

MedicalLiveWire

AESTHETICS & COSMETOLOGY 2017

EXPERT GUIDE

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 SYMMETRIA



LEWIS J. OBI, M.D.
OBI PLASTIC SURGERY AND THE
CELL SURGICAL NETWORK OF FLORIDA

Nalluri Plastic Surgery, Inc.



Dr. Paul J. Skoll
M.D., F.R.C.S. (S.A.) PLAST.

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Introduction

Cosmetic surgery trends typically follow the celebrity style of the present day. For instance, buttock implants were the fastest growing procedure in 2015 as patients aspired to the Kim Kardashian look. The following year saw a surge in lip filler procedures after Kylie Jenner opened up about her artificial pout. Then in 2017, we saw new trends such as thigh lighting emerge as women are becoming more attuned to the perfectly sculpted figures of their favourite celebrities.

The trend that supersedes all of these however is the widespread acceptance of the aesthetic and cosmetology industry into the mainstream market. No longer is the subject considered taboo amongst both celebrity circles and the general population. New data released by the American Society of Plastic Surgeons (ASPS) revealed a 3% increase in the number of completed procedures year-on-year. In addition to this, searches for Botox went up 15%, microneedling shot up 85%, and interest in the non-surgical nose job spiked 35%, according to RealSelf.

Some commentators believe that the rise of “selfies” and photo filtering is a key reason behind the boom in surgery as both men and women want to look their best on social media platforms such as Facebook, Instagram and Snapchat. Another reason perhaps is that procedures are now considered cheaper, safer and more advanced than ever before. With the technological advances of today, there seems to be a treatment to rectify even the smallest of imperfections.

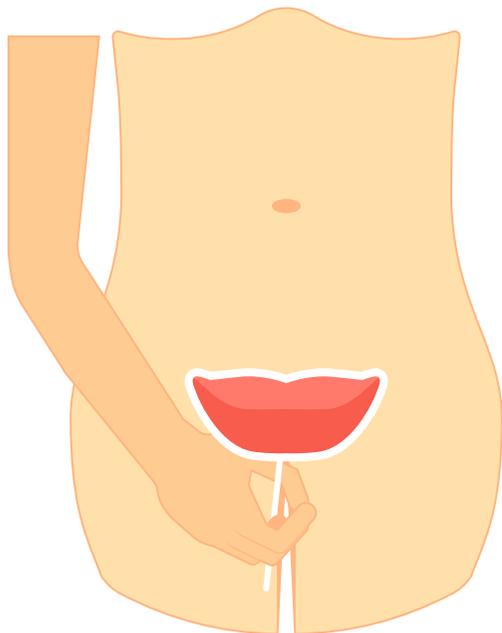
In this expert guide we explore some of the most revolutionary innovations within the industry. We discover how Dr Lewis Obi is taking scientific capabilities to the next level with adult stem cell expansion, 3D bioprinting and the incorporation of regenerative medicine. Mark Garrick discusses the innovative developments in the field of wound surgery. Other highlighted topics include an overview on labiaplasty surgery following a 39% increase in the number of procedures in the United States last year and an explorative look at the vast options for targeted fat reduction following new cosmetic procedural trends related to the role of fat in body shaping.



James Drakeford
Editor In Chief



SNAPSHOT: THE LOWDOWN ON LABIAPLASTY

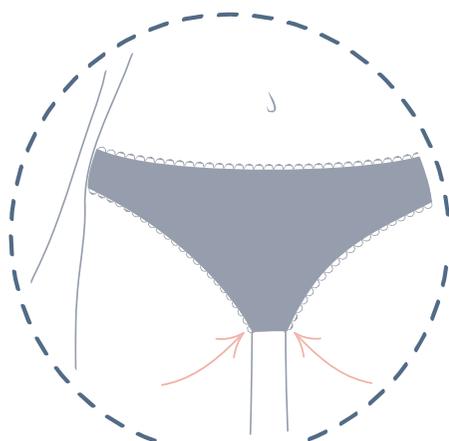


What is labiaplasty?

A labiaplasty is surgery to reduce the size of the labia minora – the flaps of skin either side of the vaginal opening. The procedure involves shortening or reshaping the vaginal lips. The unwanted tissue is cut away with a scalpel or possibly a laser, and the loose edge may be stitched up with fine, dissolvable stitches.

The functions of the Labia

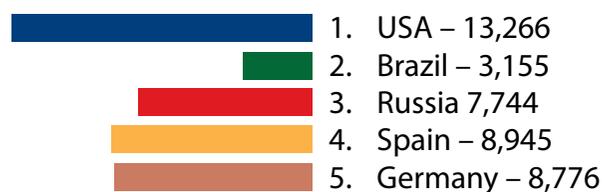
- The labia protects the entrance of the vagina.
- The labia minora covers and protects the urethra and vagina from infection.
- The labia minora enhances sexual pleasure and lubrication during intercourse.



#1 – world's fastest growing type of cosmetic surgery

Labiaplasty was named the world's fastest growing type of cosmetic surgery with 45% more procedures carried out in 2016 than in the preceding year.

Top 5 Countries Performing Labiaplasty Surgery:

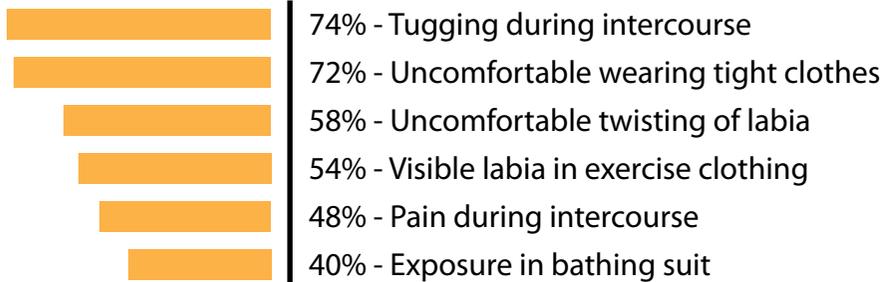


Health Professional Guidelines introduced in 2015

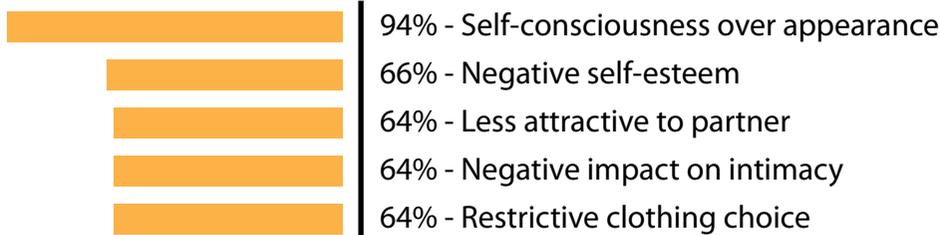
In 2015, the Royal Australian College of General Practitioners (RACGP) introduced world-first guidelines to assist GPs and other health professionals navigate women's concerns about their genital appearance.

