EXPERT GUIDE

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COSMETIC & PLASTIC SURGERY 2015

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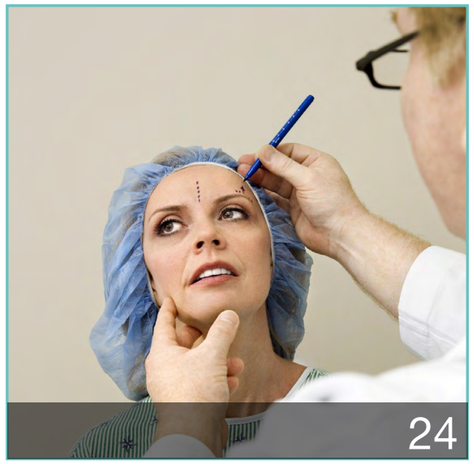

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Introduction

After the UK government engaged in serious debate – even commissioning Professor Sir Bruce Keogh to conduct a detailed review in 2013 – it appeared as though the cosmetic and plastic surgery industry was finally about to receive regulation befitting a multi-billion dollar industry. Unfortunately very little progress has been made with regards to tangible evidence to an improved regulatory landscape and sadly the United Kingdom is not alone in this plight. As such, choosing a surgery currently remains the key to making sure your plastic surgery goes well – as pointed out by Dr J Plastic Surgery within this guide.

It is always important to know who will be conducting your procedure but it becomes ever more imperative when it regards innovative or newly developed procedures. We are witnessing a noticeable increase in hair transplant surgery including patients seeking eyebrow augmentation and – to a lesser extent – eyelash, beard and moustache transplants. With this unusual specialty we are delighted to be able to include an article by Greg Williams, the only member of the British Association of Aesthetic Plastic Surgeons who is a full time hair transplant surgeon, to shed light on this growing trend.

In terms of procedure trends minimally invasive procedures have increased significantly, while plastic surgery growth has been modest as men and women alike are increasingly looking towards anti-ageing treatments such as injections. Also, more and more people are looking for the Kim Kardashian look as buttocks are getting bigger. However, breast augmentation still remains the most popular cosmetic surgical procedure performed and in this guide we have included an article on the current challenges and complications facing surgeons.

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A New Concept in Scar Management

By Douglas McGeorge

Douglas McGeorge
Plastic, reconstructive and cosmetic surgery.

Plastic surgery is, perhaps, the ultimate expression of art and science, which, in the hands of technically gifted individuals, can produce results that have a profoundly positive impact on the appearance and psyche of individuals.

It is a specialty where much of the surgery is by choice, rather than need, but it is a specialty at the cutting edge of science, where surgeons are striving to improve techniques and results. For the patient, however, the perception of treatments and results is different. They want to enhance their appearance, but they want to minimise scars. For them, the difference between a good result and a poor result can be down to the quality of scars produced; something often outside the influence of even the most gifted of surgeons.

Wound healing after any form of dermal injury inevitably leads to scar formation as the skin re-establishes its integrity. It is an imperfect process; an evolutionary compromise, made to restore tissue integrity quickly, preventing infection at the expense of appearance. Healed scars have different characteristics to normal skin; varying from fine line asymptomatic scars to problematic raised dermal scars, including hypertrophic and keloid scars. Scars appear as a different colour to the surrounding skin and can be flat, stretched, depressed or raised. Scars of all types manifest a range of symptoms, including inflammation, erythema, dryness and itching. Some result in significant psychosocial impact on patients and their quality of life.

Since the quality of scarring is so important, it seems strange that there are so few scientifically proven treatments available to improve their appearance. Many over the counter treatments are available but there is limited clinical evidence to support the efficacy of most of them. Once a wound is closed, the body naturally enters into an inflammatory phase. The skin can become dry, itchy and uncomfortable. Whilst these current treatments may offer temporary relief from this phase, they tend to be inert formulations that sit on the upper layer of the skin, acting as a barrier. Often, they contain no active ingredients and instead work by trapping moisture.

To alter wound healing, any topical treatment requires active ingredients that are absorbed through the skin and which can modify the healing process at a cellular level.

Over the last four years, I have been involved, with one of the leading scientists on wound healing at the University of Manchester, in researching active treatments for scars. The culmination of that research is an understanding of a number of compounds that alter the bodies response to scarring. In particular there are a number of naturally active green tea extracts. These have been combined with other naturally active ingredients, (anti-oxidants and anti-inflammatories, such as magnolia bark, as well as free radical fighting vitamin E) to produce a new way of treating scars, “Solution for Scars™”. This is the first commercially available topical treatment’ designed to cross the skin barrier and modify the inflammatory response that leads to abnormal scarring. The skin is allowed to heal without interruption from constant itching and inflammation, resulting in a smoother, less visible scar.

Solution for Scars™ is used for all wounds ranging from post-surgery to common day-to-day accidental cuts. It is applied as soon as the wound is closed and is absorbed through the skin, enhancing the skin’s cellular function, in both the upper and deeper dermis, acting on keratinocytes as well as fibroblasts, the cells that play an important role in tissue repair. Importantly, it alters mast cells, the cells that are responsible for releasing histamine, responsible for many of the symptoms of inflammation. This promotion of early intervention has been proven to change the course of the healing process, an exciting new concept that has not been contemplated previously.

The research has broken the mould

Douglas McGeorge

Plastic, reconstructive and cosmetic surgery.

when it comes to effective skincare treatments. Solution for Scars™ works completely differently and far more effectively than some of the existing products on the market. It is designed to alter the healing process to the benefit of patients. Solid scientific research, harnessing the very best that nature can offer underpins its development. We are a long way from achieving the holy grail of scarless healing, but Solution for Scars™ marks a new milestone in manipulating the way scars heal. It will, hopefully, provide a springboard for further research into new ways of controlling poor scarring.

Douglas McGeorge is a leading, UK plastic surgeon. Based in Chester, he is on the Council of the British Association of Aesthetic Plastic Surgeons, (BAAPS) and was President of the Association between 2006 and 2008.

Along with Dr Ardeshir Bayat, a clinical researcher and one of the most cited authors on wound healing, he started Science of Skin Ltd to research new ways of improving scarring.

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The Importance of Knowing Who Is Doing Your Hair Transplant Procedure

By Greg Williams MBBS, FRCS (Plast) President, British Association of Hair Restoration Surgery

FARJO HAIR INSTITUTE

Hair transplant surgery is becoming increasingly popular in the UK, not only amongst men with male pattern hair loss but also amongst women with female pattern hair loss and patients of both genders seeking eyebrow augmentation and – to a lesser extent – eyelash, beard and moustache transplants. The procedure is also suitable for other conditions with hair loss (alopecia) such as congenital temporal triangular alopecia and cutis aplasia, traction alopecia from tight braids or weaves, and scarring alopecia from burns, surgery and accidents. Some causes of hair loss from dermatological conditions can also be treated with a hair transplant and, as the public become more aware of the surgical options available to them, the numbers of hair transplants carried out annually will continue to grow.

When performed by a skilled and suitably trained hair transplant surgeon, the results should be entirely natural looking, with only an expert able to differentiate transplanted hairs from naturally occurring ones. However, a poorly executed hair transplant can, at best, have limited or no hair growth and, at worst, have significant numbers of hairs growing at the wrong angle or direction – with an inappropriate transplant design leaving the patient aesthetically disfigured.

