Facts About Cosmetic Surgery

G.D. Castillo, M.D., F.A.C.S.
Cosmetic Plastic Surgery
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**G. D. Castillo, M.D., F.A.C.S.**

## Cosmetic Plastic Surgery

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G. D. Castillo, M.D., F.A.C.S.

Professional Credentials: Inside Back Cover
G.D. Castillo, M.D., F.A.C.S.

Educational and Professional Background
Introduction

Considering that this year several million Americans will undergo cosmetic surgery to improve their appearances, it is essential that the prospective patient know facts about plastic surgery.

The term “plastic” originates from the Greek term “Plastikos,” meaning form or molding. Applied to plastic surgery, the term signifies the reshaping of tissue and structures in a more visually appealing form, and often, more functional.

The term “cosmetic surgery” is used many times interchangeably and essentially signifies surgery that results in a beautification of the body.

You are urged to read and re-read this booklet before and after your consultation with the doctor, especially those sections concerning you and your situation. Although the various surgical procedures explained in this booklet are discussed in the terms of the average patient, variations do indeed exist and every person’s case is different. The doctor will specifically attend your individual problem at the time of your consultation. The decision to have cosmetic surgery should not be made solely on the basis of reading this booklet. Remember that any matters of concern to you should be answered to your complete satisfaction. We consider serving our patients to be a privilege, and we believe that you are entitled to and will receive the very finest treatment that we can provide. Our entire staff is committed to the highest quality of medical care.

General Facts

Is it vain to improve our appearance?

To some extent it is, but let’s face it, we are all vain, and this is indeed a good trait. We try to dress neatly, keep ourselves clean, style our hair, shave and use cosmetics. Obviously, the potential benefits of cosmetic plastic surgery are not only to improve appearance but also to better our self-image; this reflects itself in the way we feel about ourselves and how others perceive us.

Realistic goals are important. The goal of an operation should be improvement, not perfection. To expect absolute perfection ignores the realities that surgery offers.

The goal of cosmetic surgery is to obtain and improve the natural look. Close friends may not even notice the change. Many times friends do not share the patient’s enthusiasm, but remember, they have not seen the before-and-after photographs.

The best patient is the one who shares the decision to have cosmetic surgery with family and friends. A willingness and frankness to be open about the proposed surgery is one of the best indications the patient is psychologically healthy and ready for surgery.
Physical Considerations

A surgeon is a physician, not a magician. The degree of the operation's success depends not only on the surgeon's skill and expertise, but also on the patient's age, health, skin texture, bone structure and specific problems. It is unethical for any physician to guarantee the results of any treatment or operation. No surgeon can guarantee the result of any cosmetic procedure. The only guarantee is to do the best to help the patient.

All surgical incisions heal by scar formation and the scar is permanent. Therefore, the surgeon tries to keep the scar areas as small and thin as possible, and to have them camouflaged in the natural folds of tissue if possible. Scars, though, heal differently in different people, and in different locations, so that the eventual result cannot always be predicted with any certainty. Here again, scar tissue formation and other unfavorable results are beyond the control of the surgeon, but they may influence the end result of the surgery. Therefore, in a certain percentage of patients, additional surgical procedures may be necessary to obtain maximum improvement.

Remember that although cosmetic surgery is considered to be safe surgery, any operation, no matter where on the body it is performed or for what reasons it is performed, may be associated with certain risks and complications.

- Bleeding: There is always a small chance that bleeding may occur sometime in the post-operative period.
- Infection: Although significant infection of an operated area is rare, it still may occur.
- Asymmetry: No person is perfectly symmetrical. No matter how careful and skillful the surgeon is, there will be small irregularities and asymmetries between the right and left sides, which the patient will notice. Often these are not noticeable by others.
- Allergic Reactions: Occasionally a patient will have an allergic reaction to the medication used during the anesthetic or in the post-operative period. Unfortunately, these reactions are individual and virtually impossible to predict beforehand.

Consultation and Examination

At the time of your consultation, your specific needs will be discussed and I will examine the condition(s) you want changed. I will share my opinion as to what can be realistically accomplished by surgery for your particular situation.

The fee for surgery is payable in advance prior to the procedure (this is standard procedure with all reputable cosmetic plastic surgeons). Because this operation is
elective, patients generally have sufficient time to make the necessary financial arrangements. However, if payment is not received prior to surgery, we reserve the right to cancel the procedure.

Payment in advance assures the surgeon that the patient is not undertaking elective surgery he or she cannot afford at the time. It also assures the patient that the surgical fee for the operation and post-operative care is paid in full and there will be no unexpected additional charge by the surgeon.

Computer Imaging

In some instances, a video or picture of a patient can be modified with a computer via special software, and areas of the face that one wishes to change (for example, a large nose) can be modified to produce a picture of the face with better proportion or refined structure. This option is available in some cases; however, because of multiple reasons, we do not carry computer-generated images on every patient, and furthermore, do not recommend this option for everyone.

Operating Room - Our Surgical Facility

Although I have been doing cosmetic surgery for the last 33 years, I have been doing nearly exclusively outpatient cosmetic surgery for the last 22 years. We have found that we can satisfy all of the elements that the patient seeks in ambulatory surgery; that is safety, convenience and confidentiality. In so far as safety is concerned, the facilities at Cosmetic Plastic Surgery have been accredited by the Accreditation Association for Ambulatory Health Care for the last 18 years. This accreditation signifies that this facility has equal standards to the safety, quality assurance, and emergency response capabilities (in the extremely unusual event of an emergency) as a hospital would. In so far as confidentiality, the convenience of having your surgery carried out at a facility where you're only going to be encountering a small number of dedicated surgical staff to take care of you, and the fact that our patient database is not computerized, assures you of total confidentiality in your cosmetic surgery. The convenience of having staff that are dedicated to the sole purpose of performing your surgical procedure, also assures you that your visit to Cosmetic Plastic Surgery will be fruitful and uneventful.

Our facility is equipped with the latest state-of-the-art technology. We have our own emergency power capability, the capability to provide laser surgery with
three lasers based at the office, endoscopic procedures for minimal incision surgery, facilities for local, twilight or general anesthesia, and the safety of mind that during any given surgical procedure there will be at least three staff members (among our other staff) qualified and certified in advanced cardiac life support. In 1984 when Cosmetic Plastic Surgery first began operations on an outpatient basis, we were the leaders of outpatient surgery in the area. Today we continue this leadership with the ability to provide a full spectrum of cosmetic surgery services on an outpatient basis with the latest technological and patient safety features.

Your Surgeon

My practice is strictly limited to cosmetic plastic surgery of the face and body. I believe that it is only through such narrow sub-specialization that you, the patient, can be assured of the best possible results. To assist me in your care, we employ specially trained personnel to help during your consultation-examination and operation. They may remove bandages and stitches after your surgery. Our assistants perform no functions that affect the final result of your surgical procedure.

Insurance Information

In some cases, our office staff will complete your claim form after surgery, and provide copies of operative records if your insurance company requests them. It must be clearly understood that we are not participants in the contract that exists between you and your insurance company. Thus, the insurance company is responsible to you, not to me, the surgeon; likewise you and not your insurance carrier are responsible for any surgical charges that are incurred. Our office staff will be glad to inform you which claims (surgeries) are likely to be honored by insurance companies, and which are not.

The fee that will be quoted will be all-inclusive. That is, it will cover our surgical charge, the charge for outpatient hospital charges, laboratory work, supplies, implants (when needed), etc. When inquiring elsewhere about surgical costs, patients would be well advised to make sure that all costs incurred in relation to the surgery are included and that the cost quoted is not only concerned with the physician’s surgical charge.
Financing Options

Most major credit cards (Visa, Mastercard, American Express and Discover) are accepted by this office. However, gone are the days when patients were limited to either ready cash or credit cards to finance their procedure of choice. With the financial alternatives available today, patients are free to select the most favorable time for their surgery without monetary concerns delaying their personal and/or professional schedule(s).

While there are various health-related finance companies offering services to cosmetic surgery offices, Cosmetic Plastic Surgery is not aligned with any financial organization, allowing Cosmetic Plastic Surgery to search extensively for the best terms for our patients on an individual basis. Credit terms may begin as low as 7.99% and range upward depending on the applicant’s personal credit history.

If you’ve felt that your procedure of choice is beyond your reach due to financial considerations, why not give our business office a call at (217) 359-7508. We’re always happy to assist you in any way possible.

Answers to Common Questions

Q - Where do I go for surgery?
A - All of our surgeries are performed on an outpatient basis (in and out on the same day) at our accredited office-based operating suite. (See Operating Room - Our Surgical Facility.)

Q - How long will the surgery take? When can I go home?
A - The actual time for surgeries vary with the type of procedure. However, most cosmetic surgeries are performed on an outpatient basis. You will arrive at the facility 1/2 hour before your scheduled time to allow enough time to receive adequate sedation and all other necessary preparations. After surgery, you will be kept in the recovery room for 1 to 3 hours. When your condition has stabilized, you will be permitted to go home. You must be accompanied by a responsible adult, usually a friend or relative.

