

ANTHONY E. BRISSETT, M.D.

SPOTLIGHTS



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Anthony E. Brissett, M.D., director of facial plastic and reconstructive surgery, co-director of aesthetics, and associate professor of otolaryngology-head and neck surgery at Baylor College of Medicine, talks about his mission work in Rwanda, and how a childhood spent playing hockey inspired his medical career.

Q | *Can you tell us about your formative years?*

A | My journey began as far north as a person can go in the contiguous United States, or even farther north. I was born and raised in Canada, in a small hockey town (Kitchener) with about 200,000 people, just outside of Toronto, in the province of Ontario. My hometown was uniquely international and diverse, with multiple ethnic groups representing almost every span of the world, with a largely German, Caribbean and British influence. My parents were both born on the island of Jamaica, and later moved to England before finally settling in Kitchener-Waterloo, Canada. Needless to say, as a young boy, my mom's British exposure strongly impressed upon me the importance of proper social etiquette, table manners and social skills, which I continue to appreciate now as an adult and pass onto my children. Like most Canadian boys, I grew up playing a lot of ice hockey and watching a ton of NHL professional hockey teams. In fact, my hometown was home to a successful Canadian Hockey League team: The Kitchener Rangers. I recognize now, that it is likely no accident that I selected a specialty—facial plastic surgery—that focuses on facial aesthetics and reconstruction, given my early years as a hockey player, and exposure and observation of some significant facial traumas experienced in the sport of hockey!

Q | *It sounds like you had a unique blend of cultural experiences that influenced your childhood.*

A | Having lived in Ontario, Canada, amongst a rich cultural backdrop, and myself being a dual citizen of Canada and the United States, along with parents of British and Caribbean roots. I really enjoy meeting people from diverse backgrounds in my community, and also have a deep appreciation for the global community and world travel. Having travelled internationally on several medical/surgical mission trips, I not only get the opportunity to see and travel to remote parts of the world rarely seen by most, but I can bring my gift of service to underserved global regions, and provide help to people who otherwise would go without. The value that I place on community service, whether local or global, can certainly be traced back to my early cultural experiences in Canada, and later developed and continued in the United States and globally.

Q | *What led you to a career in medicine?*

A | Having grown up in a small town, with a rich sense of community values and service, I developed a heart for helping others in my small community through volunteer service initially, and later met mentors in the medical field who shared my intellectual curiosity and desire to seek solutions to complex scientific problems. Together those experiences led me to pursue undergraduate in the sciences, and then a medical school career.

Q | *Where did you study and train?*

A | I attended medical school on an academic scholarship at Wayne State University in Michigan. I completed my a residency training in otolaryngology/ head and neck surgery at Mayo Clinic in Rochester, Minnesota. Upon completion of my residency, I stayed on as a clinician-investigator at Mayo Clinic Rochester, and then pursued my fellowship in facial plastic and reconstructive surgery at the University of Minnesota.

Q | *What brought you to Houston?*

A | I was recruited by Bobby R. Alford in 2003 to develop the facial plastic and reconstructive surgery program within the department of head and neck surgery. The

I here really wasn't a program here at the time, and so coming here presented an opportunity to create something unique. Looking back just 10 or 12 years ago, we are a section that has a true identity in the Texas Medical Center; we have grown to have presence throughout the medical center—Texas Children's, Ben Taub, Michael E. DeBakey VA, St. Luke's and The Houston Methodist Hospital.

Q | Can you tell us about the patients that you see and treat?

A | I have a unique and diverse practice that is limited to facial surgery. The beauty of my practice is that I treat patients of all ages. For the pediatric population, my practice is primarily focused on outer ear surgery. I build ears for children that are born without them—a disorder called Microtia. For my adult practice, it's a blend of cosmetic and reconstructive surgeries. On the cosmetic side, it can vary from office based procedures such as Botox or injectable fillers to patients that have a desire to enhance their appearance with procedures such as brow lifts, rhinoplasties or face-lift. On the reconstructive side, I care for patients that may need surgery following trauma or the removal of cancerous tumor.

An aspect of my practice that I enjoy is caring for patients with facial paralysis. Being able to restore someone's ability to close their eye or create a smile can be life changing and is a unique experience.

I have the best practice in the world. It varies from trauma and cosmetic, from pediatric and geriatric.

Q | Can you speak a bit more to what patients with Microtia are struggling with, and what you hope to help them overcome?

A | Microtia can vary anywhere from a child that is born with a normal-looking ear but very small, to a child that is born without an ear at all, and without an ear canal. The incidence of microtia is about one in a 10,000 live births. The cultures that are most often involved are Asians, Hispanics and Caucasians.

The problem for patients with microtia is an issue of form and function. In relation to form, there are body image and sense-of-self issues that develop as a result of an abnormal ear. The function issues relate to their ability to hear, in addition to their ability to acquire speech and language.

