Consider Adding Volume in Periorbital Surgery

BY ROBERT FINN
San Francisco Bureau

SAN DIEGO — Tissue removal during traditional blepharoplasty is often a counterproductive approach, Robert Alan Goldberg, M.D., said at the annual meeting of the American Academy of Cosmetic Surgery.

Deflation caused by the progressive loss of subcutaneous, deep, and periorbital fat is the most important part of orbital ageing, he added. And the solution is to add volume, which can be done several ways.

"Opening is a loss of elasticity, which can be addressed by most cases the body is not making new tissue. What is happening when I say that it renders scissors and scalpel obsolete. A lot of physicians have an emotional investment in surgery."

While patients often complain of excess skin around the upper and lower eyelids, Dr. Goldberg says he believes in a repeat procedure. "I think that’s one of the beauties of this paradigm," he said, "The fact that it’s not permanent is part of its beauty both for the patient and the... physician."

"Certainly removing tissue has its value," said Dr. Goldberg, "If you thought of this as a breast with breast tissue becoming flattened, and it’s sagging. It’s the same principle."

Several techniques may fill those hollows:

- **Fat injections.** For years, Dr. Goldberg’s favorite technique was fat injections. "Although the periorbital area can be tricky, with some skill and a reasonable amount of luck you can get a pretty smooth improvement there," Dr. Goldberg said. "But when it doesn’t work, it’s difficult. Fat can really be lumpy and granulomatous."

- **Fat transfer.** For the lower periorbital area, Dr. Goldberg often releases the orbital fat surgically and uses it to fill the orbital rim hollowness. He uses a transconjunctival sub-mucosal approach, as work particularly well in patients who truly have an anterior projection in the bags under their eyes.

- With the upper eyelid, Dr. Goldberg uses what he calls an "eyebrow brassiere suture." The concept is to fixate the inferior edge of the eyebrow fat pad, lifting and filling the pad in three dimensions. "This is not a brow-lift... suture," he said. "What we’re doing is stabilizing the brow in three dimensions, trying to refit the brow fat pad and recreate that beautiful full convexity of youth."

- **Implants.** This technique, which is both safe and effective, has a role, especially in cases of severe hollowness.

- **Synthetic fillers.** In many cases synthetic fillers are best, Dr. Goldberg said. He particularly likes the hyaluronic acid gels because they’re very forgiving. (Dr. Goldberg serves on the scientific advisory board of Medicis Pharmaceutical Corp., which makes Restylane.)

The injection technique must respect the delicate anatomy of the periorbital region. Dr. Goldberg uses a multipurpose injection technique for the lower periorbital region, trying to place the filler below the orbicularis but above the bony orbital rim. He uses a series of fanning passes, often injecting as many as 100 times. "The key is to get a very soft, even, feathered distribution. Any lump shows up like the princess and the pea," he said.

These injections last 6 months, after which a patient needs a repeat procedure. "I think that’s one of the beauties of this whole paradigm," he said, "The fact that it’s not permanent is part of its beauty both for the patient and the... physician."

"The key, though, is to make this technique a shift from looking for tissue deficiency to analyzing facial hollows. This paradigm, he says, is safer, more effective, and less destructive of tissue. And, compared with traditional blepharoplasty, it allows the physician to do a better job of facial rejuvenation using a minimally invasive approach."

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**Donor Density Only Limiting Factor in Hair Transplantation**

BY DAMIAN McNAMARA
Miami Bureau

MIAMI BEACH — Modern-day hair transplantation yields high patient satisfaction and a low risk of side effects, according to a presentation at a symposium sponsored by the Florida Society of Dermatology and Dermatologic Surgery.

Dermatologists who offer hair transplantation must battle the legacy of poor results, Dr. Avram said. Exercise care when working with recipient and donor zones. Other keys to successful treatments are now the rule rather than the exception, practical tips can help optimize outcomes. Dr. Avram recommends using polarized light with magnification for both donor and recipient sites.

"The future of hair transplantation will feature improved instrumentation, robotics, and cloning," Dr. Avram said. "For example, lasers will be able to separate one to three hairs from a single site. Robotics may assist implantation. And if hair cloning becomes a reality, it will alleviate the limiting factor of donor hair density."

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**Multiple Passes, Reduced Settings Tighten Tissue With ThermoCool**

BY ROBERT FINN
San Francisco Bureau

SCOTTSDALE, ARIZ. — Radiofrequency tissue tightening using Thermage’s ThermoCool TC system has gained favor for wrinkle reduction with the standard use of a single pass over the device, but better results and greater tolerance are seen with a multiple-passes approach using reduced treatment-level settings, said Bill H. Halmi, M.D., at a meeting sponsored by the Skin Disease Education Foundation.

The ThermoCool system, which has received Food and Drug Administration approval for smoothing wrinkles and sagging skin around the face, has yielded only modest results, and subtle changes were often not even noticeable, said Dr. Halmi, a dermatologist and owner of Arizona Advanced Dermatology in Phoenix.

Furthermore, the treatment was not without some discomfort, and early safety observations showed a 6% rate of scarring or texture change 6 months post treatment.

In a new technique introduced last year by Brian Zelekickson, M.D., however, use of multiple passes in a single treatment with lower frequency showed the achievement of greater deep-collagen denaturation. In addition, the already rare risk of surface tissue damage was further decreased by letting the patient decide.

Dermatologists including Dr. Halmi have picked up on the multiple-passes approach and report much improved results. "The newer treatment paradigm is much better tolerated, reduces the risks, and appears so far to offer better results," Dr. Halmi said.

With the multiple-passes approach, frequency should be reduced and as many as four or five passes can be used. One pass is made over the entire surface area, then on the second pass you concentrate on the areas of interest, and you can go on to four or five passes on the face to reach a clinical point of physical tightening," Dr. Halmi said.

Since there is immediate collagen contraction, visible results are seen right away, but this response usually lasts only a matter of hours or days. It typically takes about 2 months, however, to see the maximum results of the more important secondary response showing collagen remodeling and tightening.

While radiofrequency (RF) waves have long been used in dermatology for purposes such as electrocoagulation and skin resurfacing, the ThermoCool system is in use in that it uses a patented capacitive coupling to give greater uniformity in heating and tightening deeper tissue, Dr. Halmi explained.

The device also uses cooling before, during, and after the delivery of the RF energy to protect the epidermis.

Slides presented from Dr. Halmi’s practice showed dramatic improvement in areas including the nasolabial fold, the jowls, and especially the neck.

"It turns out neck tightening is probably the area this [therapeutic] protocol of one pass usually achieves at least subtle results, but multiple passes appear to be yielding much better results."

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— Nancy A. Melville