Q - Why don’t I need to stay in the hospital overnight?
A - You may be surprised that cosmetic surgery can be performed on an outpatient basis. This type of operation is performed on healthy, not sick people. As it involves mainly superficial tissues, there is
minimal discomfort and few risks. During the first few post-operative hours, which are most critical, you will be under closer observation by the surgeon and professionally trained registered nurses than in most in-patient hospital settings. Once this critical period has elapsed, there is little danger of later complications. Several years experience in thousands of operations has convinced me that outpatient surgery patients recover faster, have less discomfort afterwards, and fewer complications than inpatients.

The popularity of outpatient surgery is due to its proven record of safety with fewer risks to the patient in addition to the incentive of decreased costs and increased convenience.

Anesthetics

Our surgical procedures are carried out under either general anesthesia, provided by certified anesthesiologist-anesthetists, or by local anesthesia under deep sedation (twilight anesthesia).

Before Surgery

It is not unusual for a patient to be somewhat nervous a few days before surgery and develop “last minute jitters.” Suddenly, he or she may develop doubts about doing this elective procedure.

Questions like “what am I getting myself into,” or “what am I going to look like,” are quite common. These are normal, last minute fears. If, however, these fears and anxieties become overwhelming, we encourage you to discuss them with your surgeon, who will reassure you honestly and sincerely.

For a period of two weeks before surgery, you must discontinue the use of aspirin or medications containing aspirin compounds, Vitamin E and fish oil and most dietary supplements. Our personal experience and recent studies indicate that these substances increase bleeding during surgery and days following because of their powerful anticoagulant properties. Bleeding and blood accumulation may slow healing and cause complications, which in turn may lead to poor results. You may, however, substitute for aspirin with products containing acetaminophen such as Tylenol or Datril.

Because many of the common cold medications and over-the-counter pain relievers contain aspirin, we have included a list (on pages 7 & 8) of most of these that are available without prescription. If you are unsure whether the medications that you use contain aspirin or non-steroidal anti-inflammatories, please call us or call your pharmacist. Please follow our advice so that you
can help us give you the safest operation with the best results.

The night before your surgery, try to have a quiet, relaxed evening and abstain from alcoholic beverages. For a peaceful sleep, you may use a mild sedative. Remember to shampoo your hair and wash your face if you are contemplating facial surgery - or your body if you are contemplating body surgery - with Betadine skin cleanser soap. You should repeat this process the morning of the surgery. Do not apply cosmetics, moisturizers, creams or any other treatments after your cleanse your face or body.

If you are contemplating surgery that may require the prior use of an iron supplement, or if you are a person who suffers from constipation, you may want to begin taking a stool softener (such as Metamucil) three to four days prior to surgery and throughout your surgical recovery. This will prevent constipation that is likely to happen when you are taking codeine (narcotic medication for pain) or iron, are less active than usual, or may be somewhat dehydrated.

### Avoid These Medications

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Manufacturer/Company</th>
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<td>Bayer Time-Release Aspirin</td>
<td>Glenbrook</td>
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<tr>
<td>Bufferin (Bristol-Meyers)</td>
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<tr>
<td>Cama Inlay-Tabs (Dorsey)</td>
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<td>Congespirin (Bristol-Meyers)</td>
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<td>Coricidin Demilets Tablets for Children (Schering)</td>
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<td>Coricidin Medilets Tablets for Children (Schering)</td>
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<td>Coricidin Tablets (Schering)</td>
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<tr>
<td>Dristan Decongestant/ Antihistamine/Analgesic Capsules (Whitehall)</td>
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<td>Dristan Decongestant/ Antihistamine/Analgesic Tablets (Whitehall)</td>
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<tr>
<td>Ecotrin Tablets (Menley &amp; James)</td>
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<tr>
<td>Empirin (Burroughs Wellcome)</td>
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<tr>
<td>En Tab-650 Tablets (Mayrand)</td>
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<tr>
<td>Excedrin (Bristol-Meyers)</td>
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<tr>
<td>Extra-Strength Bufferin Capsules &amp; Tablets (Bristol-Meyers)</td>
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<tr>
<td>4-Way Cold Tablets (Bristol-Meyers)</td>
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Gemnisyn (Rorer)
Goody’s Headache Powders
( Goody’s)
Midol (Glenbrook)
Norwich Aspirin (Norwich-Eaton)
Panalgesic (Poythress)
Quiet World Analgesic/Sleeping Aid (Whitehall)
St. Joseph Aspirin for Children
(Plough)
St. Joseph Cold Tablets for Children
(Plough)
Sine-Off Sinus Medicine
Tablets - Aspirin Formula
(Menley & James)
Trimininc Tablets (Dorsey)
Vanquish (Glenbrook)
Viro-Med Tablets (Whitehall)

**Aspirin Buffered**
Arthritis Pain Formula by the Makers of Anacin Analgesic Tablets (Whitehall)
Arthritis Strength Bufferin (Bristol-Meyers)
Extra-Strength Bufferin
Capsules & Tablets (Bristol-Meyers)

**Aspirin Micronized**
Arthritis Pain Formula by the Makers of Anacin Analgesic Tablets (Whitehall)

Momentum Muscular Backache Formula (Whitehall)

**Topical Medications Containing Salicylate or Salicylate Derivatives**
Absorbent Rub (DeWitt)
Absorbine Arthritic (W. F. Young)
Absorbine Jr. (W. F. Young)
Act-On Rub (Keystone)
Analbalm (Central)
Analgesic Balm (Lilly)
Antiphlogistine (Roberts)
Arthralgen (Robins)
Aspercreme (Thompson)
Banalg (O’Neal, Jones & Feldman)
Baumodyne (North American)
Ben Gay (Leeming)
Ben Gay Gel (Leeming)
Ben Gay Greaseless/Stainless Ointment (Leeming)
Ben Gay Original (Leeming)
Braska (Keystone)
Counterpain Rub (Squibb)
Dencorub (Roberts)
Doan’s Rub (Purex)
Emul-O-Balm (Pennwalt)
End-Ake (Columbia Medical)
End-Ake Cream (Columbia Medical)
Exocaine Plus (Kirk)
Exocaine Tube (Kirk)
Heet (Whitehall)
Icy Hot (Searle)
Infra-Rub (Whitehall)
Lini-Balm (Armar-Stone)
Mentholatum (Mentholatum)
Mentholatum Deep Heating (Mentholatum)
Minit-Rub (Bristol-Meyers)
Musterole Deep Strength (Plough)
Musterole (Plough)
Neurabalm (S.S.S.)
Oil-O-Sol (Mosso)
Omega Oil (Block)
Panalgesic (Poythress)
Rid-A-Pain (Pfeiffer)
Rumarub (Pfeiffer)
Sloan’s (Warner-Lambert)
Soltice Hi-Therm (Chattem)
Soltice Quick Rub (Chattem)
SPD (Amer. Pharm.)
Stimurub (Otis Clapp)
Surin (McKesson)
Yager’s Liniment (Yager)
Zemo Liquid (Plough)

**Other**
Vitamin E
Fish Oil
Ibuprofen (Motrin, Advil, Nuprin)
Naprosyn
Feldene
Indomethacin (Indocin)

**NASID’s**
Diclofenac
Diflunisal
Etodolac
Fenoprofen
Indomethacin
Ketoprofen
Nabumetone
Naproxen
Oxaprozin
Phenylbutazone
Piroxicam
Sulindac
Tolmetin
Ketorolac
Toradol
Cataflam
Voltaren
Dolobid
Lodine
Nalfon
Orudis
Relafen
Daypro
Clinoril
Tolectin
Vioxx
Rofecoxib
Celebrex
Celicoxi B

*Aleve (Proctor & Gamble)*

*Vinegar Solutions*
After Surgery

When you leave our facility after your operation, you will be quite sleepy. Much of the same day and night will be spent sleeping on and off. If you are hungry or thirsty, you may eat or drink normally, but refrain from alcohol. If your stomach is unsettled, start with ice chips (crushed ice) – feed slowly with a spoon and wait two to three hours before drinking or eating. Your mouth will probably be somewhat dry. You may participate in most normal daily activities, but do not make important decisions, drive or operate machinery. During this first night after surgery, it is suggested that a companion stay with you.

The first day after surgery, you may find you are still a bit sleepy. You should be able to participate in the majority of your normal daily activities. There should not be a significant amount of pain, and we suggest you try and keep your pain medication to a minimum. (If you do need something for pain, try Tylenol caplets before taking something stronger.) The less pain medication you take, the quicker your recovery with fewer side effects.

Some swelling and bruising after surgery is normal. These effects are usually at a maximum on day two after surgery, except for liposuction, when maximum swelling is experienced between days six and ten. The body handles the swelling and bruising by gradually absorbing the fluid; as this occurs, the bruising lessens and changes color. Simultaneously, the swelling dissipates.

This process usually takes up to 1-1/2 to 2 weeks. It is not uncommon; however, for much of the swelling and bruising to have disappeared within one week.

