

JUST FACES

A Guide to
Facial Plastic Surgery

J. Phillip Garcia, M.D., F.A.C.S.



GARCIA

← FACIAL PLASTIC SURGERY →

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A Guide to Facial Plastic Surgery

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**Garcia Plastic Surgery Institute
7807 Baymeadows Rd. East, #303
Jacksonville, Florida 32256**

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FOREWORD

Welcome to our practice.

The purpose of this book is to inform, educate and answer all of the questions one may have before, during and after a cosmetic or reconstructive procedure of the face, head and neck. Our intention is that you use this book as a guide that takes you through all of our procedures in detail. We also intend for this book to be used as a patient care manual to give you all the facts on preoperative and postoperative care. We have included specific areas in the book where you can write down questions to be answered by any member of our staff. We suggest you read the entire book to better educate yourself with our procedures. Your thorough understanding of our practice and our procedures will help to facilitate our ability to better communicate with you throughout the process.

INTRODUCTION



Purpose of this Book

We have written this book to serve as a guide for anyone considering facial plastic surgery or any other services regarding your face. It is designed to help patients and family members through the process. We strongly encourage you to read the book prior to your consultation as we believe the more informed you are, the more fulfilling the consultation and the entire process will be. For your convenience, we have included areas for you to write down questions for us after every chapter.

We would like you to remember several important facts: The first one is that we intend for the book to be used for educational purposes. Whether you allow us to partner with you here or whether you go elsewhere, it is our intent to make the reader more informed about the specialty of Facial Plastic Surgery. Also, this book contains preoperative and postoperative

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instructions that must be followed meticulously. Our techniques and procedures have been proven to be very effective in addressing face, neck and other problem areas. However, the care that you take of your body in the preoperative phase as well as the diligence with which you follow our postoperative instructions will greatly affect the quality and duration of your results. We have found that patients who follow our instructions have a shorter recovery time and better results.

Please enjoy this book and use it to answer questions, and perhaps, dispel some myths about our specialty. It is our sincerest hope that this book will serve as the gateway to a long, happy relationship with our patients.

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ABOUT THE DOCTOR



J. Phillip Garcia, M.D., F.A.C.S.

is from the Jacksonville, Florida. Dr. Garcia is a graduate of The Bolles School and Jacksonville University. At JU he earned a Bachelor of Arts degree in Biology with honors. He received his medical degree from the University of Miami School of Medicine. It was in medical school that he began to see the beauty in the anatomy of the head and neck.

Each part of this anatomy is small and functions in a compact space with a great deal of interactive harmony and interdependence. Dr. Garcia continued his studies by completing a one-year research fellowship under Thomas R. Vandewater, PhD. at the Albert Einstein College of Medicine in New York. While there, he authored numerous articles that were published in medical journals and has presented research topics at international meetings. He went on to complete a one-year internship in general surgery and a four-year residency in otolaryngology/Head and Neck Surgery at the Albert Einstein College of Medicine. Dr. Garcia was privileged to study under some of the world's best head and neck surgeons while there. It was in New York while treating cancer patients and those with craniofacial and soft tissue trauma that he developed an interest in the reconstructive as well as cosmetic challenges of the face, head and neck.

The face is the part of the body that people notice first. Surgical skill is paramount. Accepting this challenge, Dr. Garcia pursued a fellowship in facial plastic and reconstructive surgery at the McCollough Institute for Appearance and Health in Alabama. Dr. Garcia has been in practice in Jacksonville and the surrounding areas since 2001. Dr. Garcia is double board certified by the American Board of Facial Plastic and Reconstructive Surgery and the American Board of Otolaryngology/Head and Neck Surgery. He is a fellow of the American College of Surgeons as well as the American Academy of Facial Plastic and Reconstructive Surgery.

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PRACTICE, PHILOSOPHY AND OUR COMMITMENT



Garcia Facial Plastic Surgery is located in Jacksonville, Florida. I opened the practice October 1, 2001. The decision to open a facial plastic surgery practice in Jacksonville was based not only on my love for the area, but because I saw a need for a dedicated specialist in the field of facial plastic surgery.

My aim is to welcome our patients and to provide a comfortable, warm environment for all. We feel that allowing patients to feel comfortable creates a field in which doctor and patient can develop a well-based, sincere relationship that improves over time.

Part of this relationship is hinged upon the fact that I as well as my staff interact personally with all patients before, during and after treatment. I believe that physicians should be the informers and the guides throughout the entire process. Because preoperative and postoperative skin care are essential in achieving good results, we employ several full-time certified aestheticians and nurse practitioners to provide ancillary services as well as non surgical options to treat our patients. Please allow our staff to welcome you to our office.

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***Do not hire a man who works for money,
but him who does it for love of it.***

-Henry David Thoreau

At Garcia Facial Plastic Surgery, we are committed to improving not only our patients' physical appearance but most importantly, their self-esteem. Our staff is committed to providing the best surgical as well as non surgical options to all of our patients. We aim to establish a center for Facial Plastic and Reconstructive Surgery that both educates our patients as well as other members of the medical community. We do this by striving for the best results simply because everyone that works in our facility loves what they do.

Above all, I am a physician and a surgeon. The American College of Surgeons defines the roles of a surgeon into several categories. A surgeon is a humanist. A surgeon is a student and a lifelong learner. A surgeon is an innovator. A surgeon is an educator. A surgeon is a scientist. A surgeon is a philosopher.

Finally, a surgeon is a role model. This practice believes very strongly in those qualities and we strive every day to fulfill them within the boundaries of our profession and our subspecialty.

The privilege to be able to improve our patients' lives with cosmetic or reconstructive surgery of the face is one that we do not take lightly. There is a tremendous sense of appreciation and responsibility in being able to effect a positive change in our patients' lives.

It takes perfect precision and understanding the concept of facial balance to be an expert in facial plastic surgery. My goal is not to have a surgical result that stands out or that draws attention to itself. As you will read later in this book, the goal of most of what I do is either to draw attention to the eyes or to make someone appear natural and well rested. As depicted by Michelangelo's "Battle of Anghiari," there is a struggle; it is a struggle to achieve balance between natural, long-lasting and un-natural results.

Today's media puts forth the idea that facial cosmetic surgery has to be extreme and self-evident. This is only reinforced by an entertainment

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industry that praises dramatic and exaggerated results with regards to cosmetic surgery. Both of these beliefs are antithetical to my practice philosophy. The truly difficult challenge in the face, and the one that exemplifies true artistic grace, is to improve a person's face without dramatically changing the person's appearance. It is the recognition of this challenge that has allowed this practice to succeed.

Treating the Inside

A recent study has shown that to the casual observer, patients who have undergone facial rejuvenation surgery are perceived as younger and more attractive. Along with these perceptions, the perception of improved health and success are also increased when compared to control groups.

As facial plastic surgeons, we know that a person must feel good about himself or herself in order to be able to look into the mirror and be happy and for their life to have more meaning. Some patients do not have the self-esteem they once had because of aging while others never had self-esteem because of a prominent facial feature. Our goal is to help patients possess the self-esteem necessary to look in the mirror, to talk to people, to seek a new job, to attend a class reunion or to sleep more comfortably at night. We intend to improve your emotional well being, whether it is through surgery, minimally invasive procedures, skin texturing or simply counseling with us.

The limitations of what we can do are also very important to discuss. We can improve your physical appearance and emotional outlook, but we cannot guarantee positive life outcomes. We cannot guarantee a job promotion, a happy marriage or more popularity. These are all separate issues whose scope is beyond the limits of our practice.

Treating the Outside

We believe that a mutual understanding of your concerns and our mission is key to a happy relationship. Generally speaking, the more informed the patient, the better the results. For our patients to have the best possible results, several important facts must first be discussed. First, the patient must have realistic expectations. With surgery of the aging face, for example, we attempt to rejuvenate and not transform. Our goal is to "turn the clock back" and give the face a refreshed, spirited look. We

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try to give patients the external manifestation of that youthful impression of themselves that they may have. However, we must effect a natural result rather than one that is unnatural or drastic. We thoroughly counsel our patients on the expected results of each surgery and make sure that any concerns or questions they may have are addressed.

Secondly, the patient must understand the concept of facial harmony. For example, patients that have a certain prominent facial feature such as a large nose, protruding ears or a small chin are in need of better facial balance. Aesthetic facial surgery deals with reshaping facial features into accepted proportions that bring the face into harmony, drawing more attention to other more attractive features, such as the eyes. All of this is done with careful planning and with meticulous execution of surgeries that are individually designed for each patient. It is very important that patients understand that our mutual goal is improvement and not perfection.

Lastly, we would like all of our patients to understand the two types of programs available to them. The Gradual Change Program does not result in large changes but small, incremental ones that allow the patient to feel like he or she is not aging. This program is usually suited for our patients that need either minimally invasive procedures such as mid-face lifts, eyelid lifts, or brow lifts. Also included in this program are the skin care regimens as well as the use of injectable products.

The Significant Change Program results in a more significant change and is usually performed well after the signs of aging have appeared. Although this program also results in natural, long-lasting results, the change in the face may be more significant.

Both of these programs are available to all of our patients, and they will be thoroughly discussed during the consultation. Both of these programs are available to all of our patients, and they will be thoroughly discussed during the consultation.

The Art of Facial Plastic Surgery

Picasso was once asked to paint a portrait of a young lady for her father. Because the painter finished the work quite quickly, the father was reluctant to pay such a significant price. Picasso replied that it did not take him just that short while to paint the portrait, but a lifetime of training to get to that point.

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Facial plastic surgery has often been likened to an art rather than a science. We believe that to be mostly true. However, the science of facial plastic surgery, like the painter learning the use of color, forms and techniques requires many years of study and training. The techniques that we use during our procedures are all based on anatomic and physiologic knowledge as well as experience.

The word “plastic” is derived from the Greek word “plastikos” which means having the capacity to mold or adapt. The human body and, in particular, the face, have just that capability. Whether we are moving the facial soft tissues as in a facelift or rearranging the nasal cartilage and bone as in a rhinoplasty, we are molding the face to a desired end. Most importantly, we believe that with subtle and conservative efforts, significant changes can be created in our patients.

I believe that the art of facial plastic surgery is a compilation of orchestrated movements with a preconceived vision of the final product in mind. Much like Van Gogh’s painting, “Starry Night,” Michelangelo’s fresco in the Sistine Chapel or Rodin’s sculpture, “The Thinking Man,” our work begins with a vision and ends with an artistic expression.

The Science of Plastic Surgery

The aforementioned artists were all technically gifted but also had many years of experience behind them when they created those famous works. They worked with the best materials available to them at the time and accepted the limitations of those materials. As physicians, we accept the “human” limitations of our patients. These limitations include underlying differences in skeletal structure, facial symmetry, and healing capacity. Because of this, as ethical surgeons, we cannot promise a given outcome. In short, we deal with human biology and as such we can never have absolute control of how a patient will respond to our measures. We can, however, aspire to improve our patients’ appearances while achieving excellent results and give our patients reasonable assurances that they will have an excellent result.

It is important for all of our patients to recognize the fact that all medical as well as surgical treatments are associated with a risk of imponderable circumstances that cannot be controlled by the physician. We minimize but not eliminate these risks by obtaining medical clearances,

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performing only procedures that are indicated and working with patients that have a realistic set of expectations.

Our promise is that we will strive to do our best and make this as pleasant an experience for you as possible.

Remember that just as the great masterpieces had to be cared for after they were created, so does your face after surgery. We cannot overemphasize the importance of following our instructions and complying with our requests after surgery.

Facts About Facial Plastic Surgery

The decision to undergo facial plastic surgery is a very difficult one that should only be made by the patient. We strongly urge you to have the support of family and friends for your decision, but feel that when the decision is self-perpetuated, the results are generally better. We have outlined several important facts to consider before contemplating surgery.

First, our goal is to achieve improvement, not perfection. Although many television programs advocate the opposite, it is not realistic to achieve the look of a model with a single operation. A patient who requests perfection should reconsider whether they are in fact a good candidate for facial plastic surgery.

I advocate the **One-Step Rule** for plastic surgery. This rule states that great results are achieved with one or two steps of improvement. The following diagram illustrates the point.



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It is unreasonable to improve by more than two steps. Multiple procedures are in fact necessary to improve this much. This realization is imperative prior to any commitment to plastic surgery.

Second, every patient will heal differently. This depends not only on the surgeon's skills, but on the general health, social habits, skin texture and adherence to instructions. In this book, you will read about post surgical timelines and healing schedules, but you must realize that these are approximations and estimates based on ideal circumstances. These timelines are most realistically seen when our patients follow our meticulous and explicit instructions.

Finally, we would like all of our patients to realize that we practice conservative medicine. We will never recommend a surgical procedure that is not clearly indicated, and we will never place a patient in harms way by not ensuring the patient's general health first and foremost. After all, we realize that most of the procedures we perform are not medically necessary but necessary in other important ways.

Our goal is that you begin to feel better about who you are. The single most gratifying thing that we see is when our patients lives are so profoundly changed in a positive manner giving them more confidence, self esteem, and a new perspective in life. If we are able to achieve this with the most minimal effort and investment on the part of our patients, then we are content with that.

***I am a conservative physician that is not
"surgery happy"
and will never recommend a procedure to
you that we would not recommend to a
family member of ours.***

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You will see in the following chapter, the importance of the consultation. This is the time that you are able to lay out your expectations to me and I in turn will give you the most conservative and impactful treatment possible.

This is our pledge that whether you have undergone any kind of procedure be it surgical or non, you will leave Garcia Facial Plastic Surgery feeling better than when you arrived.

Patience

If you will recall, all of those lessons you have had growing up regarding patience. As a society and as people we are increasingly expectant of immediate results. This world of “instant everything” has biased us to believe that everything in our sphere of influence should be immediate and perfect at the same time. I can assure the reader of this book that because we deal with the science of human biology and physiology, instant and perfect are not always possible. Any medical professional that promises either is likely disingenuous. As such, the most important piece of advice that I can give you with reference to any procedure performed here or elsewhere is to have patience throughout the recovery. Whether having an injectable procedure or a surgical procedure, it is critically important to you to remember that great results take time and you will not always see the results immediately.

We encourage you to give results time to develop and mentally move forward with your life. Accepting the results from a broad perspective i.e. the overall results and not allowing the resolving, smaller issues to interfere with your outlook will give you greater satisfaction with your decision to undergo a procedure and most importantly improve your perception of the results. Your recovery depends on maintaining a positive outlook.

GLOSSARY OF TERMS

Aesthetic Surgery: Surgery of appearance (same as Cosmetic Plastic Surgery).

Aesthetician: A specialist in the health and appearance of the skin.

Anesthetist (CRNA): A trained and certified specialist (advanced nurse practitioner) who may administer both general and “twilight” anesthesia.

Anti-Oxidants: Skin care or supplements aimed at scavenging the body for free radicals and destroying them.

Blepharoplasty: The removal of excess skin and/or fat of the upper and/or lower eyelids.

Board-Certified Surgeon: One who has completed an accredited residency (or specialty) training program and who has passed a comprehensive examination in his field of study.

Botox Injections: Placement of Botox material into certain folds of the brow and around the eyes that occur with animation.

Chemical Peeling: The use of chemicals applied to the skin that cause for the top layer to peel allowing a brand new layer of skin to grow in.

Cosmetic Plastic Surgery: The field of medicine that deals with procedures designed to enhance one’s appearance.

Dermabrasion: Facial sanding or the use of an abrasive tool to remove the top layer of skin to treat wrinkles, scars or pigmented areas.

Facial Plastic Surgeon: A surgeon who specializes in plastic and reconstructive surgery of the face, nose, head and neck.

Filler Injections: Any agent that will fill in a fold, crevasse, or concave area in the face.

Free Radicals: Harmful agents released into the body from any normal enzymatic reaction or from over zealous exposure to sun. Free radicals can cause an enormous amount of damage to the body if left alone.

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General Anesthesia: Where the patient is “put to sleep” by an anesthesiologist or anesthesiologist and is monitored very closely.

General Plastic Surgeon: A surgeon who practices plastic and reconstructive surgery of the entire body.

Hyperpigmentation: A darker discoloration to the skin that can occur from sun exposure, pregnancy, or may be genetic.

Hypertrophic Scar: A thick and wide scar.

Hypopigmentation: The opposite of hyperpigmentation where the skin is lighter in color than the surrounding skin. Much more difficult to treat than hyperpigmentation.

Keloid: An enlarged scar, which extends beyond the boundaries of the original scar and produces a relatively large bulky scar.

Laser Resurfacing: The use of a light-emitting device to remove the outer layer of the skin thereby causing a tightening effect.

Mentoplasty: “Chin augmentation.” This procedure involves building ones chin up to make it a little more prominent.

Otolaryngology/Head and Neck Surgery: A field of medicine and surgery, which deals with conditions of the nose, ears, head and neck, including facial plastic and reconstructive surgery.

Otoplasty: Reshaping the cartilage(s) of the ears.

Plastic Surgery: A field of surgery composed of both cosmetic (aesthetic) and reconstructive procedures designed to enhance, restore and/or reconstruct the face or body.

Reconstructive Plastic Surgery: The field of medicine that deals with procedures to restore the body to a “normal” state.

Rhinoplasty: A procedure used to change the width, size, and/or shape of the nose. This is often performed with a septoplasty to improve the breathing.

Rhytidectomy (facelift surgery): The removal of excess skin and the tightening of sagging muscles and connective tissue in the face, head, and neck.

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Sclerotherapy: One of many treatments designed to address the small capillaries (spider veins) located on the face.

Structural Fat Grafting: Placing fat that has been taken from your hips, abdomen, flanks, thighs, etc. into certain folds, crevasses, or dents in the face. As this is your own material, there is no risk of an allergic reaction.

Submental Lipectomy: "Liposuction." The vacuuming or suctioning of unwanted fat.

Telangectasias: Small capillaries (spider veins) located mostly around the nose and cheeks that give the face a blushed appearance.

"Tuck" up: A procedure performed after a facelift to maintain the tightening of the tissues.

Twilight Anesthesia: Where the patient is heavily sedated during surgery and local anesthetics are used to eliminate pain in the areas being operated on.

OUR PLEDGE:

Whether you have undergone any kind of procedure, be it surgical or non, you will leave Garcia Facial Plastic Surgery feeling better than when you arrived.

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Pre-Procedure Considerations

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Preparing for Surgery

Medications & Supplements to Avoid

Anesthesia

Post-Operative Considerations

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PRE-PROCEDURE CONSIDERATIONS



The Consultation

The consultation is one of the most important parts of the doctor-patient relationship. This is the first time that we will formally meet. All of your concerns, as well as solutions, will be addressed at this time.

However, we would like the consultation to be the time when we personally inform you about the actual cause of your problems and the precise solution to the problem. During this time, we take an educational approach and not a traditional medical approach, in that we aim to teach you about our specialty. In addition, this is the best time for you to be as open and honest as possible about your motivations, concerns and your past medical and surgical history. We also encourage you and whoever else may accompany you to ask as many questions as possible. Our belief is that in order to provide you with the highest standards of care, we must establish an honest and sincere dialogue at the time of your consultation.

My primordial goal at the consultation is to create solutions for your particular concerns that are within your individual constraints. I will recommend solutions that keep the face in balance with an emphasis on natural results.

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In order to schedule a consultation, you will speak with one of our staff. During this initial conversation, you will be asked some basic demographic questions. The consultation should be during the most convenient time for you. Most of our patients are able to arrange consultations within reasonable amounts of time and without significant delay. If you are traveling from distances, telephone or Internet conferences can be arranged for your convenience. Please remember, however, that nothing is better than the actual personal interaction. Just ask our staff and they will be happy to assist you.

When you have scheduled a consultation, we will email or send you an information packet with a questionnaire that inquires about your medical and surgical history, your insurance information, and your biographical information. We urge you to fill out these forms prior to your consultation in order to minimize your wait in our office. If you have received a copy of this book, we encourage you to bring it with you on the day of consultation to address further questions.

On the day of the consultation, you will meet our staff and be welcomed to our friendly environment. All of the consultations begin with a full set of digital photographs so that we have as much information as possible in addressing your concerns. If you have relevant medical records, x-rays, MRI's, or CT's, please bring these with you. We may also use the three-dimensional facial analysis system to study your face and show your results.

Facial Analysis

The consultation involves the close analysis of your face using both facial photography and physical examination. As a student of the face, I use some basic cannons to properly analyze the face. Leonardo da Vinci first described the definitions of appropriate facial proportions and measurements. In one of his texts of human anatomy, he developed mathematical formulas with regards to the accurate representation of the human form, whether in painting or sculpture. Much of this work pertained to the human face and how each section of the face relates to the others. The proportions that artists, as well as facial plastic



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surgeons, use to determine the size, shape or relative dimensions of facial components were developed by da Vinci. His studies concluded that the face is divided into horizontal fifths and vertical thirds as the figures to the right show. These dimensions are used as starting points in the science of facial analysis.

When I meet with you in the consultation room, I will provide an in depth analysis of all your concerns and how they relate to our facial analysis. I will make recommendations and will prepare a priority list of these concerns with their corresponding solutions. We will endeavor to be thorough, employing all the time that is necessary to describe our recommendations completely and answer your questions

Plan to be at Garcia Facial Plastic Surgery for 1-2 hours in order to make this experience as thorough as possible. You will have all the information prior to your leaving on the day of the consultation. When you have finished meeting with us, you will meet with one of our patient-care coordinators to discuss future care.

We understand that you are busy and have time constraints in terms of family, school, work, vacations and other demands. We will make every effort to work around your schedule.

Please let us know as soon as possible of any special scheduling needs that you would like our staff to address.

Fees

Fees are a necessary part of the consultation. Many years of study and training go in to being able to make a sound, informed and ethical opinion about your condition. The expertise required to recommend whether you need surgery or not should not to be taken lightly.

When you are finished with your consultation, you will be more informed about your face than ever before. This is not to say that someone else will not give you additional information. A consultation with us is much like paying an attorney for advice. I provide professional, ethical and conservative advice about your face.

Because we deal mostly with elective, cosmetic surgical procedures, we are a fee for service practice. We deal with insurance companies on a case by case basis. I am frequently asked by patients, or casual

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acquaintances, how much a procedure costs. With regards to surgical procedures, every patient is different in terms of need and complexity. Thus, the cost is different for everyone. We do strictly abide by a fee schedule in this practice no matter what your background, or financial status may be. However, we do offer significant discounts when procedures are combined at the same time or occasionally with other ancillary services such as injectable products, laser services or aesthetician services.

Medical Clearance

We strongly feel that you should be in good medical condition prior to having any surgery. This applies especially to elective cosmetic surgery. Because the majority of the procedures I perform are elective, we try to mitigate any potential risks with preoperative medical clearances, as indicated, for our patients. The need for medical clearances as well as preoperative testing is examined on a case-by-case basis. Generally speaking, before surgery, patients see their primary care provider who also participates in the decision for preoperative testing. All patients over 45 years of age receive an EKG and depending on medical history, some blood work may be required. We need to make sure that your medical problems do not preclude you from having surgery. We have seen time-and-time again that patients with healthy bodies and emotions recover the best from surgery.

Prior to your surgery, you will receive a packet of information indicating the type of medical clearance you will need. We will also require your primary medical doctor and possibly other specialists to give us a “medical clearance” note based on their independent medical evaluation.

Tobacco and Alcohol

Tobacco

You have probably heard on several occasions that smoking can be dangerous to your health. The obvious reasons are increased risk of heart and lung problems that could, with many years of abuse, cause some irreversible changes to your body. As surgeons, we would, however, like you to consider other implications of smoking. If you smoke, we encourage you to read this next section very carefully.

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Much of facial plastic surgery depends on proper healing to take place in order for the best possible results to be attained. Remember earlier when we said that the results you attain are dependent on how well you follow our instructions? In order for tissues to heal optimally, they have to receive oxygen carried by blood vessels. When an incision is made, blood vessels are disturbed and healing tissues become dependent upon neighboring blood vessels to open up and “take on the extra load.” For these neighboring blood vessels to respond correctly, they have to dilate to bring more blood, more oxygen, and more nutrients to those healing areas. Blood vessels that have been exposed to nicotine generally stay constricted for two weeks and prevent healing tissues from receiving the vital nutrients and oxygen they require to heal. An easier way to understand this is try to envision what nicotine does to you in the morning. It “picks you up” by constricting blood vessels, thereby increasing your blood pressure. You can often get a head rush in the morning due to these effects in your brain. Keeping in mind that the blood vessels in your entire body tend to constrict when exposed to nicotine, let’s explore the post-surgical effect:

In face lifting procedures, the best results are achieved by working below the skin in order to get the best lift possible (*Refer to Chapter 3 - Surgery of the Aging Face.*) That skin becomes completely dependent upon small vessels for its nutrients and oxygen. A simpler way to remember this is the longer the garden hose, the less the water pressure that will be present at the end. If this skin is already under the strain of having had surgery, blood vessels with smaller diameters due to nicotine exposure only compromise healing even more. The net effect is that less blood results in less oxygen and nutrients, and this equals longer healing time and increased chances of scarring.

Alcohol

“One glass of wine a day will keep the doctor away.” You have probably seen or heard a lot of information over the past decade pertaining to the judicious use of alcohol. Some reports say that small amounts will lower your cholesterol, while others will report on its ill effects. Moderate amounts of alcohol are neither condemned nor condoned.

The only concern about alcohol in the peri-operative period is the effect that it can have on thinning of the blood. For this, we recommend that you not drink the night before surgery or for two nights after surgery.

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Just think that you can wait to celebrate (in moderation of course) when your recovery is underway.

Preparing for Surgery

At this point, you have read about our principles pertaining to facial plastic surgery. You have met with your primary doctor, received medical clearance for surgery and have all your instructions and materials. You have also arranged for a care-giver or a sitter and to take time off from work for a “vacation.”

We have found that some anxiety about surgery is normal, and you may begin to wonder if you have done everything correctly. The days coming up to surgery are full of questions because you truly want your results to be as great as possible. Let’s go over a few things to remember prior to the surgery day.

Remember during our consultation that we stressed the importance of sleeping upright with your head above the level of your heart? The body responds to tissue injury by swelling. This is a normal, physiologic response. We have discovered that the best way to reduce post-operative swelling is to elevate your head. If you sleep without elevating your head after surgery, you will probably prolong your recovery time by two weeks. We strongly encourage you to buy, borrow or rent a recliner, if you do not own one, to help advance the healing phase. A recliner is not only the best way to ensure good head elevation, but also keeps alignment between your head, neck and back.

We have found that after surgery, keeping your head elevated at a 45 degree angle will rapidly diminish swelling from the surgery during the first week.

After your surgery you can use:

- Recliner
- Bed Wedge
- Head Board Elevation
- Multiple pillows

Following these recommendations will cause nearly 60% of your swelling to be gone within the first 6-8 days after surgery and 80% to be

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gone within 2 weeks! This makes a sizeable difference especially when you are striving to return to work in a shorter period.

Fill your medications.

The more prepared you are, the easier the post-operative period will be. In addition to this preparation, we will give you prescriptions to be filled in the days prior to surgery. Try to fill them 1-2 days prior, for sometimes you have to go to more than one pharmacy to fill the entire prescription. Bring these with you on the day of your surgery.

Get your chauffeur ready.

Recall from our consultation that you will not be able to drive for at least a week depending on the type of surgery that you have. There are several reasons for this. If you have had surgery, then you may be taking pain medications that can alter your reaction time and judgment. The second reason pertains to aging face surgery. As is necessary while driving an automobile, we turn our heads. This action will put tension across the skin sutures and perhaps can serve to widen the scar.

Medications & Supplements to Avoid

Prior to Surgery

In today's age, many people take nutritional supplements as part of their daily routine. While generally beneficial and safe, their use around the time of surgery may not be desirable. Certain nutritional supplements may cause adverse reactions during or after surgery, including, prolonged bleeding, interference with anesthesia, cardiovascular disturbances, and interactions with prescription drugs.

To reduce any risks, please discontinue the use of the following nutritional supplements, two weeks prior to surgery, and two weeks after surgery:

Bilberry (*Vaccinium myrtillus*) - Contains compounds called anthocyanosides, and flavonoid compounds that strengthen blood vessels, improve circulation and can be useful in treating eye disorders. Bilberry can affect blood cells called platelets and may increase bleeding.

Cayenne (*Capsicum frutescens*) - Also known as red pepper, cayenne lowers levels of cholesterol in the blood, which can help to lower blood pressure. Cayenne may affect platelets and an overdose can cause a

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significant drop in body temperature.

Dong Quai (*Angelica sinensis*) - An all-purpose women's herb used to provide energy and regulate female hormones. An active constituent in Dong quai is a coumarin-like compound, which may increase existing anticoagulant (blood-thinning) medications.

Echinacea (*Echinacea augustifolia*) - Used to boost the immune system and for infections of the respiratory tract. Echinacea may negatively affect the liver when general anesthetics or certain other medications are used.

Feverfew (*Tanacetum parthenium*) - From the Latin word, febrifuge, which means fever-reducing, the herb is used mainly to treat migraine headaches. Feverfew may increase bleeding, especially in patients taking certain blood-thinning medications.

Fish Oil - The Omega-3 essential fatty acids found in fish oil are beneficial for lowering blood pressure, cholesterol and triglyceride levels and reducing the risk of heart disease. Fish Oil has blood-thinning properties, which can be problematic during surgery.

Garlic (*Allium sativum*) - Used therapeutically to prevent and treat atherosclerosis (hardening of the arteries) and elevated cholesterol. Garlic may augment the effects of blood-thinners like Coumadin® (warfarin) and non-steroidal anti-inflammatory drugs (NSAIDs) causing abnormal bleeding time.

Ginger (*Zingiber officinale*) - Stimulates the digestive system and helps relieve motion sickness, nausea and vomiting. Use of ginger may alter bleeding time and interfere with cardiac and anticoagulant medications.

Ginkgo Biloba (*Ginkgo biloba*) - One of the oldest living tree species and one of the best researched herbal medicines. Ginkgo biloba improves blood circulation by strengthening the vascular system and inhibiting platelet aggregation. Ginkgo is also used to help prevent mental deterioration in the elderly. Ginkgo has significant blood-thinning activity, which is three times stronger than Vitamin E.

Ginseng (*Panax quinquefolium/Panax ginseng*) - Ginseng is a so-called adaptogen (increases physiological resistance to stress) and an antioxidant. Commonly taken to enhance physical and cognitive performance. Ginseng acts as an anticoagulant and may interact with cardiac, high-blood pressure medications and blood-glucose lowering medications.

