

CHAPTER 9

AESTHETIC SURGERY

Aesthetic surgery includes those procedures that enhance one's appearance to improve one's self-esteem. Patient goals should be realistic and their motivation should be appropriate. If a patient has unrealistic expectations or a personality disorder, the surgeon should be prepared to refuse to accept the patient or to refer the patient for psychiatric evaluation.

There are many valid reasons for seeking aesthetic surgery. A teenager may desire a more pleasing nose, a young woman may want her breasts enlarged so she is able to wear certain clothing, a balding man may want his hair restored, an older individual may want to have a more youthful appearance with a facelift, etc. The common denominator of these examples is the reasonable desire to improve one's outward appearance for oneself rather than for another person or reason.

If patients are selected carefully and their expectations are realistic, then well-executed surgical procedures generally will result in a happy patient and a gratified surgeon. The patient's self-image is improved and self-confidence is increased. If patients, on the other hand, are poorly selected, even if the procedure is performed flawlessly, the outcome may be tragic for both the patient and the surgeon. If the deformity is minimal and the concern of the patient is great, the chances for a successful outcome are small and the chance for an untoward result is great. Do not operate on these patients.

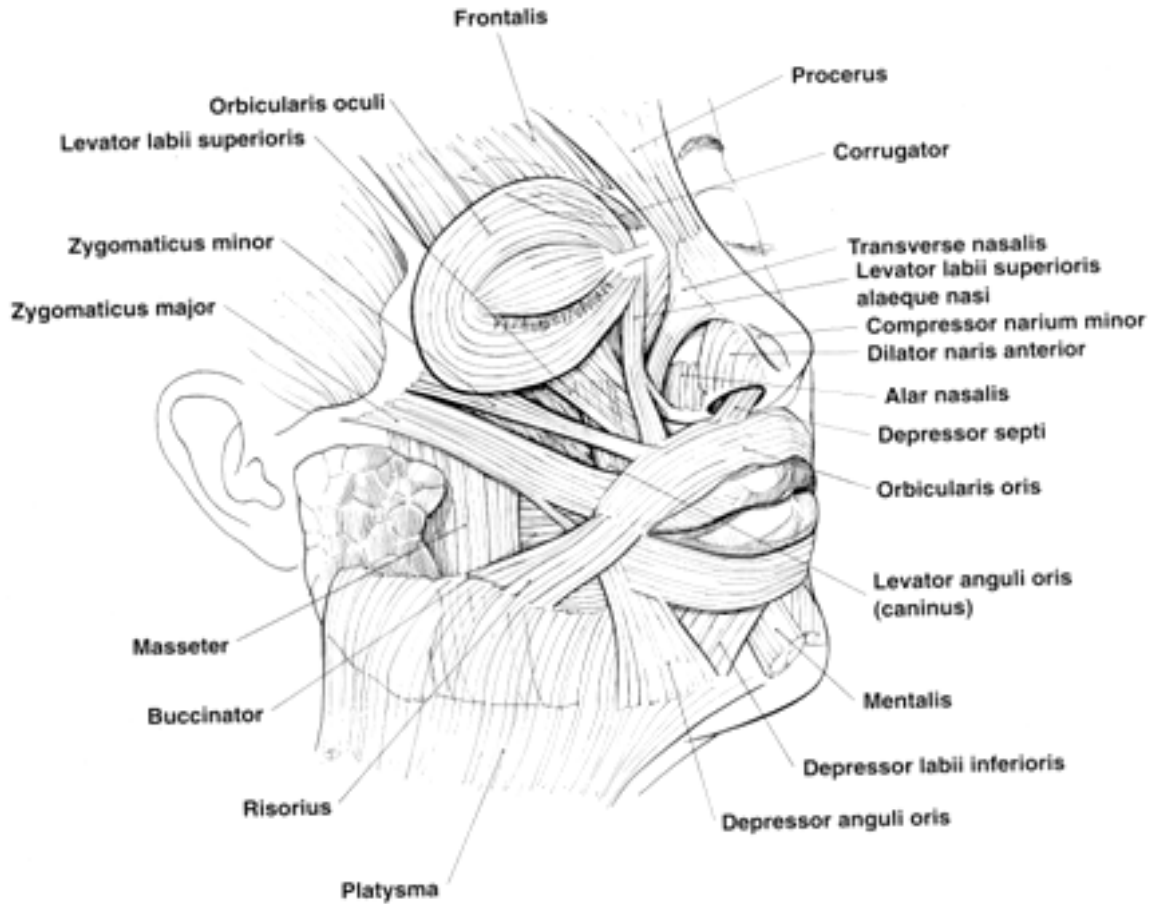
Commonly performed aesthetic surgical procedures can be classified in many ways. One way is by anatomic location.