If you are not too concerned about other people noticing your bruises or stitches, you may very well be able to “get out” within a few days after surgery. Most rhinoplasty (nose) patients look quite “normal” within one week. Most liposuction and breast augmentation patients look normal within one to two days (except for operated areas) and are able to go back to work by the fourth day following surgery. Most face-lift patients look “normal” within 10 days following surgery. These are average figures. Sometimes there is virtually no bruising or swelling, and the time period may be less; others could be longer.

We are all aware that excessive exposure to the sun is bad for the skin. During the period when bruising is still evident, it is not wise to get sun exposure. Blood pigments may become imbedded in the skin, and leave some discoloration. This is especially true for people who already have pigmentation (dark circles under their eyes). It is always advisable to use a strong (45 or better) sun block if you are going to be in sunlight for a period of time.

Before you leave the surgical facility, we will tell you when we would like you to return to the office for a normal post-operative follow-up visit.
Arm Lift, Arm Reduction: Brachioplasty

A number of individuals are candidates for arm reduction, whether it be related to an accumulation of fatty tissue in or around the arm, or whether it be related to weight reduction with significant left-over fatty tissue and loose skin. Patients can easily be treated with either liposculpture (arm reduction) or with a brachioplasty (arm reduction plus arm lift).

If the procedure can be done by liposculpture only, it is carried out through very small incisions about the elbow and mid-arm areas. If, on the other hand, a large amount of skin needs to be removed, an incision is carried out in the inner portion of the arm from the armpit to the elbow area. The incision is generally well camouflaged by the position of the arm.

The procedure is carried out under anesthesia in our own outpatient facility. A bandage is worn for approximately one week following surgery, at which time the sutures are removed. We generally tape the incision for another one to two weeks. There is minimal disability, with only restricted activities for two to three days following surgery and then all light activities can be resumed. There are several variations of this procedure that will be explained during the consultation. Typically, markings of the surgical incisions are also carried out during the consultation.

Most patients resume work within four to seven days and generally, pain is minimal.
Botox® in the Treatment of the Aging Face:

While man has not yet discovered the fountain of youth, Botox® facial rejuvenation therapy is equal to taking a small dip in that fountain. Clostridium Botulinum was first identified as a toxin in 1895. Botulinum toxin was then purified in the 1940’s and produced in a fairly stable form. In the 1970’s, it was discovered that Botulinum causes the removal of the facial lines of animation (the dynamic lines or wrinkles that appear around the eyelids, frown area and forehead when smiling or gesturing). That discovery has lead to the use of Botulinum over the last 17+ years in the management of lines of facial expression, and is now America’s most popular cosmetic treatment.

The injection of Botulinum is carried out into the muscles of facial expression. This causes a temporary reduction in the motor activity of the muscle and weakness of the muscle that results in loss of wrinkling in the crow’s feet area, frown lines, forehead and other facial areas.

Other areas treated include the vertical necklines that are caused by the hyperactivity of the platysma muscle in the neck.

The results of using Botox® for facial expression have been fairly spectacular, and the only drawback from these injections is that the effect of the Botox® is temporary, lasting three to four months. We have found a tremendous increase in the demand for this treatment in our practice, both as a single treatment and in combination with other procedures like facial resurfacing, facelift, dermal fillers, IPL, etc.
Breast Enlargement: Breast Augmentation

Breast augmentation is carried out with either saline or silicone prostheses. At Cosmetic Plastic Surgery, our patients have the option of choosing either saline-filled prostheses, or silicone implants. In other areas of the world, other types of tissue such as your own fatty tissue is sometimes used as the material for breast augmentation. Today, significant research is being carried out as to the advisability and possibility of undesirable results when one uses the patient’s own fatty tissue (we can elaborate about it during consultation).

While there are many incisions that can be utilized to insert an implant, silicone implants are inserted through an incision around the nipple, which becomes nearly undetectable within a few weeks, and most saline-filled prostheses can be inserted with a variety of incisions. At Cosmetic Plastic Surgery, we have developed a procedure where an incision of less than 1-inch in total length is created in the lateral portion of the breast fold. Through this very small incision, access is gained to the space behind the pectoral muscle (retropectoral space) and an augmentation can be done if needed through an endoscope. This allows for a very small incision that heals quite well, a route that creates minimal inflammation of the tissue, and because all of the surgical procedure is done behind the pectoral muscle, the breast tissue is left totally undisturbed. This is a big advantage since mammography can be carried out without interference from artifacts in the future, and when necessary, breast feeding is more likely when the breast tissue is left undisturbed.

In the last 10 years, the round-shaped saline prosthesis has gained tremendous acceptance and popularity due to the very low failure rate of this particular prosthesis and the excellent cosmetic result that it gives when it is used behind the pectoral muscle. There are two types of round breast prostheses. They have to do with the type of exterior finish that the prosthesis has. There is (1) the textured prosthesis and (2) the smooth prosthesis. The differences between the two prostheses are as follows:

<table>
<thead>
<tr>
<th>Textured</th>
<th>Smooth</th>
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<tr>
<td>• No need to massage or exercise the breast</td>
<td>• Need to daily massage the breast (move up, sideways and squeeze)</td>
</tr>
<tr>
<td>• Very acceptable softness of the breast</td>
<td>• A softer breast feel</td>
</tr>
<tr>
<td>• The movement of the breast may not be as natural as a normal breast.</td>
<td>• A breast that tends to move more naturally, provided it is properly massaged.</td>
</tr>
<tr>
<td>• Greater failure rate (chance of deflation).</td>
<td>• Less chance of deflation.</td>
</tr>
</tbody>
</table>

We use the smooth prosthesis in over 95% of cases.

The main differences between saline and silicone implants have to do with the shape and feel of the...

...
BREAST AUGMENTATION

BEFORE

AFTER

BEFORE

AFTER
breast. Silicone gives a more natural feel to the breast and a more natural look to the breast.

Silicone prostheses are generally placed above muscle, and that is because their feel and consistency is so similar to tissue that they blend better anatomically with a placement right behind breast tissue and on top of muscle. Saline prostheses are nearly always placed beneath muscle because they do need the camouflage of the muscle structure. Silicone prostheses are more expensive than saline prostheses. Because silicone prostheses come prefilled from the manufacturer, the incision to insert the prosthesis is slightly larger than for a saline prosthesis, and the preferred route to place the silicone prosthesis is through the areola itself (the dark area that surrounds the nipple). Saline prostheses can be inserted through a very small incision (less than 1 inch), which is generally located within the breast fold.

Breast augmentation surgery is carried out under general anesthesia on an outpatient basis. Postoperative pain is generally well controlled with narcotics, and we can utilize continuous infusion of a local anesthetic solution through a pump postoperatively (local anesthetic is slowly and continuously pumped in the breast pocket through a very thin tube), for pain control if needed.

Although heavy exercising (like jogging) is not allowed for three weeks, routine activities can be resumed one to two days following surgery. A specially designed bra-garment provided by our office is to be worn for two weeks following surgery. We utilize prophylactic antibiotics prior to and immediately after the surgery.

Making a decision about breast size is a personal decision, and one that most patients can make without too much problem. Most breast augmentations are carried out with anywhere between 9 to 14 ounces for each breast (270 to 420 ccs.). Remember that one-ounce equals 30 ccs. To determine the size that you would be happy with, you can experiment at home using a sandwich type baggie (food storage bag). Do not use zip lock bags since they are too firm to properly determine size. You should fill these bags with uncooked rice, birdseed or oatmeal. You should probably start with 1-1/4 cups (10 ounces) or 1-1/2 cups (12 ounces) for each baggie. Put them inside of an unpadded bra (you may need to buy a C-cup bra so that you can properly size your breast). Feel free to add or subtract material as needed, always keeping track of how many ounces or ccs. you have inside the baggie. When you find the size that you are comfortable with, you may want to wear the baggies for a few hours with different types of garments or go out to do chores, to make sure that you are comfortable with this size. We will need to know what this final measurement is so that we can utilize the correct size prosthesis.

We do have sizers at the office and we can help finalize the decision with our sizers provided you bring your own bra so that they can be inserted into your bra.

There are some complications to breast augmentation surgery that you should be aware of. In approximately 1% of cases, decreased sensation in the nipple area can
be encountered. Occasionally, a capsular contracture can occur. Capsular contracture means that your body has formed a firm cover over the implant that makes it look round and feel hard and firm. When this happens, further surgery (a capsulectomy) may be required. Deflation of the implant in the case of a saline implant, or rupture of the shell in the case of a silicone prosthesis can also occur. The manufacturer guarantees the prostheses, so the manufacturer will replace the prostheses free of charge. They will also pay operating room and supply charges to replace the implant if it happens within 10 years following augmentation with the extended warranty.

While the detection of cancer is somewhat more difficult in a person with implants, with the proper technique (Eklund technique) most mammograms can reveal breast tissue with few limitations.

Breast prostheses are not considered lifetime devices, so it is likely that they may need to be replaced in the future. While no one knows the life expectancy of the prostheses, it is likely that these may be quite durable devices (may last 20-30+ years).