Picture Caption #1: Traditional Strip Follicular Unit Transplant (Strip FUT) donor hair harvesting from the back of the head with the patient sitting.

Traditional referral routes were by word of mouth from patients who had surgery with a particular doctor, or by GPs who knew of the doctor by reputation. With the advent of the internet, website advertising has become the standard and viewers often make an initial judgement on a doctor or clinic based on the quality and appearance of their website.

It may be surprising for many to find that there is no formal training in Hair Restoration Surgery in the UK and very few, if any, follicular unit hair transplants offered in the NHS. Most doctors wishing to learn the procedure do so by attending educational meetings, observing established practitioners in the private sector, going on short 'hands on' courses, or engaging in apprenticeships that do not result in a recognised qualification. There are only a handful of fellowships on offer in the world and the majority of these are in the USA.

It might also be surprising to find that the only qualifications required to perform a hair transplant in the UK are a medical degree and active registration with the General Medical Council. Following the PIP breast implant scandal, the Department of Health is looking to increase the regulation of the entire cosmetic surgery industry, while Health Education England is overseeing the proposed future training requirements for Hair Restoration Surgery[1].

So how should a prospective patient currently choose a doctor to perform their hair transplant?

Picture Caption #2: Follicular Unit Extraction (FUE) donor hair harvesting with the patient lying face down

Research

Most established hair transplant surgeons in the UK will be members of the International Society of Hair Restoration Surgery (ISHRS)[2] but the entry criteria does not require any proof of skill or number of cases undertaken annually. Senior members are recognised by the status of 'Fellow'[3], but this demonstrates duration of membership, attendance at scientific meetings and a commitment to education, journal publication and contribution to national and regional hair transplant societies, rather than clinical ability.

The British Association of Hair Restoration Surgery (BAHRS)[4] is modelled after the ISHRS; In addition, membership is categorised according to activity with Full Medical Members performing hair transplants regularly[5]. However, there is still no requirement to demonstrate any out-

come measures although members do have to sign a Code of Conduct agreeing to abide by the Association's Professional Standards for ethical behaviour and advertising practices.

A cursory internet search will reveal many hair transplant clinic websites where the doctor's name is not shown. This is because these clinics are run as businesses by non-hair transplant surgeons, who employ doctors to perform the surgery. Often these doctors are from overseas and are licensed to work in the UK, but do not necessarily have control, or even input, into the running of the clinic and are employed on a freelance basis.

Picture Caption #3: ARTAS Robot donor harvesting with patient lying face down and the doctor controlling the robot making incisions

Consultation

Many clinics offer an initial consultation with an advisor but it should be made clear from the onset who the supervising doctor in charge of the patient's care is. 'Before and after' pictures on websites can be very misleading depending on lighting and angulation, so patients should be given realistic expectations that are not based on sales tactics. If the patient has initially met with an advisor, then this should be followed up with a consultation with the Hair Transplant Surgeon and there should be a 'cooling off' period prior to the surgery being booked. Doctors or clinics who are overly aggressive with follow up calls aimed at convincing a patient to have surgery should be regarded with suspicion, as should those who try to discredit other doctors or organisations. Most reputable clinics will have patients available who have had surgery and are willing to talk to or meet with those considering a procedure with the same doctor.

Cost

In any 'market' there will be a range of costs but patients should beware of doctors offering surgical fees that are well below the average; especially those offered on Groupon or similar sites. Financial inducements and discounts are against the recommendations of The Royal College of Surgeons[6] and the Department of Health's Review of the Regulation of Cosmetic Interventions[7]. Cheap surgery abroad may seem like an attractive option but, whilst general costs of providing surgery may be cheaper in some countries than in the UK, this is often accompanied by less stringent regulations on facilities such as those by the Care Quality Commission (CQC). There are numerous overseas clinics that offer 'consultations' in the UK (although these may or may not be with a doctor) but who perform the actual surgery in another country. This may have implications for follow up and redress if the patient develops complications or is dissatisfied with the outcome, especially as genetic hair loss is usually an on-going process and hair restoration may require repeated procedures over time.

Picture Caption #4: Hair Transplant Surgical Assistants (non-doctors), who routinely place Follicular Unit Grafts into incisions made by a doctor, working behind the patient's head.

Surgery

On the day of surgery, patients may be anxious for a number of reasons and if there are several staff in attendance, they may feel reluctant to ask who is who or be intimidated by the experience. When dressed in scrubs, doctors, nurses and non-qualified staff may all look the same. It is likely that patients will be given some form of sedation, either oral or intravenous, and, with the majority of the work being done on the back of the head or from behind, and sometimes with the patient lying face down, it is easy to see why a patient may not have any idea who is actually doing the work. The detail of who is legally allowed to perform the various steps in a hair transplant procedure in the UK is not clear, but the BAHRS only endorses doctors

to perform hair transplant surgery, including making Follicular Unit Extraction (FUE) incisions (or directing a robot to make FUE incisions). The BAHRS endorses Hair Transplant Surgical Assistants (HTSAs) extracting FUE grafts where the incisions have been made by a doctor or doctor-guided robot, and implanting grafts, derived either from Strip Follicular Unit Transplant or FUE, into recipient site incisions made by a doctor. The BAHRS does not endorse HTSAs making recipient site incisions using implanters or other instruments. As technology evolves, robotic devices will be able to make recipient site incisions and it will be even more important for patients to be assured that the robotic device will be directed by a doctor who is adequately trained in hair restoration, and not a technician.

Conclusion

It is important for anyone having a hair transplant to know who will actually be performing different parts of the procedure and what their training and experience is. This involves doing adequate background research, meeting the doctor who will be in charge of the operation, asking who will be performing each stage of the procedure, and knowing who the different members of the team are on the day of surgery and what their roles are.

Greg Williams is the only member of the British Association of Aesthetic Plastic Surgeons who is a full time hair transplant surgeon. He has over a decade of experience in hair restoration for burns and trauma, as well as for hereditary male and female pattern hair loss, and alopecia from dermatological and other aetiologies. He is the current President of the British Association of Hair Restoration Surgery and is actively involved in research, teaching and education. He was recently awarded the prestigious 'Fellow' status of the International Society of Hair Restoration Surgery which recognises senior hair transplant surgeons around the world. He works at the Farjo Hair Institute www.farjo.com.

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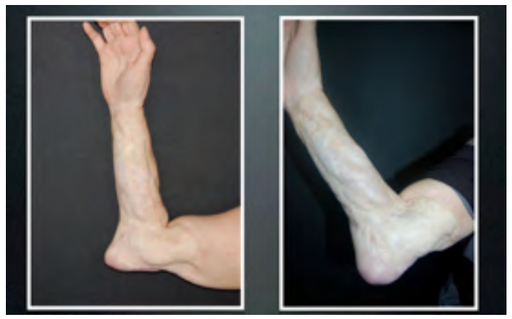
THE USE OF ADULT STEM CELLS IN PLASTIC SURGERY & REGENERATIVE MEDICINE
Surgical Scaffolds, 3D Imaging, 3D Printers and More

By Lewis J. Obi M.D., FRSA

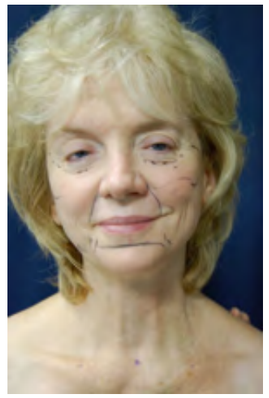
World Wars I and II established the need for modern day plastic surgery. As a Marine, the Korean War convinced me to become a plastic surgeon. Working my way through medical school as a pharmacist provided me with tools that have been useful as I evolved into the area of regenerative medicine. My residency years included general surgery, cardiovascular surgery, hand surgery, maxillofacial surgery as well as plastic surgery. In 1973, I became board certified in plastic surgery. However, my education never ceased.

