



YOUR COMPLETE GUIDE TO

Facial Cosmetic Surgery

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CONTENTS



Acknowledgments	vii
Introduction	1
1 Contemplating Facial Cosmetic Surgery.....	3
2 Choosing a Facial Cosmetic Surgeon	11
3 Before and After Facial Cosmetic Surgery: What to Expect.....	19
4 Facelift.....	29
5 Midface Lift	37
6 Eyelid Lift.....	43
7 Browlift.....	51
8 Rhinoplasty.....	59
9 Otoplasty	67
10 Wrinkle Fillers.....	75
11 Chin and Cheek Implants.....	87
12 Lip Augmentation.....	95
13 Skin Rejuvenation.....	103
14 Scar Revision.....	129
15 Follow-up Skin Care.....	137
Resources	147
Index	153
Glossary	161
About the Authors	164

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Kriston J. Kent, M.D.

INTRODUCTION



At no other time in history have we seen so much media attention focused on cosmetic surgery. We see cosmetic surgical makeovers on national television. We watch programs about cosmetic surgery for movie stars. We read magazines and newspapers, brimming with information about the latest cosmetic surgery techniques and procedures. Why is all this media attention occurring? It's likely due to the public's intense interest in these topics.

Millions of Americans are seeking facial cosmetic surgery. The number of facelifts performed in the United States increased 46 percent over last year. Other procedures, such as rhinoplasty and eyelid lifts, have also increased dramatically. No doubt, part of the upward trend is a result of our population getting older—someone turns 50 every 8 seconds in America. We may be aging, but we want to look our best. Even so, the trends show that many younger Americans are also undergoing cosmetic surgery, too.

Perhaps you're considering facial cosmetic surgery. If so, we encourage you to become an informed consumer so you will enjoy the process and achieve the results you desire. To help you better understand facial cosmetic surgery, we offer descriptions of various procedures along with dozens of before and after photos of our patients. We hope this book is a helpful tool to you as you make choices about facial cosmetic surgery.

CHAPTER 1

CONTEMPLATING FACIAL
COSMETIC SURGERY



CONTEMPLATING FACIAL COSMETIC SURGERY



Are you among the thousands of Americans who are thinking about facial cosmetic surgery? Have you wondered how you might look after a facelift...a nose job...an eyelid lift? Are you brimming with energy on the inside but showing your age on the outside? If so, facial cosmetic surgery may be for you. Each year, more and more Americans are choosing to turn back the clock with cosmetic surgery.

Before we discuss the most common procedures, let's take a look at why our facial skin and tissues age. Not only will this help you understand how facial structure changes with age, but also it will give you insights about lifestyle habits that can help you maintain the results of cosmetic surgery procedures.

How Facial Structure Changes

Why does facial skin eventually start to droop? Consider this analogy: If you've ever had a lined coat or jacket cleaned, you may have found that the lining shrank during dry cleaning or laundering, making the outer fabric sag. Think of your facial skin as the outer fabric and your bones and supporting tissues as the lining. As those bones and tissues shrink and your muscles lose volume and tone, the skin slips downward, sometimes drooping much as your jacket's outer fabric drapes over the hemline.

Beneath your skin, the SMAS—short for *superficial musculoaponeurotic system*—also begins to sag and droop. Here come jowls, low brows, and other unwanted folds. The SMAS is the curtain of muscles of facial expression and the surrounding connective tissue. As the SMAS descends, the skin becomes less taut.

Layers of fat, called fat pads, under the eyes and under the skin on our cheeks also keep us looking younger. When gravity pulls at the cheek pads, it can create sagging

skin and hollows under the eyes; it also deepens the nasolabial folds, the grooves that run from both sides of the nose to the corners of the mouth. As the cheek pads get longer, they become less rounded, the face appears flatter, and their weight pulls down the corners of the mouth. As muscles surrounding the eyes shrink and weaken, they sometimes develop small gaps through which fat protrudes, creating little bumps under the eyes.

In addition to changes in the underlying structures of the face, the skin itself changes. We start seeing broken capillaries, rough patches, discolorations, fine lines, and enlarged pores.

Why Skin Ages

Slowing Metabolism

Over the years your *metabolic rate*—the pace at which your body absorbs and processes nutrients—gets slower. As a result your system produces less of just about everything, including blood, bone, the skin proteins *collagen* and *elastin*, and natural skin oils. Skin-cell growth and replacement also slow down.

As the connective tissues in your body weaken, your skin's support structure is undermined. With less *collagen*, which acts as a glue to hold tissues together, and *elastin*, the fibrous protein in elastic tissues, your skin starts to lose its snap, kind of like an elastic waistband after years of wear. When you were younger, your skin bounced back from all types of stresses, but as the calendar pages flew by, so did your skin's resilience.

Sun Damage

Compare the skin on the underside of your arm to that on the front. That's one way to see how the sun damages your skin. The skin on your under arm is white and unflawed, but the skin on the front of your arm is darker and has been affected by the sun. In fact, you've been bombarded for years with the sun's *ultraviolet alpha* and

It's important that patients realize that plastic surgery is about "improvement" and not "perfection." The benefits should be increased self-esteem and confidence that allows each patient to have more meaningful relationships at home, work, and with themselves.

— ***Dr. Jon Mendelsohn***

The best facial cosmetic-surgery candidates are healthy, active people who really love life and who basically see themselves as looking ten to fifteen years older than the person inside.

— Dr. Kriston Kent

beta waves (UV-A and UV-B rays); the more time you've spent in the sun, the more your unprotected skin has been injured.

UV-A and UV-B rays are responsible for *photoaging*—sun-induced skin damage. UV rays are more harmful at high altitudes, in the summer, and closer to the equator. The sun causes almost as much damage as your biological clock does, sometimes more. Sunlight on unprotected skin penetrates several layers to stimulate pigment-producing *melanin*, which protectively comes to the surface and makes you tan or freckle. Tanned skin filters out some of the UV rays, but harmful amounts still get through. And over time those cute freckles may turn into liver spots, sun spots, or age spots.

Repeated sun exposure, beginning in childhood, accumulates to break down collagen and elastin, worsening wrinkles and fine lines. Sun exposure also breaks down blood vessels, resulting in spider veins. If you haven't protected your eyes properly, you may also have permanent squint lines.

You might see pink scaly lesions on your skin called *actinic keratoses*—small, hardened areas of sun-damaged skin that are often precancerous. Since sun exposure is the number one cause of skin cancer, ask your doctor about any peculiar or unexplained blemishes, especially if they grow or change shape.

Genetics

You have a lot to thank your parents and grandparents for, including your facial bone structure, skin thickness and tone, and pigmentation. These ancestors may have passed along other factors that affect your skin, such as a tendency to gain weight or a medical condition such as hypothyroidism, which often dries out the skin.

Poor Nutrition and Hygiene

Nutrition plays a big role in the condition of your skin. The condition of your skin and hair can testify to this. A poor diet, inadequate fluid intake, and substance abuse are reflected in the appearance of your skin. The longer harmful habits continue, the

greater the damage they cause to skin and overall health. Obesity can affect how early and how severely your face loses its youthful firmness. Not only is there more fat to slide into your chin and neck, but every time you lose weight only to gain it back, your skin becomes a bit more slack.

Proper cleansing and moisturizing of the skin is important, also. Too little hygiene is bad for the skin; similarly, over cleansing can remove natural oils, which is damaging to the skin.

Inadequate Sleep

Your body is rejuvenated every time you sleep, repairing the physical insults and psychological strains of the day. Tissues need a hiatus during which they, like you, get a new lease on life. Thus, chronic lack of sleep is a key contributor to premature aging.

Illness and Injury

Injuries and skin disorders such as acne and herpes can leave the face scarred and the features uneven. Chronic illnesses and long-term stress rob your skin of nutrients, especially when accompanied by inadequate self-care. Many medications and topical creams can also deplete nutrients, usually by making your skin more sensitive to the sun. The antibiotic tetracycline, the pain-reliever naproxen (Aleve), and skin-smoothing retinoids (such as Retin-A™ and Renova™) are just a few examples of sun-sensitizers, which make you more prone to sunburn and resulting sun-damaged skin.

Use of Facial Muscles

You've heard of laugh lines, frown lines, even smile lines. Smiling and laughing are much more beneficial than harmful to your health, but repeated facial expression eventually can create lines and wrinkles.

Smoking

Smoking, besides etching vertical wrinkles around your mouth, causes biochemical changes in skin tissues. Cigarette chemicals, when inhaled, constrict small blood vessels so fewer nutrients and less oxygen find their way to skin cells. Smoking also

Today when we do facelifts, we're not pulling skin, we are lifting the heavier muscles beneath it. Then, we trim excess skin and tailor it around the ear and hairline. This is closed without any tensions, so there's no "stretched smile" look.

— *Dr. William Truswell*

accelerates the aging process and interferes with healing, which is all important after plastic surgery.

Toxins and Irritants

A variety of toxins and irritants can affect the health of your skin. Like excess sunlight and smoking, such things as alcohol and air pollution affect your skin. How so? They stimulate free radicals, which are oxygen molecules that have become unstable. These unstable molecules may then attach to tissues such as collagen in the skin, causing damage. Overtime, this can cause the skin to lose elasticity and become discolored and wrinkled.

Fortunately, the body has defenses, called antioxidants, that fight free radicals. Vitamins C, D, and E are also thought to prevent free radicals from harming tissues. Selenium and green tea are also considered antioxidants.

Is Cosmetic Surgery for You?

If you want to look younger and more radiant, or improve a facial feature you're self-conscious about, you are probably a candidate for facial cosmetic surgery. In fact, most healthy adults could benefit from one or more procedures. Dramatic improvement is possible for men and women in their thirties to their seventies and even eighties, regardless of skin color, skin tone, or bone structure.

The best candidates for facial cosmetic surgery have realistic expectations, are well informed about the procedure, and are in good physical and emotional health.

Attitude and Expectations

Cosmetic surgeons will tell you that your expectations and attitude are the most important qualifications. If you like yourself and you're seeking improvement, not perfection, you'll most likely be pleased with the results of your surgery. Most patients experience enhanced self-confidence and a sense of well-being. Facial rejuvenation can make you look younger, but feeling younger comes only from good health. And although a more youthful appearance can boost your confidence and self-esteem,

cosmetic surgery itself cannot make you happy if you are basically unhappy. If you are depressed or your life is a mess, you should probably postpone cosmetic surgery until you feel more stable emotionally.

When Cosmetic Surgery Might Not Be for You

If your goals are realistic, there could be yet other reasons that you are not a good candidate for surgery. Some chronic health conditions may mean that cosmetic surgery should wait. Examples of such health conditions include: uncontrolled high blood pressure; blood disorders, such as excessive bleeding or clotting, or a family history of blood disorders; a history of hypertrophic or keloid scars (types of severe scarring); connective-tissue disorders; heart, lung, kidney, or liver disease; long-term steroid use or use of other drugs (such as Accutane™ for acne) that can interfere with healing; endocrine disorders of the thyroid, parathyroid, or adrenal glands; diabetes; osteoporosis or another bone disorder; autoimmune disease, such as lupus or rheumatoid arthritis; and obesity or anorexia.

Overweight patients may need to take off pounds and stabilize their weight before surgery, and smokers will have to quit, at least for several weeks before and after the operation. The surgeon will caution patients with thicker skin that they might scar heavily.

If, in spite of a medical condition, you are committed to having facial plastic surgery, ask your doctor to recommend treatments or regimens that can make you a better candidate and probably a healthier human being as well.

What's the Next Step?

Arrange a consultation with an experienced, well-qualified facial plastic surgeon. Most patients, doctors report, are pleased with the growing range of treatment choices in facial plastic surgery. Many cosmetic surgeons urge prospective patients to become well informed. The best patients, they say, are those who understand how skin damage and wear occur, how cosmetic procedures can help, and why some people are better candidates for surgery than others.

CHAPTER 2

CHOOSING A FACIAL COSMETIC SURGEON

CHOOSING A FACIAL COSMETIC SURGEON



Choosing a highly qualified, experienced facial plastic surgeon is the single most important thing you can do to ensure that your surgery is a success. Do your homework to find the right one. Ask for referrals from your family doctor, friends, relatives, your hair stylist, and your cosmetologist; however, don't rely completely on even the warmest recommendation. Learn all you can about the surgeon you're considering. Call the doctor's office and ask questions. Visit the doctor's Web site. Ideally, you would interview everyone you're considering; however, note that most facial plastic surgeons charge a fee for a prospective patient consultation.

Surgeon Qualifications

The most important qualifications for a facial plastic surgeon are rigorous training, ample experience, board certification, demonstrated excellence, and compatibility. How can you tell if you and a particular doctor are compatible? Trust your instincts, but also try to judge whether he or she will patiently answer all your questions, treat you as an equal, willingly show you patients' before-and-after pictures, and give you names of former patients to contact.

How Much Experience Is Enough?


Almost all the literature talks about choosing a qualified facial plastic surgeon. Sometimes we are urged to ask a surgeon how many years he or she has been doing surgery, or, for example, how many rhinoplasties the surgeon does each year. However, as prospective patients, most of us do not know what the right answer would be. If a surgeon tells you he or she does 20 rhinoplasties a year or 100, which answer indicates proficiency?

