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Neven Olivari

Practical Plastic and Reconstructive Surgery

**An Atlas
of Operations
and Techniques**

**With Forewords by
P.G. Arnold and I.T. Jackson**



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Foreword

Very large comprehensive books on big broad topics are undertaken by authors from time to time and successfully completed with the help of multiple co-authors and a publisher with a very capable illustrations department. Rarely, if ever, does an author address a topic as large as “plastic surgery” alone. Doctor Neven Olivari has done this and done it very well. He is a master surgeon and teacher, a tireless surgical historical researcher, and an unbelievably capable artist. This remarkable combination of abilities is memorialized in this book which has been written and illustrated by Dr. Olivari himself.

The early chapters cover the history of many flaps that we have considered under other names in the past. Bruns, Burow, Delpech and Dieffenbach are well represented. The older illustrations are the clearest and best I have ever seen. The historical accounting is very complete.

No aspect of general plastic surgery is abbreviated in his considerations and coverage of the various topics. Chapter 2 covers “general techniques” and should be required reading for all surgeons and fundamental knowledge for all plastic and reconstructive surgeons. It is truly the foundation for most of what we do and is beautifully illustrated.

The reconstructive chapters including head and neck, trunk, extremities, genitalia are unsurpassed, in my opinion. Replantation and burns are covered from their acute phase through the final reconstruction and up-to date. Aesthetic surgery of the face . eyes, and breasts as well as obesity surgery are covered very comprehensively and the author’s opinions are clearly and concisely presented. Exophthalmos operation is covered very well since this is one method which Dr. Olivari developed and used since 20 years.

Problem cases are presented and the author’s surgical solution along with potential problems and complications are presented. This information is based on a full surgical lifetime of having “been there and done that”. Advice based on experience from an honest surgeon is priceless. Of course, there is personal preference that is present throughout this great book. That is what a book should do ... give an account and defend your choices and admit the areas of weakness and when and why you change some technique. It is all here in Dr. Olivari’s book. This assessment itself is also very biased.

It is not often that your heroes become your friends but that has been my good fortune over the past 3 decades and I feel particularly “blessed” by the association and friendship.

Philip G. Arnold, M.D.
Professor of Plastic Surgery
Mayo Clinic, Rochester MN, USA

Foreword

Occasionally a book appears which, on perusal, one knows is going to be a classic. Neven Olivari has produced such a book. Not only is he the author, he has also drawn all of the illustrations. Of course, this is a very significant thing, since there can be problems in communication between an author and the artist illustrating the procedure. This can result in the loss of essential details.

The first chapter is an eye-opener since Dr. Olivari has delved into the history of plastic surgery. Many interesting early publications are quoted. Firstly, there is an illustration of beautiful instruments produced in the early 1800's in a book by Bernard and Huette. Then comes the true history of many flaps. Illustrations show that Dieffenbach, Delpech, Burow, and Bruns were using flaps which have other peoples names attached to them today. These were described at a date much earlier than the book in which they appeared in 1857. In 1892, Hagedorn was using a lip repair very similar to the Tennison. Szymanowski in 1865, illustrated a rhomboid flap. In 1967, Burian reduced a breast with a vertical mammoplasty.

Chapter 2, which is headed "General Techniques", is a very comprehensive review of grafts, local flaps involved in the face, regional flaps in the chest and limbs, tissue expansion, treatment of hemangioma und skin tumors. The diagrams are excellent and are accurate since, as mentioned above, these have been reproduced by Dr. Olivari himself.

Chapter 3 is a very important one on the face and neck area, this considers in detail reconstruction of soft und hard tissue, rhinoplasty, eyelid surgery, reconstructive and aesthetic procedures with face lift, blepharoplasty, brow lift, and dermabrasion being well-described and illustrated. Exophthalmos is covered very well since this is one of Dr. Olivari's specials. Lip und palate – primary and secondary – facial palsy, and ear reconstruction make up the remainder of the chapter.

Chapter 4, which deals with the chest, covers breast reconstruction, reduction, and augmentation. It is interesting that in 1916, Tansini presented his work on the latissimus dorsi flap. The applications of the TRAM flap, pedicled and free, are extensively described. Even hidradenitis suppurativa treatment is in this chapter.

Chapter 5 considers obesity surgery which has become so popular is presented in detail again with good illustrations.

In Chapter 6, extremity defects due to trauma are analyzed, and the appropriate reconstruction, either local or microvascular, is extensively described. In addition to this, all of the applicable local skin, muscle, and free flaps are presented.

Replantation is covered comprehensively.

The final chapter is on burns. The acute burn and post-burn reconstruction again receive the exposure required to be fully up-to-date at the present time.

This truly is a labor of love, written entirely and illustrated by a single surgeon who is a giant among giants, respected in his own country and in every other country he has visited. This book is, will become, and will continue to be a classic.

Originally this book was published in German but the publisher having realised that it is probably one of the best modern books on plastic and reconstructive surgery, has now brought out an English edition. Undoubtedly it will be a smash hit.

I congratulate my old friend on this superb production.

Ian T. Jackson

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Southfield, Michigan, USA

Preface

This atlas is meant for young plastic surgeons in training. However it can be useful to aid experienced colleagues when they have problem cases. This book can be of use to general surgeons, traumatologists, ENT and maxillo-facial-surgeons as well as plastic surgeons. This atlas differs from many other books as the author only describes the techniques that, in 40 years of practice, he has found most useful. It does not try to provide a comprehensive coverage of all methods and there are many techniques not described that are used by others, with success. The book is a very personal approach.

