

NEWBEAUTY

THE BEAUTY AUTHORITY

FALL 2019

THE TOP DOCTORS
TREATMENTS TO GET NOW!

ANGELA BASSETT
CAN YOU GUESS HER AGE?

SAVE YOUR HAIR

INNOVATIONS IN LASERS, PRP AND SURGERY

The BIG Injectable Debate

+ THE NEW NOSE JOB

LIFE-CHANGING Beauty

50+ TRANSFORMATIVE BEFORE & AFTERS

THE CLINIC
NOSE

RHINO REIMAGINED

If Jennifer Grey taught us anything, it's the importance of maintaining character through plastic surgery. And in recent years, this has become an unwritten rule of rhinoplasty—owning one's individuality while aspiring to optimize it. As San Francisco facial plastic surgeon David Kim, MD explains, "Now more than ever, patients are embracing the attributes that make them unique, and asking to retain features they identify with—those that give their nose personality."

PERFECT STRANGER

Gone are the prototype noses of the past—the scooped bridges, sharp angles, upturned tips. Today "we go for soft contours, smooth surfaces and a natural form," adds Dr. Kim. While plastic surgeons refer to the "textbook proportions" carved out by their predecessors, most deem them wholly impractical. "We know what it takes to make a 'perfect' nose—mathematically, it can be defined," says Dr. Dayan. But such noses tend to lack authenticity, he adds. And in practice, they blatantly clash with patients' 21st-Century preferences. New York facial plastic surgeon Dara Liotta, MD says: "If I computer-image an 'ideally proportioned' nose during consults, many patients feel that it doesn't look like them."

CAN'T TOUCH THIS

Indeed, patients connect more with the traits they've come to recognize as their own—be it an aquiline bridge or a flare to the nostrils—which may seem paradoxical given their obvious desire for change, but surgeons say this is the new normal in rhinoplasty. "My patients are very specific about wanting to preserve certain features that would've once been thought of as disproportionate," says New York facial plastic surgeon Edward S. Kwak, MD. "For an Asian nose, that may mean less projection of the tip and bridge. On an Eastern European, we might maintain a hint of hump instead of completely removing the convexity of the bridge." Nashua, NH plastic surgeon Mark B. Constantian, MD has even been asked to restore inherited qualities that were obliterated by other surgeons. For some folks, he explains, "going from a bump to a straight bridge is an intolerable change. I find that when I deliberately preserve a bump, or put it back, these are some of my happiest patients."

Beyond any surgical update or flashy instrument, "individualization is the greatest advance in the last two decades of rhinoplasty," says La Jolla, CA plastic surgeon Robert Singer, MD. "This includes better analysis of the patient's goals and of the anatomy to refine."

51.9% of rhinoplasty patients in 2018 were 18 to 34 years old

SOURCE: THE AESTHETIC SOCIETY

#TRENDING:

MIDLIFE MAKEOVER

The nose job may be branded as a young-person's procedure, but surgeons are now seeing a growing number of Gen Xers coming in to correct both lifelong gripes and newer issues that arise with age. While it's never too late to make a change, surgical tweaks should be minor, serving to smooth and support the nose, not sculpt it.

EVOLVING ANATOMY

"The nose doesn't actually continue to 'grow' throughout adulthood, but rather its tip-support mechanisms weaken, causing it to droop," explains Philadelphia facial plastic surgeon Jason Bloom, MD. The skin and soft tissues also thin, skeletonizing the nose and spotlighting irregularities that may have gone unnoticed in our younger, plumper days.

SURGICAL FINESSE

Dallas plastic surgeon Rod J. Rohrich, MD estimates 30 percent of his facelift patients request simultaneous rhinoplasties. "It's a new arena," he says. Because older bones and cartilages can be delicate, the 40-plus procedure calls for a light touch. Instead of fracturing and reshaping the nasal bones—standard practice in many cases—surgeons may choose to gently file down the dorsum, Dr. Rohrich explains. Elevating and age-proofing the tip may require a more durable type of graft than is ordinarily used. And if the skin is really thin, laying down fascia—borrowed from the temple, say—or acellular dermal matrix can help soften the overall outcome.

THE FAT REFRESH For those seeking subtler changes, adding fat to the nose during facelift surgery can often camouflage the lumps and bumps that come with age, notes Dr. Berkowitz. Fat also improves blood flow to the area, giving skin a more youthful quality. It can't boost the height of a bridge as much as filler, however, as bone isn't the best breeding ground for grafted fat. On the upside: Whatever fat does take root tends to stick around permanently.

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#ETHNICRHINO EXPLAINED

THE HASHTAG HAS BECOME UBIQUITOUS, BUT WHAT THE HECK DOES IT MEAN? FOUR PLASTIC SURGEONS WEIGH IN.

