

## Dermatology and Plastic Surgery, the Age of Cooperation

Dermatology is a branch of medicine dealing with diseases of the skin. Plastic surgery is a branch of surgery concerned with restoration of function and aesthetic repair of parts damaged by trauma or disease, or with the correction of unsightly disfigurement. These are the definition shown in the author's old Dorland's Pocket Medical Dictionary 21st Edition. The common grounds for these two specialties are the skin, oral and genital mucosa.

The dermatologists are familiar with the medical treatment of skin pathologies while the plastic surgeons know more on the surgical, aesthetic and reconstructive aspects. Initially only the common things like the scalpel and suture, curette, cautery, ointment and medications were used in both specialties. Doctors from the two specialties often got together to attend "sponsored" lectures and share experience during the dinners.

Things have changed with the introduction of the Specialist Registration and CME systems. The Specialists Registration System is a good method to recognize ones' effort, achievement and experience in their fields of expertise. The CME can ensure the specialist to "certain extent" regularly updates the knowledge of that particular specialty. However the arrangement also log up specialists of each kind together to chase after the CME points instead of sharing knowledge and experience amongst different specialties. We are just not seeing each other so often these days!

On the other hand, as technology advances and more treatment modalities become commercially available, both parties are now having more and more involvement on the common grounds. The procedures that both parties involved are:-

1. Biopsy of skin and mucosal lesions
2. Cauterization
3. Cryosurgery
4. Excision of skin and mucosal pathology
5. Fine needle aspiration cytology (FNAC)
6. Laser surgery
7. Mechanical dermabrasion

8. Phototherapy
9. Prescription of topical and oral medication for skin pathology

Some of the equipments are very expensive. They require trained specialists to operate them properly on patients. This has led to the situation where very few institutions or clinics have the fully update range of equipments with the related trained specialists. Furthermore a certain patient load is required for each equipment to make it cost effective. Some examples of such equipments are the liquid nitrogen set up for cryosurgery and the laser machines.

One of the ways to deal with these problems is to form a regular joint clinic. The name of the clinic should be related to the workload. The frequency will depend on the actual need. In the clinic, the dermatologist, plastic surgeon and the dermatohistopathologist will see all the new patients together. The protocol of treatment can be discussed at various angles and the patient will have a very comprehensive explanation. Of course all the three doctors shared the computer input, paper work and photography. At the end of the consultation the patients will be scheduled to different locations for different treatment or investigations. For example tumours that need excision and flap repair are taken up by the plastic surgeons while those who need cryosurgery, laser surgery or FNAC are arranged to the related centres. Needless to say, the joint clinic is the place to exchange ideas and experience. It is also the place where each can arrange patient with diagnostic problems or multiple problems for joint management.

In the era of claiming territories and proclaiming oneself to be the right person to do the job, should "cooperation" be an alternate option for consideration? I am sure it is more cost effective, productive and friendly.

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