

Minimally Invasive Procedures

Life belongs to the living, and those who live must be prepared for change.

- Johann Wolfgang von Goethe

This issue of JCAS is specifically dedicated to minimally invasive procedures in cutaneous and aesthetic surgery. In their 2010 report, the American Society of Plastic Surgeons reported on the top five procedures in this field. The no. 1 with growing rates was botulinum toxin injection, no. 2 was injectable fillers, no. 3 was chemical peeling, no. 4 was laser epilation, and last but not the least, on no. 5 was microdermabrasion.

Four of the top five had stable or growing numbers. That is a general trend – the less invasive effective procedures become, the more attractive are they for potential users and patients/clients. Some major reasons for this are safety, minimal downtime, and compatibility with everyday life and profession.

Other major steps in minimally invasive procedures are the introduction of injectable biostimulators, subdermal laser lipolysis, non-surgical rhinoplasty, new glues instead of sutures, fractionated laser, and more effective radiofrequency devices, just to name a few.

A good example of improved safety and efficacy is the successful story of endovenous laser and

radiofrequency techniques to treat leg varicosis. The randomized prospective trials have also demonstrated that phlebosurgery with various stripping methods is followed by significant numbers of recurrence when patients are followed for 5 years or more.

The development goes on and new compounds, technologies, and equipment are in the pipeline. Material science has become an attractive partner for cutaneous and aesthetic surgery.

Minimally invasive procedures often addressing more people, especially those who refused complex and time-consuming procedures to increase appearance and attractiveness.

On the other hand, we need to pay attention of possible unwanted effects. And some procedures had not fulfilled the promises. A recent example is the withdrawal of MACROLANE™ for breast sculpturing.

Cutaneous and aesthetic surgery goes global, of course. Although there is impact of cultural and religious background, there are trends for a global image embodying idealized elements from many cultures. On the other hand, there is a growing interest to modify procedures and techniques to ethnic skin and needs.

This special issue of JCAS reflects trends and peculiarities in minimally invasive cutaneous and aesthetic surgery. While reading the articles be prepared to see more coming in the next future.

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