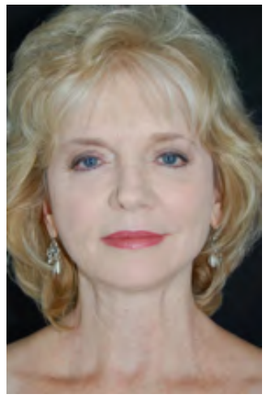
I have worked with fat and an adipose source of stem cells for 35 years. In the beginning, I had no concept of stem cells or why I was observing regenerative changes in my patients after fat injections. 25 years ago, my hand surgery professor referred a patient that had a severe de-gloving type of injury to her right upper extremity with high level damage to all three nerves (median, ulnar and radial). She was left with a claw type extremity with only shoulder motion. The exposed nerves were causing such severe paraesthesias and phantom pain that she was considering a high level amputation. Three years post injury I performed multiple fat injections in an effort to insulate the exposed nerves. I was confounded by the return of both sensory and motor nerve function as well as significant decrease in pain levels. 20 years later she has continued with improved function with the later use of processed stem cell rich fat grafts.



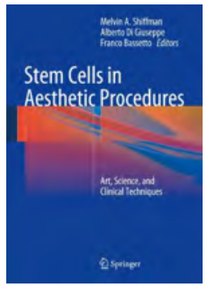
Almost five years ago I was awarded the first FDA approved Medikan™ Lipokit, a totally enclosed fat processing unit imported by Palomar. Combining SlimLipo laser neck tightening with large volume Lipokit processed fat and PRP to the face resulted in my OPERA Lift procedure.

The OPERA Lift is a totally non-surgical "3D Space Lift". Shortly after my first case, I began enhancing my results by integrating Cell Assisted Lipo transfer technique (CAL). CAL is produced by adding collagenase digested stem cells to the processed Lipokit fat. This increases the fat graft survival to almost 100%





Shortly afterwards, Dr. Melvin Shiffman of L.A. asked me to contribute a chapter to the first book ever published on "Stem Cells in Aesthetic Procedures". Springer Publications released the book last November, almost three years after I had written my chapter (chapter 29).



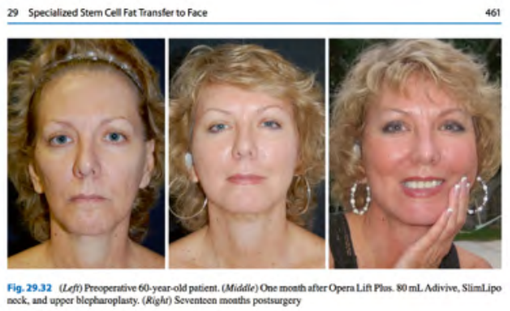

29 Specialized Stem Cell Fat Transfer to Face 461

Fig. 29.32 (*Left*) Preoperative 60-year-old patient. (*Middle*) One month after Opera Lift Plus. 80 mL Adivive, SlimLipo neck, and upper blepharoplasty. (*Right*) Seventeen months postsurgery

During an international lecture series with Dr. Mark Berman of Santa Monica, I was encouraged to join his newly established California Stem Cell Treatment Center. CSCTC later became IRB based Cell Surgical Network which I also joined. CSN of Florida is based at my 12,000 square foot licensed plastic surgery centre in Jacksonville. We are now growing from our three founding members to other specialties. The addition of a FDA IRB in the future may allow us to culture, expand and bank adipose derived stem cells. At this point we would be able to fast track into the area of advanced 3D imaging and printing of tissues. On a research level, this is what Dr. Lawrence Bonassar PhD of Cornell is studying.

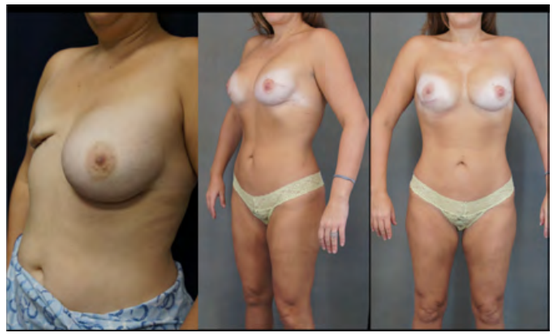


Fig 1.

Two years ago I integrated the Canfied Vectra XT™ 3D imaging system into my practice. Surgical scaffolds for our stem cells currently include processed fat, PRP, synthetic fillers, textured implants and last year we were the first to use silk mesh (Seri™) as a stem cell scaffold. This combination was applied in a major breast salvage procedure thereby avoiding a major autologous flap procedure.

The patient shown in *Fig 1.* benefited from several advanced technologies which I have been instrumental in developing during the past six years. These include the SlimLipo non-surgical breast lift and body sculpting laser. I was one of the first to integrate Palomar's SlimLipo laser platform into my practice and pioneered its use in the breast. 3D imaging, Natrelle™ 410 gummy bear implants and Seri™ silk scaffold were also utilised. Finally, 80 million counted viable stem cells were added to the silk mesh scaffold which resulted in 10 mm or more of native tissue regeneration.

"Our team at CSN of Florida are treating arthritic joints and sports injuries. In the near future we will be treating spines, neurologic disorders, spinal injuries, myocardial infarctions, erectile disorder, interstitial cystitis and a host of other conditions utilising the patient's own fat derived stem cells.

We are also on the fast track to integrate advanced 3D imaging with 3D printers so that we can possibly print out ears, knee menisci, heart valves and a host of other tissues with a living ink. In my opinion, this is one of the major frontiers of medicine.

Why is a plastic surgeon the medical director/team leader of the stem cell team? Nobel laureate Dr. Joseph Murray, with a team of 10 different specialists, performed the first kidney transplant in 1954. Dr. Murray was a plastic surgeon.