There are no hard and fast numbers to go by here; however, you want to make sure that your surgeon has been trained specifically for the procedure you are considering. Ideally, this highly trained surgeon has been in practice for several years and is performing facial plastic surgery on a regular basis. You're probably in good hands if the doctor is performing the procedure you're considering at least several dozen times a year.

Finally, check to see whether the doctor is certified by organizations such as the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) or the American Board of Plastic Surgery. Surgeons must meet rigorous standards in both training and experience to be members of these organizations. Other upstanding organizations—known as “societies,” “academies,” or “colleges”—are typically involved in educational conferences and other continuing education activities; however, the organizations that are “boards” are the ones involved in certifying surgeons. (The Resources section, toward the end of this book, tells you how to contact these and other helpful organizations.)

When you're in the hands of a well-qualified surgeon, you will almost certainly achieve good or excellent results with very little risk. Still, remember that many cosmetic procedures are relatively new and involve important facial muscles and nerves. Make sure your chosen doctor has performed your intended procedure a great many times and kept up with advances in the field. Also, be aware that in many states any licensed physician can perform cosmetic surgery and legally claim to be a facial plastic surgeon.

It is critical that you do enough research—read books, search the Web, and conduct phone and office interviews, for example—to choose the right facial plastic surgeon.



When choosing a doctor, experience counts. It takes a long time to build a reputation for excellence in cosmetic surgery.

— *Dr. William Truswell*



This woman is considering endoscopic forehead lift. During her consultation, Dr. Kriston Kent uses on-screen digital photos of her face to demonstrate the results she might achieve with the procedure.

Your Consultation

You'll have at least one and maybe two consultations with your surgeon before your procedure. Whether the doctor is one of several you're considering or is the surgeon you've chosen after doing your research, go to the initial visit well prepared. Educate yourself about facial plastic surgery, particularly about the procedure or procedures that interest you. Be prepared to ask questions during your initial consultation. Some individuals are more comfortable if they take a friend or companion along for the consultation. A companion can help you take notes and be sure you've asked all the pertinent questions.

Determining Your Goals

As you contemplate facial cosmetic surgery, your surgeon may tell you about procedures you didn't realize were available. Or you may learn that the procedure you're considering may not do all you thought it would, and you may benefit more from another procedure.

As you contemplate which procedures would be best for you, keep in mind the three basic ways in which aging affects the face: sagging skin, loss of plumpness, and loss of smooth skin texture. Accordingly, three separate types of procedures are used to reduce these signs of aging. Sagging skin is treated by lifting facial skin and tissue. Loss of plumpness is treated with fillers, whether injectable fillers or implants. Skin texture is rejuvenated with skin resurfacing, either by laser or with chemical peels.

During the consultation, the doctor will probably ask what you like and don't like about your appearance, what makes you self-conscious, what you'd like to change, and what you're hoping to look like after surgery. Maybe your ideal is out of reach, but by knowing what you want, your doctor can tell you what can be achieved. What you'll probably discover is that the procedure your doctor recommends can dramatically improve your appearance in ways you might not have envisioned.

He or she will examine your facial features, skin, expressions, and bone structure, and will explain the procedures that would benefit you, along with their risks and side effects. You'll look at before-and-after pictures of other patients who have had the same procedures. The doctor may take a digital photo of you that can be modified on a computer as you discuss your goals and concerns. For example, if you're considering a nose job, the doctor can project a picture of your profile on the computer screen and then digitally shape your nose to give you a better idea of how the proposed changes might look. This tool gives you and the surgeon a way to see the possibilities as well as any limitations of a procedure.

The doctor might recommend additional surgery be done before, after, or at the same time as the primary operation. For example, a facelift alone may not remove some skin flaws such as mottled skin or sun damage. Accordingly, a surgeon might recommend facial skin resurfacing along with the facelift. Or, if you're interested in a nose job and a facelift, the doctor may recommend these procedures be done separately. If you have chosen a skilled and reputable surgeon, he or she will recommend these procedures only if they will help you achieve your goals and for no other reason. As safe and effective as facial cosmetic surgery has proven to be, no surgery is risk free and no ethical surgeon will carelessly expose you to unnecessary risk and prolonged recovery.

Go to the consultation with an open mind. The procedure you've investigated might not be the right one for you. You may have explored eyelid surgery in detail, but the surgeon thinks a browlift is a better way to go. If you trust the doctor, then find out all you can about browlifts.



Dr. Jon Mendelsohn answers a patient's questions as she is being prepared for a modified, deep chemical peel to eliminate fine wrinkles and improve skin tone.



Dr. William Truswell performs a standard SMAS facelift, a procedure that usually takes two to three hours.

What to Take with You

When it comes to your medical history, don't trust your memory. Questions such as "When was your last tetanus shot?" can catch you off guard. If you don't already have copies of all your records, get them and make copies for your doctor. Here's a suggested inventory:

- Past and current medical conditions, hospitalizations, operations, and noninvasive cosmetic procedures (chemical peels, Botox™, laser resurfacing).
- Lab work and results of other diagnostic procedures such as CT scans, MRIs, and X-rays.
- Details about allergies and sensitivities to foods, medicines, soaps, and potential irritants such as adhesive bandages and latex.
- Drugs you're taking, prescription and nonprescription medications, vitamins and minerals, herbs, and other dietary supplements.
- Dental history.
- Eye exam and eye surgery information. Take your eyeglasses and contact lenses to the consultation.

Do not conceal any health information because you think it's unimportant or because it might disqualify you. For example, tell the surgeon if you are currently a smoker. If you do not fully disclose all information, you could be putting yourself at unnecessary risk.

The Surgical Center

Find out where the doctor you're considering performs surgery. Rather than a hospital, the location is more likely to be an outpatient surgery center or the doctor's surgical suite. Ideally, it will be certified as a Medicare Ambulatory Surgery Center or accredited by one of the other nationally recognized oversight organizations; these include the Accreditation Association for Ambulatory Health Care (AAAHC), the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), or the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).

Why is accreditation important? It increases the patient's level of safety. If a surgical center has been accredited, it has been inspected for its standard of care and its equipment, including emergency equipment. An accredited center will also have an established relationship with local hospitals and emergency rooms.

Questions to Ask the Surgeon

- What are your medical credentials?
- What procedure or procedures do you recommend for me?
- How many of these procedures have you performed?
- Are there alternatives that might accomplish my goals?
- What are the risks and side effects?
- May I talk to at least one of your patients who has had this procedure?
- Where will the operation be performed?
- How long will the operation take?
- What kind of anesthetic will be used?
- Will I have pain?
- How will I look after surgery?
- How long is the recovery period?
- What kind of postoperative self-care will be necessary?
- When can I go back to work and resume other normal activities?

CHAPTER 3

BEFORE AND AFTER
FACIAL COSMETIC SURGERY:
WHAT TO EXPECT

BEFORE AND AFTER FACIAL COSMETIC SURGERY: WHAT TO EXPECT



There is more to your summer vacation than the time you spend on the road, in the motel, and at the theme park. It starts months, maybe years, in advance with planning and preparation. Part of the fun is the anticipation. Another part is the experience itself. Finally, there's the transition from the holiday retreat back to the real world.

Likewise, facial cosmetic surgery is more than the time you spend on the operating table. A happy and healthy outcome starts with an idea that takes shape through planning, preparation, and informed choices. It continues through surgery and recovery and culminates in the fulfillment of your hopes and expectations. The best cosmetic procedures, like the best vacations, have lasting value.

Before Your Surgery

At your consultation or at a pre-op teaching visit, your doctor will fill you in on details of the procedure. The topics likely to be covered include:

- Surgical techniques, including incision placement, and objectives
- Side effects and potential risks
- Information about anesthesia, hospital or clinic arrangements, and length of stay
- Pre- and postoperative instructions, including follow-up office visits
- Costs

Arrange for a Caregiver

You'll need to have someone drive you to and from surgery and care for you at home the first day or two. Why do you need a caregiver? You will be groggy from your anesthesia, so you won't be able to drive. Once at home, you may feel a bit

weak or your moving about may be restricted. For example, you'll be asked to not bend over or lift. Having a caregiver is so important that the surgeon's office may require that you furnish the name and phone number of your caregiver.

Stop Taking Certain Medications and Supplements


Pain relievers and other medications, vitamins, and herbs that are generally safe may not mix with surgery, the anesthesia, and other medications. Some substances raise your heartbeat or blood pressure, thin your blood so that it doesn't clot normally, or affect the amount of anesthesia needed.

Your doctor will tell you what substances to avoid before surgery and how far in advance to stop using them. Don't assume that something you're taking or plan to take is acceptable just because it isn't on the list. Ask the doctor. Substances that might be off limits include anti-nausea medications, anti-inflammatory drugs and anything that tends to thin the blood, such as Coumadin; preparations containing aspirin or ibuprofen; supplements that contain vitamin E, ginkgo biloba, ginseng, ginger, echinacea, black cohosh, or other herbs; and red wine and other alcoholic beverages. It's important to give the doctor a *complete* medication and supplement list at your consultation so that he or she will be able to tell you which of those substances to stop taking and what substitutes might be available.

Fill Your Prescriptions

Depending on the procedure and the doctor's preferences, you might be given prescriptions for antibiotics, pain relievers, antihistamines, decongestants, anti-inflammatory drugs, stool softeners, vitamins, ointments, and sedatives, such as Valium. The doctor or a highly trained clinic staff member will tell you when to start and stop taking these prescriptions.

Many cosmetic surgeons are recommending specific preparations of *Arnica montana* and *bromelain*—botanical products that are believed to speed healing. If your doctor doesn't mention these, ask about them.



You might be a bit confused if the surgeon tells you to stop taking your anti-inflammatory medication and then hands you a prescription for an anti-inflammatory drug. Likewise, you may be told to stop taking blood-thinning agents only to have blood thinners given to you before or during surgery. It's important for you to understand that these drugs are safe, effective, and even necessary when the doctor prescribes the specific products and dosages and controls when, where, and how they are used.

Grow Your Hair

If you're having a facelift, a browlift, eyelid surgery, or otoplasty, one of the first things you might want to do before surgery is start growing your hair. Your hair will hide incisions while they're healing, though most incisions are well hidden. Otoplasty patients sometimes prefer not to draw attention to their ears after surgery.

Quit Smoking

If you smoke, you'll need to quit two weeks or more before surgery and remain a nonsmoker throughout your recovery. As smoke enters the bloodstream, it compromises vascular function, interferes with proper healing, and increases the chance for complications. In fact, it is estimated that the risk of skin death, or *necrosis*, is 1,500 percent more likely for smokers than for nonsmokers. This applies to all forms of smoking—cigarettes, cigars, and pipes.

Follow Your Diet Instructions

Your surgeon might give you a diet to follow in the weeks before surgery. Dine well the evening before your procedure, because you'll probably be told not to eat or drink anything after midnight except small sips of water needed to swallow medications. Avoid alcohol the evening before surgery because alcohol tends to thin your blood and can lead to increased bruising.

Cleanse Your Hair and Face

You might be instructed to shower and wash your hair with an antiseptic shampoo both the night before and the morning of surgery. In any case, your hair should be clean and free of styling products. After washing your face, don't apply moisturizers or other skin conditioners unless your doctor says it's okay.

It's extremely important to follow your doctor's directions meticulously, for your own safety and for the best possible outcome. Call the office and ask about instructions you don't understand.

At the Surgical Center

Arrive at the surgical facility wearing loose-fitting clothes you can take off and put on without pulling them over your head—a shirt or sweater that fastens up the front, for example. Don't wear makeup, jewelry, or fragrance.

Before the operation, depending on the type of procedure and your doctor's practice, the medical staff will prepare you for surgery.

- You may be given a pill or an injection to help you relax. If not, and you are anxious, ask if you can have a sedative.
- Monitoring pads may be taped to your chest to keep track of your vital signs.
- You may have an IV in place, probably in your arm, delivering saline solution to keep you hydrated, as well as a small plastic port inserted for administering anesthetics, antibiotics, and other medications. Placement of the IV and port won't be painful, though you might feel a slight stinging for a few seconds.
- You'll probably be given IV sedation and local anesthesia, which your doctor may refer to as *twilight sleep* or *managed-care anesthesia*. Local anesthesia with sedation will keep you asleep during surgery. It's unlikely you'll have *general anesthesia* unless you're undergoing additional complex procedures at the same time. General anesthesia puts you into a deep sleep during surgery.
- Your doctor will use a marking pen to mark your face to indicate placement of the incisions.

After Your Surgery

After the operation you'll remain in the recovery room where you'll continue to be monitored in the unlikely event of high blood pressure, bleeding, or reaction to anesthesia. If you feel nauseated, let your attendant know right away and you'll be given anti-nausea medication.

After an hour or so, when the anesthetic has worn off, and you're fully awake, you can probably go home. Under no circumstances will you be allowed to drive after surgery, so be sure you've arranged for a driver and at-home caregiver. You'll probably leave the recovery room with instructions to rest and let your caregiver prepare meals and assist you with going to the bathroom and other tasks.

You should have little or no pain, but you will be prescribed a prescription pain reliever to use just in case. If you are uncomfortable to the point where you have trouble resting, don't hesitate to take the over-the-counter pain reliever your doctor recommended or the medication he or she prescribed. Sleep and relaxation are essential for healing.

