

Table 1. Overview of our algorithmic approach and indications for gluteal reshaping in the massive weight loss patient

Operative technique	Clinical problem/constellation
Gluteal autoaugmentation	Easiest method without the need for additional operative procedures. Works well in all patients with pronounced tissue deflation but with some remaining subcutaneous tissue. The biggest disadvantage is the need for an extensive excisional procedure with a resulting long scar.
Gluteal augmentation with fat	Is ideal in patients with not too much skin flaccidity and sufficient fat deposits. Advantages include concomitant liposuction to improve body contour and minimal scars in the gluteal region. Disadvantages include uncertainty of fat retention and the need for an additional operative procedure.
Gluteal augmentation with implants	Is ideal in patients who do not want obvious scars but have too much skin surplus for fat grafting. Advantages include a permanent result with fixed volume and concealed scars. Disadvantages include the need for an implant with associated costs and prolonged postoperative convalescence.
Gluteal augmentation with implants and lifting procedure	Most extensive approach for gluteal reshaping. Best suited for patients with extensive tissue deflation and sagging. Advantages include its being the most versatile and powerful reshaping procedure. Disadvantages include possible wound healing complications with the risk of implant infection, being the most difficult operative approach, and having the longest postoperative downtime.

is gluteal autoaugmentation. Most articles focusing on the buttock region in a massive weight loss patient propose some form of autoaugmentation by using the surplus tissue. However, in a certain type of patient, this form of augmentation may not be possible due to the pronounced weight loss with lacking tissue volume. Additionally, creating flaps and burying them subcutaneously can also lead to problems such as tissue palpability, partial fat tissue necrosis, or loss of volume. However, buttock autoaugmentation should always be considered the first option in this patient population (Fig. 3).

The combination of gluteal implants with a large lifting procedure should be reserved for special cases since this procedure has a definite learning curve and the added morbidity of two procedures. Table 1 lists our algorithmic approach and indications for gluteal reshaping in the massive weight loss patient.

In conclusion, we believe that the popularity of buttock procedures will continue to rise following its recent trend. In particular, in the massive weight loss population, in whom a volume depletion of the buttocks is often encountered, strategies for aesthetic correction are in demand. We hope that this algorithmic approach may prove useful in this endeavor.

References

1. Mofid MM, Gonzalez R, de la Pena JA, et al. Buttock augmentation with silicone implants: a multicenter survey review of 2226 patients. *Plast Reconstr Surg* 2013;131:897-901.
2. Huemer GM. Upper body reshaping for the woman with massive weight loss: an algorithmic approach. *Aesthetic Plast Surg* 2010;34:561-9.
3. Colwell AS, Borud LJ. Autologous gluteal augmentation after massive weight loss: aesthetic analysis and role of the superior gluteal artery perforator flap. *Plast Reconstr Surg* 2007;119:345-56.
4. Koller M, Hintringer T. A less invasive technique for gluteal autoaugmentation during bodylifting of the lower trunk: the purse string suture in the non elevated area. *J Plast Reconstr Aesthet Surg* 2012;65:535-6.
5. Albino FP, Koltz PF, Gusenoff JA. A comparative analysis and systematic review of the wound-healing milieu: implications for body contouring after massive weight loss. *Plast Reconstr Surg* 2009;124:1675-82.

Prosopoplasty: A New Term?

Harris Zavrides

Harris Zavrides Plastic Surgery Center, Nicosia, Cyprus

Correspondence: Harris Zavrides

Harris Zavrides Plastic Surgery Center, 20 Spyrou Kyprianou Av, 1075, Nicosia, Cyprus
Tel: +357-22445588, Fax: +357-22753222, E-mail: info@harriszavrides.com

No potential conflict of interest relevant to this article was reported.

Received: 14 Mar 2014 • Revised: 17 Mar 2014 • Accepted: 17 Mar 2014
pISSN: 2234-6163 • eISSN: 2234-6171
<http://dx.doi.org/10.5999/aps.2014.41.5.596> • Arch Plast Surg 2014;41:596-597