Lewis J. Obi M.D., FRSA, *is a board certified plastic surgeon who established the first licensed plastic surgery centre in Florida. More recently he established a unique stem cell centre, Cell Surgical Network of Florida. As an innovator, he has pioneered many procedures and recently worked extensively with lasers and also stem cells derived from adult fat. He has lectured internationally on these topics. 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.*

Dr. J
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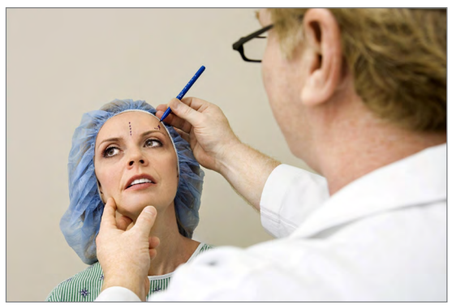
Choosing a Surgeon Correctly is the Key to Making Sure Your Plastic Surgery Goes Well

Dr. J Plastic Surgery

Aesthetic & Reconstructive Plastic Surgery
Payam Jarrah-Nejad, MD, FACS
BOARD CERTIFIED PLASTIC SURGEON

Plastic surgery is more popular and socially accepted than ever before, but it's easy to understand why patients contemplating a procedure are still often concerned about pursuing it. The vast majority of plastic surgeries produce positive outcomes, but we all hear the barrage of criticism facing certain celebrities as well as the horror stories that have sparked "Botched," a television show about reversing procedures gone wrong. Beverly Hills-based plastic surgeon Payam Jarrah-Nejad, M.D., F.I.C.S., F.A.C.S., has performed his share of successful revision procedures, but he knows from experience that it's far better to avoid problems in the first place. After making an initial decision to get a procedure, making sure you select the right physician is clearly the most important decision a prospective plastic surgery patient has to make.



Dr. J, as he is known more casually to patients and colleagues, notes that it's important for anyone considering a procedure with a surgeon to check that he or she is board certified. It's also important to make sure they have handled your type of procedure previously with satisfactory results. In the case of Dr. J, he is actually double board certified by both the American Board of Plastic Surgery and the American Board of Surgery, and has met both of these well-known organisations' strict criteria. Patients who want to know about his past work can take a look at pages such as those featuring **rhinoplasty before and after pictures**, to see the positive results of nose jobs performed for former patients. Other pages feature the results of patients who have volunteered to share their pictures following the full run of procedures, including tummy tucks, liposuction, breast/buttock, augmentation, ear pinning and more.

Another important aspect of making sure the operation goes well is to make sure you fully understand the most likely outcomes of your procedures. Reputable plastic surgeons like Dr. J generally make a point of looking at a patient's overall situation closely to ensure that they are likely to benefit. They also make a point of clearly explaining just how a patient's recovery will go and the most likely final outcomes. That way, patients have a realistic idea of what to expect – an important prerequisite for patient satisfaction following a procedure.

Whether you are intrigued by the results on Dr. J's page of **buttock augmentation before and after pictures** or interested in facelift, blepharoplasty (eyelid lift), liposuction, or any other procedure, Dr. J and his team would like to hear from you. For further information on a free initial consultation in which you can explore whether a plastic surgery would be for you, please call +001 310-993-3800 or visit his website at www.DrJPlasticSurgery.com.

Barry DiBernardo, MD

Garry Monheit, MD

Goesel Anson, MD

Jason Pozner, MD

Nonsurgical Facelift – Marketing Gimmick or Legitimate Cosmetic Procedure?

By Barry DiBernardo, MD; Garry Monheit, MD; Goesel Anson, MD; Jason Pozner, MD

The American Society for Aesthetic Plastic Surgery, Inc.

Is there such a thing as a nonsurgical facelift? Aesthetic plastic surgeons are conducting a panel discussion at The Aesthetic Meeting 2015, the annual meeting of the American Society for Aesthetic Plastic Surgery (ASAPS), to determine whether a nonsurgical facelift is a legitimate cosmetic procedure. Surgeons discussed what constitutes a nonsurgical facelift and how it impacts the longitudinal care aesthetic plastic surgeons can provide to address facial ageing.

According to ASAPS member Dr. Barry DiBernardo, there is such a thing as a nonsurgical facelift. "The key is to define what a facelift is intended to accomplish. A facelift should address wrinkled and sun damaged skin, loss of volume, fat under the chin and laxity of facial muscles. The difference between a surgical and a nonsurgical facelift lies in what tools are necessary to achieve the desired result: scalpel or injectables and light or energy-based tools – but both can accomplish the desired effect to different degrees," he explains.

There is a paradigm shift occurring in how aesthetic plastic surgeons address facial ageing –combining skincare products and minimally invasive procedures with a potential face and/or neck lift surgery over the course of a patient's lifetime, depending on their individual needs.

Panel Moderator Laurie Casas, MD has a different view: "While I don't personally believe that there is such a thing as a nonsurgical facelift, I do believe that we can effectively treat the signs of ageing using the new wealth of nonsurgical tools at our disposal to potentially stave off a facelift for a while. Facial ageing is not dependent on a patient's age exclusively, but rather on the quality of their skin (tone, texture, colour, and thickness) as well as muscle tone, subcutaneous thickness, weight fluctuations and of course, genetics. We are now able to treat facial ageing longitudinally by protecting, preventing and treating the key signs," explains Casas.

"A nonsurgical approach to facial rejuvenation is not for every candidate," notes Dr. DiBernado. "If a patient has excess skin hanging low, a machine won't tighten it to produce the desired effect. At this point, they are good candidates for a surgical procedure and should consult a board-certified plastic surgeon."

"Board-certified aesthetic plastic surgeons are the genesis of facial ageing solutions because they have the training and experience to provide patients with comprehensive care ranging from skincare products and minimally invasive techniques to surgical procedures with natural-looking results," Casas explains. "They have a comprehensive understanding of anatomy, skin composition and musculature and can therefore create a targeted long-term plan to prevent and/or address facial ageing as needed."

