



Endoscopic Plastic Surgery

What is endoscopic surgery?

Endoscopic or keyhole surgery has been used by gynaecologists to do laparoscopy, orthopaedic surgeons to do knee surgery and general surgeons to remove gall bladders for some years. It is relatively new to plastic surgery and although extremely promising, its place has yet to be established. In principle, a lighted telescope is inserted in a stab incision and viewed on a video monitor.

Instruments are inserted through another stab incision. The advantages of endoscopy are that scars are small and can often be well hidden and bleeding, bruising and swelling and the general upset of surgery may be reduced. The surgeon's view of the procedure is often greatly enhanced by having the eye of the telescope only a centimetre or two from the operation site.

Uses in Plastic Surgery:

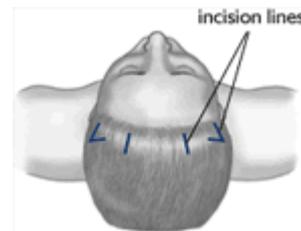
Forehead Lift

The forehead lift is the commonest procedure carried out endoscopically. Three or more stab incisions are made just behind the hair line instead of the usual ear to ear incision. It allows the surgeon to reduce the transverse frown lines of the forehead and vertical glabella frown lines between the inner end of the eyebrows.

Sagging eyebrows can be lifted to a higher level. The procedure on its own can be carried out as a day case or with one night in hospital under general anaesthesia or local anaesthesia with intravenous sedation. There is usually swelling around the eyes after surgery which takes a few weeks to settle. Hair is sometimes lost around the scalp incisions and if this is the case it takes several months to re-grow.



Endoscopic plastic surgery in progress



Incision lines are made behind the hairline

Deep Facelift

This is an extension of the forehead lift which is designed to tighten the skin of the upper half of the face, as opposed to the standard facelift which helps the lower half of the face. The Deep Facelift carried out endoscopically avoids the same ear to ear incision. It is usually carried out at a younger age than the standard facelift. It tightens the skin of the mid-face and freshens the eyes, opening and lifting the outer angle and reducing the wrinkles of the crows feet. There will be swelling around and below the eyes which gradually resolves in about a month. There will also be scars beneath the eyelashes of the lower eyelid and sometimes in the upper gum line. There is a slight risk of damage to the nerve which supplies the muscles of the forehead. This weakness is usually partial and temporary, on rare occasions it may be permanent.

Other Procedures in the Face

The traditional facelift is the best choice for patients with significant surplus skin, but there are a number of specific indications for endoscopic surgery to the mid-face and to the neck. Incisions are usually concealed under the lower eyelash margin, the upper gum line, behind the ears and under the chin.

Breast Augmentation

In Great Britain we have the fortunate advantage of having a range of different types of breast implants which are safe and available.

Endoscopy has a limited use in putting in saline filled implants through remote incisions. The commonest is the incision in the armpit when the implant is put under the pectoral muscles which have been released surgically from their origin from the sternum (breast bone). Similarly, these implants can be put in through incisions or existing scars in the abdomen.

Abdominoplasty Endoscopy

Abdominoplasty Endoscopy has been shown to be useful in a few selected patients who have lost abdominal muscle tone but do not have any surplus skin. The muscle can be tightened through a relatively short incision like a small caesarean section scar. This can be combined with liposuction.

Reconstructive Surgery

Muscle flaps, and most commonly the latissimus dorsi, from the back can be raised through a small incision endoscopically. Tissue expanders can be placed through small incisions remotely and the carpal tunnel in the wrist can be decompressed to cure median nerve symptoms in the fingers.

DISCLAIMER:

This document is designed to supply useful information but is not to be regarded as advice specific to any particular case. It does not replace the need for a thorough consultation and all prospective patients should seek the advice of a suitably qualified medical practitioner. The BAAPS accepts no liability for any decision taken by the reader in respect of the treatment they decide to undertake.