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Is sacrifice a sacrosanct ritual?

Sir,

The face can be envisioned as composed of neighbouring geographic territories limited by natural lines, folds, and changes in skin texture, as well as the hairline.¹ Gospel dictates that resurfacing the face should follow these facial aesthetic units. Millard emphasises the principle as follows: 'Do not cut a flap or graft to fit a random defect. Make the defect fit the natural aesthetic unit and then fit the flap or graft to that unit.'² I have been unswerving (unthinking) in keeping the faith. In burn victims with involvement of one cheek and half the forehead, I have tended to flap the entire cheek unit and apply a thick skin graft to the entire forehead (Fig. 1), sacrificing the unscarred forehead at the altar of blind faith. The relatively inferior aesthetic results of grafts compared to



Fig. 1 Hyperpigmentation of the skin grafted forehead and the evident contrast between the forehead and cheek.

flaps, in pigmented skin, has led me to question my dogmatic approach.

Recently I had occasion to wander. A 15-year-old acid burn victim, with involvement of one half of the face and neck, underwent facial resurfacing. Deviating from my normal practice, I extended the



Fig. 2 Old acid burn injury to one half of the face and neck; appearance after multiple attempts at skin graft resurfacing.



Fig. 3 Appearance 4 months after excision of the scar tissue and resurfacing of the cheek and involved forehead with a radial forearm fasciocutaneous free flap.

radial forearm flap to resurface the cheek as well as the involved forehead, leaving the unscarred forehead intact. The result has been aesthetically pleasing (Figs. 2 and 3), in comparison with my earlier choice of reconstruction. Besides avoiding the appearance of the grafted forehead, the vertical midline scar on the forehead is much less visible than the line of union between the flapped cheek and grafted forehead. Additionally the premeditated placement of the relatively hairy radial skin of the forearm along the preauricular area, and its uninterrupted continuity into the temple area, mimic the facial down sometimes found on a young girl's face. This is complemented by the relatively hairless skin of the ulna forearm resurfacing the more visible anterior part of the face.

On looking at the literature I find that I have not transgressed after all. The prophet McIndoe in 1949, well before the age of microvascular free tissue transfer, intoned 'A severe burn limited to one side of the face can be treated most satisfactorily by a... flap designed to produce a half face in one piece.'³

The above may be a case of stating the obvious, to the majority of your journal's enlightened readership. However, I write this letter to reinforce the fact that while the basic tenet of facial aesthetic units holds true it is not necessarily cast in stone.

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Part, twist and clip

Sir,

We have all battled with incisions within or adjacent to hair bearing areas, most often on the scalp: examples include sebaceous cysts as basic surgical trainees, neoplastic lesions as higher surgical trainees, and face or brow lifting procedures as consultants. We hesitate to disrupt the preferred preoperative coiffure, and rarely shave or cut the hair short. We accept intermittent sub optimal visibility and inconvenience, and we routinely face the inevitable tangled mess at the end of the procedure; hair matted with blood clot and pieces of flesh. Can I suggest the use of artery clips to help restore calm? After determining and marking the site of the incision(s), part small clumps of hair to reveal the ink markings, twist the hair of each clump en masse along its length in the most favourable direction, and gently clip the braid, catching the ends of the hair together with the drape if desired. The weight of the clip and gravity maintain hair displacement and good visibility (Figs. 1 and 2). The hair can be wrapped in part of a swab, or the drape prior to clipping if there is a risk of damaging the hair. This technique is simple and quick, even if using multiple clips. It can be used on different hair lengths, and avoids any need for trimming or shaving. The hair remains controllable, and it can be washed and cleaned easily at the end of the procedure. Obviously, hair to be excised as part of the operation can be identified and clipped separately if required. This technique is most effective when the hair is a little