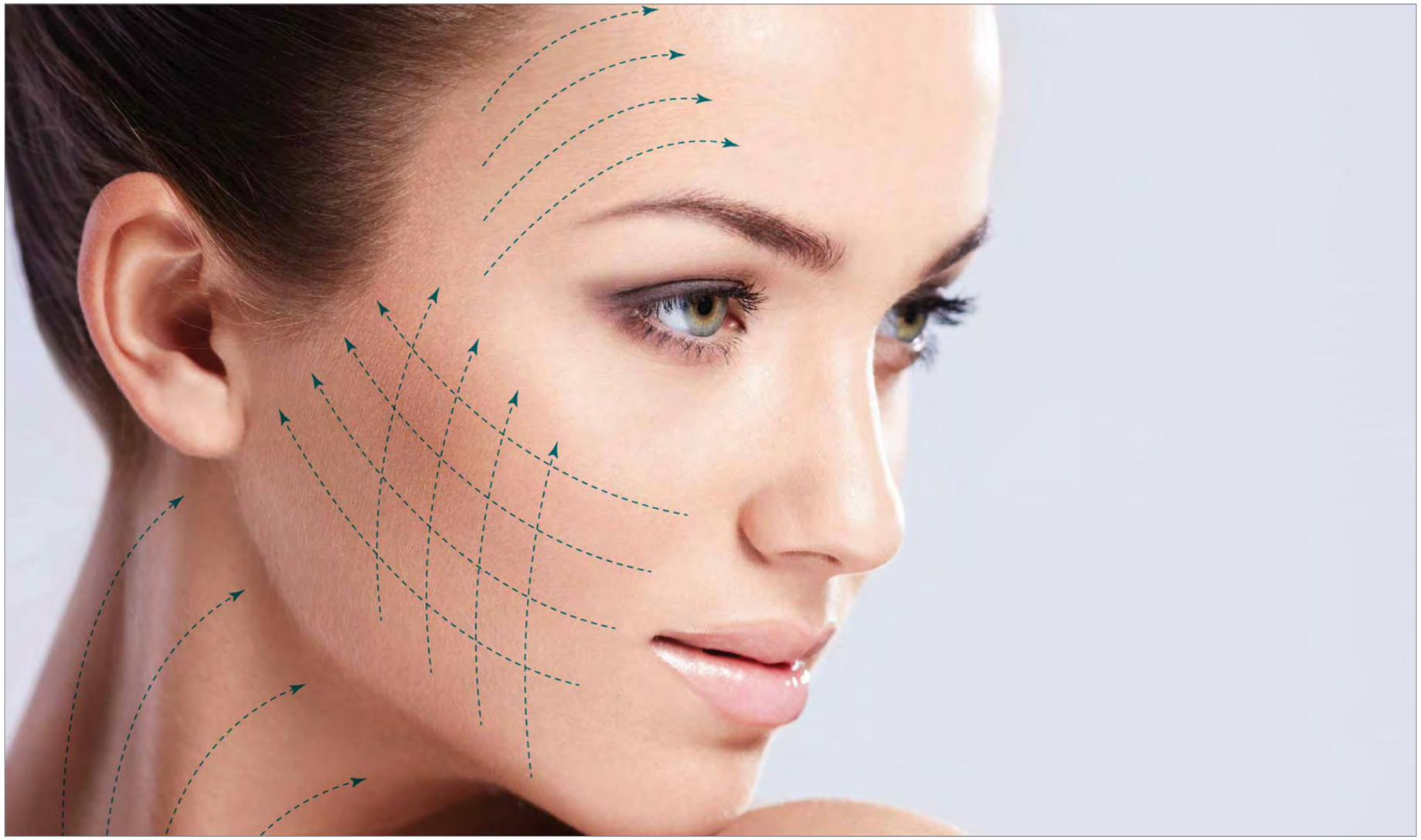
The panel of aesthetic plastic surgeons agreed that the best approach to addressing facial ageing is to establish a long-term maintenance plan which involves applying skincare products such as sunblock, retinoids and injectables including Botulinum Toxin as wrinkles begin to form, light energy-based products to tighten the skin around the jowl and neck area, and fillers to restore volume in the face. A timely surgical procedure such as a facelift and neck lift should be considered when the less invasive tools aren't producing or can't produce the desired result.

THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.

Moderator: Laurie Casas, MD

Panelists: Barry DiBernardo, MD; Garry Monheit, MD; Goesel Anson, MD; Jason Pozner, MD

The American Society for Aesthetic Plastic Surgery (ASAPS), is recognised as the world's leading organisation devoted entirely to aesthetic plastic surgery and cosmetic medicine of the face and body. ASAPS is comprised of over 2,600 Plastic Surgeons; Active Members are certified by the American Board of Plastic Surgery (USA) or by the Royal College of Physicians and Surgeons of Canada and have extensive training in the complete spectrum of surgical and non-surgical aesthetic procedures. International Active Members are certified by equivalent boards of their respective countries. All members worldwide adhere to a strict Code of Ethics and must meet stringent membership requirements.



SNAPSHOT:
COSMETIC SURGERY USA

15.6 MILLION
TOTAL COSMETIC PROCEDURES
↑ 3%

5.7 MILLION
RECONSTRUCTIVE PROCEDURES
↑ 1%

BOOM & BUSTS
THE TOP 5 **COSMETIC SURGICAL** PROCEDURES

LIPOSUCTION
211,000
↑ 5%

BREAST AUGMENTATION
286,000
↓ 1%

NOSE RESHAPING
217,000
↓ 2%

EYELID SURGERY
207,000
↓ 4%

FACELIFT
128,000
↓ 4%

THE TOP FIVE
COSMETIC **MINIMALLY-INVASIVE** PROCEDURES

MICRODERMABRASION
882,000
↓ 9%

LASER HAIR REMOVAL
1.1 MILLION
↑ 3%

CHEMICAL PEEL
1.25 MILLION
↑ 7%

SOFT TISSUE FILLERS
2.3 MILLION
↑ 3%

BOTULINUM TOXIN TYPE A
6.7 MILLION
↑ 6%

A REAR VIEW

15% BUTTOCK AUGMENTATION WITH FAT GRAFTING* UP FROM 2013 TO 2014.

98% BUTTOCK IMPLANTS* UP FROM 2013 TO 2014.

44% BUTTOCK LIFT UP FROM 2013 TO 2014.

THE USE OF FAT IN MINIMALLY INVASIVE PROCEDURES IS UP 2% FROM 2013 TO 2014.

** COUNTS OF PROCEDURES PERFORMED BY ASPS MEMBER SURGEONS ONLY.*

FACTS & FIGURES COURTESY OF AMERICAN SOCIETY OF PLASTIC SURGEONS
WWW.PLASTICSURGERY.ORG/NEWS/PLASTIC-SURGERY-STATISTICS/2014-STATISTICS/INFOGRAPHIC-TRENDS-2014.HTML

New Research Shows the Positive Social Impact of Plastic Surgery, notes Beverly Hills Physicians

By Beverly Hills Physicians

If the only knowledge that people have about plastic surgery is from the headlines they read on tabloid and celebrity gossip sites, they may not have a very positive outlook on plastic surgery. What some people may not realise is that these stories are very much the exception to the rule. Patients who take advantage of the services of experienced and skilled physicians nearly always achieve positive results. Satisfied patients of reputable plastic surgery providers like Beverly Hills Physicians have long spoken of the benefits they've seen in their own lives from their procedures, but only recently has this benefit been proven through research. According to data published in the Facial Plastic Surgery section of the *Journal of the American Medical Association*, women who receive facial procedures intended to make them look younger are viewed as more likeable, attractive and feminine after having the procedure.

The study, conducted by researchers at the Georgetown University School of Medicine, had 173 participants look at either the before or after photo of 30 different female facial plastic surgery patients. They all rated each picture as far as their perceived attractiveness, femininity, likability, and trustworthiness. The former three characteristics were shown to be higher in the after pictures. The exception was that, while most people viewed the after pictures as more trustworthy, the margin was not deemed to be statistically significant. It appears that, in addition to the confidence that patients themselves feel, this boost in how others perceive them after plastic surgery can make procedures well worth the cost.

According to Beverly Hills Physicians, this data makes sense. Facial plastic surgery is often designed to make the patient look youthful and energetic, which often go hand in hand with attractiveness and likeability. It also follows that the youthful look wouldn't necessarily lead to trustworthiness, as many people may associate trust with wisdom and old age.

The one thing, though, that every patient can trust in is that they are getting the best quality care when they work with one of the talented surgeons at Beverly Hills Physicians. In addition to many of the facial procedures that were looked at in this recent study, Beverly Hills Physicians also offers their patients a variety of body contouring, breast augmentation, and mommy makeover procedures that can make them look and feel more confident and comfortable in their own body. If you are curious about the various procedures offered by Beverly Hills Physicians, you can call them today at +001 800-788-1416 or visit their website at www.beverlyhillsphysicians.com to view the medical group's before and after galleries and learn more about the doctors and their work.