The principles that have guided the writing of this book are as follows. The best solution is the one which is, simple, low risk, gives a good functional and aesthetic result. All the methods shown have been proved clinically. I am sceptical of literature that has beautiful drawings but no evidence of clinical use. Each method shown in this book has clinical documentation, with illustrations and a short but hopefully clear text. Many well-known methods are intentionally omitted. For instance the v-y plasty for the correction of the lower lid ectropion, which one finds in many textbooks, does not work and is not included.

This atlas does not claim to describe all known methods. Most methods described are well established (see history chapter), and some have been re-discovered, given new names or improved.

Free micro-surgical flaps have changed our practice in the last 25 years however the free flaps is not a solution for every case. For instance, small defects on the face are best closed with local flaps which give better cosmetic results than free flaps. On the other hand the free flap can cover defects, where the traditional methods would have surely failed. Their use is sometimes life-saving. Initially there was an over enthusiastic development of microsurgery and search for new indications however more recently a balanced attitude of indication has prevailed.

This atlas is concerned with clinical practice and operative details. It has not been felt necessary to describe every possible methods of repairing the small to medium alar defects of the nose as the author is convinced that the cranially based flap from the nasolabial fold offers the best solution. Also for thoracic defects the Omentum plasty is not mentioned, because the Latissimus dorsi flap and the TRAM flap are the better and more reliable. On the other hand cross-leg flaps are mentioned, because there are still indications for their use (Not every hospital in the world has a microsurgical team). Cross-leg flaps are rarely used now but a plastic surgeon must have knowledge of the technique.

The clinical material for this book comes to a large extent from the Department for Plastic Surgery of the Dreifaltigkeits-Hospital Wesseling; a smaller part originates from my time at the University Hospital of Cologne. Dr. Richter, Dr. Eder, Dr. Noever, Dr. Stark and Dr. Niermann (all my former pupils and assistants) contributed to this book with valuable clinical cases and gave help and advice. I thank them sincerely. Plastic surgery, like any other kind of surgery, is not learned from books. One learns surgery from masters of the specialty. Why then write another book? There are plenty of good books about plastic surgery. It was a difficult decision. I had a large collection of material from my 40 years of surgical practice. After much consideration I decided that a "practical operative atlas" with minimum, but hopefully, clear text and many pictures and drawings would be most useful. Those who like involved extensive theoretical description will be disappointed. The decided, with some difficulty, to make every drawing myself for professional artist although very skilled have little knowledge of surgery, (it also makes publishing more expensive). My intention was to place the drawings as close as possible to the clinical case. The reader should be able to easily visualise the solution to a problem. Why a single author

for such a comprehensive book when the trend today is to have many contributors. Multiple contributors means spreading the burden and the editor's task is easier. On the other hand the individual chapters differ in style and quality. I sometimes regretted the decision to write this book alone. There was an enormous amount of material and it was not easy to select what should be included. It was hard work, as an amateur, drawing 400 illustrations and some had to be repeated 3–4 times until a satisfactory result was achieved. The moral support of my wife made an impossible task possible.

Hand surgery is not included in this atlas, except for some special cases (replantation and burn injury). This is because there are many excellent books published on this topic and I saw here no need to include a chapter on it. Special thanks go to my photographer, Miss Inge Goldberg, who for many years has

taken outstanding quality photos of operations and patients. My wife Anna-Maria patiently corrected the very comprehensive material on the computer and gave me important moral support. Friends of mine, prominent plastic surgeons Mr. Brian Morgan, Mr. David Tolhurst, Mr. Antony Attwood from London and Mr. Philip G. Arnold from the Mayo Clinic Rochester kindly corrected the English edition, which was not an easy task. I thank them most warmly.

Prof. Dr. med. Neven Olivari

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Fig. 1.24 "Modification of the unilateral incision of the flap and union of the wound rims" („Modifikation des einseitigen Läppchenschnittes und Vereinigung der Wundspalte"). Bruns: "Chirurgischer Atlas" (Surgical atlas). 1857. A very logical design of the incision.

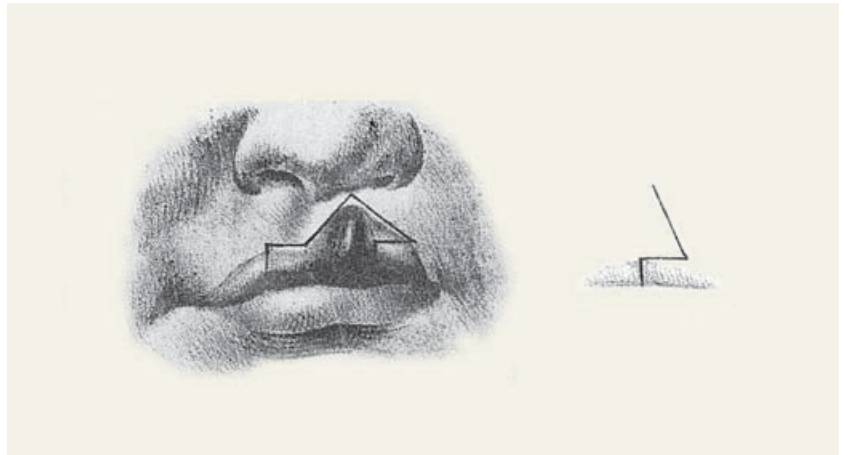


Fig. 1.25 "Wound closure by a curved incision from the outer and upper part" ("Wundmachung durch Wellenschnitt nach aussen und oben"). Bruns: "Chirurgischer Atlas" (Surgical atlas). 1857. An interesting rotation flap to gain a lengthening of the lip.

