



THE ART of SURGERY

This “Group of Seven” builds skills by doing both cosmetic and reconstructive work

BY ANNE MULLENS PHOTO BY LIZ RUBINCAM

DR. CHRIS TAYLOR sits on a stool in Operating Room No. 10 at the Royal Jubilee Hospital peering through an operating microscope while his hands deftly place tiny microsurgical sutures in a woman’s chest. A team — nurses, a general surgeon, an anaesthesiologist — works around him, assisting in the complex operation.

The patient, 54, has had a recurrence of her breast cancer. Taylor, a plastic surgeon specializing in post-cancer microsurgical reconstruction, is giving her new breasts after

a double mastectomy earlier that day. He has been operating non-stop for more than seven hours, first dissecting two fist-sized flaps of skin, fat, and blood vessels from her lower abdomen. Now he has moved those flaps up to her chest, and is hooking up the harvested tissue’s main blood vessel to the internal mammary artery, fashioning the transplanted flesh into natural-looking and feeling breasts in the cavities created by her double mastectomy.

“It is a big operation,” says Taylor about the reconstructive procedure — in fact, the operation will take almost 10 hours from start to finish with Taylor never taking a minute’s break.

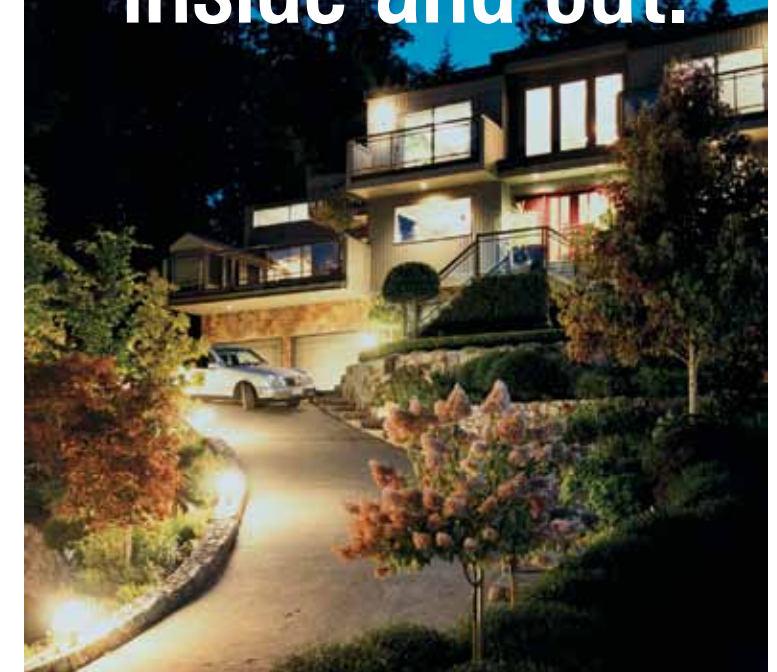
From top row, L to R: Chris Taylor, David Naysmith, Rebecca Morley, Ken Smith. Seated: Jennifer Robinson, Slobodan Djurickovic, Jason Gray.

“I get so involved I don’t notice the time,” he says.

The operation’s benefit over breast implants, notes Taylor, is that since it is the woman’s own tissue, “it won’t be rejected by her. It will gain and lose weight with her, feel more natural to her.” After coming through the trials of cancer (lumpectomy, radiation, chemotherapy, double mastectomy), for a woman once more to have natural-looking and feeling breasts can provide a physical and emotional advantage to her healing.

Taylor is one of seven plastic surgeons on southern Vancouver Island, five men and now two women: Drs.

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Slobodan Djurickovic, Jason Gray, David Naysmith, Kenneth Smith, Chris Taylor, Rebecca Morley and Jennifer Robinson. Both women arrived this summer after the retirement of two male surgeons. Members of this local “Group of Seven” are each surgical artists in their own right and in the often competitive field of plastic surgery, a remarkably collegial and co-operative group. They share on-call duties and cover the region’s congenital, trauma and reconstructive surgical needs, while doing private cosmetic operations on the side.

These days, when you say “plastic surgery” most people think nose jobs, breast augmentations, face-lifts and liposuction, with the “plastic” almost a synonym for “fake.” But the name “plastic” actually comes from the Greek, *plastikos*, for the act of moulding and moving tissue. Arising out of the attempts to repair the devastating wounds of the First World War, the specialty has an almost 100-year history of restoring form, function and aesthetic appearance to individuals who have come through trauma, birth defects or disfiguring disease. The cosmetic side has become the profitable subset of the profession’s advancing skills and now, at least in the public mind, often dominates what most of us think the profession does.

In some large cities, a stark division can arise between the plastic surgeons who do the medically necessary cases in public hospitals, paid for by health insurance, and those who do solely cosmetic procedures, paid for by the patient, for thousands of dollars, and done in private clinics. But in Victoria, the seven surgeons do a mix of public and private cases. They all say keeping a mix of both is good for local patient care: the cosmetic side helps translate into better results in the reconstruction side, and vice-versa.

