

# Plastic Surgery In Fifty Plus

By: Dr. Enrique A. Silberblatt, M.D., FACS

Despite the 2008 economic downturn in which plastic surgery procedures suffered a 10% overall decline, a survey of plastic surgeons around the country found that procedures performed on older Americans actually increased by 26%! Why did this happen? What motivates men and women near or at retirement to seek self-improving surgical procedures? What procedures have they requested? I thought this would be a good opportunity for me to share what I have observed in my older patients here in Southwest Virginia.

There are many reasons that patients 50 and older come to my office. The most common statement I have heard from them is: "I don't mind my age, I just don't want to LOOK my age!" The second most common request is: "Everybody always thinks I am tired and I feel fine. Get rid of this 'tired' look." Some women have even told me that their "grandbabies" ask them why they always look angry! Many women have daughters with weddings coming up and dread what the pictures will show. They want to look good in that album on the living room table. The last common reason that comes to mind highlights concerns at work. Patients who thought they could retire early now realize that they will need to work a few years longer after seeing their retirement funds shrink. Salespeople, in particular, find it more difficult to maintain a competitive edge if they are perceived as "tired" or "over the hill."

What exactly does it mean, though, to look "tired," "angry," "older," or "over the hill?" What is the "gold standard" for any of these terms. Many patients ask me to decide for them since, presumably, I am the professional and have fielded these requests every working day for the last 25 years. I often like to relate a story that one of my wisest professors shared with me early in my training. A very attractive young lady had walked into his office. Her nose was disproportionately large for her face and it was the first thing he noticed. He asked her, "What

kind of a nose would you like me to make for you?" Horrified, she replied: "I am here about my breasts, not my nose!" The lesson, which I have never forgotten, is that my aesthetic sense, my personal taste in beauty, is just that: personal and unique to me. In fact, that is true of every plastic surgeon in the country and has NOTHING to do with how any patient sees herself or himself. So, if the reader takes only one message away from this article it should be: Do not let ANYONE dictate what you should look like. You know best what you want to change and your surgeon's job, initially, is to facilitate your ability to express and verbalize those concerns. I may see full jowls in a face but if you are concerned about wrinkles only, then the wrinkles need to be softened or eradicated, not the jowls. I try and help every patient pinpoint the features that are interpreted as "tired," "angry," "older," or "over the hill." This often is a manifestation of frown lines, wrinkles, loose skin, baggy eyes, drooping eyelids, sagging corners of the mouth and thinning lips, to name a few.

Another primary concern that older Americans have has to do with down time. Most people are busy and unwilling to undergo long recovery times. Also, many have medical conditions such as hypertension, heart disease, diabetes and other chronic illnesses. Patients demand the least invasive procedure that effectively addresses their concerns. As with most things in life, a variety of approaches is usually possible. Risk and efficacy vary. It is my duty to present these alternatives to each patient and decide together with my patient which approach will be most effective in each case.

The most common procedures that are requested and performed on older patients in my office are mini-facelifts, Botox® and Juvederm® injections, Fraxel® laser treatments, lateral brow lifts and upper eyelid lifts. They all share the same characteristics: minimal down time, minimal risk, highly effective and lower cost than more involved surgery.

The mini-facelift is a perfect example of the kind of procedure that has developed in response to the needs of older patients. Prior to its development, the only available procedure was a full facelift. A full facelift is an excellent procedure when a patient seeks improvement of full or loose neck skin, heavy jowls, downturned corners of the mouth and drooping or flattened cheekbone skin. However, many patients see jowls and downturned corners of the mouth as the very first signs of aging. Their necks and cheeks are fine. Why undergo a longer procedure that requires sedation or general anesthesia and a longer recovery for a process that is just starting? As surgeons began to better understand the process of aging in the face and improved techniques to correct these, it became possible to offer less extensive procedures to address problems such as early jowl fullness and corner of the mouth drooping. A mini-facelift is usually done under local anesthesia. A small incision is made under the sideburn and in front of the ear ending just behind the earlobe. The skin is lifted for about two inches in front of the ear and the underlying tissues tightened. This tightening is the key to the procedure. Skin tightening only will not last and will result in widened scars. Once the underlying tissues have been tightened, the jowls are lifted and the corners of the mouth raised. Note that the neck and cheeks are minimally affected so if these are the primary areas of concern, then a mini-facelift is not indicated. Most patients return to work the next day and the results will last three to seven years. Costs are less than half of what a full facelift would be.

The Fraxel® laser is another great example of the kind of treatments sought by older patients. It will smoothen fine wrinkles, remove brown discolorations, eradicate precancerous actinic keratoses, shrink wide pores and smoothen scars. There is little or no down time and it is done with topical anesthesia. Alternative treatments such as ablative lasers, CO2 lasers, chemical



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peels and dermabrasion all result in downtimes of several days to weeks. Some of these procedures can result in permanent side effects such as permanent skin depigmentation. Again, risk and efficacy need to be weighed when considering these alternatives and each patient will have a unique treatment plan. However, many older patients have been thrilled with the excellent results they have obtained from Fraxel® laser treatments with minimal risk, downtime and discomfort.

Botox® injections and dermal fillers such as Juvederm® have also provided patients with the ability to address concerns such as frown lines and fine wrinkles with rapid, low risk, low discomfort and highly effective solutions. Botox® relaxes muscles in the face and can eliminate frown lines, forehead wrinkles, crow's feet while slightly raising the brows. It is also used to reduce wrinkles around the mouth and in the neck in some patients. It typically lasts three to four months. Juvederm® is used to soften or eliminate wrinkles around the mouth, nasal-labial folds and marionette lines. It can lift the corners of the mouth slightly and can even be used to slightly elevate the brows. These results last six to twelve months.

Upper eyelid lifts and lateral brow lifts are also procedures that can be done under local anesthesia with minimal risk. The down time is a little longer, however, than with a mini-facelift.

Older Americans have found a need for variety of plastic surgery procedures that minimally interfere with their busy schedules. Plastic surgeons have responded with a wide variety of alternatives to meet these demands.



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