

## **CHAPTER 9**

### **AESTHETIC SURGERY**

Aesthetic surgery includes those procedures that provide an enhancement of one's appearance to improve one's self-esteem. The goals of patients should be realistic and their motivation should be appropriate. Unrealistic expectations and/or personality disorders should alert the surgeon to the possibility of refusing 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 or swimming attire, a balding man may want his hair restored, a public relations person 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. FACE**

##### **A. Facelift for facial and neck aging**

1. Incisions usually begin above the hairline at the temples, follow the natural line in front of the ear, the curve behind the earlobe into the crease behind the ear, and into or along, the lower scalp
2. Facial and neck tissue and muscle may be separated; fat may be trimmed or suctioned and underlying muscle may be tightened

3. After deep tissues are tightened, the excess skin is pulled up and back, trimmed and sutured into place. Most of the scars will be hidden within the hair and in the normal creases of the skin
- B. Blepharoplasty and browlift for excessive eyelid tissues and/or periorbital aging
1. Before surgery, the surgeon marks the incision sites, following the natural lines and creases of the upper and lower eyelids. Underlying fat along with excess skin and muscle, can be removed or rearranged during the operation
  2. Incisions for browlift are made behind the hairline. Forehead tissues are mobilized and elevated. Glabellar muscles are removed. Endoscopy may be used
  3. The surgeon closes the incisions with fine sutures, which leave nearly invisible scars
- C. Rhinoplasty for nasal deformity
1. The surgeon removes a hump using a chisel or a rasp, then brings the nasal bones together to form a narrower bridge
  2. Cartilage is trimmed to reshape the tip of the nose.
  3. Trimming the septum improves the angle between the nose and the upper tip
  4. If the nostrils are too wide, the surgeon can remove small wedges of skin from their base, bringing them closer together
  5. To improve the nasal airway, the shape or the position of the septum may be altered, or the deviated portion of the septum may be partially removed
  6. A splint of tape with an overlay of plastic, metal or plaster is applied to help the bone and cartilage of the nose maintain a new shape
  7. After surgery, the patient has a straighter bridge, a well-defined nasal tip, and an improved angle between the nose and upper lip
- D. Otoplasty for prominent ears
1. Ears that appear to stick out or are overly large or malformed can be helped by ear surgery

2. An incision is made in the back of ear so cartilage can be sculpted or folded. Stitches are used to maintain the new shape and close the skin incision
  3. Creating a fold in the cartilage makes the ear lie flatter against the head and appear more normal.
- E. Skin rejuvenation for wrinkles or blemishes
1. Chemical peels for facial wrinkles
    - a. Alphahydroxy acids — lightest peels
    - b. Trichloroacetic acid — intermediate in strength
    - c. Phenol/croton oil — most efficacious
    - d. Chemical peel is especially useful for the fine wrinkles on the cheeks, forehead and around the eyes, and the vertical wrinkles around the mouth
    - e. 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
    - f. At the end of the peel, various dressings or ointments may be applied to the treated area
    - g. A protective crust may be allowed to form over the new skin. When it's removed, the skin underneath will be bright pink
    - h. After healing, the skin is lighter in color, tighter, smoother, younger looking
  2. Laser Resurfacing
    - a. Laser surfacing is also used to improve facial wrinkles and irregular skin surfaces
    - b. 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
    - c. When healing is complete, the skin has a more youthful appearance
  3. Dermabrasion to improve raised scars or irregular skin surface
    - a. 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

## II. BREAST

- 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, around the nipple 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

## III. TRUNK AND EXTREMITIES

- A. Arm or thigh lift to remove excess skin
  - 1. Incisions can be made in the groin crease and laterally across the thigh or over the buttock, depending on the areas to be lifted. Deeper fascial tissues, rather than skin alone, are used to support the repair. Excess skin and underlying fat are discarded
- B. Abdominal skin or muscles
  - 1. An incision just above the pubic area is used to remove excess skin and fat from the middle and lower abdomen
  - 2. Skin is separated from the abdominal wall up to the ribs
  - 3. The surgeon plicates underlying muscle and tissue together, thereby narrowing the waistline and tightening the abdominal wall
  - 4. Abdominal skin and fat are drawn down and the excess is removed. With complete abdominoplasty, a new opening is cut for the navel
  - 5. Some liposuction may be done to augment the result

- C. Liposuction to remove unwanted fatty tissues in localized regions
  - 1. Traditional liposuction
    - a. The best candidates for liposuction are of normal weight with localized areas of excess fat — for example, in the buttocks, hips and thighs
    - b. The surgeon inserts a cannula through small incisions in the skin. At the other end of the tube is a vacuum-pressure unit that suctions the fat
    - c. As the healing progresses, a more proportional look will emerge
  - 2. Ultrasonic Liposuction
    - a. Ultrasonic waves emulsify the fat
    - b. Traditional liposuction is then done to remove the liquified fat

## CHAPTER 9 — BIBLIOGRAPHY

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