Stellingen

behorende bij het proefschrift

Optimization of Incisions in Cutaneous Surgery
including Mohs’ Micrographic Surgery.
The validity of paradigms in skin surgery

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2. “After exhaustive searching of surgical literature we have found it is poor in comparison to the medical literature in the amount of level 1 evidence available. The reasons are: not all surgical procedures are suitable for trials, fundamental difference between operations and drugs, patients’ fear to participate in trial and becoming ‘guinea pigs’, lack of enthusiasm by surgeons and difficulties in funding.“ Offer GJ, Perks AGB., in In search of evidence-based plastic surgery: the problems faced by the specialty. Br J Plast Surg 200;53:427-33.

3. “Ideally, an ellipse should be planned so that its long axis is about four times as great as the short axis. If the long axis becomes too short, an excess bunching of skin, known as dog-ear, will result when the wound is closed.” Grabb WC., in Basic techniques in plastic surgery. Grabb WC, and Smith JW, eds. Plastic surgery. A concise guide to clinical practice. Little, Brown and Company, Boston 1973;3-74.

4. “In most anatomic sites, the intrinsic elasticity of the skin is sufficient so that if the apical angle of closure is less that 15°, dog ear will be minimal.” Robertson DB, in Cutaneous surgery. Wheeland RG, ed. WB Saunders 1994:295.

5. “In the first stage of Mohs surgery, saucerized specimen is excised from the outer edge of the lesion with an angle of approximately 45° in relation to the skin. Such specimen is easier for the technician to process.” Mohs FE., in Chemosurgical technique. In: Chemosurgery, microscopically controlled surgery for skin cancer. Mohs FE, ed. Charles C Thomas Publisher Springfield Illinois 1978;2-29.

6. “Alternatives for closure of a circular skin defect include: to comprise the lesion in an elliptical skin excision, local subcutaneous pedicle flaps, transposition flaps, rhomboid flaps. Their disadvantage is the length of the final suture line up to five times the diameter of the original circular defect.” Keser A, Sensoz O, Mengi AS., in Double opposing semicircular flap: a modification of opposing Z plasty for closing circular

7. “The vertical suturing of the breast is done in two planes. At the end, the vertical subareolar length is reduced by a running subcuticular nylon 4-0 suture. This can gather the skin from 14 to 6 cm. The immediate scar will be wrinkled for several weeks, but this is a small price to pay for a late result of breast reduction without any submammary scars.” Lejour M., in Vertical Mammoplasty. Plast Reconstr Surg 1994;94:100-14 and 1999;104:771-81.

8. “The naming of cats is a difficult matter” complained TS Eliot in his poetry book “Old Possum's Book of Practical Cats”. The naming of dog-ears and surgical ellipses in the medical literature is not much easier. Here are some synonyms to describe a dog-ear suggested by Vaughan TK in the Arch Dermatol 1990: “conical deformation, tissue protruding, redundant skin, fold of excess skin, pucker, pig’s ear.” Some additional terms have been suggested to describe surgical ellipse by Markley Jr. JM in the Plast Reconstr Surg 1988: “fusiform ellipse, spindle resection, two- pointed curved-sided pattern, football shaped, boat shaped ambiguous, cissoid, cistroid, lenticular, lemon shaped”.

9. “When you write a medical paper please remember that the physician who reads it is sitting by the fire place with a glass of fine cognac, so please do not agitate him”. Martino HA Neumann’s instructions to the author (myself).

10. “If it ain’t broken don’t fix it”. Michael M Tilleman’s routine answer after any of my requests to change a version of our article.

11. “The public opinion is the laziness of the individual” Friedrich Nietzsche (1844 - 1900).