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2010 Update – Facial Sculpting at its Finest

BY TRACY ECCLESINE IVIE



Hello to the new, goodbye to the old.

That's the message every New Year, especially when it's a new decade.

Speaking of which, maybe it's time for a new you, particularly if the face in your mirror isn't quite up to par. A little nip here, a little tuck – no one ever has to know.

In the right hands, the face is a lump of clay just waiting to be sculpted into a more beautiful, younger, and in some cases, healthier you.

So what's the latest when it comes to cosmetic surgery for your face?

Here's a quick update:

Did you know? According to a 2008 survey by the American Society of Plastic Surgeons:

Women dominate. 91 percent of all cosmetic procedures are on women. 1,449,000 vs. 220,000 on men.

Noninvasive is in. Cosmetic surgery is down by about nine percent, while nonsurgical techniques (including Botox and fillers) are up about three percent. "With this economy, everybody is doing the nonsurgical things first," says plastic surgeon, Caroline Glicksman, M.D. "I hold off on the surgery until we've exhausted everything else." She also attributes the decrease in surgeries to improved non-surgical options.

Multiples reign. Many people have a combination of surgical and nonsurgical procedures at the same time, for example, a brow and eyelid lift along with Botox and/or dermal fillers. The number of multiple cosmetic procedures performed at one setting is up 9 percent.

Eyes



Brow lift with upper and lower eyelid surgery, courtesy of Dr. Robert Zubowski

Did you know?

Migraine Rx? Brow lifts may help cure migraines. In a recent study by the American Society of Plastic Surgery, 57 percent of migraine patients who had traditional brow lifts (which remove muscle tissue that triggers migraines) reported they were migraine-free a year later.

Surgical Procedures:

Upper or lower eyelid surgery (called a blepharoplasty)

Who it's for/what it is: The removal of excess fat, muscle and skin. For wrinkled, drooping skin of the upper eyelids; also, for under eye puffiness and bags. Upper lid: Incisions are generally made on the crease above the eyelid. Under eye: the incision can be made at the lower eyelid unless excess skin needs to be removed.

Surgery is the only procedure to remove excess skin and fat around the eyes, however Botox can lift the brow in certain areas. If someone comes in and says "I look tired all the time," he or she may not need a blepharoplasty. Maybe the brow is very low, says plastic surgeon, Robert Zubowski, M.D., adding that doctors have to listen to what someone is saying and then match their needs to the right procedures. "Sometimes it's the eyelid, sometimes it's the brow and sometimes it's a combination."

He also believes it's important to manage a patient's expectations. For example, if someone says, "I only want my eyelids done," but also needs a brow lift, the results won't be as dramatic as if both procedures were performed.

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Brow lifts

(also known as forehead lifts)

Who it's for/what it is: For low or sagging eyebrows, frown lines between the brows and forehead creases. Many patients who have brow lifts are 40 and over. There are several variations of the brow lift. Most commonly, an incision is made in the hairline, but it can also be made in the forehead or upper eyelids. Endoscopes (miniature cameras in tubes) are sometimes used, with much smaller incisions.

During the procedure, some of the muscles are removed to reduce the appearance of lines and wrinkles in the forehead. Excess skin can also be removed and the eyebrows lifted to a more pleasing level.

Nonsurgical techniques:

include Botox, laser skin resurfacing and dermabrasion, particularly for frown lines and crow's feet. Dr. Glicksman often uses a filler and Botox combination, generally adding more filler and less Botox as a patient ages.

More on eyes

The dreaded "11s," (the popular name for the vertical furrows between the eyebrows), can be treated several ways: surgically (upper eyelid or brow lift), when some of the muscle causing the crease is cut, or with Botox. "The first goal (in 11s) is weakening the muscles pulling on the skin," says Dr. Zubowski, adding, "That's why Botox is so effective."

Noses

Did you know?

In 2008, nose reshaping was the third most common cosmetic surgery procedure among women (204,000) and the top procedure among men (75,000), according to the American Society of Plastic Surgeons.

The nose is made up primarily of bone and cartilage, with the bone in the upper section and the cartilage below.



Straightening a nose using dermal filler (pictured immediately after the injection).
Courtesy of Dr. Caroline Glicksman.

Surgical: Rhinoplasty

Who it's for/what it is: An operation for people whose nose is too large, wide, uneven or whose tip needs reshaping. Also for those with breathing problems. Rhinoplasty can be done several ways and involves techniques such as cutting, breaking or shaving the bone and removing or rearranging bone, cartilage or tissue.

Plastic surgeon Geoffrey Tobias, M.D., who specializes in rhinoplasty, teaches his "un-nose job" techniques to surgeons around the world. His methods use a combination of microscopic sutures and sculpting by shifting tissue or adding tissue grafts to come up with a more natural and enduring result. "Sometimes you have to cut a little bit, remove a little bit, bend a little bit and add a little bit... I've done these techniques over and over the last 20 years that enable me to be the artist."