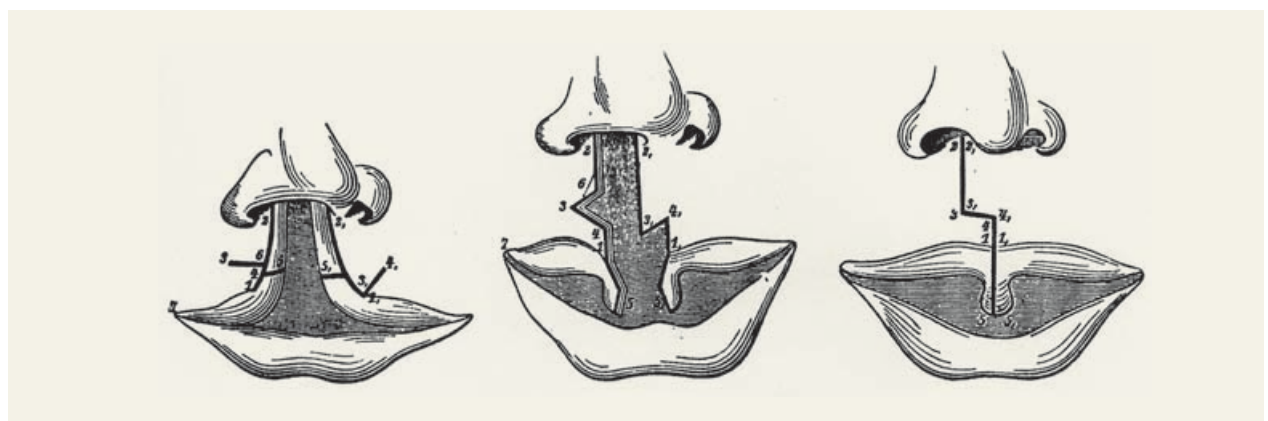
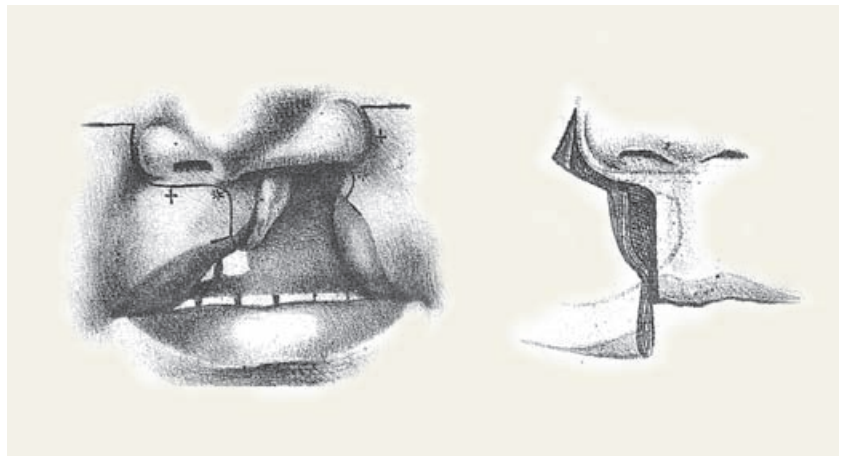


Fig. 1.26 Method of Hagedorn (from: Zentralblatt für Chirurgie, No. 14. 1892). First of all Hagedorn used the triangular-shaped flap to gain sufficient lengthening of the lip on the side of the cleft. The triangular method is decisive for the lip design.



Fig. 1.27 Tennison, C.W.: The repair of unilateral cleft lip by stencil method. *Plast. Reconstr. Surg.* 9: 115 (1952). From the author's point of view the Tennison method is still today the best operation for cleft lip. Tennison's method in fact is an improvement on the operative method of Hagedorn and Le Mesurier.



Fig. 1.28 Plastic operation for correction of cleft upper lip deformity after Abbe. From: *Medical Record* (1898). The Abbe plasty is still as up-to-date as in 1898.

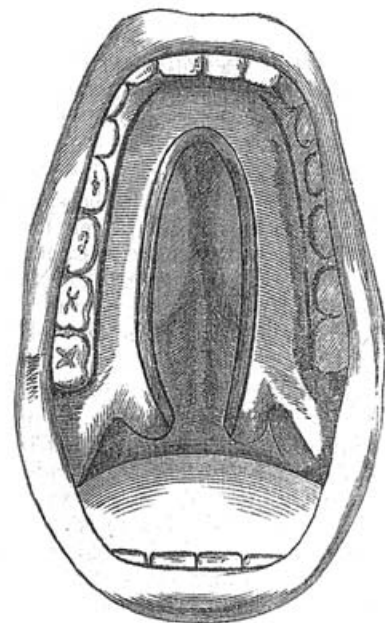


Fig. 1.29 Closure of the palate after Langenbeck, which was called "Uranoplastik" by him. Langenbeck: "The uranoplasty by mobilisation of the mucosa-s periostal palate flaps". *Archiv f. Klin. Chir.* (1861). A typical double bridge-flap plasty.

b) Mask-Lifting

Fig. 3.110a Bicoronal incision line in facelifting, so-called "Mask-lifting".



Fig. 3.110b A small cusp was left in the middle for later orientation.