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Hawthorne (*Crataegus laevigata*) - Hawthorne is used for deteriorating heart function and may be helpful for angina, arteriosclerosis and some mild types of abnormal heart rhythm (arrhythmia). Hawthorne can enhance the effects of the heart medication digitalis (Lanoxin or Digoxin).

Kava Kava (*Piper methysticum*) - Kava root preparations reduce stress-related anxiety and the effects of anxiety disorders. Kava kava may potentiate the effects of medications including: barbiturates, alcohol, antidepressants, antipsychotics, and general anesthetics.

Licorice Root (*Glycyrrhiza glabra*) - Traditionally used for coughs and as a soothing remedy for the skin. Glycyrrhizic acid in real licorice may cause high blood pressure, lower potassium levels in the blood and enhance tissue swelling (edema).

Ma Huang (*Ephedra sinica*) - More widely known as ephedra, the herb was found in weight loss and energy supplements until it was banned by the Food & Drug Administration (FDA) in 2003. Although some products have substituted ephedra with bitter orange, both herbs have similar effects on the cardiovascular system including hypertension, rapid heart rate, cardiomyopathy (heart muscle inflammation), and abnormal heart rhythm.

Melatonin - A hormone that is secreted by the pineal gland located in the brain. Since melatonin controls the body's sleep-wake cycle, it is often used to counteract sleeplessness and jet lag. Melatonin may potentiate the central nervous system effects of barbiturate drugs (produce relaxation and sleep) and general anesthetics.

Red Clover (*Trifolium pratense*) - An herb that is a rich source of isoflavones and used to treat a number of conditions associated with menopause. An active constituent in Red Clover includes coumarin derivatives, which may potentiate existing anticoagulant medications.

St. John's Wort (*Hypericum perforatum*) - An herbal medicine used to treat mild to moderate depression and seasonal affective disorder (SAD). Since St. John's Wort works like the antidepressants called monoamine oxidase (MAO) inhibitors, it may interact with these drugs. In addition, many other drug interactions have been reported with St. John's Wort.

Valerian (*Valeriana officinalis*) - Valerian eases insomnia, stress-related anxiety and nervous restlessness. Valerian is a sedative herb and may increase the effects of other anti-anxiety medications or prescription painkillers.

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Vitamin E - Vitamin E is fat-soluble vitamin that is a strong antioxidant and may protect cells from free-radical damage. This nutrient may play a role in the prevention and treatment of cardiovascular disease and other aging-related degenerative disorders. Vitamin E also has anti-clotting activity can prolong bleeding time during surgery.

Yohimbe (Corynanthe yohimbe) - As a natural “Viagra®”, yohimbe is touted as a sexual stimulant and as a potential treatment for male impotence. Yohimbe can raise the heart rate and blood pressure, and increase the potency of anesthetics.

To date, there have been few systematic examinations of the effects of dietary supplements when taken with prescribed anti-thrombotic (anti-coagulant or anti-platelet) therapies. According to the Natural Medicines Comprehensive Database, approximately 180 dietary supplements have the potential to interact with warfarin, a common blood thinner, and more than 120 may interact with aspirin, and other anti-platelet agents such as clopidogrel, ticlopidine, and dipyridamole. Dietary supplements include herbal remedies, vitamins, minerals, other botanical products, fibers, amino acids, proteins, organ tissues, and metabolites for digestion.

Known interactions with prescribed anti-coagulants and their effects include:

- Anise and Dong Quai have anti-coagulant effects;
- Omega 3-fatty acids in fish oil, ajoene in garlic, ginger, Ginkgo, and vitamin E have anti-platelet properties;
- Fucus and Danshen can have a heparin-like blood thinning effect;
- St. John’s Wort and American Ginseng alter drug metabolism;
- Other supplements, such as high dose vitamin E, Alfalfa, and Coenzyme Q10 may affect blood clotting.

It is often best not to ingest any brand of aspirin, or any of the following aspirin containing, MAO inhibiting and serotonin drugs for 14 days prior to surgery and 14 days after surgery. There are some medications that may be deemed safe for consumption by your surgeon and anesthesiologist only (i.e. Prozac, Zoloft, etc.). Disclose EVERY medication, oil, supplement, suspension, etc. – your life depends upon it. Aspirin and aspirin-containing products, as well as some supplements and “nutraceuticals” may inhibit blood clotting and cause difficulties during and after surgery. If you need an aspirin-free fever reducer and pain reliever, it is suggested to take Tylenol.

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The following is a list of medications to avoid prior to surgery unless you have the clearance of your physician and surgeon.

- A. Accutrim, Acetidine, Acetilsalicylic Acid, Aches-N-Pains, Actifed, Actron, Acuprin, Adapin, Addaprin, Adipex, Adprin- B Tablets, Adult Analgesic Pain Relievers, Advil, AK Spore - HC, Aggrenox, Alka Seltzer, All Arthritis Medicines, Allergy Relief Medicines (A.R.M.), Alpha Omega (fish oil), Aluprin, Aleve, Amigesic Argesic-5A, Amigesic Capsules, Amitriptyline, Amoxapine, Anacin, Anacin Arthritis/P, Anafranil, Anahist, Ansaid Tablets (generic brand of Ansaid is Flurbiprofen), Anodynos Tablets, Analval, Anaprox, Anaprox-DS, Anaproxen, Anaproxen Anodynos, Anexia, Anisidione, Ansaid, Anturane, APAC Improved, APC, Argesic Tablets, Arthra-G, Arthralgen Tablets, Arthritis Pain Formula, Arthritis Strength Bufferin, Arthropan, Arthropan Liquid, Ascaff, Ascodeen, Ascriptin, Ascriptin AID tablets, Ascriptin with Codeine Tablets, ALL ASCRIPTIN PRODUCTS, Ascription, Asendin, Aspir-lox, Asperi-mox, Aspirbuf, Aspercin, Aspergum, Asprimox products, Aspirin (of any kind), Aspirin Suppositories, Aspirin with Codeine, ASpirTab, Asprimox Tablets, Asproject, A.S.A. Tablets, A.S.A. Enseals, Aventyl, Axotal, Azdone Tablets, Azulfidine
- B. B-A-C Tablets, Backache Maximum Strength, Bayer Aspirin, Bayer Children's Aspirin Tablets, Bayer Children's Cold Tablets, Bayer Timed-Release Aspirin Tablets, Bayer Select Pain Formula, BC Powder/Tablets, Bextra, BextraBilberry Tablets, Bocadren, Bromo-seltzer, Bromoquinine, Brufen, Buf Tab, Buff-A-Comp, Buff-A Comp No.3 Tablets with codeine, Buffaprin, Buffasal, Bufferin, Bufferin 37%, Bufferin Arth, Bufferin X/S Butalbit, Buffets II, Buffex, Buffinol, Buropion, Buropion HCL, Butazolidin
- C. C-Advil Cama, Cama Arthritis Pain Reliever, Cama Inlay Tabs, CataFlam Tablets, Carisoprodol Compound Tablets, Cartol, Cayenne, Celebrex, Cephalgesic, Cheracol Tablets, Children's Advil Suspension, Children's Aspirin, Children's Motrin Suspension, Choline, Chromium, Chromium Picolinate, Claritin, Clinoril, Clinoril C, Clomipramine, Concerta (for ADD/ADHD), Chondroitin, Congespirin, Contac, Cope, Corgard, Coricidin Tablets, Coricidin "D" Decongestant Tablets, Coricidin, Coricidin Demilets Tablets for Children, Coricidin Mediets Tablets for Children, Corididin, Cortisone, Coumadin
- D. Dalteparin Inj., Damason-P, Darvon, Darvon with ASA, Darvon

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Compound, Darvon Compound-65, Darvon w/Apsirin, Darvon-N with Apsirin, Dasin, Desipramine, Dipryridamole, Disalcid, Choline, Diurex, Doan's, Dolcn, Dolobid, Dolphirn #3 Tablets, Doxepin, Drinopehn, Dristan, Dristan Sinus, Duoprin-S Syrup, Duragesic, Duradyne Tablets

- E. Vitamin E, E-aspirin, Easprin EC, Echinacea, Ecolrin, Ecotrin Tablets, EFFEXOR® XR, Elavil, Emagrin, Empirin, Empirin with Codeine, Emprazol, Endodan Tablets, Enoxaparin, Epromate Tablets, Enteric, Ephedra, Equagesic, Equazine-M, Etafon Products, Excedrin, EFFEXOR® XR (venlafaxine HCl) Extended-Release, ExPrazi
- F. Feldene, Fenoprofen Tablets, Fenphen, Feverfew, Fiogesic Tablets, Fioricett, Fiorinal, Fiorinal with Codeine, Fish Oil, Flagyl, Florgen PF, Fluoxetine, Flurbiprofen Tablets, Fragmin, Furadantin, 4 Way Cold Tablets, 5-Aminoslyclic Acid
- G. Garlic (*allium sativum*) tabs & do not eat garlic excessively (some say not at all - but if you accidentally get some or have a little garlic toast, I am sure it's okay, it's more for garlic tablets), Genaced, Genacote, Gelpirin Tablets, Genprin, Gensan, Ghemnisym, Gingko, Ginbko Biloba, Gennin, Ginger, Gingko, Ginkobiloba, Ginseng, Glucosamine, GNP aspirin, Goldenseal, Goody's Headache Powder, Goody-s Extra Strength
- H. Halfprin Tablets, Haltran, Heparin, Hismanal, Hydroxycut, Hydrocortisone
- I. IBU, IBU-Tab, Ibuprofen, Ibuprin, Ibuprohm, Imipramine, Inderal, Inderide, Indocin, Indochron E-R Capsules, Indomethacin Caspules, Indomethacin Suspension, Infantol Pill, Inhiston, Isollyl Improved Tablets & Capsules
- J. Janimine
- K. Kava, Ketoprofen Capsules
- L. Lanorinal, Levatol, Licorice Root, Limbitol, Liquinprin, Lodine, Lortab ASA, Lovenox Inj., Ludiomil
- M. MAO inhibitors, Macroclantin, Magan, Magnaprin, Magnasprin, Magsal, Maprotiline, Marnal, Marthritic Tablets, Maximum Bayer Aspirin, Measurin, Meclomen, MecloFenamate Capsules, Medigistic-Plus, Medipren, Meditren, Melatonin, Mellaril, Menadol, Meprogesic Q, Micraninin, Midol/Midol 200, Midol Original, Midol PMS, Milk

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Thistle, Miradon, Mobidin, Mobic, Moblgesic, Momentum Back Ache Formula, Monogesic, Motrin, Motrin IB, Multi-Vitamin

- N. Nalfon, Nardil, Nardilzine, Naprosyn, Neomycin, Neogesic, Norgesic, Norgesic Forte, Nortryptiline, Norwich Extra Strength Aspirin, Nov-naproxen, Nuprin, NyQuil/NyQuil P.M.
- O. Orphenagesic, Orphenagesic Forte, Orudis, Oruvail Capsules, Oxycodine, Oxycodone
- P. P-A-C, Pabalate-SF, Pabrin, Pacaps, Pain Reliever Tablets, Pamprin-IB, Panalgesic, Panodynes, Papaya, PediaProfen, Pedrazil, Pentasa, Pepto-Bismol, Percodan, Percodan Demi Tabs, Persantin, Persisin, Persistin, Pertofrane, PetoBismol, Phenaphen, Phenetron Compound, Phenylpropanilamine Pondimin (Fenfluramine), Piroxicam Capsules, Polymyxin, Ponstel Capsules, Prednisone, Presalin, Propanolol, Propulsid, Propoxyphene, Propoxyphene Compound, Propoxyphene Napsylate with Aspirin, Protamine, Prozac, Pyrroxate
- Q. Quagesic, Quiet World Analgesic (sleeping aid), Quinine
- R. Redux (Dexenfluramine), Relafen Tablets, Rexolate, Rhinex, Robaxin, Robasisal, Robaxisal, Roxiprin Tablets, Ru-Tuss, Rufin,
- S. S-A-C, Sal-Sayne, Salabuff, Salatin. Saletto, Saletto 200, Saletto-400,600,800 Tablets, Salflex, Salicylamide, Salocol, Salsalate, Salsitab, Saw Palmetto, Seldane, Serzone, Sign Off Sinus Tablets, Sine Aid, Sine Off, Sinex, SK-65 Compound Capsules, Sofarin, Soltice, Soma Compound, Soma Compound with Codeine, St. John's Wort, St. Josephs Aspirin, St. Joseph Cold Tablets (for children), Stanback Analgesic, Stanback Powder, Sudafed, Sulindac Tablets, Supac, Surmontin, Surmontil, Synalogs Capsules, Synalogs-DC Capsules
- T. Talwin Compound, Tenol-Plus, Tenuate Dospan, Theracin, Thorazine, Ticlid, Ticlopidine, Tolectin 200,600 Tablets, Tolectin DS Capsules, Tolmetin Tablets/Capsules, Toradol Injection/Tablets, Tr-Pain Tablets, Tri-Pain, Trental, Triavil, Tricosal tablets, Trigesic, Trigestic, Trilisate, Trilisate Tablets and Liquid, Tusal
- U. Ultrapin, Unipro, Ursinis, Ursinos Inlay Tablets
- V. Valerian, Valesin, Valtrex, Vanquish, Verin, Vibramycin, Vicoprofen, Vioxx, Viro-Med Tablets, Visken, Vitamin-E, Vivactil, Vivarin, Voltaren
- W. Warfarin (Coumadin), Wellbutrin, Wesprin Buffered

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Y. Yohimbe

Z. Zactrin, Zoloft (Zoloft has anti-coagulant properties so just advise your anesthesiologist if you take it) Zorprin, Zyban

*Also a diet low in sodium is beneficial before and after any surgery.

Plus, any other aspirin containing medication, be it natural, prescription or over the counter. Alert your doctor of any medications or supplements you may be taking.

Special Medication Alerts

If you take anti-depressants, please advise your doctor. Some monoamine oxidase (MAO) inhibitors (also known as MAOI) intensify the effects of the anesthesia – especially general anesthesia. If you advise your doctor or anesthesiologist, he or she can make adjustments for your anesthesia or at least will watch for the slightest decrease or increase in heart or breathing rate.

These medications may include: Isocarboxazid, Marplan, phenelzine (Nardil, Nardelzine) tranylcypromine (Parnate, Sicuton), Deprenyl, selegiline hydrochloride, 5 HTP, Amitriptyline, Prozac, Wellbutrin, Bupropion, Bupropion HCL, Fluoxetine, EFFEXOR® XR, etc. They are used for the treatment of depression, obsessive-compulsive disorder, eating disorders, essential hypertension (pargyline), chronic pain syndromes, and migraine headaches. They work by inhibiting nerve transmissions in brain that may cause depression. Tranylcypromine and phenelzine account for over 90% of all MAO inhibitors currently prescribed.

It is reported that drug interactions can occur even weeks after discontinued use of an MAOI. Therefore, in patients undergoing general anesthesia, cessation of usage is normally instructed several weeks prior to surgery to avoid possible cardiovascular effects.

Anesthesia

By: Nicholas M. Kalynych, D.N.P., C.R.N.A., A.R.N.P.

When a patient is planning to have an operation, especially one that is elective, often they spend a lot of time, effort and energy, as they should, learning about the surgery and the surgeon. However, often little attention is paid to an equally important consideration. That is the topic of anesthesia care. Patients should be encouraged to learn all they can about

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what options are available related to anesthesia care. With that goal in mind, communication and cooperation between the anesthesia provider and patient are essential to achieve a high quality and safe anesthetic experience.

The anesthetic state is one in which the patient is free of pain and anxiety. Yearly more than 26 million patients receive anesthesia in the United States to help them to undergo surgical and diagnostic procedures. When performed by a qualified specialist in the field, such as a Certified Registered Nurse Anesthetist (CRNA) or physician anesthesiologist, anesthesia is an extremely safe and effective means of eliminating the pain associated with many surgical procedures. The CRNA is certified by the National Board of Certification and Recertification of Nurse Anesthetists, and licensed by the state as an Advanced Practice Nurse authorized to diagnose as well as prescribe and administer such medications, tests and procedures as may be needed for the conduct of a safe and effective anesthetic experience. Only nurses who are already experienced critical care nurses are permitted to undertake the study of anesthesia. The CRNA credential can only be obtained by nurses who are specially educated, both theoretically and clinically, for years at the graduate degree (masters or doctoral) level and have passed rigorous examinations. Although many patients are not aware of CRNAs, for well over 100 years they have been administering anesthesia in all types of surgical cases, using all anesthetic techniques and practicing in every setting in which anesthesia is administered. Currently in the U.S. CRNAs administer about 65% of all anesthetics.

Anesthesia care is not confined purely to what happens during the operation. The CRNA is involved in your care before the surgery, during the operation itself, and afterwards as well. The anesthetist plans the anesthetic procedure with the needs of the patients and requirements of the surgical operation and surgeon in mind. The goal is to provide a safe, smooth and comfortable experience for the patients from the beginning of the process through your recovery. While your operation is being performed, anesthesia permits you to be pain free and comfortable. Just as in the hospital setting, all anesthesia care at the Garcia Institute is provided with the highest degree of skill and professionalism, including constant monitoring of all vital functions, such as heart rate, hearth rhythm, respiration, and blood oxygen content. As changes in the vital signs occur due to the normal reaction to anesthetic drugs, the anesthetist makes

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such adjustments as are needed to maintain a “steady state” of safety and comfort. Obviously, in order to do that the CRNA must be close at hand. That, of course, is always the case. The CRNA will remain in constant attendance, monitoring your vital signs, taking care of you and adjusting your medications as needed through the procedure. In fact, even after the operation, the anesthetist remains present in the facility until such time as you can be discharged to either your home, or for follow-up care overnight.

You will first meet your anesthetist on the day of your surgery. However, it is likely that the anesthetist will know a lot about you before you actually meet. Before meeting with you, the anesthetist will review your medical history, previous physical examination and the results of any laboratory or other diagnostic tests that may have been ordered preoperatively. When you first meet with your anesthetist, there will be some additional questions for you about other areas of your health history specifically related to issues that may be related to anesthesia medications and methods. Your heart and lungs will likely be examined again to see that there have been no changes.

Open and honest communication is an essential part of this process. To effectively provide high quality anesthesia care, we ask somewhat personal questions about behaviors dealing with things such as alcohol consumption and the use of recreational drugs. Remember not to be offended by such questions. We ask these questions not because we think that any particular patient does, or does not use drugs or drink alcohol, but rather because it is an essential, and required by generally accepted standards of care, part of a complete health history. This confidential discussion with the nurse anesthetist prior to surgery provides information vital to your care. So, in anesthesia, as is the case in many areas of life, honesty is the best policy!

What Type of Anesthesia is Offered?

There are several levels of anesthesia that can be used. The one chosen for you is based on factors such as your physical condition, the nature of the surgery, and your reactions to medications. Anesthesia can be viewed as a continuum starting with local anesthesia at one side and ending with general anesthesia, a state where the patient is completely unconscious and vital functions, such as respirations, are controlled by the anesthetist, at the other.

The Anesthesia Continuum

Local Anesthesia

Local anesthesia is provided by the operating surgeon.

When a local anesthetic drug is injected directly into the part of the body to be operated upon. If no intravenous medication is given to relax or sedate the patient, an anesthetist is not normally involved in cases using exclusively local anesthesia. Dr. Garcia may give you a pill to relax you. The injections used to administer the local anesthesia is somewhat similar to that you would get at a dentist's office. Overall the experience is very comfortable with the added benefit of getting back to normal activity quicker.

IV Sedation

If in addition to the local anesthetic the patient is to be sedated during the procedure, an anesthetist will participate by administering the sedative medication and continuously monitoring the patient's vital signs and level of consciousness. Most facial surgery can be accomplished with an anesthetic that falls between local and traditional general anesthesia. Through the expert use of a combination of modern anesthetic medications, the anesthetist can maintain the patient in a safe state of pain free comfort, with no unpleasant recall of the surgical procedure. These anesthesia techniques, when used for facial surgery, permit the patient to awaken more quickly and be discharged from the facility sooner.

As you would expect, when patients come for surgery, they come with all their health problems as well as the issue that brought them for surgery. Many patients have problems such as diabetes, heart rhythm disturbances, high blood pressure and like problems. It is important to follow instructions from your surgeon and primary physician regarding what medications you should continue to take up to, and including the morning of surgery, and what medications need to be discontinued prior to surgery. The anesthetist will manage all of your health conditions during, and immediately after, your operation. It is important for you to not have anything to eat or drink after midnight before your operation. This is important not only for your safety, but will also markedly decrease the possibility that you will feel ill after your operation.

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The exception to the “nothing by mouth” rule is that you should take whatever medications you were advised to continue, with a small amount of water, on the morning of surgery.

When you arrive at the facility you will meet your anesthetist in the preoperative area and the anesthetic plans will be finalized with review of your records and examination. You may be given additional medication by mouth. An intravenous line will then be started. As you have had nothing to eat or drink, the IV line will be used to provide you with fluids. It will also be used by the anesthetist to administer your anesthetic medication, without having to give you any additional “shots”. When you come into the operating room the anesthetist will apply all the electronic monitoring systems that will be used to track your vital signs during the operation.

The most important monitor is not any specific machine, but a well-educated, attentive, professional human being!

That is why in addition to all the “bells & whistles” we also apply a special intraoperative stethoscope that is attached to an earpiece in the anesthetist’s ear. In that way we can hear every breath you take and every beat of your heart throughout your operation. In our mind, patient safety is the paramount concern! You will then be given medications through the IV that will help you to drift off to sleep. The anesthetist will be closely monitoring your progress through the operation and will give whatever medications you need to remain safe and comfortable until your operation is completed. You will then wake up and will then move to the recovery area. When you are ready, you will be discharged either to home, or to follow-up care for the night. If you plan to go directly home after your operation, preparations should be made before surgery for another adult to accompany you to the Garcia Institute, drive you home, and monitor your recovery.

The American Association of Nurse Anesthetists makes recommendations for patients to follow related to anesthesia care. We endorse those recommendations. After receiving anesthesia during a surgical procedure, you can play an active role in your recovery by heeding the straightforward list of dos and don’ts that follows.

“DO’S” After Anesthesia

DO leave the healthcare facility accompanied by a responsible adult. This person will ensure that you travel home safely, as well as provide immediate care at home. You should continue to have this adult with you for 24 hours after surgery.

DO remain quietly at home for the day and rest. You need rest both because you have received anesthesia and because you have undergone a surgical procedure - even one that is considered minor. If, after a day, you still do not feel recovered, you may want to continue your rest for an additional day or two. Discuss your planned return to work with your physician.

DO walk around for fifteen minutes every waking hour during the first two weeks after surgery.

DO arrange for someone to care for your small children for the day. Even if given instructions to play peacefully and not overtax you, children sometimes forget such directions or have trouble staying quiet for an entire day. The most predictable course of action is to leave small children and babies in the care of another responsible individual.

DO take liquids first and slowly progress to a light meal. Heavy foods can be difficult for your system to digest, thereby increasing the chance for discomfort. For your nourishment, start by taking liquids, then eat light foods, such as broth or soup, crackers or toast, plain rice, Jell-O, and yogurt.

DO call your nurse anesthetist, your physician, Dr. Garcia if you have any questions. These professionals are interested in your welfare and want your care to go as planned. If you have questions, or feel your recovery is not progressing to your satisfaction, call them.

“DON'TS” After Anesthesia

DON'T drive a car for at least 24 hours. After anesthesia, your reactions and judgment may be impaired. Such impairment makes driving a car dangerous to you and to others. It is especially important that you don't forget to make arrangements for someone else to drive you home from the health care facility. The only exception to this is if you have received a pure local anesthetic.

DON'T operate complex equipment for at least 24 hours. The same logic that applies to driving a car similarly applies to the operation of other equipment. This includes equipment used at home, such as a lawnmower, as well as that which is used on the job, such as a forklift.

DON'T make any important decisions or sign any legal documents for the day. The potential for impairment relates not only to physical activities but to your mental state also. Moreover, the anxiety that frequently accompanies important decisions is to be avoided. The day should be spent resting.

DON'T take any medications unless prescribed by or discussed with your physician. Some medications may adversely interact with anesthetic drugs or chemicals remaining in your body. Included are prescription drugs, such as sleeping pills or tranquilizers, and over-the-counter medications, such as aspirin.

DON'T drink alcohol for at least 24 hours. Alcohol is also considered a drug, meaning that an alcoholic drink has the potential to negatively react with the anesthetic in your system. This includes hard liquor, beer, and wine.

At Garcia Facial Plastic Surgery, we value patient safety, satisfaction and comfort above all else. We believe that the team best qualified to accomplish these goals is one in which highly qualified specialists in surgery and anesthesia combine with an educated and involved patient to optimize care. Your health and wellness is our driving purpose. Working together we can formulate a collaborative treatment plan that will bring results superior to less inclusive models. An important part of your involvement as a patient is if at any time you have any questions, all you have to do is ask!

Post-Operative Considerations

Pain Management

Post-operative pain is a common concern expressed by our patients. Having completed thousands of surgeries, I can attest to the fact that the face heals with very little discomfort to our patients. However, because perception of pain is subjective and influenced by a large array of issues, there may be variation in pain levels between patients. Because of this, after facial surgery, all patients are given prescriptions for either narcotic or non-narcotic medications. One of the effectors of pain perception is swelling.

Swelling after surgery usually gets worse for the first four days and then begins to improve if our instructions are followed.

There are many types of nerve receptors within our tissues. When there is swelling within the skin or soft tissues, the pressure receptors trigger a response that stimulates the pain receptors. The result may be the perception of discomfort. For this reason, I encourage patients to take their pain medications for the first four days after surgery. Whether you take Tylenol® or any of our prescribed pain medications, I encourage you to be proactive with the medication for this time period.

Medications Typically Used at Garcia Facial Plastic Surgery:

Antibiotics

- Keflex (cephalexin) 500mg
- Erythromycin (E.E.S., E-Mycin, Eryc, Ery-Tab, Erythrocin, PCE) 500 mg
- Amoxicillin (Amoxil) 500 mg
- Augmentin (Amoxicillin, Clavulanate potassium) 500mg or 875mg
- Bactrim DS (Trimethoprim, Sulfamethoxazole) 1 tablet
- Ceftin (Cefuroxime axetil) 250-500 mg
- Ciprofloxacin (Proquin XR, Cipro) 500mg

CHAPTER 1

- Levaquin (Levofloxacin) 500 mg
- Biaxin (Clarithromycin) 500 mg
- Cleocin (Clindamycin) 150-300mg
- Doxycycline (Doryx) 100mg
- Zithromax (azithromycin) 500 mg

Anti-Virals

- Zovirax (Acyclovir) 200mg
- Valtrex (Valacyclovir hydrochloride) 500mg
- Muscle Relaxants
- Soma (Carisoprodol) 250mg
- Flexeril (Cyclobenzaprine hydrochloride) 10mg

Pain Medication

- Ultram (tramadol) 50mg
- Percocet (Acetaminophen, Oxycodone hydrochloride) 5/325mg
- Oxycodone 2.5-7.5mg
- Nucynta 50-75mg
- Mepergan 50mg
- Lortab 5/500 or 10/500
- Lorcet 10/650
- Darvocet (Propoxyphene napsylate, Acetaminophen) n50-n100

Sleep Medication

- Lunesta (Eszopiclone) 3mg
- Ambien (Zolpidem tartrate, extended-release) 10-12.5mg
- Restoril (Temazepam) 7.5-22.5mg
- Xanax (Lorazepam) .25- .5 mg

Nausea Medications

- Zofran (Ondansetron hydrochloride) 4-8mg
- Phenergan (Promethazine hydrochloride) 25mg

Postoperative Care

We will cover all of the details of postoperative care for each procedure in the next chapters but there are some common components for all procedures. We give detailed verbal and written instructions on patient responsibilities after surgery at the preoperative appointment and again at every postoperative appointment. I request that my patients follow all of my instructions in order to ensure a smooth and expeditious recovery. In addition, patients are given my assistant's as well as my cell number for ease of communication.

The physician sees all of our patients the day after surgery. The usual course of postoperative visits is one week, two weeks, one month, three months, six months and one year after surgery. All of these visits are included in the cost of the initial fee and if there are any additional visits they are free of charge unless otherwise indicated. Patients always see myself when they return for visits. I do not delegate any part of my care to other members of my team unless there is an extremely rare occasion. My goal, after surgery, is to have the patient feel as reassured as possible in knowing that I and my staff are always there for them.

CHAPTER 2



Cosmetic and Reconstructive Surgery of the Nose

Introduction to Nasal Surgery

Preparation for Your Surgery

Common Concerns of Nasal Surgery

Post-Operative Instructions

CHAPTER 2

COSMETIC AND RECONSTRUCTIVE SURGERY OF THE NOSE

Introduction to Nasal Surgery

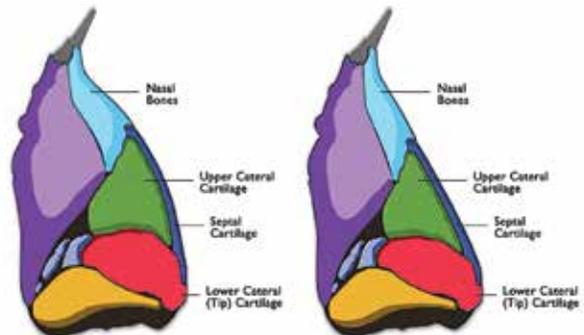
Rhinoplasty is the surgical procedure involving changing the shape of the nose in order to give a desired result. Rhinoplasty can involve removing “excess” cartilage and bone (as in the case of the nose that is too large or too prominent), or the repositioning or grafting of cartilage (as in the case of the nose that appears crooked or in cases of revision rhinoplasty).

A wise, master rhinoplasty surgeon once said: “Good rhinoplasty results are seen in the eyes of the patient.” This is also my belief. Many times one will find that the nose is out of harmony with the remainder of the face. This imbalance attracts attention to the nose. The goal of rhinoplasty is to reduce the prominence of the nose and bring the eyes to the forefront of attention.

Because all faces are different, no two patients have the same nose and no two patients need the same operation. Each individual will have the configuration of their nose changed in a unique fashion. There are generally two types of problems that are addressed during this operation.

The cosmetic component of rhinoplasty is performed for the patient that would like an improvement in the appearance of his/her nose.

Whether it be a small hump of the bone or a bulbous tip, or a deviation caused by trauma, the external appearance of the nose is improved cosmetically. This can be achieved by reshaping the cartilage and bone of the external nose.



