

COSMETIC - FACE:

Facelift

Improving sagging facial skin, jowls, and loose neck skin by removing excess fat, tightening muscles, redraping skin.

For most Rhytidectomy patients, the procedure improves their appearance and quality of life.

Forehead or Browlift

Minimizes forehead creases, drooping eyebrows, furrowed forehead and frown lines by removing excess tissue, altering muscles and tightening the forehead skin.

Most Forehead Lift patients, find a more youthful, refreshed look to the area above the eyes.

Baggy Eyelid (blepharoplasty)

Corrects drooping upper eyelids and puffy bags below the eyes by removing excess fat, skin, and muscle.

For most Blepharoplasty patients, the procedure improves appearance and quality of life. In severe cases, An eyelid lift can improve vision.

Nose Reshaping (rhinoplasty)

Reshapes nose by reducing or increasing size, removing hump, changing shape of tip or bridge, narrowing span of nostrils, or changing angle between nose and upper lip.

For most Rhinoplasty patients, the procedure dramatically improves their appearance and quality of life. Rhinoplasty can also improve the airway and breathing.

Ear reshaping (otoplasty)

Otoplasty, is a cosmetic surgery to change the appearance of a person's external ears. Otoplasty can take many forms, such as bringing the ears closer to the head (often called ear pinning), reducing the size of very big ears, or reshaping various bends in the cartilage. Other reconstructive procedures deal with the deformed, or absent-microtic ears. Otoplasty surgery can involve a combination of moving, reshaping, adding, or removing structural ear elements. This procedure is usually performed by either an oral and maxillofacial surgeon, plastic surgeon, or ENT surgeon.

Resurfacing (chemical peel, laser, dermabrasion)

Mechanical scraping of the top layers of skin using a high-speed rotary wheel. Softens sharp edges of surface irregularities, including acne and other scars and fine wrinkles, especially around the mouth.

Dermabrasion produces excellent results for patients with scars left by acne, accidents, or previous surgery, as well as fine facial wrinkles.

Liposuction

Tumescent liposuction is the safest and usually the most effective technique for removing fat from the chin, cheeks and jowls. Liposuction involves fewer complications, fewer scars, avoids the dangers of general anesthesia, has a more rapid recovery, lower costs, and typically gives a more natural appearance compared to a facelift.

Chin Augmentation

Originally chin implants were used for reconstruction for birth defects and trauma related incidents. Now, they are being utilized to enhance a person's chin or to create symmetry within the facial structure from a weak chin. With a chin implant, the face is transformed into a more aesthetically pleasing shape.

COSMETIC - BODY:

Abdominal Lift

Remove excess skin and fat from the middle and lower abdomen and to tighten the muscles of the abdominal wall. Ideal for patients who are postpartum or who have undergone gastric bypass surgery.

Liposuction of the abdomen, upper and lower extremity, buttock, trunk, etc.

Removing localized deposits of fat to recontour one or more areas of the body.

Arm Lift

Raise and reshape upper arms by removing loose skin due to aging, genetics or weight loss.

Thigh Lift

Raise and reshape sagging thighs by removing excess skin and repositioning tissue, with an emphasis on tightening the inner thigh.

COSMETIC - BREAST:

Breast Augmentation

Enhance the size of breasts using implants filled with saline or silicone.

Breast Reduction

Remove fat, tissue and skin from breasts, making them smaller and firmer.

Breast Lifting

Raise and reshape sagging breasts by removing excess skin and repositioning tissue and nipples.

Gynecomastia correction (for enlarged male breast)

Remove fat, glandular tissue, from breasts, making a masculine chest contour.

RECONSTRUCTIVE SURGERY - GENERAL (any area):

Repairing congenital or acquired defects using various surgical techniques including but not limited to:

Primary repair and suturing

Skin Grafting (full or partial thickness)

Randomized cutaneous skin flaps - rotation or advancement flaps

Pedicled myocutaneous or cutaneous flaps - based on known blood supply of tissues

Free Microvascular Myocutaneous or cutaneous flaps

Reconstruction using synthetic or biological materials

Complex abdominal hernia reconstruction

The goal of surgery is to repair the weak tissue in your abdominal wall so that intestine and other tissue can't push through it again. Generally, the earlier the repair, the smaller the hernia, and the less trauma from surgery.

Scar deformity

Burns treatment and deformity

As with the initial treatment of severe burns, reconstructive burn procedures often require skin grafting or flap reconstruction. Skin grafts involve taking skin from unburned sites on the body (known as donor sites). This skin is then placed (grafted) onto the burn wound. The grafted skin attaches to the underlying wound and effectively closes it.

Some examples are:

All types of skin grafts, skin flaps, muscle flaps, fascial flaps, island flaps, fat flap, etc.

Breast

Surgical flap reconstruction – Pedicle flaps, Microvascular free flaps, TRAM flap for breast reconstruction

Leg Ulcers

Others

RECONSTRUCTIVE SURGERY - FACE:

Facial fracture including orbit, nose, mandible, etc.