Copyright © 2014 The Korean Society of Plastic and Reconstructive Surgeons
This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Nowadays, scientific progress has increased the average human life span and life expectancy, and has certainly improved the quality of our lives. Today elderly people look considerably younger than they did 20 or 30 years ago. Plastic surgery helps us to regain our self-esteem and self-respect [1-3]. The word 'plastic' is derived from the Greek verb 'platho', which means 'to mould' or 'to give form'. Plastic surgery is the medical specialty that enables the moulding and re-forming of the human body. By the term 'surgery' we mean the use of a scalpel since the scalpel is the only tool that cuts the human skin without

any damage to the surrounding tissues. A surgical approach is the only way to correct sagging skin and repair the damage of tissues that are beneath the skin, such as muscles and ligaments. All advertised products such as creams, serums, machines, lasers, and injectables cannot correct the relaxation of muscles and ligaments that are under the skin. They are all particularly useful in cleaning, maintaining, and moisturizing the skin, and decreasing the wrinkles of the skin, but not in correcting sagging. This is why the scalpel is irreplaceable and gives cosmetically pleasing, natural, and long-lasting results.

The plastic surgery procedure that can renew a face is called the 'face lift'. It is a procedure by which the correction of facial sagging can be achieved. Through this procedure, the above-mentioned muscles are tightened and excess skin is removed. The result lasts for at least a decade. Even after a decade, the appearance of the face will be better than it would have been if the surgery had not been performed. Today, facial procedures provide the option of a surgical makeover of the face. Each face is different, and therefore, each face requires an individual solution. Hence, the face lift can be combined with other procedures to achieve the desirable result, which is the total renewal of the face. For example, there are cases in which the person needs to have a better look of the neck as well. If the neck presents local fat, this can be corrected with liposuction. If there is relaxation of the region, then a neck lift may be applied as well. Through neck lift, simultaneous correction of the relaxation of the superficial musculoaponeurotic system, with the removal of excess skin and fat, can be achieved. Apart from the neck, the face lift can be combined with blepharoplasty. Blepharoplasty removes the fat and the relaxed skin, achieving a younger-looking eye area. Apart from the neck lift and blepharoplasty during the face lift, an eyebrow lift can be performed [4]. The desired aesthetic look requires eyebrows that are curved, modified upwards, and shaped like a vault. Moreover, the lines around the mouth may need to be reduced. This is achieved by dermabrasion (surgical peeling). Dermabrasion leads to rejuvenation of facial skin and smoothing of the wrinkles and markings.

All the procedures mentioned above (face lift, neck liposuction, neck lift, blepharoplasty, eyebrow lift, and dermabrasion) aim to achieve a natural renewal of the face. These procedures form the face and can be carried out together constituting one procedure. Some-

times, the plastic surgeon may need to simultaneously perform some more procedures other than the ones mentioned above as canthopexy. In my opinion, the international scientific community of plastic surgeons must introduce a new term: Prosopoplasty, which will include all these procedures. Prosopoplasty comes from the Greek phrase 'pros opa'. 'Pros opa' in the ancient Greek language means 'the part of the face which is towards the eyes'. I personally agree with this term and am in favour of this new terminology, mainly because of its Greek origin. All the terminology in plastic surgery, such as, blepharoplasty, rhinoplasty, abdominoplasty, mastoplasty [5], has a Greek origin as it expresses the procedures in the best possible way. Moreover, according to Pythagoras, the definition of beauty is harmony. The purpose of plastic surgery is the creation of beauty and therefore, the creation of harmony. Plastic surgeons can achieve harmony only if they see a face in its total appearance and not its separate characteristics. Added to this, humans are interested in having a fresh face and a new look on the whole since we do not imagine individual characteristics such as nice eyebrows or eyelids but nice 'faces', nice 'prosopa'. In my daily practice, when patients come to my office for a consultation for their face, what they are asking for is a plastic surgery procedure that will help them to gain a youthful face, what they are asking for is 'Prosopoplasty'.

References

1. Horch RE. The role of plastic surgery in remodeling the body image. *MMW Fortschr Med* 2004;146:32-6.
2. Foustanos A, Pantazi L, Zavrides H. Representations in plastic surgery: the impact of self-image and self-confidence in the work environment. *Aesthetic Plast Surg* 2007;31:435-42.
3. Moss TP, Harris DL. Psychological change after aesthetic plastic surgery: a prospective controlled outcome study. *Psychol Health Med* 2009;14:567-72.
4. Foustanos A, Zavrides H. An alternative fixation technique for the endoscopic brow lift. *Ann Plast Surg* 2006;56:599-604.
5. Graf R, Biggs TM. In search of better shape in mastopexy and reduction mammoplasty. *Plast Reconstr Surg* 2002;110:309-17.