

Face forward

Physicians discuss various treatment plans for rejuvenating the aging face

Q: When developing a treatment plan for the face, we know that one size does not fit all. How do you approach each individual face to determine your aesthetic approach?



Harris S. Hausen, M.D.
Long Island, N.Y.

“I have heard it said that everyone has a double, a doppelgänger, another individual, somewhere on this planet, who could be that person’s long-lost twin. However, in my years of practicing cosmetic medicine, I have yet to see any two patients who are identical. One’s genetics, lifestyle, experiences, traumas, choices regarding diet and exercise, and countless other factors all exert subtle influences upon the structure of one’s face. Accordingly, bony and muscular architecture, the extent of subdermal adipose, and the quality of the skin vary dramatically among individuals, even between monozygotic (identical) twins.

“After obtaining a detailed medical and surgical history from a patient — but before examining her — I wish to get a better understanding of the cosmetic concerns my patient has come to address and what her goals and expectations of a proposed treatment plan might be. Consideration of a suitable plan for a given patient incorporates not only the anatomic structure of one’s face and the condition of the skin, but also the patient’s gender, age, occupation, medical history, previous experience with cosmetic procedures, budget, acceptance or discomfort with downtime, and requirements for immediacy of results.

“Although two patients may each present, for example, for a dermal filler and a neurotoxin to reduce the appearance of rhytids, the appropriate course of action for a woman in her 30s, a professional ballroom dancer who tells me she needs “to sparkle like the rhinestones on (her) costumes for a competition this weekend,” will differ substantially from that recommended for a woman in her 60s, a conservative attorney who tells me she “would like to look less

angry” but does not “want anyone to notice (she’s) had ‘work’ done.” Both are actual patients I have seen, and physiology and anatomy notwithstanding, how aggressively I chose to treat each was informed by our conversations and insight toward desired results.

“Similarly, as many cosmetic procedures can be feminizing, the approach I will offer a gentleman may be less aggressive than that offered to his female contemporary. Retaining masculinity to preserve a man being perceived as handsome, not pretty, is a necessary and fundamental aspect of selecting his proper plan of management.

“Frequently, patients present unsure of which procedures they may require to achieve certain effects and ends. Patients also present with misconceptions regarding the safety or efficacy of various cosmetic procedures, or they present misidentifying those procedures they think will most benefit them. As a physician, it is my responsibility to guide my patients toward the most valuable course of action or, conversely, to decline undertaking any course of action if I believe it to be unsafe or unnecessary for a given patient.

“My recommendations in addressing the needs of each patient vary as greatly as individuals vary. One constant, consistent component of my approach is the very recognition that each patient is a unique individual with unique structure and unique mindset and unique circumstance. My treatment must, therefore, be customized to fit that one patient, and only that one patient, seated before me in consultation.”



Helen M. Torok, M.D.
Medina, Ohio

Assessing the aging face best includes a twelve-step aesthetic assessment of the aging face:

Dr. Torok

1. The patient’s age. Complaints in younger patients generally reflect changes limited to the skin. With advancing age, the deeper, supportive structures of the face contribute increasingly to the aging changes.
2. The patient’s gender. Men experience changes to their hairline and have the ability to camouflage with facial hair. Men and women may also have differing cultural expectations for what is acceptable or desirable in terms of age-related changes to the shape of their face and the texture of their skin. The inherent thickness of either a man’s or woman’s skin contributes greatly to their resistance to rhytids and how they respond to many therapies.
3. Skin pigment. Dyschromia gives clues to the patient’s past history concerning skincare (or lack thereof) and possibly their adherence to a skincare program in the future. The severity of the patient’s dyschromia also indicates their skin’s susceptibility to photodamage adjusted for their Fitzpatrick skin type.
4. The patient’s medical history. Always assess for factors that can accelerate aging or affect healing (smoking history, coexistent diseases and medications, past history of facial injury or surgery, history of large fluctuations in weight).
5. The patient’s occupation and avocations. Certain activities (marathoners) can affect tissue aging. The patient’s occupation may influence how important appearance is to their success at work and how much recovery time can be tolerated.
6. Facial asymmetry. Is the patient’s asymmetry noticeable to them, and what is causing the asymmetry?
7. Expression lines. What is the dynamic component involved in creating facial lines, and are they fixed and are they a desirable expression or not?
8. The risk/reward calculation. Is the work that would be most helpful to the patient within their budget and tolerance for procedures?
9. Who sees what. Prioritize your evaluation and recommendations to what the patient sees and

dislikes, not what you are seeing, to avoid an unhappy result.

10. Reconstructive vs. rejuvenating. For the patient over 35, a copy of a portrait of them from their late teens to early 20s should be brought to the initial consultation so you can return the patient to their previous youthful state that they recall and desire.

11. Appreciate the patient's facial structure. Different races/cultures/nationalities have different structures to their face and different expectations. Patients' tissues also exist on a spectrum from elastic to inelastic. Your examination of the skin and supportive structures can identify this, and it will help to explain the pattern of aging and their response to treatment. Different patients have different volumes of muscle and subcutaneous fat as part of their "normal." Previous photos are useful in assessing this.

12. The patient's state of mind. A depressed patient and a content patient will look very different as well as respond differently to your treatment. Do not think a rejuvenating procedure will achieve the same result in a patient who feels bad and looks bad. This is a subjective assessment, but a valid one as you observe during the consultation the range of the patient's expressions."



