

Keynote Forum



2nd World Congress on **Otolaryngology and Wound Care**

August 30, 2021



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Challenges in the diagnosis and treatment of nasal valve compromise

The treatment of nasal valve compromise (NVC) remains one of the most challenging aspects of rhinoplasty, and begins with accurate diagnosis. The authors' previously-published treatments, including well-known surgical innovations such as the Butterfly graft and PDS plating, have contributed to the various options for correction of NVC in rhinoplasty. This presentation will be targeted to the general otolaryngology audience, intended to help identify patients in whom septoplasty and turbinate reduction would be insufficient to treat their nasal airway obstruction (NAO). The superior/inferior corridor concept of the nasal airway will be reviewed, along with a description of the various options for treatment and where they fit in the NAO treatment paradigm.

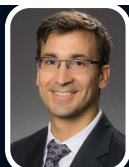
Biography

Madison Clark, MD, FACS, is the professor and chief of the division of facial plastic and reconstructive surgery and director of the facial plastic and reconstructive surgery fellowship at the University of North Carolina, Chapel hill, NC, USA. He has over 40 publications, including one of the most accessed articles published in 2019 by laryngoscope-evolution of the butterfly graft technique: 15-Year of 500 Cases with expanding indications. His primary clinical and research interests are in surgical innovations in rhinoplasty, facial reconstruction and eyelid surgery.

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Assessment of the transgender patient in otolaryngology and facial plastic surgery and primer on office-based management

It is well established that gender dysphoria can be a significant source for emotional, psychological, and social distress. With regards to the latter, patients often experience uncomfortable mis-gendering or discrimination related to the outward presentation and expression of gender. There are some obvious and some more subtle differences between the male and female facial structure and appearance that can contribute significantly to dysphoria and, ultimately, the experience of distress. Furthermore, there is substantial variation in deviation from the cis-norms; and similar variation in tolerance to or desire for invasive procedures. Intervention: We will discuss both facility related considerations and clinical practice guidelines for the appropriate evaluation and management of the transgender patient as it pertains to otolaryngology and facial plastic surgery. Normative data is presented regarding the sexual dimorphism of the facial structure, and implications for clinical practice. In addition, minimally invasive approaches are presented that may be applied in select patients.

System	Decision effect
• Hair loss/gain	• Forehead incision, hair treatments
• Dermatologic	• Skin regimen, acne management
• Musculoskeletal	• TMJ/Headache management
• Weight changes	• Fat transfer?
• Vision (dry eyes, visual fields)	• Brow/lid procedures
• Voice	• SLP referral
• Respiratory (sleep/allergies)	• Functional rhino?
• Cardiac/Renal/Liver	• Stage surgery?
• Endocrine (androgen control)	• Delay? Refer for orchiectomy?
• Psycho/social	• Surgical aftercare

Table 1: Review of systems examples and potential effect on clinical decision making in gender affirming Oto-HNS consultation

Biography

Nuara has expertise in all aspects of facial plastic and reconstructive surgery. His research is focused on the communication patterns and life experience of patients experiencing gender dysphoria as well as surgical approaches to gender affirmation facial surgery. He serves as the medical director for the transgender service line at Virginia Mason Franciscan Health Medical Center in Seattle (USA), in addition to his role in direct patient care. Findings from his research include characterization of the differences between male and female face, communication barriers in the transgender patient, and innovative techniques in facial surgery.

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A E Ingram

Ingram Cosmetic Surgery, USA

Liposuction only breast reduction and lift: Excellent results with low wound complication rates

The best way to treat a wound is to prevent its occurring. Each year in the United States more than 250,000 women undergo breast lift or reduction surgery, most commonly using excisional techniques, which studies have shown are associated with up to fifty percent minor complication rates (wound dehiscence or superficial infection) and as much as five percent major complication rates (major skin loss, areolar loss, nipple loss). Treating these complications can require intensive wound care, skin grafts, or even reconstructive surgery involving multiple procedures and the transfer of tissues from remote areas.

This presentation illustrates the safety and efficacy of liposuction-only breast reduction and mastopexy. Although these procedures were reported over twenty years ago, they still comprise a small minority of breast reduction and breast lift procedures, possibly due to insurance compensation requirements in the United States.

A meta-analysis of the available literature, including our original data regarding laser-assisted liposuction used for mastopexy, indicates that liposuction alone for breast reduction and lift is in many ways superior to the traditional and more common excisional procedures. Liposuction provides consistently lower complication rates, faster recovery, fewer postoperative visits, no skin loss, no nipple loss, and allows these procedures to be performed on smokers, diabetics, and patients who may not be able to tolerate the longer and more complicated traditional procedures. Surgeons who are not trained in plastic surgery can learn these techniques in a short time and thereby can offer their patients relief from the neurological and orthopedic sequelae of hypermastia.

Biography

Ingram is double board certified in cosmetic surgery and facial cosmetic surgery. He is a graduate of Yale University, where he received a degree in mathematics and philosophy, summa cum laude, while completing a premedical curriculum. At Yale, he was a member of Phi Beta Kappa, was a National Merit Scholar, and was a William Randolph Hearst Foundation Scholar. Ingram began his medical career at the University of Texas Southwestern Medical Center in Dallas, where he was a Southwestern Medical Foundation Scholar throughout medical school. On graduation from medical school, he was one of three students in the country who "matched" straight into plastic surgery directly out of medical school that year. He completed his plastic surgery residency at UT Southwestern, currently the number one ranked program in the United States, in 1995. He continued his studies at the clinic of Ivo Pitanguy, the father of modern cosmetic surgery and inventor of the Brazilian Butt Lift, in Rio de Janeiro prior to studying craniofacial surgery at the University of Paris, Creteil, France, where he worked under Laurent Lantieri, the first surgeon to perform a complete facial transplant.

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