

Minimally Invasive— Minimally Effective?

A surgeon holds forth on the popularity of nonsurgical aesthetic procedures

If a cosmetic surgeon were stranded on a desert island 15 years ago and just returned to the contemporary aesthetic landscape, he or she would be surprised and would most certainly be impressed (or unimpressed) by the minimally invasive trend.

It wasn't that long ago that aesthetic surgery was a well-kept secret of the rich and famous and ladies that leisurely lunched. However, when the first class of Baby Boomers entered their mid-40s about 15 years ago, a paradigm shift occurred in many directions.

Societal mores concentrated on health and fitness, and medical advances enabled people to live (and love) longer. This emphasis on feeling and looking better, coupled with a population surge of aging patients with disposable income, provided a fertile group of potential aesthetic surgery patients. Cosmetic surgeons also saw changing patient populations with younger patients seeking treatment and a rise of male and minority patients.

Somewhere between all the media hype and the increase in younger patients wanting to look better came the birth of the minimally invasive aesthetic era. Botulinum Toxin type A, new fillers, light and laser therapies, tumescent liposuction, and endoscopic techniques set the stage for smaller procedures that did more with less.

This aesthetic revolution has been a good thing for most aesthetic practitioners because it increased the number of patients in our waiting rooms. In the same manner that it brought more patients, it also brought more specialties to the aesthetic provider table.

What Is the Problem?

No one can argue that minimally invasive treatments don't have a positive side. It is a true pleasure to simultaneously treat a patient with botulinum toxin Type A, fillers, IPL, hair removal, and a vascular laser for spider veins and have a true aesthetic result with nary a drop of blood or a day missed from work.

The bigger problem is the procedures that are being promoted by media, corporate interests and yes, physicians. It just sounds downright sexy to get a facelift with a few sutures or to get neck-lift results from heating the dermis. And the bigger problem of the bigger problem is that many patients are led to believe that these new technologies have replaced traditional surgery.

Many surgeons have been sucked into it as well. I saw some of the most credible and stalwart surgeons endorsing barbed suture facelifts. I also saw this marvel on the *Today* show while it was being stated that there is no longer a reason to go under the knife for a facelift.

I, like many surgeons, saw patients shy away from traditional facelift procedures because they were "unnecessary." I would be untruthful if I did not admit to also jumping in the ring with barbed sutures, only to see unsatisfactory results and disillusioned patients.

Women remain the driving force for aesthetic procedures, and they have more disposable income and want to look younger. Disposable income is only good if you don't miss work, so there is a real need for minimally invasive procedures.

This need is certainly being fulfilled, but a lot is getting lost in the translation. You cannot pick up a magazine at the supermarket checkout that does not include information about a miracle diet, yet we all know that there is no miracle in dieting. This type of reporting is also spilling over into minimally invasive aesthetic surgery, and yes, people are falling for some of it.

The Culprits of Overselling

I believe that the culprits of overselling are the media that need to have a "wow" story, the companies that market the machines, and a society that is obsessed with less for more. I also believe that some practitioners who do not perform surgery bad-mouth traditional surgical procedures and inflate the expectations of



by Joseph P. Niamtu III, DMD

minimally invasive procedures. Surgeons are guilty as well, and it has become fashionable to invent a new facelift with an attractive name that offers the same results as traditional facelift surgery with none of the inconveniences.

We, as surgeons, can't be apologetic about an extended recovery period for a time-proven procedure. Some of my (and other colleagues') better referral sources are other physicians who overpromote the results of minimally invasive procedures, especially nonsurgical skin tightening and tiny facelifts that are supposed to have huge results.

These unhappy patients are disappointed, angry at their previous surgeon, and embarrassed that they wasted their hard-earned money on something that sounded too good to be true. I tell my patients that 2 weeks away from work for a comprehensive procedure that will improve a half century of aging is not unreasonable if they desire a long-term result.

Minimally invasive procedures have piqued the societal interest in aesthetic surgery, and many of these patients will go on to have traditional surgery, so in that respect, it is good for business and it has brought many new patients to our offices. I also believe that the hype surrounding minimally invasive cosmetic surgery leads the industry to vigorously press for advancements in technology.

I conclude that minimally invasive techniques are, in reality, a good thing if they are used and promoted ethically. They are only detrimental when the public is misled by industry, media, and, of course, physicians. **PSP**

Joseph P. Niamtu III, DMD, is a board-certified oral and maxillofacial surgeon in private practice in Richmond, Va. He can be reached at niamtu@niamtu.com.

For a longer version of this article, please go to PlasticSurgeryProductsOnline.com.