I. FACIAL REJUVINATION

A. Facelift

1. Anatomy

- a. Facial Nerve trunk, rami, branches and their relations to surface landmarks
 - i. Innervation, position of muscle of facial expression
- b. Parotid gland/duct anatomy
- c. SMAS
 - i. **SMAS (superficial myoaponeurotic system):**
superficial muscle-fascial layer in the head and neck; originating as the platysma in the neck extending superiorly as a thin layer of fascia just below the subcutaneous fat in the face and terminating superior to that as the superficial temporal fascia

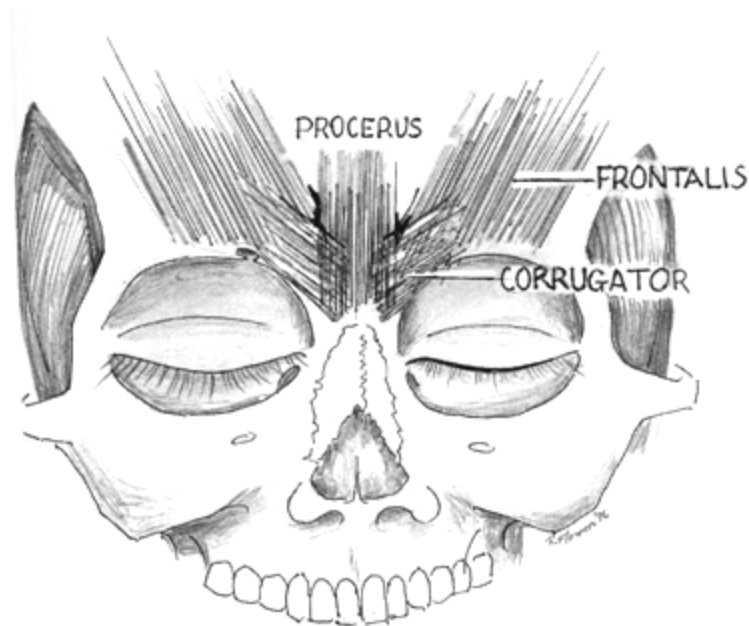


The muscles of facial expression

(FIGURE 9-1)

2. Operative Options
 - a. Skin Only
 - b. SMAS Plication/Excision Deep plane
 - c. Mini
3. Post-Operative Issues
 - a. Hematoma
 - b. Facial Nerve Injury
 - c. Scarring
 - d. Alopecia
- B. Upper Blepharoplasty
 1. Anatomy
 - a. Anterior Lamella
 - b. Posterior Lamella
 2. Pre-Operative Evaluation
 - a. Ptosis vs. Levator dysfunction

- C. Lower Blepharoplasty
 - 1. Operative Options
 - a. Transconjunctival
 - b. Sub-ciliary / transcutaneous
 - c. Canthopexy/Canthoplasty
 - d. Fat pads (medial, middle and lateral) need to be addressed
 - i. Removal or repositioning
- D. Brow Lift
 - 1. Operative Options
 - a. Endoscopic
 - i. Fixation techniques
 - ii. Cortical Tunnel
 - iii. Endotines ®
 - iv. Resorbable Screw fixation
 - b. Hairline incision
 - c. Browline



(FIGURE 9-2)

- E. Neck Lift
 - 1. Open
 - 2. Endoscopic
 - 3. Platysmal plication
 - 4. Lipectomy (direct or suction)
 - 5. Repositioning of submandibular glands
- F. Facial Augmentation
 - 1. Cheek Implants
 - 2. Fat Transfer

