PREFACE

Office-Based Plastic Surgery

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When first approached to consider being the guest editor on office-based plastic surgery for *Seminars in Plastic Surgery*, I at first thought that I did not have the proper qualifications. On further reflection, I realized that we do have an effective, efficient, office-based plastic surgery practice that has been operating for ~25 years doing more than 1000 operations per year without ever having a single mortality, pulmonary embolus, deep vein thrombosis, malignant hyperthermia, aspiration, and only a few hospital admissions. On thinking even further, I realized that the methods, materials, and facilities that we have been using are not particularly original or unique but are really a distillation of the things that we have learned from traveling throughout the world and visiting office-based plastic surgery facilities, taking notes, and incorporating and using any new ideas that we encountered.

When I was a resident in general surgery at the University of Minnesota, I had occasion to travel to Phoenix for a presentation. I happened to have read a

magazine article about the first freestanding outpatient surgery facility right across the street from St. Joseph's Hospital. I visited it and had an interesting experience with Dr. Ford, one of the founders. He was an anesthesiologist and explained to me that at that time, more than half of the surgical procedures that were done did not require hospitalization. That was a new and revolutionizing idea at the time.

Through the years, whenever I have traveled here and abroad, I have made it a point to visit as many office-based surgery facilities that I possibly could to learn by actual example what was being done and how I might adapt my practice for maximum efficiency.

I am especially indebted to Chuck Vinnik, M.D., who allowed me to come to his office in Las Vegas in 1978 and spend a few days there with his staff reviewing all of his procedures, documentation, and methods. Dr. Kline in Dallas extended me the same courtesy to visit his beautiful, freestanding office-based surgery facility, as did Ken Salzer, M.D., who at that time had his own facility separate from the university that was beautifully designed as an office-based plastic surgery center. Of course, Tom Baker, M.D., has always extended that courtesy whenever there was a meeting in Florida, and D. Ralph Millard, M.D., had one of the best where, in addition to the university hospitals, he had his own freestanding office-based plastic surgery facility very close by.

I do not recommend anyone starting out from scratch with their own facility because the overhead, the responsibilities, and the day-to-day management will choke them. I do not recommend anyone who is along in their career, say age 60, taking on all of these changes and charges, because there is not enough time to recoup the substantial investment. But for anyone who is established in their practice for 5 or 10 years and has at least a majority of the practice coming from elective aesthetic surgery, it is my firm belief that having a controlled, office-based surgery center is the best possible way to achieve the goals of balancing the needs of our patients and our own family life effectively.

For this issue, I have invited several outstanding private plastic surgeons to share their own experiences

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with us. All have their own office-based plastic surgery practice. Each is unique. Some always use general anesthesia; some never. Some are in their home; some are in a major office building. I hope everyone interested in plastic surgery will learn something

new, will gain something borrowed, and nothing blue.

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