Breast Lift: Mastopexy

Breast sagging or ptosis is often a disturbing condition for women because it reflects the effects of aging and gravity on the breast position. The breasts appear droopy and lower than normal. The upper portions of the breasts appear flattened, and the lower portion descends below the fold of the breasts. Breast skin often may have reduced elasticity and become stretched or weakened.

Symmetrical, naturally proportioned and positioned breasts are the goals of mastopexy. A patient’s understanding and input is essential in determining the breast’s size, shape and position.

Many patients seek mastopexy following weight loss, pregnancy, lactation or menopause. The presence of ptosis indicates the inelastic nature of the skin and a corresponding decrease in breast volume.

Because there are various degrees of sagging (ptosis), the surgical treatment involves a range of possible corrections based primarily on the nipple areola position and size, the amount of excess skin and the breast volume. Correction may be as simple as breast augmentation. This adds fullness and will give cleavage and this may be combined with skin excision. Additional improvement may be obtained by removing excess skin from around the areola.

For the more advanced ptosis (sagging), an additional vertical incision may be required. The incision goes from
Breast Lift: Mastopexy (Right Side)

BEFORE

AFTER

the areola to beneath the breast. For the most severe ptosis, an additional third incision underneath the breast is required. It is imperative that the patient understands the placement of the incisions and this will be explained in detail during the initial consultation.

There are possible complications that must be clearly understood and weighed prior to surgery. Wide scars are the most common problem seen post-operatively. Other unusual complications are asymmetry of the breasts, hematoma, infection and loss of nipple sensation. These will be discussed in detail during the initial consultation.

The procedure takes generally two hours and is done under “twilight anesthesia” or general anesthesia. The recovery period is quite brief and the patient may return to work two or three days after surgery. The operation is carried out on an outpatient basis in our office surgical suite.

The results of mastopexy are very gratifying for the proper patient.
Breast Reduction: Reduction Mammoplasty

As gratifying as breast augmentation is to some, just as gratifying at the opposite end of the spectrum is breast reduction.

Large breasts can cause problems in many areas of a woman’s life. When they are larger than the usual standards of attractiveness in our society, the breasts are considered aesthetically unpleasing. A full-breasted woman may appear heavier than she really is and she may have difficulty obtaining stylish clothing. Some women with large breasts feel very self-conscious and teenagers may not develop proper poise and posture as they try to hide the fullness of their breasts.

The actual weight and bulk of the breasts may cause physical problems and symptoms that compound the feeling of unattractiveness. There can be a feeling of uncomfortable fullness, neck and back pain and shoulder grooving from clothing straps. They may contribute to limited performance in certain occupations and in sports. Large breasts can also be difficult to assess for lumps or masses.

The goal of reduction mammoplasty is to reduce, re-contour and reshape the breasts. The breasts are made smaller, the nipple areola is repositioned upward and the excess skin is removed. The surgeon will attempt to make the breasts as identical as possible but often some asymmetry remains. There are usually three incisions; one incision around the nipple, a vertical incision from the nipple to beneath the breast that remains visible for some time and an incision in the breast fold. IPL treatments are available to improve the appearance of post-surgical incisions.

The procedure generally takes three hours and is done on an outpatient basis. The initial recovery period is quite brief; although, it takes some time for final healing and shaping of the breasts. There is some soreness after the operation but there is minimal pain. Generally, the patient may return to work 4 to 7 days after surgery.

There are possible complications that must be clearly understood and weighed prior to surgery. Wide scars are the most common problem seen post-operatively. Other unusual complications are asymmetry of the breasts, hematoma, infection, loss of nipple sensation and loss of nipple. These will be discussed in detail during your consultation. Occasionally a minor revision may be necessary after surgery.

Breast reduction is an operation that is enjoying increasing popularity. For the proper patient, the results are very gratifying.
Breast Reduction: Reduction Mammoplasty (Side)

BEFORE

AFTER

Breast Reduction: Reduction Mammoplasty (Front)

BEFORE

AFTER
Brow and Forehead Lift

In some patients, a sagging brow may give the face the appearance of tiredness, anger or a severe look. Often times, the curtain of skin hanging from the upper eyelid may be partially due to sagging of the eyebrows, which in turn, is due to a looseness of the forehead skin. Then, it may be necessary to advise that these structures be raised. This operation may be done at the same time as an upper eyelid procedure or a facelift, or as a separate operation. It is intended to improve the appearance of the eyebrow and/or forehead.

The forehead lift not only raises the eyebrows but also helps decrease horizontal forehead wrinkles as well as the vertical frown lines between the eyebrows. All the tissues of the forehead are loosened and then pulled upward and backward so that it raises the eyebrows and smoothes out the forehead.

Although this sounds like a rather major procedure, it really is not and healing is usually uneventful and rapid. There frequently is some bruising and swelling around the eyelids for a few days and there will also be some temporary numbness of the scalp and/or forehead.

Today, we can carry out forehead lifts via very small incisions in the scalp and elevate the tissue with the help of a “lighted operating scope.” This technique is called endoscopic forehead lift. The advantages of this operation are very small incisions and a quicker recovery; although more expensive, this procedure offers very significant improvements.
These procedures are done as an outpatient under “twilight anesthesia” in our accredited operating suite. Routine activities can be resumed within 1 or 2 days and work can be resumed within 7 days; although cosmetics or dark glasses may be necessary to conceal traces of bruising or swelling which may remain.

Forehead lifting is the single best operation to rejuvenate the upper face producing not only a younger upper face, but also a larger, fashionable and more awake eye shape.
Cheek Bone Surgery: Malar Augmentation

High cheekbones are generally considered a sign of beauty, giving the appearance of youth and vitality. Although we have been utilizing cheek bone augmentation for many years in reconstructive surgery, it has been within the past 12 to 17 years that cosmetic surgeons have recognized how this procedure can be used to transform a relatively flat mid face into a more attractive appearance. Although cheekbone surgery is often indicated as a solitary procedure, it is frequently combined with other cosmetic operations to enhance the overall effect of surgery.

Cheekbone implants are made of a hard silastic material that is also used for pacemakers and other implants.

The operation consists of insertion of a properly sized implant through a small incision made within the mouth. The incision is made above the gum line on either side. A small tunnel is created and the graft is inserted. It is temporarily held in place by a suture, which is passed up into the hairline and removed two to four days after the operation. The operation is performed under “twilight anesthesia,” and is carried out in our accredited operating suite.

There is moderate swelling and discomfort associated with the procedure lasting only a few days. The main risk of the operation is that the implant may not be tolerated. Fortunately, this is very rare and even when it occurs, the implant can often be removed and replaced again with good results. Infection can occur but it also is rare and usually responds to antibiotics. Routine activities and work can be resumed within 3 days.

Cheekbone augmentation is a relatively new and exciting procedure that is rapidly gaining in popularity. The operation is relatively simple and safe and justly deserves its growing demand.
Chin Surgery: Mentoplasty

In evaluating the facial profile, the shape of the chin plays a very important role. In many cases, a receding chin accompanies an overly large nose. In other cases, lack of adequate chin projection can mar an otherwise acceptable profile. Few people realize that a receding chin is quite easily corrected by surgery.

In some cases, a receding chin is related to a functional problem in the relationship of the lower and upper jaws. This type of receding chin may be best corrected by shifting the entire lower jaw. Usually, the problem is merely one of appearance, and this is best corrected by a much simpler operation called augmentation mentoplasty or chin implant.

This operation may be combined with rhinoplasty or with a facelift procedure; although, in many cases it is carried out alone. Frequently, it is combined with liposuction surgery of the neck (see discussion of liposuction). The implant can be inserted either through a small incision inside the mouth or an incision made under the chin. The choice of approach will depend on the desires of the surgeon and the patient as well as whether or not other procedures are being combined. For example, with a facelift, a small incision is frequently made under the chin for fat removal or skin undermining. In this case, that same incision can be used to introduce the chin implant.

The operation is quite safe. The implant, made of Silastic, is well tolerated. Afterwards, there may be some temporary numbness of the lower lip and some swelling. For the first few weeks when the patient smiles, the lower lip will feel quite tight and the lower teeth may not be properly visible. Within a few weeks, the feeling and action return to normal.

This is one of the most rewarding procedures in facial profile correction since so many patients are not initially aware of the possibility of correcting a receding chin. It gives big dividends in improved appearance and patient gratification with minimal discomfort. The procedure is done under “twilight anesthesia” in our operating suite.
Mentoplasty (Chin Implant)

BEFORE

AFTER

Chin Surgery: Mentoplasty

BEFORE

AFTER
Eyelid Surgery: Blepharoplasty

*The Myths:* There are several misconceptions about eyelid surgery. Two of the most prevalent include:

1. The need for it is solely due to aging and; therefore, reserved for older individuals. This is, of course, untrue. Based on heredity factors, many younger persons, including many teenagers, may have “bags” under the eyes and/or poorly defined upper eyelids. A heavy fold of skin and tissue obscures the normal eyelid crease and comes down to the lash line so it obscures the upper eyelid. This condition makes it virtually impossible to properly apply cosmetics. Correction of this problem significantly improves the eye and facial appearance so that the eyes look more “alive” and become a vibrant part of the facial expression.

