



PIPSTREET

A PUBLICATION OF THE PITTSBURGH INSTITUTE OF PLASTIC SURGERY

Grandpa's Skin

My fondest childhood recollections are of my visits to the home of my paternal grandparents. I was fed the foods I liked, fussed over by Grandma, allowed to sit on Grandpa's lap while he drove his car, my every whim indulged—much to the dismay of my parents. The most entertaining aspect of my visits was Grandpa's shaving ritual. Grandpa began with a thorough, almost traumatic cleansing of his face, employing steaming hot water. Then he lathered his face with shaving soap from a mug and sharpened one of seven pearl-handled straight razors (one for each day of the week) on a leather strop (THWACK! THWACK! THWACK!). Next came the unmistakable sound of steel scraping against bristles of hair. The ritual ended with Grandpa's application of a salty solution (presumably a disinfectant) and a pungent, medicinal-smelling aftershave to his face. At the conclusion his face literally glowed. And, oh, how smooth it was. I loved touching his face and rubbing my cheek against his.

Grandpa's skin remained smooth and touchable until the day he died. What I did not appreciate until I became a plastic surgeon is that, while many may regard shaving as abusive to skin, it is in fact beneficial, since it removes the stratum corneum, that crusty layer of dry, dead skin cells which routinely accumulate on our skin, and uncovers the underlying "newer", softer, smoother skin.

A number of procedures, all of them of an out-patient nature and most of them office-based, can be employed to achieve in a more "elegant" and often more effective way what Grandpa's shaving ritual inadvertently achieved. They consist of (1) Dermabrasion/Dermaplaning, or the use of mechanical means (indeed, not unlike shaving) to remove and recontour surface skin; (2) Chemical Peels which employ very carefully formulated chemicals to "digest" surface skin and with it wrinkles and other imperfections; and (3) Lasers to vaporize surface skin and, again, wrinkles and other imperfections. One procedure is not necessarily superior to another. While each procedure is designed to resurface skin, one may prove better suited than another to the treatment of a certain problem.

DERMABRASION/DERMAPLANING. Dermabrasion amounts to nothing more than skin sanding, via a hand held, compressed air or electrically driven sander, which can be fitted with a number of sanding "heads" to address all of the various hills and valleys of the face. Dermaplaning, a variant of Dermabrasion, relies on a dermatome, or skin "slicer", again compressed air or electrically driven, to achieve results similar to those which Dermabrasion can achieve. These procedures are well suited to the treatment of signifi-

cant contour deformities of the skin, the most common example of which is acne scarring. The procedures usually are undertaken under general anesthesia and can be bloody although surprisingly minimally painful. Given the "social disability" which follows (about two weeks of an unappealing appearance) and the bloody nature of the procedures during this time of HIV/AIDS awareness, these procedures are losing popularity but still are the procedures of choice in the treatment of certain problems since they can achieve results which other approaches to skin resurfacing cannot.

CHEMICAL PEELS. The word "chemical", or worse "acid", when applied to skin resurfacing, frightens most people. Yet, given the right circumstances and in the right hands, chemical peels can be very time-effective, cost-effective ways to address what concern many of us these days, i.e., facial wrinkling and the mottled appearance which often characterizes aging skin. The chemicals employed are primarily weak acids and those to which most of us are exposed on a regular basis. For example, one of the more popular and readily available acids in use today for skin resurfacing is glycolic acid, which is a member of the Alpha-Hydroxy Acid (AHA) family, of which citric acid (found in fruits) and lactic acid (found in sour milk) are members too. Other chemicals include Tri-Chloro-Acetic Acid (TCA) and Phenol, all of which are available in different concentrations and "formats" (solutions, lotions, creams and "muds"), thereby allowing the treatment to be customized to the needs of just about anyone, regardless of age, sex, racial or ethnic background, etc.

LASERS. Light Amplification via the Stimulated Emission of Radiation, or Lasers, are employed throughout medical practice to treat a variety of problems, sometimes miraculously. Only recently have Lasers been able to address problems of the aging skin, in terms of skin resurfacing, since only recently have Laser manufacturers been able to construct Lasers which are capable of delivering a very precise "pulse" of light energy (which is converted to thermal or heat energy) to a specific area and depth of skin, thereby "vaporizing" only what is necessary to achieve improvement in skin texture, contour, etc. No blood, minimal pain, indeed little overall fuss and muss. But, given the cost of such Lasers (usually over \$100,000), such treatment can be expensive.

Any skin resurfacing procedure is not without risk, from lighter or darker discoloration of the skin treated—usually temporary but occasionally permanent—to scarring. Obviously anyone considering any of these procedures should proceed only after weighing thoroughly the pros and cons of each.

For more information about this and other cosmetic and non-cosmetic procedures, please call The Pittsburgh Institute of Plastic Surgery at 1-800-321-7477 or The Plastic Surgery Information Service at 1-800-635-0635.

PIPS

THE
PITTSBURGH INSTITUTE OF
PLASTIC SURGERY

... where the art of plastic surgery is State of the Art. . .