

REVIVE

HEALTH

BEAUTY • FASHION

Summer 2010

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Gorgeous
Gams**

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or **Hurt** Them?



Facial Rejuvenation:

Surgeries to enhance your appearance

Rhinoplasty and Chin Augmentation

Rhinoplasty

Problem: *I have a bump on my nose, a droopy nasal tip and small chin. What can be done to enhance my appearance? What are the risks?*

By Dr. Philip Solomon MD, FRCS



Rhinoplasty surgery is a common procedure which can dramatically improve one's appearance. The goal of rhinoplasty surgery is to deemphasize the nose and to accentuate other facial features. Rhinoplasty is one of the most commonly performed cosmetic surgery procedures performed. Hundreds of thousands of Rhinoplasty procedures are performed annually in most of the developed and developing world. Rhinoplasty surgery often is done to improve balance of one's facial features. In circumstances where a nose is too large for one's face, reduction rhinoplasty surgery is often suggested. Reduction Rhinoplasty often requires removal of a nasal bump as well as narrowing of the nasal bones and often modification of the nasal tip. If one's tip droops it can be lifted and strengthened to give a more balanced and attractive nose.

Risks of Rhinoplasty include suboptimal cosmetic results, and possible functional problems with the nose. While the majority of patients who undergo rhinoplasty surgery

are happy with their results approximately ten percent of patients may require a secondary procedure for best outcomes.

Chin augmentation often is done in conjunction with rhinoplasty surgery. A weak chin can also make a normal nose appear large and an already prominent nose seem even larger. On the other hand, a too prominent chin may give the appearance of having too small of a nose or otherwise throwing the face off balance. The desired result of surgery on the nose and chin should be a balanced relationship within the structures of the face.



Chin implantation is performed by inserting a prefabricated silastic or medpore synthetic implant. The implant is placed either from an external incision just under the chin or from an incision within the mouth. The procedure typically takes half an hour to an hour and is done with either local or general anesthesia. The implant is permanent and in most cases the implant appears natural and is difficult to feel. While risks of the procedure are low they include infection,

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extrusion, poor placement, and numbness. The implant can be removed easily if desired by the patient.

Your surgeon will review different surgical chin implants and discuss what may be your best option.

To learn more about chin implants visit <http://www.solomonfacialplastic.com/facial-plastic-surgery/facial-implants.php>.

Following rhinoplasty and chin implantation a patient typically will have some swelling around the eyes and chin for about a week. By 10 to 14 days most patients can

return to work and look reasonably good. Final results can take months. Patients who undergo chin implantation will notice an immediate enhancement of the chin and often will notice an improved contour of their neck.

With combination of chin augmentation and rhinoplasty surgery patients often achieve dramatic enhancement of their appearance. The combination of these procedures often achieves better aesthetic outcomes than if either procedure was done alone.

Blepharoplasty and Brow Lift

By Dr. Andres Gantous MD, FRCS(c)

Droopy and tired looking eyes, bags under the eyes?

Blepharoplasty or Eyelift surgery is the procedure used to improve the effects of aging of the eyes. When combined with a Brow lift, these operations are very strong and powerful tools to that allow us to rejuvenate the upper face. Droopy eyelids and puffiness or bags under the eyes make our upper faces look old and tired. These are often the effects of normal aging, but in some cases can be inherited traits that affect younger patients. Brow lifts are performed in different ways depending on the needs and desires of the patient. Open techniques where an incision is made in the hairline, the forehead tissues are mobilized and repositioned are common and time-tested procedures. Endoscopic approaches with limited incisions are very popular and other approaches such as an Endotine Transbleph™ are also commonly used.

Your surgeon should be able to discuss the different available techniques with you and recommend what would work best in your case. Blepharoplasty deals with the excessive skin, muscle and/or fat around the upper and lower eyelids. In upper eyelid surgery an incision is made in one of the natural creases of the upper lid and the redundant skin is removed. If there is an excess of underlying muscle and protruding

fat these can be trimmed as well. When dealing with the lower lids there are two basic techniques: a subciliary approach where a cut is made under the eyelashes and skin and muscle are elevated allowing for trimming of the fat pockets and a transconjunctival approach where the cut is made on the inside of the eyelid and the fat is removed without touching the skin or muscle. The latter can be combined with a laser resurfacing or chemical peel in order to improve fine wrinkling of the skin.