2. The eyelid surgery must be repeated every few years. Wrong again! When properly done (not merely removing a little strip of skin but actually resculpturing the eyelid), the effects are permanent and will rarely have to be repeated.

*The Facts:* Usually, the upper and lower eyelid surgeries are done simultaneously but these procedures can be done separately, depending on the needs of the patient. The unattractive eyelid presents two problems that involve fat pouches and/or excessive skin and tissues.

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*Lower eyelid:* Extruded fat from the eyeball cavity is usually more pronounced under the eyes and causes “bags,” or the appearance of dark circles. This often gives a very tired look to the face. When this condition occurs at a young age, it is probably inherited; in older persons, these bags form as part of the aging process. Removal of these fatty deposits is successful and makes the person look less tired, more alert and youthful.

Excessive skin in the lower eyelid shows as wrinkles or crepiness in the skin. Although this can be somewhat alleviated by surgery, it will not disappear completely. The wrinkle lines beside the eye (“crow’s feet” or “smile lines”) will not be removed by this surgery. Some persons have “double bags;” the second bag is an area of fullness lower down over the cheekbones which is due to fluid retention by the body and cannot be corrected by any acceptable conventional surgical techniques.

*Upper eyelid:* Excessive skin is usually most severe in the upper lids, forming a heavy fold that drops over the normal lid crease, over the upper eyelid itself and obscures it. Sometimes, this skin even interferes with vision, causing frowning or headaches. Surgery to correct this condition is very successful and can help both vision and appearance. Cosmetics can be used effectively to draw attention to the eye area and give it a more opened, youthful appearance.

In some patients, the curtain of skin from the upper eyelid may be partially due to the sagging of the
eyebrow. Then, it may be necessary to advise elevation of those structures at the same time that the upper eyelid facial procedure is performed. (For additional information, see the section on Brow and Forehead Lift on page 21.)

Another minor procedure also used to effectively enhance the brow result is laser skin resurfacing which can be done at the same time as eyelid surgery (see Laser Skin Surgery on page 43).

After Surgery

Blepharoplasty causes little or no postoperative discomfort. It is extremely rare for anyone to have to take pain medication. You will be asked to apply ointment over the incision lines for the first few days. Some bruising or swelling is inevitable, but most of this will disappear within one or two weeks. Patients are encouraged to resume normal activities as soon as possible.

For the first few weeks, some patients experience intermittent flow of tears, slight blurring of vision or a sandy feeling in the eyes.

The incision lines are placed in such a way that they fall into a natural skin fold and are hardly visible. Eyelid skin is very thin and heals rapidly, usually resulting in very thin, threadlike scars. For the first few weeks, these scar lines (like any other scar) will be a little red, slightly irregular and bumpy, but these all resolve over a period of time. Within a week after the surgery, cosmetics may be used to help hide them.

This procedure is done as an outpatient under “twilight anesthesia” in our accredited operating suite. Routine activities can be resumed with one or two days and work can be resumed within seven days, although cosmetics or dark glasses may be necessary to conceal traces of bruising or swelling which may remain.
Facelift: Rhytidectomy

Rhytidectomy, better known as the facelift, is becoming increasingly popular. As today’s medical advances increase our life expectancy, many mature women and men believe they look much older than they feel physically and mentally. Surgery can help counteract this discrepancy. Rhytidectomy allows a person to project a new image consistent with his or her attitude.

As we age, we tend to develop wrinkling caused by loose skin. These sagging tissues appear as jowls around the jaw line, or as double chins and/or looseness of the neck skin. The facelift operation is designed to remove this looseness.

The rhytidectomy procedure alone helps alleviate looseness of the neck muscles and the appearance of the jowls. Very little change can be expected in the upper portion of the face and no change at all in the forehead region. For this reason, the facelift is frequently combined with other ancillary surgical procedures. (Please read the appropriate sections, especially the Brow and Forehead Lift, page 21, and Eyelid Surgery, page 26.)

How long the improvement will last cannot be accurately predicted because it depends on the aging process in the skin; this varies from one person to another. On the average, though, the improvement lasts about seven to ten years; then, you may have as much sagging as you did prior to the surgery. But remember, you should still not appear as old as you might appear if you did not have the operation. In other words, the facelift cannot permanently prevent the natural effects of aging. The surgeon can merely turn back the clock, but cannot stop it completely.

Since the results of facelift surgery are not permanent, the patient may desire to have another operation at a later date, with further significant improvement. Frequently, the second procedure need not be as extensive as the first operation, but is useful in maintaining the improved appearance.

The facelift will also not correct the fine etched wrinkling of the skin, especially around the mouth and eyes. Separate procedures are required to eliminate this wrinkling. (See section on Laser Resurfacing, page 45.)

In the past few years, there has been significant change in the technique of facelift surgery.

With the newer techniques, a “double” facelift is performed. After the skin has been elevated, a “deep face lift” is done; that is, tightening the deeper muscle tissues, fatty tissues, etc., to form a foundation for the new draping of the skin. The excess fatty tissue is removed (fat sculpturing) to reshape the contour of the double chin and other loose skin tissues. (See section on Liposculpture, page 32.)

In certain cases, we perform a “deep-plane facelift” or “subperiosteal facelift,” which are used for the correction of specific problems.

After making this new foundation the conventional
facelift is performed to remove excess skin, but with a minimal amount of skin tension. With this double facelift, the results are significantly better and should be much longer lasting.

For facelift surgery, the hair on the head is not cut, shaved or altered drastically. The surgical incision line extends from the front of the ear, under the ear, along the crease behind the ear, and then along the hairline toward the back of the neck. Most of these incisional scars can be covered easily by hairstyling.

Many patients have fatty deposits in the jowls and/or under the chin causing a double chin, or they may have heavy bands running vertically in front of the neck. Therefore, as part of the facelift, another small incision is often made just below the chin. Through this, corrections can be made in the central part of the neck and chin. (See section on Liposculpture, page 32.)

The facelift procedure is done on an outpatient basis in our office operating suite or an affiliated hospital.

**After Surgery**

You wear a bandage for one day and this may be removed at home or the office. You may shampoo your hair and wash as you normally do two days after surgery.

There is usually a minimal amount of pain after surgery and so some pain medication is required. You will experience an area of numbness around the ear and surrounding area. There will be a feeling of tightness around the ear and the affected areas may be swollen and tender to pressure. These after-effects resolve themselves during the next several weeks.

Discoloration of the skin over the face and neck is almost always present. Even though it may not appear as prominently as it did the first couple of days, the discoloration gradually turns yellowish and then disappears in about seven days.

Most people resume their routine activities within 7 to 10 days. Judicious use of cosmetics is allowed.

The skin must accommodate itself to the movement of the underlying muscles and tissues; so some loosening up does take place during the first few months. A few of the fine wrinkle lines may partially reappear. This is not an indication that the facelift is “falling apart,” because from this point on, the changes in the next few years should be very minimal and slow. In fact, most people actually look better a few months after the surgery than they do a few weeks post-operatively.

**For Better Healing**

During the past few years, we have found that smoking plays a significant role in the way that a facelift heals and will definitely influence the resultant scar lines. For optimal healing, the patient needs a good blood supply to the skin edges. Since most of the skin over the face and neck has been loosened up, its blood supply depends on the peripheral areas. If there is an interference with this blood supply (as occurs in
smokers), the scar lines will not heal as well, portions of the skin “flaps” may be undernourished, not heal well, and result in more visible scarring especially in the area behind the ear.

If you are a smoker, it is imperative that you stop smoking for at least a week prior to surgery and refrain for at least two weeks after surgery; this should alleviate some of the problems of scar formation and poor healing.

Once this operation was considered the promise of actresses, matrons and the wealthy. Today, many working men and women find that their appearance is an important aspect in their careers and employment opportunities, especially in today’s youth-oriented society.

But more importantly, a facelift enhances self-image in advancing years, when one continues to enjoy life and feel well.
Facelift and Mentoplasty (Chin Implant)

BEFORE

AFTER

Facelift - Forehead Lift, Upper Lids with Laser of the Lower Lids.

BEFORE

AFTER
Facelift - Neck Liposculpture and Corner-of-Mouth Lift.

Fat Suction: Liposculpture, Tumescent Liposculpture, Ultrasound Liposculpture and Subsonic Liposculpture

Since the introduction of liposuction at the Cosmetic Plastic Surgery Clinic in 1983, the concept and execution of liposuction has advanced dramatically. Today, we may utilize laser incisions that are small enough that they heal without scar formation, probes that utilize ultrasound (sonic energy) to dissolve fat, and microcannula to improve the texture of the skin and cellulite.

Liposuction today utilizes the principle of tumescent infiltration, that is, the injection of relatively large amounts of fluid in the area to be liposuctioned. This fluid contains a local anesthetic and epinephrine (a relative of adrenaline). The result of this fluid infiltration is a temporary hardening of the tissue which allows the surgeon to better sculpt the area that is being liposuctioned, and the prevention of any bleeding. In fact, for the last 21 years, we have not utilized blood of any kind on any patient undergoing liposuction including the largest removals (two gallons of fat).