COMMONLY CITED REASONS FOR SURGERY

THE PHYSICAL SYMPTOMS:



THE PSYCHOLOGICAL SYMPTOMS:



Exploring the Cost

In the UK, the surgery typically costs between £1,000 to £3,000, plus the cost of any consultation or follow-up care. Occasionally, a labiaplasty may be carried out on the NHS if the vagina lips are abnormal, causing the woman distress or is harming her health.

In the United States, the surgery typically costs anywhere between \$3,000 and \$8,000. Plastic surgeon, Dr Katzen of Beverly Hills and Orange County suggests the average labiaplasty cost is around \$4,500.

Affordable Labiaplasty Abroad

£788 – SPAIN

£794 – HUNGARY

£794 – CZECH REPUBLIC

The Celebrity Treatment

Kim Kardashian, Sharon Osbourne and Jenna Jameson are amongst celebrities to have undergone labiaplasty surgery.

Britain's Youngest Patients

9-years-old

Leading adolescent gynaecologist Dr Naomi Crouch told the BBC girls as young as nine were seeking the cosmetic procedure because they were distressed by the appearance of their vulva.

>200

More than 200 girls under 18 had labiaplasty on the NHS in 2015-16 – more than 150 of whom were under 15.

Sources:

The NHS guide to cosmetic procedures

International Society of Aesthetic Plastic Surgery (2017)

Why Women Request Labiaplasty. Plastic and Reconstructive Surgery journal (April 2017)

www.medigo.com (2017)



Europe





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An Exclusive Q&A With Dr. Leah Totton

By Dr. Leah Totton

The Apprentice winner Leah Totton opened her first cosmetic skin clinic in 2014, funded by a £250,000 investment from Lord Sugar. Situated in the lively London city centre, the Dr Leah clinic offers clients a wide range of aesthetic treatments, all of which are aimed at helping you to achieve a more radiant, youthful appearance.

The 25-year-old doctor from Northern Ireland is passionate about bringing excellence and a medical influence to the cosmetic industry and has been vocal in her calls for regulatory change.

What inspired your transition from medicine to cosmetics?

There was one particular incident that first sparked my interest – one of my mum’s friends had poor results from a dermal filler injection back home in Northern Ireland, and that’s when I started to read a bit more about the sector. I soon realised what state the industry was in; there was a lack of regulation in terms of the amount of ‘cowboy practitioners’ that were on the market and the real risk to patients was what motivated me to make a change. Through The Apprentice I was able to help vocalise regulation in the industry and hopefully work some way to increase patient awareness regarding the issues involved.

When did you come up with the idea for the clinics; was it before or during The Apprentice?

It was probably halfway through medical school when

my interest in aesthetics started to grow. When I qualified as a doctor, I spent a lot of time shadowing various aesthetic doctors privately and really trying to build up my experience through mentorship. I think it is really helpful having a good mentor – or several if you can – who you can shadow and who can oversee your development. Cosmetic doctors should never stop learning, but I think the role of a really good mentor is important because of the lack of an official training scheme.

From there, the opportunity for The Apprentice came up and it seemed like a good platform to shine a light on the real feelings within the industry and an opportunity to try to educate patients and, hopefully, provide them with an example or a standard within the industry.

Is there anything in particular you would like to see implemented or changed?

For me the priority is the dermal filler issue. The fact is we have a substance which is not a prescription only medication and that has now, under government regulation, become a medical device. That isn’t strong enough. There should be a strong push from the industry and from patients to truly put pressure on the government to make dermal filler a prescription only medication.

To what extent does the Keogh Review push forward towards change?



I was recently at the ACE Conference (Aesthetics Conference & Exhibition) and the general consensus among the expert panel was that the Keogh Report was great because it shone a light on the issues within the industry, but what is lacking is the government response to the Keogh Report which first of all took quite a long time to come to light.

Though there are many things that I think are lacking in the report, (I'm not going to go through everything as it's not really my place to comment) essentially what we have at the minute is an industry where it's largely self-regulated and we as clinic owners and as clinicians need to educate our patients to make informed choices about the treatments they are having.

Do you think we need to introduce a formal training or qualification scheme?

Of course, that would be absolutely phenomenal and I think that is something that Health Education Eng-

land (HEE) are looking at which is obviously brilliant. At the minute we are still in an industry which is largely self-regulated and in the meantime it is important to get the message out to the public that these procedures are medical interventions. It's not the equivalent of having your hair done or a manicure – you need to be aware of the risks involved and the importance of the complication process.

Moving on to the Dr Leah Clinics, can you talk us through some of the procedures you offer?

We offer a range of non-surgical treatments. Our maintenance division offers non-enhancements such as electrical facials, microdermabrasion, gamma roller and chemical peels; mainly glycolic. Then we have an enhancement division which covers your injectables such as Botox and fillers for cheek enhancement and lip enhancement. We will also be launching a laser division in June. That's an exclusive – we haven't talked publicly about our laser division yet!

What will the laser treatments involve?

The first treatment is laser hair removal as there's obviously a big market for this. We will offer treatment of vascular lesions, pigmentation treatments and acne treatment with laser. There will be an advanced version of dermal roller with laser face lifts and laser resurfacing which is very popular at the minute. Overall I think it will be a really exciting and amazing addition to the clinic.

You have previously mentioned your reluctance to provide treatments for teenagers. Will you re-address this stance with the introduction of laser treatment for acne?

That's a good point. Anti-ageing treatment is not relevant to that age group whereas acne treatment is certainly more relevant. Obviously teenagers do have acne and we do want to help those individuals but you have also got to think of it from an insurance point of view as well, as there have been various issues with informed consent for under-18s. I need to sit down and have a talk with my legal team before making a decision at the clinic.

Despite not being aimed towards teenagers there still seems to be a rise in those looking to receive Botox and anti-ageing treatments. What are the main dangers or long term effects of having these procedures at such an early age?