These procedures, when performed on their own or in combination, will address the specific problems that are leading to that tired and puffy look. As the patient heals in the first ten to fourteen days he or she will begin to see a refreshed, younger looking self in the mirror. The overall recovery takes usually two weeks for all bruising and most of the swelling to disappear, but it may take up to eight weeks until the operated area feels completely normal. Brow lifts and blepharoplasty can literally take a decade off your face!

Otoplasty

Prominent ears, big and droopy ear lobes?

An otoplasty is an operation that addresses the shape and or size of the ears. About five

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percent of the population has prominent ears and this can lead to self-consciousness and embarrassment in many cases. This problem can be easily taken care of with an otoplasty.

The ear is given a new and more normal shape by recreating the normal folds and grooves that are missing. There are various methods of performing this operation: in some, the cartilage that forms the ear is cut or weakened in order to bend it and shape it. More commonly, stitches are used to bend the cartilage into the desired shape. More recently, an incisionless technique has been devised in order to create these changes without having to cut the skin in the back of the ear. When the ear lobes are too large and sagging (a change that invariably

occurs with age) we can improve them easily with an ear lobe reduction. The lobes are trimmed and reshaped, hiding the scars nicely within the normal creases around the ear. Torn ear lobes from long use of heavy earrings can also be corrected surgically and made stronger.

Otoplasty will correct the specific parts of the ear that are causing it to look different. The incisionless technique offers a very quick recovery, with little bruising and swelling in most cases allowing most patients to resume normal activities within a day or two. A natural looking ear is the goal and this is usually very easily achieved. Lobe reductions and repairs heal within a week and restore cosmesis and function to the lower part of the ear.

What is a facelift?

By Dr. David Ellis MD, FRCS

As we age, only three things can happen to our face. It can wrinkle. It can sag. It can hollow or lose volume. The facelift operation helps to correct sagging. All three things must be dealt with when assessing rejuvenation of the face. Wrinkling is caused by the repetitive pull of muscles. In the upper face where frowning occurs, Botox is often used to prevent the famous number "11" between the eyebrows. Injectable fillers or fat transfer is used to replace cheek and facial hollowness or volume loss. A facelift operation is used to tighten the sagging skin and muscle. Sometimes adding extra volume will delay the need to tighten the skin as stuffing the envelope is simpler than tightening the envelope.

Given all these alternatives when is the best time for a facelift to be performed?

In our early 40's, we start to see the aging process as slight loosening of the skin at the jaw line is noticed. Often patients complain that their skin is loosening up and want a little bit of tightening. This can be done noninvasively by heating up the skin through radiofrequency or by using a laser that generates infrared heating called Titan. The Titan procedure is a noninvasive technology in which the handpiece is smoothed

over the skin which causes it to warm up close to 45°C. The heating causes the collagen to shrink over a 3-6 months time period. Most of the shrinking occurs in the first three months. Usually one session is all that is needed, but occasionally multiple sessions may be required to maximally tighten the skin especially if you are closer to 50 years of age.



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After 45 years of age, there may be a little bit of jowling and the neck skin may become saggy. The jowling is caused by a small amount of fat that makes the jaw line appear square from the front view. The next stage will be a technique often referred to as “smartlifting”. This is a minimally invasive surgical procedure in which a small laser probe about 5 mm in diameter is passed under the skin. This laser probe seals blood vessels, melts fat, and tightens skin in a more uniform fashion than the external heating described above. This laser probe can be used to melt fat at the jaw line and afterwards that melted fat is sucked out through a 3 mm diameter tube, which significantly improves the volume of the jowls. As this laser seals blood vessels, there is often little bruising and the patient can be “socially acceptable” within a week or earlier. However, the most important aspect of this laser is heating the undersurface of the skin to the 45°C in a very controlled and exact matter so that every square centimeter of the skin is heated similarly. Most of the skin shrinkage occurs in 3 months, although shrinkage continues for 6 months.

At about 50 years of age or around menopause and in men 7-10 years later, the subcutaneous tissue under the skin starts to sag. The jowling becomes more noticeable and the tissue of the cheeks droops. Furthermore in the neck the two cords at the front become very prominent.

