

Dear Dr Flowers,

I read your fantastic articles in the North America Clinics describing the Mag-5. What excellent work! Your rational, approach and ease of description are truly outstanding. Seldom does one derive inspiration from something in the written media now-days. Truly well done to you and your co-author Dr Ceydeli.

If one has to be open and frank about results, I have been disappointed to a great extent with some of the results of colleagues and my own (thus far more limited in number) experiences using "standard" face-lift techniques, endoscopic methods and periosteal canthal suspensions, mini-lifts etc. You truly have inspired with this article.

I am a senior maxillofacial surgeon by background in my subspecialist work at a teaching hospital in London and in private practice. Most of my subspecialist work is on facial osteotomies for deformities, cranio-maxillofacial trauma and post-traumatic deformity correction of these, rhinoplasties etc. I am not a general Plastic surgeon. I say this as I am aware that a lot of colleagues have quite a lot of animosity to non-plastic surgeons like myself doing the aesthetic side of facial surgery, so I apologise in advance if my credentials are of the wrong kind in advance, but I felt that your work is truly good. I personally have no discrimination so long as a colleague is a medical doctor with good general surgical training and is board certified in plastics, maxfac or a speciality that deals with the head and neck specifically with thorough training. The point you make in your article bemoaning the lack of use of these techniques widely is easily explained, at least on my side of the Atlantic: Plastic surgeons in training get very little maxillofacial trauma exposure, no maxillofacial osteotomy exposure unless they do a specific cranio-facial fellowship, so it is inevitable that they will be shying away from the procedures you describe. This is sad, as it was the giants of plastic surgery that initially propagated these techniques for trauma and reconstruction between the great wars and after. I have surgical trainees myself and always encourage the transfer of interspeciality skills and collegiality to break down the artificial borders and narrow vested interests that should not stop good training and expansion of horizons amongst people dedicated to a particular area. I am also certain this is why these minimal facelift techniques, other than marketing, promise of quick recovery, cost etc are also gaining ground and why in the US the number of general body aesthetic procedures is going up, but 'face-lift' work is going down.

I am also humbled by the fact that you seem to have practiced plastic surgery - was 39 years correct? - 4 years less than I've been alive. How have you managed to keep going with such vigour? I would be honoured to meet you some day in the future.

Many kind regards,

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