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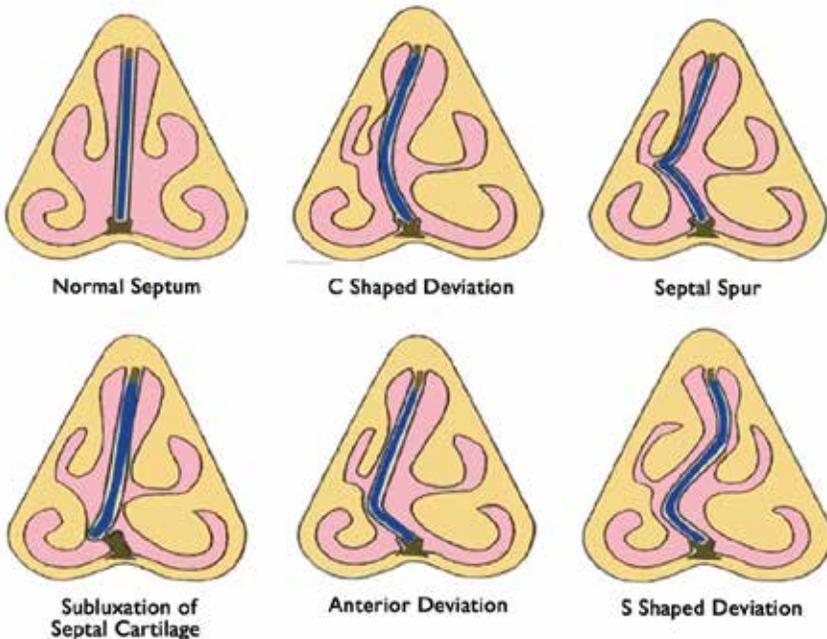
Externally, the nose is made of bone in the upper third and cartilage in the lower two thirds. By changing these external components, the appearance of the nose is modified. The illustrations to the right show the external components of the nose and how reshaping those components improves appearance.

The Septum

The septum is the thin wall of cartilage and bone that separates the inside of your nose into two sides. When this is deviated or “crooked,” the septum can occlude one of your nasal passages resulting in “stuffiness.” It can also cause problems in the external appearance of the nose causing it to appear crooked or deviated. A deviated septum increases the likelihood of constant runny nose, nosebleeds, headaches, and frequent sinus infections.

The diagram below illustrates the components of the nasal septum. As the illustration shows, the septum is made of cartilage at the front and bone in the back.

“Stuffy” noses are not always caused by deviated septum but can be due to problems with the inside lining of your nose. There are many conditions that can cause the mucus membrane (inside lining of your



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nose) to be swollen. These conditions include allergies (pollen, household products and chemicals,) changes in temperature, viral or bacterial infections, and over-use of nasal sprays. It is important to note that while surgery of the septum (septoplasty) can correct the deviated part, medical therapy may be needed to treat the inflamed lining of your nose.

The figure above illustrates how nasal inflammation and a deviated septum can affect breathing. Sometimes, medical issues are not resolved with surgery.

Generally speaking, female noses mature by the age of fifteen and male noses mature by about the age of eighteen. Growth coincides with the end of puberty, so the aforementioned statement is, of course, a generalization. However, we like to see all of our young patients as soon as they verbalize dissatisfaction with their nose. If the adolescent's nose is not fully mature, then we will recommend a return visit at the appropriate time to reassess the nose.

The goal of cosmetic nasal surgery in adolescents is to improve the appearance of their nose resulting in more self-confidence. However, we must make sure that the face has achieved a certain level of growth.

Many young patients not only have cosmetic concerns but are often plagued with breathing concerns. In these instances, surgery may be indicated at a younger age. We are committed to guiding both you and your adolescent through the coming years.

At the other end of the spectrum, one is never too old to have rhinoplasty surgery. Many rhinoplasty patients in our practice are over the age of 60. These patients either have had a lifelong concern about the shape of their nose or are now concerned with the new "drooping" in their nose, which gives their face a more aged appearance. The drooping of the nose can not only be aesthetically displeasing, but can eventually lead to difficulty with breathing.

Preparation for Your Surgery

Before Nasal Surgery

During the consultation, all of your cosmetic and functional concerns will be addressed. I believe that one of the most important aspects of successful nasal surgery is in the analysis of not only the nose but the entire

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face. As cosmetic facial surgeons, there are basic cannons (guidelines) about the proportions of the nose and facial features. The ratios of these proportions were outlined by Leonardo da Vinci in the 15th and 16th centuries. His "Golden Ratio" is the basic premise used by painters, artists, sculptors and surgeons when seeking ideal measurements of the face and its parts. The rhinoplasty consultation will involve talking about relative measurements based on the above.

At the time of your consultation, we will make recommendations about the desired results based upon many factors. The first factor is, of course, your concerns and desired outcome. In addition to the factors mentioned above, I also take into consideration several other issues like your height, skin thickness, and ethnic background. Taking all of this into account allows me to provide a result that is not "extreme" or "dramatic," but rather one that is natural and balanced.

During your rhinoplasty consultation, I will provide a three-dimensional analysis of your nose as well as a three dimensional before/after result so you can better understand the expectation from surgery.

Please refer to Chapter 1 for any other requirements prior to surgery.

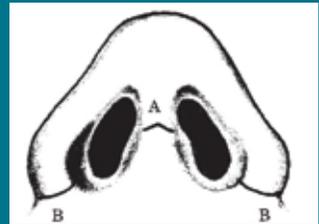
Common Concerns of Nasal Surgery

Day of Surgery

On the day of surgery, you should arrive at the office at least an hour prior to the time of surgery. You will be checked in by the staff and you will be brought back to the preoperative area. Here, you will change into a gown and will be instructed to wash your face with an antimicrobial soap three times. The nurse will then accommodate you onto a comfortable where she will ask you some basic pertinent questions. We encourage a family member or a friend to be with you in the preoperative area.

The anesthetist will then enter and ask you some additional medical questions. He/

OPTIONAL INCISIONS:



"A" indicates when an open approach is deemed necessary to address the nose. "B" indicates when narrowing of the base of the nose is needed.

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she will give you a brief physical examination. He/she will give a detailed explanation of your anesthesia, what to expect, and all associated risks. Most importantly, he/she will give you ample opportunity to ask questions about your anesthesia.

Dr. Garcia will then re-examine your nose as well as perform another general medical examination, answering any questions that you may have. He will give you a detailed explanation of everything that you will be undergoing that day. Once you and Dr. Garcia are in mutual agreement, you will sign the consent form, and be given some preoperative medications.

Whether the procedure is performed under “twilight anesthesia” or general anesthesia, you should not have any discomfort during the procedure, nor should you have any recollection of the actual operation.

In most cases, the incisions will be made on the inside of your nose. Sometimes, however, as in revision or severely crooked noses, a small incision may be placed at the base of your nose. All of these incisions fall either on the inside of your nose or within normal skin creases (see illustration to right) and are virtually imperceptible when healed. We use absorbable sutures on all the incisions and as such, suture removal is usually not needed.

We do not “break” your nasal bones. We make controlled incisions in the bone to reposition them causing less swelling, pain, and bruising. If needed, the deviated septum is repaired at the same time.

If you have spoken to others who have had pain after rhinoplasty, they may have had their nose packed after surgery. We DO NOT pack the nose after rhinoplasty and, thus, our patients have very little discomfort after surgery. You will only have a small drip dressing under your nose.

After Nasal Surgery

You will continue to wake up in the recovery area. Here, you will notice that you will not be able to breathe through your nose because of the drip dressing. In addition, you will have a small splint securely taped to the bridge of your nose. You will also have a set of ice-cold compresses on your eyes in order to minimize discoloration and swelling. These compresses need to be constantly replaced for the first 72 hours after surgery. Once you have met the discharge criteria, you may be sent home. Your friend or family member will need to drive you home.

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We will see you in the office the next day to change your dressing and to clean the inside of your nose. It is our preference to see our patients the day after surgery to reiterate the postoperative instructions. The splints and tapes are removed at the one-week mark. By 1 week, most of the discoloration has resolved.

In fact, if you walked outside and saw a friend, they probably wouldn't be able to tell that you had surgery. We will then see you at 2 weeks, 4 weeks, 3 months, 6 months and 1 year after surgery.

Swelling and Bruising

During all of our surgeries, we take extra precautions to minimize post-operative discoloration and swelling. However, patients sometimes have both. Our post-operative instructions are aimed at minimizing both of these, so strict adherence to the instructions is paramount.

KEEP IN MIND:

***80% of your swelling disappears by 2 weeks
and 90% disappears by 2 months...***

The 10% of swelling that remains after 2 months is not perceptible to most people. At one week when the tapes come off, you will notice a nice change. Keep in mind that the nose is still swollen and further healing needs to take place. Because of this, your nose may feel tight, numb or strange for several months after surgery. The final result of your rhinoplasty may often not be seen until one year from the time of surgery. Remember that swelling always goes away. Most of the time, it goes away asymmetrically. This means that it goes away faster on one side than the other. This sometimes makes the nose appear crooked after surgery. It is temporary. Have patience.

The swelling on the inside of your nose will mostly disappear by the first month and, as such, your breathing should return to normal or many times better than normal.

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The following is a list of recommendations that we have made for you in order to minimize swelling and expedite your healing process:

1. Elevate your head above the level of your heart as much as possible, starting immediately after surgery. Sleep with your head elevated in a recliner or on two to three pillows for 2 weeks after surgery. After the second day, try to stand, sit or walk as much as possible during waking hours. We recommend walking for 15 minutes every hour.
2. Use ice cold compresses (not ice bags or wash cloths) on your eyes for the first 3 days after surgery. Do this every hour or as often as possible.
3. Avoid “strenuous” exercise such as jogging, stair master, tennis or aerobics for 2 weeks. Resume your activities gradually at that time. You may resume mild exercise at one week.
4. Avoid heavy lifting or bending over for 2 weeks after surgery.
5. Avoid contact sports for 6 weeks after surgery.
6. Avoid hard “sniffing” to clear your nose for one week after surgery. This will only cause more swelling on the inside of your nose and can prolong your nasal congestion. It may also cause bleeding. If your nose drains, use the “drip dressing” or gently touch the tip of your nose with a tissue.
7. Avoid hard nose blowing for the first 2 weeks.
8. Avoid any sun exposure to your face for one month after surgery.
9. You may wear contact lenses immediately after surgery. If you normally wear glasses, gently allow them to rest on the splint. After your splints are removed, you may only wear glasses by taping them to your forehead for 6 weeks. Do not allow any weight from the glasses to rest on the bridge of your nose for 6 weeks. We will instruct you.

Hydrate Your Nose

After your nasal surgery, the physiology and the functionality of the nose will temporarily change in that it may feel more dry than normal. When the nose becomes dry, the lining of the nose becomes more swollen and airflow is impeded. The second issue with a dry nose is that crusting will increase and cause more discomfort.

I recommend using nasal saline mist or lubricant every waking hour for the first week. You may also use Vaseline™ or Aquafor™ ointment on the inside of the nostrils to minimize crusting after the first week. These

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treatments will shorten your recovery.

Keep a Stiff Upper Lip

Much of rhinoplasty surgery is performed in close proximity to the upper lip. It is important to reduce the amount of movement and manipulation of your upper lip. We recommend several instructions with regard to this area.

1. Avoid excessive grinning and smiling for 1 week after surgery.
2. Apply lipstick with a brush to avoid downward pulling of your lip.
3. Clean your upper teeth gently with toothpaste on your index finger. At your local drugstore, you can purchase pre-packaged finger cots with toothpaste on them. You may brush the rest of your mouth in the usual fashion.
4. Avoid eating foods that require you to excessively chew, including meats, breads, and gum. Generally speaking, any food that requires minimal chewing like soups, yogurts, mashed potatoes, etc. are recommended. This diet should be maintained for the first week.

Pain and Numbness

As previously stated, pain after rhinoplasty is rare. You may feel “tightness” in the area around your nose and face and you may also feel “throbbing,” but you should not experience pain. Most of your discomfort can be controlled by over-the-counter medications such as Tylenol®. Remember to never use aspirin or ibuprofen (Anacin®, Bufferin®, Advil®, Motrin®, Aleve®) products for 2 weeks after surgery. If your pain cannot be controlled with Tylenol®, please call our office.

Numbness after any facial cosmetic surgery is normal. The nose will feel hard and unnatural for several months after surgery. It will also feel numb. Both of these are temporary issues that resolve in the first 3 months.

Temperature

Generally, your temperature should not rise above 101.5° F after surgery. If it does, make sure you call our office and start taking as many fluids as possible. Tylenol should lower your temperature effectively. Do not worry if you feel like you have a fever after surgery as long as your temperature stays below 100° F. It is common for patients to feel “warm” after their surgery.

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Returning to Work or School

The average patient is able to return to work or school 1 week after surgery when the tapes and splints have been removed. While we support your returning to your activity level soon after surgery, we also encourage you to strictly adhere to the post-operative instructions and not over do it. As stated above, much of the discoloration will have diminished by 1 week. Any discoloration that is present when you return to work can be camouflaged with make up

Post-Surgery Dos and Don'ts

WEEK 1:

1. Do sleep on your back with your head elevated.
2. Do bathe or shower after the first day, but make sure that the nasal dressing stays dry.
3. Do apply cold compresses to your eyes for the first 3 days after surgery as frequently as possible. You should only apply the cold compresses "around the clock" the first day.
4. Do wear a "drip" pad under your nose for as long as required. Tape this to your face only with paper tape. We will instruct you on how to apply the tape.
5. Do expect your swelling to increase for the first 3 days after surgery. It will begin to subside after that.
6. Do clean only the entrance of your nostrils as well as any external incisions with hydrogen peroxide on a Q-tip® and ointment (Bacitracin, Neosporin or Triple Antibiotic) 6 times per day.
7. Do wear glasses as instructed by Dr. Garcia. You may wear contacts the day after surgery.
8. Do relax and limit your activities for the first 24 hours after surgery.
9. Do not blow or sniff your nose vigorously until 2 weeks after surgery.
10. Do not clean past the entrance of your nose with Q-tips®. This may cause bleeding.
11. Do not brush your upper teeth with a toothbrush, only your finger.
12. Do not use ice packs or gel packs directly on your nose.
13. Do not get the nasal dressing wet.
14. Do not bend over to pick up objects.

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15. Do not pick up pets or children for 2 weeks as your nose may be “bumped.”

WEEK 2:

1. Do wear contacts. Glasses may only be worn by taping them to the forehead for 6 weeks.
2. Do clean your nose gently with a cotton ball.
3. Do continue to sleep with your head elevated for 1 more week.
4. Do start eating regular food.
5. Do start using your toothbrush on your upper teeth again.
6. Do expect the discoloration to disappear by the end of this week.
7. Do not attempt any strenuous activity or exercise until the 3rd week.
8. Do not clean past the entrance of your nose.
9. Do not wear glasses directly on the bridge of your nose for 6 weeks.
10. Do not bump or hit your nose.

Finally - HAVE PATIENCE... The swelling will go away

Key Points Revisited

1. As previously stated, the final results of your surgery cannot be seen for several months. This is because small amounts of swelling take time to go away.
2. The thicker your skin, the longer it will take the swelling to go away.
3. Sometimes, when the dressing is removed, the nose appears “turned up.” This is not your final result. Remember we do not give people “turned up” noses. This will settle and your nose will have the elegant, natural appearance that we spoke about in your preoperative consultation.
4. Your upper lip may feel stiff when you smile for several weeks post-operatively. This will also go away. Remember, there is a small amount of swelling in your upper lip as well.
5. The “numb” sensation at the tip of your nose will return to normal. This may take a few months but the sensation on the tip will return to normal.
6. Lastly, our goal is to achieve improvement and not perfection.

RHINOPLASTY

Before

After



RHINOPLASTY

Before

After



RHINOPLASTY

Before

After



RHINOPLASTY

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CHAPTER 3



Cosmetic Surgery of the Aging Lower Face

Introduction to Surgery of the Aging Lower Face

The Aging Process in Detail

Volume Augmentation

Natural vs. Unnatural Results

The Aging Face Operation

Different Types of Facelifts

Preparing for Aging Face Surgery

After Aging Face Surgery

Before & After Facelift Photos

CHAPTER 3

COSMETIC SURGERY OF THE AGING LOWER FACE

Introduction to Surgery of the Aging Face

There is a common misconception about aging. Many believe that only “older” people age. The truth is that we as humans begin to age as soon as we are born. During the early parts of our lives, we will reach certain developmental milestones where we begin to crawl, walk, talk and run. We soon reach pubertal growth spurts at which we attain physical maturity. As we begin to age, all the components of our body begin to age.

Being one of few species that live upright, we are susceptible to the vertical effects of gravity and, as such, will begin to see these changes first in our skin, then our muscles, and ultimately our bones. The purpose of aging face surgery is to reverse the effects of gravity on our faces.

The visible effects of aging begin to manifest themselves as shadows. As socialized humans, we interpret a face with shadows as looking tired or older. *See Figure 1.* These effects of aging come as a result of the deeper tissues (muscles and fat) below the skin losing their attachments and following the direction of gravity. Because the skin serves as an envelope, these underlying tissues begin to “fill” the envelope in different places as they descend and present as “bags and bulges.” In addressing these problems, we re-suspend the tissues that have fallen in the exact opposite direction and therefore improve shadows. The figure below shows the effect of shadows in making the face appear older.

Wrinkles occur as a result of the skin losing elasticity and the deeper connective elements losing strength. Deep wrinkles develop from the repetitive motion of the descending muscles on the skin. Think of a wrinkle as a crease on a piece of paper that has formed due to the repetitive folding in one place. These deeper wrinkles can be improved by minimally invasive procedures like filler agents (Juvederm®, Restylane®, and Radiesse™),

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Figure 1 - Progression of Shadows

by temporary relaxation of the underlying muscles with Botox®, or by resurfacing procedures such as lasers, peels or dermabrasion.

As a rule, facelift, eyelid, brow, and neck surgery aim to improve the sags and bulges, while resurfacing improves the wrinkles.

I am often asked the question, “When should I have surgery?” The answer is simple. When you look in the mirror and feel younger than the image looking back at you. There is no one correct or incorrect age to have an aging face procedure. The process of thinking about having a procedure should be along the following line.

1. Do I have a legitimate concern?
2. Does the concern have a solution that will yield visible improvement?
3. Does this solution meet my requirements? (recovery, financial etc.)
4. Am I healthy enough to undergo an elective cosmetic procedure?

The merits of rejuvenating one’s face are many. Feeling better about the way one looks improves our outlook as well as the way we interact with others. Also, a more youthful appearance has been shown to afford many individuals more opportunities in their social and professional lives.

I have been trained in giving patients a natural and aesthetically pleasing appearance. The classic “stretched, windblown, and/or pulled” look is simply unacceptable in my practice. Post-operatively, my patients are not asked, “Who performed your surgery?” They are asked questions such as whether they have taken a vacation or whether they have lost weight.

There is a difference between making someone look younger and making someone look like they have had an operation. Our aim is to give patients a natural and graceful appearance.

The Aging Process in Detail

Aging of the face is a multifactorial process that is influenced not only by the effect of gravity on the body but also the changes that occur within the skin.

Aging changes in the facial skin include fine lines, wrinkles, and signs of sun damage. As discussed in other sections of this book, these signs of aging in the facial skin are the result of hereditary or lifestyle factors. These can include oxidative damage such as sun exposure, cigarette smoking, diet or certain medical conditions. Methods to address these issues vary and will be discussed in the Skin Care as well as Filler/Neurotoxin sections of this book.

The effect of gravity on our bodies is constant and perpetual. From conception, our cells are exposed to the force of gravity at all times. In the aging process, the force is relatively weak, but its influence is always there. This effect on the facial tissues is what we will discuss next.

Gravity causes many of the tissues in the face to fall in a vertical direction. These tissues include muscle, connective tissue, skin and fat. Even relatively “hard” tissue such as bone changes in quality and shape as we grow older. As the figure below illustrates, the facial skeleton seems to elongate and thin out during aging and thereby shifts the tissues overlying it as it moves. This is not only caused by gravity but by bone resorption (bone loss).

The soft tissues of the face, including the muscles, follow a vertical, downward direction as we grow older. The facial muscles are divided into superficial and deep layers. The descent of the deeper muscles appears



Figure 2 - Skeletal Changes in the Aging Face

CHAPTER 3

to have only a small amount of effect on the appearance of aging. It is however the descent of the superficial musculature of the face that has the largest influence on the appearance of the face when it ages. As these superficial muscles fall, they thin and begin to bunch or fold at their leading edges in certain parts of the face. This results in the appearance of the deep folds, jowling, and bands in the neck.

Since the displacement of these muscles is vertical in nature, the treatment is to lift the muscle in the exact opposite direction in order to reverse the signs of aging.

The last component of the appearance of the aging face is the loss of fat in the subcutaneous compartment. Recent literature supports the theory that as we age, adipocytes (fat cells) lose volume giving the face a more drawn and hollow appearance. There are multiple fat pockets in the face that are subject to these influences as Figure 3 shows.



Figure 3 - Progression of fat loss in the aging face

As surgeons, we must strive to balance the need for repositioning the facial muscles while adding volume to the depleted areas of the aging face. Methods of replenishing volume include autologous tissues (from the patient's own body), such as fat or connective tissue and non-autologous substances such as implants, facial fillers and/or volumizing substances. Techniques of volume augmentation will be discussed in subsequent sections.

Aging of the Different Areas

You learned earlier about the muscles and compartments of the face. Several studies have been completed to analyze why the face ages in such a predictable fashion. The tissues that are diagrammed in Figure 3 were studied in detail and found to follow a common path. This created a much more profound understanding of the aging process and thus aging face surgery. Early thinking about the aging process was that the skin sagged and it only needed to be “pulled” back.

This creates two problems:

1. After “skin lifting”, the face looks “wind-blown” and unnatural, thus people had the “facelift” look.
2. Any skin that is pulled back and removed will simply come back. The full understanding of the aging face showed that the face actually ages down and forward.

Figure 4 shows how tissues (fat, muscle, and skin) fall to create folds and bulges. Let us now look at each fold of the face and discover why it is created.

How is the Melolabial Fold Created?

The melolabial (nasolabial) folds, sometimes called the smile lines, the parantheses, the nose lines, etc. start from the outside of the nose and run downward toward the corners of the mouth (Figure 5 arrow A). The fold is actually a normal anatomical division that separates the region around the mouth (the perioral area) from the cheek tissues. We are born with this fold but as we age, it simply becomes deeper.

The reason for this change is due to the fact that cheek tissues fall forward and begin to fold over themselves. Figure 5 shows how tissues have fallen over the face from the cheek area down towards the outer parts of the mouth (arrow A). As this tissue falls into the fold, the upper cheek begins to assume a flatter appearance due to volume loss. This actually occurs from a combination of events. Not only is the cheek tissue falling away from the cheek bones, but the actual bone has begun to flatten and fall as well.

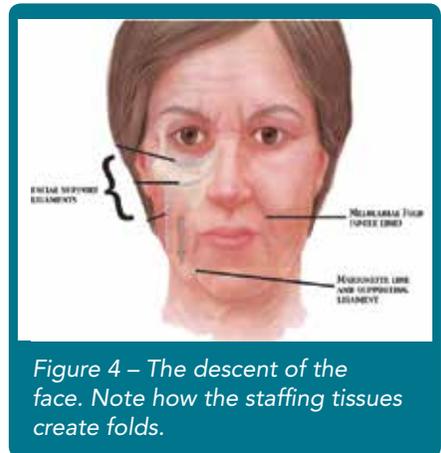




Figure 5
The Aging Midface. Arrow A Indicates the fall of the cheek. Arrow B indicates the creation of the jowls and the marionette lines. Arrow C indicates the bands in the neck



Figure 6
Surgery for the aging cheeks serves to nearly eliminate the marionette lines and better define the jaw line.

The reason for this change is due to the fact that cheek tissues fall forward and begin to fold over themselves. Figure 5 shows how tissues have fallen over the face from the cheek area down towards the outer parts of the mouth (arrow A). As this tissue falls into the fold, the upper cheek begins to assume a flatter appearance due to volume loss. This actually occurs from a combination of events. Not only is the cheek tissue falling away from the cheek bones, but the actual bone has begun to flatten and fall as well.

What is the Marionette Line?

You remember the marionettes that had the moving mouth? The term “marionette line” simply refers to the lines below the corners of the mouth. These lines develop due to aging in the lower parts of the cheek.

Looking at Figure 5, you can see that as the lateral cheek begins to fall, it creates the “jowl”. Jowl means broken jawline in Latin. The “jowl” makes the jawbone look like there is a step giving the appearance of a broken jawline.

As the jowl is formed and tissues begin to collect around the level of the jaw line, a fold develops below the outer corners of the mouth thereby creating the marionette line. *For this reason,*

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Figure 7
The platysma muscle splits in the middle and causes one to have these bands illustrated with the white arrows.



Figure 8
When the platysma muscle is repaired, the contour of the neck appears much smoother and contoured.

any surgery for the aging lower cheek will address the marionette lines and the jowls at the same time.

Many times, the jowls and the marionette lines cannot be lifted completely due to the inordinate amount of excessive tissues present. Therefore, future “touchup” procedures may be needed to correct these problems. Fillers can also be used to fill in the marionette lines. *Please refer to the “Facial Fillers” chapter.*

Neck Aging

When we are young, the platysma muscle (the superficial neck muscle) is one continuous, sheet-like muscle in the neck that spans from ear to ear. As we age, this muscle begins to split in the middle of the neck causing two visible vertical bands in the center.

Oftentimes, as this muscle splits, we begin to notice the fat below the muscle and we see a fullness in that area.

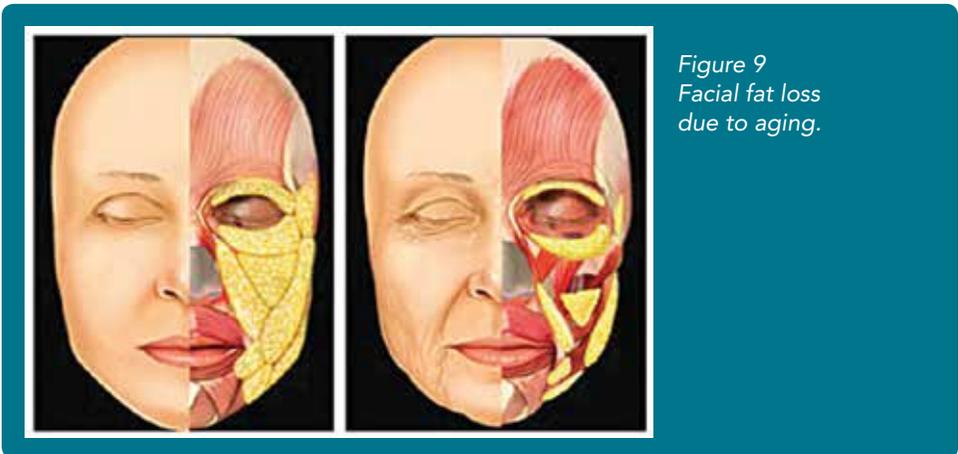
The goal of aging neck surgery is to tighten those muscle bands and give the neck a smooth appearance with a youthful angle. It must be noted that many times, a “full neck” may not be fat or muscle but the forward location of your larynx (voice box) or a low position of your hyoid bone. These are normal anatomic variations that are difficult to address with cosmetic surgery.

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Remember that the ultimate goal of any procedure aimed at removing the early signs of aging is for one to look like they HAVE NOT had surgery. We want you to walk into a room and people remark at how refreshed, rested and relaxed you look. It is one thing you tell others that you have had a procedure. Let your mouth say it, not your face.

Volume Augmentation

The aging process of the face is multi-faceted. The facial skin ages due to many different factors such as sun exposure, oxidative damage, medical conditions, or hereditary factors. As stated in previous sections, the descent of superficial muscle(s) of the face and neck are responsible for many of the most apparent signs of aging. These changes cause the structures of the face to fall in a vertical direction. The vertical effects of gravity on the face can be easily reversed. The other major determinant in facial aging is the loss of volume that occurs in the soft tissues as we grow older as shown in Figure 9.



In the specialty of Facial Plastic Surgery, much attention has been placed toward the specific effects of volume loss in the aging face. This latest evolution in our specialty has allowed physicians to refine and perfect their results. Solutions intended to address volume loss can be provided as standalone procedures or procedures performed in conjunction with surgical ones. It is this ubiquitous flexibility that allowed me to co-create the Contoura™ procedure.

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What is the Ideal Volume Restoring Method?

Although there are many different ways to replenish facial volume, the ideal re-volumizing agent should be cost effective, permanent, minimally invasive, and require little recovery.

How is Contoura™ Performed?

The process of Contoura™ uses tissues from one part of the body and transfers those cells to the face to replenish the tissue that has been degraded or lost with time. Adipocytes (fat cells) are removed from the lower body using gentle suction techniques that minimize bruising and swelling. The fat cells are washed and separated from other tissues and then isolated. Once the tissue is prepared, it is gently introduced into the volume- depleted areas of the face.

The procedure typically takes 30 minutes to perform. It is performed under local anesthesia thereby allowing patients to drive themselves to and from the office. The visible swelling and bruising associated with the procedure is usually completely gone by seven days with most patients returning to work the day after the procedure.

Where is Contoura™ Used?

The common area of facial volume loss are the temples, under- eyes, cheeks, folds between the nose and mouth (melolabial folds), folds below the corners of the mouth (marionette folds) and chin crease areas. As the re-volumizing cells are injected into the different areas, they flatten

indentations or fill concavities to give the face a more youthful appearance.

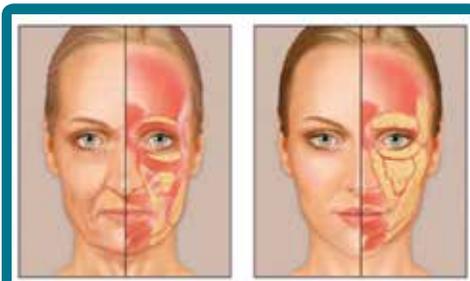


Figure 10

Other Methods of Volume Augmentation

There are many facial fillers available in today's market place that allow practitioners to add volume and eliminate shadows.

These products are usually

temporary with the cost being directly proportional to the duration of action. These products yield excellent results.

Natural vs. Unnatural Results

One only has to watch television shows to see the difference between individuals who have the “operated look” and individuals who have “aged gracefully.” Aging gracefully is a combination of many factors: adopting good skin care, avoiding excessive sun exposure, not indulging in “dangerous” social activities, living a relatively stress-free life and possibly having had a cosmetic facial procedure in the past.

Aging gracefully implies a natural appearance whether surgery is involved or not. The “natural look” entails giving you a break from that train ride and allowing you to look rested, younger, thinner, all in a graceful fashion.