To make sure you're comfortable after surgery and to speed healing, your doctor will give you specific instructions for self-care and a timetable for resuming your usual activities. The instructions depend on several

factors: the type of procedure, the approach used, other procedures done at the same time, and your doctor's own experience and preferences.

To speed healing, your surgeon may also use autologous platelet gel during your surgery. This gel is derived from about two ounces of the patient's own blood, drawn during the surgery. The blood is spun through a centrifuge to separate the platelets, which contain bioactive proteins. When applied under a skin flap, the platelet-rich gel helps to seal, repair, and regenerate the tissues disturbed during surgery.

Common Post-Surgical Instructions

- Keep your head elevated. When sleeping, use at least two pillows and try to lie on your back.
- Avoid bending over, lifting, or straining—in short, doing anything that might raise your blood pressure, putting a strain on your healing tissues.
- Use lightweight ice packs as directed to control swelling. You might use soft gel packs, or bags of frozen peas or corn, wrapped in a towel. You may be given a prescription drug to help reduce swelling.
- Care for your incisions may involve changing gauze pads and using a topical antibacterial ointment, such as Bacitracin and hydrogen peroxide. Do not use vitamin E on the incisions.
- Start out with a liquid or soft diet—not too hot or too cold.
- Avoid moving your mouth and facial muscles excessively by chewing, talking, laughing, smiling, drinking through a straw, yawning, even putting on lipstick. You might be advised not to tweeze your eyebrows or wear earrings.
- Stay out of the sun. When your doctor gives the okay, wear sunscreen (at least SPF 15) and a hat with a brim.
- Take prescribed and recommended medications, which may include drugs for pain, stool softeners so you don't have to strain when going to the bathroom, suppositories for nausea, sedatives to help you sleep, antibiotics to prevent infection, vitamins and food supplements, Arnica montana or bromelain for healing, and other products approved by your doctor.
- Avoid aspirin, ibuprofen, vitamin E, and other blood-thinning substances—they may promote bleeding.
- Avoid alcohol as long as you're taking sedatives or pain medications. Your doctor may tell you

not to use alcohol for three or four days after surgery, even if you're not taking those drugs.

- Refrain from smoking and stay away from heavy second-hand smoke for at least two weeks.
- Protect the surgery area from impact and injury. Wear clothing that doesn't have to be pulled over your head.

Your first follow-up office visit will be a day or two after your surgery. At this appointment or a later one, your doctor will remove drainage tubes (if any) and any bandages. The surgeon will also remove any sutures, skin clips, splints, or packing during surgery.

In the weeks ahead your life will return to normal. Your doctor may give you a specific timetable indicating when you can resume normal activities, such as:

- Taking a shower
- Using a hair dryer—probably on the low setting at first
- Wearing your glasses or contact lenses
- Brushing your teeth, shaving, putting on makeup
- Resuming non-strenuous activities
- Driving a car, which will most likely be when you can turn your head easily


- Resuming sexual activity
- Returning to work if it's not physically strenuous
- Resuming strenuous activities, such as heavy housework and noncontact sports
- Going swimming
- Playing contact sports

The better you take care of yourself—following your doctor's instructions to the last detail—the sooner you'll be back in the swing of things and enjoying your younger, fresher look.

Common Side Effects

With each day that passes after surgery, you'll feel more energetic and you'll start to see the benefits of your new look. Healing can be a gradual process, but you can speed it along by following your doctor's instructions and taking as much downtime as he or she recommends. Keep in mind that you may experience some normal side effects as you're healing.

Soreness. Severe pain is unusual after facial cosmetic surgery, but you may feel some stiffness, tenderness, or possibly mild headaches at first. These symptoms can be easily managed with prescription or over-the-counter pain medication. Take only pain relievers prescribed or recommended by your doctor; products containing



aspirin or ibuprofen can thin the blood and interfere with healing.

Bruising. You might see temporary bruising, which will fade quickly. Your doctor can recommend camouflage makeup suitable for both men and women.

Swelling. Using ice packs according to your doctor's instructions should keep swelling to a minimum. Bags of frozen vegetables, such as corn or peas wrapped in a towel, work well.

Temporary scarring at the incision lines. Your surgeon will have placed the incisions where scars will be inconspicuous, and they will fade over time, becoming barely visible. In addition, itching, slight bleeding, oozing, and crusting may occur at the incision site. Your doctor will tell you what to expect following your procedure and will tell you how to minimize any side effects.

Low mood. It is not unusual to feel a little down now and then during the first few weeks of the healing phase. Keep in mind why you wanted the procedure and how wonderful you will look very soon. If you're well prepared with ways to entertain yourself and if your emotional health is generally stable, your low mood is unlikely to last. Make arrangements for work and family responsibilities while you recover so you won't lie there fretting about what's not being done. Upbeat books and movies can occupy your mind and lift your mood.

Temporary numbness, loss of sensation. At first, you might experience numbness in the area where incisions were made. This common occurrence is a result of small nerve branches, under the skin, being cut or stretched during a procedure. These nerves should heal, restoring normal sensation to the area. In some cases, numbness may take several months to completely resolve.

Risks and Complications

Millions of Americans have cosmetic plastic surgery each year, and over a third of them are repeat patients who have had other procedures. The majority are pleased with the results and have no lasting complications. Still, as a surgical procedure, these procedures are to be taken seriously, and it's important to understand potential complications.

Infection. Your doctor's expertise and your own self-care, including the antibiotics you'll take before and after surgery, should prevent infection. Let your doctor know right away if there is inflammation, pus, or unusual pain at the incision lines, or if your temperature rises more than one and a half degrees above normal.

Bleeding. If there's any bleeding at all after your procedure, it should be slight and short-lived. More than a little bleeding is unusual and should be reported to your doctor immediately.

Hematoma. A hematoma—a blood-filled swelling under the skin—occurs less than three percent of the time in facial plastic surgery. A tender, raised area filled with fluid can indicate hematoma even if you can't see any blood. If necessary, the doctor can drain a small hematoma with a needle. Large, spreading hematomas require your doctor's immediate attention in order to prevent tissue damage.

Careful surgeons monitor bleeding during the surgery and use techniques that make hematoma formation very unlikely. Some surgeons use a *closed-suction drain*—a small tube under the skin behind the ear. Many doctors, however, are turning to other techniques, such as the use of platelet gel, that not only prevent hematomas but reduce bruising and speed healing.

Seroma. Similar to a hematoma, a seroma is a pool of fluid that forms under the skin; however, the fluid is not blood but a sterile body fluid. Seromas may dissolve on their own, or the doctor may need to drain them with a thin needle. Like hematomas, seromas are less likely to occur with the use of small surgical drains or platelet-rich plasma during surgery.

Incision complications. Rarely, incisions become crusty. In this case, your doctor will give you instructions on how to clean them. Follow the surgeon's advice carefully to promote incision healing. As mentioned earlier, scars may be more noticeable on thicker-skinned patients.

Excessive scarring, such as hypertrophic scars (overdeveloped scars) or keloids along the incision lines, and permanent scarring are rare among patients with no history of scarring problems.

Anesthesia reaction. An allergic reaction to the anesthesia or another medication is usually preventable; your doctor will learn of the possibility while reviewing your medical history and take preventive measures. Such a reaction is rare in any case, especially when sedation and local anesthesia are used. If it does occur, it will probably be observed and treated during recovery at the surgical center or doctor's office.

Other complications. Fewer than one percent of patients experience complications such as nerve or muscle damage leading to numbness and loss of movement. Discuss the risk of such complications with your doctor.

Although it's important to be aware of risks, note that a 2003 study reported that the rate of complications from plastic surgery, whether performed in a hospital or a doctor's accredited surgical suite, was below one percent—significantly lower than for a tonsillectomy. Other studies indicate that most patients are satisfied with their plastic surgery outcomes and enjoy significant improvement in quality of life. For study data, visit the Web sites of the organizations listed in the Resources section at the end of this book.

CHAPTER 4

FACELIFT



FACELIFT

*I*t has often been referred to as “bloom”—that fresh, full-cheeked, buoyant face that radiates health and energy. You might still feel like a flower at its glorious best, although your face may have lost its more youthful look. Gravity causes sagging and the years carve lines in cheeks formerly smooth and firm. There may be deepening furrows between your mouth and chin, your jaw line may disappear, and the corners of your mouth might turn down, making you look sad or angry.

If you are unhappy about such signs of aging, you may wish to consider having a facelift. Each year more than one hundred thousand Americans, 90 percent of them women, choose to have facelifts.

What Is a Facelift?

A facelift is a surgical procedure that restores a more youthful and natural look to the face and neck. A facelift smoothes and tightens facial skin, improving the sagging in your cheeks, chin, and neck. A facelift can also lessen the grooves, known as marionette lines, from the corners of your lips to your chin and many of the wrinkles in your neck and the lower part of your face.

Today, facial plastic surgeons use techniques that achieve a natural look, turning the clock back ten years or more and giving you renewed confidence in your appearance. How long will a facelift last? There is no single answer to this question for everyone; however, a facelift may last for five to twelve years. Factors include genetics, of course, along with lifestyle: if you avoid weight gain and loss, don't smoke, and stay out of the sun, your facelift will last longer. Your age when you have a facelift is also a factor. For example, a 40-year-old person will have more skin elasticity than a 70-year-old; therefore, the older person may see new signs of aging sooner than a younger person.

Facelifts have been around in one form or another since the beginning of the twentieth century, mostly as skin-only procedures. In fact, Americans who had facelifts before the 1970s came out of surgery with smoother skin, but often with a stretched, “wind tunnel” look. Not only did these facelifts look artificial, they didn’t last as long as today’s more sophisticated procedures.

Today, you’re likely to hear about numerous kinds of facelifts; however, several types and techniques are popular:

Types of Facelifts

SMAS Facelift

As mentioned earlier, the SMAS refers to the subcutaneous musculoaponeurotic system, which is the curtain of facial muscles that lie under the skin. In the late 1970s, the SMAS facelift became the standard. This procedure tightens the SMAS as well as the skin of the lower part of the face, including the chin and the front of the neck. Because the underlying muscles are also tightened, the SMAS facelift smooths the skin naturally, avoiding a pulled look. The SMAS facelift does not significantly change nasolabial folds or sagging fat pads under the cheek.

Another procedure, known as an *extended SMAS facelift* goes farther toward the nose to smooth lines around the nose and mouth.



Facelift with endoscopic browlift.



Deep-Plane Facelift

Another type of facelift, the *deep-plane facelift* can improve midface drooping and the deep folds running from the cheek to the lip. This facelift differs from the SMAS facelift in that it develops a thicker flap and allows more movement of the mid-cheek tissues. Some surgeons feel they get a more dramatic result that lasts longer with the deep-plane lift. However, some studies have demonstrated no advantage of deep-plane over standard SMAS lifts when patients had alternate sides of their faces done with the different techniques. The deep-plane lift is technically more difficult to perform, it involves greater risk to facial nerves, and it requires much longer recovery than a standard facelift.

There are variations of deep-plane lifts, including a *subperiosteal lift*, which lifts and repositions tissues—skin, fat, and muscle—all at once. Another variation, the *composite facelift*, includes an extra step to include the muscle around the lower eyelid.

Mini Lift

This procedure involves minimal incisions and is best suited for younger patients, perhaps in their 30s or 40s. The procedure can involve skin only, and may not lift the underlying muscle structures. As a result, the procedure does not significantly improve any skin laxity in the neck or jowl area. This type of procedure is sometimes also referred to as a “weekend lift” or an “S-lift,” so called for the S-shaped incision made in the hairline. The results of this procedure will not last as long as those in which the underlying muscles are also lifted.

Are You a Candidate for a Facelift?

Almost anyone whose face shows the effects of aging and environmental damage can benefit from a facelift. The procedure is performed with excellent results in both light- and dark-skinned individuals in their thirties to sixties or seventies and even in their eighties if they're in good health. People who are mildly to moderately

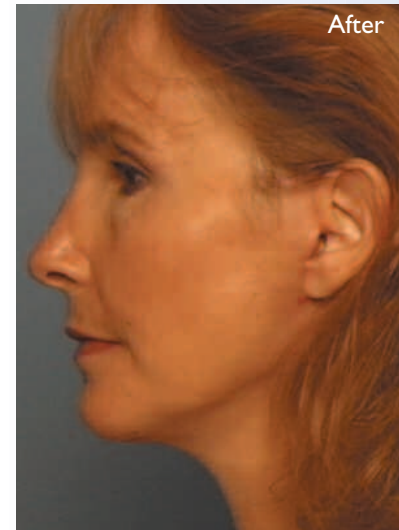
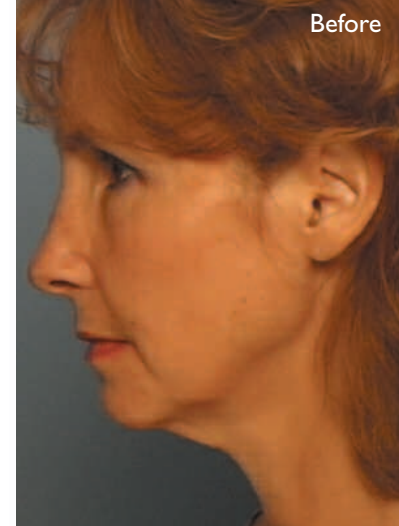


overweight may enjoy some improvement from a facelift (but less than those in the normal weight range), as can those with flaws in bone structure, deep lines, thick folds, and heavy sagging. Expectations and attitude, as discussed earlier, are the most important qualifications.

