

PLASTIC SURGERY

A NEW OUTLOOK ON LIFE

Sharishta Shourie provides insight on how reconstructive and cosmetic procedures can increase self-confidence

PHOTO: PRIVATE

Globally, plastic surgeons report that tight economic conditions are driving patients to opt for the less expensive, non-invasive alternatives such as injectables and fillers rather than the more expensive and more permanent surgical procedures, such as facelifts, liposuction or breast augmentation.

Don't bargain on safety

These anecdotal observations were recently corroborated when the International Society of Aesthetic Plastic Surgery (ISAPS), the specialty's leading international body, conducted the first ever scientific survey of worldwide trends in plastic surgery in the top 25 counties: ISAPS Biennial Global Surveywww.isaps.org.

While scientific innovation and marketing are behind some of this trend, there is no doubt that price is the primary motivator. And when price is the issue, we find that too often safety takes a back seat in the decision making process. And nowhere is price more of a factor than in what is known as "medical tourism."

It's surgery, not a vacation

In fact, "medical tourism" is proving to be an oxymoron. The overwhelming majority of plastic surgery patients who travel are unlikely to visit muse-

ums, beaches or nightclubs.

To remind the public that travelling for a medical procedure is surgery, not a vacation, ISAPS is recasting this issue with a more appropriate moniker that puts the attention on safety, not the size of a hotel's swimming pool.

"Medical tourism" is now Medical Procedures Abroad™ (MPA). To support this new approach, ISAPS will soon unveil a pilot program in association with one of the world's leading insurance underwriters that provides inexpensive insurance for individuals who travel outside of their country for medical procedures, and could return home with a serious complication from this surgery.

The MPA policy will first be available in the United Kingdom for British residents who travel to most destinations in Europe, and later to patients and ISAPS surgeons worldwide. The screening device in the insurance application was designed to spot patients who are not good candidates for surgery that requires travel.

The surgeons who are allowed to



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participate in the MPA program are all ISAPS surgeons who have passed rigorous review processes before becoming a member.

Medical Procedures Abroad will also be the beginning of a data collection process that will finally inform national medical authorities about the results of procedures conducted abroad. A recent survey of "medical tourists" returning to England after surgery abroad revealed that 19 percent need some sort of medical follow-up from a doctor's office visit to immediate hospitalization.

Important questions to consider

Doctors have earned the trust of the public. Today we are seeing that trust manipulated by tour companies and holiday resorts. If an individual wants to travel abroad for a medical procedure, keep these issues in mind:

- 1 Are you a good candidate? Do you have underlying issues such as diabetes or take blood thinners?
- 2 Will your surgeon know much about you before he or she performs the surgery?
- 3 Is your chosen physician a trained plastic surgeon, and not just a doctor who has taken some weekend courses? Is he or she board certified or the national equivalent?

There is nothing wrong about looking for good value ...but when it comes to any medical procedure, do not let price be the primary motivating factor. Begin with safety and knowing your doctor's credentials and the likelihood of bad results will be significantly reduced.



WE RECOMMEND



Surgeons on a mission
One practice's commitment to life-changing procedures

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NEW YORK SURGEON SPOTLIGHT



Gotham Plastic Surgery, PLLC is a partnership between two of New York's most experienced plastic surgeons—Dr. Philip Miller & Dr. Douglas Steinbrech. Dr. Steinbrech performs face & body plastic surgery, with an emphasis on body contouring, while Dr. Miller's focus is on facial plastic surgery with an emphasis on rhinoplasty. With over a decade of experience, both doctors operate on patients in a collaborative manner, providing their patients with decreased operative & anesthesia time followed by a shortened postoperative recovery period. In addition to providing the full spectrum of plastic surgical

services, Gotham Plastic Surgery also offers a myriad of non-invasive procedures that are often less expensive & painless with little to no recovery period. Their office and in-house operating suite are located in Midtown Manhattan on East 56th Street between Park & Madison Avenue.