The “natural look” is created by adopting a conservative philosophy with regards to surgery. The classic operated look is one of a pulled, windblown, and stretched face, while the “natural look” gives you more of a lift and a re-suspension of the tissues that have aged. This difference results in a younger-looking patient versus one whose appearance has been exaggerated or changed.

Gravity takes its toll on tissues, causing them to descend, pulling both muscle and skin with them. The correction for this problem is re-suspending those deeper tissues. The “natural look” means that we *lift rather than pull your facial tissues*.

I am often asked two questions from patients: First, will I look like a different person? Second, how long will the surgery last?

The aging face procedures primarily serve to “turn the clock back” anywhere from 10-15 years. If you look through your photo album from 10 years ago, you will get a good prediction of what you will look like after these operations.

However, how long the results of a facelift will last cannot be predicted accurately. Several factors must be considered, including the age of the patient at the time of the original operation, skin type, social habits, general medical health, and the manner in which they care for themselves after the surgery.

Furthermore, a good predictor of how long the results will last is how long it took the skin to reach the condition for which it was operated on. If the wrinkling and sagging process was fairly rapid, then one could expect

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to need a “tuck up” procedure sooner. If on the other hand, the aging process has been a long one, then one could expect to get more longevity out of their facelift.

Another misconception about aging face surgery is that sagging tissues seen after surgery are a result of tissues being left behind. This is not the case. As you recall, you will continue to age and tissues will continue to sag. The aging face procedures are simply a transient exit from the “aging train of life.” We remove only the tissues that are visibly sagging, bringing your face back into harmony with how you feel. Removing too much skin would give an unnatural appearance and show signs of surgery.

The Aging Face Operation

Facelift is a very complex surgery that entails repositioning and lifting the facial muscles and the skin while re-contouring the fat of the neck and the cheek. The re-contouring of the fat is performed primarily with liposuction. There are three components to the facelift: the neck, the cheek, and the temple.

The neck is usually where patients describe the most dramatic changes after a facelift. Prominence of fat in the neck can most often be addressed by simple liposuction. Many times, the deeper muscles that cause the “bands” under the chin are repaired in order to give the neck a smooth, youthful contour (called a platysmaplasty). These procedures are performed through a small incision (approximately 1 inch) beneath the chin in a small skin crease.

The incisions that address the cheek and the temple are hidden within the hairline and behind the ear such that they are not openly



Figure 11

6 months post op. Right and Left Ear after Facelift Surgery.

Note how the incisions are concealed in the creases around the ears.



Figure 12: Typical appearance of scars after aging face procedure

visible. We do not shave the hair at the temple or behind the ear. For this reason, we can use small absorbable sutures around the ear.

The incisions within the hair-bearing areas are designed in such a manner to accomplish two goals: First, the incision is made so that there is little, if any, hair loss along the incision. In fact, the hair actually grows through the incision, camouflaging the scar.

Second, the placement of these incisions within the hairline does not change the position of the hairline and allows the scar to be hidden.

When the procedure has been completed, a bulky pressure dressing is used to protect the face from excessive swelling and bruising. As we DO NOT ROUTINELY USE DRAINS, we depend on sound pressure dressings. This dressing will stay on until the morning after surgery. At that time, we will clean the incisions and reiterate all of the instructions that will pertain to your aftercare.

The swelling and discoloration will reach a peak at 2 days and linger for 2 more days. After 4 days, the swelling and discoloration will begin to show improvement on a daily basis. It is imperative during this post-operative time period to adhere to the instructions as outlined in the following section.

What Can You Expect from Surgery?

After your surgery, the most dramatic change is the newfound pleasure from your image in the mirror! You can expect to look and feel about 10 to 15 years younger. Time and time again, the most common compliment that our patients receive is that they look refreshed and rejuvenated.

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Try to envision life as a ride on a train in that the further you travel, the more aged you will appear. Having aging face surgery is like getting off the train for a while (10-15 years) and then getting on again. The only difference is that the train kept on moving. Had the surgery not been done, you would have traveled further. But now that the surgery has been done, your “journey” will not appear as long.

We are often asked why “new” sags, bulges, and skin laxity appear after surgery. The reason is that at the time of surgery, the current signs of aging are addressed. But your skin and underlying tissues continue to age.

Surgery of the aging face addresses those sags and bulges present at the time of surgery.

The Longevity of a Facelift

The human body is like a car that needs constant care and attention. You need to change the oil, add good gasoline, and work on the engine from time-to-time. If you don't do any of these things, then you can expect the life expectancy and the performance of the engine to be poor. If you go in for frequent oil changes and engine checkups (routine doctor visits) and add good gasoline (eat a healthy diet with a good exercise program), then you can expect to slow the effects of aging.

The longevity of aging face surgery is difficult to predict. The reason is simply due to the collective nature of the human aging process. No one individual will age the same, and it is impossible to predict what lies ahead. Health, genetics, diet, and exercise certainly will affect the duration of your results.

Minilifts and Touchups

After the results of surgery have been weighed and evaluated, there is occasionally the need to perform touchup procedures. This can include the use of materials such as fillers and Botox® as well as Ultherapy® but many times it can also be surgery.

The surgical procedures may not necessarily be as invasive as the original procedure ranging from minilifts, to eyelid surgery, to fat transfer, all giving permanent results.

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Rejuvenation Versus Maintenance

There are two schools of thought pertaining to the management of the aging face. As seen with many public figures, a maintenance program offers individuals the opportunity to maintain their youth through gradual and long-term skin care programs, exercise programs, and smaller surgical procedures starting earlier in their lives.

The second more common group of patients seek to “turn the clock back”, or quickly rejuvenate their face. This group usually seeks a more definitive, larger surgical procedure at a certain point in their life. These individuals are very grateful and happy for the changes that they see and will seek maintenance programs from that point on. Fox News correspondent Greta Van Susteren created a sensation when she underwent a brow lift and eyelid surgery several years ago. She was actually quoted as saying that she did not think the surgery was going to create as “big a buzz” as she had anticipated. A dramatic change like this is sometimes very difficult to camouflage due to the startling changes made in such a short fashion.

Nevertheless, whether engaging in the maintenance program or the rejuvenation program, the importance of taking pride in one’s appearance begins with eating a healthy, well balanced diet, having a consistent and well regimented exercise plan, and using good skin care products. Despite adopting all of these measures, one continues to age, only slower.

Can Aging Be Slowed?

This is the million-dollar question! The answer is one that has perplexed anti-aging experts and plastic surgeons for years. There are several “treatments” like electrical stimulation, acupuncture, special facial massages, facial exercises, and “anti-aging creams” that have been touted as miracle cures for the aging face.

The only things that have been scientifically proven to truly slow the aging process: abstinence from smoking, a good diet, daily exercise, avoidance of harmful ultraviolet rays, a prevention program for medical conditions, stress management, and general “clean living”.

Weight Changes

The decision to undergo plastic surgery of the face should be a voluntary one. Furthermore, we understand that the most important part of having a successful outcome is being at a reasonable physical optimum.

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We are often asked whether the surgery should be performed prior to or after losing weight. We recognize that losing 5 pounds or 25 pounds can cause mental and physical stress. However, as you recall in the previous sections, we spoke about the signs of aging being related to the descent of a muscle that takes all of the superficial tissues including fat with it. Depending on how much facial fat each patient carries, we may recommend waiting until after weight loss before having cosmetic surgery of the face. Many times, however, losing weight before surgery is not necessary and one can lose the weight after surgery without compromising results.

The Different Types of Facelifts

The Minilift

is a procedure aimed at addressing the signs of aging not only in the lower face, but also in the neck. It addresses the neck banding and “turkey neck” while addressing the jowls and “marionette folds”

Points to Remember:

- Twilight Anesthesia
- 2 hour procedure
- Mild to moderate bruising
- Turns the clock back 10-15 years
- Back to work in 1-1 1/2 weeks
- May require overnight stay
- Dressing on for 1 night
- Stitches out in 1 week



The Traditional Facelift

is a more extensive procedure that will address all three components of the aging face. That is, the brow, the cheeks, and the neck. This procedure is designed for patients that need more extensive facial rejuvenation in the upper as well as the lower parts of the face and neck.

Points to Remember:

- Twilight Anesthesia
- 2-3 hour procedure
- Moderate Bruising
- Turns the clock back at least 10-15 years
- Back to work/ activities in 2 weeks
- Will require an overnight stay
- Dressing on for 1 night
- Stitches out in 1 week



Preparing for Aging Face Surgery

Before Your Surgery

During the consultation, all of your cosmetic concerns will be addressed. I believe that one of the most important aspects of successful cosmetic surgery is in the analysis of not only the problem areas, but the entire face. As cosmetic facial surgeons, there are basic cannons (guidelines) about the proportions of the face and facial features. The ratios of these proportions were outlined by Leonardo da Vinci in the 15th and 16th centuries. His "Golden Ratio" is the basic premise used by painters, artists, sculptors and surgeons when seeking ideal measurements of the face and its parts.

At the time of your consultation, we will make recommendations about the desired results based upon many factors. The first factor is, of course, your concerns and desired outcome. In addition to the factors mentioned above, I also take into consideration several other issues like the problem(s) and their context within the entire face. If I believe addressing your concern will make other problem areas of your face stand out or come to the forefront then I will put this into context for you. Taking all of this into account allows me to provide a result that is not "extreme" or "dramatic," but rather one that is natural and balanced.

Please plan to spend time with us during your consultation and please have as many questions with you as possible so that I may address all of them.

Please refer to Chapter 1 for any other requirements prior to surgery.

Day of Surgery

On the day of surgery, you should arrive at the office at least an hour prior to the time of surgery. You will be checked in by the staff and will be brought back to the preoperative area. Here, you will change into a gown and will be instructed to wash your face with an antimicrobial soap three times. The nurse will then accommodate you into a comfortable room where she will ask you some basic pertinent questions. We encourage a family member or a friend to be with you in the preoperative area.

The anesthetist will then ask you some additional medical questions. He/she will give you a brief physical examination. He/she will give a detailed explanation of your anesthesia, what to expect, and all associated

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risks. Most importantly, he/she will give you ample opportunity to ask questions about your anesthesia.

Dr. Garcia will re-examine your face as well as perform another medical examination, answering any questions that you may have. He will give you a detailed explanation of everything that you will be undergoing that day and indicate where your incisions will be. Once you and Dr. Garcia are in mutual agreement, you will sign the consent and move into the surgical suite.

After Aging Face Surgery

Introduction

This section is designed to assist you in following our recommended instructions. The post-operative instructions were written to answer questions that may arise pertaining to the surgery. We encourage you to read this section carefully and in the company of the friends and family members who will be taking care of you so as to better inform them as well.

Swelling

Swelling is a normal tissue response after surgery and is to be expected. Every person swells differently, depending on several factors that are out of your control. Do not try to compare the amount of swelling that you see in yourself with that of somebody who has gone through the same procedure.

The swelling is kept in relative “check” the first night after surgery due to the face dressing. When the dressing comes off the next morning, the swelling will increase and usually peak at about 3 days. It will begin to improve at 4 days after surgery.

During this time, you may notice “lumps and bumps” on your face and neck. This is normal. One side will more often than not look more swollen than the other. As such, one side will typically resolve its swelling faster than the other. This is also normal. Your face will feel fairly tight for several days. Understand that this is a normal process of healing and is expected.

Bruising

Discoloration of the face following surgery is expected. Bruising, as well as swelling of the face, will increase before it decreases. Usually

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peaking on day 2 through 4 after the surgery, the bruising will change colors. As the body absorbs the bruise, it will change colors from a purple to green, and finally into a yellow.

Every person heals differently from bruising. The best judge of how you will bruise is how you have bruised in the past. Typically, the bruising resulting from facelift surgery will subside in 10-14 days.

The importance of lying in a properly reclined position with your head elevated cannot be overemphasized. This will allow the bruise to migrate from your face down your neck and finally over your chest. Once the bruises get over your chest, they will generally disappear.

You can camouflage your bruising on day 10 with a water-based hypoallergenic makeup as long as the makeup is not placed on the incision lines. Please consult with our staff prior to applying makeup.

Pain and Discomfort

Any operation has associated pain, but facelift surgery tends to have much less. One might experience a sensation of tightness and pressure from swelling that may result in discomfort. Most of the discomfort disappears within 4 days. You will find that elevating the head, keeping cold compresses on the eyelids, and keeping your activity level to a minimum, will help with the discomfort.

Please report any moderate to severe pain to our staff immediately.

We prescribe medications for your use. We have prescribed a mild pain medication and a stronger pain medication. An incremental approach to alleviate your discomfort is cool compresses, followed by mild pain medications, and finally with stronger medications. Remember never to use aspirin or ibuprofen products for pain relief after surgery.

Please consult with our staff prior to taking any medications other than the ones prescribed.

Pain medications can have side effects, the most common one being upset stomach, causing nausea and vomiting. Always try to take your medications with food in your stomach. You may also feel a sensation of "lightheadedness" when taking pain medications, particularly on an empty stomach. Other side effects include constipation and dependence. Use good judgment with pain medications.

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Cold Compresses

Cold compresses can significantly help with swelling, discoloration, and discomfort during the first week. Use a towel that has been dipped in a bowl of ice water. DO NOT place ice or ice bags directly on your skin.

Daily Care of Your Incisions

You will find that your recovery is a team effort between you, your family or support group, and our staff.

You will be taught how to care for your incision lines 5 to 6 times a day with hydrogen peroxide on a Q-tip®. Depending on your hair color, peroxide or witch hazel will be used on all the areas with sutures. (peroxide for blonde hair and witch hazel for darker hair). You do not need to apply the ointment in the hair-bearing areas. In front of the ear, however, you can use hydrogen peroxide with a Q-tip® followed by application of Bacitracin™, Triple Antibiotic Ointment or Neosporin™.

On the day following surgery, you can let lukewarm water run through your hair, and on Day 2, you can wash your hair with baby shampoo, repeating this twice daily until sutures and staples are removed on Day 7.

Elevation of the Head

To help reduce the swelling and discoloration, it is important that you keep your head elevated at all times. The optimal position to rest in is a “beach chair” position. The head of the bed should be elevated 30 to 40 degrees for a minimum of 2 weeks. Best results with regards to swelling and discoloration are achieved if you maintain this sleeping posture for 2 weeks. Before resuming a completely flattened position, make the transition smooth by slowly lowering your head over the course of several weeks. Try to keep your head, neck and back aligned in a straight position. Do not let your head roll to the side or down during this period.

Turning of the Head

As stated earlier in the description of the surgery, the muscles of your face are lifted and secured to the major muscle in your neck. This major muscle typically helps in turning your head. Turning your head after the surgery can risk negating much of the work, pulling on the sutures and causing bleeding, more swelling, resulting in bruising. Turning your head may also widen the scars behind your neck, making them more noticeable. Driving a car during the healing phase (10-14 days) is not recommended

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for this reason. The best manner to turn is by using your whole body to turn.

Activity Level

The first day after surgery is what we call “calm quiet, relaxation, keep your head elevated day.” The less amount of activity one can have, the better off they will heal. That includes limited talking, reading, watching television, or walking around. This should be a day for you to completely relax and let yourself be pampered.

On the second day, you can increase your activity level a little more by getting up and strolling around your home. LISTEN to your body. When you get tired, rest. *I require all patients to stand and walk every hour for 15 minutes for the first two weeks after surgery.*

It is important to refrain from strenuous exercise (running, aerobics, stair master, elliptical trainer, etc.) during the first 2 weeks. Any activity that causes you to excessively turn your head is not recommended within the first month. You can begin to walk at a rapid pace after 2 weeks.

In general, you will not feel like returning to work until most of the bruising and swelling is gone. In most cases, this can happen at 7 to 10 days after surgery, but remember that at 2 weeks, 80% of the swelling is gone. With some makeup to cover scant bruising, you can return to work at 1 week.

Use those sunglasses that you bought before surgery!

Emotional Changes

On the days coming up to surgery, you probably had difficulty sleeping in anticipation of the surgery. After the surgery, your emotions will change on what seems like a daily basis.

It is completely normal for you to become a little down after your surgery. As the medications that were used for anesthesia during your surgery are eliminated from your body, it is absolutely normal for you to feel like you are having the “ultimate hangover.” This is short-lived and usually only lasts 1 to 2 days. The best remedy for this is to keep your mind busy by listening to music or by having others read to you.

Caring for Your Hair

You may begin to rinse your hair with lukewarm water on **Day 1**, after all of the dressings have been removed. RINSE ONLY - no shampoo. On

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Day 2, you may resume using the baby shampoo twice daily and continue this until **DAY 7**. **Day 7** is the day when we start to remove sutures. On this day, incisions are the most fragile. On this day, your wounds should not get wet. On **Day 10**, you can switch shampoos back to your old one (unless you have had resurfacing procedures performed) and it is not until 2 weeks after your surgery that your hairdresser should wash your hair. Remember not to rest your neck on the wash-basin to prevent damaging your incisions. **DO NOT** use curling irons until instructed to do so. At 2 weeks, you can use hair coloring but only with clearance by our staff.

Clothing

It is best to use button down shirts or shirts with large open collars. This will prevent your pulling the sutures loose while placing and removing clothing. Use clothing that is easy to put on in order to prevent having to overly exert yourself.

Post-Operative Instructions for Aging Face Surgery

The following is a list of instructions that should be adhered to in the immediate post-operative period. These are designed to answer any specific questions that you may have. Following these instructions will, without question, improve your healing process.

WEEK 1: THIS BEGINS THE DAY AFTER SURGERY

1. Take all of your medications as instructed including Arnica Montana
2. Clean the suture lines located around the front and back of the ear with hydrogen peroxide and a Q-tip® 6 times per day.
3. Apply a small amount of Bacitracin, Neosporin, or Triple Antibiotic Ointment to the suture lines following cleaning.
4. Clean around the surgical sutures and/or staples located in the hair-bearing incisions with either witch hazel or hydrogen peroxide and a Q-tip® 6 times per day.
5. Shower on the first post-operative day (1). Allow warm water, without soap or shampoo, to run through your hair. Some hair will be noted in the rinse at this time. This is normal.
6. Shower twice daily starting on the second post-operative day. Clean the scalp with Baby Shampoo only. Continue to shower twice daily for 1 week.

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7. Elevate the head of your bed 30 to 40 degrees for 2 weeks to help minimize swelling. If you have a recliner, sleep on the recliner for 2 weeks.
8. Apply facial cold compresses several times daily for the first week to reduce swelling and discomfort.
9. Wash your face with lukewarm water only.
10. You may wear eyeglasses if necessary.
11. Wear contacts, if necessary, unless eyelid surgery was also performed, then wait 10 days.
12. Wear a wig if desired as long as it does not irritate the staples or sutures.
13. Do not apply any ointment to the incision line within the hair.
14. Do not pull your ears forward while cleaning behind them.
15. Do not use any hair sprays or conditioners for the first 2 weeks.
16. Do not apply makeup to your face for the first week.
17. Do not use a curling iron for 4 weeks if a brow lift was performed.
18. Do not shave your face for the first week if you are a man. After the first week, then use an electric razor if possible.
19. You may be asked by Dr. Garcia to use Nitroglycerine paste on certain parts of your skin:
 - a. Read the instructions carefully as outlined.
 - b. Apply the paste to the areas with a Q-tip®.
 - c. Place a small piece of Saran Wrap™ on the pasted skin.
 - d. Repeat the process twice daily.

WEEK 2: THIS BEGINS THE DAY YOUR SUTURES ARE REMOVED.

1. You may wash your hair at a salon, if desired, starting on the day after your sutures and staples are removed. Blow dry on cool or warm setting only.
2. Wash your face only with a mild soap such as Cetaphil® or Neutrogena® twice daily with a cotton ball or the balls of your fingers.
3. Continue your cleanings, as described above, if instructed to do so. If crusts along incisions are still present, continue cleanings until crusts

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have gone. Stop using ointment along incisions unless otherwise instructed.

4. You may start applying water-based makeup to your face except in the areas of persistent crusting.
5. Men may shave with an electric razor only. Do not shave over crusted areas.

WEEK 3:

1. You may restart Retin-A use at this time, if applicable.
2. Use at least SPF 30 sunscreen over all healed incisions if sun exposure is expected. Use at least SPF 30 sunscreen over all other areas of the face.
3. Resume your regular physical activity.

WEEK 6:

You may start using a curling iron, but be careful not to burn areas of the scalp that may still be numb.

THINGS TO REMEMBER:

80% of the swelling is gone at 2 weeks.

90% of the swelling is gone at 2 months.

1. Keep your head elevated at all times in the initial healing phases.
2. Do not turn your head for the first 2 weeks.
3. Avoid bumping your incisions.
4. Avoid bending over.
5. Avoid smoking.
6. Avoid driving for 2 weeks.
7. Do not judge the results of surgery too soon.
8. Ask questions.

Please remember to contact us with any questions or concerns that you may have.

What to Watch for After Surgery

Bleeding

The most common time for bleeding to occur is within the first 48 hours after surgery. If bleeding should occur, elevate your head, place cold compresses on the area, and call our staff.

Fever

Fever is usually a sign of the body responding to an infection. Many times, after surgery, however, you may feel warm and think that you have a fever. If concerned, check your temperature - if over 101.5 degrees, call our staff right away. The antibiotics that are given are used to prevent an infection.

Inability to Sleep

After the surgery, you may experience some apprehension, causing you to have some difficulty with sleep. Take the sedative prescribed. Remember that sleeping is necessary for the body to heal.

Feeling "Down"

This is not unusual. While the medications are leaving your body, you may experience emotional ups and downs. Do not be concerned by the swelling and bruising. This is, without question, a temporary condition.

Numbness and Itching

Following surgery, you may feel numb in several areas of the cheek and the forehead. The area of numbness along the cheek will typically resolve within 6-10 months. Usually the feeling is preceded by an itching or "scratchy" sensation. This is completely normal as the nerve endings are regenerating.

Feeling in the forehead takes longer to recover. Usually the feeling will return by 9 to 12 months. These areas can often itch and become very annoying. DO NOT scratch the forehead or the scalp. The best manner to ease an itch is to push down on the itching area with your finger. If this does not help, then you can take a tablet of Benadryl.

Niacin and Nitroglycerine Instructions

Niacin, also called nicotinic acid or vitamin B3 is a natural water-soluble B vitamin that is manufactured by the body. It's usual function is

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in enzymatic reactions in the body like cell respiration, manufacturing and breaking down of key components like carbohydrates and proteins. Some people have also reported more mental alertness using this medication.

Niacin is supplied and purchased as an over the counter medication in one of two forms:

BEFORE SURGERY

take Sustained Release Niacin 500mg
2 times a day if instructed.

AFTER SURGERY

take Immediate Release Niacin 100mg
as instructed below.

Both of these function in the same fashion, except for the time of onset of symptoms. As you may have heard, Immediate Release Niacin causes flushing as one of its drawbacks. This flushing sometimes causes you to feel like you are itching or "on fire".

Instructions for Taking Niacin

Niacin is distributed in 100mg tablets.

1. Take one tablet and wait 30 minutes to see effects (redness, flushing, itching, etc.)
2. If no effects are seen, then take a second tablet.
3. Repeat taking one 100mg tablet every 30 minutes until the flushing occurs.
4. When the flushing has occurred, then that is your dose (i.e. 1 tablet, 2 tablets, etc.).
5. The number of tablets that it took you to flush will be your dose to take every 6 hours.

Niacin can be purchased at Garcia Facial Plastic Surgery. Ask one of our staff members how to purchase it.

JUST FACES

Nitroglycerine Ointment 2%, also called Nitro-Bid Ointment, has been used for patients with angina (chest pain) for a very long time. The mechanism of action of nitroglycerine is to dilate vessels and allow more blood and oxygen to move throughout the body.

When applied to the face, Nitroglycerine Ointment allows more blood and oxygen to be accessible to healing tissues and as such, improves the overall healing.

Nitro-Bid Ointment is a prescribed medication that should be used as specifically directed by Dr. Garcia. This medication is dispensed at this office to facilitate the immediate use for you.

The reported drawbacks to Nitro-Bid Ointment are topical allergic reactions and headaches. If you find that the area to which you are applying the Nitro-Bid Ointment becomes red and inflamed, stop the application and call Dr. Garcia.

Headaches are common and usually are resolved by taking Tylenol and drinking fluids. DO NOT stop using the Nitro-Bid Ointment if you experience a headache. This side effect is expected.

THINGS TO REMEMBER:

80% of the swelling is gone at 2 weeks.

90% of the swelling is gone at 2 months.

CHAPTER 3

Instructions for applying ointment:

1. Clean the area with hydrogen peroxide and Q-tip®.
2. Apply a layer of the Nitro-Bid Ointment using a Q-tip®, not your fingers, to the area. Insure that a white layer remains on area.
3. Cover the area with Saran wrap.
4. Wash your hands immediately to remove any ointment residue.
5. Apply Nitro-Bid to the areas of the face outlined by Dr. Garcia.
6. Continue to use the Nitro-Bid Ointment until Dr. Garcia instructs you to stop.

It is normal after prolonged use of Nitro-Bid Ointment to notice small white dots on the skin. This will resolve on its own. Do not stop the use of the ointment because of this.

- Keep your head elevated at all times in the initial healing phases.
- Do not turn your head for the first 2 weeks.
- Avoid bumping your incisions.
- Avoid bending over.
- Avoid smoking.
- Avoid driving for 2 weeks.
- Do not judge the results of surgery too soon.
- Ask questions.

REPORT TO DR. GARCIA 904-203-8282 IF:

- Temperature elevation.
- Sudden swelling or discoloration.
- Persistent bleeding.
- Discharge from the wound or any other signs of infection.
- Development of any drug reactions.

REMEMBER THESE IMPORTANT FACTS:

- Be patient with your results. It takes up to a year for the final result of your surgery to be evident.
- Your face will retain swelling for several months. During that time, you may notice some lumpiness, tightness, and numbness.
- As the swelling subsides, so should the conditions associated with it, so be patient.
- Any slack you see in the future will be associated with redundancy, which results from loss of elasticity, a result of continuing aging. "Tucks" are designed to remove any new sags and/or droops that develop as a result of the ongoing aging process in the future.

BEFORE AND AFTER FACELIFT PHOTOS

Before

After



FACELIFT

Before

After



FACELIFT

Before

After



FACELIFT

Before

After



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Before

After



CHAPTER 4



Cosmetic Surgery of the Aging Upper Face

Introduction to Surgery of the Aging Upper Face

The Aging Process in Detail (Eyes & Forehead)

Different Types of Brow Lift Surgery

After Brow Lift Surgery

Before & After Aging Upper Face Photos

Different Types of Eyelid Surgery

After Eyelid Surgery

Before & After Eyelid Surgery Photos

CHAPTER 4

COSMETIC SURGERY OF THE AGING UPPER FACE

Introduction to Surgery of the Aging Upper Face

One of the first areas of the face where the aging process begins to occur is in the upper part of the face. As the eyes are the focal point of the face, the aging process around the eyes is the most noticeable by others as well as ourselves. The upper third of the face is the area that encompasses the upper and lower eyes as well as the forehead. The aging process in the upper face starts in the fourth decade of life (30's) and is noticed by most in the 40's. These three areas age in a predictable fashion and thus the procedures that address these areas provide consistent, highly effective results.

The Aging Process in Detail (Eyes & Forehead)

As the forehead ages, the tissues follow the direction of gravity and descend downward. We see this as a loss in the arch of the eyebrow and/or heaviness in the upper eyelid area. We also see the formation of lines in the skin of the forehead due to the repetitive motion of the two major muscles in that area. As the muscles contract, they cause the skin to fold either in a horizontal direction or a vertical direction. Whether horizontal or vertical (frown) lines are seen, they are the result of facial expressions.

As the upper eyelids age, excess skin is formed in that area. That skin begins to fold over itself and the crease of the upper eyelid that we equate with youth begins to fall lower eventually to have the skin touch the eyelashes. In addition, fullness can develop in the inner corner of the upper eyelid, which can cause the eye to look tired.

CHAPTER 4

As the lower eyelid ages, three things usually happen. The first is excess skin. This is seen as it looseness or crepiness in the area. Excess skin by itself can cause the eye to look tired and aged. The second thing that happens to the aging lower eyelid is relative bulging of orbital fat. As we grow older the eyeball itself begins to fall further into the eye socket. As it does, it displaces the protective fat around it in a forward direction. This displacement of fat is seen as a bulge under the eye. The third part of lower eyelid aging actually has nothing to do with the eyelid but with the cheek tissues. Gravity forces the tissues of the mid-face (front part of the cheek) in a downward direction. As it does so, the cheek leaves a paucity (gap) of tissue in the area. This lack of tissue is identified as the tear trough area. The tear trough creates hollowness and shadows under the eyes thus making the eyes look tired.

Different Types of Brow Lift Surgery

In my practice, there are generally four different types of brow lift incisions used. The coronal incision is the most traditional incision. It is a horizontal incision that is placed behind the hairline and is made in such a way as to allow the hair to grow through it. It provides excellent visualization for the surgeon and excellent results for the patient. The scar typically heals very nicely and is well hidden behind the hairline.

The pretrichial incision is made horizontally along the hairline. The incision is also made to allow the hair to grow through the scar and be virtually invisible as the figure below shows. The benefit of this incision versus the coronal is that the hairline is not elevated as it would be with the coronal incision. Many times in fact the hairline can be lowered for patients that desire it.



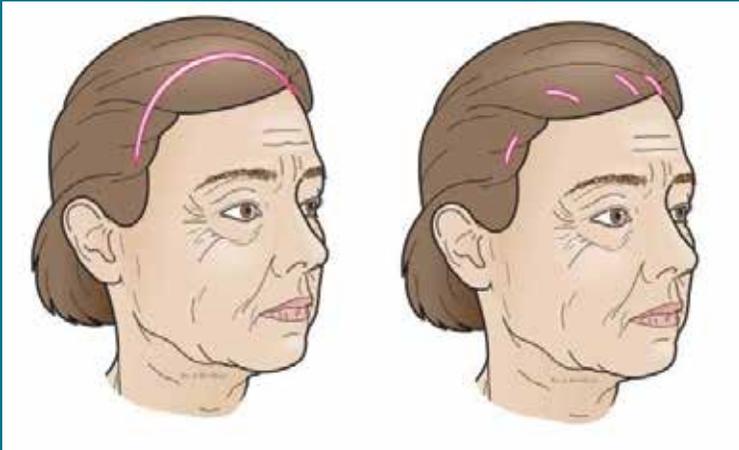
The figure shows the pretrichial brow lift incision.