From our point of view there are psychological impli-

cations. Again there's also the issue of informed consent for under-18s where you'd be looking for guardian approval from a legal stance. But to me it's an issue with ethics. How can clinicians justify administering the prescription of medication to someone who I don't believe currently justifies the treatment? It is very rare for teenagers to demonstrate lines and wrinkles that warrant treatment with botulinum toxin. In fact, I have refused treatment to a few people in their late twenties and early thirties for the same reason. It's not age specific; it's about whether you can justify after consultation and examination that treatment is justified.

How would you determine whether you can justify treatment?

Every case is individually assessed after consultation and examination. We determine the criteria case-by-case at the discretion of the treating doctor. I can't see every single patient that we treat but I have doctors that work for me who have had the same training as me and understand what benefit you are going to get from Botox when it is indicated and will treat accordingly.

Why do you think we have had a significant rise in Botox and plastic surgery?

We tend to follow the US trends. We're a bit behind and I think we tend to replicate their pattern. They've obviously seen an increase in cosmetic procedures and I think society as a whole has become more image

aware, especially in the UK. There is a huge celebrity culture with various tabloids promoting this idea of ‘celebrity’ and celebrity ‘selfies’. I do think there is a certain societal pressure to adhere to that sort of beauty and aesthetic ideal and the reason for that is the media.

Have you witnessed any shifts or trends in demographic from what you expected?

Very much so. We are based in Moorgate, London, so in terms of location we are very much aimed towards the corporate professional and female professional; ladies who are in their late thirties or early forties and are maybe getting to the point where they would think about the ageing process. But we’ve been surprised at the amount of men that we’ve seen. We are in the heart of the city so there is the typical male demographic in the surrounding area so that may be why, but I’ve been astonished at the amount of male enquiries we’ve had for all of the procedures – and not just Botox. I’ve looked at multiple other clinics and they don’t seem to have the same gender ratio as we have so it may be due to where we’re situated geographically in a predominantly male area.

Do you have any procedures aimed specifically at corporate professionals?

We have an express facial which is a 25 minute facial procedure during your lunchtime. It’s a product-based facial administered by one of our aesthetic therapists and its ideal for men and women who work in the city

and want to nip out on their lunch break and have a rejuvenating facial. We have some great products and it is something that happened to be quite popular with both men and women in the city.

What made you choose to focus on non-surgical cosmetic procedures for your clinic?

I’m not a surgeon so I wanted to stick to what I knew. I think when you do delve into the surgical end of the market you’re dealing with much higher risk in terms of the procedures, such as general anaesthetic risks, post-op complications and also the psychological effects of having a permanent change in your appearance. The consultation, which advises anyone before they have any kind of cosmetic surgery, should be seen by a qualified psychologist that can discuss not only the cosmetic implications of the treatment, but also the emotional and the psychological implications of undergoing surgery. For me it wasn’t something that I wanted to get in to. Besides, I think the non-surgical market is so good right now. It’s ever-evolving and is advancing so much. It’s a really exciting place to be.

How difficult is the task juggling the role of a businesswoman as well as someone who is still actively working in the field?

I still work in A&E as well as it’s something I didn’t want to give up. It’s difficult but once you’re a doctor, you’re always a doctor. I find it difficult to switch in to business mode but even from a business capacity I will run my business as a doctor as opposed to

a businesswoman and that is why I need Lord Sugar. He's very much the business person. It's quite a nice balance because I have my priorities, which is to focus on our patients, and I think it's nice to have someone who is always looking at the accounts, numbers and from a strategy side of things. For me it's the perfect combination that allows me to continue to focus on my patients.

Have you had a chat with Lord Sugar on what treatments would be suitable for him?

Of course. I've had a look and there have been some recommendations made but he hasn't taken me up on any as of yet.

No, and if he did, obviously that would be client confidential information anyway.

Exactly. If he's looking better in the next series of The Apprentice I will take the credit, but unfortunately he hasn't agreed yet to have anything done.

Dr Leah skin clinics are committed to safe, effective and ethical cosmetic treatment. If you have any questions, you can get in touch with Dr Leah and the team by calling +44(0)20 7877 5999 or sending an email to info@drleah.co.uk



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An Exclusive Q&A With Dr. Nikolaos Metaxotos MD, PhD of Symmetria

By Dr. Nikolaos Metaxotos MD, PhD

What is your philosophy regarding aesthetic medicine?

My philosophy is the absolute respect for people and their needs, their limits and sticking by scientific ethos. The approach I have adopted in recent years is the “Minimum Intervention – MAXIMUM EFFECT™”. This is the current trend internationally in aesthetic plastic surgery, namely the selection of less invasive but equally effective treatments.

In general, Symmetria is characterized for its innovative design, high quality and aesthetics and comprehensive programs that it offers, with modern treatments to rejuvenate the face and body by its professional staff. The medical center has been running for twelve years with a vision to provide high quality services that guarantee the experience and expertise of its partners.

In its twelve years of operation, Symmetria has received several awards.

Symmetria attracts not only locals from Greece, but also a plethora of individuals from abroad, who for twelve years consistently opt to visit the center for its excellent reputation. The European Business Assembly recently awarded the excellent level of services and modern scientific methods and new technologies that we apply, with the international prize of the Best Clinic Award 2015. Symmetria has also been dubbed by British TATLER magazine for three consecutive years, as well as other international publications, as

one of the leading beauty clinics worldwide.

A few years ago you launched the eponymous cosmetics line.

Symmetria cosmetics were first presented in 2008. They are a full facial care range prepared in the French Cosmetic Valley that incorporate the wisdom of nature and the achievements of modern cosmetology. The cosmetics also fall in line with the philosophy of “Minimum Intervention – MAXIMUM EFFECT™” that places emphasis on antiaging. For example, clinical studies have proven the effectiveness of THE ONE Non-Surgical Eye Lift cream from the range, as being able to soften wrinkles around the eyes (the area known as the “crow’s feet”). In particular, after 28 days only, with two applications each day (morning - evening), there was a 50.24% reduction in the number of wrinkles.

Symmetria is particularly active in the field of health tourism. How is that so?

By taking into account that patients have been visiting Symmetria from abroad for several years, we designed a comprehensive health tourism program, which provides high quality medical services, accommodation in selected hotels in Athens and very competitive prices, of course. We work with Divani Apollon Palace & Thalasso hotel, in one of the most beautiful locations in Athens, where one can undergo the #DivineYou detoxification wellness program. The program includes a special low-calorie menu depending on the needs of



each guest, which is created by a team of nutritionists from our medical center in cooperation with the hotel's chef. Moreover, the spa offers popular beauty treatments, all of which bear the Symmetria signature.

How is it that Symmetria became an active international brand?