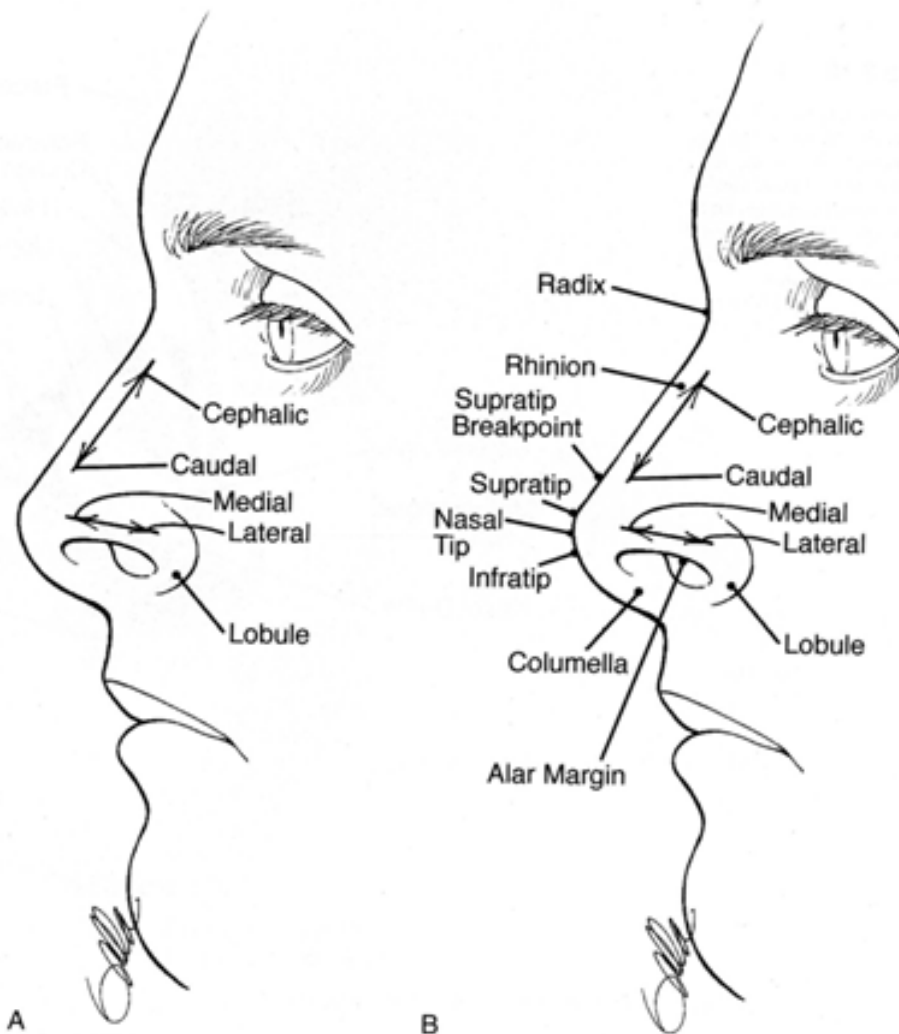
II. Rhinoplasty

A. Terminology

1. Rostral
2. Caudal

B. Anatomy

1. Surface Anatomy
 - a. Supra-tip
 - b. Tip
 - c. Valves (internal and external)
 - d. Vascular supply
 - e. Innervation
 - f. Musculature



(FIGURE 9-3)

C. Deformities

1. Saddle nose
2. Septal Deviation (Crooked nose)

III. Breasts

- A. Augmentation mammoplasty to increase size of breasts
 1. Incisions are made to keep scars as inconspicuous as possible, and may be located in the breast crease (inframammary fold), around the nipple (periareolar), or in the axilla. Breast tissue and skin is lifted to create a pocket for each implant
 2. The breast implant may be inserted under breast tissue or beneath the chest wall muscle
 3. After surgery, breasts appear fuller and more natural in contour. Scars will fade in time
- B. Mastopexy to reposition ptotic breasts
 1. Incisions outline the area of skin to be removed and the new position for the nipple
 2. Skin formerly located above the nipple is brought down and together to reshape the breast
 3. Sutures close the incision, giving the breast its new contour and moving the nipple to its new location
 4. After surgery, the breasts are higher and firmer, with sutures located around the areola, below it, and sometimes in the crease under the breast

IV. Soft Tissue Fillers

- A. Non-permanent
 1. Autologous
 - a. Fat
 - b. Dermafat grafts
 - c. Fascial grafts (ie - fascia lata)
 - d. Isologen
 - i. - A suspension cultured autologous fibroblasts harvested by skin biopsy of pt.
 2. Homologous
 - a. Alloderm®
 - i. acellular dermal graft is derived from skin obtained from tissue banks.
 - ii. can be micronized
 3. Human collagens
 - a. Cosmoderm®
 - b. Cosmoplast®
 4. Allograft
 - a. Bovine collagens
 - i. Zyderm®
 - ii. Zyplast®
 5. Synthetic
 - a. Radiesse™ (formerly marketed as Radiance™)
 - i. microspheres of calcium hydroxylapatite-based implant
 - ii. stimulate natural collagen growth, actually causing new tissue development
 - iii. is also useful in the treatment of facial lipoatrophy (a stigmatizing effect of HIV), vocal cord deficiencies, oral and maxillofacial defects, as well as scars and chin dimples

- b. Hyaluronic acid
 - i. Restylane® (Q-med)
- 6. Permanent
 - a. Artecoll /Artefil
 - i. polymethylmethacrylate speheres suspended in bovine collagen

V. Skin Rejuvenation

A. Chemical peels for facial wrinkles

1. Alphahydroxy acids – lightest peels
2. Trichloroacetic acid – intermediate in strength
3. Phenol/croton oil – most efficacious
4. Chemical peel is especially useful for the fine wrinkles on the cheeks, forehead and around the eyes, and the vertical wrinkles around the mouth
5. The chemical solution can be applied to the entire face or to a specific area – for example around the mouth – sometimes in conjunction with a facelift
6. At the end of the peel, various dressings or ointments may be applied to the treated area
7. A protective crust may be allowed to form over the new skin. When it's removed, the skin underneath will be bright pink
8. After healing, the skin is lighter in color, tighter, smoother, younger looking

B. Laser Resurfacing

1. Laser surfacing is also used to improve facial wrinkles and irregular skin surfaces
2. In many cases, facial wrinkles form in localized areas, such as near the eyes or around the mouth. The depth of laser of treatment can be tightly controlled so that specific areas are targeted as desired
3. When healing is complete, the skin has a more youthful appearance

C. Dermabrasion to improve raised scars or irregular skin surface

1. In dermabrasion, the surgeon removes the top layers of the skin using an electrically operated instrument with a rough wire brush or diamond impregnated bur

CHAPTER 9 – BIBLIOGRAPHY

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