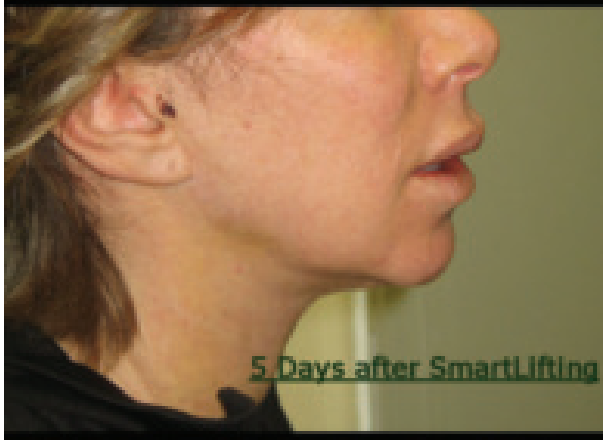
In order to correct these problems a facelift surgical approach must be contemplated. The underlying tissue of the cheeks and jowls is called the SMAS fascia. This fascia must be elevated usually in an upward direction to help to fill in the collapsed cheek area by taking the jowl fat and move it higher to replace the volume that the cheeks have lost.

The cords in the front of the neck are the leading edge of a flat muscle called the platysma muscle. During the aging process it becomes lax and moves forward into the front of the neck where it can be visualized in thin individuals. During the facelift procedure the two cords at the front of the neck are usually sewn together to make a sling

and the back part of the platysma muscle is pulled back and fastened to the back of the neck, thus softening the appearance of the cording in the front of the neck.

Some people have a globule of fat in the front of the neck or under the jaw line. This must be removed using a technique of either smartlifting or liposuction, or both. The necessary remaining fat must be checked carefully so that it is evenly distributed.

In the facelift procedure, the fat, platysma cording, hanging SMAS fascia in the face is significantly improved and the skin is heated causing it to shrink. At the end, the



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stimulation of the nerves.

There are two main types of hyperhidrosis: Primary and Secondary.

Primary hyperhidrosis usually occurs at a younger age and is more related to your genetic makeup (it's just the way God made you), unlike secondary hyperhidrosis which usually occurs later on and can be caused by such things as diabetes, hormone disturbance or medication use, to name a few.

There are two other subtypes of hyperhidrosis, focal and generalized. Focal sweating usually affects one or two areas, while generalized can occur all over the body, from the head down to the feet.

What can be done about hyperhidrosis?

It depends upon the type and severity of sweating. Simple things like reducing caffeine intake, getting your blood tests done to rule out any medical cause are a good place to start. If one has secondary hyperhidrosis, then if you fix the underlying cause, the sweating will go away. On the other hand, primary hyperhidrosis is part of your biological make up, so medical intervention is usu-

ally needed. One can start with simple topical antiperspirants containing aluminum chloride. Iontophoresis uses a low intensity electrical current to reduce sweating, I find this most useful for hands and feet. Oral medication can be effective especially for generalized primary hyperhidrosis, but can have unpleasant side effects including weight gain, dry mouth and unsteadiness.

Localized injections with Botox, the only prescription medication approved for treatment, is very effective. Ninety five percent of patients notice improvement, with results lasting 7 months on average.

Thankfully most insurance plans cover the medication cost for treatment and the procedure takes less than 15 minutes to treat the underarms. Surgery is the last treatment option and is reserved nowadays for the most severe cases that don't respond to Botox or any of the other treatments.

If you are concerned that you have Hyperhidrosis contact your family doctor or find an experienced physician on www.sweatmanagement.ca or read more on www.drmatta.com

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extra skin is then removed.

The incisions for the facelift procedure are in front of the ear but behind the little cartilaginous bump in front of the ear canal. It extends around the ear lobe back up behind the ear and then at the level of the ear canal it extends straight posteriorly into



the hairline. The incision in front of the ear can be extended up superiorly into the hair arching forward. These incisions are hidden as much as possible.

Afterwards, there can be bruising and, of course, swelling, but healing takes place very rapidly and most patients are "socially acceptable" in two to three weeks.

This facelift procedure can be performed on people from 40 to 90 years. The facelift operation with all its variations gives natural results so that patients look good for their age. Overtightening occurs with repetitive facelifts!

Once the envelope is tightened with a facelift, often patients will want a little more volume injected into their cheeks and some of them may want the surface of their skin improved with the treatment of broken capillaries, hyperpigmentation, and skin texture. Anti-aging technology of the face includes not only tightening the skin, but also filling the lost volume, and using laser treatments to smooth skin texture, improve broken capillaries and improve facial age spots. Always consult your facial plastic surgeon for all the options open to you.

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