

## Frontiers in endoscopic plastic surgery.

Geoffrey G. Hallock MD  
Lehigh Valley Health Network, [Geoffrey\\_G.Hallock@lvhn.org](mailto:Geoffrey_G.Hallock@lvhn.org)

Follow this and additional works at: <https://scholarlyworks.lvhn.org/surgery>



Part of the [Medicine and Health Sciences Commons](#)

---

### Published In/Presented At

Hallock G. G. (2008). Frontiers in endoscopic plastic surgery. *Seminars in plastic surgery*, 22(1), 3.  
<https://doi.org/10.1055/s-2007-1019135>

This Article is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

## PREFACE

### Frontiers in Endoscopic Plastic Surgery



Geoffrey G. Hallock, M.D.

Purists could argue that the history of endoscopic plastic surgery has lagged too far behind that of other surgical subspecialties. The purported advantages of an improved and magnified view of the surgical field,

access via small incisions that can be strategically hidden to limit any scar residue, and a reduction of the extent of the requisite surgical dissection that limits the inflicted tissue trauma are goals consistent with the definition of so-called minimal invasive surgery. Yet have these all not always been basic principles of plastic surgery that have so long distinguished us as a unique entity? The endoscope, then, should be considered as just another tool in our repertoire that allows us to continue to improve our results, with a role that continues to evolve.

In spite of our collective “endoscopic” lag phase, to attempt to summarize here in a single issue the explosion of information germane just to our specialty would be an impossibility. Rather than reiterate the mainstream mantra, this issue is instead dedicated to the presentation of some more unusual and perhaps controversial applications, indeed “Frontiers in Endoscopic Plastic Surgery.” Although the majority of articles could be considered “reconstructive” in orientation, all seek the best possible aesthetic result, which is a basic advantage of endoscopic plastic surgery. As with new ideas and innovations in general, most may eventually fall by the wayside, but some surely will have a lasting value for reasons each author here has honestly tried to convey. Of course, the ultimate fate rests with the opinions of our readership, whom we have hopefully stimulated!

Geoffrey G. Hallock, M.D.<sup>1</sup>  
*Guest Editor*

<sup>1</sup>Division of Plastic Surgery, The Lehigh Valley Hospitals and Sacred Heart Hospital, Allentown, Pennsylvania; and St. Luke’s Hospital, Bethlehem, Pennsylvania.

Address for correspondence and reprint requests: Geoffrey G. Hallock, M.D., 1230 S. Cedar Crest Blvd., Suite 306, Allentown, PA, 18103.

Frontiers in Endoscopic Plastic Surgery; Guest Editor, Geoffrey G. Hallock, M.D.

Semin Plast Surg 2008;22:3–4. Copyright © 2008 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662.

DOI 10.1055/s-2007-1019135. ISSN 1535-2188.