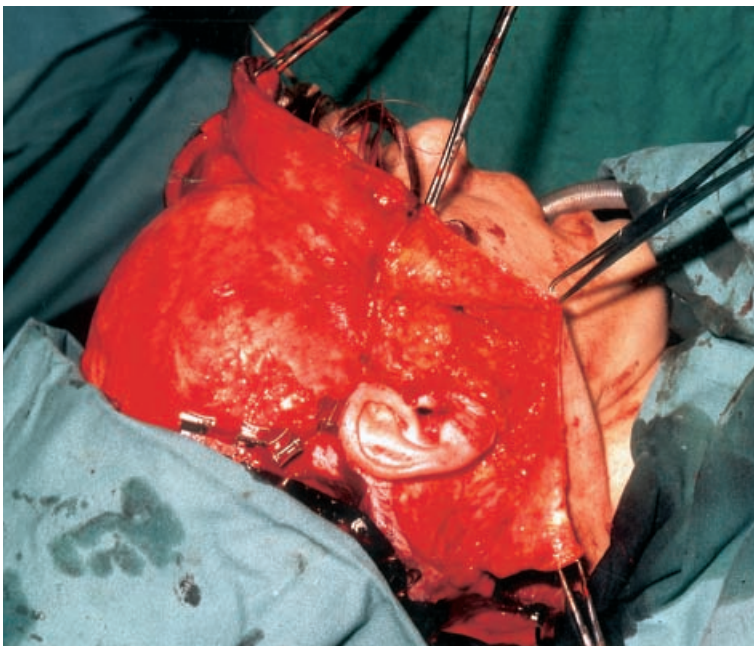


Fig. 3.110c The mobilization of the skin of the head was carried out above the periosteum and into the temporal fossa up to the deep temporal fascia.

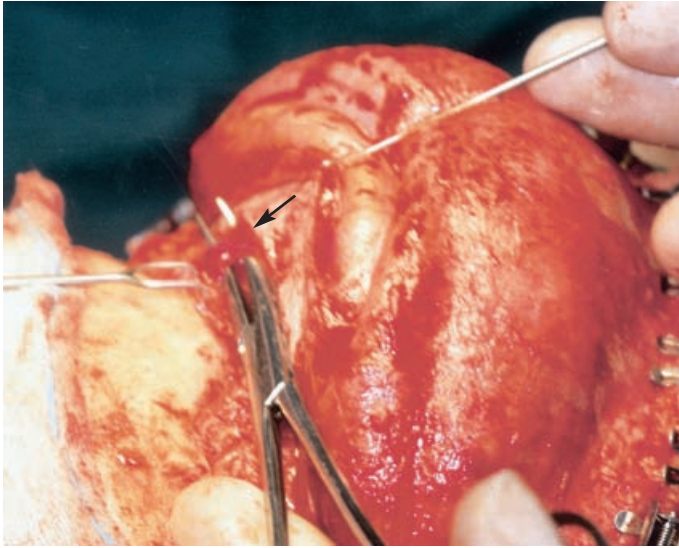


Fig. 3.110d The corrugator muscle (arrow) is located cranio-laterally to the nasal root and medially to the supraorbital nerve (1).

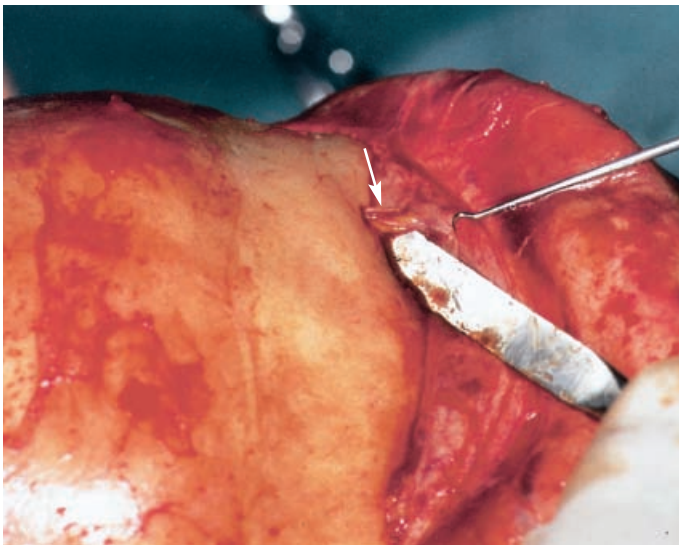
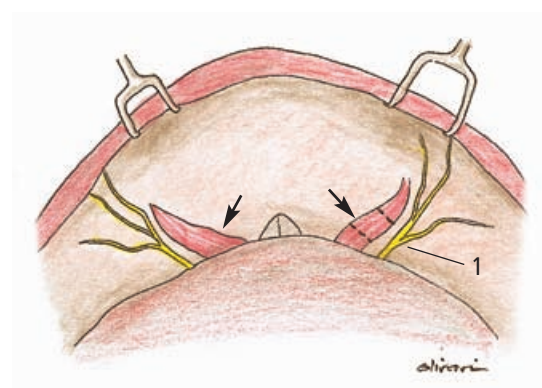


Fig. 3.110e The corrugator muscle is not simply divided, but about 1 cm is resected.

Fig. 3.110f Approx. 2 cm above the edge of the orbit a subperiosteal mobilization is carried out. The edge of the orbit is completely freed, as is the glabella and the lateral edge of the orbit up to the cheek bone. The supraorbital nerve (arrow) often runs in a foramen that is osteotomised to allow better mobilization.

