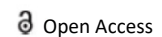




## OPINION ARTICLE



## Structure and Optimization of Plastic and Reconstructive Surgery

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### Description

Reconstructive surgery is surgery performed to restore normal appearance and function to body parts malformed by a disease or medical condition.

Reconstructive surgery should be compared to aesthetic surgery more precisely. Surgery for reconstruction is carried out to,

1. Enhance or reinstate normal function.
2. Restore “abnormal” or “malformed” body components brought about by the illness or condition to their natural appearance.
3. Enhance the patient’s quality of life.

The patient must also be in good enough health for the treatment to be performed with little risk of complications or death. Due to the risk to the patient, a procedure may be considered reconstructive yet not medically essential.

The Social Security Act also states in Section 1862(a)(1) (A) that “No payment under Part A or Part B may be paid for any expenses expended for items or services not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a deformed bodily member.”

Consequently, there is a federal regulation that states that “enhancing functionality and restoring attractiveness” are covered as reconstructive and medically necessary procedures, independent of clinical interpretation and carrier requirements. This explanation contrasts with cosmetic surgery, which is done to enhance the appearance or aesthetics of a body part. Cosmetic and reconstructive operations can both be carried out by a plastic surgeon. One insurance company may classify a panniculectomy (also known as a belly tucks) as cosmetic while another may classify it as reconstructive. When a procedure is described as reconstructive or cosmetic, the surgeon might not be using the Medicare

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or reimbursement requirements.

Plastic surgeons, maxillo-facial surgeons and otolaryngologists do reconstructive surgery on faces to correct congenital defects, after trauma and to reconstruct the head and neck after cancer.

Another excellent example is the surgical correction of cleft palates, or cheiloplasty, which restores function to the lips and mouth and creates a more normal-looking appearance while medically correcting aberrant development. In at least 31 states, this is required by law and satisfies the definition of reconstructive surgery, but in the remaining states, individual insurance companies may refuse to pay for it because it is merely cosmetic. Some reconstructive treatments are also carried out by other areas of surgery, such as general surgery, gynaecological surgery, paediatric surgery, plastic surgery, and podiatric surgery.

A tiny but crucial part of the complete care provided to cancer patients is reconstructive surgery. Its main function in the treatment of cancer patients is to increase the capacity of other doctors to more aggressively treat cancer, giving them the best chance opportunity for cure.

To treat wounds that are ever more complicated, reconstructive surgeons use the idea of a reconstructive ladder. This covers anything from very basic methods like primary closure and dressings to trickier procedures like skin grafts, tissue expansion, and free flaps.

Breast implant removal, reduction mammoplasty, breast reconstruction, surgical repair of birth defects, congenital nevi surgery, and liposuction for lipedema are examples of reconstructive surgery techniques.

Breast augmentation, reduction, and lift, facelift, forehead lift, upper and lower eyelid surgery (blepharoplasty), laser skin resurfacing (laser resurfacing), chemical peel, nose reshaping (rhinoplasty), reconstructive liposuction, and stomach tuck are among cosmetic surgical operations (abdominoplasty).