So in short, if you or a loved one has a serious accident or disfiguring disease here on Vancouver Island, you can be thankful your good result is more assured because the plastic surgeons here do cosmetic surgery, too. And if you are considering a face-lift or tummy-tuck, you may owe the naturalness of your new refreshed look in part to the cougar maulings, car accidents and burn cases your surgeon repaired here before you.

Vanessa Wheeler, 23, is one of those trauma patients who has experienced that cross-fertilization first hand. At age 12 she was playing with a girlfriend in Braefoot Park, when an unleashed pit bull bit her face, ripping open the left side from her eye socket down to her chin. Smith operated for more than four hours to save her eye and restore her facial muscle, blood vessels, and skin. He has now done six surgeries in total on Wheeler.

“Considering what happened to me, the outcome is phenomenal,” says Wheeler, who now works as a massage therapist and is training to be a paramedic, a career goal inspired by her trauma experience. She is happy with her results, except for some scarring affecting her left eye, which may be able to be fixed in a seventh operation. Until then, she

is thankful Smith had the skills to repair such a devastating attack. “All my friends think for all my operations I had to go to Vancouver or Toronto but I say, “No, I had it right here.” Notes Smith: “When I get a severe facial trauma I know I can mobilize a flap of skin in such a way because I have done it in a face-lift.”

Shawn Clement, 33, had his left arm completely severed in a sawmill accident in Gold River in 2008 and was flown down to Victoria with his amputated arm on ice. He awoke the next day, after 14 hours of surgery with Smith, amazed to see his arm re-attached. “I was sure it was gone forever,” he said.

Smith makes the analogy of the reconstruction process as akin to a home reno: “First you do the framing, the bone, sometimes using plates and screws to get the stable structure. Then you do the plumbing — the blood vessels; then the electrical, hooking up the nerves. Once that’s connected you do the drywall — the muscles and soft tissue. And then it is the final finish — mobilizing skin flaps or skin grafts.”

Plastic surgeons note, however, that the general public and even other medical professionals often misunderstand what they do, frequently dismissing the cosmetic side as frivolous.

“The aesthetic side sometimes gets pooh-pooed, even by other doctors,” says Robinson, Victoria’s newest plastic

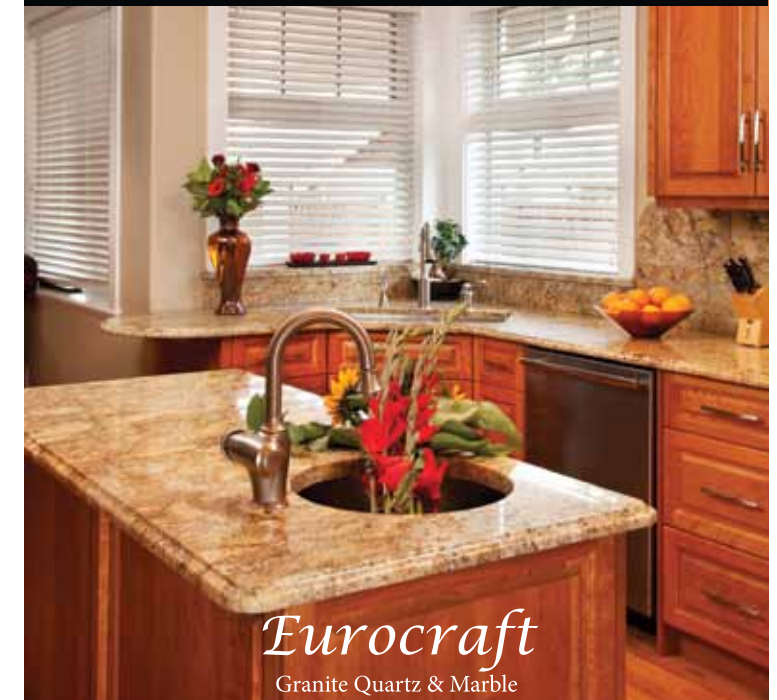


Vanessa Wheeler: “Considering what happened to me, the results are phenomenal.” Photo by Gary McKinstry

surgeon. Robinson moved here last month from a fellowship at MD Anderson Cancer Center in Houston, Texas and joins Taylor in specializing in microsurgical post-cancer reconstruction — with a bit of cosmetic surgery on the side.

Robinson said she was drawn to establish her practice here because of the region’s unique mix of a large array of cases, its huge referral base from the entire Island, and its academic links to the University of British Columbia. “But above all, I was attracted by the group of surgeons: they’re wonderful.” Robinson was specializing in neurosurgery until she did a rotation in plastic surgery and was “blown away.” She fell in love with it for two reasons: “The patients were leaving our hands better than when they came to us. In neurosurgery they often leave with deficits but in plastic surgery I really felt I was restoring their form and function. And, second, it is the most technically challenging and stimulating surgery.”