Cleft Lip/Palate repair

A unilateral cleft lip results from failure of the union of the maxillary and median nasal processes, thus creating a split or cleft in the lip on either the left or right side. It may be just a notching of the lip or extend completely through the lip into the nose and palate. A number of procedures have been described to repair the unilateral cleft lip. The procedure used at our Center is the Millard rotation advancement technique. The procedure is designed to reconstruct the lip, muscle, oral mucosa, and to reposition the nose. It is performed under general anesthesia with surgery lasting 2-3 hours and a hospital stay of 2-4 days. Special considerations are necessary for feeding and positioning the infant postoperatively. The baby's elbows are restrained from bending to prevent him/her from disrupting the nose or lip. Positioning the child in an infant seat keeps him/her from rolling over and injuring the lip or nose. Pacifiers and nipples are not allowed. The baby is fed with a special syringe feeder with a soft tube. It takes approximately 3 weeks for the wound to gain enough strength to discontinue the above precautions. The lip scar is initially red and swollen, but it begins to mature and improve in appearance in six-twelve months.

Broken nose (Open or close reduction)

Deviated septum (To correct nasal obstruction)

In most cases a deviated septum can be corrected with a minor surgical procedure known as a septoplasty, in which the surgeon enters through the nostrils and cuts away the protruding matter. The surgery is performed quickly but the patient may take one to three weeks to fully recover.

Broken jaws

HAND SURGERY:

All types of acute hand injuries, including cut tendons, nerves, blood vessels, broken bone (fracture), joint injury, etc.

All types of crushing injuries, burns, etc.

Ulnar nerve decompression

The ulnar nerve is a nerve which supplies sensation and strength to a portion of the hand and forearm. It may become compressed or trapped as it courses past the elbow. Ulnar nerve decompression at the elbow is performed when the ulnar nerve is entrapped at the elbow. The pressure on the ulnar nerve may cause pain or numbness and tingling in the little finger and half of the ring finger. There may be weakness as well. Several surgical procedures are available to relieve the entrapment of the nerve at the elbow. The nerve may be simply decompressed. Alternatively, the nerve may be decompressed and transposed (moved) to a new location. A medial epicondylectomy (removal of a bony prominence in the elbow, which may be bruising the nerve) may be performed.

Ganglions or cyst

Carpal tunnel syndrome or pinched nerve

During open carpal tunnel release surgery, the transverse carpal ligament is cut, which releases pressure on the median nerve and relieves the symptoms of carpal tunnel syndrome.

An incision is made at the base of the palm of the hand. This allows the doctor to see the transverse carpal ligament. After the ligament is cut, the skin is closed with stitches. The gap where the ligament was cut is left alone and eventually fills up with scar tissue.

Trigger Finger release

If the problem does not resolve, a surgery to release the tendon may be necessary. This procedure is a same day surgery that can be done under local anesthetic or regional nerve block. A small (less than 2 cm) incision is made in the skin, and the tight portion of the flexor tendon sheath is released.

Following the procedure, a sterile bandage is applied to the site of surgery. This bandage is removed after a few days, and full use of the finger may then begin. Activity of the finger is encouraged as this will help prevent new adhesions (scar) from forming where the surgery was performed. Full recovery is expected for surgery.

Cubital tunnel syndrome

The operation is designed not only to take pressure off the nerve, but also to move the nerve to a position to reduce compression during common daily activities.

Tennis elbow

Surgery for tennis elbow may involve: Cutting (releasing) the tendon, Removing inflamed tissue from the tendon, Drilling small, shallow holes in the bone to encourage growth of new blood vessels. This helps bring blood to the area and stimulates tendon healing, Repairing (reattaching) tendon tears if it is possible to do so without overtightening the tendon.

Surgery may be done arthroscopically, by traditional open surgery, or by a combination of the two techniques depending on the type of problem and the method the doctor prefers to use. Arthroscopy is not widely used.

Dupuytren's Contracture

Surgery to remove the abnormal tissue, usually through zig-zag cuts in the palm. Surgery may require skin grafts or other tricks to correct the tightness of the skin of the palm. Surgery is usually recommended to help straighten out bent fingers rather than to prevent the fingers from becoming bent. A variation of surgery is a minimally invasive procedure referred to as a Needle Aponeurotomy. In this procedure, the abnormal tissue is weakened using a small needle in the palm. Needle Aponeurotomy is most effective for disease in the palm of the hand, but can be used in certain cases of finger contractures.

DeQuervain's disease

Surgical release of the tight covering of the tendon eliminates the friction that causes inflammation, restoring the tendons' smooth gliding capability.

Surgery for de Quervain's disease is an outpatient procedure (no overnight hospitalization is required). After surgery, your doctor will recommend an exercise program to strengthen your thumb and wrist. Recovery times vary, depending on your age, general health, and how long the symptoms have been present.

Rheumatoid tenosynovitis

Surgery may be used to release the tendon and allow it to move freely within its sheath.

Arthritis

Rheumatoid joint replacement (in hand)

Ulnar impaction, Kienbock's disease

Hand or finger deformity

Complex hand and wrist fractures including distal radius fractures, scaphoid fractures

Replantation of severed limb/digits

Congenital hand pathology – syndactyly, polydactyly

Wrist arthroscopy, TFCC repair, wafer ulnar shortening for ulnar impaction

Others