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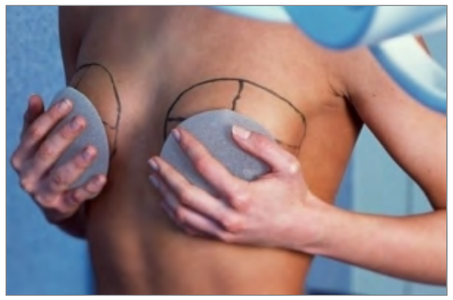
Breast Augmentation: Challenges and Complications

By Adam Schaffner, MD, FACS

Breast augmentation is the most popular cosmetic surgical procedure performed. While popular, it is also the cause of many problems which result in unhappy patients who undergo subsequent operative procedures to attempt to solve problems caused by the primary augmentation. Such problems include, but are not limited to, capsular contracture, implant malposition, fold malposition, double bubble deformity, symmastia, rippling, deflation of saline breast implants, ruptured implants, desire for a different implant size (larger or smaller) and the need for a breast lift.



Revision breast augmentation is more difficult, complex and less predictable than primary breast augmentation. Tissues may been thinned due to the weight of the breast implants, anatomic planes may have been violated, anatomic landmarks may be distorted, and scar tissue will make dissection more difficult. There may be more bleeding, especially if the scar tissue is extensive and if the capsule has to be removed due to capsular contracture.

All plastic surgeons aspire to have the lowest possible reoperation rate. Reoperation rates of approximately 20% in sequential post-market approval studies have remained relatively constant. Failure to improve this rate of reoperation should serve as a motivating factor for all plastic surgeons that perform breast augmentation to critically analyse their pre-operative decision-making process, their surgical technique, and the post-operative care they provide. In doing so, we can work together to reduce the rate of reoperation as much as possible.

There is a difference between reoperations and revisions. Reoperations include any event that transpires in the vicinity of the patient's breast augmentation. This may include breast biopsies and scar revisions. It may also include change of implant size and/or subsequent mastopexy. The reason for reoperation in these cases may be out of the control of the surgeon or patient. While it is important to reduce the rate of reoperation, it is of paramount importance to reduce the rate of revisions due to capsular contracture, implant or fold malposition, infection, extrusion, double bubble deformity, symmastia, or implant deflation or rupture.

As with all surgical procedures, the best results come from critical preoperative analysis. The patient's desires and preferences must be discussed and honoured to the extent they are realistic and reasonable. Unfortunately, some patients desire implants of a certain size which may not be in their best long-term interest. They may also desire more cleavage than is possible given their intermammary distance. It is incumbent upon the plastic surgeon to educate the patient about the risks and benefits of breast augmentation in order to set appropriate expectations and minimise the risk of complications. The optimal implant volume will fill the stretched envelope in addition to the existing breast parenchyma. The optimal implant dimensions for a given patient should be determined after assessing a patient's base width, anterior pull skin stretch, nipple to inframammary fold distance, sterna notch to nipple distance, and pinch thickness. While a patient may be a candidate for a range of implant sizes and styles, having an implant which is too large or too wide may cause problems which are difficult to correct and result in long-term dissatisfaction. It may also result in the need for revision surgery to correct rippling, atrophy, skin stretch and visible edges of the implant.

In short, plastic surgeons must recognise that implant volume is not the most important factor in implant selection. Breast implants should be selected based on proportions and dimensions. The final appearance of the augmented breast is related to the initial amount of breast tissue, its

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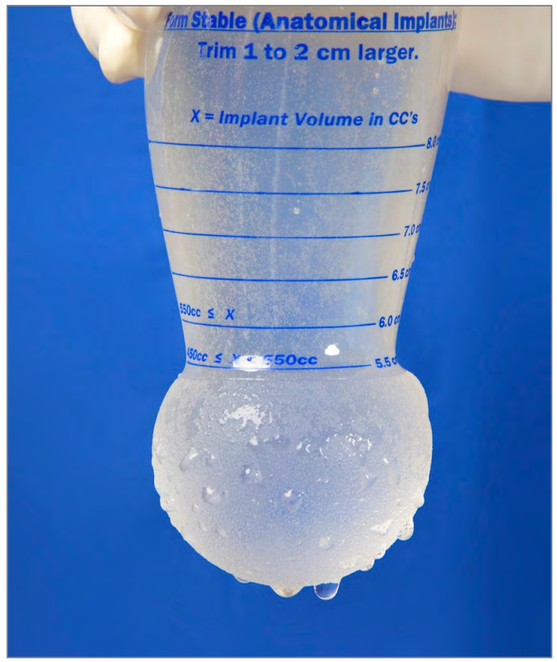
dimensions, and the size of the chest wall.[1] Biodimensional planning with precise measurements will lead to greater success in breast augmentation. Three dimensional computer imaging and simulation programs now allow surgeons to better visualise and precisely plan for breast augmentation surgery. Such programs also help to communicate possible results with given implants to a patient. Chest wall asymmetries may be better detected and shown. Using this technology may reduce the likelihood of operations for implant size change. It should be clear that the images simulated are not an implied guarantee of the result.[2]

Plastic surgeons have the option of using saline or silicone breast implants which are smooth or textured, round or shaped, form-stable gel breast implants. Form-stable gel breast implants minimise the risk of wrinkling, rippling or capsular contracture while providing shape to the breast.

Choice of incision is critical. The choices include inframammary fold, periareolar, transaxillary, and periumbilical. The incidence of complications such as infection, altered sensation, and risks of capsular contracture are lowest with the inframammary fold incision.[3] This incision provides direct access to the subglandular and subpectoral planes without violating the breast parenchyma. However, if the incision will not fall into the inframammary fold after augmentation or if the breast has a constricted lower pole, other options may be considered. The periareolar incision provides central access and enables one to lower the inframammary fold. The transaxillary incision allows one to avoid placing a scar on the breast; however, it requires one to operate on tissue other than the breast and is associated with a higher rate of complications. The same is true of the transumbilical approach. The key is to understand the benefits and disadvantages of each of these incisions and choose the most appropriate incision for each patient.[4]

The plane into which the implant is placed is also critical. Placing the implant in the subglandular plane in the absence of adequate soft tissue coverage may result in thinning of the tissues, rippling, and palpable implants. There is a higher incidence of capsular contracture with implants placed in the subglandular plane. Of note, textured implants in this plane may have a lower incidence of capsular contracture. All implants placed in this plane make mammograms more challenging to interpret compared to implants placed under the pectoralis major muscle. In practice, the majority of "subpectoral" implants are placed in the "dual plane" position whereby the upper pole of the implant is under the muscle and the lower pole of the implant is in the subglandular plane.[5] Plastic surgeons have shown great success with the placement of implants in the dual plane to minimise the risks of developing complications associated with implants placed in the subglandular plane.

Of course, meticulous surgical technique with precise pocket dissection is key. Obtaining hemostasis throughout the case, observing strict sterile technique, avoiding the use of gloves with powder, using antibiotic solution[6], and employing technologies such as The Keller Funnel™ which allow the implant to enter the breast without touching the surgeon's gloves or the patient's skin are all points to consider to minimise the risk of post-operative complications.



