PREFACE

Advances in Head and Neck Reconstruction, Part II

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Reconstructive surgery has as its premise the goal of restoring normal form and function to the body part(s) involved. Our limitations as surgeons are technical skill, our understanding of anatomy and physiology, and the availability of tissue types and/or synthetic and biologic materials to replace the missing part(s). Nowhere in the body is the complexity of anatomy and physiology greater than in the head and neck region, constituting a challenge for the surgeons and scientists involved in reconstructing defects in this region.

Whereas tissue engineering and composite tissue allo-transplantation have provided relief for patients who are having to deal with defects in the head and neck region, their routine use has not become the norm. It is our hope that one day we will be able to resort to a tissue bank to supply any body part that is missing and then to implant that part without harmful effects of postoperative medication. Until that point is reached, we remain committed to utilizing and advancing the field of reconstructive surgery as it is practiced today. First, we must understand the intricacies of the body parts and

organs we are dealing with to find ways to replace them, and we must then be able to select from our surgical armamentarium the flaps and tissue grafts that can be used to create physiologically and anatomically similar working tissues.

We have been fortunate to be able to bring together in this issue of *Seminars in Plastic Surgery* the expertise, wisdom, and experience of world-renowned leaders in head and neck surgery and reconstructive surgery. We are grateful to the contributors for taking the time to share with us their experiences and for being so generous in giving their time and energy to this issue dedicated to "Advances in Head and Neck Reconstruction." We also recognize the tremendous contribution that Prunella Theaker has made to this issue as Editorial Consultant; her experience and expertise have been invaluable.

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