It seems that we established the recipe for success. As a world-class anti-aging institute offering a comprehensive range of services applied by the well-trained staff and prestigious physicians on board, coupled with its innovative luxury skincare collection, its countless international visitor possibilities (health tourism) and the international awards and press coverage received, meant that it was only a natural progression for the brand to spread its wings to other nations as well. Furthermore, Symmetria is also constantly on the look out for new potential partners and collaborations in the different health and tourism sectors available so as to

merge its knowledge and expertise with resources that will further aid its international expansion.

How did you choose to become active in the Middle East in specific?

I have met several patients from the Middle East in the years that I worked in London, and all these years via Symmetria. Many of them visit us regularly and the treatments we apply on them are particularly liked. On the other hand, we are always in search of new and attractive markets. The option of externalization is a worldwide trend. Globalization requires the redesigning of the company's strategy and a switch of interest in directions with more fertile soil. The cooperation proposal made to us by Dr Abdullah Syiam, founder of Beauty Care Center, gives us the opportunity to expand our service range offered and of course, to tap into new markets.



Beauty is largely linked to a holistic lifestyle change. What do you recommend to your patients when it comes to adopting this lifestyle?

We recommend the Pro-G-Diet, a holistic scientific diet method that can change your life. The philosophy behind this diet is that diseases that affect most people are not only related to their diet, but rather with their lifestyle. By taking into account all the scientific developments, both in the science of nutrition and exercise, and the science of psychology, we created a new lifestyle change model. The Pro-G-Diet combines nutrition of low Glycemic Index with adequate protein intake all while supplying the body with the necessary nutrients for optimal metabolic function. One of the main goals of a nutritional intervention in the form of the Pro-G program, is the adequate intake of powerful antioxidants, such as lycopene, vitamins E, C and A, selenium, anthocyanins, curcumin, catechins and other polyphenols. Besides antioxidants, this way of eating will supply you with nutrients that contribute to the elimination of toxins such as heavy metals or air pollutants. As part of the Pro-G-Diet, you will be introduced to many traditional recipes from the Mediterranean cuisine - the healthiest cuisine in the world perhaps.

You have also further developed an on line diet platform. Could you enlighten us on how it works?

Seeing as modern people have limited time or are constantly traveling and unable to visit a nutritionist regularly, Symmetria, in collaboration with a team of doctors, nutritionists and beauty specialists, created the innovative online platform www.dietisnotforme.com, which helps those interested in leading a more balanced lifestyle. The platform is based on the highly successful Pro-G-Diet program. Anyone interested may speak directly to a nutritionist via Skype. Then, the appointed nutritionist will implement a personal nutrition program with the scientific guidance of the Symmetria team.

Dr Nikolaos Metaxotos, MD, PhD, founder of the prestigious Symmetria Medical Center in Athens, Greece, talks to us about the latest beauty trends and what triggered the expansion of his practice into a globally recognized and accepted brand.

Dr Nikolaos Metaxotos MD, PhD is a leading specialist plastic surgeon, offering minimum intervention cosmetic procedures that enhance the ageing face. He studied



at the Medical School of the University of Athens and qualified as a doctor in 1992. Soon after, he trained as a plastic surgeon in both the United Kingdom and Greece, where he was also awarded with a PhD on skin cancer and melanoma. In 2001 he received the European Diploma of Plastic, Reconstructive and Aesthetic surgery and Fellow of European Boards of Plastic Reconstructive and Aesthetic Surgery (FEBOPRAS). Over the years he's been known for publishing and presenting several papers on plastic surgery resulting from his extensive research in the field.

He is a renowned international speaker. Over the years he has participated in a large number of national and international plastic surgery conferences, often giving lectures or serving as a moderator. In addition, he serves as International Inspector for the American Association for Accreditation for Ambulatory Surgery Facilities International (AAAASFI).

Dr Metaxotos established Symmetria, a world-class anti-aging institute meticulously designed with customer care and comfort in mind, in 2005. Symmetria became a state-of-the-art medical and beauty clinic awarded with the Best Clinic Award in 2015. Dr Metaxotos' vision of

creating an environment whereby individuals can come and receive elite services to improve their appearance soon became a very pragmatic reality not only for local but also for international visitors, who choose Symmetria for its high aesthetic standards, excellent reputation and advanced techniques in facial rejuvenation, non-invasive anti-aging techniques and body reshaping.

In 2013, the American Plastic Surgery Practice magazine hosted Dr. Metaxotos on its cover accompanied by an article pertaining to his success story. Furthermore, his work has also been highlighted in British TATLER magazine and the Daily Mail.

Last but not least, Dr. Metaxotos cares greatly about giving back to the community as he is the founder of the I LIVE FOR ME non-profit organization for individuals battling cancer and other chronic diseases. Through his organization he conducts patient seminars, events and an application aimed at raising awareness in terms of introducing cancer-preventative measures, helping individuals already suffering from this disease as well as advising their family and friends.



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The Americas



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Medicalia Skincare...A New Revolution in Clinical Skincare!

By Medicalia®

The demand for cosmetic and plastic surgery dermatological surgical procedures is rising rapidly. The American Society for Aesthetic Plastic Surgery (ASAPS) reported March of this year that Americans spent more than \$15 billion dollars on combined surgical and non-surgical aesthetic procedures for the first time ever, accounting for an 11% increase over the past year alone. When combined with social media's widespread impact, the ongoing desire to prevent and reverse signs of skin aging, and the increasing demand for natural skincare products...one brand's mission is to exceed expectations with skincare solutions far beyond the norm!

Created by the founder of the spa industry's leading professional skincare brand Pevonia Botanica, Medicalia® Skincare was founded with medical foresight and esthetic insight, while upholding the founding company's wellness ethos. The Medicalia® brand offers a comprehensive pre-and post-operative skin care system and innovative peels for serious skin transforming results. Featuring the most potent natural ingredients available in result-driven concentrations, each product works singularly and jointly to gently, yet effectively expedite healing during pre-and post-surgical/medical procedures. Exclusively available through medical spa professionals, Medicalia's medi-collections provide patients the ideal clinical strength assortment for extraordinary solutions and decreased downtime.

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Beyond traditional skincare, Medicalia® fuses the best of Pre and Post-Surgical Management + MedSpa to ensure each product fully embodies the intricate fusion

necessary to meet patient demands.

