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The BIG Picture

How Frederick N. Lukash, MD, found a creative way to communicate with his young patients

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by Renee DiIulio

How Frederick N. Lukash, MD, found a creative way to communicate with his young patients

When Frederick N. Lukash, MD, was a resident, he received his first drawing from a young female patient that depicted her interpretation of her hospital experience. For reasons unknown, Lukash kept it. When he received his second such drawing early in his career, he began to pay closer attention to what the illustrations might be communicating.

Lukash is a board certified plastic surgeon who now has close to 400 drawings, all created by his young patients. The data compiled from these images has shown that this method of nonverbal communication can provide an index of the anxiety and self-esteem issues these children face before and after surgical procedures.

Choosing Plastic Surgery

Lukash first chose surgery as his specialty because it fit his artistic nature, plastic surgery even more so. "Plastic surgery is a blend of art and science, a three-dimensional art form," he says.

As a medical student at Tulane University in New Orleans, where he had also completed his bachelor of science degree, Lukash spent much of his training on plastic surgery cases because the residents above him wanted the more "exciting cases." Lukash, however, did not mind, and during his senior year, debated between a career in plastic, cardiac, or pediatric surgery. His final decision was influenced by plastic surgeon and mentor Robert Goldwyn, MD. "His renaissance outlook on life reflected how I felt about myself," Lukash says.

He completed his postgraduate training at Emory University, Atlanta, and Harvard University, Boston, where he held a position as instructor in surgery. After concluding his training in 1981, Lukash returned to his native Long Island and entered private practice. In addition, he serves as assistant clinical professor of surgery at Albert Einstein College of Medicine, Bronx, NY.

"My practice is a combination of adult and adolescent cosmetic surgery as well as pediatric reconstructive surgery," Lukash says. Procedures include facial and neck surgery, tummy tucks, liposuction, otoplasty, ear reconstruction, cleft lip and palates, and minimally invasive techniques, such as injectable fillers.

"Plastic surgery has allowed me to continue my interest in pediatrics. In the beginning, it was mostly reconstructive surgery, but now I have a nice blend of patients across all age groups and procedures," Lukash says.

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Building Self-Esteem

His interest in working with children began early. "I worked summers at camp and coached young sports teams," he says. After he realized that art could help him communicate with these young patients, Lukash incorporated it into his practice as early as 1973, asking them to draw pictures before and after surgery.

"The pictures are a wonderful way to break the ice. The kids become more excited to bring you what they have drawn and less anxious about coming to see you," he says. "The images allow them to vent their repressed feelings, giving their parents and doctors insight into what they may be experiencing."

The insight is helpful in many ways. "Pediatricians do not normally like to encourage elective pediatric surgery, but once they learn how affected the children are, they become easier to bring on board," Lukash says.

In a study published in the May 2002 issue of *Plastic and Reconstructive Surgery*, titled "Children's Art as a Helpful Index of Anxiety and Self-Esteem with Plastic Surgery," Lukash shares the conclusions of a psychiatrist and art therapist whom had evaluated 200 of the drawings he had collected. "These professionals were able to place the children in true psychiatric categories. The patterns seen validated the ability of the technique to determine the depth with which these patients' self-esteem is affected," Lukash says.

"It is all about self-esteem," he adds. "These kids are not unstable. Often between 5 and 9 years old, many are picked on. I have received some startling drawings, which after discussing with the parents, led to a decision to get adjunctive psychiatric help." He has, however, never turned a patient away due to a disturbing drawing. "I still need to do my job," he states. "These kids have reconstructive issues that need to be fixed. Their emotional angst is connected to a physical deformity. The deformity is the denominator," he says.

The differences in the before and after pictures demonstrates just this. One patient drew a preoperative picture featuring his head with big ears, streaming tears, and a big frown. His postoperative picture showed small ears, a big smile, and a bright sun. This is typical, according to Lukash, who's study found that children often use clouds, rain, tears, and exaggerated body parts in the before images, while colors, bright suns, and normal body parts figure more prominently in the after images.

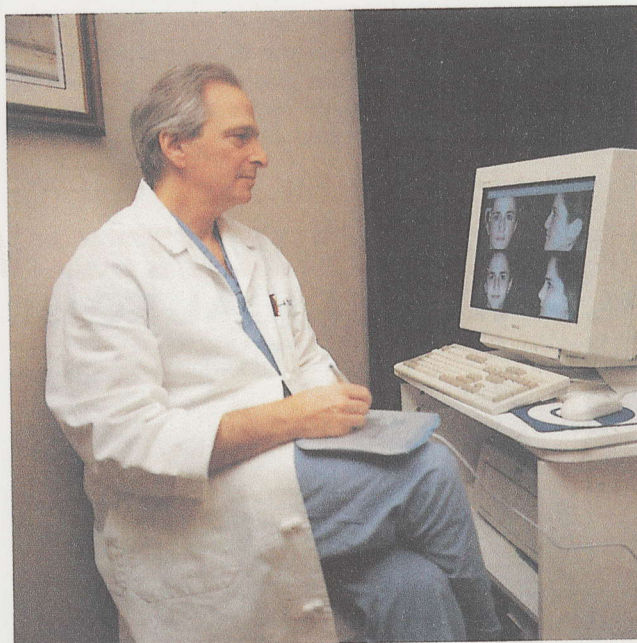
The corresponding evaluations indicate that these patients experience low self-esteem, isolation, unhappiness, and fear before surgery, but exhibit increased self-esteem, happiness, and socialization after surgery.

