

# Trends in Plastic Surgery

## IMPROVEMENTS IN RHINOPLASTY GIVE PATIENTS THE SWEET SMELL OF SUCCESS

After enduring two rhinoplasty procedures, Ellen\* expected to have a nose that made her feel attractive. Instead, she looked in the mirror each day and saw a nose that looked "distorted." Even a year after the first procedure, Ellen felt her nose was not natural looking and decided to have it done again. In the second rhinoplasty procedure, some cartilage was grafted to the tip of her nose to camouflage its imperfection. Instead of helping, this cartilage graft later shifted and left Ellen with an irregular and asymmetrical nasal tip. In addition, Ellen had difficulty breathing through her nose, a problem that worsened with each procedure.

"My frustration level was so high at that point," she relates. "Every morning I would wake up and look in the mirror and the appearance of the tip of my nose was so upsetting to me. And I wasn't breathing correctly so I always felt like I had a cold."

In April, Ellen met with Mokhtar Asaadi, M.D., chairman of the Department of Plastic Surgery at Saint Barnabas Medical Center. They discussed a different type of procedure, called *open rhinoplasty*, and Ellen agreed to try the open technique. She relates that the success of this procedure was evident immediately.

"When the cast came off, the very first thing I saw was that the tip was absolutely even and did not go off to one side anymore," she says. "Dr. Asaadi also opened nasal valves and for the first time I felt like I was able to get oxygen through my nose. My experience has been completely positive and wonderful."

Open rhinoplasty has become increasingly popular in the last few years, Dr. Asaadi says, because it allows the surgeon to have better visualization of the inside of the nose and provides a more accurate method of sculpting the nasal tip. It is especially effective, he adds, for those who are unhappy about a previous nose surgery which may have left scar tissues that now require revision. Patients with challenging or especially thick cartilage in the tip of the nose or an especially wide tip may also benefit from this technique.

Traditional rhinoplasty is performed with an incision on the inside of the nose through which the surgeon separates the skin from the bone and cartilage and then removes both bone and cartilage. This procedure gives the surgeon limited access to the nasal tip. For open rhinoplasty, an incision is made across the columella, which

\* INDICATES A PSEUDONYM HAS BEEN USED.

is the part of the nose between the nostrils beneath the tip of the nose. The skin is then lifted up and away from the tip cartilages, allowing the surgeon to directly view the position and shape of the cartilages in both the lower and middle sections of the nose. Dr. Assadi likens the cartilage inside the nose to the engine of a car. By lifting the "hood," or skin covering the cartilage, the engine can be repaired with greater precision.

**A**fter perfecting this open rhinoplasty procedure for the last eight years, Dr. Asaadi reports that his patients have better results. The incision through the columella, which is not used in traditional rhinoplasty, does result in a small, external scar. Once closed properly, however, the scar becomes "almost invisible" over time. The procedure, which can be done under local or general anesthetic in same day surgery, requires a slightly longer surgery time but the same recovery time. Dr. Asaadi does not see the lengthened surgical time as a disadvantage. "There is no rush to complete the surgery because if I'm going to make an attractive nose, I want it to be right for my patient for the rest of his or her life," he explains. The goal of any surgeon doing a rhinoplasty today is to give the patient a look that is as natural as possible, says Dr. Asaadi. He adds that years ago many "nose jobs" resulted in a look so dramatically different that the

person wasn't recognizable to friends and family. In other cases, the nose looked like it had been "fixed," and did not have the contours of a natural nose.

In addition, the function of the nose—the ability to breathe easily—is as important to today's surgeon and patient as achieving a more attractive profile.

"Everything plastic surgeons do now is a perfection of what we used to do," Dr. Asaadi says. "Patients aren't always aware of the improvements that have been made in the field of plastic surgery and that they can correct a procedure done many years ago that makes them unhappy."

Changes to a nose can also greatly enhance a self-image, and Dr. Asaadi and his staff have seen first hand the positive results of their work.

"Some people come to the office and say that they have wanted to fix their nose for 40 years," says medical assistant Rhonda Rosmarin. "They may have felt badly about themselves their entire lives and have gone through a lot to get here. It is a wonderful thing to watch them react positively the moment they see the new nose for the first time. It improves their self-confidence without question."

"The approach to things has changed greatly and for the better," adds Ellen, who plans to bring her college-age daughter to Dr. Asaadi for nose surgery to correct her breathing problem. ■

## LIPOSUCTION TECHNIQUES ARE REFINED

Another popular plastic surgery procedure that has changed over time is liposuction. Liposuction is a technique to remove unwanted fat deposits from localized areas including the chin, neck, cheeks, upper arms, breasts, abdomen, buttocks, hips, thighs, knees, calves and ankles. While not a substitute for weight reduction, liposuction is a method of removing localized fat that does not respond to dieting and exercise.

"Some of my patients go to the gym six times a week, diet correctly and still can't get rid of their unwanted fat," says Dr. Asaadi. "They are good candidates for liposuction."

When liposuction was first performed in the early 80s, a long hollow tube (cannula) with one hole was used to suction the fat. Due to the large size of the tube, physicians

could not suction too close to the skin's surface, Dr. Asaadi explains. This resulted in irregularity under the skin. Physicians then began using a thinner cannula that could go closer to the skin and

produce better contours. In the last few years, a new liposuction technique has

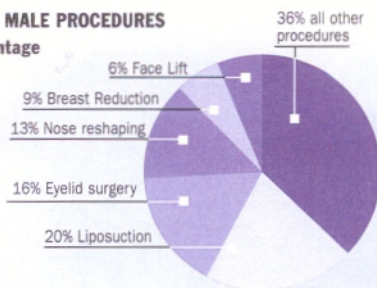
gained popularity, one that uses a probe with an ultrasound emitted from its tip. The ultrasound breaks up the fat, "making it like a milkshake," which can then be suctioned out, says Dr. Asaadi.

Because these new techniques allow physicians to remove far more fat than they could years ago, it does carry risks if not performed by an experienced, qualified physician. When so much fat is removed, vital fluids have to be given to replace the missing fat. This can cause a dangerous, even lethal, fluid shift in the body. "Liposuction is a cosmetic elective procedure and the patient's health is of foremost importance," Dr. Asaadi replies. "You don't remove all the fat in one session if this compromises the safety of the patient."

Visit Dr. Asaadi's website at: [www.asaadimd.com](http://www.asaadimd.com)

- Nationally, nearly 150,000 people had liposuction in 1997, more than tripling the number of liposuction patients in 1992.
- About half of liposuction patients in the U.S. were between the ages of 35 and 50, with approximately one-third between 19 and 34.

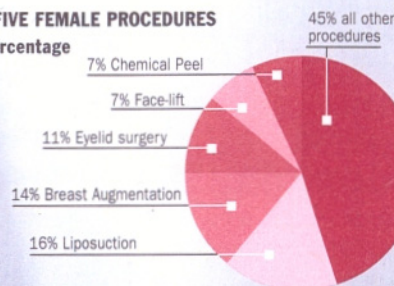
**TOP FIVE MALE PROCEDURES**  
By percentage



**Plastic Surgery Statistics According to the American Society of Plastic and Reconstructive Surgeons (ASPRS)**

- Since 1991 cosmetic surgery procedures have increased 153%. Women had 946,784 procedures performed in 1998 — about 10 times more than men.
- Men account for 9% of cosmetic procedures, with 99,031 performed in 1998. Male liposuction has increased more than 200% since 1992.

**TOP FIVE FEMALE PROCEDURES**  
By percentage



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