



ADVANCED AESTHETIC SURGERY
T H O M A S B L I N T N E R , M D , F A C S .

Compassionate Artistry

FACIAL REJUVENATION:

“Mirror, Mirror on the wall, who is the fairest of them all?” This could be translated today into “Who is the youngest and least tired looking” We all want to look (and feel) younger than our stated age (unless, of course, we’re under 21—what did we know?). Facial aging involves several well defined things acting in tandem. Gravity, which has its usefulness, causes descent of the structures of the face. Muscle and skin atrophy, or thinning and weakening of these structures cause sagging. Lastly, aging of the skin such as sun damage is the final issue. All of these issues need to be addressed when discussing facial rejuvenation and I take a two-fold approach. There are the structural concerns corrected by surgical intervention and the issues of the skin itself remedied by chemical peels and non-surgical treatments.

The field of facial restoration is very broad and encompasses everything from sun screen to a full face lift, brow and eyelid surgery. I strongly believe that not every one can be treated in the same manner and you should start with the least invasive progressing, if need be, to surgery. During consultations I try to impart on my patients my philosophy of care: to provide the most information, to provide the best care in the safest possible environment, and physician accessibility. I expect to have a long term relationship with all my patients; I am here before, during and long after your procedure.

Nonsurgical Facial Rejuvenation:

The cornerstone of good facial rejuvenation is good skin care. For it to be defined as “good” by me it has to work and it has to be affordable. I encourage even my youngest patients to begin early and maintain great skin care; it’s a life long process. There are several options:

- 1. Over the counter skin care products: These tend to be expensive for what you get and not as effective as some things you can get in physician offices. (Apologies to my friends who sell Mary Kay—I think they have great products)*
- 2. Physicians Skin Care Lines: Because they are being purchased and essentially regulated by a physician, these products tend to have stronger ingredients than*

- can be bought without the guidance of a doctor. Our aesthetician can help decide which products would most benefit you and your specific skin care needs.
3. Microdermabrasion: This is a non-invasive procedure which helps remove dead skin cells from your face (mechanically exfoliate) Ever noticed your skin looking dull, that is from old skin cells easily removed with this 30 minute procedure. Often this is done in combination with a facial or other procedure and is great if you have big weekend plans and want to look fresh.
 4. Intense Pulse Light Laser: This is a high level of light of a specific wavelength that causes the skin to be resurfaced and the dermis to tighten. These “lasers” really aren’t lasers at all and are rapidly evolving. Some are very useful and some are yet to be determined. My thoughts are that they work well in combination with other therapies like chemical peels and great skin care.
 5. Chemical Peels: Acids or phenols are chemicals which remove layers of skin to help alleviate wrinkles and damage from the face. These are performed by an aesthetician or physician and can be light to fairly deep depending on your needs. Again, these are used in combination with other treatments for optimal results.

The next group is still considered non-invasive, however needles are involved...

Fillers and Botox:

Fillers: These work to plump up or add volume to the tissue. Lips, for example can be augmented quite nicely. Sometimes people don’t adhere to the less is more philosophy and can look quite funny. Things like hylauronic acid (Restylane, Hylaform) work well as they are clear and can be used near the surface of the skin. These products can also be used for filling lines and wrinkles like the angry lines between the eyebrows or the lines from nose to mouth. Some other options are Radiesse, which is white and I prefer to use it in deeper applications. Collagen has been around forever, is inexpensive however does not last very long. Sculptra works well where larger volumes are needed. Fillers can also be used on skin wrinkles very effectively. The newer fillers last longer and leave less visible signs that you are using them. The fillers are injected in the office with minimal to moderate discomfort. The biggest problem is the swelling, plan on a 3-4 day recovery (lip or facial swelling) period. It is best to not plan your injection right before any big events or plans.

Botox: Facial lines are determined by years of expressiveness. Some of these lines make us look older and are not beneficial. Botox is particularly useful to help unlearn the bad facial expressions that lead us to develop lines that give away our age. Unlike fillers which plump up and fill in fine lines and wrinkles, Botox prevents the muscle contraction that causes the wrinkles. Yes it derived from botulism, which is in large doses, a poison but it purified and completely safe. And, no one would ever want to pay for the volume it would take to do any damage. Botox has been around for years and was used medically on children and adults with eye twitches as well as stroke and severe trauma patients for

muscle spasms. I feel that the forehead and lateral eye (crow's feet) area are the best places to use it. It is quite useful for persons who deal with excessive sweating. Some surgeons use it around the mouth; however, I rarely feel this is indicated. Botox is injected easily in the office with minimal if any bruising. Remember it usually takes 4-7 days to take effect and lasts from 6-10 weeks. This may sound bad but if you inject the Botox enough times the muscles will weaken and you will not frown as much. Keep in mind Botox will not remove the cause of the frowns only the frown itself. I am a firm believer that this stuff works. It works so well it is addictive in a good kind of way. It is also a good way to preview what you would look like with a brow lift.