Your Facelift Procedure

An SMAS facelift procedure takes two to four hours. Incision placement can vary. It's common for the surgeon to make an incision in the hairline from the temple to the ear; vertically in front of and behind the ear; and horizontally in the hairline, and another incision under the chin. Placement might be slightly different in men to prevent beard-growing skin from being reattached behind the ear. The operation involves several basic steps:

- The skin is separated from underlying fat and muscle.
- Some of the fat may be trimmed or suctioned.



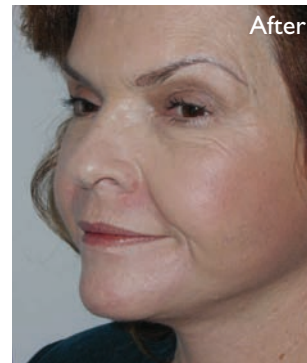
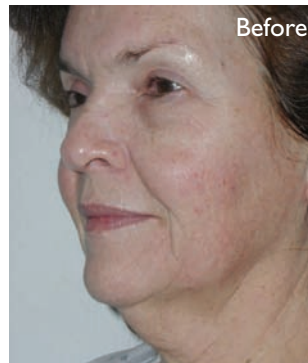
Facelift with eyelid lift and chin implant.



- Sometimes the SMAS is incised, lifted, and replaced so that the back edge overlaps the surrounding tissue; other times it is folded over itself. Lifting the SMAS brings the skin up and backward. The skin is redraped and the excess is trimmed.
- The skin is reattached. To prevent noticeable scarring, the redraped skin is not pulled tight and the incisions are closed without tension. Your doctor may use a combination of skin clips, removable sutures, and absorbable sutures.

After Your Facelift

You'll be given detailed postoperative instructions, similar to those outlined in Chapter 3. With instructions in hand, go home and relax! The first few days are critical for healing, though you'll need to be careful for several weeks. Any jarring of your face—by anything from a small child's sudden movement to a swinging door—could undo some of what your doctor so skillfully accomplished. Your doctor will likely emphasize that you should avoid bending over or lifting. When you do this, blood rushes to your head and can put pressure on delicate, healing tissues. You may be asked to avoid turning your head back and forth for the first few days.



Facelift with modified deep chemical peel.



Don't be surprised if your face feels numb, stiff, and a little sore at first. After a week or so you can probably return to work, depending on the type of work you do. Strenuous activity should be avoided for the first two weeks. Your doctor will give you detailed instructions for self-care at home.

Combining Facelifts with Other Procedures

Your facial plastic surgeon may suggest you have additional procedures before, after, or at the same time as your facelift. For example, many doctors routinely perform *liposuction*, using a suction tool to remove fat from under the skin, with a facelift. Similarly, your doctor may recommend lip augmentation, chin or cheek implants, a browlift, eyelid surgery, or nose reshaping. Facelifts won't eliminate all facial wrinkles or flaws in the skin, so if you wish to eliminate more wrinkles and improve the texture of your skin, you may wish to consider a chemical peel or laser skin resurfacing.

Questions to Ask Your Doctor

- After my surgery, should I use nonprescription products on my face to help the incisions heal? What products should I avoid?
- Can you give me a sample soft diet to follow after surgery? Should I avoid sodium to reduce swelling?
- How long will I need in-home assistance after surgery?
- I have heard that therapeutic massage can promote healing. Do you recommend this practice?
- How long will my facelift last?
- Will I need camouflage makeup and instructions to apply it?

CHAPTER 5

MIDFACE LIFT

MIDFACE LIFT



No doubt you're quite familiar with what a facelift does. However, you might not be as familiar with a variation of the facelift known as a midface lift. This procedure is comparatively new to the facial cosmetic surgeon's repertoire, having been around only since the early 1990s. In fact, not every facial plastic surgeon performs a midface lift.

What Is a Midface Lift?

A *midface lift* restores the rounded facial contours with a surgical procedure that lifts and repositions the soft tissues between your eyes and mouth—the *midface*. The procedure improves hollows under your eyelids, raises your sagging cheeks, and smoothes your nasal furrows. The procedure is sometimes called a *cheek lift* or a *vertical lift* because in most cases surgeons pull the soft tissues almost straight up and reposition them above your cheekbones. Unlike a traditional facelift, a midface lift is usually done endoscopically, using a probe with a tiny camera and requiring very small incisions.

How long will a midface lift last? Of course, the results vary with each person; however, a midface lift should last five or six years. Lifestyle and skin care play a role in maintaining the results of a midface lift procedure.

Are You a Candidate?

Do you have sagging cheeks? Deep nasolabial folds? Do you have hollows or bags under your eyes or a scowling expression because the corners of your lips are downturned? If so, a midface lift might be an option for you. Men and women in their forties and older can enjoy the benefits of this procedure, as can people in their thirties who have hereditary midface flaws or early signs of aging.

A midface lift alone works best on people who wish to reverse signs of aging in the midface area.

The midface lift also works well as a follow-up procedure for those who have had previous lower facelifts. In fact, up to a third of midface lift patients are men or women who have already had facelifts but need another lift to the midface. Keep in mind that a midface lift does not remove sagging skin of the lower face or neck.

Your Midface Lift Procedure

Once you're fully sedated, your surgeon will lift at least the cheek fat pads to a position over the cheekbones and suspend them with sutures from a deeper structure, probably the muscles or deep tissues in your temple area. In a more extensive procedure, the buccal fat pad, those in the lower part of the face, and the fat pads under the eyes, known as the *suborbicularis oculi fat* (SOOF), are also repositioned. This variation on the procedure is often called a *SOOF lift*.

Incision placement depends on the technique being used. Incisions may be made on the inside or the outside of the lower eyelid. Or the doctor might make a series of small incisions above your hairline and possibly on the inside of your upper lip. Some midface lift procedures include small incisions above the ears. The operation will probably take 60 to 90 minutes.





Surgeons also may perform midface lifts through incisions used in lower eyelid surgery. A less invasive method, *midface suspension*, involves lifting the cheek pads with suture loops attached at the temples.

Endoscopic Procedure

If your surgeon is performing the procedure endoscopically, it will be done with small incisions through which probes are inserted. On the inserted end of one probe is a miniature camera that projects images onto a monitor. Separating skin, muscle, and fat from bone and lifting the soft tissues are all performed through the small incisions.

With an endoscopic midface lift performed at the *subperiosteal* level, below the membrane covering the bone, the midface tissues are pulled up and anchored to the temporal muscles, which are in the temples. An endoscopic midface lift requires one to two hours.

After Your Midface Lift

You may be able to return to work anywhere from one to three weeks after surgery. By then most of the swelling will have subsided. When you can return to work will depend on your doctor's preference and the type and number of procedures you had. Your surgeon will give you specific self-care instructions.

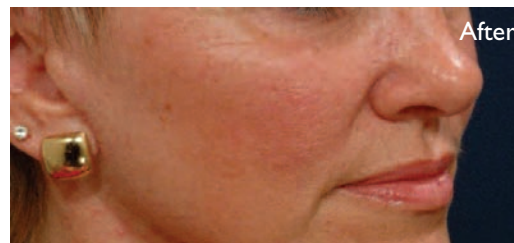
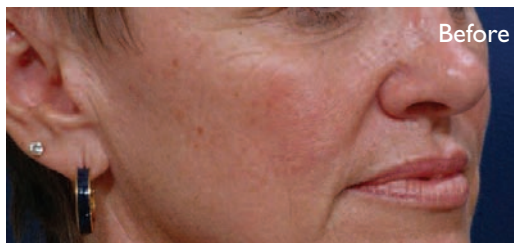
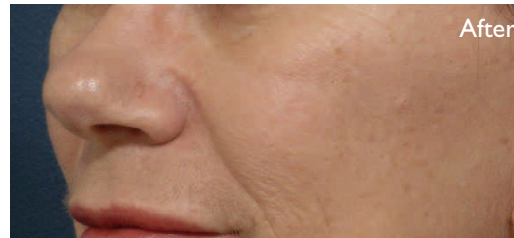
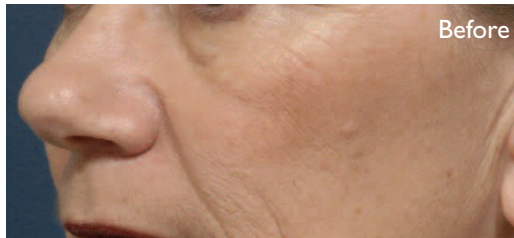
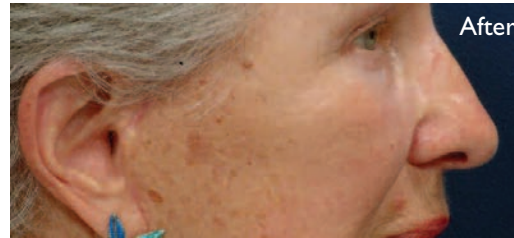
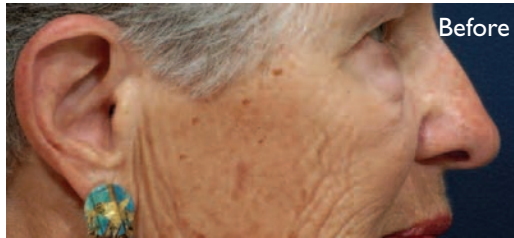
Side Effects, Risks, and Complications

Expect temporary swelling, slight bruising, and numbness. If there's an incision in your mouth, you may feel it, but it is rarely uncomfortable. Rarely, with incisions in the lower eyelids, there can be some puckering at the corners of the eyes. This problem can be corrected in the doctor's office.



Questions to Ask Your Doctor

- Given my goals, is a midface lift best for me?
- How much downtime should I plan for?
- Can I still have a standard facelift later?
- How long will my midface lift last?



Combining Midface Lift with Other Procedures

You can have a midface lift alone or in combination with a facelift, eyelid surgery, cheek or tear-trough implants, browlifts, laser resurfacing, fat transfer, or Botox. Some procedures—chemical peels, for example—shouldn't be done at the same time as your midface lift. If you're having additional procedures, you and your doctor together will decide on the timing.

CHAPTER 6

EYELID LIFT

EYELID LIFT

In classically beautiful eyes, you can see the entire pupil. Above it, some of the iris—the colored ring around the pupil—is visible. So is most of the iris below the pupil, but not the white of the eyeball, called the sclera. There is smooth skin between the upper lashes and the crease of the upper lid, and the eyes themselves are neither round nor narrow but somewhere in between, more almond-shaped.

If you look in the mirror and see white between the lower eyelid and the iris, or if you have developed dark circles or bags under the eyes, or drooping upper lids, eyelid surgery may be a procedure you'll wish to consider.

What Is Eyelid Surgery?

Eyelid surgery, or *blepharoplasty*—from *blepharon*, a Greek word meaning “eyelid,” and *plasticos*, “to mold”—is surgery to rejuvenate the eyelids. The purpose of cosmetic eyelid surgery is to help restore your eyes' youthful beauty. As a bonus, the surgery might also help you see better if your upper lids are heavy and loose.

Why do your eyelids begin to droop? Your eyelids, thin as they seem, have several layers—skin, muscles, tendons, fat, connective tissue, and the *conjunctiva*, a thin, moist membrane that lines the underside of the eyelid and the exposed part of the eye. As we age, the eyelid skin becomes thinner and stretches. Also, the *orbicularis* muscles around the eyes weaken. Both skin and muscle begin to sag. The upper lids may drape over the lashes and, in some cases, restrict your vision. Often, fat around the eyes will *herniate* or protrude through weak places in the muscle and create bags under the eyes. If this occurs in the upper lids, they may look puffy.

How long will eyelid surgery last? Most patients find that they can enjoy the benefits of blepharoplasty for approximately ten years or longer. If one's brow begins to descend, it may appear that the results of eyelid surgery are fading, when in fact, the change is resulting from the shift in the brow.

Are You a Candidate?

Eyelid surgery can dramatically improve your appearance if your eyelids are puffy or drooping or if you have bags or hollows under your eyes. Generally, between the ages of thirty-five and forty is when people begin to notice these problems, though herniated fat in the lower eyelids can be an inherited trait that shows up in younger people. If you're in good health and you have realistic expectations from cosmetic surgery, you could be an excellent candidate.

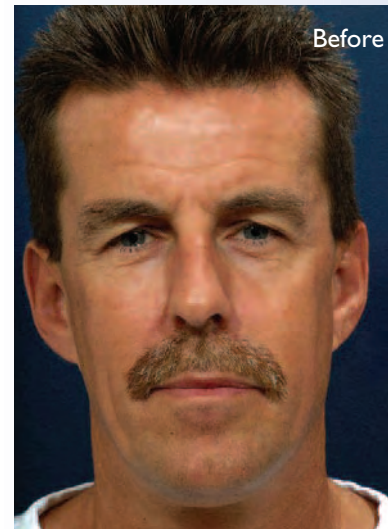
Your doctor will want to make sure eyelid puffiness isn't a result of allergies or fluid and to rule out a medical cause of drooping eyelids. *Myxedema*, severe untreated hypothyroidism, can create the appearance of bulging eyes and fat around the eyes. Because thyroid disorders are common, especially in women over sixty, and since untreated thyroid problems can make you seriously ill, it's a good idea to have the simple blood test for thyroid function as part of your regular medical exam.

