
Dr. Kirsty Boyd

Plastic Surgery

Overview

- Profile:**
 - Positions: Plastic and Reconstructive Surgeon (Ottawa); Associate Professor and Program Director for Plastic Surgery Residency Training Program (University of Ottawa); Co-Director of Peripheral Nerve and Trauma Clinic; Director of Board for Canadian Society of Plastic Surgeons; President of Group for Advancement of Microsurgery in Canada;
 - Training: Microsurgery Fellowship (Ottawa); Breast Reconstruction Fellowship (Toronto); Hand Microsurgery and Peripheral Nerve Surgery Fellowship (University of Washington- St. Louis, Missouri); Plastic Surgery Residency (Western); MD (Queen's)
- Pitch:** Incredible diversity - head-to-toe surgeries across many other specialties, flexibility in shaping your career around your lifestyle, in location, setting, hours and focus (aesthetic vs. reconstructive)
- Path:** Fell in love with plastic surgery while shadowing in medical school; three fellowships allowed her to diversify and explore the many, many subsets of the specialty
- Personal:** "See a problem, fix a problem." Plastic Surgery is all about collaboration - you will work with many specialists from many fields. Being assertive and action-oriented are helpful.
- Philosophy:** Be keen! Doctors love training passionate students.

Elevator Pitch

(1:50)

- **"One of the most diverse specialties there is"**
- Can be broadly divided into reconstructive and aesthetic practice - restoring both form and function
- Operate head to toe on whole body, involving every single surgical specialty
 - Work with people in many different fields - cancer, trauma, infection
- "Very good specialty to mold into how you want your life to look"

Personality (3:40)

- “Prototypical surgeon” - **Assertive** (“bossy”), **social**, and **action-oriented**
 - Fix the problem and move on to the next one
 - Dad was an internist, after 1 afternoon with him, realized that slow pace and long relationships weren’t for her

Dalhousie medical students’ perception of plastic surgery (4:55)

- Most prevalent stereotype: Plastic Surgery = Cosmetic Surgery
- Dr. Boyd’s response: understandable because of media portrayal but aesthetic surgery is just one small (albeit important) component of the field
 - Plastic surgeons do everything from **burns** to hand **fracture** to **craniofacial** trauma to **breast** reconstruction to **nerve** surgery to **skin** cancer
- Most medical students don’t rotate through plastic surgery so don’t get clear idea of the specialty unless they meet someone **motivating** and **interesting** in the field - it is important for students to understand that reconstruction and aesthetics are two sides of the same coin, and that they overlap quite a bit
- **Other stereotypes**: Cosmetic surgery is often harshly judged by the public, by other doctors, and even by other plastic surgeons! Again, this perception is likely spurred on by media misrepresentation.
 - People dye their hair; they should be able to make themselves feel more confident however they like!

Referenced Material: *Fraser et al. Medical student perception of plastic surgery and the impact of mainstream media. Plastic Surgery, 2017, 25(1): 48-53*

Path (8:55)

Medical School

- Both parents were doctors, so she wanted to go into medicine from a young age
- When starting medical school, she had no idea what she wanted to do
 - Parents put her in touch with specialists from Family, OB/GYN (mom’s field), Internal (dad’s field), and met Dr. Martin Lacey, plastic surgeon from London.

- In one day with Dr. Lacey, she saw a cleft palate repair, breast reconstruction, burn excision/grafting, and hand surgery - amazed by his ability to seemingly do anything.
- Enamored by the field and initially wanted to follow the pediatric route to do cleft lip repairs.
- Also narrowed down to plastics through **process of elimination**
 - These could be based on major lifestyle factors (e.g. pace of IM) or smaller idiosyncrasies (e.g. patient population in OB/GYN - "despite there being so much more to that specialty")
 - Enjoyed the pace and variety of emergency medicine but wanted to operate

Residency and Fellowship

- Heavily influenced by **person rather than specialty** (Dr. Doug Ross, mentor and a hand, wrist, and nerve surgeon in London, ON) - encourages students to look beyond mentors at the nitty-gritty of the career
- Unconventional in that she pursued 3 fellowships - primarily in order to explore what area of plastics to focus on in her career

Staff

- Job market for plastic surgery is **competitive** but no "job crunch" like other specialties, e.g. waiting for senior surgeons to retire
 - Many underserved areas in the North
 - Plastic surgeons don't have to be affiliated with hospital, can work from own clinic
 - New positions posted weekly by the Canadian Society of Plastic Surgeons
- You can create the career you want in terms of hours, setting, work-life balance and reconstructive-aesthetic balance

Day-to-Day Life

(21:03)

Personal

- 60% reconstructive (mostly nerve surgery), 40% aesthetic (body contouring, breast implants, etc.)
- Typical day runs 7-5
- **Monday mornings:** emergency clinic and follow-up
 - Clinic starts at ~8
 - Rapid access (plastic surgery patients from emerg)

