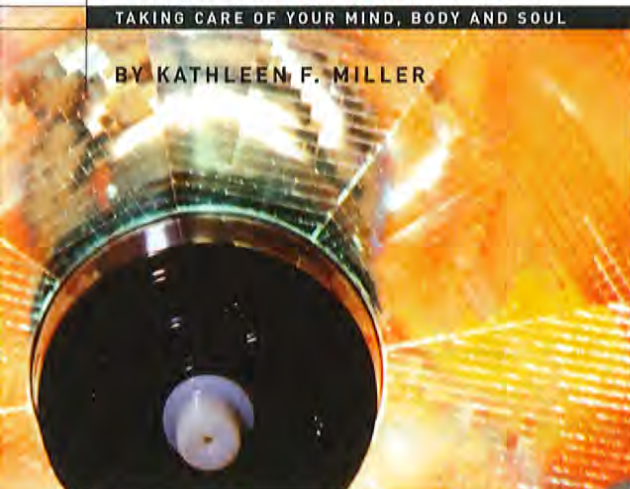


BY KATHLEEN F. MILLER



SAVING FACE

Plastic Surgery Offers Hope and Health to Scarred Patients

Edi Zubovic was 40 when he lost part of his face and hands on Aug. 4, 1995. Injured on active duty during the war in Croatia, he recalls: "The mine exploded, and everything was confusion. ... I stood up, bleeding, and saw I didn't have thumbs anymore, and my left middle fingertip was in two halves. I felt everything was elastic in the upper jaw, my upper lip hung down like a turkey's."

At that moment, Zubovic decided it was better to die. "I was not the same anymore," he says. "Everybody has the day—that one was mine."

Luckily for Zubovic and other victims of sudden disfiguring, plastic surgery can often restore some portion of what they have lost due to an injury or an illness, such as cancer. After meeting Seattle facial plastic surgeon Craig S. Murakami through Face to Face, an American Academy of Facial Plastic and Reconstructive Surgery program, Zubovic was able to start the true rebuilding process on his face—and his life.

Murakami's practice at Virginia Mason Medical Center in Seattle also serves many who require far less drastic procedures than Zubovic did. The three most common facial procedures he performs are facelifts, blepharoplasty (eye lifts) and rhinoplasty (nose jobs). Patients usually seek cosmetic rejuvenation procedures in their mid- to late 40s, but rhinoplasty patients tend to be younger. And while women used to dominate his patient list for facelifts, men are now increasingly pursuing cosmetic procedures.

So are teens. Murakami says he tends to be more conservative about which procedures are appropriate at such young ages. "Generally, there are only a few cosmetic operations that I would recommend for teenagers, although there are many surgeons that would disagree," he says. On teens, he will perform rhinoplasty and surgery to

correct prominent ears. In his opinion, nasal surgery should be done after the patient has gone through his or her adolescent growth spurt—about age 14 for girls and 16 for boys. "This also depends on their psychological maturity," he adds. "If the child is immature with unrealistic expectations, I will not recommend surgery." He'll perform ear surgery, however, as early as age 4 or 5, since the size of the ear reaches 80 percent of the adult size relatively early in life.

At the opposite end of the scale are older patients who are pursuing a more youthful appearance. Murakami has health considerations for that group as well. He is careful to consider an older patient's overall health. "With older patients, I like to get input from their primary care physician to make sure that they are healthy," he says. "The oldest patient that I did a facelift on was 85, but she still danced, jogged and lifted weights. She had been recently widowed and wanted to find a new dance partner."

But reconstructive surgery is not always a matter of vanity—a fact that Murakami says many insurance companies don't understand. "Historically, many patients undergoing major head and neck cancer surgery had tremendous problems postoperatively with eating, speaking, breathing and socializing," he explains. "They became reclusive, depressed, and often failed to return to their livelihoods." Over the last 20 years, dramatic advances in reconstructive techniques have improved the quality of life for patients with head and neck cancer. Unfortunately, Murakami laments, insurance companies don't always see these patients in the same light, dismissing functional surgeries as cosmetic only.

One cancer patient who benefited from Murakami's reconstructive techniques is Tom Picos of Helena, Mont. In his 60s, Picos has endured

cancer of his palate, lip and nose. He describes the terror of hearing his diagnosis. "I guess I was numb. I shut down for a while, and then my mind went into overdrive, thinking about all of the possibilities that lay ahead." He credits Murakami for restoring to him as much as possible of what cancer destroyed. "If you had been able to see me prior to my reconstructive surgeries," he says, "You would be amazed at the change."

Now retired from his former job for the City of Tacoma, Picos began his surgery while still working. "The major challenge I faced going to work was the disfigurement," he recalls. "I was initially very self-conscious about my appearance because I was looked at a lot. It was even worse when I was in public." He could tell people wanted to ask questions, but that they felt it was inappropriate. So he started wearing hats that said "Cancer Survivor." "This simple hat has opened up the door," he says. "People have felt it was okay to ask me, 'What happened to you?'"

The challenges of meeting the stares of strangers and beating back cancer have left him a changed man. "I believe that what I've learned is that priorities have to be rethought," Picos says. "The promotion, the bigger house and the newer car become unimportant and fall by the wayside. Family and friends move to the top of the list."

Murakami says he feels a great sense of satisfaction watching patients such as Zubovic and Picos regain their health and confidence following such tremendous losses. "Helping patients with facial deformities return to their normal social activities and livelihoods is one of the most gratifying feelings imaginable," he says. "It is the reason why I practice medicine, and the reason why I continue to split my facial plastic surgery practice between cosmetic surgery and reconstructive surgery." *