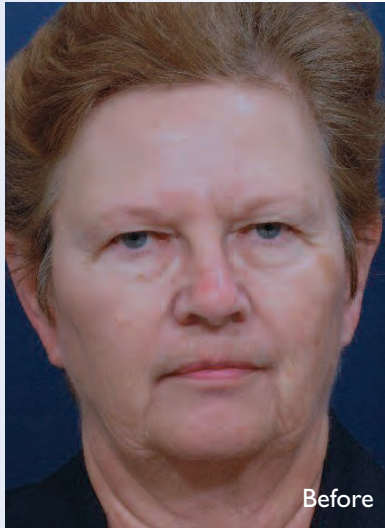
Your surgeon will examine your eyes and may also want an ophthalmologist to do so. If you have glaucoma, a detached retina, or dry-eye syndrome, your eyelid surgery may need to be postponed until these conditions are successfully treated.

If you have had eye surgery or facial paralysis, or if you have muscle laxness in your lower lid, cosmetic eyelid surgery might not be right for you.

Your Eyelid Surgery Procedure

On the morning of your surgery, clean your face thoroughly and don't apply any makeup. Be sure to take high-quality sunglasses to the hospital or surgical suite; you'll probably need to wear them home, even if it's dark outside.





Eyelid surgery is often an outpatient procedure. It can take as little as half an hour, though additional procedures will naturally require more time.

The doctor may recommend operating on both the upper and the lower eyelids. Eyelid surgery procedures differ according to where the incisions are placed and what is done with the excess tissue. Lower eyelid incisions may be *transcutaneous*—through the skin—or *transconjunctival*—on the underside of the eyelid, completely hidden. A transconjunctival approach has advantages. It prevents lower eyelid *retraction*, in which the lid becomes lax after surgery and may even pull away from the eye.



Sometimes skin and fat must be removed, and when the lower eyelid is already lax or there's a lot of extra skin, the lid must be tightened. In these cases, a transcutaneous incision is often a better choice. Though it's made through the skin, this incision is virtually invisible to others if it's done properly and it heals normally.

In some eyelid surgery procedures, fat is rearranged rather than removed. And although muscle, fat, and skin are all available for removal, the surgeon may remove (or reposition) only excess fat, especially in younger patients with herniated fat around the eyes but no skin sagging.

External incisions will be hidden in the natural creases of your eyelids. Upper lid tissues will be removed—fat, muscle, or skin, or a combination—and then the incisions will be closed. Your surgeon may use ordinary sutures or the type that dissolve on their own. If only fat is to be removed from your lower lids, the doctor will probably

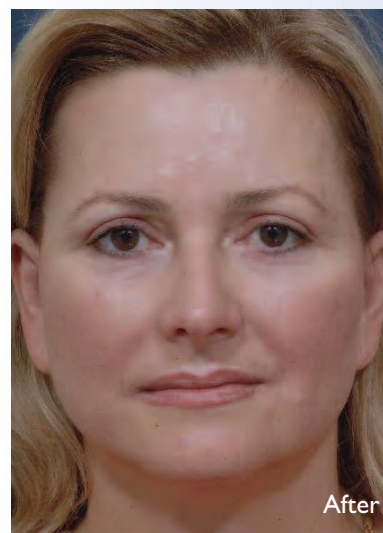
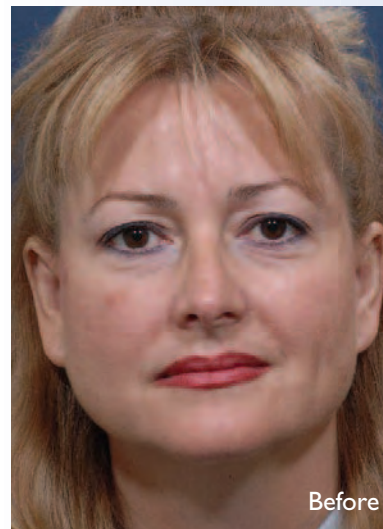
do so through incisions on the insides of the lids or with a laser. More extensive lower lid work—skin removal and lid tightening—may require transcutaneous (external) incisions. Sometimes doctors use a laser to sculpt upper lid fat that remains and to resurface lower lid skin. After closing the incisions, the surgeon may apply ointment to your eyes followed by cool compresses.

Many surgeons accomplish a similar result using lasers to remove lower eyelid fat bags, loose skin, and crows feet. With the patient sedated and the lid anesthetized, the surgeon turns down the lid and uses a CO2 laser as a cutting tool to expose, remove, and sculpt the fat bags. The lid is then turned back, and the skin of the lower eyelid is resurfaced. This procedure removes 70 to 80 percent of the fine wrinkles and tightens the loose tissue.



After Your Eyelid Surgery

In the recovery room, you'll probably experience nothing worse than some lid tightness or tenderness and perhaps blurred vision from the lubricating ointment. You'll lie with your head elevated and with cold compresses on your eyes to reduce swelling. When you're ready to go home, put on your sunglasses, even if it's dark or cloudy, for protection against airborne irritants.





For the first few days, your doctor's orders will probably include frequent use of eye drops. You may be told not to do anything for long periods of time that might tire or dry out your eyes, such as reading, watching television, or using a computer. Avoid rubbing your eyes, and don't plan on wearing your contacts right away.

When you go out, wear sunglasses. Ultraviolet light can permanently darken scars. Your doctor might prescribe a sunscreen made just for eyelids.

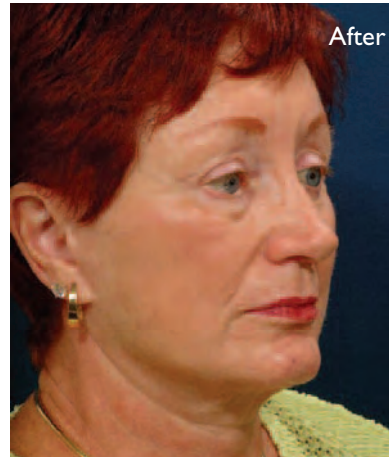
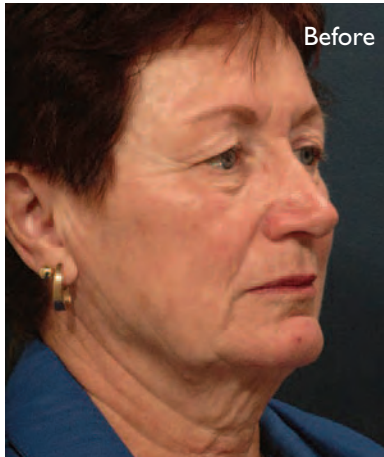
Side Effects, Risks, and Complications

Call the doctor right away if you have severe pain, bulging eyes, or more than mild fluid buildup (edema); if your vision gets worse instead of better; or if numbness is more than very mild and short lived.

For the first week, your eyes may look bloodshot and you'll notice some swelling, slight bruising, and a "gumminess"—a change in the consistency of the protective tear film that covers your eyeball. This film is made up of water, oil, and mucus; after surgery, the composition of this film may change temporarily, so that it feels gummy rather than watery.

You might also experience tightness or difficulty closing your eyes; dry or watery eyes should last no more than a few days, but may persist for a few weeks. Blurred vision is often caused if the medicated ointment used on your incisions enters the eye; also, a temporary change in vision can result from the slight swelling around the eyeball. It is not unusual after eyelid surgery to develop tiny skin cysts, called *milia*, which may form on the scar line; these cysts may simply disappear or your doctor can remove them with a fine needle.

Head off potential problems by calling your doctor if an incision doesn't seem to be healing normally, a scar is getting darker rather than fading, or your eyes just don't seem to be working right after the first few days at home. Sometimes all that's needed is massage therapy or medication.



Eyelid lift with browlift and facelift.

Questions to Ask the Surgeon

- Will the surgery affect my vision?
- Do I need to follow a special diet after surgery?
- How long will the results last? Will I need additional surgery down the road?
- What's the best type of cold compress to use during recovery? Do you recommend a special mask for sleeping?
- What vitamins and other supplements, if any, can I safely take before and after surgery?

Combining Eyelid Surgery with Other Procedures

Sagging eyebrows may be causing some of the droopiness in your upper lids. If this is the case, talk to your doctor about having a *browlift*, also called a *forehead lift*, before or at the same time as eyelid surgery. If you do have a browlift, less skin will need to be removed from your eyelids. You might require an eyelid-tightening procedure if the lower lids are extremely lax. On the other hand, if laxity isn't severe, your surgeon may use a laser to tighten your lower lids rather than working through external incisions.

Some surgeons perform a midface lift with eyelid surgery, moving cheek tissue upward to fill grooves under the eyes. This can give much-needed support to the sagging lower eyelids and allow more to be done to improve the lower eyelid "aged look." If the skin under your eyes is darkly pigmented, bleaching or a chemical peel may help. Botox injections, chemical peels, and laser resurfacing might also improve your eyelid surgery results by softening laugh lines at the outside corners of your eyes. Before your eyelid surgery, your doctor will discuss the advantages and the optimal timing of additional procedures.

CHAPTER 7

BROWLIFT



BROWLIFT



The aging that can affect the face, neck, and eyelids can also affect our brows. As tissues of the brow weaken and the skin becomes thinner, we will see changes in the brow. It can start to slide downward. If your eyebrows or upper lids look and feel heavy, the brow is partially responsible much of the time.

Since forehead lines and sagging brows are among the earliest visible signs of aging, browlifts are a common cosmetic procedure men and women seek to regain their younger, warmer, more welcoming appearance.

What Is a Browlift?

If your eyebrow is low, look in the mirror and lift it gently with your fingers, observing the effect it has on brightening the eye. This is what a browlift accomplishes. Several procedures, collectively known as browlifts or forehead lifts, can rejuvenate the look of your forehead, eyes, and eyebrows. These procedures may elevate your brows, eliminate lines in the forehead, and correct heavy upper eyelids by removing, tightening, or repositioning tissues, including skin, muscle, and fat. A browlift can also reshape your eyebrows, giving them an attractive arch where they might otherwise be flat. Since a browlift gives the eyes a more open look, it allows women to once again apply makeup to the skin under their eyebrows.

Sometimes, overactive muscles in the forehead are responsible for a furrowed or heavy-lidded look. These muscles include the *procerus*, which wrinkles the upper

nose; the *corrugator*, which causes frown lines to appear between the eyebrows; and the *frontalis*, which raises the eyebrows. Browlift surgery can remove, tighten, clip, or realign these muscles, diminishing the wrinkles they create.

A browlift can last from five to ten years, depending on lifestyle factors and maintained health.

Types of Browlifts

Browlifts are classified primarily by incision type and location. Your surgeon will advise you on the type of browlift most likely to achieve your goals.

Endoscopic (Minimal-Incision)

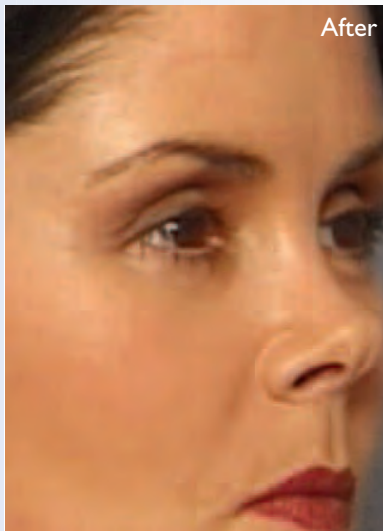
The *endoscopic* or *minimal-incision* browlift is the most commonly used technique for browlifts. The procedure is performed through three to five small incisions, usually a half-inch to an inch long. To guide the surgical instruments, the doctor inserts a miniature camera, which projects images onto a television monitor. Rather than being removed, excess skin is typically repositioned.

The surgeon lifts the forehead tissues upward and outward to give the brow the desired look. Once these tissues are healed, they will stay firmly in place. However, until healing occurs, they need to be “anchored.” This is accomplished in a variety of ways. Some facial plastic surgeons create bone tunnels to anchor the tissue with a stitch. Others use small titanium screws in the bone or small absorbable plates. These plates are the size and thickness of a dime and have small spikes that hold the brow tissue like Velcro. After some months, they disappear as the body absorbs them.

The endoscopic approach has several advantages, including smaller incisions, nearly invisible scars, less swelling, and faster recovery.



Browlift combined with facelift.



Coronal

Once considered standard, the *coronal* browlift is being used less often than it once was. It involves an incision that goes from ear to ear across the top of the head. The surgeon may remove up to an inch of the scalp, raising the brow. This is definitely not the recommended procedure for men who have receding hairlines or who are balding, or for anyone with a high forehead, since it tends to raise the hairline even further.

Pretrichial or Trichophytic

If you have a high forehead, your surgeon might prefer using a *pretrichial* (or *anterior hairline*) incision, which is just in front of the hairline. An advantage to this procedure is that a high hairline can be lowered. The surgeon has another option—a *trichophytic* incision, which is made a few millimeters inside the hairline using beveled incision through which the hair can regrow. This technique can preserve or in some cases lower the hairline, but there is a risk of visible scarring and permanent numbness.

Midforehead

Sometimes, in male patients especially, the surgeon may place the incision in one of the forehead's deep horizontal furrows. Although this type of procedure is not used as frequently as other approaches, it may work well for a bald man, who is not able to conceal incision scars on top of the head.