JUST FACES

The most commonly performed brow lift in my practice is the endoscopic brow lift. The procedure is performed through four, small vertical incisions behind the hairline. These incisions are well hidden within the scalp and provide excellent visualization of the brows using endoscopic cameras and instruments. The benefit of this procedure is the fact that incisions are small and heal with very little visible scarring.

The last type of brow lift is the trans-blepharoplasty brow lift. This procedure is performed through the same incision as the upper eyelid blepharoplasty. It is only performed in conjunction with an upper blepharoplasty and it requires the use of an absorbable implant to allow the brow to heal in an elevated position. It is generally performed on men and results are excellent.

The net effect of the brow lift will "open the eyes" giving a more youthful appearance to the upper face. Remember that the principal goal of facial plastic surgery is to enhance the desirable features, in this case the eyes, and distract from the less desirable features.



CORONAL BROW LIFT
Very large incision

ENDOSCOPIC METHOD
Small incisions hidden in the hair line

After Brow Lift Surgery

WEEK 1: THIS BEGINS THE DAY AFTER SURGERY

1. Take all of your medications as instructed including Arnica Montana.
2. Clean around the surgical sutures located in the hair bearing incisions with witch hazel or hydrogen peroxide and a Q-tip® 6 times per day.
3. Shower on the first post-operative day (one). Allow warm water, without soap or shampoo, to run through your hair. Some hair will be noted in the rinse at this time. This is normal.
4. Shower twice daily starting on the second post-operative day. Clean the scalp with Baby Shampoo only. Continue to shower twice daily for 1 week.
5. Elevate the head of your bed 30 to 40 degrees for 2 weeks to help minimize swelling. If you have a recliner, sleep on the recliner for 2 weeks.
6. Apply facial cold compresses several times daily for the first week to reduce swelling and discomfort.
7. Wash your face with lukewarm water only.
8. You may wear eyeglasses if necessary.
9. Wear contacts, if necessary, unless eyelid surgery was also performed, then discuss with doctor.
10. Wear a scarf over your head if desired as long as it does not irritate the staples or sutures.
11. Do not apply any ointment to the incision line within the hair.
12. Do not use any hair sprays or conditioners for the first 2 weeks. No hair permanents for 6 weeks.
13. Do not apply makeup to your face for the first week.
14. Do not use a curling iron for 4 weeks if a brow lift was performed. After the first week, then use an electric razor if possible.

JUST FACES

WEEK 2: THIS BEGINS THE DAY YOUR SUTURES ARE REMOVED.

1. You may wash your hair at a salon, if desired, starting on the day after your sutures and staples are removed. Blow dry on cool or warm setting only.
2. Wash your face only with a mild soap such as Cetaphil® or Neutrogena® Gentle Cleanser twice daily with a cotton ball or the balls of your fingers.
3. Continue your cleanings, as described above, if instructed to do so. If crusts along incisions are still present, continue cleanings until crusts have gone.
4. You may start applying water-based makeup to your face except in the areas of persistent crusting.
5. You may color your hair.
6. You may start Retin A
7. Resume all physical activity.

THINGS TO REMEMBER:

80% of the swelling is gone at 2 weeks.

90% of the swelling is gone at 2 months.

1. Keep your head elevated at all times in the initial healing phases.
2. Do not turn your head for the first 2 weeks.
3. Avoid bumping your incisions.
4. Avoid bending over.
5. Avoid smoking.
6. Avoid driving for 2 weeks.
7. Do not judge the results of surgery too soon.
8. Ask questions.

***Please remember to contact us
with any questions or concerns that you may have.***

BEFORE AND AFTER AGING UPPER FACE PHOTOS



AGING UPPER FACE



AGING UPPER FACE



JUST FACES

Different Types of Eyelid Surgery

Upper and Lower Eyelid Surgery

The process by which the eyelids age has been partially explained in the preceding section, but a little more explanation is warranted. Not only is there excess eyelid skin that begins to “hood” over the eyes and cause a narrowed aperture, but fullness and bulges develop around the eyes as well.

The Fat Around the Eyes

The eyes are surrounded by fatty pockets that serve as shock absorbers, protecting the eye from damage. As the eye ages, there are structural changes to the bones and ligaments of the orbits that cause recession of the eye. This causes the fat pockets to be pushed forward causing the bulges one can see above and below the eye. See *Figures 1 and 2*.

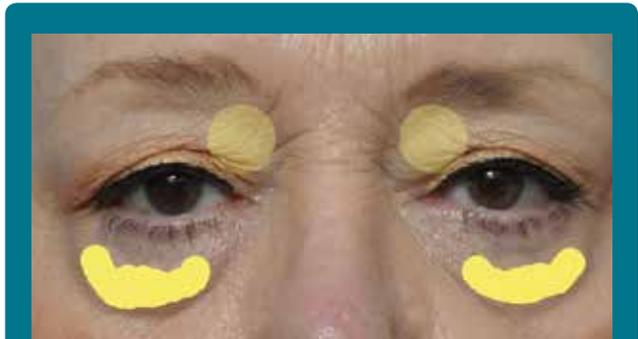


Figure 1

As the eye ages, bulges appear in the inner portion of the upper eyelids. As the eye ages, there appears bulges in the lower eyelids.

As these bulges (or bags) move forward, they will cause shadows that will make the area look tired and aged. Surgery of the aging eyelids addresses these very issues and when performed properly can completely transform the appearance of the upper one third of the face.

The Eyelid Operation

The upper and lower eyelids can have multiple conditions including wrinkling of skin, fat pouches, or thickening of muscle. “Blepharoplasty” is the surgery of the eyelids that address these concerns.

Tired eyelids are often a sign of aging. Dermatochalasis, or saggy skin, can begin as soon as the early 20's and can often not present until the late 70's. Many times, the condition is so severe that it actually impairs vision.

Much like all other skin of the human body, eyelid skin loses elasticity

CHAPTER 4

and support as it ages. As stated earlier, the “bags” in the lower or upper eyelids are due to a herniation of fat through a thin membrane, much like a hernia in the abdomen. The blepharoplasty operation removes this excess skin and fat.



BEFORE EYELID SURGERY is performed, the eyes look tired.



6 WEEKS AFTER EYELID SURGERY, the eyes give the face a more rested look.

Upper eyelid surgery is performed by tightening up the excess skin and addressing the bulges of the upper eyelid. The skin edges are closed with a very fine suture that tunnels under the skin. These sutures are removed in 5- 6 days and one can wear makeup 2 days after the sutures are out.

2 types of surgeries are performed on the lower eyelid. The transconjunctival, or so-called “scarless” technique and the traditional approach.

Transconjunctival Blepharoplasty

This is the more common approach used in our practice and is used most often in patients with aging eyelids. There is a very small incision made within a normal skin fold just below the eyelashes, and when healing has completed, it is virtually imperceptible to the naked eye. This incision is closed with very fine and delicate sutures that are carefully removed under magnification at 5-6 days.

Even after successful eyelid surgery has been performed, there occasionally is the need to perform “touch up” procedures. This occurs because the face continues to age (remember the train ride) and new loose skin may appear.

JUST FACES

This is not skin that was left behind at the time of the original surgery. Many of these “touch up” procedures are simpler and quicker than the original procedure.

After Eyelid Surgery

Postoperative Swelling

Eyelid skin is the thinnest skin of the face, and as such, may show signs of continued healing longer than other tissues of the face. Oftentimes, we find that with properly placed makeup camouflaging the incision lines, the scars become very difficult to find. The swelling may persist for up to 2 weeks, but may also be camouflaged with makeup.

This operation is reserved for younger patients who have bags under their eyes with minimal wrinkling of the lower eyelid skin. The incision for this operation is made behind the eyelid, eliminating a visible scar. However, sometimes, excess skin may need to be removed as well. If loose skin removal is deemed necessary, then other options of “tightening” the lower eyelid are available during the operation.

Transcutaneous “Traditional” Blepharoplasty

For the most part, you will be able to return to work within 4-5 days after eye- lid surgery. As tissues heal in the body, there is new collagen placed in the healing areas by “healing cells.” As a result of this activity, the scars can occasionally and transiently become “lumpy.” This temporary “lumpiness” is not an indication of how the scar will look in the future. We have yet to see a persistent, raised and “lumpy” scar. Cortisone can be placed to expedite the healing process and allow the scars to soften.

Postoperative Bruising

Bruising after eyelid surgery varies from patient to patient. The bruising may extend to the cheek and go through a color change as it goes away. If it is still present at the one week mark it can be easily camouflaged with makeup. I recommend Arnica Montana pill and cream as well as Bromelain containing foods such as pineapple.

Post-operative instructions for eyelid surgery

The following is a list of instructions that should be adhered to in the immediate post-operative period. These are designed to answer any specific questions that you may have. Following these instructions will,

CHAPTER 4

without question, improve your healing process.

1. Immediate post-operative swelling and discoloration are normal. As the tissues respond to surgery, they swell and bring in those healing components. The continuous placement of cold compresses on the eyelids for the first 12-24 hours is invaluable.
2. Carefully clean the incisions, as instructed, with hydrogen peroxide and the eye ointment with a Q-tip®. This should be repeated 5-6 times per day for the first several days or until instructed to change. It is important to note that placing too much ointment on the incision line can cause milia (obstructed oil glands), which look like small "whiteheads." If you notice these, reduce the amount of ointment used.

APPROVED OINTMENTS FOR EYELID SURGERY

- Akwa Tears
- Artificial Tears
- Bion Tears
- GenTeal PM
- Gonak
- Goniosoft
- Goniosol
- Isopto Alkaline
- Isopto Plain
- Isopto Tears
- Lacril
- Moisture Drops
- Muro Ointment
- Nature's Tears
- Ocucoat
- Ocucoat PF
- Refresh PM
- Systane
- Stye
- Szymie Lubricant
- Tearisol
- Tears Again
- Tears Naturale
- Tears Naturale II
- Tears Naturale Free
- Tears Renewed
- Ultra Tears

-
1. You may shower or bathe on the first day after surgery. Try not to submerge the incision lines. Apply hydrogen peroxide and ointment soon after getting out of the shower or bath. The incisions are "water proofed" at 24 hours.
 2. Take the medications that have been prescribed for you. If there is a problem with one of the medications, then contact the Institute. DO NOT use any products containing aspirin or ibuprofen (Excedrin®, Motrin®, Advil®, Alieve®). Please refer to Chapter 1 for a list of Medications to avoid.

JUST FACES

3. As instructed earlier, keeping your head elevated, and using gravity to your benefit will speed your recovery immensely. If you cannot purchase, rent, or borrow a recliner, then sleeping with an additional pillow or two will suffice.
4. No bending, straining, or walking up stairs for the first 36 hours if at all possible. These activities tend to increase your blood pressure and liken the chance of bleeding, swelling, and discoloration.
5. Avoid participating in any strenuous exercise like weight training, aerobics, or running until cleared with one of our staff.
6. Avoid playing with young children for the first 10 days for fear of bumping your incisions and causing damage to your wounds.
7. Report any visual changes immediately to our staff.
8. If bleeding occurs, then place a cold compress on the eyelids, elevate your head, and call our staff.

Massaging the Eyelids

We may ask you at some point in your recovery to start massaging the scars and the bruising. While this IS NOT recommended while there are stitches still in place, massaging can be very beneficial for speeding up recovery.

How do I massage the eyelids?

- Lay your index finger in the upper cheek in a lengthwise fashion next to the nose.
 - Gently sweep the finger towards the outer parts of the eye next to the cheek.
 - Repeat this 10 times every 3-4 hours.
-

CHAPTER 4

RECOVERY TIMELINE

DAY 1

1. May shower or bathe.
2. Place cold compresses on eyes, replacing them every 15-20 minutes.
3. Light cleaning with hydrogen peroxide and ointment.
4. May wear glasses that do not sit directly on your cheek.
5. You MAY NOT wear contact lenses.
6. Keep your head elevated at all times.

DAY 2-5

1. Should increase the activity level on Day 2 getting up several times to walk.
2. May continue to shower or bathe once a day.
3. Light cleaning with hydrogen peroxide and ointment.
4. May wear glasses that do not sit directly on your cheek.
5. Keep your head elevated at all times.
6. Can return to work on Day 5.

DAY 6

1. Sutures will be removed today.
2. Should not work today.
3. Stop using ointment by the end of the day unless instructed otherwise.

DAY 8

1. Can begin to use water based hypoallergenic makeup around the eyes.
2. Try not to place makeup directly on incisions.
3. Can begin to scrub incisions with a Q-tip® and baby shampoo.

DAY 10

1. Can begin to wear contacts.
2. Can increase activity level to a light walk.

JUST FACES

What to expect in the postoperative period

1. Scars continue to mature and change shape on a daily basis. You should try not to judge the appearance of the scars too soon. Residual swelling and lumpiness are a result of continued healing. Cortisone can be used to soften the scars and expedite the healing process.
2. The position of the eyelids can oftentimes not look equal and one eye may look like it has "more white" than the other. Remember that the body is unequal and as such, does not heal the same on both sides. The best indicator of the final result is on the operating table.
3. The eyelid may appear at times that it is pulled away from the eye. As swelling subsides, this will return to its original position. Let us know if this problem persists.
4. Remember that the peak swelling is at 2 days and lingers around for 2 more days.
5. By 4 days after surgery, you should begin to see the swelling getting better on a daily basis if you are following all of the proper instructions.

**BEFORE AND AFTER
UPPER EYELID SURGERY PHOTOS**



UPPER EYELID SURGERY



UPPER EYELID SURGERY



UPPER EYELID SURGERY



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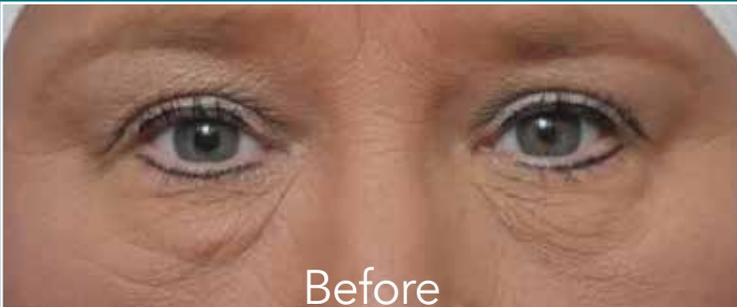
LOWER EYELID SURGERY



LOWER EYELID SURGERY



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LOWER EYELID SURGERY



UPPER AND LOWER EYELID SURGERY



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CHAPTER 5



Injectable Materials to Treat Wrinkling

Introduction to Neurotoxins & Fillers

What to Expect at Your Appointment

Volume Augmentation: Fillers

Which Filler is Right for You?

Before & After Neurotoxin & Filler Photos

Leslie Janik, MSN, ARNP, ACNP-BC

J. Phillip Garcia, M.D., F.A.C.S

CHAPTER 5

INJECTABLE MATERIALS TO TREAT WRINKLING

Introduction to Neurotoxins & Fillers

In some cases, patients are not completely prepared to undergo the surgical procedures outlined in this book. They have not reached the point in the aging continuum to require surgical procedures, and less invasive options, are therefore, recommended. Many times, a combination of both surgical and minimally invasive procedures is offered to achieve the best possible result. As with conventional surgical procedures, the results will vary from one person to the next. There are several injectable options available now to treat the primary areas that are affected with volume loss and wrinkling as a result of the aging process - all of which will be discussed in this chapter.

What is a wrinkle?

Wrinkles (hyperdynamic lines) are the most common and usually the first indicator of an aging face. Wrinkles however are not a problem confined to older patients. Wrinkles can be due to either skin laxity with loss of tone or over-activity of the underlying muscles. Many factors have been found to compound wrinkling of the facial skin. These include sun exposure, smoking, and poor skin care. These are in addition to the uncontrollable effects of gravity and genetics. There are many products and habits that can help in reducing these wrinkles and even preventing them such as good skin care regimens, sunscreen, and smoking cessation. However, these cannot stop the activity of the underlying muscles. In more recent years an increased emphasis has been placed on preventing deep lines and wrinkles in combination with the aforementioned strategies with the use of injectables. This explains why we are seeing an increased number of younger patients seeking treatment in aesthetic practices.

Take a look in the mirror. Pay particular attention to your forehead and your eyes. Do you see any lines? You probably look pretty good right?

JUST FACES

Now smile, raise your eyebrows, and frown. Do you see lines? Remember, wrinkles are hyperdynamic lines that are seen with movement. The lines that you see on your face when you are not making any movements or expressions are called static lines and we will discuss those later on in the chapter. So what products can be used to treat wrinkles? Let us discuss.

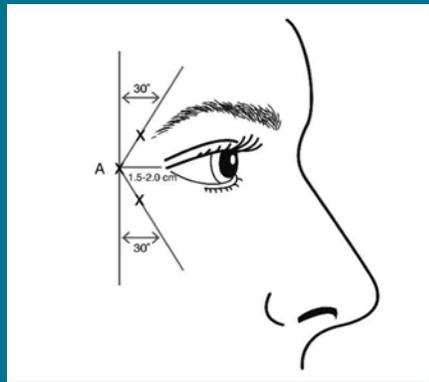
Botulinum Toxins

Botox[®] Cosmetic (onabotulinumtoxin A) by Allergan is approved for use to temporarily improve the look of moderate to severe lines on the forehead (frontalis muscle), glabella (corrugator and or procerus muscle) and crow's feet (lateral canthal lines associated with movement of the orbicularis oculi muscle). Botox[®] is the purified form of Botulinum toxin Type A that is produced by the bacteria *Clostridium botulinum*. When small doses of the material are injected into a muscle so as to temporarily relax it, there is interference in the action of the muscle making folds and wrinkles become less noticeable.

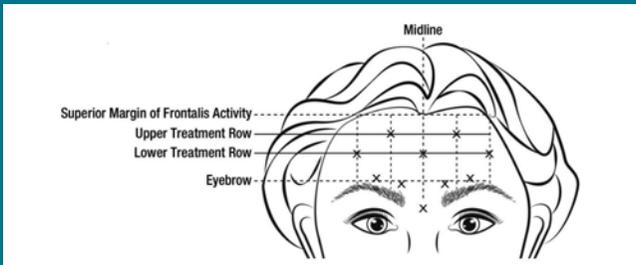
Below are the general injection sites for treatment with the various botulinum toxins.



Injection sites for treatment of glabellar lines.



Injection sites for treatment of crow's feet.

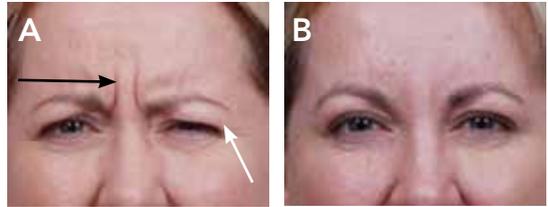


Injection sites for treatment of forehead line.

***Diagrams courtesy of Allergan*

CHAPTER 5

Arrows indicating both glabellar furrows (black arrow) and orbital lines (white arrow). Before Botox® Cosmetic (A) and after treatment (B).



Botox® Cosmetic by Allergan and other botulinum toxins do not take effect immediately upon treatment. Results vary in time and duration with each individual. With Botox® Cosmetic, typically onset of action is within 3-5 days and full results by 14 days. Duration with Botox® is usually 3-4 months.

Dysport® (abobotulinumtoxin A) by Galderma is approved for treatment of moderate to severe frown lines (glabella). It is also a Type A toxin, but it has a smaller molecular size making its measurement different than that of Botox®. It is injected in the same area for treatment of frown lines as noted in the diagram above. Dysport® is marketed to have a more rapid onset than the other botulinum toxins with many seeing improvement within 2-3 days. In addition, the duration is said to be longer at around 4 months, however this can vary with individuals. Anyone who is has an allergy to cow's milk protein should not receive Dysport® as this is an inactive ingredient in the product.



JUST FACES



Xeomin®

(incobotulinumtoxinA) by Merz Aesthetics is a pure botulinum toxin so it does not have the same proteins attached as does Dysport and Botox causing

it to act slightly differently. It only contains one ingredient – botulinum toxin A whereas the others contain some inactive ingredients. Because of the lack of other ingredients it is the only toxin that does not need to be refrigerated. Some say that one of the other benefits of Xeomin® is that the human body is less likely to become resistant to it, whereas some patients develop antibodies to Botox® and Dysport®.

Xeomin® is approved for treatment of moderate to severe frown lines between the eyebrows (glabella). Onset of action and duration is similar to that of Botox. This varies among individuals.

So now that you know what is used for treatment of wrinkles – how do you choose?

What to Expect at Your Appointment

The first question I always ask my patients is “what bothers you the most when you look in the mirror”. This is important, because as an injector I may see areas of the face that would benefit from certain injectables that you as the patient might not be bothered by. When we identify what you see as a concern, we can guide our treatment to improve that area and educate you on other areas that might also benefit from treatment.

During your appointment, we will have you make various expressions with your face so we can fully assess the dynamic lines and wrinkles. Depending on what areas you wish to be treated, your budget, and what your prior experiences with injectables are we then discuss the various botulinum toxins and help you make a decision on which choice is right for you.

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It is important that expectations are discussed. With dynamic lines, treatment should result in a smoother appearance and improvement of these lines. In some cases, however, individuals may notice lines on their forehead, crow's feet or frown areas that are visible when not making expressions. These are considered static lines (which will be discussed later) and although reducing movement to these areas with botulinum toxins will improve the appearance, they will likely not entirely disappear and may require other treatment options for full correction.

Once the treatment areas are determined and the injectable is chosen, the sites are cleaned with alcohol and often marked prior to injection. The injections are usually very well tolerated, but topical numbing cream can be placed if needed. You will then receive a series of injections on the selected areas. Total treatment time is about 10-15 minutes and you will be instructed to ice the area for 5-10 minutes.

After you have received your injections, you will be shown the treatment areas with a mirror. Results are not immediate; however, you may see small bumps and the injection sites. These will resolve within 10-15 minutes. We advise you not to massage the areas of treatment, not to exercise for 24 hours, and not to lie down for 4 hours after treatment. This is to prevent the small possibility of the botulinum toxin migrating to unwanted areas that could result in eyelid drooping and unwanted results.

In the following hours to days common side effects with all of the toxins include redness, bruising, or pain at the injection sites and sometimes a headache. I always advise patients to allow a full two weeks to achieve your result and at that time more treatment can be added if needed.

JUST FACES

The aforementioned botulinum toxins are contraindicated if the following apply to you:

- Known allergies to Botox® Cosmetic or any of its preservatives
- Allergy to cows mild protein (Dysport®)
- Pregnancy
- Lactation
- Eaton-Lambert Syndrome
- Myesthenia-Gravis Syndrome

	Botox®	Dysport®	Xeomin®
Cost (all priced per unit)	Comparable to Xeomin	Less expensive per unit, but reconstitution of Dysport requires more units for treatment, so overall cost is the same as others	Comparable to Botox
Time of onset	3-5 days*	2-3 days*	3-5 days*
Duration	3-4 months*	Up to 4 months*	4 months*

**Individual results may vary*

Volume Augmentation: Fillers

A common question many patients have is when is Botox needed and when is filler needed. Earlier in the chapter we talked about that wrinkles hyperdynamic lines. These lines appear during movement or expression. The skin of the deeper tissues ages via gravity and the effects of this and volume loss create folds and lines in the skin and that are seen when we aren't making expressions or movement. We call these static lines. I tell my patients quite simply that if you can see the lines when your face is at rest – filler is needed. If you only see the lines when you are moving your face - Botox or another botulinism toxin is needed.

Volume filling agents can fill those furrows or folds and give the appearance of youth and vitality. These fillers can be used to enhance the fullness of the cheeks, lips, chin, between the brows and the lines around the nose and mouth. There are multiple agents on the market today that include both natural and biosynthetic materials fabricated in a laboratory.

CHAPTER 5

For many years silicone was the ideal filling agent for its permanence, biocompatibility, and ease of application. As you recall, silicone was taken off the market in the early 1990's for allegedly causing systemic illnesses in patients who had silicone breast implants. This led to the development of various other materials.

Although marketed as "long lasting," no filler agent is permanent. The advantage of these filling agents however is the ease of application and the tolerance by the patient. We will discuss many of the fillers that are commonly used today, but ask Leslie or Dr. Garcia about the specific characteristics about each product offered and which one would be best suited for you.

Juvederm™ (Allergan)

Juvederm™ is a filler product that is made from laboratory hyaluronic acid. Along with collagen and elastin, hyaluronic acid is found inside the dermis and is responsible for maintaining the skin's hydration (water absorption).

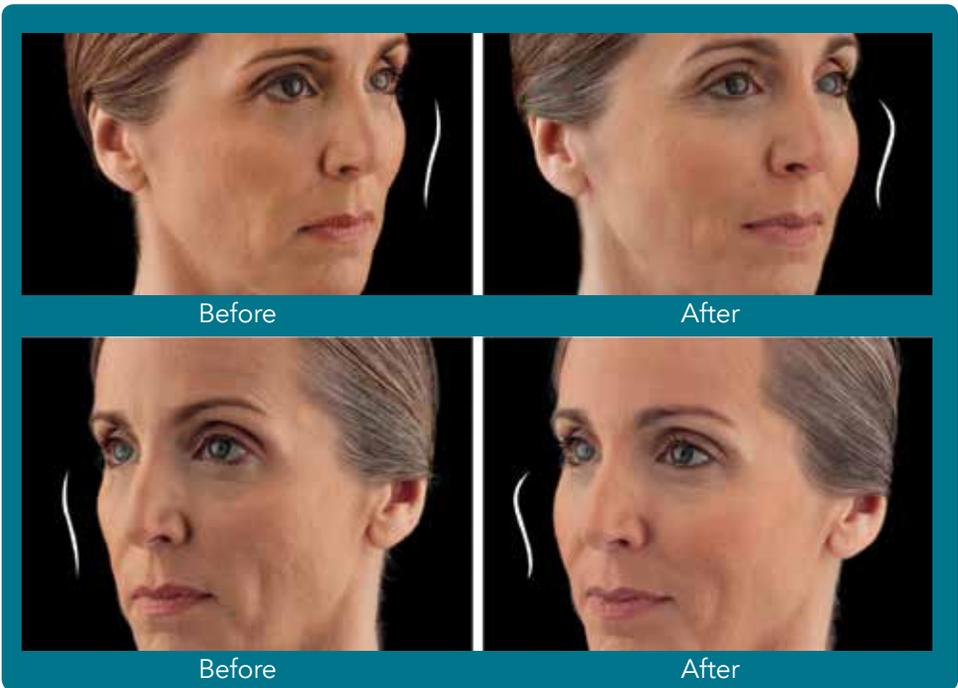
There are many different formulations now of Juvederm™ each indicated for a particular area of the face. These areas include the lips, the folds around the mouth, the cheeks, the frown lines and many other areas.

Juvederm™ Ultra and Ultra Plus XC – Ultra Plus is used to correct moderate to severe facial wrinkles and folds of the face such as the nasolabial folds. Ultra contains smaller particles and is used for correction of lines around the perioral area and lip augmentation to create more fullness to the lips. Both can last up to 1 year with optimal treatment.



JUST FACES

Juvederm Voluma® XC – used for deep injection in the cheek area to correct age related volume loss, as the figure below illustrates. It has a higher elasticity and firmness which means it resists deformation and creates a lift to the midface. It can last up to 2 years with optimal treatment.



Juvederm Vollure™ XC – used for correction of moderate to severe facial wrinkles and folds such as the nasolabial folds, as the figure below illustrates. It has less water affinity than Ultra Plus and uses Vycross® technology which adds a more subtle volume and can last up to 18 months with optimal treatment.



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Juvederm Volbella® XC - used to smooth vertical lip lines and add subtle volume to the lips, as the figure below illustrates. Less full and plumping effect when compared to Ultra. Results can last up to 1 year with optimal treatment.



Restylane® (Galderma)

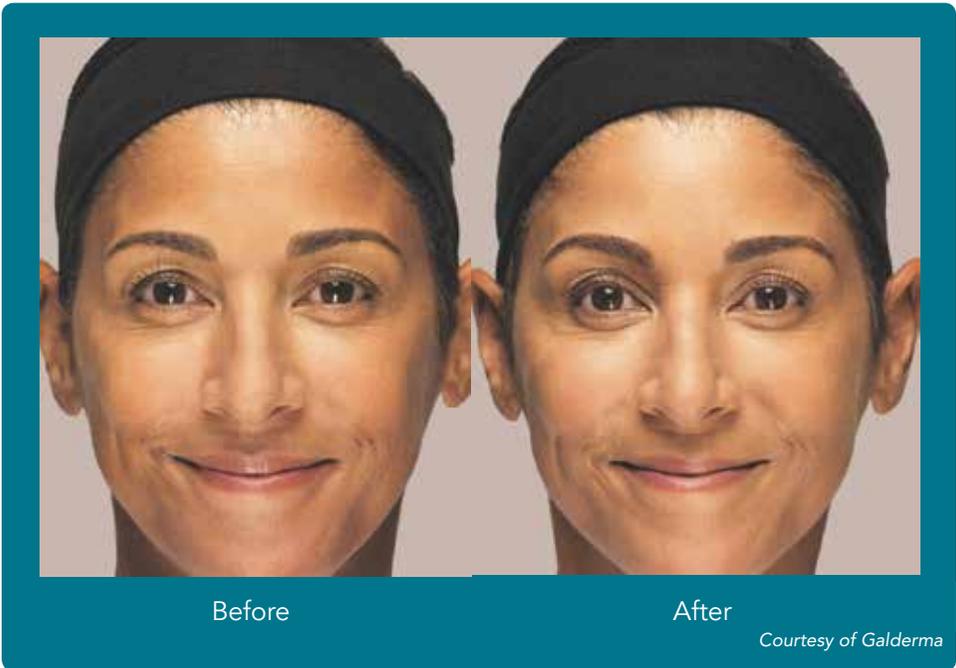
Like Juvederm™, there are many different Restylane products each designed for various areas of the face. Juvederm is a smooth consistency gel while Restylane is a particulate or granular gel. But both work in a similar fashion to produce natural, long-lasting results.

Restylane® is a clear gel formulation of hyaluronic acid that is specifically

JUST FACES

formulated to act like your body's own naturally produced hyaluronic acid, helping to visibly correct moderate to severe facial wrinkles and folds, including the lines that run from your nose toward the corners of your mouth (nasolabial folds) and the lines that run from the corners of your mouth toward the chin (marionette lines).

Restylane® Lyft – deep injection for correction of moderate to deep facial wrinkles and folds such as nasolabial folds as well as cheek augmentation.