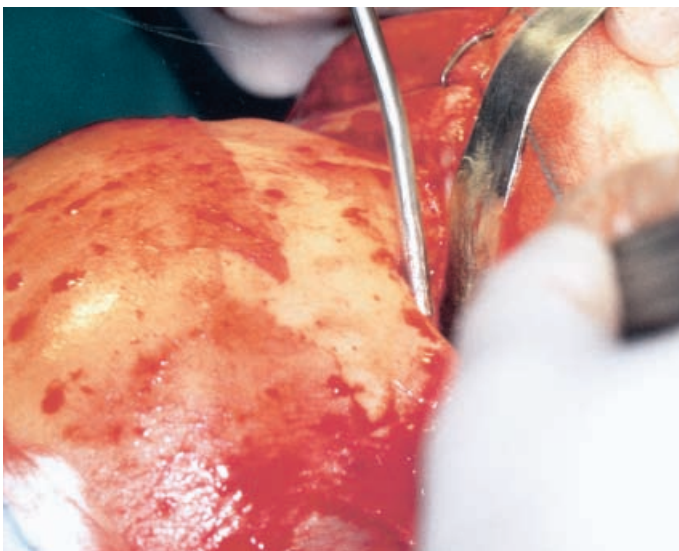


Fig. 3.110g The edge of the orbit is completely free. Recently some authors have carried out corrections from an epiperiosteal approach. They maintain that a better mobilization of the eyebrow can be achieved.

First Latissimus Flap (Of New Age)
 (published 1976, British Journal of Plastic Surgery)



Fig. 4.22a First patient. Radiation ulcer and radiodermatitis following mastectomy and radiation therapy. History: 5 years.

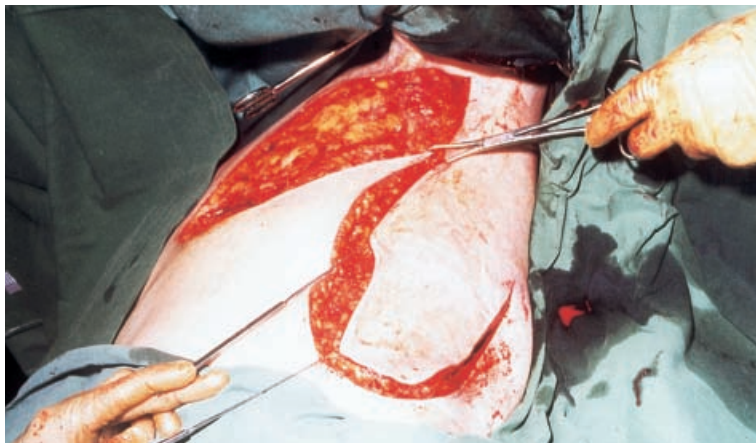


Fig. 4.22b First latissimus flap (2.7.1974). Operative plan: Radical debridement is performed with subsequent mobilization of the myocutaneous latissimus dorsi flap.

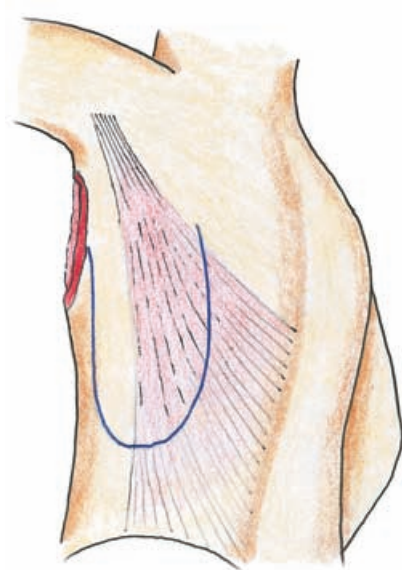


Fig. 4.22c Note, that the anterior part of the flap does not cover the latissimus dorsi muscle.

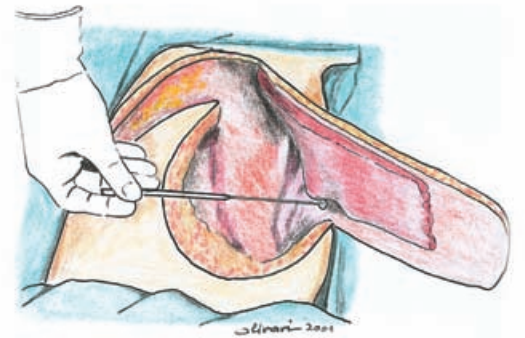
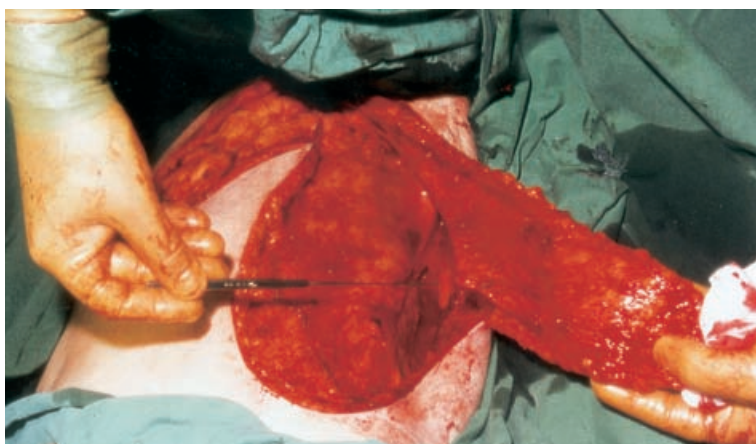


Fig. 4.22d, e The distal part of the flap does not contain muscle. However, perfusion of the flap is excellent. (d) Intra-operative image (2.7.1974)