Every Medicalia® Skincare product is dermatologist tested, hypoallergenic, non-comedogenic, and non-irritant. Medicalia® features extraordinary formulas with two advanced breakthrough emulsions: Water-Oil-Water Microemulsions and Oil-Water-Oil Microemulsions. Each of these is proven to facilitate product absorption within the skin. Additionally, Medicalia® products feature Biomimetic technology; proven to improve, restore, repair, and boost the skin's expedited healing and recovery process for optimum skin health.

Clinically Tested Effective...Result-Driven

Medicalia® Skincare is meticulously crafted to offer an innovative selection of clinical strength treatments and products with advanced technologies.

Each skin transforming formula is specifically tailored to:

- Meet patient demand for effective yet natural skincare solutions
- Expedite wound healing pre and post-surgical/medical procedures
- Decrease downtime concerns post-surgical/medical procedures
- Provide serious solutions for common chronic skin conditions: acne, rosacea
- Deliver anti-aging solutions for face and body
- Provide body skincare solutions: bruising, stretch marks
- Provide patients easy to follow regimens



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LEWIS J. OBI, M.D.

OBI PLASTIC SURGERY AND THE
CELL SURGICAL NETWORK OF FLORIDA

Plastic Surgeon on the Forefront of Stem Cell Uses

By Lewis Obi

Interest in the use of stem cells in plastic surgery procedures has been increasing rapidly, reflecting the widespread acknowledgment of the tremendous potential of stem cell fat transfer. Due to FDA restrictions and the need for an Institutional Review Board guidelines, very few plastic surgeons in the U.S. have integrated advanced techniques of fat grafting. As a result of his diverse and in depth background, Dr Lewis Obi is perhaps at the forefront of private practice plastic surgeons who are exploring this area. Six years ago, Dr Obi was asked to write a chapter in the first book ever to be published on the use of stem cells in aesthetic procedures which was released by Springer Publications in 2014.

In 2017, Dr Obi has taken scientific capabilities to the next level with adult stem cell expansion, 3D Bioprinting and incorporating the vast field of regenerative medicine. The second annual Cell Surgical Network of Florida symposium in Jacksonville hosted an international faculty of stem cell scientist from Korea, Sweden, Germany and the U.S. The 2-3 February symposium and live workshop, conducted at Memorial Hospital of Jacksonville and the Lewis Obi Plastic Surgery Clinic, was a huge success. The live workshop demonstrated the production of stromal vascular fraction and PRP which were used for bioprinting a live nose all within a span of three hours. This was the first time the procedure has been performed in a private setting at a live symposium. Faculty members included Dr Hee Young Lee of Seoul, Dr Paul Gatenholm of Sweden and the Jacksonville CSN team of Dr Lewis Obi, Dr David Heekin and Dr Orlando Florete.

More than 100 were in attendance at the lectures and 50 at the workshop. This was followed by the fourth annual symposium of Cell Surgical Network in Beverly Hills between 2-4 June where Dr. Obi and Dr Lee were also speaking. Co-founders of the California Stem Cell Center, Dr Elliot Lander and Dr Mark Berman hosted this very important international stem cell symposium.

This year, Dr Lewis Obi's Jacksonville team began adipose derived stem cell therapy (SVF) for spinal cord conditions as well as degenerative diseases. Orthopaedic, pain management and plastic surgery indications have been treated at the Obi Plastic Surgery Clinic for more than four years. Dr Obi was one of the early clinical pioneers of Palomar's SlimLipo body sculpting laser platform. This led to the OPERA LIFT: combination of the use of stem cell/PRP volumetric face lift and SlimLipo neck tightening (ObiPalomarExternalRejuvenationalAesthetics) – a completely non-surgical procedure.

Last summer Dr Obi visited the clinic and labs of Dr Hee Young Lee MD, PhD. Dr Lee established Medikan years ago and they manufacture equipment and supplies for the generation/storage of stem cells. Dr Obi has adopted this technology for his stem cell research centre in Jacksonville and plans to conduct another 3D Bioprinting workshop next year. Both Dr Paul Gatenholm of Chalmers University and Dr Hector Martinez of Cellink will be faculty members of the symposium entitled: 3D Bioprinting/Stem Cells for Healing on the Battle and Football Fields.



Lewis J. Obi M.D., FRSA, is a board certified plastic surgeon who established the first licensed plastic surgery center in Florida. As an innovator, he has pioneered many procedures and recently worked extensively with lasers and adult stem cells derived from fat. He has lectured internationally on these topics as well as the broader scope

of plastic surgery. His love and passion for art expressed through his international firm of Obiarts resulted in the induction of Dr. Obi as a fellow to the Royal Society of Art, London (FRSA) in 1986. Obiarts has contributed world class art to dozens of major museums and institutions.

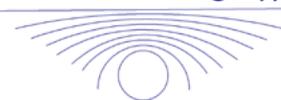


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Treatment Options for Targeted Fat Reduction

By Dr. Raja Nalluri

While control of dietary intake and frequent exercise are the cornerstones of a healthy lifestyle as well as healthy weight loss programs that provide scientifically proven health benefits, there are cases in which limitations arise, particularly in spot reduction or resistant areas of fat excess. Massive weight loss of hundreds of pounds has also been achievable with low complication relates through surgical approaches to the stomach including banding, stapling, resections and other techniques. In some of these cases as well limitations of the aesthetic result may be reached when recoil of excess skin laxity does not occur.

Patients of all varieties present to the plastic surgeon with varying complaints. A medical judgment occurs initially such that patients who have not adequately reached maximal benefit from diet and exercise are directed accordingly. Medical weight loss is appropriate in some cases whether with a specific diet and/or pharmacological supplementation with amphetamine based or other supplement. Surgical approaches are considered in patients that are appropriate candidates for massive weight loss.

After maximising benefit from these initial approaches, some common resistant areas causing patients to seek plastic surgery include the flanks (love handles), thighs both medically and laterally), buttocks, abdominal, neck and arms. The limitations in some cases of diet and exercise including the inability to provide for spot reduction or targeted fat reduction. While aggressive continued weight loss beyond the patient's desired aesthetic could proceed, this may result in excessive thin-

ning of body regions where further weight loss is not desired (such as breast volume loss or facial emaciation). The end result here could be smaller breasts or a more aged face with skin laxity in order to see a reduction in fat in the above referenced resistant areas. Skin laxity is another side effect that is more pronounced in cases of weight cycling where repeated weight loss and weight gain cycles stretch the skin. Multiple pregnancies, large weight gains with pregnancies exacerbate skin laxity in women.

Fortunately, the plastic surgeon has a toolset for assisting patient with these resistant areas and to target both localised fat depositions and skin laxity to effectively treat them to achieve a more balanced aesthetic result.