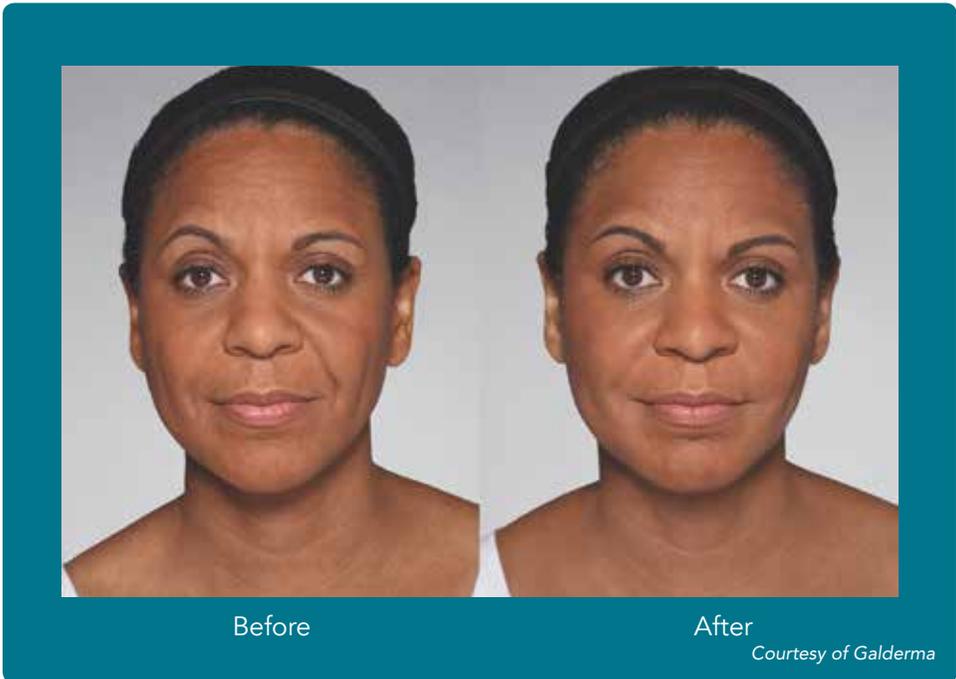
Restylane® Silk – correction of perioral wrinkles and lines as well as lip augmentation, as the figure below illustrates.



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Restylane® Refyne – correction of moderate to severe folds and wrinkles of the face such as nasolabial folds and marionette lines. It is used with XpresHAN Technology™ to produce a smoother and more natural look to your face while maintaining your facial expressions.

Restylane® Defyne – used for correction of deeper folds using XpresHAN Technology™ to produce a natural and youthful look to your face while helping you maintain your natural expressions.



Belotero Balance® (Merz Aesthetics)

Belotero Balance® is a hyaluronic acid filler that completely integrates into the skin tissue. It is used specifically to treat moderate to severe etched-in lines and wrinkles such as vertical lip lines above and around the lips creating a smooth, younger, natural looking appearance. It is injected more superficially than the other fillers for an air-brushed type result. The results can last 6 months or more.

JUST FACES

Radiesse™ (Merz Aesthetics)

Radiesse™ is derived from calcium hydroxapatite crystals, a primary component of bone and teeth. It is peculiar in that when injected into tissue, it will take on the shape and consistency of the surrounding tissue. For example, when injected into soft tissue, it will fill the tissue as a soft agent, and when injected into bone, will become stiff and hard like bone. As a filler, it works by adding volume to the skin and in time stimulates your body's own natural collagen. The results can last up to a year or more.

OVERALL TREATMENT RESULTS WITH RADIESSE® AND BELOTERO BALANCE®

Jennifer, 42, was treated with RADIESSE® and BELOTERO BALANCE® in the areas indicated below. Although not approved to treat the same wrinkle or fold at the same time, RADIESSE and BELOTERO BALANCE can each provide immediate correction for natural-looking results.



INDICATION: RADIESSE® injectable implant is FDA-approved for subdermal implantation for the correction of moderate-to-severe facial wrinkles and folds, such as nasolabial folds.

INDICATION: BELOTERO BALANCE® is a dermal filler that is FDA-approved to smooth moderate-to-severe facial wrinkles and folds, such as nasolabial folds (the creases that extend from the corner of your nose to the corner of your mouth).

Individual results may vary.

Courtesy of Merz Aesthetics

Sculptra® Aesthetic (Galderma)

Sculptra® Aesthetic is different in the way it works. By targeting the underlying causes of the signs of facial aging, it gradually and subtly corrects shallow to deep nasolabial folds, contour deficiencies, and other facial wrinkles by replacing collagen lost during the aging process. This can give you a refined, more youthful-looking appearance that can last

CHAPTER 5

up to 2 years. On average, 3 treatment sessions over a few months are required thus making the results more gradual and less immediate than the other fillers.

BEFORE AND AFTER OF SCULPTRA® AESTHETIC



Before

After

Courtesy of Galderma

Which Filler is Right for You?

With so many options out there, it can be confusing to decide which filler is best for you. That is where our expertise comes in. Once the treatment area is determined, we will discuss the various differences between products, amount needed, cost and desired result in order to choose the best filler for you. The major differences between most of the fillers are the area in which they are indicated for, however cost among the majority is comparable.

Side Effects and Post-Injection Instructions

In the section What to Expect at Your Appointment, we discussed how treatment is determined and how the area is prepared. All of the fillers mentioned in the above section contain Lidocaine to help numb the area treated during the injection which reduces discomfort at the time of injection.

JUST FACES

Important things to remember after being injected with fillers are:

- Keep your head elevated 2-3 hours after the procedure
- Apply ice packs to area(s) injected 2-3 hours after the procedure
- You may take Tylenol® if you experience any discomfort at injection sites
- Do not undertake in any strenuous activity (exercise, etc.) for 24 hours
- If you feel any lumpiness or irregularities in the treated areas, you may massage that area in a circular fashion 3 times per day. These will resolve
- Bruising, swelling and tenderness at the injection site is common

Who should not get fillers?

- Active infection at the injection site
- Known allergy/hypersensitivity to the material or to lidocaine
- Have an autoimmune disease
- Are pregnant
- Are lactating

Conclusion

Injectable agents are becoming a very popular manner in which to achieve temporary “relief” from the signs of aging. The aforementioned “minimally invasive procedures” are becoming more popular in facial plastic surgery. While there is a clear and absolute indication for use of these agents, the results obtained by these agents vary among individuals, amount of product used and injection techniques.

CHAPTER 5

**BEFORE AND AFTER
BOTOX[®] COSMETIC**

Following photos are Courtesy of Allergan



JUST FACES

BOTOX[®] COSMETIC



BOTOX® COSMETIC



JUST FACES

BOTOX[®] COSMETIC



BOTOX® COSMETIC



JUST FACES

BOTOX[®] COSMETIC



BOTOX[®] COSMETIC



JUST FACES

BOTOX[®] COSMETIC



BOTOX® COSMETIC



Before

After



Before

After



Before

After

BOTOX[®] COSMETIC



Before

After



Before

After



Before

After

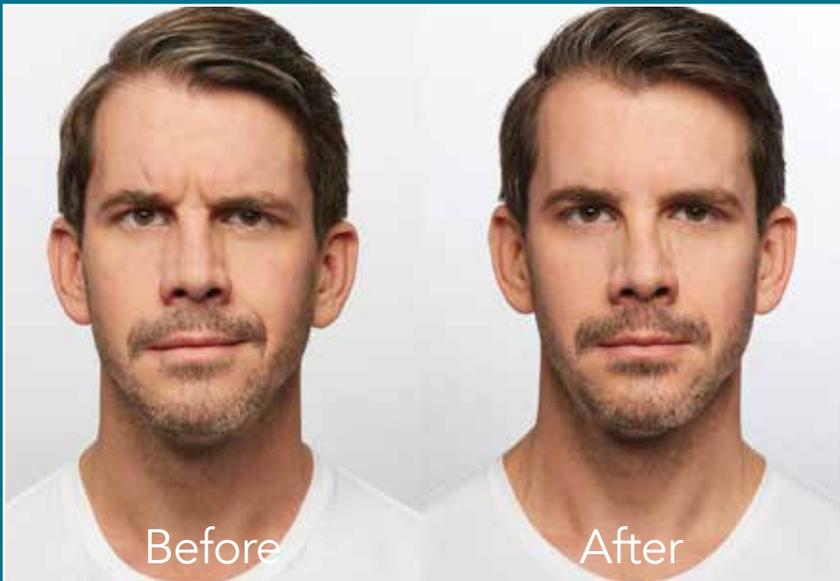
BEFORE AND AFTER DYSPORT®

Following photos are Courtesy of Galderma



JUST FACES

DYSPO[®]

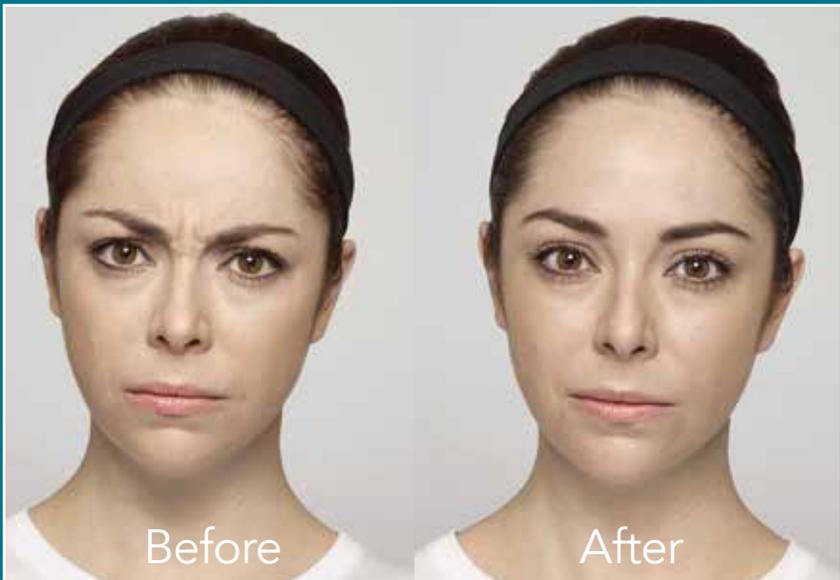


DYSPORT® COSMETIC



JUST FACES

DYSPO[®]



BEFORE AND AFTER XEOMIN®

Following photos are Courtesy of Merz



Before



After

JUST FACES

XEOMIN®



Before



After

BEFORE AND AFTER JUVEDERM ULTRA XC™

Following photos are Courtesy of Allergan



Before



After



Before



After

JUVEDERM ULTRA XC™



Before

After



Before

After

BEFORE AND AFTER JUVEDERM ULTRA PLUS XC™

Following photos are Courtesy of Allergan



Before

After



Before

After

BEFORE AND AFTER JUVEDERM VOLUMA XC™

Following photos are Courtesy of Allergan



Before



After



Before



After

JUVEDERM VOLUMA XC™



Before

After



Before

After

JUVEDERM VOLUMA XC™



Before



After



Before



After

JUVEDERM VOLUMA XC™



Before

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Before

After

JUVEDERM VOLUMA XC™



Before

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Before

After

JUVEDERM VOLUMA XC™



Before



After



Before



After

BEFORE AND AFTER JUVEDERM VOLLURE XC™

Following photos are Courtesy of Allergan



Before



After



Before



After

JUVEDERM VOLLURE XC™



Before



After



Before



After

BEFORE AND AFTER JUVEDERM VOLBELLA XC™

Following photos are Courtesy of Allergan



Before



After



Before



After

JUVEDERM VOLBELLA XC™



Before



After



Before



After

JUVEDERM VOLBELLA XC™



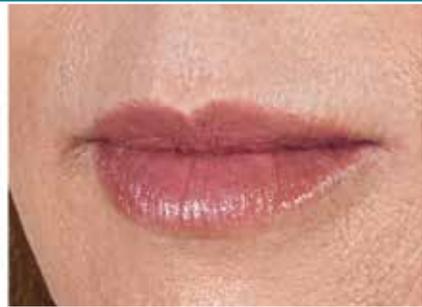
Before



After



Before



After

JUVEDERM VOLBELLA XC™



Before



After



Before



After

BEFORE AND AFTER RESTYLANE® LYFT

Following photos are Courtesy of Galderma



Before

After



Before

After

RESTYLANE® LYFT



Before

After



Before

After

BEFORE AND AFTER RESTYLANE® SILK

Following photos are Courtesy of Galderma



Before



After



Before



After

RESTYLANE® SILK



Before

After



Before

After



Before

After

BEFORE AND AFTER RESTYLANE® REFYNE

Following photos are Courtesy of Galderma



Before

After



Before

After

RESTYLANE® REFYNE



Before

After



Before

After

BEFORE AND AFTER Radiesse™

Following photos are Courtesy of Merz Aesthetics



Before

After



Before

After

BEFORE AND AFTER BELOTERO BALANCE®

Following photos are Courtesy of Merz Aesthetics



BEFORE AND AFTER SCULPTRA®

Following photos are Courtesy of Galderma



Before

After



Before

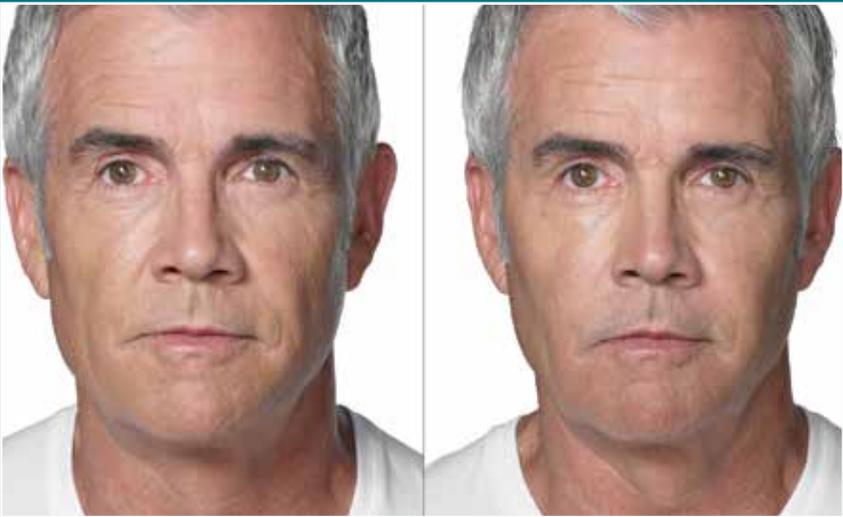
After

RADIESSE™



Before

After



Before

After

JUST FACES

RADIESSE™



Before

After



Before

After

CHAPTER 6



Skin Enhancement

Introduction to the Skin

Skin Care Treatments

Chemical Peeling

Dermabrasion

After Skin Resurfacing

Before & After Skin Resurfacing Photos

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SKIN ENHANCEMENT

Introduction to the Skin

The skin is the largest organ system in the human body. It is made of two layers, the epidermis (outer) layer and the dermis (inner) layer. It provides the body with a protective layer that shields us from all sorts of potentially damaging things. Aside from its protective functions, the skin allows our bodies to interact with the environment in such a way that our immune system is better prepared to handle any potentially harmful antigens. Like any other protective barrier such as the paint on a vehicle, over time, the skin begins to show aging. This aging may be in the form of wrinkles or brown spots. This chapter will talk about how the signs of aging in the skin can be improved.

Skin Care Treatments

Skin care can range from topical creams and skin care systems to the use of aesthetician services such as superficial peels and facials. As of the writing of this book, our preferred skin care system is ZO Skin Care products.

In addition to the skin care line, we offer several different types of facial treatments including HydraFacial™ as well as different types of superficial facial peels.

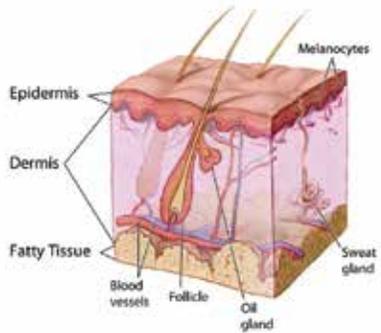


Introduction to Skin Resurfacing

Resurfacing of the skin is more of an art than a science. It requires a profound understanding of the anatomy and the physiology of the skin.

The skin is the largest organ in our body and sheds and regenerates itself almost on a daily basis. As the figure below illustrates, it is principally divided into two layers; the epidermis, or outer layer, and the dermis, or inner layer. Skin resurfacing re-contours the outer and parts of the inner layer of the skin.

As we age, we begin to lose elasticity in the deeper layers of our skin and this becomes manifested as wrinkles. The wrinkles that you see at rest are the ones that can be treated with skin resurfacing. As you recall, *surgery aims to treat the sags and bulges while resurfacing treats the wrinkles.*



Resurfacing procedures are divided into light, or superficial treatments, medium treatments, and deeper treatments. The superficial treatments you may have had in the past might include light glycolic or alpha hydroxy acid peels and micro-dermabrasion. These therapies are beneficial in giving you a polished and brighter-appearing skin. They do not, however, treat the underlying skin conditions that cause wrinkling and discoloration.

Medium depth resurfacing procedures work not only to address some of the fine lines of the face, but also are very effective in addressing the brown spots on the face.

Deeper resurfacing procedures like laser procedures or dermabrasion aim to address the deeper layers and inspire new skin to



grow. These procedures also are quite beneficial in treating skin contour irregularities like acne scars and traumatic scars, and in treating skin color changes seen with sun damage, pregnancy spots, and other skin tone changes.

Can All Skin Types Get Resurfacing?

There are certain skin types that have shown to respond best to skin resurfacing procedures. Lighter skin types generally do better by having less chance for pigmentary changes. Most patients usually require few treatments and will typically see a positive change after just one treatment.

There is a common misconception that darker skinned patients cannot have any resurfacing procedures performed. This is UNTRUE.

Asian, Hispanic and Mediterranean skin has a higher chance of developing what is called Post-Inflammatory Hyperpigmentation (PIH) due to over-activity of melanocytes in the skin. The above skin types have an estimated 60% chance of getting these brown spots over the face in areas that have been either chemically peeled or dermabraded. This is actually expected and when it does occur, it will become apparent on the 3rd week after the procedure.

PIH can easily be treated if one follows the following rules:

- Do not allow the sun to come in direct contact with your skin.
- Use the prescribed creams that Dr. Garcia recommends.
- Be patient, for PIH always goes away.

We will discuss with you in detail what to expect from your resurfacing procedure and how you may speed up your recovery.

Chemical Peeling

Chemical peeling has long been used to treat pigmentary changes of the skin and to treat some of the benign and premalignant skin conditions. The most common use of chemical peeling is for "rhytidosis," or excess wrinkling.

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There are three strengths of chemical peels that each incrementally penetrates deeper into the skin.

Superficial depth peeling agents include Glycolic acid, Alpha Hydroxyl acids, Beta Salicylic acids, and Jessner's solutions. These agents function to "buff" the outer layer of skin and give you a light glow. I highly recommend these treatments a few days before you are to have a big event, because of the refreshing appearance this will give you. These treatments are generally performed by our licensed medical aesthetician.

Medium depth peeling agents include Trichloroacetic Acid (TCA) solutions that penetrate a little deeper into the skin. This type of peeling agent will give a longer lasting result and as such, usually will take a few days to fully recover from. No sedation or anesthetic is needed, and this procedure can be performed by either our licensed medical aesthetician or myself.

Deep peeling agents are used for more serious wrinkles due to prolonged sun exposure or just wrinkling due to loss of elasticity as a sign of aging. The agent most often used is a phenol-based peeling product called Baker-Gordon Solution. This agent has been used for over 40 years with very predictable results and must be administered by Dr. Garcia. IV sedation is usually given and you are monitored while this treatment is being issued. As this agent does penetrate into the deeper layers of your skin, the recovery is generally a little longer.

You will find from the post-operative instructions set forth in this section; the care of your peeled areas requires a keen eye with attention to detail. The most important part, however, comes from you in your strict adherence to our instructions. On average, one can expect the pink to persist for 2-3 weeks, which means that you will have to be very vigilant about your skin care for that time.

What you can Expect from Chemical Peeling

For medium depth peels, you may feel a slight discomfort for a very short period. During the peel, post-peel burning, or pain is rare.

With a deep peel, you may not have any discomfort, but you may have swelling. Swelling, as you know, is a normal process that tissues have in response to injury. You can expect the thinner skin of the face to swell faster and for longer. This means that your eyes and your lips may stay swollen for up to five to seven days after treatment.

We strongly recommend that you stay close by to Jacksonville and not travel or leave town within the first 2 weeks. For best results, we encourage you to allow us to see you as often as possible.

Limitations and Restrictions

After this section, you may ask yourself, "What is it that I can do?" The limitations and restrictions set forth have been carefully thought out and synthesized from a thorough knowledge and years of experience.

First, avoid being exposed to sunlight for a prolonged period of time in the early phases of healing. Sunlight will irritate the resurfaced area and result in the redness being around for longer periods of time. Sun exposure in the early period can also lead to pigmentary changes causing dark areas of skin to persist. It is best to avoid direct sunlight without sun protection for three to six months while the skin has time to "toughen up."

Secondly, the effects of living in a coastal city like Jacksonville cannot be overlooked. The salty mist in the air and the constant breeze will tend to irritate the skin of the resurfaced areas and can cause prolonged redness. Avoiding direct contact with these breezes will definitely speed up your recovery.

Dermabrasion

Dermabrasion is another technique of skin resurfacing. The principle behind dermabrasion is the same as for chemical peeling in that the outer layers of skin are freshened to allow newer, fresher skin to grow in.

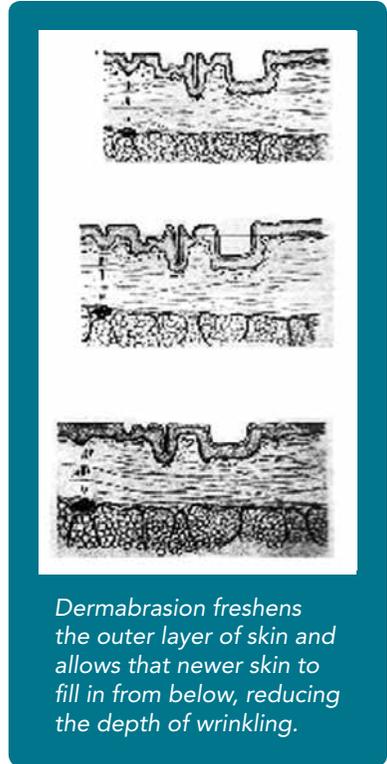
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Dermabrasion is likened to buffing a scratch on the kitchen table where the surrounding areas are brought down to the level of the scratch.

The light contrast of skin that occurs with height differences is what accounts for shadowing and the perception of skin irregularities. Dermabrasion functions by evening skin irregularities and bringing the surrounding areas down to the same depth as the irregular area.

This has its limit, as certain conditions like acne can leave “ice pick” defects that are very difficult to treat. The best result that we can hope for is diminishing the shadowing effects. The pore sizes, however, are difficult to treat with dermabrasion.

The utility of dermabrasion is boundless. Beyond its use as described above, we often use it for scar revision. After trauma, the skin often heals by forming an elevated and red mound of scar that becomes quite noticeable. Either as a primary or secondary procedure, dermabrasion can function to lower the height of the scar, making it flush with the surrounding skin. Please refer to the Scar Revision section for further details.



Dermabrasion freshens the outer layer of skin and allows that newer skin to fill in from below, reducing the depth of wrinkling.

What you can Expect from Dermabrasion

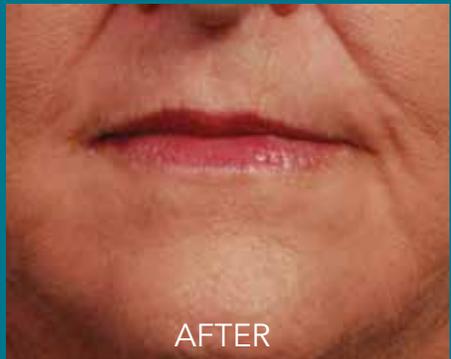
After you have had dermabrasion, your skin will have a dark pink color. As we have freshened up the outer layer of skin, we are allowing the lower layers to fill in. The deep pink or red color will lighten in the next few days.

As explained above, you can expect swelling and bruising both from the surgery and the use of local anesthetic. This will resolve usually within 10 days. You will have very minimal pain or discomfort.

JUST FACES

The skin “weeps” in the first two days and then suddenly stops. Initially in your recovery you will notice dried crusting as a result of this weeping. DO NOT pick at the crusts. We generally have patients wash their face with Cetaphil soap or the post peel kit. The most important thing to do in the immediate postoperative period is to keep the areas moist.

Before and After Dermabrasion



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Generally speaking, you will begin to wash your resurfaced area on day 1 depending on how the skin looks. Remember to use CETAPHIL® or cleansing soap and your fingertips. When you wash your resurfaced area, always wash in a gentle circular pattern as this will better allow the soap to cleanse the area.

Our staff will instruct you on when you can start washing your face.

As the skin begins to heal, the deep pink color will slowly begin to lighten. The forehead is usually the first area to heal and the eyes the last. The thinner the skin, the longer it requires to recover. When the skin color begins to change, areas within the dermabraded area will resemble your normal skin color. The remainder of the skin will soon resemble that tone when healing is complete.

You must try to avoid direct sun exposure until instructed otherwise. As stated above, exposure to sunlight can cause pigment changes and make healing take longer.

This is without question the most important section in this chapter. If you read nothing else, please read the following section.

After Skin Resurfacing

Faithful adherence to these instructions is the sole reason behind our success with patients undergoing resurfacing procedures. Try to adhere to these instructions as much as possible.

Skin Appearance

The skin will change colors in a progressive manner from deep pink to your natural skin color.

We have yet to see a case in which the redness of the skin has not dissipated.

NEVER touch the area that has been recently resurfaced without washing your hands. When you touch your skin, you are undoubtedly

JUST FACES



This patient underwent dermabrasion of the nasal tip for excessive fullness of the nose called "rhinophyma".

transferring materials to the resurfaced area. This will cause the healing to take longer.

The prescribed cream application will be shown to you by one of our staff. There is a right time to use the ointments to help the healing. If used at the wrong time, then you can delay healing.

As crusting develops around the resurfaced area, you will have a tendency to remove them yourself. **DO NOT** touch the crusts. This can lead to bleeding and scarring. We will show you how to apply the ointment so as to soften the crusts and they will eventually fall off on their own.

Avoid any temperature changes early in your recovery as this will certainly cause the vessels in your skin to dilate, leading to more redness. This includes not being involved in any activity in which you will perspire. This too can be seen with emotional changes like agitation or excitement. Try to avoid any significant changes in your life in the early post-operative period.

Swelling and Bruising

You can recall from earlier in the book that swelling is a normal phenomenon that occurs with any surgery. The body is trying to heal itself and brings in many substances along with fluid. With the swelling, skin color changes and discoloration may occur. Bruising is common after any facial procedure, albeit less common with resurfacing procedures.

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Fever Blisters

Fever blisters are typically the result of a virus that one contracted early in life that, under stressful or ailing times, can re-emerge. When any surgery has been done around the mouth where the outer layer of skin has been removed, a fever blister can come about. Preoperatively, we will begin you on a course of Acyclovir or Vancyclovir to prevent the formation of these fever blisters. Please inform us of any adverse reactions that you may have had in the past from this medication.

Medications

When you have been discharged from our facility, you should continue to take the prescribed medications. Among these are an antibiotic, a pain medication (if you have pain), an anti-viral medication, and something to help with sleep. You should take all the medications except the sleeping pill around the clock and finish the entire course. The sleeping pill should be taken only if you are having a problem with sleep.

Remember that the body cannot heal unless it has rested.

Emotional Changes

Like with aging face surgery, it is common for you to undergo emotional ups and downs following surgery. You may see yourself differently than you had expected. As the medications leave your system you may feel like you are "blue." This is completely expected and will improve by the third day after surgery.

Activities

Remember to listen to your body.

Do not overextend yourself and cause damage.

Sun Exposure

Early in the recovery, avoid the sun at all costs. As stated above, the sun will damage the resurfaced area, causing your skin to pigment and take longer to heal. This implies that you should avoid sports like fishing, golf, tennis, volleyball, basketball, swimming, and others that require you to be exposed to the sun.

When you have received clearance from our staff, we will instruct you in using the correct formulation of sun block lotion to give you protection from harmful UV rays.

JUST FACES

Skin Care

No skin care products should be used unless cleared by our staff. Our licensed medical aesthetician will instruct you as to the correct makeup to use.

Returning to Work

You may return to work when you completely feel up to it.

PRODUCTS TO AVOID

- Household cleaners
- Fabric softener
- Lotions and creams with fragrances
- Lotions and creams with Preservatives
- Astringents
- Detergents
- Hair products
- Newspapers and printed books
- Tissue paper, cotton balls, Q-Tips
- Fingers
- Dyes
- Makeup
- Nail polish
- Office copier paper and office documents

Remember to listen to your body. Try to avoid emotional situations. Many products that you may find in an office setting can irritate your resurfaced areas. Please pay close attention to the following section.

BEFORE AND AFTER SKIN RESURFACING PHOTOS



Before

After



Before

After

SKIN RESURFACING



Before

After



Before

After

SKIN RESURFACING



Before

After



Before

After

SKIN RESURFACING



Before

After



Before

After

SKIN RESURFACING



Before

After



Before

After

SKIN RESURFACING



Before

After



Before

After

CHAPTER 7



Cosmetic Surgery of the Chin & Cheeks

Mentoplasty

Malarplasty

After Chin & Cheek Augmentation

Before & After Chin & Cheek Surgery Photos

CHAPTER 7

COSMETIC SURGERY OF THE CHIN & CHEEKS

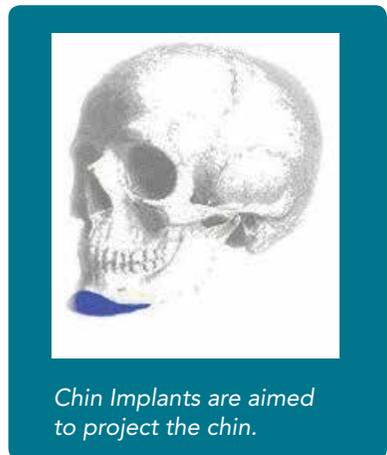
Introduction

Facial implants are intended to restore volume to areas that are deficient either due to hereditary influences or the aging process. The goal is to give the face improved balance and increase the prominence of specific areas. Implants can also counteract the aging process by eliminating shadows that are the result of volume loss or descent of tissues. Permanent, non-degrading materials are used for all facial implants. The result is natural appearing and natural feeling. The procedures are performed through hidden incisions and the recovery period is usually two weeks.