The ideal patient for liposuction surgery is one that has bulges that cannot be corrected through weight control and exercise, or patients who are poorly
Liposculpture - Hips, Thighs, Buttocks and Knees

Liposculpture - Stomach, Waist, Hips and Back
proportioned in their body parts. This indeed happens because of genetic accumulation of fat cells in certain areas. Liposculpture is a technique that utilizes high vacuum attached to special probes that are passed through tiny incisions, most in inconspicuous places about the body. Fat cells are literally sucked out or melted away by an ultrasonic probe, allowing the surgeon to shape and contour various parts of the body. Liposuction surgery can be used nearly anywhere in the body. It has proven particularly effective in the hips and thighs, in the so-called “saddle-bag” area. It is also widely utilized in the hip area, in the so-called “love-handle” region, the abdomen and waist areas, knees, arm and buttocks. These are the areas that are most frequently contoured by liposuction surgery in females; however, in males liposuction can be used to correct gynecomastia (enlarged breasts) and most frequently used to reduce “love-handles” and fat from the abdomen.

Liposuction surgery is suitable for both men and women and age itself is not a determining factor. While the procedure removes fat only and does not remove the overlying skin, excess skin or skin redundancy is usually not a problem since it usually “shrinks” by the use of ultrasound probes that allow the fat to be melted away and the skin to be contracted over it. Cellulite in many cases can be improved by the use of special microprobes that separate the skin from the underlying scar tissue that creates the dimples in the skin. Cellulite is also improved in some instances by the use of ultrasound lipoprobes that produce significant skin contraction after the fatty tissue is melted down by sonic energy.

**Volume-Reduction Liposculpture**

**After Surgery**

Surprisingly, the recovery period is very short. In most instances, our patients are able to return to work within four days. A special garment (girdle) must be used in the area treated for three weeks following surgery to assist in the final shaping of the tissue following liposuction. It is not infrequent to have large areas look bruised; however, this bruising will always disappear within a few weeks. During the recovery period, you are encouraged to be as active as possible regarding routine activities and walking. After the first week, most exercise is permitted, except for jogging and high-impact aerobics. Swimming also can be started
one week following liposuction.

Liposuction surgery is done successfully as an outpatient surgical procedure almost universally in our own accredited surgical suite. Most liposuction surgeries are carried out under general anesthesia, and patients are requested to rest quietly for a day or so after the surgery.

Pain is usually quite moderate and can be controlled with oral medication. Patients are able to go home without undue difficulties a few hours after the procedure.

**About the Risks**

Although any surgical procedure carries certain risks, liposuction surgery has been carried out for 21 years without any serious complications. Common temporary problems after surgery are numbness that may remain some time after surgery, a collection of fluid that may require drainage and slight irregularities that subside with frequent massage.

**About Obesity**

Liposuction surgery is definitely *not* a way to treat obesity. It is a body shaping and sculpturing procedure used to shape and mold offending bulges. It is not carried out in the obese patient.

**Fillers – Injectables**

Dermal fillers are used for mylolabial folds, marionette lines, and, in general, help to plump lines or wrinkles in the skin and fill in depressed areas.

We offer all available filler injections, such as Hylaform®, Radiesse®, Restylane®, Collagen, Alloderm®, etc.

**Nose Surgery: Rhinoplasty**

Rhinoplasty, or cosmetic nasal surgery, is one of the most common cosmetic procedures performed today. The operation is usually performed because a patient desires to improve his or her appearance. It is also frequently employed for repair of injuries or for correction of the increasing disfigurement of the nose that occurs as the patient grows older. Other patients may seek surgery because of obstructions inside of the nose that impair breathing, cause headaches or lead to sinus infection.

Because of the frequency with which the operation is carried out, technical refinements have allowed consistently good results which are better than were possible 25 years ago. Nevertheless, patients must recognize that the goal of this operation is improvement and not perfection. During your consultation, we will review several typical before and after pictures. The
The purpose of seeing other patients is not to allow you to pick out the nose that you want, but rather to give you some idea of the types of results that are generally achieved in this type of surgery.

The timing of the nasal reconstruction will depend on many factors. In general, cosmetic rhinoplasty should be delayed until a patient’s facial development is approaching maturity. This is usually around the age of 14 for girls and 15 for boys.

When surgery is carried out to correct breathing problems or to correct deformity produced by injury, it is often advisable to proceed with the operation at an earlier age. There is no upper age limit for nasal reconstruction. Patients in their sixties and seventies choose to have this operation with good results. We are now beginning to see more patients combine nasal reconstruction with other types of surgery for aging such as facelift or corrective eyelid surgery.

The operation is carried out in our accredited operating suite on an outpatient basis, under general anesthesia. With few exceptions, the incisions are all made inside the nose and so scarring is avoided. Each operation is different, but basically the procedure involves shifting or removal of bone and cartilage and is therefore primarily a modification of the framework of the nose. Skin redrapes itself over the new nasal framework. Many patients will combine chin or cheekbone surgery (see pages 24 and 23) with rhinoplasty.

After Surgery

Nose blowing should be avoided for the first week. Sneezing should not be a problem, as long as the patient sneezes with his/her mouth open.

You will be instructed to begin applying Bacitracin ointment the day following surgery. After dipping a cotton swab in the ointment, the patient should insert it inside the nose and wipe it about. This will loosen and remove crusting and dried blood. Drainage and slight oozing of blood are normal for a few days. Breathing will be restricted the first week and then gradually begin to improve. Significant bleeding problems following surgery are very rare.

After the operation, a cast is placed over the nose that remains in place for a week. In most cases the nose is not packed. After removal of the cast, there may be some swelling and bruising, but by the end of one week most patients find that the swelling has resolved.

Patients must understand that although the major portion of the swelling resolves quickly, some will last for a few months after the operation. In general, the appearance of the nose continues to improve for as long as a year after the operation.

After the removal of the dressings, the patient must be very careful that the nose is not injured until complete healing has taken place. The frames of glasses should not be allowed to rest on the bridge of the nose for three weeks. Contact lenses may be used two to three days following surgery.
In nearly all cases, there is significant improvement in the appearance and function of the nose after rhinoplasty.

Most patients are highly satisfied with the results of rhinoplasty. During the consultation, the surgeon and patient will have the opportunity to discuss the individual goals, risks and limitations in detail.
Protruding Ear Surgery: Otoplasty

Otoplasty is the surgical procedure used to “pin back” or reposition flyaway loop ears closer to the head. This deformity causes deep emotional scarring, and is not often realized by even the parents of children who have it.

Because the visual and psychological improvement after the operation is usually dramatic, it is highly rewarding to the patient, the family and the surgeon.

The surgery is performed preferably on the preschool child, before the age of six years, to avoid classroom teasing. The operation can be done at anytime later; in fact, most patients are teenagers or adults.

An incision is made behind the ear where it joins the scalp and some of the skin is removed. The cartilage is reshaped by incision and sutures to obtain a better shape and to have the ear lie closer to the head.

The scars resulting from the incisions are located behind each ear and are hidden by the crease of the ears. The depth of the fold between the ear and the scalp will be decreased; therefore, if the patient is accustomed to wearing eyeglasses, a readjustment of the frames will be advised.

The surgery is performed on an outpatient basis under local “twilight anesthesia” (or general anesthesia in children).

After Surgery

After leaving the office, the patient wears a tight bandage for the first 24 hours. If a drain was used, it is removed at the office 24 hours later. There will be pain and discomfort in the ears and pain medication will be required for two to three days. After the first 24 hours, the bandages may be removed and replaced with a ski band that is worn to keep the ears snug against the side of the head. This band should be worn constantly, 24 hours a day, for the next seven days. Then, the patient need only wear it while sleeping for the next one or two weeks.
Tummy Tuck: Abdominoplasty

Abdominoplasty describes a group of deformities that are corrected by many different body-contouring methods. In general, tummy tucks are designed to correct the abnormally loose skin, multiple wrinkling or folds which develop in the stomach, whether it be a result of aging, childbearing or rapid weight loss.

In the last few years, I have found that a large number of patients who would need to be treated by a tummy tuck procedure can now be taken care of by liposuction surgery (see section on liposuction on page 32). In some instances, but particularly when the person desires to get rid of most of the loose wrinkled skin, an abdominoplasty is necessary.

Abdominoplasty is done on an outpatient basis at our accredited operating suite. It may be combined with correction of umbilical hernias or poor musculature in the abdomen. In some instances these ancillary procedures are covered by insurance; however, most “straight” tummy tucks are not. I prefer to use general anesthesia.

An incision is carried out immediately above the pubic area (the hair bearing area of the genital area) and extending laterally toward the hip itself. Through this lower abdominal incision, the skin and fatty tissue may be elevated up to the rib cage. After the right amount of skin and fat has been removed, a new navel is created.
Tummy Tuck: Abdominoplasty

BEFORE

AFTER

BEFORE

AFTER

BEFORE

AFTER

BEFORE

AFTER
The skin is stretched inferiorly and the excess skin and fatty tissue is completely removed. The stomach muscles are generally strengthened. The wound is closed with several rows of sutures.