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ALABAMA SURGEON SPOTLIGHT

Dr. Grady Core is widely recognized in the field of plastic surgery as one of the inventors of endoscopic (minimally invasive) plastic surgery. Dr. Core was a co-developer of the technique in 1991 and has developed applications for endoscopic cosmetic surgery in the face, breast and abdomen. He has taught the technique to plastic surgeons throughout the world since 1992 and is a regular presenter and teacher at Plastic Surgery meetings globally. Dr. Core was trained in plastic surgery at the Mayo Clinic, Rochester, MN and has been certified by the American Board of Surgery as well as the American Board of Plastic Surgery. He is a Fellow of the American College of Surgeons, and a member of both the American Society for Aesthetic Plastic Surgery, the American Society of Plastic Surgeons, and



peer selected to the prestigious American Association of Plastic Surgery as well as numerous other plastic surgery organizations. He has been selected for Best Doctors in the U.S.: Southeast Region, and in Who's Who in Medicine and Healthcare.

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NEWS

Question: Can optimal results be achieved via non-invasive surgical procedures?
Answer: Thanks to recent breakthroughs, there are myriad safe and effective solutions to improve your appearance and self-esteem without major surgery.

Non-invasive procedures now on the rise

Eight years ago, New Jersey resident Evan Camp underwent liposuction in a hospital to remove excess fat on his hips that, despite years of rigorous workouts, wouldn't disappear. In addition to pain and bruising, Camp was required to wear a girdle for two weeks.

Fast forward to today and Camp could opt for a less invasive way to lose the love handles. "I love the idea of non-invasive," said Camp who admitted he might consider a less invasive procedure. "I can reduce the risk of infections from the hospital, save money and even get work done while getting the treatments."

He's not alone. More and more people are opting for ways to improve their appearance—many seeking avenues that don't involve a scalpel.

Almost 10 million cosmetic surgical and nonsurgical procedures were performed in the United States in 2009, according to statistics released by the American Society for Aesthetic

Plastic Surgery. The organization says the overall number of cosmetic procedures has increased 147 percent since the tracking of the statistics first began in 1997.

Growth comes from new solutions

The real growth is coming from minimally-invasive procedures which soared 99 percent since 2000, according to statistics from the American Society of Plastic Surgeons.

"The current economic climate will likely not have an impact on long-term growth. The largest contributor to the increase in procedures over the past decade has been the advent of injectable wrinkle fighters and other minimally-invasive procedures," said ASPS President Michael McGuire, M.D.

The procedures that don't require going under the knife range from the well-known botox to cutting-edge technology using lasers to sculpt the desired physique. There are one-hour facelifts, breast augmentations under sedation and even nonsurgical rhino-

plasty. One option Camp is considering is the recently FDA-approved ZERONA which uses lasers to reduce fat cells resulting in an average off of three to four inches following a series of sessions. A qualified cosmetic surgeon is the best resource to learn about today's options.

Future vision

Mitchell Chasin, M.D. and medical director for Reflections Center for Skin and Body in New Jersey is tracking what the future holds such as needles to deliver radio frequency energy under the skin as well as using laser liposuction to treat excessive underarm sweating. There's also a buzz about aesthetic devices being developed that can be used at home.


Taking the fear and some of the costs out of cosmetic surgery has put it in reach of more than just the very wealthy. Data from an online survey conducted last March by Harris Interactive on behalf of RealSelf.com found America's interest in cosmetic procedures is soaring with more adults (an

increase of 15 percent) opting to have "work done" if money was not an issue in the most recent poll versus a similar poll completed at the end of 2009.


Eyelid surgery was the top procedure for those planning to have a cosmetic surgical procedure within the next 12 months (27 percent). Laser hair removal was the top procedure for those planning a minimally-invasive procedure within the next 12 months (23 percent). The most frequently performed nonsurgical procedure was injections of Botulinum Toxin Type A (including Botox and Dysport) and the most popular surgical procedure was breast augmentation.

The new wave magic wands could make dreams an affordable reality. According to statistics from ASAPS, surgeries such as tummy tucks and breast reductions cost more than \$5,000. Estimates from providers of alternative options such as body contouring said costs are at least half.

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QUESTION & ANSWER




Daniel Brauman,
MD, FACS, PC

How is body contouring different from liposuction?