SURGICAL FACIAL REJUVINATION:

1. **DERMABRASION:** Dermabrasion is a surgical procedure, although minimally invasive, that involves using a sanding wheel to remove the surface of the skin so that, once healed will be much smoother. Traditionally wrinkles around the mouth are treated with this method. It can be used alone or in combination with other surgeries. It sounds incredibly medieval but works well and is better than the laser around the mouth area. Most people think that a face lift can fix the wrinkles around the mouth. It can if you want to have that wide mouth look (not recommended). For optimal results, we like to do dermabrasion combined with filler agents like Restylane, to fix the medium to deeper wrinkles. The area will heal in one week and the pink discoloration goes away in 2-3 weeks. The results with fillers can last a long time. This is frequently done in combination with face lift surgery but can be done alone in the office under local anesthesia.

2. **LIPOSCULPTING:** Liposuction of the face can be performed to better shape the face just as it is done to contour the body. It involves smaller instruments than we use for the body and the results can be just as great, although you must have really good skin tone for the best outcome. The advantages are small incisions and very rapid recovery. Loss of fat around the face can make one look like they have lost significant weight, most people don't want to trade fat for wrinkles so I will help you determine if this is the procedure for you. The recovery is less than a week. Bruising is usually moderate to minimal and can be done under local anesthesia (a shot to numb the area) in our office or general anesthesia. This procedure is usually performed when I do a neck or face lift.

3. **EYELID SURGERY:** (Blepharoplasty for geeks or scientists) The center of the face and the "gateway to the soul" is the eyes. The eye area is where we spend most of our time looking at others and reflects tiredness or approachability. The eyes are divided into upper and lower lids and treated independently from a surgical perspective. The upper lids show aging by increased amount of fat and skin sagging. An incision is made in the crease of the lid to remove the skin from the eye fold along with a small amount of

muscle. Fat is removed from three areas: the central area, the middle area and the lateral (side) area. The goal is to expose more of the upper eyelid skin and expose more of the lateral orbital bone. This surgical procedure is rarely painful and very effective in giving the eye a more youthful and rested appearance. When the upper eyelid skin is corrected, the brow will generally lower some. This is usually not a problem but if the brow is low to begin with you may need a brow lift to avoid a "stern" or angry look; unless of course you like to look angry. The lower lid shows aging by puffiness and sagging skin. The lower lid is more complex but involves removal of skin and fat. This can be done through the inside of the eyelid (sounds gross doesn't it?) if you don't need skin removed. The outer eyelid incision is done when there is a need for skin removal. The fat pad removal is in three areas but only two pockets. I told you it was more complicated. In many patients, the lower lid improvements are more noticeable than the upper. Care must be taken with the lower lids to prevent sagging (ectropion). Most times I will tighten the lower lid at the same time to minimize this problem. This surgery gives patients a lot of "bang for their buck" so to speak. It is one of the first surgical procedures offered to patients to make them look more approachable and less tired. Usually upper and lower lids are done as a unit for balance and best result and sometimes are combined with a brow lift, if indicated. At your consult, I will help you determine which would be the best option for you. The biggest problem with eye surgery is dry eyes which may be minimal, lasting several weeks to moderate, lasting several months. Rarely is the dry eye problem long lasting.

4. BROWLIFT (ENDOSCOPIC): The brow was overlooked for a long time by plastic surgeons and perspective patients because the correction surgery seemed so horrible. Plastic surgeons used to make incisions from ear to ear and elevate the forehead skin (as we do in facelifts) and redrape the entire forehead. With the advent of endoscopic procedures we have access to the muscles we want to weaken and the ability to visualize and protect the nerves we want to preserve. Also the incisions can be made smaller and numbness will be significantly less. Endoscopic surgery of the brow involves three smaller incisions and more control of the brow position. We actually move the middle portion of the brow only several millimeters (no one wants that "deer in the head lights" look) and we move the outer portion of the brow more. This gives patients a happy more friendly and less tired look. Sometimes I will carry the incisions on the side down towards the sideburn to elevate some of the jowl (cheek) area. This is a nice side benefit with the brow lift. The results are great and the incisions are well hidden. For women with high hair lines I make the incision at the hair line in order to move the hair line forward. With very low hairlines I can move the incision into the scalp which opens up the forehead. The recovery period is the same as the eyelid surgery (about 1 week physically and 2 weeks for bruising.) most patients look very good early on. This is one of my favorite operations as it has a very dramatic effect on appearance with less down time and hidden incisions. I have modified the incisions to fit a broad group of patient ages and needs. The results are very long lasting if post-operatively you use a small amount of Botox to suppress the muscles that depress your forehead.

