



PIPS *Steps*

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January Faces

Those of you who studied mythology will recall that January is named for the Roman god Janus, a two-faced fellow who looked backward toward the old year and forward toward the new year. For most of us January is a time of reassessment, a time when we look backward at where we've been and forward to where we're going, in terms of not only our accomplishments and aspirations but even our appearances. "What toll has another year taken upon my face?", we ask ourselves. If my appointment log is any indication, it is a time of year when people resolve to alter the effects of Time upon their faces. And not a bad time of year it is for such alteration, because of the isolation Winter imposes upon all of us which facilitates recuperation—in private—from facial cosmetic surgery.

The scope of facial cosmetic surgery has changed dramatically in the last decade or so. Not long ago about the only procedures which plastic surgeons were able to offer patients interested in altering the effects of Time upon their faces were **Blepharoplasty** (eyelid "tightening") and **Facial/Cervical Rhytidectomy** ("Facelift"). While these procedures certainly benefited most people, they failed to address the concerns of many, specifically a ptotic or droopy brow imparting a hooded, almost sinister, appearance to the upper eyelids; deep nasolabial folds, in other words those folds which extend from each side of the nose to the corresponding corners of the mouth and beyond; surface wrinkling, particularly about the mouth and most common in smokers; and the loss of bony support of the cheeks and chin secondary to the atrophy (shrinkage) of bone over time. Consequently, plastic surgeons directed their attention not just to the elimination of excess skin, which for the most part was the only problem which traditional methods of Blepharoplasty and Facial/Cervical Rhytidectomy addressed, but also to all aspects of facial rejuvenation and those surgical procedures necessary to restore those qualities which most of us associate with a rested, robust, healthy and, yes, youthful facial appearance.

Today, more attention is given to ancillary facial cosmetic surgical procedures such as **Forehead (Brow) Lift** which is designed to eliminate, or at least minimize, horizontal forehead furrows, which all of us develop sooner or

later, and elevate the browline, thereby creating a more alert look to the eyes; augmentation of facial soft tissues through fat injections, dermafat grafts (grafts of skin and fat combined) and the like; augmentation of the facial skeleton with implants, usually of solid silicone, to improve the contours of the the malar areas (cheeks), the submalar areas, and the chin and jawline; **Chemical Peels** to eliminate, or at least minimize, surface wrinkling which skin excision doesn't address; and, finally, improved methods of Blepharoplasty and Facial/Cervical Rhytidectomy which involve not only better, and in some respects safer, removal of excess skin but also repositioning of eyelid, facial and neck muscles to reestablish facial "tone". One of the more exciting developments in the area of facial rejuvenation surgery is the use of an endoscope, similar to the arthroscope orthopedic surgeons use to gain access to joints, to facilitate much of what I have just described through very tiny, indeed inconspicuous, incisions. Individuals who are bothered by a fatigued look but whose problem is one of droopy facial muscles, as opposed to redundant skin, are good candidates for endoscopic facial rejuvenation surgery.

The discussion of facial rejuvenation surgery is so complex, because of the multitude of surgical procedures which can be "piggybacked" onto the traditional "Facelift", that I normally budget a minimum of one hour with patients to discuss all aspects of facial rejuvenation surgery. Fortunately, though, postoperative discomfort and disability normally associated with such surgery really is no different from what it was some years ago when more traditional surgical procedures were employed. In fact, postoperative discomfort and disability often are less, because today's facial rejuvenation surgery places less importance upon the removal of skin than upon reconstitution, to the extent possible, of normal facial anatomy. And, in selected patients, the use of an endoscope significantly minimizes the postoperative bruising, swelling, etc. which follows more traditional surgical procedures. Most patients undergo surgery under sedation via intravenous medication on an outpatient basis; by the end of two weeks have resumed normal day-to-day activities; and by the end of four weeks have resumed all activities, even strenuous physical activities.

Keep in mind that no facial rejuvenation surgery, traditional or otherwise, is designed to restore an individual's appearance to the way it was years previously. At the present time the art of plastic surgery is just not that advanced. But it is possible to alter an individual's face so that it is a much more youthful version of what it was prior to such surgery.

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.



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