



Advertising is key to success

Propaganda é a alma do negócio

Plastic surgery, unlike other surgical specialties, is not defined by an anatomical topography or appliance. At its base are principles and concepts of reconstruction and esthetics. Thus, for the layperson, and even medical colleagues, it is difficult to define and characterize a plastic surgeon's scope of expertise. From the hair to the tip of the feet, passing through skin, nerves, tendons, and bones: this is our real area of activity¹.

That is what makes our specialty fascinating and unique. It is this feature that allows us to be creative. When facing reconstructive problems, there are multiple paths we can follow that ultimately lead to equally good results. Moreover, we can "transfer and combine experiences acquired in a topographic region for innovative use in another"². On the other hand, this is also our Achilles heel.

According to several published studies conducted both in Brazil and in other countries, plastic surgeons are not recognized by the population in general as a physicians trained to perform procedures that are traditionally within our scope, such as congenital anomalies of the hand, cleft lip and palate, and treatment of burns. What is worse, however, is that this perception is also present to some extent in medical students and in colleagues from other specialties^{3,4,5,6,7}.

Due to the nature of our practice, we will always be positioned in the intersection of knowledge areas with the more traditionally defined specialties, and as the last true "General Surgery", without restriction to only one topographic region in our day to day practice¹. This certainly makes our market positioning within medicine increasingly compartmentalized. On the other hand, without this spirit of "problem solver", which allowed the seminal work of individuals such as Litle, Buncke, Millesi and many others, we risk losing a fundamental characteristic of our specialty. It is worth remembering that the only plastic surgeon Nobel laureate, Joseph Murray, earned the accolade for his studies in transplant immunology.

In times of economic crisis, criticisms of the specialty and uncertainties for the younger generation with regards to economic viability brings into focus reconstruction—an adequate pun isn't it?—of the image of plastic surgeons as competent to perform both aesthetically and technically. This will ensure our survival as a specialty by more emphatically marking our place in this increasingly difficult and competitive labor market.

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REFERENCES

1. Lineweaver W. Confessions of a part-time hand surgeon. *Ann Plast Surg.* 2011 Mar;66(3):217-8.
2. Furlow Junior L. Plastic surgery: generic or proprietary?. *Plast Reconstr Surg.* 1992 Dec;90(6):1059-60.
3. Kim DC, Kim S, Mitra A. Perceptions and misconceptions of the plastic and reconstructive surgeon. *Ann Plast Surg.* 1997 Apr;38(4):426-30.
4. Dunkin CS, Pleat JM, Jones SA, Goodacre TE. Perception and reality—a study of public and professional perceptions of plastic surgery. *Br J Plast Surg.* 2003 Jul;56(5):437-43.
5. Tanna N, Patel NJ, Azhar H, Granzow JW. Professional perceptions of plastic and reconstructive surgery: what primary care physicians think. *Plast Reconstr Surg.* 2010 Aug;126(2):643-50.
6. Agarwal JP, Mendenhall SD, Moran LA, Hopkins PN. Medical student perceptions of the scope of plastic and reconstructive surgery. *Ann Plast Surg.* 2013 Mar;70(3):343-9.
7. Denadai R, Araujo KM, Samartine Junior H, Denadai R, Raposo-Amaral CE. Public Perceptions of Plastic Surgery Practice in Brazil. *Indian J Surg.* 2016 Dec;78(6):435-441.