1/ "In the generalist of terms, it refers to a rhinoplasty on a patient who is not white. The traditional aesthetic ideals that were taught for years were based on Caucasian women with Northern European features—a straight or slightly concave bridge and a small, defined tip. Around 20 years ago, we started to see more being written about ethnic rhinoplasty—techniques and standards for patients who are Black, Hispanic, South Asian, Middle Eastern and so forth. To me, every rhinoplasty is an ethnic rhinoplasty: it means making a nose that is unique to that person and their features." —DR. AHMAD

2/ "The term ethnic rhinoplasty gets tossed around quite a bit, but I don't really like it. Here's why: Although indisputably well-intentioned, to me it seems like just another way to separate people's facial anatomy into categories—Caucasian, and everyone else. In my practice, there is only one category of rhinoplasty: natural-looking. I create noses that harmonize with a person's ethnicity, for sure, but also with their highly individualized anatomy: the angles, proportions and shapes that compose each patient's unique countenance." —DR. ROOSTAEIAN

3/ "In many cases, it implies an augmentation rhinoplasty, which is commonly done on Asian and African American noses. Rather than reducing the nose to make it smaller, we're building up the bridge to create more structure. I've used this hashtag in the past, but not much lately because certain patients find it somewhat offensive." —DR. ROHRICH

4/ "Ethnic rhino is a very broad term and open to interpretation. A big part of it is maintaining ethnic identity, and not applying Western aesthetic norms to every nose." —DR. KWAK

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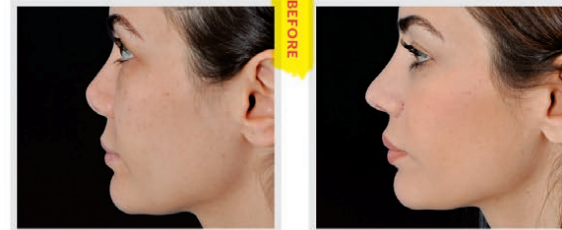
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THE CLINIC REVISIONS



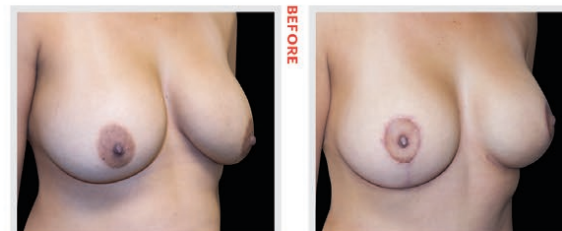
RHINOPLASTY New York facial plastic surgeon **EDWARD S. KWAK, MD** performed a revision using a donor rib graft on this 38-year-old patient, which helped restore balance to her facial features.



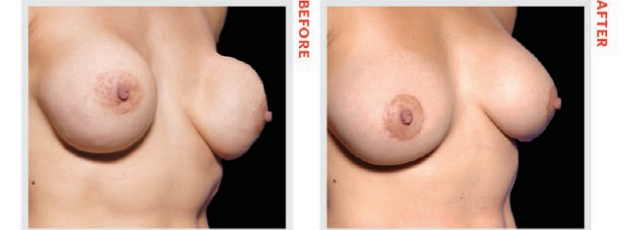
RHINOPLASTY This 52-year-old patient did not like her nasal tip after a prior surgery. Scottsdale, AZ plastic surgeon **BRYAN GAWLEY, MD** performed a revision for a more natural-looking result.



ABDOMINOPLASTY Pasadena, CA plastic surgeon **MARTIN O'TOOLE, MD** performed a tummy tuck revision on this 35-year-old patient to correct the poor results of a prior surgery.



BREAST SURGERY This 32-year-old patient underwent a breast lift with breast implant exchange performed by Newport Beach, CA plastic surgeon **SANJAY GROVER, MD**.



BREAST SURGERY Unhappy with how her breast implants looked, this 35-year-old patient sought New Orleans plastic surgeon **KAMRAN KHOUBEHI, MD** for a breast revision with fat transfer.



BREAST SURGERY After a previous procedure created an uneven look, this 43-year-old patient underwent a breast lift and implant exchange with St. Louis plastic surgeon **PAUL ROTTLER, MD**.



BREAST SURGERY This 36-year-old patient suffered from breast implant infection. Palo Alto, CA plastic surgeon **DAVID BOUDREAU, MD** performed an implant exchange to create symmetry.



BREAST SURGERY After a previous surgery left her with breasts that "didn't look right," this 34-year-old patient chose a breast implant revision with Atlanta plastic surgeon **ASAF YALIF, MD**.