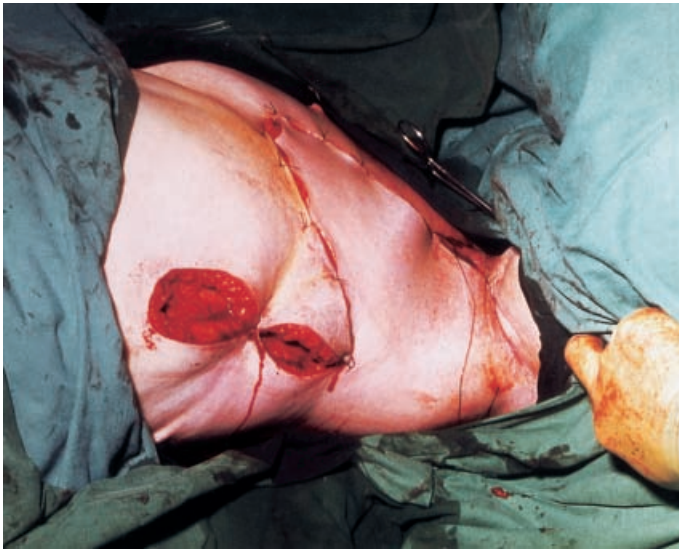


Fig. 4.22f At the end of the procedure the flap (18 × 12 cm) is optimally perfused. This was a unique surgical experience for the author (2.7.1974).



Fig. 4.22g End of surgery: The donor site was closed primarily.



Fig. 4.22h 6 months postoperatively.

a) Full-Thickness Skin Graft (Harvested From Spare Abdominal Skin)



Figure 5.2a This patient presented with two large abdominal hernias. This was the situation following multiple laparotomies and attempts to close a hernia. The larger hernia, about 25 × 15 cm is located transversally around the umbilicus. The second hernia, 18 × 12 cm, is located sagittally in the epigastric region.

Where there is excessive skin covering the hernia it can be used as a graft. Subtlety and patience are required to remove all the fat from the under surface of the skin. It is essential to fix the skin graft accurately and firmly using non-absorbable suture material to the dissected edge of the hernia. The epithelium is oriented ventrally and the corium is oriented dorsally. Fear of epithelial cyst formation is unsubstantiated: Grafted skin which is under tension does not lead to cyst formation.



Figure 5.2b Planning of the procedure. A large full-thickness skin graft of about 30 × 18 cm is marked out supraumbilically then removed and carefully defatted.

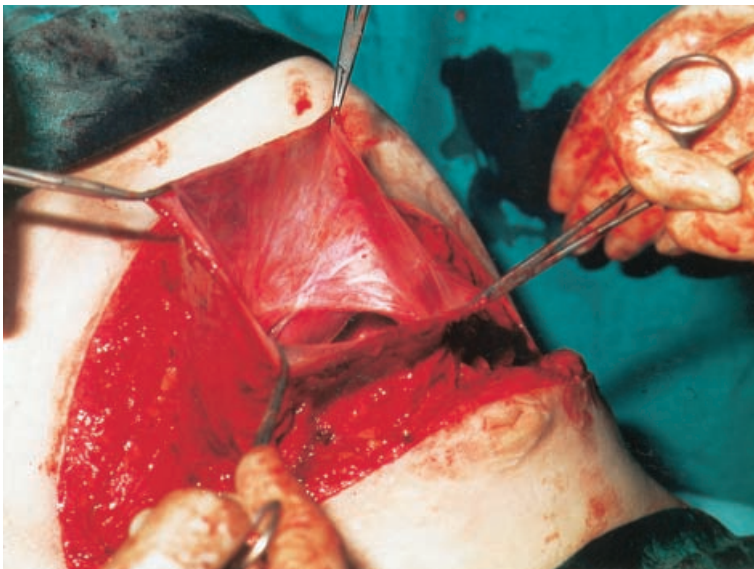


Figure 5.2c First, the larger caudal, hernia is repaired. The bowel is repositioned and the peritoneal sac closed. The edge of the hernia is carefully dissected. No attempt was made to repair the cranial hernia at this session.

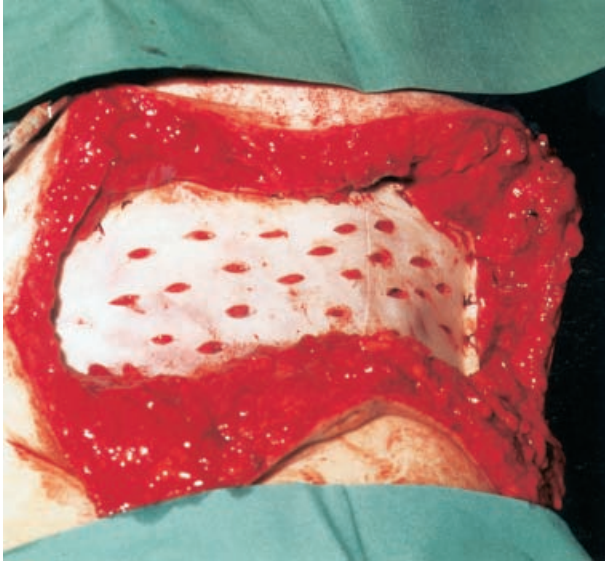


Figure 5.2d The full-thickness skin graft is sutured to the edge of the hernia using non-absorbable suture material. Multiple incisions are made to ensure adhesion of the underlying tissue to the graft. This prevents seroma formation. The epithelium is oriented ventrally.

