Dr. Mokhtar Asaadi Asaadi Plastic Surgery

New York, New York West Orange, New Jersey

ASK DR. ASAADI

WHAT IS YOUR OVERALL PHILOSOPHY?

If you're critical of yourself, you're going to improve your practice. I don't just keep doing the same thing over and over. I have changed many things I do today compared to when I started 30 years ago. If you are a perfectionist and you want to get the best results for your patients, you have to find better ways to achieve their goals.

HOW DOES EDUCATION PLAY A ROLE IN YOUR PRACTICE?

People think that plastic surgery is just a simple nip and tuck and it's not. To get a good result, there is a lot of effort involved for the doctor and the patient. I want my patients to be informed about their procedures so they understand the entire process. For example, there are surgical and nonsurgical options for a browpexy (browlift) so I review these choices and discuss the pros and cons.

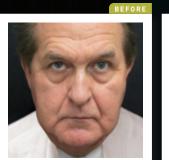
HOW CAN YOU TELL IF AN EYELIFT OR BROWLIFT IS APPROPRIATE?

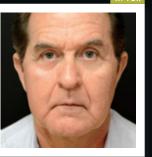
I start with a simple test. I put a finger on the lateral part of the eyebrow on the forehead and move it around to see how much mobility it has. If the patient has a lot of mobility and the excess skin of the eyelid goes away, then she needs a browlift. If the forehead doesn't move and she still has excess skin of the eyelid, then she needs an upper blepharoplasty.

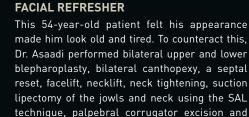


Secrets of a successful blepharoplasty

Addressing aging of the eyes via an eyelift, or blepharoplasty, is not something that should be taken lightly. "Blepharoplasty is 10 times more difficult than a facelift and 100 times less forgiving," Dr. Asaadi says. The most challenging aspect is lower blepharoplasty, where the surgeon must address what Dr. Asaadi calls the "hills and valleys," or puffiness and depressions above the lid-cheek junction. The cause of these hills and valleys is often a combination of herniated fat bulges and a tight orbital ligament. "So many patients think that eyelid surgery is just removal of the fat and the skin, but it's not," Dr. Asaadi says. "To make the lid-cheek junction smooth, you must release that orbital ligament, reposition the muscle and fat and re-drape the skin. You must also decide carefully how much fat to remove." Using a lateral pull test during consultation, Dr. Asaadi can effectively determine how much fat to preserve. "It tells me what muscle tightening is going to do for the patient. So if I do this and all the puffiness goes away, then I preserve the fat because fat is not the issue," he says. Bottom line: It's important to go to someone who knows the detailed anatomy of the eyes.











MID-SECTION MAKEOVER

temporary tarsorrhaphy.

Experiencing severe hernia pain and unhappy with her look, this patient underwent abdominoplasty; repair of diastasis recti, a huge ventral abdominal hernia and umbilical hernia; reconstruction of the anterior abdominal wall with Prolene™ mesh; umbilicoplasty; flanksplasty; puboplasty; Vaser® liposelection of the flanks and back; and a suction-assisted lipectomy of the trochanteric area of the upper and inner thighs.

"providing the best care means seeking out the best techniques"

MEET THE EXPERT

Dr. Mokhtar Asaadi

American Board of Plastic Surgery American Board of Surgery

SERVICES OFFERED

Body Contouring (Liposuction and Tummy Tuck) Enlargement/Reduction Face and Eyelid Surgery Nasal Surgery (Rhinoplasty) Nonsurgical Facial Enhancement

ABOUT DR. ASAADI

LOCATIONS

DO YOU SEE A LOT OF REPEAT PATIENTS?

I'd say about 30 to 40 percent of my practice is dedicated to repeat patients.

HOW HAS WORD-OF-MOUTH BUZZ SERVED YOU WELL?

I see an overwhelming majority of patients who are either friends or family members from patients I've treated in the past. It's very gratifying to know they think so highly of me that they'd refer those who are closest to them.

WHAT IS YOUR APPROACH TO PATIENT SAFETY?

Patient safety is of the utmost importance. Cosmetic surgery is elective surgery; there's no way I'd ever compromise a patient's well-being. During surgery we are constantly massaging patients' legs to promote circulation, monitoring patients' urine output and performing procedures in hospital settings when they require more than four hours. There are never any shortcuts.

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