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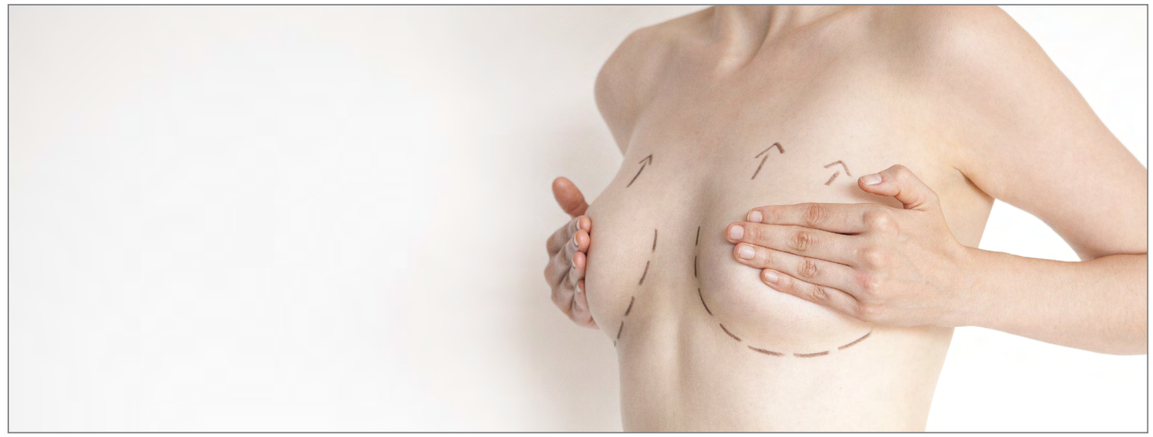
Despite all of the best efforts of the plastic surgeon, sometimes results are suboptimal. When expectations are not met, it is best to address them by trying to determine the cause of the complication to solve the patient's problem(s) and minimise the risk of them occurring in the future in other patients.

Patients who present for revision breast augmentation generally have high expectations to fix the problem. Unfortunately, sometimes problems are not completely correctable. Therefore, extensive pre-operative counseling and discussion regarding reasonable expectations is of the utmost importance.

Acellular dermal matrices (ADM) and meshes have enabled plastic surgeons to address complex problems in revision breast augmentation such as thinned tissues, fold malposition and capsular contracture. It provides additional thickness and coverage to minimise implant palpability and supports the implant to prevent bottoming out or rippling.[7] It is also prevents the implant from migrating into a previous pocket when changing the implant from the subpectoral position to the subglandular position or vice versa. Of added benefit, ADM has also been shown to reduce the rate of capsular contracture.

It is the hope that the concepts raised in this article will motivate all plastic surgeons to continue to strive to reduce the rate of revision breast augmentation and for patients to understand some of the complex issues involved in achieving the desired result from a breast augmentation.



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Ashkan Ghavami, MD

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As Fat Grafting Evolves, Aesthetic Plastic Surgeons Discover That Less Can Be More, It's Not Just For The Breasts And Buttocks, And Fat Doesn't Always Act Like Fat

By Daniel Del Vecchio, MD; Ashkan Ghavami, MD; Constantino Mendieta, MD

The American Society for Aesthetic Plastic Surgery, Inc.

The American Society for Aesthetic Plastic Surgery (ASAPS), is hosting a panel discussion today on the fast-evolving practice of fat grafting, and how surgeons are discovering best practices to produce the most natural looking results. Physician members of ASAPS concur that less is more when it comes to utilising a patient's own fat to enhance certain anatomical regions including the breast and buttocks. Further, they agree that fat grafting is proving to be a novel technique for body sculpting previously neglected areas including women's and men's shoulders, pectorals, legs and stomachs to create definition.

"Fat grafting is a relatively new way to literally sculpt the body and it is revolutionising plastic surgery. Fat is the 'liquid gold' that enables us to reshape, change and augment patients' body parts in ways diets, exercise and creams simply can't. A patient's own body tissue is used, so there is no chance of rejection," explains ASAPS member, Dr. Constantino Mendieta. "Further, there is a lot of flexibility with using fat to contour the overall body shape because fat takes on the physiologic component of whatever it is adjacent to. If you inject fat near bone it takes on the characteristics of bone, and the same applies to muscle," he states.

Fat is an artistic sculpting tool that can fill in defects, contour and reshape, whereas implants are used exclusively for augmentative purposes. Dr. Ashkan Ghavami, a fellow ASAPS member agrees but notes that fat grafting can actually complement implants, especially when a patient seeks a dramatic augmentation or enhanced cleavage, that fat or an implant alone cannot create. "The fat can help to create a natural look around the edges of the implants, or when replacing larger implants with smaller ones and the pocket size inevitably changes. It is a solid option for smoothing out and contouring the breast with implants, and should be tailored to the individual patient. It can also accompany a breast lift," explains Ghavami.

When fat cells are removed from one area they are gone from that area forever, but can live indefinitely in whatever location they are transferred to. The fat retention rate varies from one body part to another averaging 40% in the breast, 60% in the buttock and 60% in the calf or legs according to panellists, when performed by an experienced plastic surgeon certified by the American Board of Plastic Surgery (ABPS).

"The concept of beauty today is about shape and proportion - not necessarily size. More patients are requesting to shift fat from one area to another to look prettier and perkier, but not necessarily larger. This includes men who have lost body fat in the derriere region when they're typically in their 40s," notes Dr. Mendieta. For patients who don't have enough body fat to be grafted, Mendieta will recommend he/she gains anywhere from 10 to 15 pounds for extraction. He notes that patients who can't gain weight are limited to implants.

Ghavami explains, "Fat grafting can be limited by multiple factors, including bone structure, the quality of the skin itself and how much a patient's tissue can actually stretch. Additionally, too much fat in a particular area can cause it to rupture and explode the surrounding ligament borders, so there is no need for excessive large volume of body fat transfers in everyone. As with breast implants, the volume has to match each patient's tissues. Patients also need to have realistic expectations of what can be achieved. Fat alone can't perfectly smooth out cellulite (but can improve its appearance in some) as shown in widely-circulated photoshopped images in the media, nor can it increase a woman's cup size by more than a letter or two at most," he explains.

While it has its limitations, fat grafting holds significant promise for the future of aesthetic plastic surgery, as it is already changing the landscape by offering patients a natural option for subtle enhancement. If properly placed, fat can change the contour

of the overall body, but results depend on the experience and expertise of a plastic surgeon certified by the American Board of Plastic Surgery (ABPS).

Moderator: Robert Singer, MD
Panelists: Daniel Del Vecchio, MD; Ashkan Ghavami, MD; Constantino Mendieta, MD

The American Society for Aesthetic Plastic Surgery (ASAPS), is recognised as the world's leading organisation devoted entirely to aesthetic plastic surgery and cosmetic medicine of the face and body. ASAPS is comprised of over 2,600 Plastic Surgeons; Active Members are certified by the American Board of Plastic Surgery (USA) or by the Royal College of Physicians and Surgeons of Canada and have extensive training in the complete spectrum of surgical and non-surgical aesthetic procedures. International Active Members are certified by equivalent boards of their respective countries. All members worldwide adhere to a strict Code of Ethics and must meet stringent membership requirements.

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The Downfall of the Lifestyle Lift: Atlanta's Swan Centre Emphasizes Importance of Avoiding Low-Cost Facelift Alternatives

By The Swan Centre for Plastic Surgery

March was a pivotal month for the health and safety of Atlanta residents. The Lifestyle Lift, a controversial national company with an Atlanta-area office, shuttered its doors both locally and nationally due to widespread reports of irresponsible marketing and unsafe conditions. The company promised quick, low-cost mini-facelifts with dramatic results that often resulted in unsatisfactory outcomes.