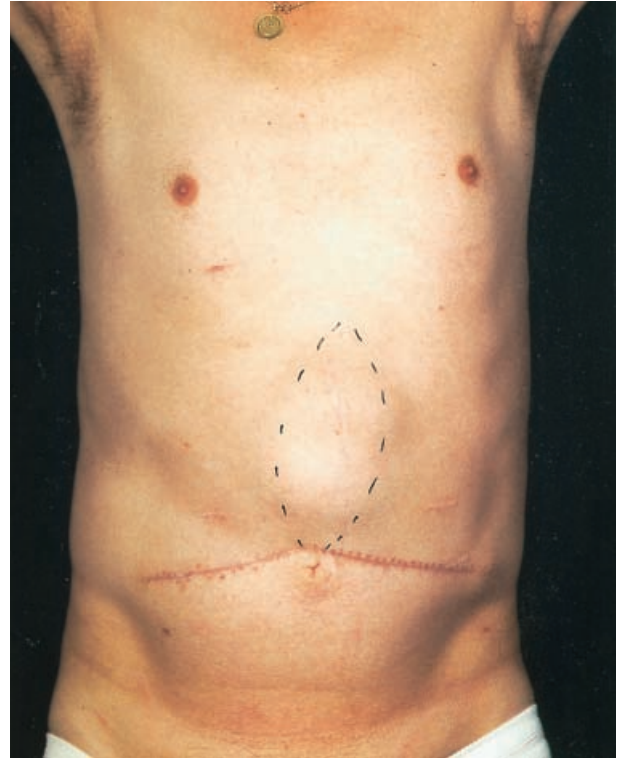


Figure 5.2e The cranial hernia is repaired three months later. Again, a full-thickness skin graft is harvested.

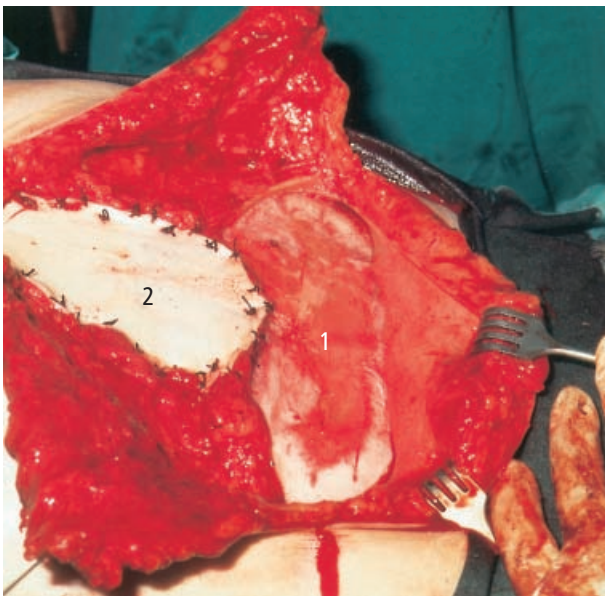


Figure 5.2f The full-thickness skin which was grafted 6 months earlier (1) is invaded by fibrous tissue and functions as fascia. Histological analysis revealed loss of almost all of the epithelium and massive fibrosis. The cranial hernia is now repaired using the full-thickness skin graft (2).



Figure 5.2g Situation three years after surgery.

Abdominolipectomy Without Transposition of the Umbilicus, Without Suture of Rectus Fascia With Additional Selective Regional Liposuction

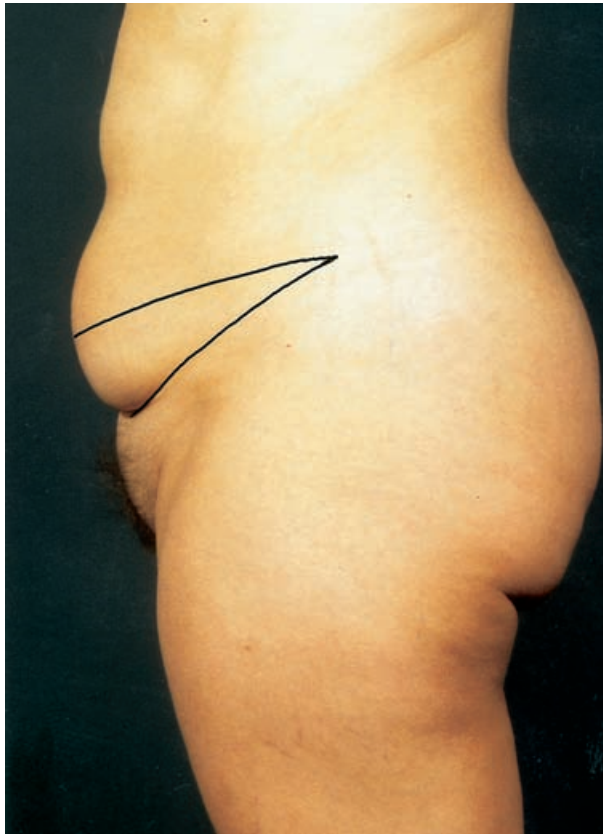


Figure 5.20a Lax, fairly adipose abdominal wall, no rectus muscle diastasis. Problem zone: Lower abdomen.

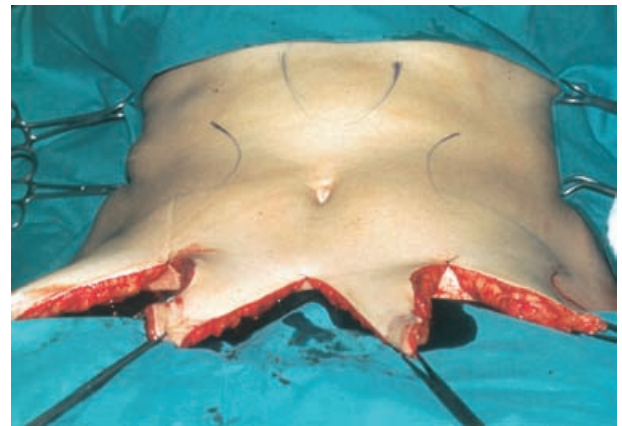


Figure 5.20b Mobilization of the abdominal wall up to the umbilical height. The regions of the upper abdomen are marked for liposuction. No extensive mobilization of the tissue!