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- Sometimes also consultations for nerve surgery
 - **Monday afternoons and Thursday mornings:** procedures (carpal tunnel releases, skin cancers, pinning fractures, fixing tendons, etc.)
 - **Tuesdays:** main operating day at Ottawa hospital
 - Start at 7:45
 - Typically nerve surgeries (can be 1-2 large all-day cases or multiple small cases); can be combined with orthopedics, nerve surgery, ENT, vascular, cardiac, etc.
 - **Wednesdays and Fridays:** in cosmetic office or operating on cosmetic patients
 - **Thursday afternoons:** academic half day - administrative (program director) & research

General

- Very flexible working times surrounding your lifestyle - hours, setting, location. Some have their own clinic, some job share (many women do this to balance work-life), part-time on/off based on holidays or vacations, and some work all the time, even through the night.
- Overlap between specialties exists and surgeries can often be performed by either surgeon, e.g. rhinoplasty may be done by plastics or ENT, burns by plastics or general surgery, hand surgeries by plastics or orthopedics.
 - For nerves specifically, plastic surgeons will usually perform peripheral nerve surgeries, although neurosurgeons and orthopedics often can as well, while neurosurgeons almost always perform central nervous (brain & spinal cord) surgeries.

Call: Dr. Boyd's call group is large so she only does 1 in 10 calls. Call can be extremely busy but very interesting. Call is usually especially busy during the summer and holidays (trauma, burns, hand fractures and lacerations).

Personal Takeaways

(28:26)

Everyday Favourite Aspects: **Collaboration** (involved with almost every specialty) & **Good Outcomes** (reversing paralysis, nerve transfers in spinal cord and hand, chronic pain in amputees) - both aesthetic and reconstructive surgeries can make **huge**

differences in people's lives.

Personal Story:

(28:26)

*"There was a patient named Tim Raglin¹... he was the **first spinal cord nerve transfer** surgery done in Canada... [Tim] had been diving at the cottage, a routine thing, something he does all the time and just hit bottom in an awkward way and was paralyzed. A spinal cord injury in a young, healthy, active man is such a devastating thing. He came to see me [and asked] can you do anything... and I called Susan [Dr. Susan MacKinnon, mentor and plastic surgeon in St Louis] and she said, 'Well just operate on him.' [I said] 'I don't know what I'm doing. **No one in Canada has ever done this.**'... [Susan] came and we lined up two patients back to back. Tim was our first. Susan came with her colleague Ida Fox, another person who trained me. They volunteered their time; I didn't pay them to come. They flew up here, we had a great visit, we hung out, and we did these two big cases... **So many people were involved**... We learned a lot, it was **totally new, cutting edge**, and it was just so cool that she flew here, and everyone made such a huge deal out of it... It just shows the kind of **relationships you build in fellowship or medicine** where people just drop everything and come help you and you get really cool cutting-edge things done. He had a really good outcome and his hands started working, I got to see all that... I think that **Tim gave me the confidence to try things that I had never done before, and I now think I do that all the time.** The irony is, what once seemed like such a huge accomplishment, now we are always doing this... that's the greatest thing about nerve surgery. There are many areas of medicine where we know what we're doing and we've done it for 60 or 100 years, but nerve surgery is **constantly changing, and you have to be on the cusp of it**... I feel like **I learned a lot** from that case and **got to work with a lot of great people**, we had a really good outcome, it was a lot of fun, and that was a **game changer** for me and my career."*

¹: Tim Raglin's case has been published with his name, and Dr. Boyd felt comfortable sharing his name for the story.

Note: While we tried to keep these transcriptions as true to the speaker as possible, some dialogue is paraphrased and/or edited for easier reading.

Takeaway: Have the confidence to try new things, especially when the field is constantly changing.

Final Comments

(37:04)

1. The basic idea of plastic surgery does not do it justice, plastic surgeons are constantly being involved in cases **across all specialties**. You **must experience it first-hand**.
 - a. Quote "You really get to work with everyone, and **we fix all their mistakes**. 'We're in trouble; we can't get this wound closed, call Plastics. We got this exposed great vessel we need to cover, call Plastics. Multi-trauma - there's a broken face, call Plastics. Neurosurgery - I need to get to a tumour then I have to reconstruct it, we need Plastics. You will never read that you get to work with so many different people. **You get to bail them out, which is really fun.**"
2. **Always learning** because it's an ever-changing field, must stay up to date on other specialties for collaboration, and in-depth anatomy knowledge. The knowledge allows you to be creative in solving problems.
3. **Applying** to Plastics - Nowadays need to decide early on for **competitive** specialty to have time to make application strong
 - a. Get more **exposure**, do **research**, ask for **observerships**, attend **conferences**.
 - b. You're always taught more when you're **interested** and **keen**, don't be afraid to ask and get involved.