Usually two drains are placed in the lower portion of the incision and these drains are removed within 24 hours of the surgery. A pressure bandage or girdle is worn for three weeks. Following surgery, there is moderate pain that is usually easily controlled with oral medication. Prescription support stockings should be worn at all times; light activities can be resumed immediately after surgery, and routine activities from the second day on with care to avoid heavy exertion. We recommend walking as the best all-around exercise. Abdominal crunches and exercises should be avoided for four weeks.

As with many surgeries, there are risks and complications with an abdominoplasty, which happen in approximately four to five percent of the cases. The risks include bleeding, which in most instances is minor, and requires only tapping of small blood collections with a needle. Occasionally the accumulation of fluid in the lower portion of the abdomen (seroma) will require similar treatment, removal by syringe. Although more serious complications like pulmonary embolism have been reported, they appear to be very rare and preventable.

An abdominoplasty should be considered as a trade-off by most patients. That is, they would be trading loose skin for a scar located in the area just described.
Although this scar is completely hidden by bikinis or panties, it is necessary that the patient understand that an incision in the lower part of the abdomen is an absolute necessity for the performance of this surgery. Other complications include skin-healing difficulties, usually related to tension in the wound. Most of these resolve without adverse complications. In the past few years, the combination of liposuction surgery and abdominoplasty have given us excellent results and whether this is applicable for your care will be discussed at length in your private consultation.

In selected cases, abdominoplasty can be carried out without incisions utilizing endoscopic techniques.

Skin Rejuvenation: Ablative and Non-Ablative—Laser Skin Surgery

Today, with rejuvenation of the skin and reversal of the aging process of paramount importance in the minds of many, the options and treatments have vastly improved and we can divide them into ablative procedures (that break the skin down) and less aggressive non-ablative procedures (that leave the skin intact). The principal changes of aging skin are as follows:

- Wrinkles
- Blotchiness
- Age Spots
- Broken Blood Vessels

All of these changes can be reversed with today's treatment. By properly matching the degree of injury to the skin or skin damage to the right treatment, the patient is assured of the best results while minimizing risk, inconvenience and cost. Many of today's methods allow the patient to return back to work on the same day of treatment. The following is a simplified table for properly matching the degree of skin injury to the right treatment.
Skin type classification by reactivity to the sun is an indication of how well a subject’s skin defects will respond to treatment. The best candidates for treatment are types 1 through 3; however, with modern medications, such as retinoic acid and bleaching creams, one may treat nearly all types of skin successfully.

<table>
<thead>
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<th>Table No. 2</th>
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<td><strong>Non-Ablative Treatment</strong></td>
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<td><strong>Treats</strong></td>
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<td>Sun Damage</td>
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<tr>
<td>Poor Skin Texture</td>
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<tr>
<td>Large Pores Rosacea Fine Wrinkles</td>
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<tr>
<td><strong>Treatment Types:</strong></td>
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<tr>
<td>IPL (Intense Pulsed Light) – Photo Rejuvenation and Collagen Enhancement.</td>
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<tr>
<td>Nd Yag 1064 Laser – Veins and Collagen Enhancement.</td>
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<tr>
<td>Medical Microdermabrasion – “lunch hour peel.”</td>
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Zero to minimal “downtime” 8-9 days “down time”

Skin type classification by reactivity to the sun is an indication of how well a subject’s skin defects will respond to treatment. The best candidates for treatment are types 1 through 3; however, with modern medications, such as retinoic acid and bleaching creams, one may treat nearly all types of skin successfully.

Laser Resurfacing by CO₂ Laser and Phenol Peel

In this group, patients with advanced photo aging, frequent skin lesions, acne scarring, heavy wrinkling with much laxity of the skin at rest and with facial animation, patients needing heavy make-up with limited success and a cakey look, are patients who are best treated by CO₂ laser and phenol peel. Laser resurfacing requires 7-9 days of recuperation, but gives an excellent result with very significant skin rejuvenation and formation of new collagen.

<table>
<thead>
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<th>Table No. 3</th>
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<tr>
<td><strong>SKIN DAMAGE</strong></td>
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| Group 1 - Little wrinkling, no scarring, no skin lesions. In general, little or no need for make up. Usually ages 25-35. | √ |
| Group 2 - Moderate aging, broken blood vessels, some early skin lesions, slight yellow skin discoloration, early wrinkling, parallel smile lines, mild scarring, needing some make up, stretch marks. Usually ages 25-50. | √ | √ |
Laser Skin Surgery

Skin Rejuvenation by Laser - Laser Resurfacing Surgery

Cosmetic laser surgery has come to the forefront of facial rejuvenation surgical procedures. This has actually evolved over many years and it is most recently due to significant changes in technology with the application of the CO\textsubscript{2} laser. While the CO\textsubscript{2} laser has been used in medicine for almost two decades, recent advances including the super pulse CO\textsubscript{2} laser mode and the third generation of CO\textsubscript{2} lasers, have made cosmetic facial rejuvenation more viable and the results more predictable and desirable.

It is for this reason that laser resurfacing has become a most popular and effective method of treatment of sundamaged skin or photoaging, lax or aging skin, wrinkles and facial scarring such as that due to acne. It is also useful for other conditions.

Laser surgery is carried out on an outpatient basis under anesthesia. Following laser resurfacing, the skin appears pink, moist and usually quite smooth. The outer layers have been removed during the surgical procedure and after the anesthetic wears off, the skin will be somewhat tender and some swelling is expected for the first two to three days. A burning sensation will be present but will be helped by the medication provided. It is important to keep the head elevated as
much as possible for two days following the surgical procedure. A recliner is most helpful since it allows one to be able to sleep on his/her back. While the ability to work is not impaired, most patients may return to work and social activities within 7 to 10 days, depending on the extent of treatment. The skin at that point will look red and sunburned in appearance; however, makeup is used after the seventh day. Our Skincare Department can teach you how to camouflage the pink or red skin appearance quite well. Exercises may be resumed within one week. Extremes of heat, cold and wind should be avoided for several months.

Once the skin has healed, it is imperative to avoid sun exposure for at least six weeks; otherwise, sunburn, hyperpigmentation and other complications may occur. Lasered areas should be protected by using wide-brimmed hats and potent, broad-spectrum sunblock products (that protect against both UVA and UVB exposure) for at least six months.

Prior to laser resurfacing (and included in the cost of the procedure), an appointment will be made for you at the office for microdermabrasion. This simple non-ablative procedure will remove the upper layers of the epidermis that contains dead skin cells (keratin). This allows for proper, even penetration of the laser at the time of the procedure. Following the surgery, special products that enhance the growth of new skin will be applied to the face for the first week, which will facilitate and speed up the re-growth of new skin and the formation of new collagen. After the skin has healed, a bleaching cream and sunblock will be prescribed.

Laser resurfacing in combination with facelift and other facial rejuvenation procedures (eyelid surgery, forehead lift, etc.) has produced extremely good results for total facial rejuvenation.
Skin Sanding – Dermabrasion

Dermabrasion is primarily used for the smoothing of surface irregularities produced by the scars of acne. It can also be used in the treatment of the aging face to smooth wrinkled skin. Dermabrasion is most often combined with full facial laser resurfacing for the treatment of acne scars. It is a technique in which the skin is mechanically abraded with a special surgical instrument. The procedure is done in our accredited operating suite on an outpatient basis.

Once dermabrasion is completed, the areas are cleansed and a dressing is applied. The dressing will be removed 24 hours later at our facility. The dermabraded area generally oozes for approximately 48 hours and it must be continuously covered with a special cream provided by our office, which prevents dryness and promotes healing. Following surgery, the face and eyelids are generally swollen for 48 hours. It is helpful to sleep with the head elevated. Facial swelling diminishes rapidly after the third day and the skin can generally be covered with cosmetics in seven days.

It is important that the patient avoid sun exposure completely for the first six weeks following the procedure, and continues to be careful about sun exposure for the first six months. A sunblock of at least 45 SPF is used for the first six months, and occasionally a bleaching agent is also used.

The skin will appear pink for anywhere from three to four weeks; however, it can easily be camouflaged. Most patients experience only a mild amount of discomfort and burning following the dermabrasion. This is easily controlled with medications. Most patients resume work within 10 days of a full-face dermabrasion.

Patients who have had repeated cold sores (herpes I infection) of the lips and face could develop cold sores after surgical dermabrasion. Please be sure to let this office know if you have a history of this condition. All of our patients are placed on prophylactic antibiotic and anti-viral medications. This is particularly true in patients who have had cold sores in the past.

Before

After
IPL (Intense Pulsed Light) and Laser Treatments

Both lifestyle and the inevitable passing of time tend to magnify the aged appearance of our skin. To many of us, it is important that our outer appearance reflect the youthfulness of our inner spirit. At Cosmetic Plastic Surgery, we believe that we can help to attain those goals through proper skin care and IPL/Laser technology.

