natalia Carboy, who have encouraged me in everything that I have taken on, and shown me the kind of person that I will always strive to become.

— Jourdan A. Carboy