We begin seeing these patients as early as possible and identify modalities that can address their hearing issues. Reconstructive surgery to create the new ear typically occurs around the age of nine or 10. Depending upon the type of procedure I perform, a new ear can be created in two or four stages. Typically I spread these out over a three to six month time frame, so the total duration from beginning to end is about one year.

There are a variety of ways to reconstruct an ear. The technique that I typically use for children begins with harvesting several of their ribs. Once the rib has been harvested over the course of several hours, it is carved and transformed into the shape of an ear.

Recreating ears that really look like ears is something that I think about routinely, to see how I can improve and perfect this technique. And what drives me to get better is the desire I have seen in my patients, children wanting to be as normal as possible. There is a picture that I keep in my office, and it's one that I think about a lot. It's an incredibly thoughtful picture by one of my 8-year-old patients that she drew of her face. It's a cartoon-like drawing that shows the face of a smiling child but also shows that she has one normal-appearing ear and one ear that is much smaller and different than the other.

Q | Can you speak a bit more about the clinic that you mentioned earlier?

A | The clinic is called Casa El Buen Samaritano. I am one of the founding members and am on the board. It is a clinic that was developed through a church partnership. It's a 501c3 not-for-profit organization with a mission of providing health care and spiritual enrichment. Casa El Buen Samaritano provides free health care services to those in need. The clinic has been in existence for almost five years and is open two to three days a week. It's important for me to recognize that there are groups of individuals that are living within the shadows of the medical center that do not have access to care. This clinic creates an opportunity to provide this access and care for our community. All of our providers are volunteers and many of them are clinicians who work within the Texas Medical Center.

Q | Can you tell us about your trip to Rwanda?

A | My upcoming mission to Rwanda is organized by a foundation I am part of called Face the Future. Face the Future is a Canadian-based organization with a mission of building capacity and providing care to patients around the world. In this mission, we have developed a team of surgeons from Baylor, Johns Hopkins and University of Toronto. While in Rwanda, we will be working with plastic surgeons and head neck surgeons at their major teaching hospital in Kigali. The goal of this mission will be focused on providing care for patients with reconstructive needs.

Several of the patients we will see and treat are survivors of the genocide who have traumatic facial injuries. We will also see other pathology such as congenital abnormalities like cleft lips and palates and patients, with head and neck tumors.

So what we do in Rwanda, and all of the other missions that we participate in, is we partner with the ministry of health, we partner with the hospitals within the region, and we partner with their training program. The focus is always two-fold: providing care and building capacity.

Q | Have you had any mentors throughout your life?

A | Absolutely. You can't get to this point without having the support of others. And I have had the support of so many people, every step of the way. I have been blessed with both personal and professional mentors in my life.

I met my first true professional and career mentor in college. Her name is Cathy McDonald. Cathy taught me the value of persistence and perseverance. She was someone who really believed in my abilities and encouraged me to pursue them.

In terms of career guidance, there is a mentor that I met in medical school; his name is Dr. Jack Clark. He introduced me to the specialty of otolaryngology/head and neck surgery. He also identified Mayo Clinic as a place he thought I should be trained. Dr. Clark's guidance allowed me to pursue my specialty within an institution of excellence.

Last, but certainly not least, is my wife, whom I've known since adolescence and has shown incredible wisdom. If you can imagine knowing someone since you were 12 or 13 years old, and having their support throughout your entire educational and professional career. It allows me to see how valuable that kind of friendship and mentorship can be.

When I reflect upon the position I'm in or the person I have become, I can identify specific people or groups of people who have allowed me the opportunity to be here. So these are just a few of them. There are a variety of others that may have had just a small time in my life, but have had a significant impact.

Q | What do you see as the benefit of having resources and experienced professionals in one place, as we do here in the Texas Medical Center?

A | What the Texas Medical Center has to offer is a great depth of expertise, resources and collaboration. Practicing within the Texas Medical Center allows me to identify the specialties and specialists that can best support the needs of my patients. What it signifies for me is a massive integrated group practice, with multiple institutions and specialties that allow us to work together to provide the highest quality of care.

We are blessed with the opportunity to care for some of the most complex patients and cases, and thus serve as a resource to our community—not just within the city, but also within the state and around the country. As a physician within the Texas Medical Center, I have access to a group of unique specialists that all have unique areas of expertise. And when one brings all of those components together, we are able to really provide something special for our patients.

Q | *Any closing thoughts?*

A | As a surgeon within an academic center, it's so important to emphasize the value of teaching and ongoing education. Undoubtedly, caring for patients is the most important aspect of what I do as a physician. However, at the same time, preparing and educating physicians to care for patients is central to the core of our mission and an important aspect of what we offer here within our section, within our college, and within the Texas Medical Center. Preparing and training our future generations of physicians is very exciting for me. Seeing residents that I have trained or medical students that I have mentored make a difference and attain levels that I have not is an exciting and humbling experience.