Temporal

In this procedure, small diamond-shape *temporal* incisions are made at the hairline on either side of the forehead. This procedure, also called a *lateral* browlift, may not be as extensive as a coronal or pretrichial incision, but scars can be well hidden in most patients. There is a lower risk of numbness. Improvement might not last as long as with other approaches.

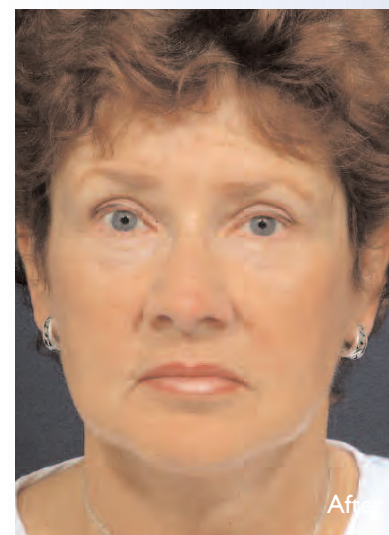
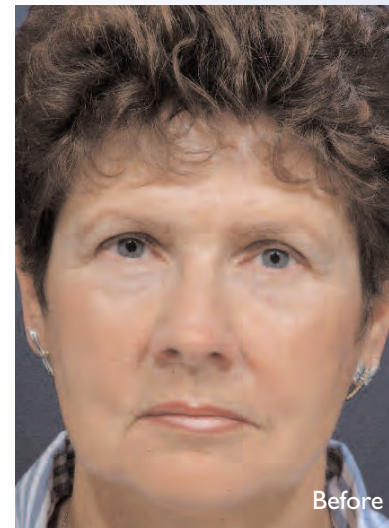
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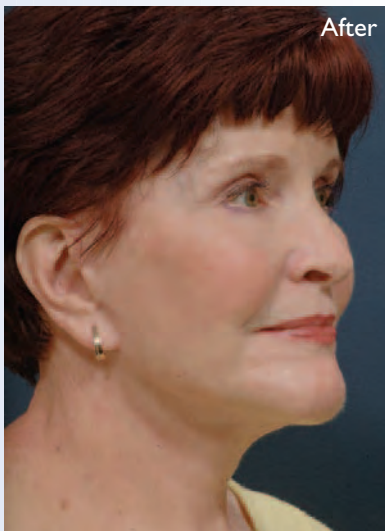
The *direct browlift* may be used in men whose eyebrows are heavy enough to hide scars. This is a relatively simple procedure in which skin just above the eyebrows is removed. This is rarely done because scars are almost certainly visible to some extent, and because the procedure may feminize the male brow by giving it a more “straight across” look, which resembles a plucked brow.

Are You a Candidate?

Browlift candidates can be any age, though most are between forty and seventy. Some people are born with a hereditary low browline, which can become unattractive once the skin is no longer taut and smooth. These people may decide to have browlift surgery early, even in their thirties.

What signs should you look for if you’re considering a browlift? The procedure can improve a sagging forehead, which often contributes to sagging upper eyelids, low brows too close to the eyes, frown lines or deep forehead furrows, and a weary, sad, or angry appearance. Don’t rule out a browlift if you’re bald, you have a high forehead, or you’ve already had eyelid surgery. There are many approaches your doctor can choose from, some more conservative than others, but still effective.



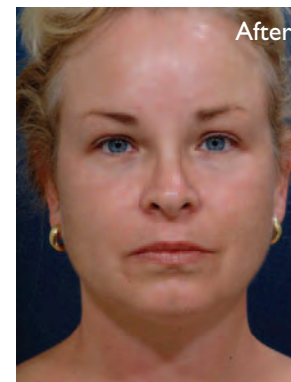
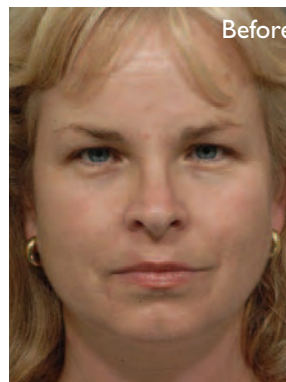


Browlift combined with facelift.

Your Browlift Procedure

Before the procedure, your hair will be gathered into sections with clips or rubber bands. Occasionally the part of the hair around the incision is clipped or shaved, though this is usually unnecessary.

A browlift alone takes as little as 30 minutes. After making the incisions according to the type of browlift chosen, the surgeon will lift all the tissues together off the bone and move them upward and outward. They'll be secured (or fixed) in the new position until they heal.



Several methods of fixation are available to the surgeon. One is a small absorbable plate attached to the bone; this plate disappears after several months as the body digests it. No drains are needed. In other cases, your doctor may reattach tissues with sutures, skin clips, or tissue glue. Platelet gel is also used.

After the incisions are closed, a dressing or elastic band might be wrapped around your head to keep the repositioned tissues and gauze pads in place and to reduce swelling. If your doctor has used tissue glue or platelet-rich plasma, there will probably be no drains or external dressings.

After Your Browlift

Recovering at home involves following your doctor's instructions and taking it easy for several days. During your first follow-up appointment, the surgeon will remove your bandages and drains, if any, and examine your incisions.

Questions to Ask Your Doctor

- Will a browlift give me the look I want, or do I need eyelid surgery as well?
- Am I a candidate for an endoscopic procedure?
- How long will the results of my browlift last?
- Do I need to protect my incision lines with sunblock?
- How long should I stay indoors after surgery?
- Is massage useful in healing scars and tissues? Can I learn the techniques myself?

Side Effects, Risks, and Complications

Your forehead, cheeks, and the skin around your eyes may be swollen. Because sensory nerves may have been disturbed during surgery, you may experience areas of numbness. Your healing timeline will vary—shorter if your surgery was endoscopic, longer if you had a coronal or pretrichial incision.

At first, your brow might look asymmetrical. One eyebrow might be higher than the other, or both might appear too high. As healing progresses, the look will even out and you'll begin to see your new, smoother contours.

Combining Browlifts with Other Procedures



Browlift combined with facelift.

If you are in your thirties or early forties, a browlift alone might very well give you the younger, fresher, friendlier look you're hoping for. Older patients who want facial rejuvenation, however, will probably not be satisfied with a browlift alone, even if sagging brows are the most obvious sign of aging.

Browlifts are often performed with facelifts, midface lifts, eyelid lifts, or other procedures—at the same time or separated by several weeks. Many surgeons routinely do Botox treatments or laser eyelid resurfacing in conjunction with forehead lifts. Sometimes upper eyelids can be corrected and frown lines removed through the same incisions. There are many possible combinations, and your doctor can use computer imaging to give you an idea of what results you can expect with one or more procedures.

CHAPTER 8

RHINOPLASTY



RHINOPLASTY



Noses are noticed, particularly if they are unusual. The large or crooked nose draws attention. And in our culture, whether we find it appropriate or not, someone's nose can affect how we perceive him or her. The nose often symbolizes intelligence, masculinity or femininity, even strength of character. A nose that's in harmony with other features gives the face a pleasing balance.

It comes as no surprise then that rhinoplasty, the medical term for a "nose job," is the most common facial cosmetic procedure performed in the United States. More than 350,000 Americans have this procedure every year. About 60 percent of rhinoplasty patients are women.

What Is Rhinoplasty?

Nasal refinement, or *rhinoplasty*, is surgery to reshape the nose. The procedure can make your nose straighter, wider or narrower, longer or shorter. It can change the shape of the tip or bridge. It can change the angle between the nose and upper lip or narrow the nostrils. *Tiplasty* may be performed when only the tip of the nose needs refinement. Shortening the nose, often by lifting the tip, can make you look younger.

Although nose reshaping is a cosmetic procedure, the procedure can also correct an existing breathing problem. For example, during rhinoplasty a surgeon can repair a deviated (crooked) septum, which may block the airflow on one side of the nose. The septum is the wall of bone and cartilage that separates the nostrils. This operation is called *septoplasty*.

Rhinoplasty is considered a permanent procedure; certainly bone and cartilage removed will not grow back. However, as we age our noses do become a bit longer as ligaments and other tissue lose some of their tension.

Types of Rhinoplasty

Each procedure is tailored to the needs of the individual patient; however, there are two basic types of rhinoplasty. The first is *open rhinoplasty*, which involves placing a small incision across the *columella*, the strip of tissue separating the nostrils, along with incisions inside the nose. The second type is *closed rhinoplasty*, in which only internal incisions are used. Most facial plastic surgeons agree that the best approach is the one the doctor prefers. Open rhinoplasty is sometimes necessary for unusually complex procedures and revision procedures.

Are You a Candidate?

If you've been self-conscious about your nose for as long as you can remember, rhinoplasty can help you find new self-assurance. For all patients, the goal is balanced and attractive facial contours, not an ideal nose. If you're an adult in good emotional and physical health, and you want improvement rather than perfection, you could be an excellent candidate for cosmetic surgery of the nose.

Teenagers can have the procedure after they have finished their growth spurt, usually by age fifteen or sixteen. If you're in your teens, your doctor will want to be sure you're seeking the surgery because you want it and not because you're doing it out of parental or peer pressure.

Ethnicity is a factor in some rhinoplasty procedures. You and your doctor can best decide how much to soften a bump, for example, or narrow the base of the nose and still achieve harmony with the rest of your features—focusing on *your face* and its individual, distinctive attractiveness.



Rhinoplasty combined with chin implant, which achieves better facial balance.



Many people seek rhinoplasty after a nasal fracture. Your surgeon will want to wait several months after the injury, until the swelling goes down, before performing the procedure.

Any injury to your nose, respiratory conditions (such as asthma) that cause breathing problems, and smoking or recreational drug use can affect the method and timing of your rhinoplasty. Avoid irritating your nose in any way before the operation; if it is sunburned, puffy, or inflamed, surgery may need to be postponed.

If you're unhappy with an earlier rhinoplasty, you may be a candidate for *revision rhinoplasty* a year or more after the first procedure, which must heal completely before new surgery is performed.

Your Rhinoplasty Procedure

The operation usually takes one to three hours. Once you're sedated, small incisions will be made. Through these incisions, the doctor will separate the skin from the underlying bone and cartilage. External incisions, virtually invisible once healed, are hidden in the creases of the nose.

Depending on the structure of your nose and the desired result, your surgeon may use one or more of these techniques:

- Narrow or widen the bridge
- Maneuver bone and cartilage to sculpt the new shape
- File or chisel excess bone at the hump
- Remove small wedges of skin to narrow the base of the nose
- Suture to narrow flared nostrils
- Trim cartilage at the tip
- Add nasal cartilage, or bone or cartilage from another part of your body, to build up the nose.

Once the nose is reshaped, the doctor will then redrape the skin and soft tissues over the new structure. He or she will probably apply an external splint and may place soft rubber or plastic splints or absorbent material inside the nose. These protect the nose from bumps, maintain the new shape, and keep the nasal structures in place during the early part of healing. Finally, the surgeon will put a gauze drip pad under your nose to absorb blood and mucus.

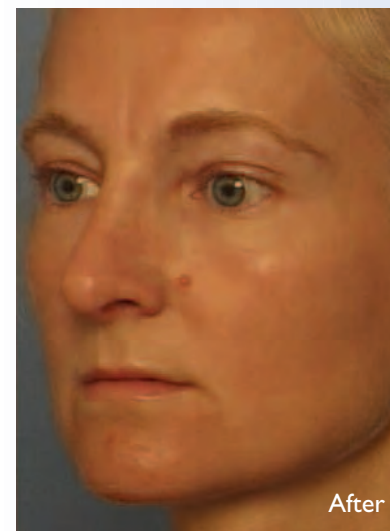
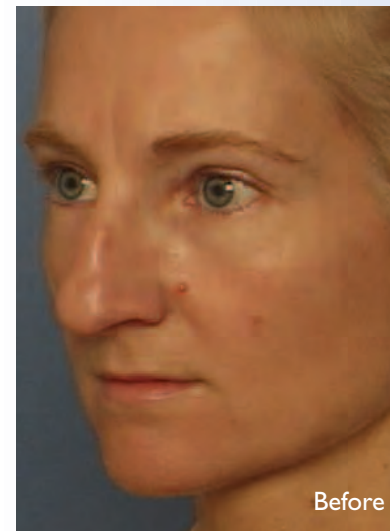
It used to be common practice for doctors to pack the nose with long strips of Vaseline-coated gauze. This was done to support the nose and prevent bleeding. However, it is usually uncomfortable for patients when it's time to remove the packing from the tender, healing nose. As a result, today there is a trend toward doctors not packing the nose, but rather using special suturing to support the nose and prevent bleeding.

After Your Rhinoplasty

You'll probably go home the same day of your surgery. Most doctors will want to see you the next day. If your nose was packed with gauze, it will probably be removed the first or second day after your surgery. Your doctor will likely instruct you to sleep only on your back with your head elevated for the first week after your surgery. You will be able to return to work or school in as little as three days.

You'll visit the doctor again within a week for another follow-up appointment. At that time, splints will be gently removed. Sutures, if not the absorbable kind, may be removed. Take your eyeglasses to the visit. Some doctors advise taping your glasses to your forehead for several weeks or supporting them another way until the nose is healed.

