

A Review of Plastic and Reconstructive Surgery in Belize

Miguel R Quetzal¹

Abstract:

Plastic and reconstructive surgical needs in Belize have traditionally been covered by visiting doctors both in the private and public institutes. With the return of new specialists to the country, since 2009 plastic and reconstructive surgery has been added to the list of specialties available in Belize.

A two year review is done in this article that includes primarily service rendered in the private hospitals of Belize. Little if any review has been done in the country, in regards to plastic and reconstructive surgery.

Key words: Plastic and reconstructive surgery, microsurgery, burns, craniofacial surgery.

INTRODUCTION:

Plastic and reconstructive surgery is a surgical specialty concerned with the correction or restoration of form and function. Though cosmetic or aesthetic surgery is the best-known kind of plastic surgery, most plastic surgery is not cosmetic. Plastic surgery includes many types of reconstructive surgery: hand surgery, microsurgery, and the treatment of burns.

Plastic surgery is a problem-solving specialty. It is special among surgical disciplines in that every patient presents with a challenging problem requiring a unique solution. This problem may be a result of a congenital abnormality, an accident, a disease, or the aging process. The scope of the problem, which often dictates timing of surgical intervention, varies; it may be divided into three types: life-threatening, limb-threatening, or contour and functional abnormality.

In Belize, patients that require such services traditionally would get surgical treatment by general surgeons, visiting surgeons or those that can afford it, just travel abroad, all of which has limitations in regard to outcomes and financial constraint. Since 2009 plastic and reconstructive surgery has been added to the armament of specialties that is now available in the country, bringing formal trained expertise to patients that require either plastic or reconstructive surgery.

METHODS

A complete review was done of the electronic files of patients that required either plastic or reconstructive surgery from a personal data base stored in an Acer computer, for the period of March 2009 to March 2011. Plastic and reconstructive surgery was divided in the following areas: aesthetic, burns, hand, craniofacial, reconstructive surgery, and microsurgery. In office procedures were excluded from the review.

RESULTS

A total of 174 patients required surgical management for plastic and reconstructive surgery from the period of March 2009 to March 2011, thirty three for aesthetic surgery, four

Table 1: Total of patients required plastic and reconstructive surgery from 2009 to 2011

Plastic and reconstructive surgery	No. of Patients	Percent
Hand Surgeries	53	30%
Craniofacial Surgeries	49	28%
Aesthetic Surgeries	35	20%
Reconstructive Surgeries	33	19%
Burn Patients	4	2%

burn patients, forty nine craniofacial surgeries, fifty three hand surgeries, with microsurgical cases, and thirty five reconstructive surgeries.

The most common aesthetic surgery was abdominoplasty a total of 10 (fig. 1), followed by liposuction with a total of 9 patients. Other procedures included breast implants, breast reduction, fat graft, brachioplasty, mastopexy, to mention some. For burn patients skin graft was the most common procedure done being 3 out of the four patients. For craniofacial surgeries (fig 2), sequel of traumatism which include reduction and fixation of nasal bones and mandible, were the most common surgeries done with a total of 25 patients. For hand surgery, bone and tendon repair were the most common procedures being a total of 35 patients, and for reconstructive surgery, local fasciocutaneous flap reconstruction, 24 cases was the most common. In microsurgery the most common procedure was neurorrhaphy of digital nerve 10 cases and neurolysis.

1. Corresponding author: Miguel R. Quetzal MD, Plastic surgeon, Northern Medical Specialist Plaza, Orchid Drive, Orange Walk, Belize, email: mrquetzal@hotmail.com

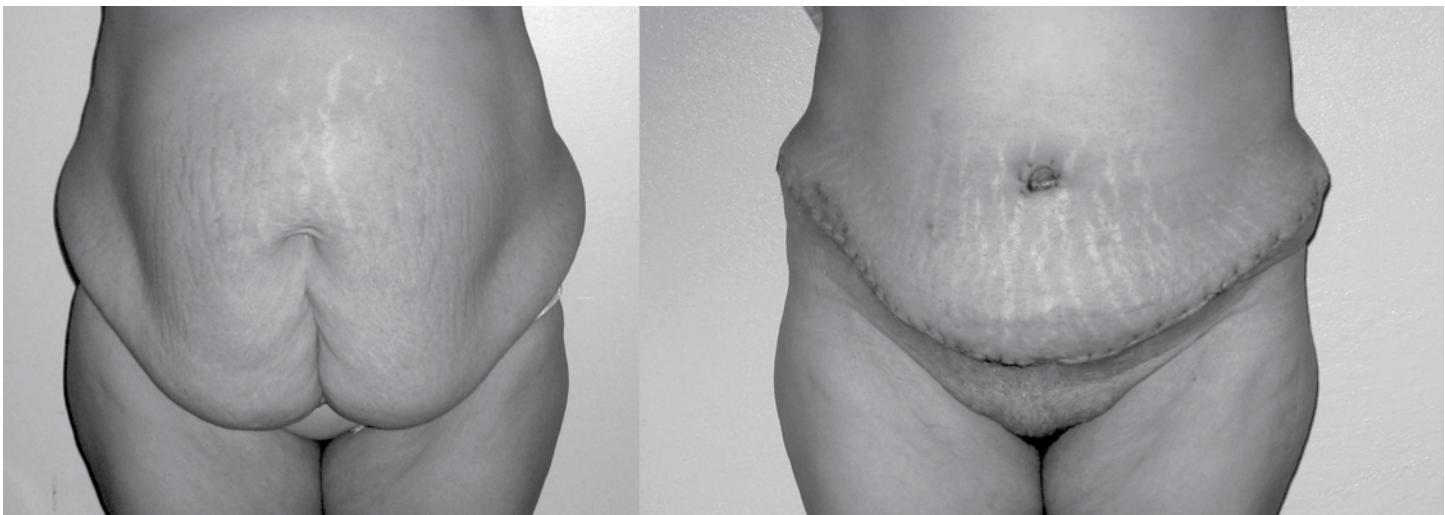


Figure. 1 Lipodystrophy and Abdominoplasty



Figure 2. Posterior Encephalocele and Post reconstructive surgery

DISCUSSION

The diverse challenges encountered in Belize for the reconstruction of patients with problems arising as the results of congenital, traumatic, cancer pathologies is the same, and as complex as those that are found in other countries. As health care providers many times we forget the triangle for complete patient care that includes: life, function and beauty. A person that has limitations in function and in beauty (psychological well being) cannot live life to its fullest potential.

CONCLUSION

The review of the data presented shows that the advent of plastic and reconstructive surgery in the country of Belize has filled in the need for a surgical specialty that can address

management of complex pathologies. The availability of well trained, expert and experienced surgeons and specialized equipment should have comparative outcomes in morbimortality rates as those of other countries.

REFERENCES

1. Mathes SJ. Plastic Surgery. General principles. Plastic surgery: the problem solving specialty. 2005. USA, Elsevier Health Sciences. Vol. I, Pp 1-2.
2. Rohrich, R.J., McGrath, M.H., Lawrence, W.T., Ahmad, J. Assessing the Plastic Surgery Workforce: A Template for the Future of Plastic Surgery. *Plast Reconstr Surg.* 2010 Feb; 125(2):736-46.

Glicazet (Metformin+Glibenclamide)
The ideal antidiabetic medicine