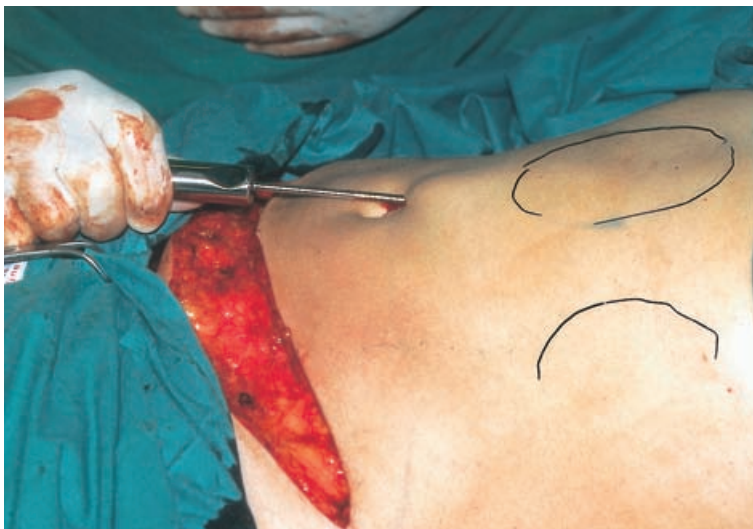


Figure 5.20c Liposuction in the middle upper abdominal region and in both lateral abdominal wall areas after resection of the excessive skin fat layer. The liposuction is done through a small umbilical incision.

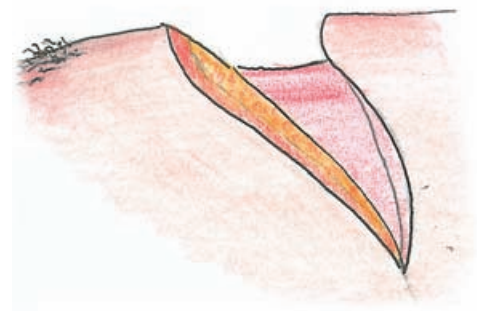


Figure 5.20d The caudal area is cut oblique to avoid retraction of the scar.

Neven Olivari was born in 1932 in Gradac, Dalmatia, Croatia. After high school he studied medicine at the University of Zagreb and qualified as medical doctor in 1958. His resident year was at University Clinic Rijeka. In 1960 was appointed as a junior registrar in the surgical department of the Dreifaltigkeits Hospital in Lippstadt, Germany (Head: Dr. Schroeder). In May 1964 he moved to the surgical department of the University Clinic of Cologne (Professor Schink), and he was able to work in the Department for Plastic Surgery (Professor Schrudde).

In 1970 Neven Olivari was appointed as a consultant plastic surgeon in the independent Clinic for Plastic Surgery of the University of Cologne (Head: Professor Schrudde), where he remained until 1982. During this time Neven Olivari published numerous scientific papers. In 1974 he developed the Latissimus dorsi Flap and 1975 presented it at The Royal College of Surgeons in London. He wrote a thesis on plastic surgery in 1977 and was appointed as Professor of Plastic Surgery at University Clinic of Cologne in 1982. From 1982–1997 he was head of the department for plastic surgery at the Dreifaltigkeits Hospital, Wesseling. During the time in Wesseling he published numerous scientific papers and contributions to books. 1982 he received the scientific award of the Association of the Plastic Surgeons of Germany for the rediscover and development of the Latissimus dorsi flaps. 1990–1993 he was President of the Association of the German Plastic Surgeons (he had served in many official capacities on the executive committee from 1978–1997). In 1991 his paper “Transpalpebral decompression of endocrine ophthalmopathy (Grave’s disease) by removal of intraorbital fat: experience with 147 operations in 5 years” was named as the best clinical paper in *Journal of Plastic and Reconstructive Surgery*. He was



awarded Order of Merit, First Class, by the German Federal President Roman Herzog in 1998 for services in development of plastic surgery in Germany. His book “Endocrine ophthalmopathy, surgical treatment” was published 2001. In this book he described his new method of orbital decompression. Neven Olivari is an Honorary Member of the German Association of Plastic Surgeons, a Member of the Croatian Academy of Medical Sciences and a Member of the British Association of Plastic Surgeons and several other Scientific Associations. He is a frequent speaker on national and international congresses and an irreverent critic, on plastic surgery topics. He respects authorities that speak from well founded knowledge and experience. The colleagues, who show only beautiful results and don’t discuss complications, are anathema to him. He is happy to give his opinion loud and clear. His hobbies are tennis, piano playing, painting and navigating in the Dalmatian Archipelago. Neven Olivari is married to Anna Maria, has two sons, Alexander and Nicolas as well as three grandchildren, Lina Maria, Ella Brigitte and Karlo.



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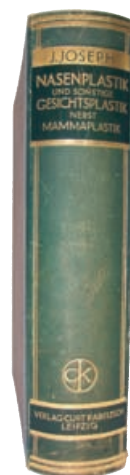
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Jacques Joseph (1865–1934) was among the pioneers of plastic reconstructive surgery. His book 'Nasal Plastic Surgery and Other Facial Reconstructive Procedures, With an Appendix on Reconstructive Breast Surgery and Some Other Procedures in the Area of External Plastic Surgery. An Atlas and Textbook.' is now in reprint from Kaden Publishers Heidelberg, using a complex reprographic procedure. This bibliophile' edition is quite comparable in quality to the original.



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