Joe Niamtu III, D.M.D., F.A.A.C.S.
Richmond, Va.

"Faces, like snowflakes, are never the same, but they are all similar. All humans age predictably, but the way they age is very diverse due to a combination of intrinsic

and extrinsic factors. I have the same conversation many times a day, every day (mostly with women), because the basis of face and neck aging is similar for all of us. Having said that, we all individually have aging nuances that relate to our genetics, social habits and lifestyle. So everybody is the same, but no one is exactly the same.

"I believe that I could perform an accurate diagnosis from outside the consult room if the patient slid their driver's license under the door. Most cosmetic surgeons could predict what aging a patient has and what procedures they may benefit from knowing their birth year! Obviously, that is a huge generalization, and the real art of diagnosis and treatment lies in identifying both the overt and the covert aspects of face and neck aging. Overt aging would be the grossly obvious factors such as brow ptosis, submental excess and severe actinic damage. Covert aging are the "hidden" factors that many patients and some doctors will miss. These are the little things like loss of cheek volume, temporal wasting, tear trough accentuation, earlobe shape and position,

etc. These are the details that can make a big difference.

"To keep the conversation and understanding in an organized manner, I explain to patients that we will discuss four major things:

1. Upper face (brow, upper lids, rhytids)
2. Mid face (lower lids, cheeks, nose)
3. Lower face and neck (lips, chin, submental, jowl and cervical skin excess)
4. Skin (actinic damage, ptosis, dyschromias, lesions, etc.)

"By providing this organized structural thinking, patients can better relate and remember the discussion, as well as explain it to their spouse. Since most docs have the same conversation day in and out, we take it for granted that the patients understand our diagnosis and treatment plans. Too often, however, patients can leave the office confused, especially when multiple surgical diagnoses and procedures are discussed. It is imperative to insure in some way that the patient has a clear and concise appreciation of an accurate and comprehensive diagnosis, as well as the contemporary options. Some docs do this themselves, others have staff to simplify the discussion. I stress that a comprehensive evaluation is necessary to fully understand the total aging picture. Once in awhile, a patient presents for eyelid evaluation and may be surprised when we discuss their neck. "I just want my eyes done" may be the patient reaction, but it is important for them to understand the full impact of comprehensive aging and how the total can surpass the sum of the parts.

"Again, it is important to remember that what we say every hour may be the only time the patient ever hears it, so it is up to us and our staff to make sure the message gets through. Supplemental tools such as websites, blogs, YouTube videos and written information can also greatly assist. Always remember, an educated patient simplifies the entire cosmetic surgery process. Misunderstanding and related disappointments can fuel a litany of problems. For this reason, it is also important for the patient to understand what their procedure won't do."



Dr. Lupo

Mary Lupo, M.D., F.A.A.D.
New Orleans

"The initial cosmetic consultation is critical to the long-term success of the patient's treatment, as well as the long-term relationship of the doctor and patient. The dermatologist must balance the truth of what the patient needs (or does not need) with considerations of their feelings, expectations and their budget.

"At that initial consult, it is important to hand the patient a mirror and ask about their concerns and

even to prioritize them for you. Then you must add your insight and observations based on your years of experience. For example, the patient may want their nasolabial folds gone when in fact they really need cheek augmentation and lift. Patients have been so conditioned to ask for their "parentheses" to be treated that they do not see the big global aging picture of their face. Remember, companies can only advertise what is an on-label FDA (Food and Drug Administration) approval. It is our job to responsibly use these tools to make the patient (not just the nasolabial fold) look better. And this means using products quite a bit 'off-label.' If patients are too far gone for my nonsurgical tools, I refer them to a plastic surgeon.

"All this makes the consult take longer. Patient education is the only way to have them make the best choices. If you do what a patient wants but you think it is wrong, you then own that result. So make sure every treatment used, every device employed and every filler injected is doing what your vision is for the patient. I often tell patients if you just inject the nasolabial fold, the fold will look better, but YOU won't look better.

"I do not measure after so many years, I do a good job eyeballing the proportions. Photography is also an essential tool, as I see things in pictures. I also rely on watching the patient while they talk and animate. It is hard to articulate why I use what (products). I just "know" because I have been using fillers since 1983 and toxins and lasers since the mid-'90s.

"Finally, I always address skincare and the need for sun protection. After all, the canvas must look smooth and be even toned for the final painting to come out right."

Doctors' Bios:

Mary Lupo, M.D., F.A.A.D., is a board-certified dermatologist and clinical professor of dermatology at Tulane Medical School. She is the past-president of the Women's Dermatologic Society, Louisiana vice-chair for the Dermatology Foundation and member of the Annenberg Circle.

Harris S. Hausen, M.D., specializes in cosmetic rehabilitative procedures of the face and body. He is the founding director of Medical Aesthetics of Woodbury, based on Long Island, New York.

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Disclosures:

Dr. Lupo is a researcher/speaker/trainer and is on the advisory board for Allergan; a speaker/trainer and advisory board member for Medicis; a speaker/trainer for Valeant; an advisory board member for Merz; and a speaker for Lumenis, BTL and Syneron. Drs. Hausen, Niamtu and Torok report no relevant financial interests.