You'll see a change in your nose immediately after surgery; however, complete healing can take six months to a year. It often takes this long for all the swelling to subside. In some cases, your friends and family may say they can't see any difference.





Improvement can be subtle and gradual, but if you've chosen a first-rate surgeon, there will be improvement that you'll be aware of even if others are not.

Cleaning the Skin on Your Nose

Until the splint is removed, about a week after surgery, you won't be able to clean your nose, inside or out. After the doctor removes the splint, you can gently clean the skin on your nose with a mild, nonabrasive cleanser or soap. Use cotton or a soft sponge, not a terry washcloth, and don't scrub. Your doctor may suggest carefully cleaning the incision area just inside the nose with petroleum jelly on a clean Q-tip (not on your fingers), and using hydrogen peroxide on a Q-tip to clean the external incision.

Avoid Sneezing

When you feel a sneeze coming on, sneeze through your mouth, not your nose. Sneezing may disturb the healing soft tissues inside your nose. Sneezing is common after rhinoplasty, and your doctor may prescribe an antihistamine to keep it to a minimum. Also, avoid blowing your nose though it may feel congested for several weeks.

Side Effects

You'll have clear mucous drainage for the first few days, with some blood the first night. Occasionally, there is a small amount of blood in the drainage for a few days. Change the gauze pad as often as needed. Rarely, a patient will have a runny nose for several months.

The inside of your nose may be swollen and the incisions may be crusty for several weeks; this may affect breathing through your nose. Breathing through your mouth is drying, so keep water and lip lubricants handy. You might want to sleep with a humidifier running.

Some patients swallow blood during surgery; this may cause short-term nausea and dark stools. If you rest and take in only clear liquids, the nausea should be gone in a day or so. Tell your doctor if your stomach continues to be upset or if you are vomiting.

Questions to Ask the Surgeon

- Will I have nasal packing after surgery?
- Can I use concealing makeup to cover bruising?
- When will I see what my new nose looks like?
- When can I go back to work?

You may have a low-grade fever and chills for a day or two. Call the doctor if your temperature is more than two degrees above what's normal for you.

Risks and Complications

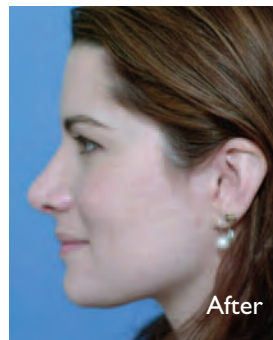
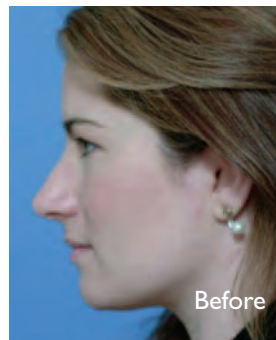
Nosebleeds are unusual after rhinoplasty, occurring in fewer than one percent of patients. Don't worry if you do get a nosebleed. Simply lie back (not completely flat) with your head elevated and place a soft ice bag or an ice-cold washcloth over your nose. Until the nose stops bleeding, don't bend over or do anything else that might raise your blood pressure. Relaxing is essential to allow the bleeding to stop.

In very few patients, small burst blood vessels appear on the skin as tiny red dots. These may eventually disappear and in any case are inconspicuous.

Other rare complications include nerve injury, injury to the septum, obstruction of nasal passages, permanent numbness, allergic reaction to sutures, and toxic shock syndrome. If a skilled, experienced surgeon performs your procedure, the risk of serious complications is much less than one percent.

Combining Rhinoplasty with Other Procedures

It's not uncommon for facial plastic surgeons to recommend *chin augmentation* along with rhinoplasty, since a small chin can make the nose look larger. In fact, chin augmentation is usually recommended in about 10 percent of rhinoplasty patients. You might also benefit from laser skin resurfacing or eyelid surgery at the time of your nose reshaping. More complex procedures, such as facelifts, may be done a week or more before or after rhinoplasty, or at the same time.



CHAPTER 9

OTOPLASTY

OTOPLASTY



Are you self-conscious about your ears? Do they protrude or are they slightly deformed? If so, you have a condition that can be treated with an operation known as otoplasty. The procedure can make your ears smaller or bring them closer to your head, giving them natural curves and contours.

Sometimes referred to as “pinning back” the ears, the procedure is considered safe and effective, and in recent years it has become an increasingly popular procedure.

What Is Otoplasty?

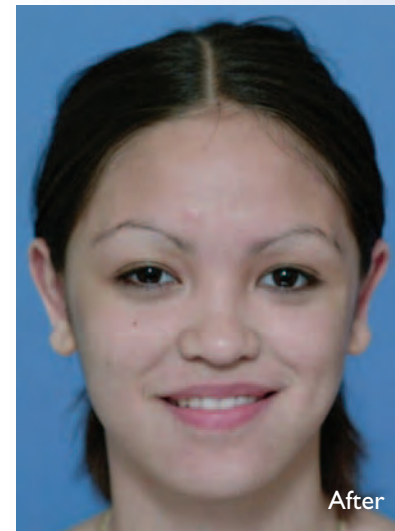
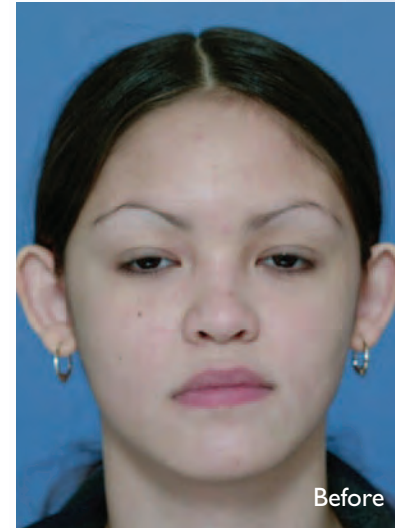
Otoplasty is cosmetic surgery to the *auricle*—the outer portion of the ear—usually done to correct protruding ears, the most common complaint of otoplasty patients. Plastic surgeons can also address a range of deformities caused by genetics or injury and can even construct and attach new ears. The procedure has no effect on the inner ear, so you don’t need to worry about your hearing being damaged while your ears are being beautified.

The visible part of the ear—the *auricle*—consists of cartilage, connective tissue, and skin. When an ear protrudes, a section of cartilage may be missing or overdeveloped. Less common ear irregularities can range from *asymmetry*—when one ear looks markedly different from the other—to a misshapen “cauliflower ear” caused by injury. Other ear abnormalities include:

- *Constricted ear*: The outer rim is tightened, hooded, or folded.
- *Cup ear*: A type of constricted ear in which the part of the ear folds down, part of it is enlarged, and the ear protrudes. This combination of factors makes the ear look unusually small.
- *Lobes* that are enlarged, stretched, or creased.
- *Lop ear*: Another type of constricted ear in which the top is folded down and forward and the “scooped out” section of the ear is at a right angle to the head. Sometimes called *bat ear*.
- *Macrotia*: The ear is too big. True macrotia is rare; protrusion is the usual cause of ears appearing too big.
- *Microtia*: The ear is too small.
- *Shell ear*: The fold of the helix and other natural folds and creases are missing.
- *Stahl's ear*: The helix is flattened and the auricle's upper edge is pointed. There may be an extra fold, or the scapha may be bent forward. Sometimes called *Spock's ear* or *Vulcan ear*.
- *Telephone ear*: The top and bottom of the auricle stick out farther than the rest of the ear.

Types of Otoplasty

Otoplasty may be *cartilage sparing* or *cartilage splitting*. Cartilage-sparing techniques may include sculpting cartilage by filing or bending and suturing. Cartilage splitting involves cutting the cartilage; this approach may create angles that disturb the smooth contours of the auricle, especially in adults, if not done well. This surgery produces permanent results.



CONTENTS



Acknowledgments	vii
Introduction	1
1 Contemplating Facial Cosmetic Surgery.....	3
2 Choosing a Facial Cosmetic Surgeon	11
3 Before and After Facial Cosmetic Surgery: What to Expect.....	19
4 Facelift.....	29
5 Midface Lift	37
6 Eyelid Lift.....	43
7 Browlift.....	51
8 Rhinoplasty.....	59
9 Otoplasty	67
10 Wrinkle Fillers.....	75
11 Chin and Cheek Implants.....	87
12 Lip Augmentation.....	95
13 Skin Rejuvenation	103
14 Scar Revision.....	129
15 Follow-up Skin Care.....	137
Glossary	147
Index	153
Resources	161
About the Authors	164

CHAPTER 10

WRINKLE FILLERS

WRINKLE FILLERS

*F*acial cosmetic surgery can produce dramatic results. A facelift can turn back the clock many years. Even so, we can still be left with fine lines, folds, or wrinkles that aren't always eliminated with a facelift. It is standard practice today for facial cosmetic surgeons to use other procedures to complement the surgery. Soft-tissue fillers, often referred to as “wrinkle fillers,” fill in wrinkles and grooves or creases, blending them into the rest of your skin.

What Are Fillers?

Fillers are the materials used to plump up wrinkles or folds in the skin. They come in two forms: injections and implants. Filler injections are typically used for nasolabial folds, forehead lines, crow's feet, smile lines, frown lines, and the fine wrinkles around the lips. Filler implant material is frequently used to fill creases in the cheeks, to improve wrinkled lips, or to fill in nasolabial folds. Fillers may be either temporary or permanent.

Types of Temporary Fillers

Fillers are considered temporary when the material used is eventually reabsorbed by the body. Temporary fillers can also provide an ideal way to try out a wrinkle-filling or tissue-lifting technique before considering a more permanent method. Fillers are popular because they are quick and involve virtually no downtime. They are delivered by injection.

Collagen

Collagen injections are effective for the correction of fine smile or frown lines, nasolabial folds, delicate lines at the corners of the eyes or around the lips, and acne scars. Collagen is a natural protein, a substance that forms part of the supporting structure under the skin. However, our own supplies of collagen naturally diminish with age. Using collagen for cosmetic purposes was first introduced in the United States nearly twenty years ago. During that time, most collagen fillers were derived from purified bovine (cow) collagen.

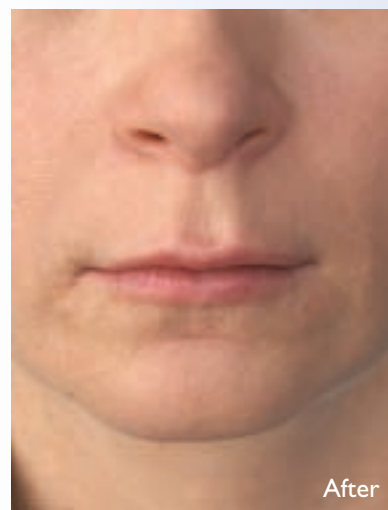
In March 2003, the FDA approved the first human-source collagen products, made from purified human collagen under controlled laboratory conditions. Marketed as CosmoDerm™ and CosmoPlast,™ these products are expected to gain popularity because they eliminate the concern over allergic reactions to bovine collagen.

Both forms of collagen are temporary fillers. The treatments last from three to six months.

Hyaluronic Acid

Our bodies produce *hyaluronic acid*, a structural part of the skin that creates volume and shape and acts as a lubricant and shock absorber, but our natural supplies diminish with age. Synthetic gels, marketed under the names Restylane,™ Perlane,™ and Hylaform™ are very similar to natural hyaluronic acid. (Restylane and Perlane are the same product; Perlane is more highly concentrated.)

How do they work? The substance stimulates one's own natural skin cells to float upward to the surface of the skin. As a result, creases and grooves are filled in more naturally. This makes these injections particularly useful for treating nasolabial folds, lip lines, smile lines, and drooping corners of the mouth. They are also used to fill fine to moderate wrinkles as well as scars. The results last for about six to twelve months.



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Collagen injections are used here to soften nasolabial folds.



Two strands of implant material are threaded under the skin to soften the nasolabial folds.

Autologous Fat

Injections of your own autologous body fat can be used to reduce deeper facial wrinkles or fill in the hollows that have gradually appeared. These fat deposits can be drawn from the buttocks, thighs, or abdomen and are quickly processed into injectable form in the doctor's office. Sometimes the fat is extracted during a mini-liposuction procedure or taken from a simple incision in an area such as the back of the knee. Because this is your body's own tissue, there is no risk of allergy or rejection.

In some people, the results last only a month or two; in others, they last years. Note that sometimes the area injected with the fat may become lumpy as the fat is reabsorbed by the body.

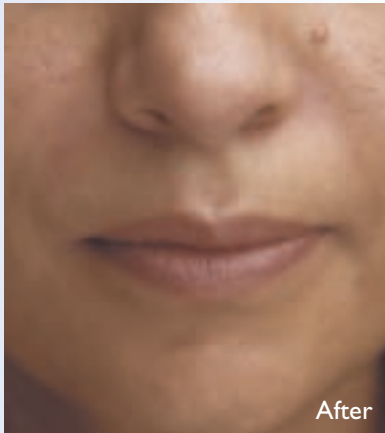
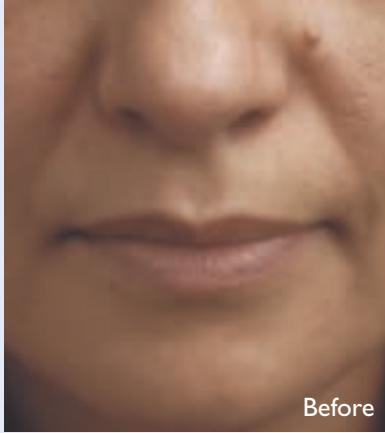
Fascia

Another treatment derived from your own or donor tissue, this filler consists of tiny pieces of the *fascia*, the firm, white collagen-rich layer that covers the muscles, just underneath body fat. Fascia is commonly harvested from the muscle above the ear through a small incision above the hairline. Originally small pieces were used only in surgery to fill deep scars, but it is now possible to process fascia into an injectable substance used to augment lips and smooth wrinkles. Like autologous fat, fascia lata is sometimes used as an alternative for people who show an allergic response to bovine collagen. Results should last three to six months.

