A Note on Surgical Revisions

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Abstract

Keywords

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- scar maturation
- forehead flaps

Surgical revisions are inherent in nasal reconstruction. It is of benefit to the patient if the surgeon is able to accurately counsel the patient on the sequence and expectations prior to embarking on a multistage nasal reconstruction. The requirement to "wait a year" is an unnecessary patient burden, but almost all results improve with time.

Revisions

Regarding nasal reconstruction, there are very few case results that do not benefit from a revision. I think a serious practitioner devoted to excellence in this field needs to embrace revisions and approach them with the same enthusiasm that the primary reconstruction received. Revisions range from simple dermabrasion, which almost all of my patients are offered, to complete redo flaps. There is great utility in being able to predict revisions and briefly discuss this with the patient prior to embarking on a multistage nasal reconstruction. Patients are much more comfortable having some idea of a time line and expectations at the beginning of their nasal reconstruction process. To this end, all forehead flap patients are advised of the possibility of revision surgery at the time of initial reconstruction. Both the patient and physician re-evaluate the initial result 3 months after division and inset; at this point, a decision is made whether to pursue a planned surgical revision. Historically, nearly 40% of patients with a primary two-stage forehead flap will likely undergo surgical revision. With regard to timing of the surgical revision, this is one area where the practitioner is urged not to embrace dogma. It would be a mistake to have a patient "wait one year" to allow soft tissue swelling to resolve prior to embarking on a planned revision if the patient has a significant facial deformity. It is also equally unwise to rush a

planned revision if the soft tissue bed has not reached a degree of scar maturation and pliability to allow a successful execution. An experienced practitioner can well judge the quality of the tissue with simple observation and palpation. Rather than adhering to rigid time schedules, I feel that every patient must be evaluated individually, concerning their social requirements, expectations, as well as the simple process of scar maturity. When one has achieved a reasonable nasal reconstruction, that is not prominent or the asymmetry is not noticeable except perhaps to the patient and yourself, then "time is on one's side." Being able to "hold these patients off" to allow the absolute optimization and healing without intervention is advantageous, and one's revision rate will likely drop as time does uniformly improve almost all results.

The most frequent revisions for simple wound closures and advancement flaps are either surgical abrasions or re-excision of dog-ears. For full-thickness skin grafting, the most common revision is either single or multiple dermabrasions. Nasolabial flaps usually require improvement on flap contour, as well as definition on the alar groove or cheek-nose junction. Forehead flaps, in our hands, result in the highest revision rates, as flap contour frequently needs improvement. Improving alar definition and revisions to the forehead donor site are also frequently needed with forehead flaps.