Zerona is a non-invasive cold laser that is painless. It is applied over the skin of the abdomen, flanks and thighs in six treatment sessions of 40-minutes each over a two week period. Mild reductions in overall circumference in the abdomen, hips and thighs have been achieved. The treatment is FDA approved. While extremely safe and a good consideration for patients who are not candidates for surgery, the downside is its extremely limited result, with typical results showing just 1 to 1.5 inch inches of circumferential reduction in each body area, as high as 3.5 inches in some cases. Further, the reduction is circumferential and not spot reduction. Treatment cost is approximately \$2,000 for six sessions.

Radio frequency (RF) is a FDA-approved therapy for improvement of skin wrinkling. Here, the RF energy is applied to the target skin area. The sensation is of heat



and mild discomfort but not painful and tolerated by most patients. Heating the collagen fibres beneath the skin surface promotes collagen stimulation and realignment for smoothing skin. Similar in safety profile to Zerona, both treatments can be applied to virtually any skin type and patients with any medical conditions since they are safe and nonsurgical. Between 3-8 treatment sessions of 30-minutes each spaced 3-6 weeks apart are recommended for optimal results, at a cost of a few hundred dollars per session.

Traditional liposuction is a surgical procedure using long skinny tubes (cannulas) that are inserted through small incisions placed near the target area of fat reduction. Through this approach, fat is removed by application of vacuum. In traditional liposuction, there is targeted fat reduction, however approximately 50% blood and 50% fat is removed which markedly limits how much fat can be removed (about 1 litre) in one session. It is a surgical procedure and carries downside risks associated with surgery, a discussion to be carefully weighed with your plastic surgeon.



Wet, Superwet and Tumescent Liposuction are advances in the technique of liposuction wherein fluid containing lidocaine (to reduce pain and decrease the need for anaesthesia) and epinephrine (to reduce bleeding) are injected into the target fat prior to application of vacuum for suction. The refinement has dramatically increased the percentage of fat removed to 99% and blood removal to just 1%. Added risks associated with these medications need to be considered.

Power Suction Assisted Lipectomy (PSAL) has improved the technology in the cannulas used, allowed smaller cannulas to be inserted through smaller incisions but with a power oscillating function, the cannula is able to break up the fat prior to removal to ease the fat removal process. More precise and effective liposculpture is achieved.

Ultrasound Assisted Lipectomy (UAL) utilises an advanced cannula tip that emits ultrasonic waves that cause the target fat cells to cavitate (implode on themselves). Not only does this ease the removal of fat but it is also particularly effective for cases of fibrous fat such

as in breasts. Added risks include burns to the skin or other organs from the ultrasound waves.

Laser Lipolysis is an adjunctive treatment applied wherein laser light energy is administered in the targeted area with the goal of smoothing the skin in the treatment areas. Studies have indicated reduced pain with laser lipolysis.

Fees for all types of liposuction vary and are on the order of a few thousand dollars for each area treated.

Board Certification matters. Caution is advised to the reader in that these procedures carry risks and have the potential for complications or problems. With the improvements in technology and an increasingly self-conscious society, there has been a rise in the demand for plastic surgery procedures, both invasive and non-invasive. Due to the extensive and rigorous training with lengthy medical education and expense to become a plastic surgeon, along with the expense of properly meeting regulation standards, the cost for these procedures is substantial. Unfortunately, the marketplace for



plastic surgery procedures has been flooded by the entry of non-plastic surgeons practicing procedures outside of their scope of board certification for financial gain. Dentists, family practice doctors, obstetricians and other doctors and non-doctors have chosen to take a weekend course or watch a demonstration video, even purchase equipment and take training from a device representative to then begin charging at reduced fees to offer these procedures. Having treated numerous patients with serious complications suffered at the hands of these unqualified individuals, caution is advised to the reader to seek a plastic surgeon that is Board Certified by the American Board of Plastic Surgery or corresponding International Board. Often, flashy advertising or misleading credentials such as Board Certification by the American Board of Cosmetic Surgery (which is not a Medical Board), confuses patients into a false sense of security. Any agency legally can create a title beginning with the word Board but not be an official Medical Board. Examined the results of the actual surgeon since variation in surgical skill and quality of training exist. Safety, effective results and ethical plastic surgery is of utmost concern at my practice. Consultations are taken

from all over the world, whether in person, by Skype or FaceTime video-conference.

Repairs of complications and botched surgery of the face and body are a specialty of Dr. Raja Nalluri. He has been rigorously trained and has 15 years of experience in plastic surgical procedures. Performing the full breadth of plastic surgery procedures, he is ready willing and able to provide you with his individual attention to help guide you through your transformation. He is certified by the American Board of Plastic Surgery. Recognition is a Best Plastic Surgeon has been bestowed upon him by multiple independent agencies including U.S. News & World Report, Castle Connolly, Cosmopolitan Magazine, Sarasota Magazine, America's Top Doctors, the International Association of Plastic Surgeons and other organisations. He is a Clinical Assistant Profession for the Florida State University School of Medicine. He is frequently called upon for challenging and otherwise unsolvable cases by multiple hospitals in need of his expertise. Patient from around the world seek Dr. Nalluri's expertise for the utmost safe and effective result for their needs.



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Innovative developments in the field of Wound Surgery

By Mark S. Granick, M.D., F.A.C.S.

Chronic wounds have become a worldwide medical epidemic. These disorders cause an alteration of the activities of daily living, a loss of work time, an impediment to interpersonal interactions, as well as considerable morbidity and mortality. The cost of wound treatment is prohibitive. Despite the importance of preventing and caring for wounds, physicians are woefully ill equipped to do so.¹ Wound care is not recognised as a specific medical specialty, but a mix of internal medicine, surgery, podiatry, physiatry, dermatology and other specialties. I am a plastic surgeon with an academic and clinical interest in wound surgery and have been in practice during a time when the importance of wound management has been increasingly recognised.

The modern era of wound surgery began in the 18th century when a French military surgeon recognised that amputating injured limbs prevented infection, sepsis and death from war related wounds.² Wound surgery has become more refined since then. With the advent of advanced wound therapies, wound bed preparation became important in order to prepare a wound for a successful outcome following application of an expensive dressing or regenerative material. Wound bed preparation can be achieved in a number of ways, but surgery sets the standard.³ The goals of wound debridement consist of reducing bacterial burden, controlling biofilm, removing necrotic tissue, and changing the chemical milieu of the wound surface from the dysfunctional chronic to an acute phase of healing.