Committing to Care

The art-as-communication technique can be employed by any physician willing to take the time. "Every doctor has received a drawing at some point in time. It depends on the indi-



This young patient had a first stage total ear reconstruction for microtia. Lukash examines the rib cartilage graft. A hearing aid is attached to the boy's shirt.



Lukash views pre- and postoperative images of a rhinoplasty procedure.

vidual whether he or she sees something more than a drawing, doodle, or gift," Lukash says.

Using the method takes effort. "Doctors need to be very committed to pediatric reconstructive surgery, or they will not be able to develop the volume needed to discern patterns," Lukash says. "You need to request the drawings from the kids, and you need to talk with them. They have to be special to you. You cannot develop the same bond with an adult that you can with a child."

Lukash clearly does not lack the necessary commitment. He stays in touch with his patients, both to determine if follow-up care is needed and to view their development. He recently attended the bar mitzvah of a patient he treated at 6 weeks of age, and has taken a group of 100 of his patients to a

New York Islander hockey game, where they had the opportunity to meet the team and get autographs. "I am curious to see how my young patients grow and develop," Lukash says. "They become part of my extended family."

Lukash fears, however, that this level of commitment is in danger of becoming extinct due to the methods of managed care. "At first, the insurance companies were very reasonable with money for reconstructive services rendered; now, managed care reimburses too little. Reasonable, moral plastic surgeons are not looking to be super-rich, but would like their income to be sensible and commensurate with the degree of sophistication of the procedures performed," Lukash says.

Many young physicians are gravitating toward cosmetic plastic surgery, according to Lukash, where they can receive market value free from third-party carriers. Breast augmentations become more lucrative than performing cleft lip repairs.



In preparation for a minor facial procedure, Lukash marks the surgical sites.

Lukash worries that the learning curve of those who have dedicated themselves to reconstructive surgery will be lost and the wheel will need to be reinvented because of the lack of interest in this specialty.

But the future is not bleak. Lukash believes that the insurance industry will ultimately develop a fair and equitable system of reimbursement, allowing physicians to specialize in the areas that they really want to.

Orchestrating Surgery and Life

Both the best advice Lukash has received and the best advice he could give is to do what you enjoy. "One should not be driven by external factors, such as money, because at the end of the day, you really want to be doing what you like to do," Lukash says.

He has lived by this advice, immersing himself in a career he truly enjoys. He is a member of many associations, such as the American Society of Plastic Surgeons, American Society for Aesthetic Plastic Surgery, International Society of Microsurgeons, American Society of Maxillofacial Surgery, American Society of Head and Neck Surgery, American Cleft Palate Association, among many others.

Lukash has also traveled the globe, both to work on patients and to learn new techniques, though he admits traveling less now to devote himself to the children who need him at home. He has volunteered with Surgical Aid to Children of the World and Operation Smile, and has been honored by the chief executive of Nassau County for his service in reconstructing children worldwide. He has worked with local adoption agencies to correct physical deformities

and helped place "unplaceable" children, and he has donated his services to the summer Olympic Games.

Lukash holds staff appointments at Long Island Jewish Medical Center/Schneider Children's Hospital, North Shore University Hospital, Winthrop University Hospital, St Francis Hospital, Lenox Hill Hospital, and Beth Israel Hospital. In addition, he serves as editor in chief for the magazine of the New York Regional Society of Plastic and Reconstructive Surgery, for which he also recently completed a term of presidency.

He has authored numerous papers and even holds a patent for developing a method and device to monitor blood flow in microsurgery. "The device has since been replaced with laser technologies, and all I have left now is a beautiful plaque," laughs Lukash.

Despite his subtle sense of humor, Lukash takes his work very seriously. He recalls another piece of useful advice he received from one of his teachers. "He warned us to always be careful when taking care of patients because we are playing with someone else's chips. If things do not turn out right, the patient lives with the consequences. That has always stuck in the back of my mind," Lukash says.

Perhaps it is this advice which drives him, or maybe it is the artist in him. "Plastic surgeons need to be overwhelmingly critical of their work. Like artists, we can always see something that could have been better, and from that we learn for the next time," he says.

In addition to his vast experience and up-to-date knowledge, Lukash is a perfectionist. "I double-check everything. I did it as a resident and I continue to do it now. It is just the way I am," Lukash says.



Lukash and practice administrator, Maureen Jolley, review a patient's chart.

For him, plastic surgery is an orchestration. "You must coordinate the anesthesiologist, nurses, yourself, and others," he says. "So much of what I do is an extension of my artistic being. It is why I play piano, fence, and draw. It is why the kids' drawings are important to me," he says. "It's what works for me." ■

Renee DiIulio is a contributing writer for *Plastic Surgery Products*.