According to Dr. Tobias, working with noses requires a delicate balance between taking away enough tissue to make a difference, but as little as possible so the nose looks natural and the basic structure is always supported. He often corrects nose jobs when too much cartilage was removed, resulting in a pinched or upturned look that has the "stigma" of nasal surgery.

Many people who want rhinoplasties also have breathing problems, which can include a deviated septum or severe sinus



Courtesy of Dr. Geoffrey Tobias

issues. Frank Scaccia, M.D., who's board certified in both facial plastic surgery and otolaryngology (ear, nose and throat), says he's sometimes performed three operations together: a septology for a deviated septum, sinus surgery and a rhinoplasty.

In fact, he wrote a textbook chapter on how to do sinus surgery and rhinoplasties together, a very delicate combination that few doctors are trained in, he says. Before considering sinus surgery, Dr. Scaccia has to be a bit of a detective to determine exactly what's causing the breathing problem. The advantages of multiple nasal surgeries are obvious: only one recovery time and people not only look better, they breathe better.

Nonsurgical:

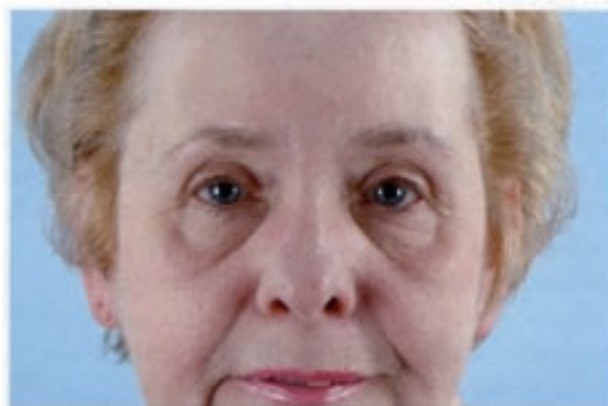
Besides rhinoplasties, Dr. Glicksman uses a nonsurgical approach to straightening a nasal hump – adding filler in just the right places. “It’s amazing,” she says. “In three to five minutes, you can straighten the nose. It’s better than computer imaging” and works if the nose isn’t too big.

This is only a temporary fix, however, and not a substitute for surgery, she notes. The filler is more of an “educational tool” that gives patients a rhinoplasty preview if they want to have it done later. Straightening a nasal hump with a dermal filler is a good and safe option in the hands of a surgeon, says Dr. Glicksman, but shouldn’t be done by anyone who isn’t adequately trained.

Cheeks

Did you know?

The shrunken, hollow look of aging is due to the gravitational pull on the fat of the cheekbones. In addition, some of the fat shrinks. “With aging, you typically lose volume,” says Christopher Godek, M.D., a plastic surgeon. “Not only does the skin sag, but the volume is lost.” A facelift, he says, generally involves the lower cheek, smile lines, jowls and the neck. But to restore the lost cheeks of youth, a cheek lift (also known as a mid-facelift) may be in order.



Lower eyelid and cheek lift, courtesy of Dr. Christopher Godek

Surgical:

Cheek implants or cheek lifts


(aka mid-facelift)

Who it's for/what it is: Typical patients are in their late 40s to mid 60s, says Dr. Godek. If the fat pad around the cheekbone still has volume, but is sagging, it can be lifted. If too much fat has been lost, a plastic surgeon can use fat grafting.

Advances in surgery and new suturing materials hold the cheeks in place longer and look more natural, he says, adding that permanent, flexible sutures can be attached to the bone or bone channel for long-lasting results, about seven to 10 years.

Nonsurgical:

Dr. Godek likes Radiesse (a calcium paste), which can be placed deep on the bone to fill the upper cheek, giving a modest "cheek

lift." Radiesse lasts about a year to a year and a half. "If not done properly, it can cause lumps," he says, adding, "It's very important to go to an experienced injector." 

For information on finding the right surgeon, see page 85.

RESOURCES

**American Society
for Aesthetic Plastic
Surgery**
www.surgery.org

**American Society of
Plastic Surgeons**
www.plasticsurgery.org

**Caroline
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Sea Girt, Red Bank,
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732.281.1988
www.personalenhancementcenter.com

Frank Scaccia, M.D.
Red Bank, 732.747.5300
www.riversideface.com

Gary Smotrich, M.D.
Lawrenceville,
609.896.2525
[www.lawrencevilleplastic
surgery.com](http://www.lawrencevilleplastic
surgery.com)

Geoffrey Tobias, M.D.
Englewood, New York
City, 201.567.6770
www.rhinoplasty.com

Robert Zubowski, M.D.
Paramus
201.261.7550
www.drzubowski.com

Beware of:

Silicone facial injections. This is an off-label use of the product and is not approved by the Food and Drug Administration. Silicone stays forever and can become hard. Many people who had silicone injections 30 or 40 years ago now have lumps on their faces.

Botox parties, where a physician or other health professional shows up at a gathering to do mass injections. Says Dr. Glicksman: "There's no chart, no records, no follow up. There's peer pressure. There's alcohol...Does that sound like a recipe for success? I don't think so."