Traditionally wound surgery was performed by scalpel, scissors, and saw. During the past 20 years, two in-

teresting surgical debridement tools were introduced. The Versajet® (Smith and Nephew, Hull, UK) is a high powered waterjet that removes precise layers of tissue by means of a thin but powerful stream of fluid that essentially shaves off the surface of the wound⁴. Utilising the Venturi effect, the stream of fluid is collected and passively brings surface fluids and debris along with the evacuated fluid stream. The limitation of the device is that it performs poorly in dense tissues, in deep wounds, and it lacks versatility. Nevertheless it was a breakthrough for wound surgery and was demonstrated to be cost effective as well.⁵

Since then, a new generation of direct contact low frequency ultrasound hand pieces were introduced by Misonix, Inc., Farmingdale, NY, USA. These devices, the SonicVac® and SonicOne®, use ultrasound to disrupt and remove surface debris, biofilm, and necrotic tissue from wounds.⁶ The ultrasound acts on tissue by the physical processes of bubble cavitation and acoustic microstreaming. These are the result of the 22.5 Kilo-hertz vibration of the ultrasonic waves. The vibrations cause enlarging gas bubbles to emerge from tissue and subsequently implode, releasing mechanical energy. The microstreaming is a percussion wave resulting from the oscillations which also impart a high degree of mechanical energy. The device has multiple tips all of which perform different functions from bone cutting to pinpoint dissection through dense tissues.

The handles use piezoelectric crystals to convert electrical energy into vibrations, which are then concentrated in the tip of the instrument. A stream of fluid,

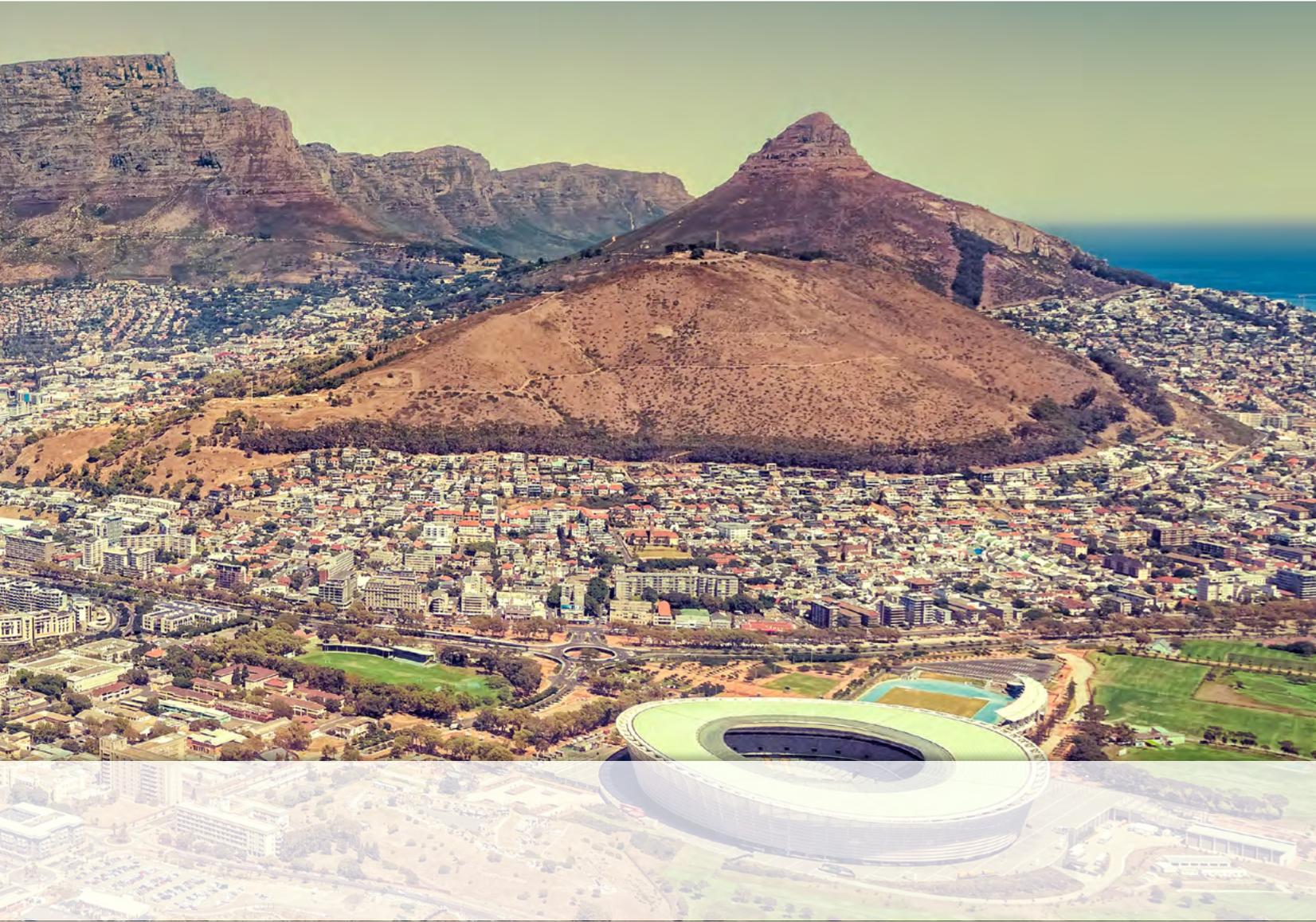


either sterile saline or hypochlorous acid, is used for energy transfer from the vibrating tip to the contacted tissues. In order to reduce the resulting mist at the activated tip, a vacuum sheath was developed to capture the spray. We have also been evaluating the effect of this energy delivery system on bacteria, biofilm, metallic implant material and tissues. Our laboratory findings are being correlated with clinical outcomes. We have demonstrated that the device cuts down on spray dispersion and performs better than the Versajet on surfaces with variable density tissue.⁷ The device can clear biofilm from metallic implant material and when used with hypochlorous acid irrigation, all of the bacteria which are released from the biofilm are killed.⁸ There is much more to come as further laboratory testing is performed and as clinical results are reported. Wound treatment is advancing on many other fronts as well. This is an exciting time for the field of wound care.

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Understanding the growing popularity of labiaplasty surgery

By Dr Skoll

Statistics on labiaplasty have been collected since 2015 by the American Society of Plastic Surgeons (ASPS). The 2016 ASPS statistics report showed that labiaplasty is more popular than ever, with over 12,000 procedures performed by ASPS members last year (a 39% increase).