The new non-invasive body contouring devices recently approved by the FDA, are different from liposuction because they require no incisions, there is no downtime and there is no need for anesthesia. These procedures offer a non-invasive alternative for the patient who does not want to undergo surgery, but wants to slim down by reducing the fat in areas such as their waist, hips and thighs. Non-invasive body contouring procedures are not a replacement for liposuction however, where a patient is looking for reduction in a specific location or is looking for more dramatic results.

Is body contouring the best weight-loss option for everyone?



There are now a few procedures in the body contouring space. Understanding the differences before deciding on any of these procedures is important. None of the procedures will significantly reduce a patient's weight, however, body contouring is ideal for someone looking for instant gratification or motivation when done in conjunction or prior to a weight loss program. In contrast to liposuction, patients can safely continue to exercise during and after their procedure.



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INSPIRATION



LEFT: Sharishta Shourie, who says, "I haven't lost sense of my body image."
RIGHT: Artist Rhonda Doré didn't want her body to be a daily reminder of her cancer battle.
PHOTO: PRIVATE



Survivors find empowerment through information

Question: At what point should breast cancer patients consider reconstructive options?
Answer: According to surgeons, survivors and a new legislative push, from the moment they explore treatment options.

Sharishta Shourie credits an inner voice. In August 2009, the then 25-year-old did her first breast self-exam in the shower. Although young, she shared the news of a lump with her primary care physician. The next year became a whirlwind of activity including biopsies, a double mastectomy, reconstructive surgery, six rounds of chemotherapy and 28 sessions of radiation. "It's really information overload when you are first diagnosed," Shourie said, noting she sought second and third opinions while deciding the best treatment course. Once the shock of diagnosis passed, reconstruction was always part of her decision process. Luckily, Shourie's primary care physician mentioned reconstruction from the first conversation, an opportunity to contemplate that many don't feel they have. In September, the non-profit Cancer Support Community reported that 43 percent of breast cancer patients lacked information on reconstruction options at diagnosis. Approximately 31 percent of patients surveyed wished they had more information on both how they would look and feel after reconstructive options. Despite the lack of information, reconstruction is available to most. A 1998 federal law mandates breast reconstruction coverage for women receiving mastectomies and lumpectomies. Coverage not only provides for reconstruction to a breast where cancerous tissue is removed, but also to balance symmetry on a healthy breast.

A team of resources
Shourie's medical team provided her names of plastic surgeons to speak with and put her in contact with the local Cancer Support Community in

West Los Angeles to discuss options. Although she credits her doctors, family, and friends for helping her through, she found great comfort in her new network. "There's something special about the bond you share with someone who knows from first-hand experience the fears you can't always share with your loved ones," she said. Once she had access to information and options, Shourie found confidence in her path. "I knew right away," she said. "Our breasts as a woman are part of who we are. It affects our body image. It was important to feel as much of the old me as possible and be able to do things I was used to doing." Today, Shourie's chances of recurrence are greatly diminished due to treatment. She's feeling confident back on her beloved California beaches due to a series of surgeries and silicone implants. She noted that without the reconstruction she would never be able to look at herself and not be reminded of the cancer. "I feel more whole," Shourie said. "I've got scars but they show the journey and made me who I am today. I haven't lost sense of my body image."

Twice in a lifetime
Rhonda Doré, an advertising executive and artist in El Paso, Texas, also discovered a lump during a self-exam. At 41, she had a lumpectomy and radiation, thinking she'd put cancer in the past. Fourteen years later, when doctors found cancer in her other breast during her annual check-up, she was shocked. "I was angry," Doré said. "I thought this was number two and I'm only 55. This doesn't bode well for my future." However, her experience gave her invaluable resources. Through the years, follow-up appointments with her Austin surgeon brought her in contact with the Breast Cancer Resource Center of Texas. Grateful for their support, she became close with the group, even donating her artwork



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“They can wake up in the morning, put on whatever they want to, go to the health club, change in the locker room and not think about it. That’s the idea.”