IPL and Laser technology is a non-ablative, safe and effective treatment that not only offers solutions to numerous skin imperfections, but also allows us to treat all those imperfections at the same time. This FDA-approved technology works by directing different wavelengths of light energy below the skin’s surface to break down and eliminate unwanted pigmentation and other skin imperfections, all without disturbing surrounding healthy tissue. The IPL system has its own cooling system to protect the skin and minimize discomfort.

IPL and Laser technology can treat skin concerns such as facial redness or Rosacea, brown-toned spots from sun damage and aging, broken capillaries, uneven skin tone and texture, large pores, port wine stains, as well as fine lines and wrinkles through a process called photorejuvenation. Many patients pair photorejuvenation with microdermabrasion (see page 51) for the best non-ablative results available.

Treatment is generally administered in 3-6 treatment sessions to provide impressive, long-lasting results. This provides gradual improvement that allows you to return to your busy schedule immediately following treatment. For patients who are looking for a more aggressive approach, with fewer sessions, we offer IPL with aminolevulinic acid. Anesthetic crème can be applied to minimize discomfort, but is rarely needed. Tan skin cannot be treated. Patients must make a commitment to refrain from sun tanning, and self-tanning lotions for 28 days before treatment and 28 days following treatment.

After treatment, patients can expect some redness and possible swelling, which will resolve in 24-72 hours. Mineral cosmetics can be applied immediately following treatment to cover up any redness until it dissipates.

Hair Reduction

Although we do not yet have the ability to totally destroy hair, we have the technology available to reduce hair in a very significant way and to lighten and soften the hair that sometimes remains.

The IPL (Intense Pulsed Light) or Laser works to reduce hair by targeting the dark pigment (melanin) in the hair shaft. The melanin absorbs the light energy, heats up the hair bulb that grows the hair at the base of the follicle, causing permanent injury to the hair follicle, without causing damage to surrounding tissue. Because of this principle, white hair cannot be treated successfully. White hair is not able to transfer energy
since there is no pigment to target. The best candidates for hair reduction are those individuals who have dark hair and light skin.

The normal growth cycle of hair consists of three stages – Anagen (active growth stage), Catagen (stage in between Anagen and Telogen), and Telogen (dormant or sleeping stage). It is important to understand that not all hair follicles are producing hair at the same time. A very significant number of hair follicles are in the Telogen stage where no hair is present. When one utilizes these techniques to injure hair, the dormant hair will not be affected because there is not hair available to transfer the energy and damage the follicle. Since only the growing hair can be successfully treated, several treatments are necessary to catch each hair follicle in its growth stage.

The treatment is performed in the privacy of our office. There is a tolerable amount of discomfort. Anesthetic crème can be applied to reduce discomfort but is rarely needed. Tan skin cannot be treated. Patients must refrain from sun exposure, tanning beds and self-tanning lotions 28 days before and 28 days after treatment.

The most frequently treated areas on males are the back, arms and chest. Females most often request treatment of the bikini line, underarms and face.

Vein Treatment:
IPL and/or Laser Treatment for Veins

At Cosmetic Plastic Surgery, we can offer four major advantages to those who choose to have their venous imperfections treated with our IPL (Intense Pulsed Light) or Laser technology – no needles, no cutting, no scarring and no stockings or bandages.

IPL and/or laser energy very effectively selects and destroys blood vessels of various sizes and depths without damaging the surrounding tissue. The IPL/Laser has its own cooling system to protect the skin and minimize discomfort. The light penetrates, then coagulates the vessel, which is eventually reabsorbed by the body.

Candidates for this treatment would be those with telangectasia, spider veins of the face, body or legs, and reticular veins that are less than 4mm in diameter. Larger veins are best treated by a general or vascular surgeon. A commitment to avoid the sun, tanning beds and self-tanning lotions is required for 28 days both before and after treatment.

This treatment successfully destroys approximately 90% of all treated veins and blemishes. It generally takes 4-8 weeks to see the effects of the treatment.
Post-Treatment

The treated areas do not require bandages or stockings. There may be redness and inflammation of the skin (much like that of a cat scratch) that will resolve in 48-72 hours. Sometimes, bluish or brown spots may appear in the treatment area. This is normal and will resolve as well. Patients can return to most normal activity the day of treatment. We believe this is the best way of treating venous imperfections as well as the least invasive treatment for these conditions.

Skin Care:
Complete Skin Rejuvenation

At Cosmetic Plastic Surgery, we offer a complete skin care program. Our Skin Care Department has been developed to provide our patients with the best available treatment utilizing pharmaceutical grade skin care products containing exfoliants, as well as Retinol, bleaching agents, anti-aging active ingredients, moisturizers and broad-spectrum sunblocks. The products that are made specifically for Cosmetic Plastic Surgery have historically given the best results in rejuvenation of aging skin and treatment of sensitive skin types as well.

Our treatment consists of an evaluation by both a physician and a trained medical skin care specialist. A program is then designed and tailored to help you achieve lasting improvement in the way your skin looks, acts and feels. After the appropriate products are selected, the patient is educated on how to use them and in some instances this is combined with a medical microdermabrasion, chemical peel, skin rejuvenating mask or IPL (intense pulsed light) or laser treatment.

In addition, we offer a full line of pharmaceutical grade mineral make-up. It not only provides skin nurturing anti-oxidants and UV protection, but also provides your skin with radiant, flawless coverage in the season’s latest hues. Our skin care specialist is available to help you select the best colors for your skin tone and guide
you in application techniques and camouflage. These cosmetics are non-comedogenic, contain no perfumes or chemical dyes, and are even suitable for sensitive skin types and conditions.

With the abundance of skin care products on the market today, we understand how confusing it can be for you to select products that work for your skin care needs. Therefore, Dr. Castillo offers complimentary skin care and cosmetic consultations with our medical skincare specialists to all established patients.

**Microdermabrasion, Chemical Peels and Medical Microdermabrasion**

Microdermabrasion is a non-invasive form of skin resurfacing (exfoliation) that removes the topmost layer of skin cells, leaving your skin supple, vibrant and refreshed.

Chemical peels are another form of exfoliation used to improve a number of skin imperfections. Chemical solutions are used to loosen dead skin cells creating a smoother, softer and more even skin tone. Chemical peels are available in many different strengths and formulations, allowing us to design a treatment program especially for your skin care needs.

For enhanced results, microdermabrasion can be immediately followed by a chemical peel and vitamin nutrient oxygen facial. This combination treatment is referred to as “medical microdermabrasion.”

These treatments are very effective for those with mild to moderate sun damage, large pores, uneven skin texture, slight yellow skin discoloration, hyperpigmentation and fine lines. It is typically best to begin with a series of 6 treatments (depending on the severity); however, these may also be done as a stand-alone treatment. Each treatment is scheduled approximately 1-2 weeks apart to obtain maximum results. Many patients then choose to continue to schedule a single medical microdermabrasion treatment every few months as a “maintenance” program to assure a radiant, healthy looking skin. All of these treatments allow the patient to return to work or normal daily activity immediately following treatment. Patients can expect some pinkness or redness of the skin, which typically goes away within the hour. Cosmetics may be applied immediately following these treatments to cover any residual redness. A professional mineral base cosmetic is recommended.
Education:
Bachelor of Sciences from University Center
Degree of Doctor of Medicine from National University, Mexico
Internship - Colorado University Hospitals, Denver, Colorado (Presbyterian Hospital)
Surgical Internship - Community Hospital, Roanoke, Virginia
Surgical Residency - Henry Ford Hospital, Detroit, Michigan
Residency in Facial Plastic and Reconstructive Surgery, Wayne State University, Detroit, Michigan

Board Certification:
American Board of Facial Plastic and Reconstructive Surgery - Diplomat, verification available at www.abfprs.org
American Board of Cosmetic Surgery – Diplomat, verification available at 708-474-7200

Teaching Appointments:
Clinical Associate in Cosmetic Surgery - University of Illinois College of Medicine, Urbana Campus.
Faculty, Board of Cosmetic Surgery Review Course.
Faculty, guest lecturer and multiple scientific national and international meetings in facial, plastic and general cosmetic surgery.

Professional Organizations:
American Academy of Cosmetic Surgery - Fellow
American Academy of Facial Plastic & Reconstructive Surgery - Fellow
American Academy of Head and Neck Surgery - Fellow
American College of Surgeons - Fellow
American Society of Liposuction Surgery - Fellow
International Academy of Cosmetic Surgery
International Academy of Aesthetic Surgery and Aesthetic Medicine

Honors:
Past-President of the American Academy of Cosmetic Surgery (1997/1998), (the American Academy of Cosmetic Surgery is the largest scientific organization in the world dedicated exclusively to cosmetic surgery).
President of the American Society of Liposuction Surgery (1997/1998)
Past-Trustee, American Academy of Cosmetic Surgery
Editorial Board Member, Journal of Aesthetic Dermatology and Cosmetic Dermatologic Surgery.
Editorial Board Member, American Journal of Cosmetic Surgery

Publications and Scientific Journals and Books:
Understanding Plastic Surgery, How To Get The Best Results.
Update on Breast Surgery.
Published scientific thesis in blood gases in the ethiopathology of shock.