5. FACE LIFT/NECK LIFT: the face is divided artificially into thirds: the forehead is from the corner of the eyes to the scalp, the mid face is from the corner of the eyes to the jaw line, the neck is from the jaw line down to the clavicles. The mid face and neck together make up a full face lift, but a full face lift doesn't include the brow. Isn't that how it always is? As with all plastic surgery everything is about balance. This is why I usually recommend a full face lift as opposed to a mid face lift or neck lift alone unless this is what you truly need. The goals are a natural, less tired, more youthful appearance without the tell tale marks of surgery. The other goal which is lost on a lot of the new fad type procedures is how long it will last. The lesser the procedure the lesser the length of time it will last in general. We all want more for less but we usually get less for less in everything, including plastic surgery. The best way to obtain this is good planning on a patient who actually needs the procedure and a procedure that actually works. This sounds obvious but watching all the fad options out there suggests that we don't learn well. As in all surgery the three things to address are skin, fat and muscle. As stated above we age through gravitational effects and atrophy. If there is an excess of atrophic skin then tightening the skin is the best option. To avoid the wind blown look I recommend a two layer face and neck lift (full face lift). With two layers the pull is mostly on the muscle layer and nearly vertically upward. The key feature is to reposition the fat pads and muscles so as to reverse the gravitational pull. The skin layer is then re-draped over the muscle for a very natural look. A small number of patients (usually the younger individuals) are candidates for the mini /band aid facelifts or thread lifts which have smaller incisions and are less invasive. The key to the result is picking the right patient and the only way to do this is to let me see you in consultation. We all would like more results for less down time less expense and less scars. Unfortunately more patients want this to be the case than are actual candidates for these procedures. Once again I try to give patients good advice on what they need and save them money and unnecessary surgery.

6. RHINOPLASTY: After the eyes and smile area, the nose is next in attracting attention. Once again we fall back on achieving good facial balance. The nose has essentially three parts which can be affected with surgery:

The Tip: obviously the end of the nose. It tends to get more round, larger and less well defined as we all age. So if you don't like your tip now you will generally like it less later. The tip usually needs some refinement and this can be achieved through a "tip rhinoplasty." I usually look to narrow the tip and give it a more classic shape (not too overdone). I don't need to break the nose for this. Recovery is relatively easy.

The Dorsum: This is the back of the nose where the hump resides. Usually smoothing the dorsum gives it a more classic appearance. I also like to give the dorsum a nice tip break (this is the point where the tip is distinguishable from the dorsum). I still don't need to break the nose so recovery and bruising are minimal.

The Base: The part of the nose that attaches to the face is the base. The nose should have a smooth taper from the part between the eyes to the tip. I do have to break the nose to adjust this. But in most cases it will allow me to narrow the nose and keep a nice sense of balance. This is where a lot of patients make mistakes as they want to avoid a nasal fracture. It sounds gross but the results are far better in terms of narrowing. If I suggest you break and narrow the base it is not because I like breaking noses it is because it will be the best for you.

We have a program in the office where your nose can be photographed and altered to show you different options. This is called "morphing" and helps us decide on a plan for surgery. It is also helpful to look in magazines for noses you really like or don't like so I have an idea of what type of nose you are looking for.

8. EAR PINNING: (Otoplasty) The ears generally enlarge as we all age so if you are unhappy with them as a child you will be less happy with them as you age. There are two major features which can be adjusted in ear surgery: the bowl of the ear called the concha and the fold in the ear called the anti-helix. Each can be adjusted together or individually to better shape the ear. At your consultation I will help you decide which of these needs to be adjusted. We can also shrink the size of the ear and do torn earlobes if needed as part of ear surgery.

9. CHIN AUGMENTATION: There are two parts to the chin: the vertical height and the anterior projection. These two features have to be examined with regards to the other features on the face to maintain symmetry and balance. Sometimes we need to increase the length of the face unless you look like Jay Leno. Sometimes we need to increase the anterior projection of the chin and most times we need to do both. There are two types of implants: silicone, which is smooth and the second type is porous. They each have advantages which I will explain at your consultation. The biggest problem with chin augmentation is the implant moving later in life. I like the porous implant because it moves very little and also because I can sculpt the implant to individualize it for the patient. The silicone implants move more and can not be shaped easily. The implants can be put in through the mouth; this approach has a slightly higher infection rate and leaves a less natural chin indentation. The porous implants are placed through an incision under the chin. This leaves a small acceptable external scar with less chance of malposition and a lower rate of infection.

Thank you for allowing us the privilege of caring for you!!!

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