

APC Ophthalmology Conference

Evaluation of the Cosmetic Patient

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HEALTH



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

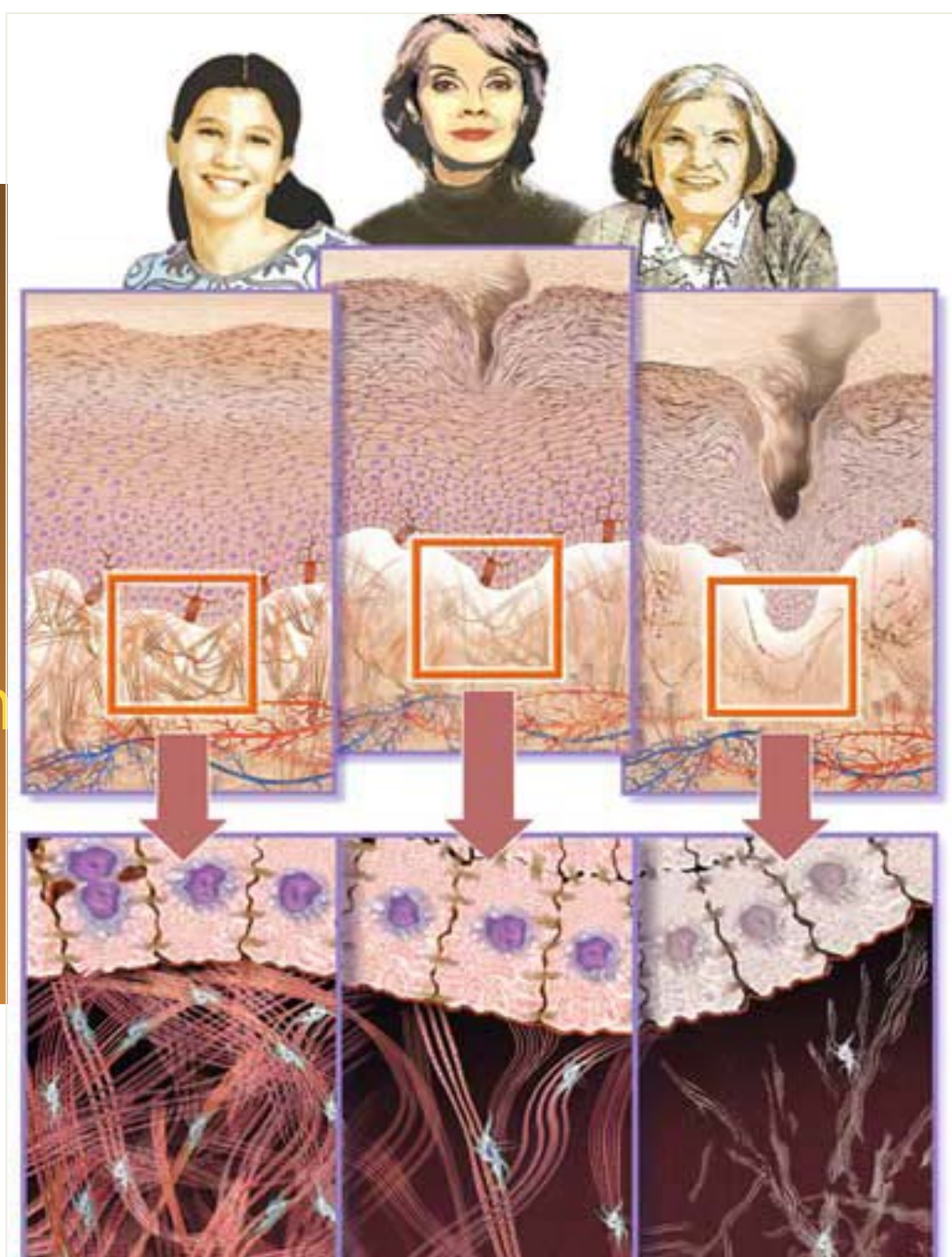
The Aging Face

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

SKIN CARE

2. Fat deflation → VOLUME AUGMENTATION

3. Soft tissue
descent

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)
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- 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?

EARLY LOWER BLEPHAROPLASTY DEBATE

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)
- **ZYGOMATIC LIGAMENT**
- **SEPTAL CONFLUENCE**

CURRENT LOWER BLEPHAROPLASTY DEBATE

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

- TEARTROUGH 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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