Mentoplasty (Chin Augmentation)

Mentoplasty means to change the shape or to mold the chin. This procedure is usually an augmentation procedure in which the vertical height as well as the projection (the protrusion) of the chin are increased to give the lower part of the face better balance and strength. If we look at the diagram of ideal facial proportions in chapter one, the lower third of the face or the distance between the bottom of the nose and the tip of the chin should be proportional to the other horizontal thirds.

Many times, our chin lacks either vertical length, forward projection or both. In these cases, a medical grade implant is used to give the face the desired balance. Ideally, on profile, the



CHAPTER 7

tip of the chin should fall close to a vertical line extending downward from the junction of the pink lip and white lip.



Augmentation of the chin moves the tip of the chin forward to allow the aforementioned to occur. This procedure may be performed in isolation or in conjunction with other procedures such as liposuction or nasal plastic surgery. Patients that request chin augmentation as

an isolated procedure usually have a family trait of receding chin or have had either dental problems or childhood tonsil and adenoid problems. Patients that request chin augmentation in conjunction with nasal plastic surgery usually have a nose that is too large in conjunction with a receding chin, giving the face an overall convex appearance on profile. Patients that request this operation with liposuction of the area under the chin not only suffer from a receding chin, but from excess fat in the neck area.

The procedure may be performed either through an incision inside the mouth or the chin crease. We will most often perform this procedure under "twilight anesthesia."

The implant material of choice for chin implantation surgery is a medical grade silicone that is placed over the jaw bone. This material integrates into the surrounding tissues very nicely and results in a very natural appearance and feel. Chin implants with this material look and feel very natural and do not result in the "operated look."

The material used for augmentation is the same as that used for other areas in the body. It is very stable and results last a very long period of time. It also integrates itself into your tissues and in a few months it feels as if it has always been a part of you. Most importantly, this material allows

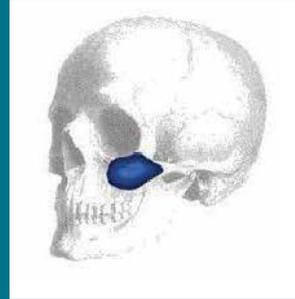
JUST FACES

the surgeon to meticulously and precisely customize each implant for each patient

Malarplasty (Cheek Augmentation)

This is the procedure that allows for greater projection or prominence of the cheek bone area or the area below the cheek bones. This procedure is designed to augment the cheek area in such a way as to draw more attention to the eyes.

Some patients that require cheek augmentation have had a childhood



Cheek implants are designed to bring the mid-face in to better balance and harmony.



BEFORE

AFTER

A chin implant can significantly alter the appearance of the lower face, giving a softer look to the entire face.

CHAPTER 7

history of tonsil or adenoid problems requiring them to breathe through the mouth and causing underdevelopment of the sinuses that define the size of the cheek bones. Others may have a history of injuries to this part of the face or others may even have a familial history of flattened cheek bones.

Any of these are typical causes of flattened cheek bones. The cheeks are an important component of the middle third of the face (remember the nose is also important). Traditionally, high, prominent cheek- bones have always been considered a “beautiful” feature of the human face. This procedure uses a medical grade implant material that is inserted on top of the cheek bones to build up flattened or underdeveloped cheeks and create this attractive feature.

Cheek augmentation is usually performed through an incision inside the mouth. The implant material is a medical grade material that is placed just under the soft tissues of the face and is allowed to heal in that position. Dr. Garcia will discuss which size implants would yield natural results at the time of your consultation. He will take into consideration your underlying skeletal structure, the augmentation requirement, and the inherent asymmetries that are present in every single face prior to surgery.

After Chin & Cheek Augmentation

DO: Eat a soft diet for at least 2 weeks after surgery. This includes foods such as soup, mashed potatoes, ice cream and other foods cut into small pieces.

DO: Leave the dressing tapes on your face until the staff removes them at 7 days after surgery.

DO: Gradually resume your exercise activity starting 1 week after surgery. You may not, however, bend over and lift heavy objects for at least 2 weeks after surgery.

DO: Report any undue swelling, redness or discharge from any of the incisions immediately to Dr. Garcia.

DO NOT: Eat foods that are hard or “crunchy” for 2 weeks after surgery. This includes nuts, crackers, chips or hard candy. Pieces of hard food may become trapped in the wound and will cause discomfort and infection.

DO NOT: Feel your stitches with your tongue much less force your tongue

JUST FACES

over the stitches for 2 weeks after surgery. This may cause prolongation in the healing time as well as risk of infection.

DO NOT: Manipulate or feel your stitches with your fingers. Do not pull your bottom lip out in the case of a chin implant or your cheeks out in the case of a cheek implant.

DO NOT: Brush your teeth with a toothbrush. This may inadvertently injure your healing incisions and prolong healing. For 2 weeks after the surgery, use tooth- paste on your index finger to clean your teeth. You may gently rinse your mouth with mouthwash starting 2 days after surgery.

DO NOT: Participate in contact sports or pick up small children for 3 weeks after surgery. Avoid standing in large crowds as well. The implants take time to heal into their permanent positions. If they are moved or “bumped,” they may require surgical manipulation for repositioning.

Remember what has been previously said about swelling in this book. Your chin and/or cheek surgery will cause you to have some swelling. This swelling is always limited and will go away. Be patient with the swelling, as the final result of your implant may not be seen for 2 to 3 months after the surgery.

BEFORE AND AFTER MENTOPLASTY/CHIN AUGMENTATION PHOTOS



Before



After



Before



After

MENTOPLASTY/CHIN AUGMENTATION PHOTOS



Before

After



Before

After

MENTOPLASTY/CHIN AUGMENTATION PHOTOS



Before

After



Before

After

MALARPLASTY/CHEEK AUGMENTATION PHOTOS



Before

After



Before

After

CHAPTER 8



Cosmetic Surgery of the Ears

The Otoplasty Operation

After Cosmetic Ear Surgery

Before & After Otoplasty Photo

CHAPTER 8

COSMETIC SURGERY OF THE EARS

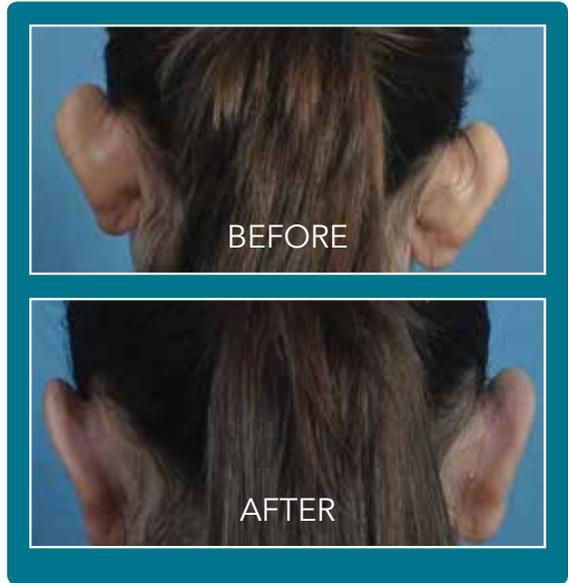
Introduction

Otoplasty is the name of the operation that repositions or shapes prominent ears.

Prominent ears can be an emotionally taxing issue with many children as well as adults because of their visibility. Many patients who have undergone this procedure are extremely happy because the visual improvement can be dramatic. Most patients

in need of an otoplasty were born with a congenital defect of the ear in which the naturally occurring folds of the ears are either absent or there is excess cartilage in other parts of the ear. These factors cause the projection of the ears to be excessive. As previously mentioned in this book, the face develops by the fusion of two structures during the embryonic part of our lives. Because of this, the two sides of our face are not perfectly symmetrical. External ear development is not an exception to this rule. Most patients with prominent ears have differences in the shapes and prominences of their two ears. I will point out these differences at the time of your consultation and will make recommendations accordingly.

In children, this surgery is usually performed by the age of 6 for the following reasons: The ear is approximately 90 percent of its adult size by the age of 6 and any surgery altering the shape of the ear will not



CHAPTER 8

significantly affect the growth of the ear by this age. This is also the age at which many children enter school and correction of the deformity avoids any social or emotional stigma associated with prominent ears. In adults, the surgery can be performed at any time the patient's schedule allows.

The Otoplasty Operation

The surgery involves the creation of the normal folds of the ear by placing invisible, long-lasting sutures in the cartilage and allowing it to mold into the desired shape. Other times, the surgery can also include recontouring the ear cartilages by other means. This will be discussed with you at the time of your consultation. All of the incisions are placed in the crease behind the ear and the skin sutures are removed at 1 week after surgery.

After Cosmetic Ear Surgery

After the surgery, you will have a dressing around your head for the first 24 hours. This will be removed in the office, the day following surgery.

DO: Wear a stocking cap or head band over your ears at all times for the first 3 weeks after surgery. After the initial 3 weeks, you will wear the head garment at night only for 3 more weeks. Sleep with your head elevated for 2 weeks after surgery.

DO: Clean the suture lines behind your ears with peroxide and antibiotic ointment 6 times per day for the first week after surgery.

DO:: Call the office immediately if you notice any excessive swelling, redness or discomfort.

DO: Expect some numbness that persists for several weeks after surgery. On rare occasions, you may also notice some of the deep sutures work their way out of the wound several weeks after surgery.

DO NOT: Resume strenuous activity such as exercise or bending over for 2 weeks after surgery.

DO NOT: Pull the ears forward for 4 weeks after surgery, under any circumstances.

**BEFORE AND AFTER
OTOPLASTY PHOTOS**



Before



After



Before



After

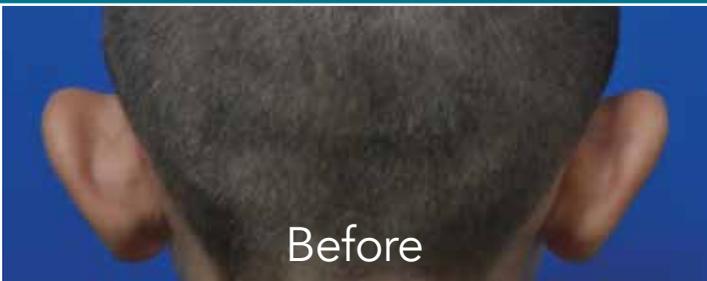
OTOPLASTY PHOTOS



Before



After

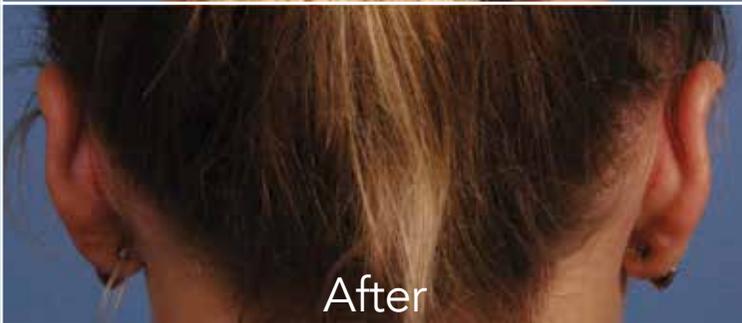


Before

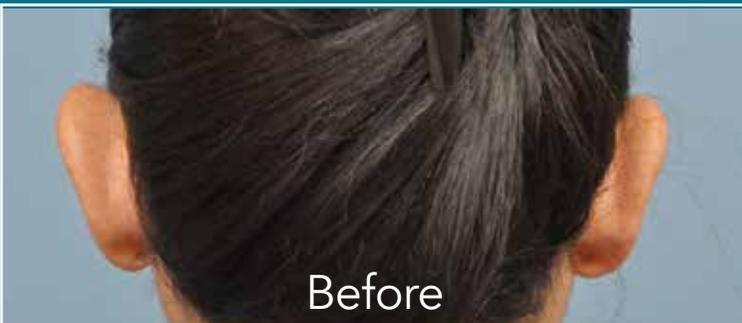


After

OTOPLASTY PHOTOS



OTOPLASTY PHOTOS



CHAPTER 9



Non-Invasive Advanced Aesthetic Therapy

Partial vs. Complete Correction

Progressive Peels

Microneedling

Ultherapy

PDO Thread Lift

Before & After Aesthetic Treatment Photos

Joni Collins Ricketts, MSPAS, PA-C, CAC

J. Phillip Garcia, M.D., F.A.C.S.

CHAPTER 9

NON-INVASIVE ADVANCED AESTHETIC THERAPY

Introduction

Minimally invasive procedures are becoming increasingly popular as consumers today are educated, not only on what is readily available in the market, but also consumers are now requesting quick, non-invasive procedures with minor downtime and very little risk. According to the Academy of Aesthetic Medicine, “Aesthetic Medicine comprises all medical procedures that are aimed at improving the physical appearance and satisfaction of the patient, using non-invasive to minimally invasive cosmetic procedures”. A number of noninvasive aesthetic procedures allow providers to create a variety of options to achieve the patient’s desired results. Non-invasive aesthetic procedures are also increasingly popular because they provide a nonsurgical option for a patient with a complex past medical history who could not otherwise tolerate general anesthesia.

When deciding on where to have your minimally invasive procedures performed, it is imperative to understand several aspects of the procedure and if the practice provides the following information: Partial vs Complete correction, available procedures, as well as the chosen procedure’s mechanism of action and knowledge of where the procedure works within the skin layers. Understanding the benefits of the synergistic effects of procedures and compliance with pre and post care are essential for the optimal results. In order to better prepare you for your consult and your procedure, we have outlined a detailed guideline for you.

Partial vs. Complete Correction

During your initial consultation, we will create a game plan for success. We will also discuss the advantages and disadvantages of partial and complete correction, helping you to decide which correction is best for you.

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Partial Correction refers to correcting the underlying concern to its baseline and may be preventative therapy to maintain a baseline. Partial correction strives to improve the desired look in a specific area with an understanding that the final result cannot be achieved in one visit. For many patients, partial correction is a more affordable option and patients prefer several follow up visits because of affordability and the need to stage delicately his or her transformation.

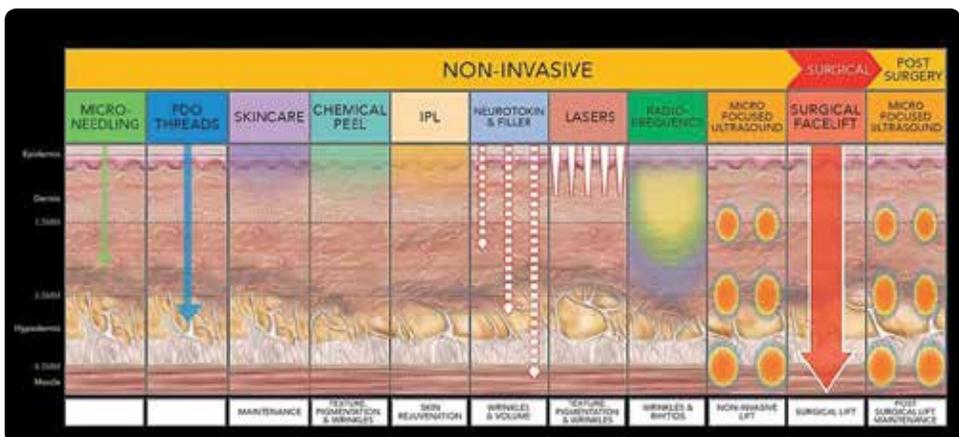
For example: A patient presents with shallow midface and would like volume and lift. Her budget is nine hundred dollars. We recommend two syringes of filler and midface PDO threads. She decides to proceed with one syringe of filler and schedules sequential visits for the second syringe of filler and finally, for placement of the mid face PDO threads. She understands that by only purchasing one syringe of filler, she will obtain an improvement but not a complete correction. She proceeds with the plan for her partial correction and is pleased with the result.

Complete Correction refers to performing a multifaceted approach, as well as complete transformation to achieve the desired baseline.

For example: The patient in the previously mentioned scenario prefers to make her complete correction in one office visit and is pleased that she was able to achieve her desired results in one visit. We support you on your journey and will educate you on several options available, including but not limited to partial or complete correction.

LAYERS OF THE SKIN & WHERE PROCEDURES WORK BEST

Picture courtesy of Ultherapy



CHAPTER 9

Medical Grade Skin Care

Both tretinoin and retinol are forms of Vitamin A, however, tretinoin tends to be stronger than retinol. Tretinoin is best suited for patients who have oily or tolerant skin and is a fantastic step up from retinol. Retinol is a derivative of Vitamin A and it is a good alternative and best suited for those with sensitive skin. Retinol must be converted into retinoic acid to become active. This is why we prescribe both retinol and tretinoin - both stimulate collagen, which reduces fine lines and wrinkles. Our retinol is one percent medical grade retinol. We prefer to have our tretinoin compounded by a local pharmacy because we can customize additional components (ex: tretinoin plus azelaic acid); we also prefer ZO's Refissa as it is one of the purest forms of tretinoin. Biochemically, retinol and retinoids are similar, however, it may take longer to see results with retinol-based products.

Progressive Peels

According to Anna Samuels, Physician's Care Alliance's leading clinical educator, "PCA is a healthcare company specializing in blended chemical peels for more than 25 years and is the trusted leader in chemical exfoliation in the industry. We use a variety of formulations designed and customized to your specific concerns and lifestyle. Do not let the term "chemical peel" scare you. Chemical exfoliation is a safe and effective way to rapidly exfoliate your skin to reveal healthy glowing skin and encourage new collagen production and a smoother, brighter complexion. You can schedule a Sensi Peel to get that pre-event glow, or a series of Ultra Peels or Jessner Peels for a more progressive approach to rejuvenation. Our Forte peels are physician grade and reach the dermis. Our skin naturally exfoliates every 30 days, until our thirties when it slows down. That is why we wake up on our 35th birthday and our skin looks dull, blotchy and our lines are starting to show. This is an indicator that it is time to start regular chemical exfoliation. Monthly chemical peels will literally sluff off the hands of time. Some other lines of peels may burn or blister the skin, but Physician's Care Alliance (PCA) peels use many ingredients that naturally occur in the skin. PCA peel ingredients of lactic and citric acid, coupled with botanicals to help feed, lighten and brighten your complexion with NO down time, giving optimal results. Regular treatments will transform you back to the youthful version of YOU! Get ready for less brown spots, refined pores, tighter, brighter firmer skin."

JUST FACES

Sensi Peel – Formulated for all skin tones and types, including highly sensitive skin. This gentle TCA blend improves surface texture and fine lines while brightening skin.

Ultra Peel – appropriate for many other skin types, conditions and sensitivities. It will help improve the appearance of fine lines and wrinkles, while promoting an even skin tone and clear complexion.

Jessner Peel with Hydroquinone & Resorcinol – Perfect for resilient skin or those who require a deeper treatment, our most potent modified and enhanced Jessner's solution improves sun damage and acne.

Jessner Peel, Hydroquinone Free – Ideal for oily, sensitive skin types. This modified and enhanced Jessner's solution improves breakout-prone skin and promotes an even skin tone.

Microneedling

Microneedling refers collagen induction therapy and has been around for centuries. By creating a small injury to the skin, microneedling causes the cells to work harder to heal and promotes collagen.

SkinPen is a true state of the art anti-aging device that repairs and improves sun damage, scars, stretch marks, and hyper-pigmentation through collagen induction therapy. Because the Skinpen has twelve surgical grade micro needles that simultaneously develop tiny micro channels in the skin, SkinPen increases collagen and skin cell turnover. The overall result is an appearance of a more youthful skin. SkinPen is excellent for fine lines and acne scarring, as well melasma. SkinPen reduces pore size and improves overall skin tone and texture.

Injectables

(Neuromodulators and Fillers)

See Chapter 5 for everything on Injectables.

Autologous Stem Cell Therapy (PRP vs PRF)

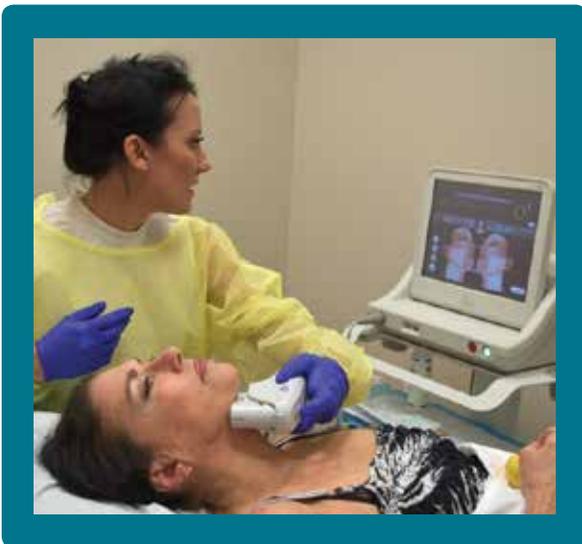
Using your own blood without a coagulant creates a thick fibrin sheath that includes white blood cells and a large variety of potent stem cells.

PRF is Platelet Rich Fibrin and **PRP** is Platelet Rich Plasma. PRP and PRF are very similar, except for that PRF does not contain anticoagulant. PRF is found to have mesenchymal stem cells, as well as more growth factors

in general. It is for fine lines, wrinkles, fillers, and can be used in combination with microneedling, Ultherapy, PDO threads and fillers.

Microneedling and Progressive Peel: combination therapy for melasma, as well as improve the organization and density of the dermal-epidermal junction

Peels literally sluff of the hands of time. Microneedling generates collagen and helps with scarring, fine lines, stretch marks, pore size, acne and pigment. By rotating custom dermal peels and microneedling of the full face, neck and chest every 28 days, the patient gets a true transformation of the epidermal and dermal junction. Not only does the skin overall look healthier, but also injectables and threads will work better and last longer because they are placed on a more organized surface. We often “boost” our peels and microneedling sessions with Vitamin C with Phloretin. We also recommend our patients use retinol or tretinoin and finally SPF that contains titanium dioxide and zinc oxide.



Ultherapy

Ultherapy is the only non-invasive FDA-cleared procedure to lift skin on the neck, under the chin, on the eyebrow and, most recently, on the décolleté. Ultherapy utilizes ultrasound and has been used safely throughout the medical field for more than fifty years. Our board certified medical providers read this ultrasound to

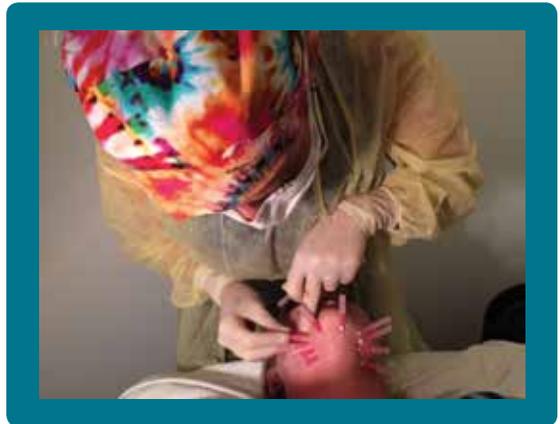
JUST FACES

differentiate where to deliver energy. By delivering this energy, a micro injury results and creates a more lifted and organized structure. Over three months you will see collagen promotion and a lift. We also provide off label Ultherapy. "Off label" simply means that the procedure is not yet cleared or approved by the FDA. We have been providing Ultherapy to the body for years with safe and consistently beautiful outcomes. Ultherapy can help you achieve a fresher, more youthful look from your brow to your toes! Safe Ultrasound, no surgery - Ultherapy has been established as safe and effective in clinical studies and in more than 350,000 treatments worldwide. We highly recommend pairing Ultherapy with PDO Threads. Ulthera results usually last three years, but we have seen maintained results at five years.

PDO Thread Lift

PDO stands for Polydioxanone, referring to the material used to make the threads used in the lifting procedure. Novathreads is the brand of our favorite PDO Threads.

The PDO threads offer a number of specific benefits:



BENEFITS OF PDO THREADS

- Threads have no cones, thus no damage to the tissue.
- Excellent safety record – the same thread used in cardiac, plastic, obstetric and other surgical sutures
- Ultra-fine threads (smooth or twist threads) are naturally broken down within the body over 6-8 months, although the results naturally 'wear off' over around 18 months.
- Barbed threads last longer and produce a stronger, more instant result.
- PDO thread material is invisible within the skin.

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The principle behind PDO thread lifting is not simply about pulling the skin into a different position, but rather to stimulate the body's natural reaction to a "foreign body". This stimulation produces collagen and improves blood circulation, contracting the tissue. As the PDO dissolves naturally over time, a strong collagen bond results.

You can think of Ultherapy as the "Spanks" and PDO threads the "panty hose".

Lasers and IPL

Did you know that IPL is not a laser and that laser is not IPL? While both technologies utilize light to target or destroy their targets, they use different spectrums of light. **Intense Pulsed Light Therapy (IPL)**

is actually a light therapy that utilizes scattered light or several patterns of full spectrum light with different scattered wave lengths. **Lasers** use targeted light or use light of a specific wave lengths. Both therapies however do utilize their different technology to promote collagen stimulation, to improve skin pigmentation and reduce hair growth. One of the most well-known lasers is the Carbon Dioxide or CO2 Laser. The **CO2 Laser** remains one of the best soft tissue and surgical lasers. CO2 uses photo thermal targeted therapy to resurface skin and to achieve hemostatsis when cutting. CO2 is often used in the operating room. IPL is fantastic for rosacea and dry eye / MGD (meibomian gland dysfunction). IPL reduces pore size and reduces telangectasias. IPL also assists in promoting secretion of oil from the meibomian gland to help dry eye.

THE PDO LIFT HAS A SERIES OF BENEFITS:

- Naturally improves skin elasticity and texture
- Reduces wrinkles
- Brightens skin tone
- Produces more defined facial contours
- Gives a rejuvenating and lifting effect
- Covers prominent forehead veins
- Improves texture and tone

**BEFORE AND AFTER
ULTHERAPY PHOTOS**



ULTHERAPY PHOTOS



ULTHERAPY PHOTOS



ULTHERAPY PHOTOS



Before

After



Before

After

ULTHERAPY PHOTOS



Before

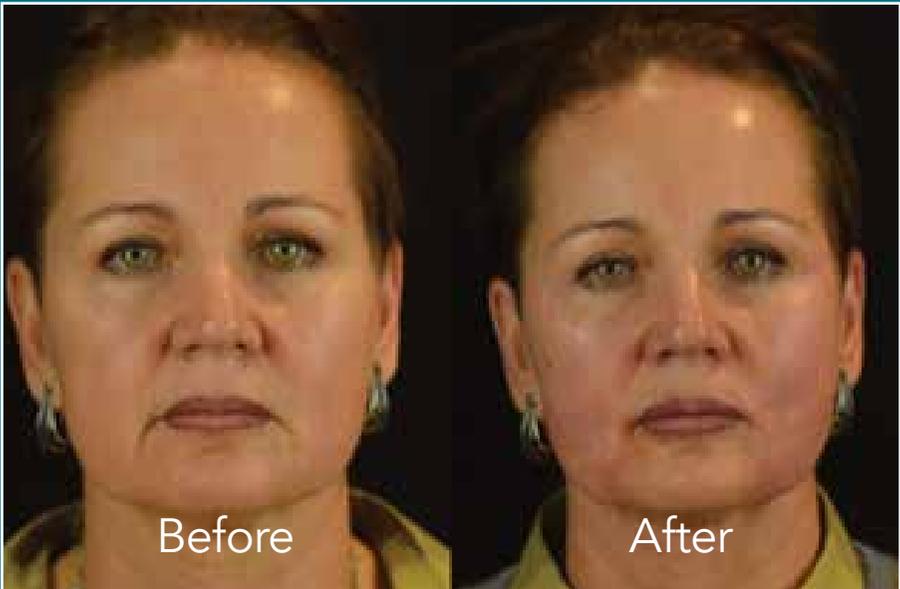
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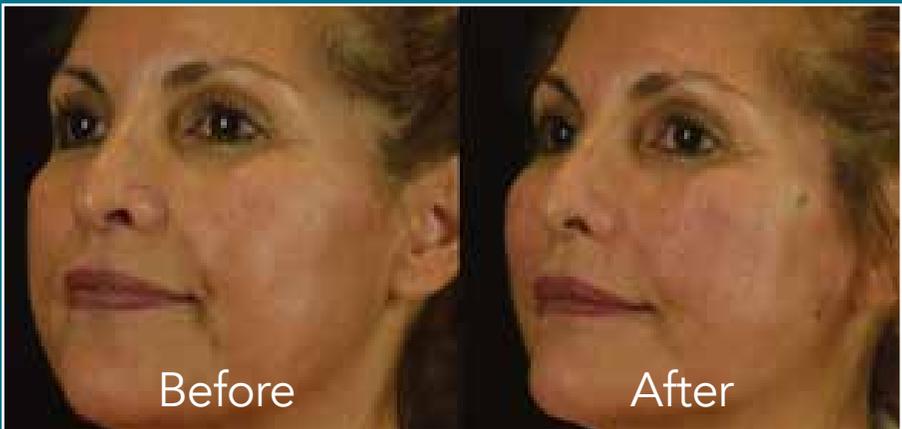
Before

After

PDO THREAD LIFT BEFORE AND AFTER PHOTOS



PDO THREAD LIFT PHOTOS



CHAPTER 10



Skin Cancer, Facial Reconstruction & Facial Trauma

Types of Skin Cancers

Treatment of Skin Cancers

Before & After Mohs Surgery Photos

Facial Trauma

Before & After Facial Trauma Photos

Scars

Scar Revision

Lesion Removal

After Scar Revision & Lesion Excision

Before & After Scar Revision Photos

CHAPTER 10

SKIN CANCER, FACIAL RECONSTRUCTION & FACIAL TRAUMA

Facts About Skin Cancer

Cancer of the skin is one of the most common types of cancer. Most prevalent in areas with excessive sun and warm temperatures, it is becoming one of the most common cancers diagnosed due to better screening techniques.

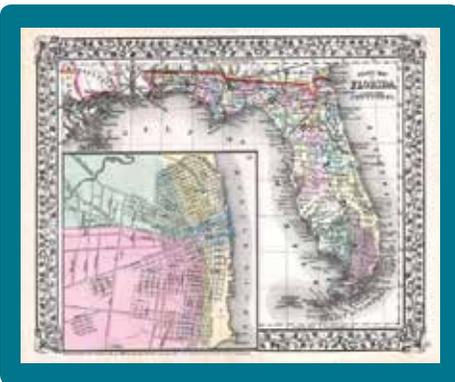


In the southern United States, and especially along coastal cities where many people are exposed to the sun, the incidence of these cancers is very high. Tanning beds that use the same ultraviolet rays as the sun carry the same incidence of causing skin cancers.

What is Ultraviolet Radiation?

Ultraviolet Radiation (UV) is the light energy emitted by the sun. It comes in three forms, all of which can have damaging effects on the human skin.

These effects vary depending on the type of ultraviolet light.