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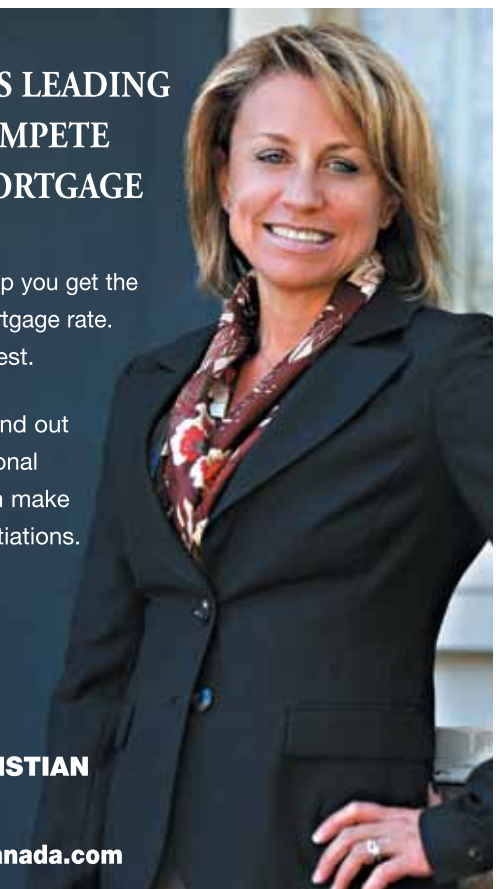
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Ask any of the plastic surgeons here what drew them first to the profession and almost all describe a "wow" moment watching a mentor do a complex skill with a beautiful result.

Dr. David Naysmith is that senior mentor in Victoria's group who speaks each year to the UBC medical students about why they might consider the specialty. He shows them a PowerPoint presentation complete with patient before-and-after pictures — gun-shot repairs, burns, amputations, childhood trauma and birth defects — that astonish and move

"YOU CANNOT BE A GOOD COSMETIC SURGEON UNTIL YOU ARE A GOOD RECONSTRUCTIVE SURGEON."

many to tears. He shows how operations have transformed individuals' devastating deformities, given them a life back.

Naysmith and Gray have been the two doctors in the region who specialize in pediatric cases, such as cleft lip and palates. Now Naysmith is passing his pediatric role to Morley.

Each year, however, Naysmith volunteers with the Canadian surgical charity Operation Rainbow, flying to some remote or poverty-stricken region of the world with a team of medical staff and dozens of boxes of surgical equipment to do two- and three-week blitzes of operations for those who've never had access to such surgery. They set up a clinic to examine hundreds of people who come from the surrounding countryside, often families with children and teens with unrepaired cleft palates, serious burns or other deformities that have left them ostracized and isolated from society.

Naysmith this past spring led a team of 23, including Morley, to Baru Sahib in northern India, and in three weeks did 128 procedures on 58 patients. Talking through a translator to a father post-operatively about his five-year-old son's successful cleft palate surgery, Naysmith was perplexed when the father solemnly leaned down, tears in his eyes, and touched his hands to the surgeon's knees. Explained the translator: "He is saying, 'I kiss your feet.'" For Naysmith it confirmed once more how such surgery transforms lives.

Cosmetically, Naysmith now specializes in the complex removal of excess skin from individuals who have undergone extreme weight loss. Such weight loss can reverse Type II diabetes, arthritis and other disabilities, but the individual is left with "festoons" of skin that never shrink. On the right patient, cosmetic removal of the skin can leave patients healthier, happier, more confident and "extremely grateful," he says. "They are very inspiring patients."

Naysmith admits that for years, he, too, put a much higher value on his reconstructive work. "I did not want to do the cosmetic stuff — I had no interest in it... but I am now convinced you cannot be a good cosmetic surgeon until you are a good reconstructive surgeon. And as a reconstructive surgeon you are even better if you have the skills of the cosmetic side." **VB**



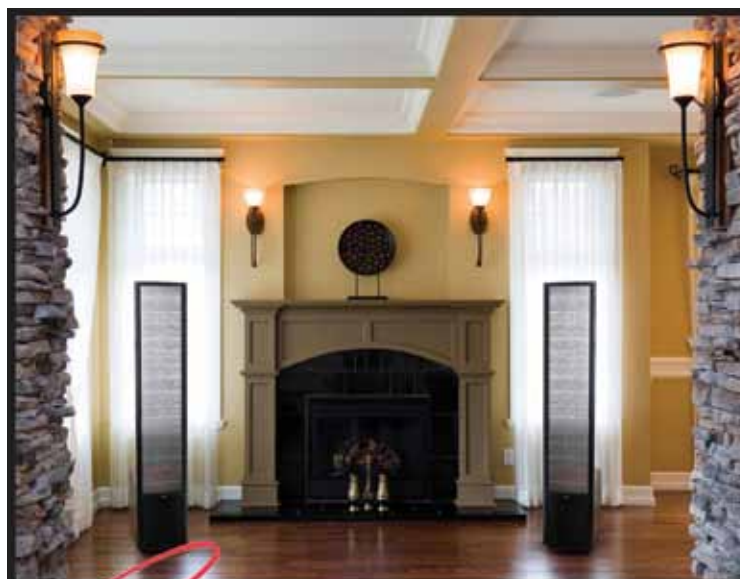
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