Popular plastic surgery review sites, such as RealSelf, show hundreds of negative reviews of the Lifestyle Lift, with patients reporting substandard results, unsafe practices, and false advertising. For many Lifestyle Lift patients, the risks of the procedure ended up greatly outweighing any potential benefit.

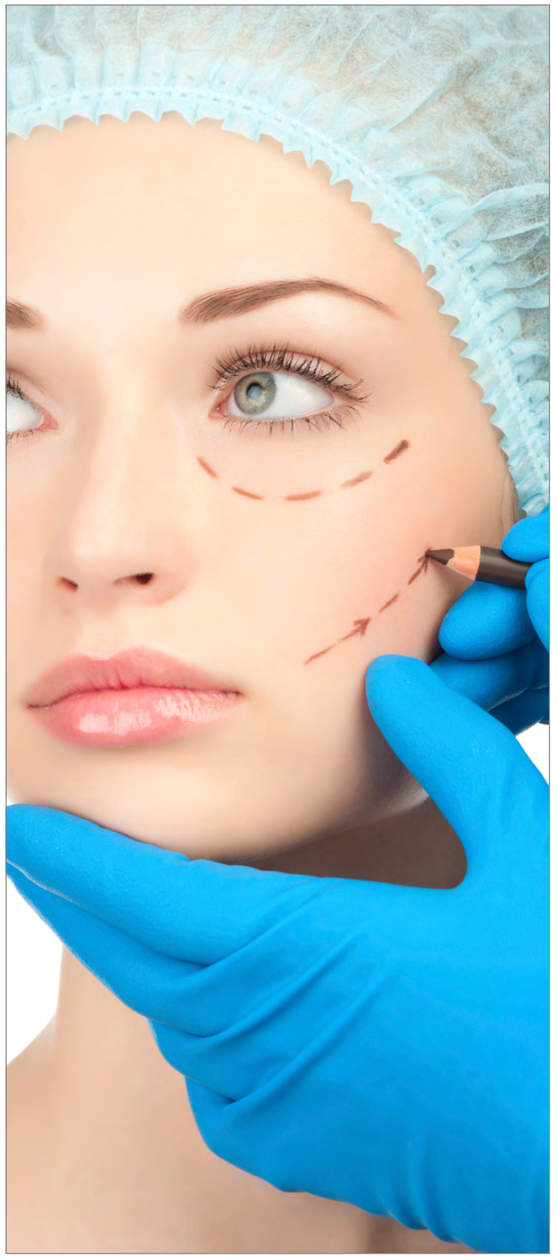
Controversy has surrounded the Lifestyle Lift for many years, coming to a head with an investigation by the New York Attorney General's office in 2009 over false reviews published by the company to counteract negative patient testimonials. Then-attorney general Andrew Cuomo said in a statement that the company's attempt to "generate business by duping consumers was cynical, manipulative and illegal." The company had a similar run-in with the Florida attorney general, who required Lifestyle Lift to refund some customer's money and adjust their advertising.

While the Lifestyle Lift's deceptive marketing practices are unethical and many patients have had negative experiences with the procedure, most of the public was unaware of the risks. Few patients realise that there is little government regulation in the area of cosmetic medicine, and that they must vet their provider and facility credentials on their own.

"It is critical that patients check a doctor's board certification and operating facility accreditation before moving forward with any cosmetic procedure," states board certified plastic surgeon Dr. Dean Fardo. "Other red flags include providers making a given procedure sound too easy, reluctance to discuss potential risks, and a lack of verifiable safety measures."

The Swan Center advocates for safe, responsible cosmetic procedures and believes that facelifts should never be "one size fits all." Years of experience have proven that for success and safety, it is essential that each patient's concerns are treated with an individualised surgical plan. The Swan Center's board certified plastic surgeons believe it is critical to have an in-depth consultation with each patient, and through this process, they create a safe rejuvenation plan.

Surgical anti-ageing procedures should only be performed by a board certified, highly trained plastic surgeon operating in an accredited surgical facility with hospital-quality safety measures in place. Non-surgical treatments also have risks and



should be performed by an MD or a licensed aesthetician under physician supervision.

"It is dangerous to advertise dramatic facial surgery results with the promise of little-to-no downtime," adds Dr. Amy Alderman, board certified plastic surgeon at the Swan Center. "The Swan Center only uses techniques that have been proven to safely lift and tighten the face."

The Lifestyle Lift's quick approach to lifting the face in just one direction often created undesirable results that did not fit the patient's anatomy or individual needs. The Swan Center's plastic surgeons emphasise that the face is a complex part of the body that cannot simply be pulled in one direction. Properly trained plastic surgeons adjust each facelift to the individual patient's facial structure, remove only the necessary tissues, and restore volume through careful repositioning and recontouring of the facial areas.

About the Swan Center for Plastic Surgery: *The Swan Center for Plastic Surgery in Atlanta is a practice of board certified plastic surgeons that specialise in cosmetic surgery procedures. The group's commitment to patients and quality of results have made it one of the busiest plastic surgery practices in the Southeast, located at 4165 Old Milton Parkway, Suite 200, Alpharetta, GA, 30005. Learn more at www.swancenteratlanta.com or read the Swan Center's reviews.*

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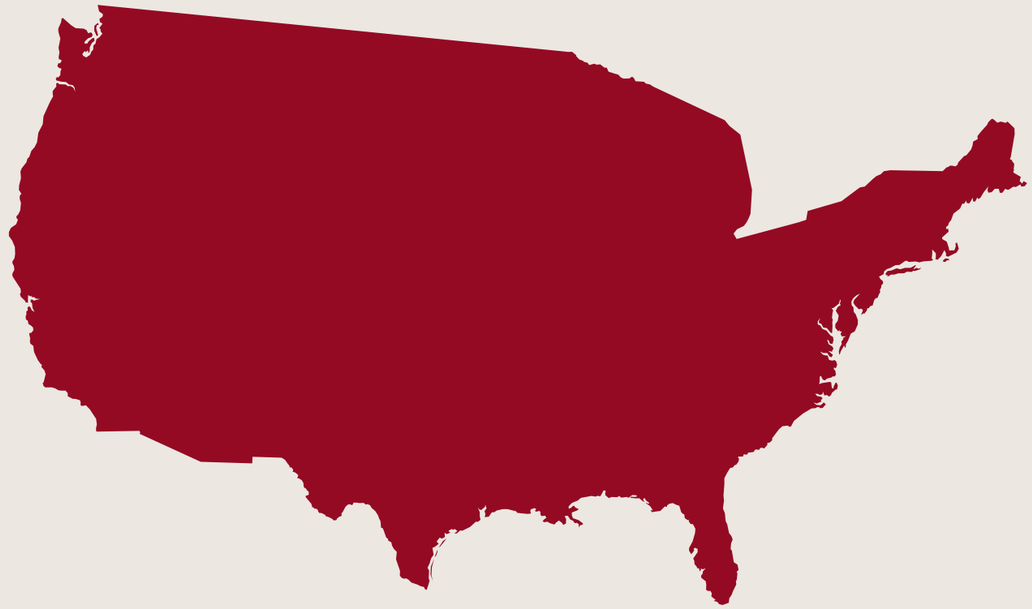

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