Evaluation of the Cosmetic Patient

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Lecture Agenda

• Review the 3 major components that contribute to an aging face
• Learn how to identify the major problems in each component
• Learn management and treatment options
• Review surgical and non-surgical options
• Learn how to communicate goals and realistic expectations with your patients
• Learn how to identify red flags and when to just say no to patients
The Aging Face
1. Sun damage → SKIN CARE
2. Fat deflation → VOLUME AUGMENTATION
3. Soft tissue descent → SURGERY
1. Sun damage
2. Fat deflation
3. Soft tissue descent
1. Sun damage

2. Fat deflation

3. Soft tissue descent

SKIN CARE

VOLUME AUGMENTATION

SURGERY
Why Minimally-invasive surgery?

- Big surgery = big apprehension
- Big surgery = big irreversible changes
  - Big surgery = big scar
  - Big surgery = big cost
- Big surgery = big recovery time
Evaluation of Cosmetic Patient

• Goals and realistic expectations
• Red flags (just say no)
  – Manipulative
  – Hostile
  – Unrealistic
  – Obsessed
  – Unstable
Evaluation of Cosmetic Patient

- Skin quality (color, elasticity, atrophy, fluid accumulation)
- Bone structure
- Dynamic lines
- Eyebrow fat pad
- Upper orbit 3D contours
- Upper eyelid margin
- Lower eyelid margin
- Lower orbit 3D contours (fat, fluid)
- Canthus
- Volume status: periorbital hollows
- Malar triangular mound
Loss of skin elasticity

• Rhytids and festoons
• Loss of skin volume, unmasking orbicularis, tear trough, orbital and cheek fat
• Color and texture changes
Evaluation of Cosmetic Patient

• Skin quality (color, elasticity, atrophy, fluid accumulation)
• Bone structure
Congenital asymmetry of fat and bone:
The big side of the face
and
The small side of the face
Evaluation of Cosmetic Patient

- Skin quality (color, elasticity, atrophy, fluid accumulation)
- Bone structure
- Dynamic lines
Orbicularis Prominence

• Horizontal or oblique lines accentuated with smile
• Common in Asian patient
• Orbicularis acts more easily on aged, inelastic skin: ORBICULARIS ADVANTAGE
Evaluation of Cosmetic Patient

• Skin quality (color, elasticity, atrophy, fluid accumulation)
• Bone structure
• Dynamic lines
• Eyebrow fat pad
How do we age?

Do we gain tissue?
Traditional fat removal—surgery for “bags”

vs.

Fat repositioning—surgery for contour
MOST COSMETIC SURGEONS REMOVE EYELID FAT LIKE THEY EAT PRETZELS
The Anatomy of Aging:

The Facial Hollows
Soft tissue loss occurs at skin attachments of bony ligaments

- ORBITOMALAR LIGAMENT (orbital rim)
- ZYGOMATOCINGULAR LIGAMENT
- SEPTAL CONFLUENCE
Fat repositioning - surgery for *contour*

vs

Fillers

vs

Fat injections
What have we used in the past?

• Collagen
• Gortex
• Fascia
• Meshes

FAT INJECTIONS
FAT INJECTIONS

• FAT PEARL GRAFTS
• COLEMAN “LIPOSCULPTURE”
• SIMPLE “MICRO” FAT INJECTIONS
FAT INJECTIONS

FILL DEPRESSIONS AND CONTOUR ABNORMALITIES
AREA DEFECTS

- TEARTHROUGH DEFORMITY
- HOLLOW SOCKET DEFORMITY
- NASOLABIAL FOLDS
- LIP AUGMENTATION

SPOT DEFECTS

- POST CORREGATOR DISSECTION
- POST TRAUMA
- DEPRESSED SCARS
- POST EYELID RECONSTRUCTION
SEPARATION OF FAT GRAFTS MAKES THE FAT ASSUME TEXTURE OF HOST TISSUE

SIDNEY COLEMAN MD

FAT NEXT TO FAT FEELS LIKE FAT
FAT SEPARATED BY MUSCLE FEELS LIKE MUSCLE

SIDNEY COLEMAN MD

FAT FEELS LIKE FAT NO MATTER WHERE YOU PUT IT

VAL LAMROS MD
Disadvantage of Smaller Diameter Cannula

Fat cells may be ruptured…
Structures to Fill
Thank You!

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