UV-A rays are present year-round with the same consistency. This type of ultraviolet light can lead to premature wrinkling, aging, sagging, and a leathery appearance to the skin.

UV-B rays are strongest during the summer months, at high altitudes, or near the equator. They are generally stronger and increased exposure can cause sun

CHAPTER 10

burning, premature skin changes, and the development of skin cancer. Being Floridians, this is the form of sun exposure that we should be most concerned with.

UV-C rays are the strongest, but rarely make it to the surface of earth due to their absorption by the ozone layer of the atmosphere.

Does Sunscreen Help?

The introduction of sunscreen lotion has greatly reduced the damaging effects of ultraviolet light on skin. The primary manner in which sunscreens work is by either absorbing ultraviolet rays or by reflecting them. In fact, the majority of sunscreens have components of both. The net effect is that fewer ultraviolet rays penetrate the skin. Speak with our aesthetician about choosing the correct sunscreen lotion for your skin.

Types of Skin Cancers

There are three basic skin cancers that require discussion. Basal Cell Cancer, Squamous Cell Cancer, and Malignant Melanoma.

Basal Cell Cancer is the most common form of skin cancer and luckily is the most innocuous form. This type of cancer has a very high cure rate approaching 99 percent when early and optimal treatment has been given. The most common locations for Basal Cell Cancer to occur are in the locations most exposed to sun. This includes the top of the ears, the nose, and the upper lip.

Their appearance is that of a raised lesion with rolled up pearly borders and prominent vessels in the center. A lesion that has persisted for more than a month should be investigated.

Basal Cell Cancers almost never spread distantly, but they do have a tendency to invade adjacent tissue and be fairly destructive.

If in doubt, get that lesion evaluated early!

Squamous Cell Cancer is the next most common type of skin cancer and, if treated early, does have a high cure rate, however, not as high as Basal Cell Cancer. Early identification by routine screening has shown to



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improve the cure rate.

This cancer is also seen most commonly on areas of the face exposed to the sun like the ears, nose, temple, and the lower lip.

Their appearance is that of a raised lesion with a central pocket (ulceration) that may be prone to bleeding when touched.

A lesion that has persisted for more than a month should be investigated.

Compared to Basal Cell Cancers, Squamous Cell Cancers have a much higher tendency to spread distantly (lymph nodes or metastases to other parts of the body.)

Malignant Melanoma is the least common, but worst type of skin cancer. There are several variants of this skin cancer which are beyond the realm of this book.

This cancer must be treated early and

aggressively to prevent spread. With early detection, there can certainly be a good outcome from therapy.

Malignant Melanoma typically appears as a black or dark brown patch on your skin with irregular borders. Oftentimes, they can come from moles that have been on your skin for years.

ANY mole or ANY spot on your body that changes in color, shape, or diameter should be looked at immediately.

Treatment of Skin Cancers

Shave Excision

Shave excision is the manner in which any lesion flush with the skin is removed. There is no need for sutures as the defect will resemble that of a scratch. Many times, shave excisions are used as a form of biopsy. If the lesion does turn out to be cancer, then a more extensive procedure can be performed.

CHAPTER 10

The advantages of shave excision are that a minimal scar results and no sutures are required. The main disadvantage is that if the lesion's pathology returns as cancer, more tissue may need to be removed.

Surgical Excision

This is the oldest method of skin cancer treatment. Typically, the skin cancer is removed and the defect is closed in the same office visit. Local anesthesia is used, so you will feel no discomfort during the procedure. During surgical excision, adequate margins need to be removed, but sometimes this can involve removing some normal tissue.

Once the cancer is removed, it is sent to the laboratory where a pathologist looks at the specimen under the microscope, and along with making a diagnosis, can tell if all of the cancer was completely removed.

Depending on the type of cancer and its involvement, a multitude of closure techniques can be employed. These range from simple to very complex.

Stitches are used on the skin and the wound is typically taped. The tapes and the sutures will be removed at 1 week when the pathology report is discussed with you. If we receive the report prior to your 1-week visit, we will call you to inform you of the results.

Occasionally, after repairing the defect left by the cancer, the appearance of the scar may not be pleasing to you. We may need to return and perform a scar revision. Please refer to the chapter Scar Revision for more detail.

Mohs Micrographic Surgery

Mohs surgery is the most recent evolution in the therapy for skin cancer. First introduced by Dr. Fredrick Mohs over 40 years ago, this technique has completely revolutionized skin cancer surgery.

The basic tenant of this surgery is that a cancer is removed and subsequent pieces of tissue from the edges are removed and examined under a micro- scope with the goal of preserving as much healthy tissue as possible. After careful mapping and color coding of the cancer, the surgeon knows exactly where remaining cancer may be. This can all be performed in a single office visit. Because of the nature of this procedure, much less normal tissue needs to be removed, allowing for the reconstruction to be less involved.

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Mohs micrographic surgery requires a physician trained in this technique as well as the reconstructive part of the operation. As one could expect, this can be time consuming.

Usually Mohs surgery is performed in the office of a Dermatologist. Most often, you will need to wait several hours in the office while examination of the specimen is being performed. The surgeon may need to repeat the excision several times before all of the cancer has been removed. When the cancer has been completely removed, the reconstruction can be performed on the same day. Dr. Garcia works with several Mohs Surgeons and our office will coordinate with theirs to have your skin cancer removed and the defect reconstructed on the same day. The ultimate goal is for you to have the best service provided to you.

Mohs surgery is a very effective means for treating skin cancer of the face, but does have drawbacks pertaining to cost and time. This manner of treatment for skin cancer is best reserved for areas where healthy tissue preservation is important. These areas include the eyelids, ears, lips, and nose.

We will discuss all of the options with you and recommend the best treatment for you on the day of your visit.

Electrodessication and Curettage (ED&C)

This form of surgery for skin cancer entails shaving the visible cancer (curettage) and cauterizing the base with electrical current (electrodessication.) Unlike Mohs surgery, this treatment does not allow us to know whether all of the cancer was removed. The cauterizing of the base will typically leave a small area that will generally take 2-3 weeks to heal.

Facts about Removing Skin Cancer

All the techniques discussed in the prior section (Shave excision, Surgical excision, Mohs, and Electrodessication and Curettage) may cause scars. In general, any procedure in which an incision is made on the skin can cause a scar. Our specialty is making those scars look less obvious. Remember that individuals heal and scar differently.

While we aim to make most scars inconspicuous, our primary concern is removing the cancer. Our careful attention to detail by meticulous closure and wound care techniques will give your scar the best chance of being concealed.

Risks from Skin Cancer Surgery

Risks that are involved in the treatment of skin cancer are the same as in any other procedure:

1. **Bleeding**
2. **Infection**
3. **Numbness**
4. **Muscle weakness**
5. **Adverse reactions to medications including anesthetics (very rare)**
6. **Scarring**
7. **Recurrence of the cancer**

All of these potential risks will be explained in greater detail at the time of your consultation. Relax the night before surgery.

Have a nice dinner. Remember to eat a high protein meal. The reason for this is that by eating a meal high in protein, your body has the necessary building blocks to heal your tissues properly.

The next important thing to remember is to **get a good night's rest** by going to bed a little earlier than usual. We may recommend that you take a sleeping pill to help you have a restful night. The importance of being well rested before, during, and after your surgery cannot be overemphasized. The body needs to have a certain amount of "down time" where it reenergizes and can go on with the task at hand, healing. Your body should only be focused on this task after surgery.

We would like to take care of you. Should you have any concerns, questions or requests, we will accommodate you.

The Day of the Surgery

On the day of your surgery, you should arrive at the Garcia Institute an hour prior to your surgery. You will be checked in by the staff and brought back to the preoperative area. Here, you will be asked several questions and will sign some paperwork. We encourage your friend or family member to be with you in the preoperative area.

Dr. Garcia will sit with you and explain in detail how best to treat the

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area that needs repair. Once this is done, he will place a small amount of anesthesia into the area so that you feel nothing.

Typically, once finished, you will have the wound site covered with brown Micropore® tape. We will give you an antibiotic and some pain medications

The sutures and bandages will be removed at one week. You will be shown at that time how to care for your incisions.

Scar Revision after Cancer Surgery

If you are not pleased with the appearance of the scar after the surgery, many things can be done to improve it. Oftentimes, we will wait 2-3 months before any decisions are made about scar revision. As a rule, the scar continues to mature for 12 to 18 months, and as such, can continue to improve throughout that time.

Please refer to Chapter 7 Facial Trauma and Scars for more detail.

Post-Operative Instructions

The aim of therapy for skin cancer is to eradicate the cancer completely. The best way is to treat the cancer properly and to follow that area responsibly. After your stitches have been removed at 1 week, we would like to see you at 1 month, then every 2 months for 6 months, then at 1 year.

You can expose yourself to the sun, but you need to be vigilant. Using large brimmed hats with sun-block (SPF 35; 30 minutes prior to being exposed to the sun) can significantly diminish your chances for recurring with skin cancer.

Remember that the fact that you have had skin cancer makes your skin type prone to developing cancer again.

Please remember to contact us with any questions or concerns that you may have.

BEFORE AND AFTER MOHS SURGERY PHOTOS



MOHS SURGERY PHOTOS



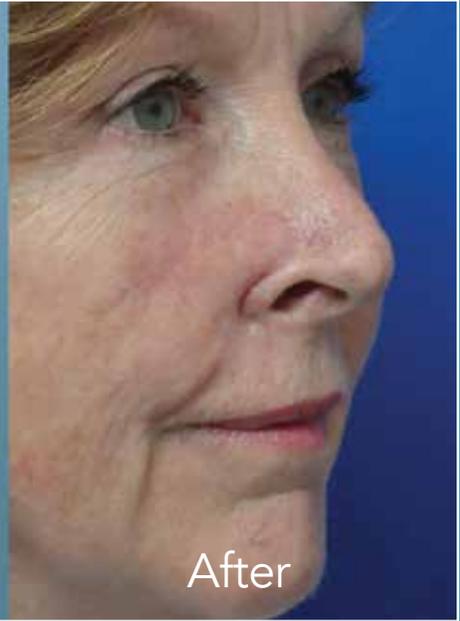
MOHS SURGERY PHOTOS



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MOHS SURGERY PHOTOS



MOHS SURGERY PHOTOS



Facial Trauma

Traumatic facial injury is one of the more common problems encountered in our practice. We see a wide number of causes of facial trauma but mostly it is in the pediatric population. We will address this section to both adults and children as we deal with the same general issues in both patient populations. The causes of facial trauma are many, the end results are usually the same and the majority of patients end up with excellent results and minimally perceptible scars.

Some of the causes of facial trauma include falls, motor vehicle accidents, dog bites, assaults with anything from weapons such as knives and guns or blunt objects such as fists or clubs. The scope of this section will deal only with the soft tissue injuries associated with facial trauma as the craniofacial or skeletal components of facial injuries are widely variable and complex.

Pediatric Injuries

If your child has been injured in the face, the first thing to do is to show your child you are calm. Whether the injury just happened, or it has been repaired already, you must be a leader to your child and show him/her that everything will be alright throughout the entire process. How you react to your child's injury will have everything to do with how your child perceives the injury (especially if they are younger) and will have an influence on the emotional, social and psychological impact on your child.



This child was attacked by a dog. Post- operative views after laceration repair and scar revision 6 months later.

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We say that everything will be alright, because in my experience of taking care of thousands of pediatric injuries, I know that everything really will be alright!

Secondly, hold pressure on any bleeding immediately. This will stop any unnecessary bleeding. Lastly, take your relative to the emergency room or primary care provider for further treatment.

Please take a look at some of the before and after pictures of some of our patients so that you may see how far patients come from injury to final result.

In our practice, the biggest impact on parents is accepting the fact that no matter how talented we as surgeons may think we are, your child will have a scar on his or her face after an injury.

However, it is our job as surgeons to make your child's scar as imperceptible and acceptable as possible. We will make your child's scar better one way or another and it is our goal for it to ultimately have an acceptable appearance to you and your child. There is no doubt in this and you need to believe it for the sake of your child.

Adult Injuries

The causes of adult injuries are also variable, but the end result is some sort of scarring. Because the scarring response in adults is usually less vigorous than a child's, the visibility of adult scars is usually less. We would like you to remember however that your scar is also a work in progress with an end result that will be acceptable to you. Have patience and let your scars "mature". They will improve with time.

Below are general guidelines to get you or your child through the process of facial soft tissue injuries.

The Healing Process

As we stated before, the causes of a facial injury can be many. Whether the injury has been an attack by a dog or a motor vehicle accident, the patient has sustained an injury of the skin that has been repaired with sutures. There are several important issues to discuss regarding the immediate period after suture placement.

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Sutures (stitches) are placed in the skin to bring the edges of the wound together so that scarring is minimized as the wound heals. We generally use absorbable sutures in the skin not necessarily because we expect them to absorb but because we have found that they leave less marks in the skin after they have been removed. Depending on the state of the injury, sutures (even absorbable ones) can be removed anywhere from five days after placement to fourteen days after placement. These are general guidelines that may vary from one patient to the other.

Once the sutures have been removed, we will ask you to keep the healing wound on the face covered with tape at all times for three to six months. Sometimes however, we may ask you to do cleanings on the wound with hydrogen peroxide and ointment four times per day for a prescribed period of time.

Unless you are using the tape that we give you, do not cover the wound with dressings or Band Aids. We will instruct you on how to place the tapes on the face if it is indicated.

As early as the first day of the wound repair, you may see oozing of blood or blood-tinged fluid from the wound. This should stop after the first day and if it does not, call our office immediately. If there is significant bleeding from the wound after sutures, call our office immediately.

As stated earlier, sutures are usually removed from 5-14 days after placement. Wound infections however can happen at any time for the first 14 days after surgery.

**BEFORE AND AFTER
TRAUMA SURGERY PHOTOS**



Before



After



Before



After

TRAUMA SURGERY PHOTOS



Before



After



Before



After

TRAUMA SURGERY PHOTOS



Before



After

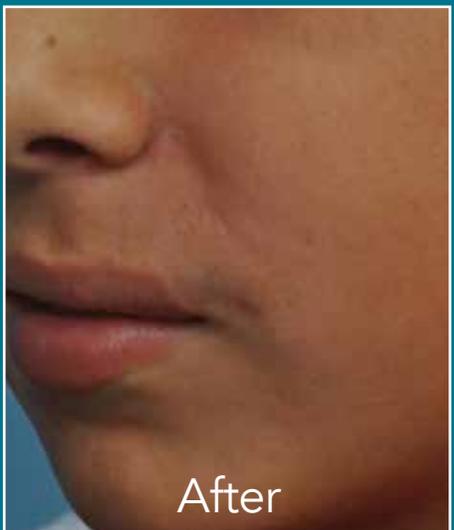


Before



After

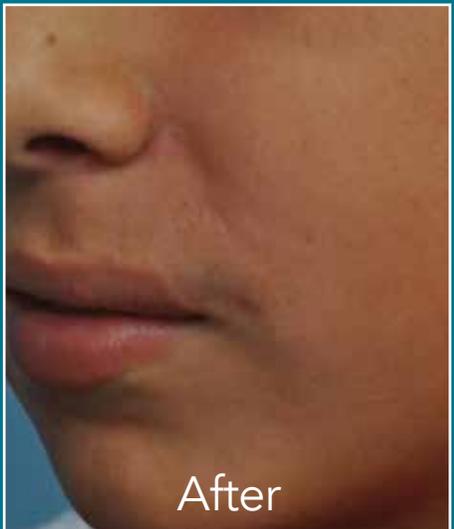
TRAUMA SURGERY PHOTOS



TRAUMA SURGERY PHOTOS



TRAUMA SURGERY PHOTOS



Post-Operative Instructions

1. The tapes or dressing over the wound should be kept clean and dry at all times.
2. The tapes or dressing should NOT be removed. If they become wet, gently pat dry.
3. If the tapes or dressing come off, clean the wounds with Hydrogen Peroxide and a Q-tip®.
4. Gently roll the Q-tip® on the incision/wound, followed by Bacitracin or Neosporin® or Vaseline ointment 4-5 times daily.
5. DO NOT cover the incision or wound if the tapes fall off.
6. Keep your head elevated at all times for the ensuing 2 weeks. Sleep in a recliner or with 2 pillows behind your back. Place a pillow under your knees to alleviate pressure on your back.
7. If you experience discomfort, use TYLENOL® or medication prescribed by Dr. Garcia.
8. DO NOT take Ibuprofen, Advil® or Aspirin containing medications.
9. If the incision is around the mouth:
 - Maintain a soft diet, no hot liquids or spicy foods.
 - Do NOT eat or drink hot liquids - only tepid.
 - Avoid excessive smiling or manipulation of lips.
 - Do NOT use toothbrushes or straws.
10. Please check with Dr. Garcia regarding the use of bottles or pacifiers.
11. If antibiotics were prescribed, take them as directed.



Call Dr. Garcia immediately if you notice any of the following:

- Redness or streaking around the wound
- Purulent or foul odor/drainage
- Extreme pain at/around wound
- Extreme swelling or tightness

We generally allow most patients to return to full physical activity (swimming, sports, regular diet if previously restricted, sleeping without head elevation) at 2 weeks after the injury was repaired.

Scars and Sun Exposure

Lastly, the question of sun exposure and sun protection must be answered. Your child cannot have the wound or the rest of his/her face exposed to direct sunlight without protection for prolonged periods.

Why is the scar still pink?

In the healing phase, the scar will appear pink. This is completely normal. During the first few months, the scar will appear pink because tape is being placed over it at all times. The potential benefits of taping the scar far out- weigh the pink discoloration to the scar.

The pink discoloration to the scar generally will subside by 9-12 months from the time of injury. As time progresses, the scar will eventually fade to a pale color blending with the surrounding skin.

Why are tapes applied to the scars?

When the skin is injured either with surgery or trauma it develops a scar. The strength of scar tissue is 80% to 85% of normal skin. Therefore, by reducing the amount of scar tissue, we can add strength to the skin in the area. This is done by applying tapes to the area that reduce the tension across the wound and minimize scar formation.



Applying tapes to the area reduces the tension across the wound and minimize scar formation.

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How to Properly Apply the Tapes

As stated above, we will place tapes onto the scar for the first week. These should not be removed and should they fall off, please refer to the instructions above.

- Make sure the skin is clean and dry.
- Cut a small piece of Micropore® tape.



If we ask you to tape across the wound:

- Start on one side of the scar and secure it to the skin
- Once secured, pull the tape across the scar and lay it down on the other side.
- Repeat this with other pieces of tape until the entire length of the scar is covered.

If we ask you to tape down the length of the wound:

- Cut a piece of tape that covers the entire length of the scar.
- Stretch the tape between your thumb and index.
- While stretching the tape, place it over the scar while putting firm pressure on the skin.

Scars

Scars develop from a combination of events that take place in response to some form of an injury. Whether this injury is planned (as in surgery) or is accidental (as in trauma), the response is generally the same. Unfortunately, we cannot predict how scars will develop in response to injury.

The old rule “there is no scar like no scar” has long been the quest for facial plastic surgeons. Often times, we are asked if we perform “scarless” surgery.

Any time that the deeper portion of the dermis (the second layer of the skin) is violated, the healing response of the body is to create scar tissue.

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The truth is that all operations that use incisions on the skin cause scarring, but the manner in which these incisions are made or the manner in which wounds are treated allow for the scars to be minimized and/or camouflaged. While it is nearly impossible to completely eliminate a scar, we can make the scar almost invisible in most cases.

The Social Impact of Scars

The visible appearance of scars weighs heavily on the emotions of patients. Many adult individuals lose the confidence to face the world, or worse, lose the confidence to face the mirror. Children with disfiguring scars are often ridiculed by their peers. This carries on to adolescence where self-esteem and confidence issues may occur. The aim of scar revision surgery is social. We strive to lessen or eliminate the social impact of disfigurement due to a prominent scar.

The Causes of Scars

A scar is caused by the violation of the dermis (the second layer of skin) either through trauma or surgery. When the skin is injured, the body responds by bringing cells to the site that have both immediate and long-term effects on how the wound heals. This orchestration of “healing cells” ultimately allows for the deposit of collagen fibers that result in the long-term appearance of the scar. Scars appear different from the rest of the skin, because these collagen fibers are different in quantity, quality and arrangement than the rest of the skin.

For the sake of our discussion, we will treat all scars as an end product that has many different causes. These causes include surgery that uses incisions to achieve a desired cosmetic or reconstructive result. Removal of skin lesions whether excisional (making an incision around the lesion) or shave (superficially shaving the lesion) can also result in scars. Wound healing difficulty after surgery can also cause scars that may need to be revised.

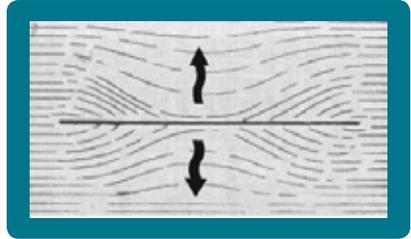
Controllable factors in reducing the prominence of scars include the meticulous attention of the surgeon to wound closure, the orientation of the incision(s) during surgery, preoperative cessation of cigarette smoking and optimization of medical problems such as diabetes and high blood pressure. One of the most important, controllable influences on scar formation is the strict adherence to postoperative instructions. These will be discussed later in this chapter.

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Other causes of scars that are less controllable include hereditary disposition to scar creation, race of the patient, orientation of the scar to the surrounding resting skin tension lines (lines of low skin tension) of the face, extent of traumatic injury if the scar was caused by an accident, medical problems that were not well controlled prior to surgery or not found until after surgery.

Why Are Some Scars More Prominent?

Scars become visible when they contrast with surrounding skin. The contrast of the scar to the surrounding skin is caused by the width, elevation and color of the scar.



Width of the scar is perhaps the unsightliest characteristic. As the figure above illustrates, this is generally caused by too much tension across the wound as it healed. In a healing wound, the body responds to tension across the wound by depositing more of the collagen tissue that looks different from normal skin. For this reason, it is important not only for the surgeon to reduce tension over the scar in different ways but for the patient to follow postoperative instructions and to reduce facial motion around the scar.

The elevation or depth of a scar compared with surrounding skin is also a factor that makes scars disfiguring. Scars that are raised in comparison to the surrounding tissues or ones that are lower than surrounding tissues (depressed) can become noticeable. Raised or sunken scars tend to cast a shadow, making them more noticeable. With time, the level of the scar will generally become flush with the surrounding skin, eliminating the shadow and the contrast of the scar.

Many times, a keloid scar (a thick, raised scar that grows beyond the confines of the original wound) forms after skin injury. Keloid scars are more frequently seen in African Americans and other races with darker skin pigmentation.

They can be seen in Caucasian skin as well although the incidence is much lower. There is no known causation of keloid scars aside from skin injury. As mentioned before, there is an association with different races. Although the occurrence of a keloid scar is something that cannot be predicted, a history of keloid scar formation in other parts of the body may

be an indicator for future formation.

The color of the scar is of great concern to patients. The normal scar maturation process in Caucasians evolves from a deep red, to pink and then ultimately to a tone slightly lighter than the surrounding skin. In darker skinned individuals, such as African-Americans, the scar will be pink initially and then will evolve into a darker color than the surrounding skin. In time, the resulting scar will lighten.

Scar Revision

Basic Principles Behind Scar Revision and Skin Incisions

The purpose of scar revision or making any incision on the skin for that matter, is to camouflage an existing scar, reduce its visibility and/or to place the incision in an inconspicuous location and/or make it level with the remainder of the skin. A deep understanding of the healing properties of skin is required.

When performing scar revision, the aim is not only to minimize the scar by making it smaller, less pronounced and thinner, but also to place it within existing or future wrinkle lines.

As previously discussed, many times, simple excision of a scar results in a smaller, more acceptable scar. However, several other issues need to be discussed. Of note is the idea that one of the things that draws attention to a scar is the shape of the scar. Hence, usually more attention is drawn to straight lines than irregular or curved lines. It follows that when the straight line is broken up into an irregular or zig-zag pattern, then the eye has difficulty following it, and as a result, becomes less noticeable. One of the basic principles in scar revision is therefore to change a scar with a straight line to one with a curved or irregular shape.



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You may recall that the face has both resting wrinkles and those that are seen when the face moves as the previous drawing illustrates. Incisions or lacerations (cuts) tend to hide better when they are located within or parallel to a normal skin fold. When scars run against the direction of these folds, they become more noticeable. Many times, scar revision will entail changing the orientation of a scar to make it run in the same direction as a skin fold.

Scars that become raised or depressed tend to become more noticeable to the eye. With resurfacing procedures like dermabrasion, the scars can be flattened and brought down flush with the surrounding skin. The surrounding skin around depressed scars can be resurfaced as well to even the level of the skin in relation to the scars thus reducing the prominence of the scars. Again, the location of the scar does not change, but flattening it or the surrounding skin, eliminates the shadow it casts, making it less noticeable.

Timing of Scar Revision

As you have probably seen in the past, scars tend to change with time as they mature. Not only does the color change, but so does the thickness and the height of the scar. In adults, the expected time to allow full maturation of the scar is 12-18 months. In children, however, the time that it takes for scars to mature is anywhere from 18-24 months.

A Word on Waiting

Generally speaking, scars should be allowed to fully mature before they are subject to revision procedures. The reason is simple: Give the scar the benefit of the doubt, allowing it to complete its development. On several occasions, we have found patients in our practice with significant scarring from trauma. Given sufficient time, these scars flattened, became less red, and thinned to become much more acceptable to us and the patient. Scar maturation does take time, so keep in mind that performing scar revision too soon can actually aggravate the scar.

When to Intervene Early...

There are exceptions to waiting 12 to 18 months before revising a scar. When a scar distorts the normal position of tissues like the lip, nose, eyebrow, or the eyelid, then earlier repair is warranted. There are scars that we know that even with ample maturation time will still not look appropriate.

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Disfiguring scars suffered by children is another reason to proceed with scar revision surgery earlier than usual. In these cases, the disfiguring scar can have a profound effect on a child's social and psychological development. In these cases, we can proceed with revision as early as six months after the date in which the scar was produced.

A very important point to remember is that scar revision is a series of events, not a single operation. Sometimes given the most optimal conditions, a single surgery can be performed with great results. Many times, however, multiple surgeries are needed to get the desired result. We address scar revision on an individual basis.

Children vs. Adults

The old saying that children heal better than adults should be questioned. In a sense, children apparently heal faster with tissues sealing faster. On the other hand, children tend to heal for LONGER periods of time.

As you know, children are metabolically more active and manifest greater activity of their "healing" cells. The scarring response is thus generally more vigorous in children than adults. However, as stated earlier, in children, we can generally determine whether a scar will be favorable or unfavorable early in the healing process and this may lead us to operate sooner rather than later on children. This stark difference in healing times between children and adults continues until the end of puberty.

Lesion Removal

All of the rules regarding wound closure and scarring generally apply to excision of facial lesions. In this case, the scarring left behind after a lesion removal is more acceptable because the incision is controlled but the rules about resultant scars and scar revision as well as wound care all apply to lesion removal.

After Scar Revision & Lesion Excision

Following any form of scar revision or lesion removal surgery, you will have many questions pertaining to the care of the area. Strict adherence to these instructions will give the scars the best chance to heal properly.

First, remember that the area is very fragile for the first 48 hours. The

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wounds generally “waterproof” themselves by 36 hours. You will then be able to take a shower, but try to avoid submerging the incisions. If tapes are placed over the wound however, you can take a shower the day after surgery as long as the wound is not soaked for more than several seconds at a time.

Again, you may take a shower and get the tapes wet if this is transient in nature. Blot the tapes dry with a towel immediately after wet.

Second, try to avoid any excessive motion, bumping, scratching, or stretching of the wound. For example, if there are incisions around the mouth, try not to talk too much, purse your lips, or do anything that you feel would put undo strain on the incisions.

Third, expect swelling and discoloration. This can be improved with the judicious use of cold compresses for the first 48 hours. As a rule, the swelling will get worse before it gets better and will begin to subside by five days.

When Tape is Used

Most of the time, we will use a brown tape on the incisions called Micropore[®] Tape. This tape serves two main purposes: First, it is a barrier to water and other pollutants in the air. This also protects the wound from becoming contaminated with bacteria, thereby reducing the chances for infection. You can moisten, but not saturate, the tape dressing with water after 24 hours.

Second, the tape reduces tension that may be placed on the skin. The skin responds to increased tension by stretching. This increased stretching can lead to wider and redder scars. For this reason, we will teach you how to tape the incisions afterwards to continue in keeping the tension off of the skin edges.

Because we typically use absorbable stitches on the skin, they tend to come out more easily when the tape is removed. At 1 week, the tape as well as any additional stitches left behind will be removed.

When Topical Silicone is Used

We may also recommend topical silicone to prevent scar growth. This gel or sheet works by reducing the inflammation within a scar thus reducing the production of irregular collagen (scar tissue). It also works by putting pressure on the scar to compress any growth.

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Please see below for specific instructions.

After the stitches have been removed, we will show you how to apply the tape. The most important thing is to pull the tape across the incision line to alleviate the tension on the wound. Your doctor will show you how to apply the tape after your sutures are removed. After your sutures are removed, whenever you shower, you should allow the water to beat down on the tape in order to make the tape easier to remove. When you have removed the tape, then you can clean the incision if your doctor indicates it. Sometimes, after suture removal, the wounds are well healed enough not to need any cleanings. In this case, you have only to do the tapings on the wound and nothing else. Tapings can be done as needed. That is to say that you may only have to tape the wound once every 3 days or 3 times per day. The frequency of tapings is not so important as having the tape on the wound as much as possible.

If your doctor instructs you to do cleanings, please see the instructions below:

- Saturate a Q-tip® with hydrogen peroxide.
- Apply the Q-tip® parallel to the line of incision in a gentle rolling motion. DO NOT rub too hard as this could separate the skin.
- After the incisions have been cleaned, apply a small amount of ointment to the edges of the skin. Too much ointment can cause milia (clogged oil glands in the skin).
- You will repeat this for 4-5 days after the stitches have been removed.

Even after the wound edges have healed and you have ceased to apply hydrogen peroxide and ointment to the edges, you will continue to tape the wound.

Dr. Garcia may recommend taping the wound or using silicone for 3-6 months.

Using sunscreen is important in preventing the scar from staying pink for longer periods of time. We recommend SPF 35 or above along with wearing a large brimmed hat. Remember that protecting scars in the initial 12 to 18 months can drastically improve the final appearance.

Please remember to contact us with any questions or concerns that you may have.

BEFORE AND AFTER SCAR REVISION PHOTOS



SCAR REVISION PHOTOS



SCAR REVISION PHOTOS



Before



After