for fundraisers. Unfortunately, her 2009 call had her again in the role of a patient sorting options. Rather than go with another lumpectomy, she opted for a double mastectomy and reconstruction, hoping to reduce the emotional rollercoaster of fearing a third discovery. While primarily concerned with attacking the cancer, she spent a great deal of thought regarding reconstruction. "Standing in front of the mirror, I told myself, 'This body's going to change one way or the other ... let's go for it,'" she said. While Doré admits taking three pages of questions to her plastic surgery consultation, the inquiries continued until the surgery. The resource center acted as a liaison for her surgeons with her questions. She felt they offered her not only the medical answers but personal experience, even helping plan details such as post-operative clothing. She chose to go with a deep inferior epigastric perforator (DIEP reconstruction), which was not offered locally. The choice required multiple trips to San Antonio to complete a series of surgeries transferring fat and cells from other parts of her body to reconstruct the breast. Her family braced for months of travel and recovery—a decision she knew was worth it from the beginning. "You wake up and you don't know what you're going to see on your chest," said Doré, who still becomes emotional when talking about the process. "I looked down and thought, 'Thank God.' Until that moment, I don't think I realized the full attachment. I really wouldn't have felt like myself."

Education and options
Dr. Alexis Hazen, an assistant professor of plastic surgery at NYU's Langone Medical Center says while cases of informed patients like Shourie and Doré are becoming more common, she still isn't confident all find the resources they need. "We see more and more, but a lot are

still falling through the cracks and not getting the information," she said. Hazen felt encouraged by legislation recently passed in New York, which she hopes will become a catalyst for other states. In August, Gov. David Patterson signed a law requiring hospitals and doctors to inform patients about reconstruction options prior to any breast cancer surgery. While Hazen recognizes the Internet and friends provide patients with many different options, physicians and surgeons often relay the clearest information on what works best for a patient's individual needs. She stressed that addressing the cancer is the most significant issue and adding the plastic surgery consultation during initial decisions allows reconstruction to best work with treatments such as radiation. When initially discussing options with a plastic surgeon, Hazen encourages patients to keep in mind what they want not only regarding their bodies but also their lifestyle. She also encourages patients to consider things such as if it would feel more comfortable with foreign implants or with multiple surgeries using the body's own tissue. Recovery time and restrictions should also be discussed for how they will affect returning to work or normal activities. Hazen said the more information patients understand about procedures, the better they feel about the results. She says the best cases are patients reporting they forgot in which breast they had cancer. Although they never forget cancer, they don't see their breasts as constant reminders. "They can wake up in the morning, put on whatever they want to, go to the health club, change in the locker room and not think about it. That's the idea." It's an idea that became reality for Shourie and Doré.

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Surgeons on a mission: One practice's commitment to life-changing procedures

When the president of Long Island Plastic Surgical Group (LIPSG), Dr. Kaveh Alizadeh, interviews new surgeons hoping to join the practice, his first question is, "How do you plan to incorporate volunteerism into your practice?"

In February of this year, Drs. Rachel Ruotolo and Tommaso Addona, two of the group's newest surgeons, answered this question by traveling to Haiti to treat children and adults suffering from life-threatening wounds after the devastating earthquake. "We wanted a practice that would encourage and enable physicians to care for the underserved in the US and overseas. To solidify this spirit of volunteerism within the practice, our surgeons created the LIPSG Foundation to provide life changing surgery both at home and abroad," said Dr. Alizadeh. The Foundation provides life-changing



PHOTO: LIPSG FOUNDATION


ing plastic and reconstructive surgery, both globally and locally, to children and adults in need. LIPSG educates and trains future medical profes-

sionals dedicated to volunteer care and invests in research to developing better plastic and reconstructive surgery practices and procedures.

Its doctors have chosen to travel to places where most doctors would not go, to conduct the type of surgeries that most doctors prefer not to per-

form. The Foundation's Forgotten Patients Project delivers care to patients who require long-term, complex medical care and LIPSG plans to develop permanent sites in Nepal, Afghanistan, and India to address patients with severe scarring from burns. These patients are often severely debilitated and cannot walk or work because of severe scarring. Not only will LIPSG Foundation doctors provide care to these patients with challenging cases, they will also train local surgeons and examine outcomes to develop better ways of delivering this care on a sustained basis. "The care we deliver directly is important, but we can only help a fraction of the patients in need. By developing best practices and protocols as well as educating local doctors in each site, we can help many, many more."

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