What is a labiaplasty?

Labiaplasty is a plastic surgery procedure sought for cosmetic and/or functional reasons. Although there is a wide normal variation in size and shape of the inner labia, some women find it cosmetically unacceptable if the labia minora protrude past the labia majora. Enlarged or protruding labia minora can occasionally be an embarrassing problem, particularly in sexual situations, when wearing tight clothing or swimwear. Patients may also seek help for hygiene reasons. I usually re-assure patients that their labia are quite normal, and that much like noses, they come in an infinite number of size and shape variations, all of which are considered normal. It is therefore a choice, as in the case of a larger nose, to change one form of normal for another, rather than changing the abnormal to normal.

Technically, a labiaplasty reduces excess labia minora tissue and refashions it such that it is less protuberant. There are two main ways to achieve this surgically – one is using an “edge trim” technique and the other involves the resection of a roughly triangular wedge of labial tissue. Both techniques, and the plethora of variations there-of, have their proponents, and my favoured approach is based on the wedge resection procedure first published by Dr Gary Alter and subsequently modified

by a group in Brazil. The operative principles remain the same, but the procedure is tailored to the specific anatomy and desires of the patient, while maintaining the normal anatomic relationships and appearance.

The procedure:

I usually do the procedure under local anaesthetic with light, oral sedation. It is generally very well tolerated, and the discomfort only minimal.

The patient is placed in the lithotomy position and a surgical marking pen is used to plan the extent and placement of the incisions taking care not to distort the normal anatomy. Once the markings have been checked, local anaesthetic is injected (using “normal” dental cartridges containing lidocaine and epinephrine) into the labium to numb it completely, minimise bleeding, and distend the usually floppy tissue (tumescence) making it easier to accurately resect the tissue. In general, more mucosa than core tissue is removed and more so laterally (from the outside of the inner labia) than from the inside. Once careful haemostasis (stopping of any bleeding) is achieved using a Colorado tip cautery device, the core tissues are approximated using slow absorbing interrupted sutures, followed by accurate approximation of the mucosal edges using 4/5 x loupe magnification and faster absorbing suture material. The resultant scar is placed low down on the labia with a very short oblique scar traversing the labial edge, and then running within the groove between minor and major labia to the level of the clitoral hood laterally. All the stitches dissolve, and aside from some



antibiotic gel that needs to be applied for a few days, no special post op care, other than perhaps bed rest for a few days, is needed. Abstinence from sexual activity for six weeks post op is advised, to allow the tissues adequate time to heal completely. Smoking is a potent cause of poor wound healing, especially in this surgery, and patients are strongly advised to quit for at least a month pre- and post op, if you are a smoker and considering labiaplasty. Of note is that the sensory nerves to this region are well away from the operative site, and therefore no disturbance in erotic sensation will result provided the surgery is done correctly. Most patients in my experience are thrilled with the outcome and have renewed confidence as a result.

Commonly asked questions and answers

Is the surgery painful and what sort of recovery should I expect?

There is a mild “sting” at the time of injection of the local anaesthetic but really no worse than anything you might expect when having a dental procedure. Once the injections are complete, there is zero pain during the procedure and for about two hours post operatively.

There is then usually some stinging and burning when the local anaesthetic wears off, but this is easily treated with prescribed oral analgesics. One day post operatively, the pain is usually significantly better although swelling of varying degree will set in and you can expect swelling for the better part of a week or longer. I usually suggest lying down for 2-3 days to assist with the swelling resolution, but one can bath and shower as normal. A sanitary pad is worn for a few days as spot bleeding is usual, but this settles quickly. Using firm panties also gives some patients comfort early post op. I also suggest no exercise for 4-6 weeks post op.

What age range typically present for this surgery? Before or after childbirth?

My youngest patient who was referred by an OBGYN was 14 years of age and an avid horse-rider. My eldest patient was 63 years of age. I usually see patients in their 20's upwards across all age groups. These are “normal” women from all walks of life – housewives, doctors, lawyers and other professionals – not porn stars! The surgery can be done before or after childbirth – there is no issue delivering vaginally after this surgery.

“
Labiaplasty is a fairly simple procedure with a low complication rate. Unfortunately, because it looks technically much easier than it actually is, many doctors who are inadequately trained are performing this surgery with often disastrous outcomes, not all of which can be corrected.
”

Why do you think this surgery is so popular now?

Many patients tell me that they had no idea it was even possible previously. I think also that the changing trend in so far as waxing the pubic area completely or near completely, coupled with internet exposure has resulted in more body awareness amongst certain individuals, who find the exposed inner labia aesthetically unpleasing. There is no erotic benefit to be gained from labiaplasty except perhaps by the individual being more relaxed about her genital appearance in sexual situations and thereby being less inhibited.

What about poor scarring? Can one get keloids after this surgery?

If all heals well, the scarring is barely visible, even to the trained eye. This is because the tissue is mucosal in nature (similar to the lining of the mouth) and so when it heals, and assuming there are no wound healing issues (as may be seen in smokers), the scar is very fine indeed and almost imperceptible. One cannot get keloids in mucosal tissues as there is no dermis.

What can go wrong?

Labiaplasty is a fairly simple procedure with a low complication rate. Unfortunately, because it looks technically much easier than it actually is, many doctors who are inadequately trained are performing this surgery with

often disastrous outcomes, not all of which can be corrected. In short, it is vitally important for any prospective patient seeking this (or any other cosmetic surgery for that matter) to do their homework before embarking on this procedure and ensure, as best you are able, that the person offering this surgery is suitably qualified and has significant experience with labiaplasty.

Dr Skoll is a specialist plastic surgeon at the Christiaan Barnard Memorial Hospital in Cape Town. He graduated MBChB from The University of Cape Town in 1989 with first class honours, and later went on to complete a training programme in Plastic Surgery.

He has been in private practice since 1999. He is a full member of the APRASSA, ISAPS, ASPS (USA) and a Fellow of the Royal College of Surgeons in the UK, and the College of Surgeons of South Africa. He is an Associate Editor for Plastic & Reconstructive Surgery Journal (Global Open Edition) and a regular peer reviewer for Plastic & Reconstructive Surgery, the leading international Plastic Surgery Journal.

His private practice is predominantly cosmetic surgery with an interest in rhinoplasty and labiaplasty. On the reconstructive side, he has an interest in immediate prosthetic breast reconstruction as well as cleft lip and palate surgery, and does pro bono surgery with Operation Smile in Africa.

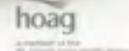
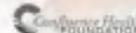




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