Temporary Injectables

	Hyaluronic acid	Botulinum toxin	Fat injections	Hydroxyapatite	Collagen	
Trade name	Restylane, Perlane, Restylane Fine Lines, Hylaform	Botox, Myobloc	Fat Injection	Radiesse	Zyderm, Zyplast	CosmoDerm, CosmoPlast
What it is	A substance found in all living organisms	Botulinum toxin type A, produced by <i>Clostridia Botulinum bacteria</i>	Fat transfer from one part of the body to another	Similar to a substance found in our bodies	Natural substances derived from purified bovine (cow) collagen	Human collagen developed in a laboratory
How it works	For volume and shaping	Temporarily relaxes the muscle	Adds volume	Adds volume	Adds volume	Adds volume
Injection areas	Nasolabial folds, forehead wrinkles, smile lines, lips	Forehead, frown lines, crow's feet, vertical neck bands	Nasolabial folds, frown lines, crow's feet, lips, facial recontouring	Nasolabial folds, marionette lines, lips	Nasolabial folds, frown lines, crow's feet, lips	Nasolabial folds, frown lines, crow's feet, lips
Results	Up to 12 months	Up to 6 months	Highly variable, months to years	2 to 5 years	Up to 6 months	Up to 6 months
U.S. availability	Yes	Yes	Yes	Yes	Yes	Yes
Back to work	No downtime	No downtime	7–14 days	1–2 days	No downtime	No downtime
Possible reactions	Swelling, redness, tenderness	Bruising, redness, droopy eyelid, headache, flu-like symptoms	Swelling, bruising, lumpiness	Swelling, bruising, lumpiness	Slight bruising, allergic reactions	Slight bruising, allergic reactions
Other considerations	None identified at this time	None identified at this time	Requires a donor site (for example, abdomen, buttocks, or thighs)	None at this time	Requires a skin test for allergic reaction and at least one-month wait	No pretreatment skin test required

Courtesy American Society for Aesthetic Plastic Surgery.



Softening of nasolabial folds with hyaluronic acid.

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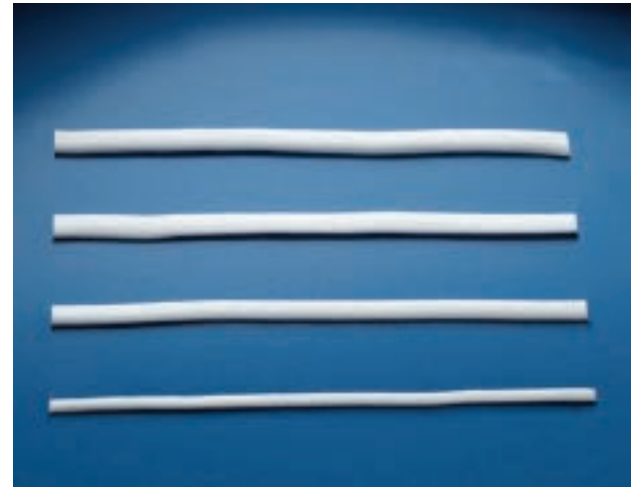
Types of Permanent Fillers

Permanent fillers can give results ranging from semipermanent to permanent. Some of the newer permanent fillers are liquid blends of natural materials and tiny particles of vinyl or polymer. Other permanent fillers are solid or mesh-like implants, inserted through tiny incisions.

Hybrids

One of the newer filler products, known as a hybrid filler, is considered permanent. Marketed under the brand name Artefil™, it is a blend of microscopic plastic beads and human collagen. The body absorbs the collagen in a few months, but the permanent tiny beads stimulate the production of the body's own collagen. The new collagen encapsulates the beads, making the filler permanent.

The result: skin volume is boosted. The hybrid filler may be used for wrinkles, deep nasolabial folds, frown lines, and acne scars. Although used by some physicians, Artefil has not yet received official FDA approval.



Samples of synthetic fillers. These strips of Advanta implant material are used to fill nasolabial folds and to augment lips.

Atrium Medical Corp.

Synthetic Implants

These solid, permanent implants are made from a medical-grade polymer similar to Gore-Tex™, the rubber used to make boots and raincoats. The polymer is firm but flexible. The implants come in various forms and shapes, including sheets, mesh-like strips, oval pieces, and round, tubular threads. Synthetic implants are often used for filling nasolabial folds.

Silicone

One well-known though controversial permanent filler treatment is silicone. Liquid silicone has been offered for years in microdroplet injection form by some physicians who believe that, used appropriately, it is safe and effective. However, debate over the safety of silicone continues in the medical community. Many doctors avoid silicone because of its history of causing problems in some patients, including migration or shifting of the silicone, infection, and hardening.

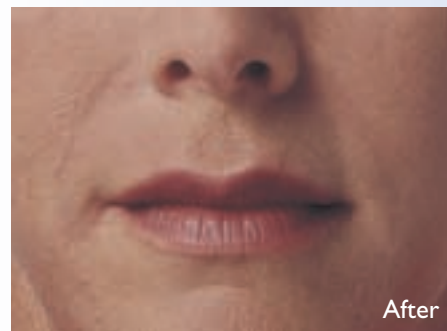
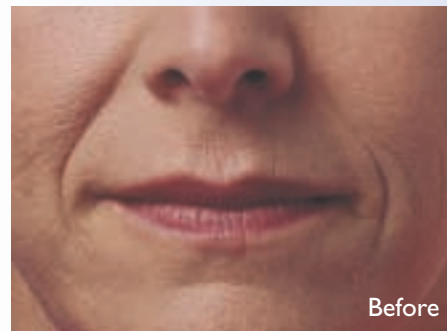
Are You a Candidate for Fillers?

Because there are so many ways to fill different types of wrinkles and reshape facial contours, you and your physician will want to review the options together and select the treatments that will work best for you. It is a very customized process, and often a combination of different types of fillers will produce the best results.

If you have a history of allergy to meat or other bovine products, or severe allergies in general, you may not be a good candidate for bovine collagen. About three in one hundred people test positive for bovine allergy.

Your Filler Procedure

For virtually all the injectable fillers, no advance preparation is needed. The exception is a simple skin test to rule out the possibility of an allergic reaction to bovine collagen. After a tiny amount of the solution is injected in a location



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Collagen fills in scars and wrinkles.

elsewhere on your body, such as the arm, you'll need to watch the area closely for four to six weeks for signs of an allergic response, such as severe itching, swelling, or redness. Most reactions occur within three days, but the four-to-six-week window is necessary because a reaction could occur anytime during this period. To be certain, most doctors recommend a second allergy test two weeks after the first one.

Of course, if your doctor is using the newer hyaluronic acid, Restylane, allergic reaction will not be an issue. More and more doctors are using this acid as a soft tissue filler to reduce wrinkles.

Filler Injections

Once you and your doctor have decided where you would like to have fillers injected, the areas are cleaned with alcohol. Most fillers require an anesthetic, often a *nerve block anesthetic*. A nerve block is a deeper, more targeted injection of anesthetic into tissue containing sensory nerves in areas around the lips.

If you have concerns about pain, ask your doctor about anesthetics. If your chosen filler liquid is suitable for smaller needles, it may be possible to receive microinjections, which are less painful.

Filler Implants

Most implants used for wrinkles are produced in strips or threads, so each piece of material has two ends and is threaded through the area of tissue being filled. After the location for each incision is disinfected, a local anesthetic will be injected. Once the skin is numb, the doctor will make a tiny incision at each end of the crease or wrinkle. Then, with a special threading device, the implant material is pulled from one incision through to the other incision. Next, the ends are trimmed and a single, hair-thin stitch is placed at each end to hold the implant in place while the incisions heal. In some cases, a kind of suture is used that will simply fall out on its own. Otherwise, your doctor will need to remove the stitches in a few days.

The incisions' locations will vary, of course, with the location of the wrinkle or groove being filled. Basically, however, incisions are hidden at the top and bottom of the line or fold being treated.

After Your Procedure

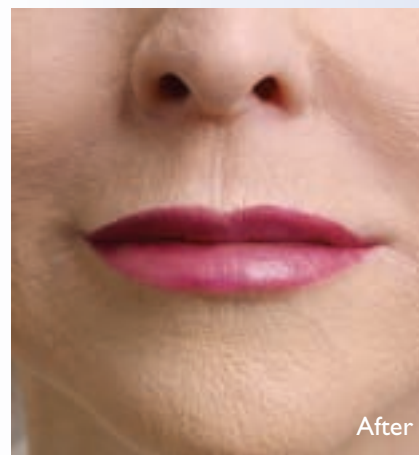
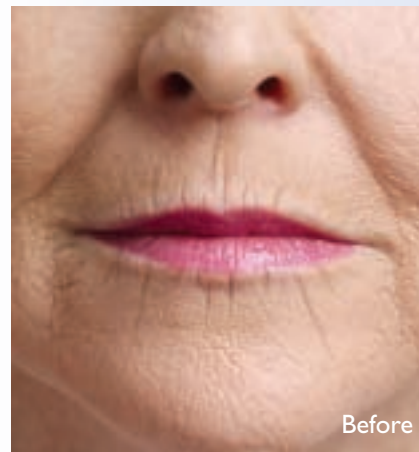
Filler Injections

One of the reasons injection fillers are so popular is that the results are virtually instantaneous. The wrinkle or sunken area will be softened and less pronounced, and your face will be subtly redefined. For a few days, you may have a little temporary swelling or puffiness, so the result you first see in the mirror will improve once the swelling resolves. Some short-term redness is possible, too.

Your doctor will give you detailed instructions on how to care for your skin after your treatment. Because filler options vary so widely, the follow-up care varies, too. For most injections, you'll simply need to keep your face clean of cosmetics for a day. Ask your doctor if it's okay to apply a cold pack to reduce swelling. It's important to ask since you should not apply cold or heat to an area that has been treated with hyaluronic acids.

Filler Implants

A synthetic implant can reshape your face more distinctly than an injection. Swelling will usually be more pronounced with implants than with injections, but will be gone in a few days (and is rarely severe enough to make you want to hide at home for more than a day). Temporary bruising often appears on the skin above where an implant is placed, but this can be covered by makeup.



Collagen adds volume to the lips and adds definition to the border.

Inamed Aesthetics, Inc.



Inamed Aesthetics, Inc.

Hyaluronic acid is used to soften “marionette” lines, which run from the corners of the lips down toward the chin.

The improvement is seen immediately; however, the final, filled-in effect of your implants is normally apparent after about three months, when your own tissue growth has had time to make its contribution, too. You will notice that the treated areas of your face look firmer, with more defined contours. Where once there was a depression or deep groove, a smoother, younger-looking surface has appeared.

How Long Will Results Last?

As mentioned throughout this chapter, the results of temporary injectable wrinkle fillers can last anywhere from three months to a year. Some of the newer soft tissue fillers may last up to two years. These results vary from person to person, depending on how your own body responds to the substance. Overall, however, the definition of what’s temporary for you largely depends on the depth of the area treated, how much material is injected, and how much of your own collagen and tissue repair your body produces. Again, this is variable, so your best guide will be what you observe in the mirror.

Permanent implant fillers are just that. Most of them will last longer than you do, unless for some reason you decide to have them removed. Occasionally, individuals request removal because they are not happy with how an implant looks, or are unusually sensitive to its feel. More often, people who feel a new sensation with an implant quickly adapt and soon do not even notice it.

Potential Risks

An allergic response to either bovine or donor collagen (derived from tissue banks) is possible, although allergy testing should forestall this problem. Now and then, filler treatments may produce a lumpy appearance in the skin.

As mentioned earlier, as autologous fat is reabsorbed by the body, it can sometimes happen in an irregular way, creating an uneven surface. Also, there is a risk of infection at the site where fat is harvested and at the injection site.

There is a small risk of inflammation or infection at the ends of thread-like implants where they meet the suture areas, but prophylactic (preventative) antibiotics may be prescribed to prevent this. Sometimes, an implant may later appear to have moved or shifted. If you sense this, see your doctor, who can remove and reinsert it.

Combining Filler Procedures with Other Procedures

Soft tissue fillers can be used to complement virtually any other cosmetic facial procedure. They are most commonly used to fill in nasolabial folds when facelifts are performed. Fillers may also be used to fill lines in the forehead when a browlift is done.

Questions to Ask the Surgeon

- What are your medical credentials?
- What type of filler treatment is appropriate for me?
- Do I need an allergy skin test?
- What kind of pain medication is available to me?
- How quickly will I recover?
- Can you show me before-and-after photos of other patients?
- How should I care for my skin before and after the filler?
- Should I stop taking my usual medications or supplements?