

## Complications in Minimally Invasive Facial Rejuvenation: Prevention and Management

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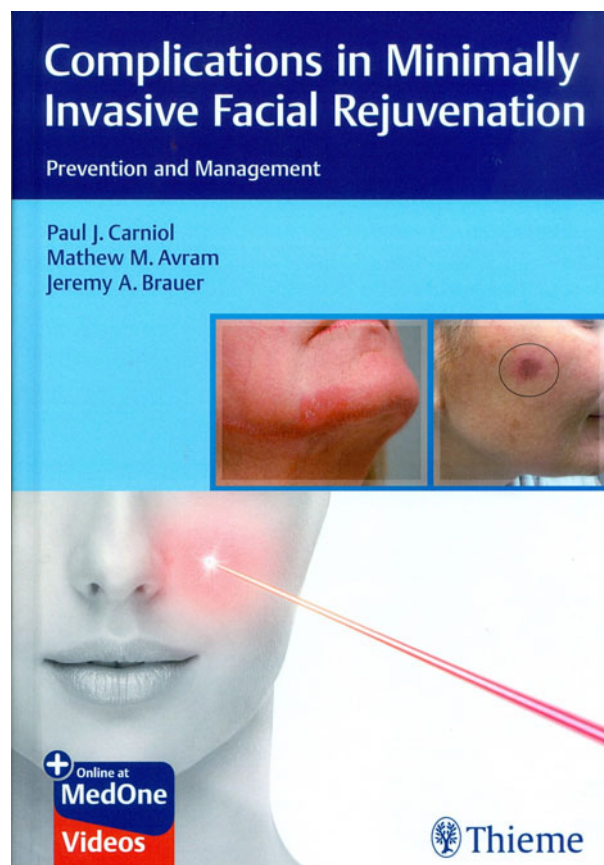
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Facial rejuvenation surgery has become more accessible and therefore more common in the last few decades. This has meant more surgeons embarking on these techniques. Unfortunately, no surgical technique is without risk, and, with the increasing frequency of procedures, there are more complications. It is crucial for the surgeon to be aware, avoid and be able to manage these complications. This is the premise of this text. The authors come from backgrounds in ENT and dermatology. This allows the book to bring across a holistic approach with perspectives not considered before.

While facial rejuvenation surgery is mostly in the realm of private practice in the UK, there is still a desperate need for surgeons to be aware of the complications. Complications, particularly the acute cases that require urgent treatment, will often be seen by National Health Service (NHS) teams. Therefore, it is important for NHS surgeons, including ENT specialists, to be aware of the techniques and what can go wrong, and, perhaps even more importantly, manage the complication in a satisfactory way. It is easy to trivialise what the patient is going through when they present to the accident and emergency department, and even suggest that they brought it on themselves. However, these patients have spent a lot of money to address issues that cause them problems, be it functional or cosmetic. Treating the complication without finesse can adversely affect the patient's life, particularly in regard to the face.

This book is deceptively small, but covers a lot of material. The title of 'minimally invasive' does not quite do the book justice, as it does have chapters on submusculoaponeurotic system ('SMAS') lifts and blepharoplasty. Each chapter has an excellent layout, starting with a brief introduction and followed by one of the most fundamental aspects of aesthetic treatment – considerations in patient selection. Despite the book's title, it does give details of the surgical technique. This is understandably necessary for pointing out common pitfalls and how to avoid them. The chapter follows further to a very useful section on optimising the results, with tips and tricks learned from the authors' experiences. Finally, it comes to the sections on complications, and how to both recognise them and manage them. It is easy to read and written succinctly.

Admittedly, this book by itself may not quite be the text for surgeons just starting out and learning these procedures. However, it is an excellent handbook to prevent, diagnose



and treat complications. A chapter that may be of interest to British surgeons is on anaesthesia for office-based procedures. This covers the frequently used lidocaine, but also methods of making it more tolerable. In addition, monitored anaesthesia care with sedation, which allows extensive surgery such as a submusculoaponeurotic system lift without the need for intubation, is discussed. These concepts have not become popular in the UK and it may be worth considering if it is feasible, particularly in the coronavirus-ridden world that makes general anaesthesia quite risky.

One chapter to be used with caution is the section on thread lifts. The technique, while available in the UK, has fallen out of favour in most circles. This is because of the frequency of complications and the nature of the results. However, the book is written from an American perspective and, admittedly, novel uses are being found for it.

In conclusion, this book is an interesting and useful addition for ENT surgeons. It addresses the more difficult aspect of elective surgery, recognising and managing complications. It is a useful guide that will allow most people to pick up new tricks. It also contains sections on facelift and blepharoplasty, which are not areas that ENT surgeons are usually that comfortable with.