

Aesthetic Abstracts and Citations

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In this Aesthetic Abstract and Citations section, we highlight and briefly discuss recently published manuscripts from other peer-reviewed journals that may be of interest to our readership in oculoplastic surgery. These are just cursory reviews to peak an interest on subjects, which the individual reader may desire to pursue in more detail by reading the manuscript in full.

Prischmann J, Sufyan A, Ting JY, Ruffin C, Perkins SW. Dry eye symptoms and chemosis following blepharoplasty: a 10-year retrospective review of 892 cases in a single-surgeon series. *Arch Facial Plast Surg* 2012;1–8. doi: 10.1001/archfacial.2013.1.

This is a retrospective 10-year review of a large series of patients (892) undergoing blepharoplasty surgery (upper/lower or both) evaluating the incidence and risk factors of dry eye symptoms (DES) and chemosis after surgery. Previous reports suggest an incidence of DES after surgery of 0% to 11% and chemosis of 1% to 12%. In this series, data were collected from office evaluation and a self-reported dry eye patient questionnaire. The study population has a mean age of 53 years with 83% of patients being female. Sixty-three percent of patients underwent upper and lower blepharoplasty, 23% lower blepharoplasty only, and 14% stand-alone upper blepharoplasty. Of patients undergoing lower blepharoplasty, 90.4% had skin/muscle flap surgery with the addition of canthopexy. DES and chemosis were found in 26.5% and 26.3% of patients, respectively, more commonly in those patients undergoing upper and lower blepharoplasty, when skin muscle flap lower eyelid surgery was performed, or when canthal suspension was added. Hormonal therapy, preoperative scleral show, eyelid laxity, premorbid DES, and postoperative lagophthalmos increase the risk of developing DES or chemosis after surgery. Chemosis resolved in all patients; however, DES often persisted.

Message: This is a nicely detailed study. The percentage of patients with findings/symptoms seems high. It would be interesting for a similar study to be performed by an oculofacial surgeon to identify if there are differences in results.

Ibrahimi OA, Bangash H, Green L, Alam M, Armstrong AM, Eisen DB. Perceptions of expertise in cutaneous surgery and cosmetic procedures: what primary care physicians think. *Dermatol Surg* 2012;38:1645–51.

An Internet-based survey of internal medicine, family practice, and primary care residents in training was performed. No mention as to the specialty of the survey investigators was made as to control bias. Respondents were asked to identify the type of physician best trained to perform a variety of cutaneous and cosmetic procedures. The answer choices were a dermatologist,

a plastic surgeon, an otolaryngologist, and an ophthalmologist. There were 561 responses to the survey, of which 538 were complete (95.9% completion rate). A dermatologist was considered the physician most qualified to evaluate a worrisome skin lesion (95.1%, not one respondent selected an ophthalmologist), to perform a skin cancer surgery (50.5%, 1.1% an ophthalmologist), to perform botulinum toxin injection (61%, 0.7% an ophthalmologist), to perform filler injection (55.1%, 0.2% an ophthalmologist), and to perform skin laser procedures (74.7%, 0.5% an ophthalmologist). For liposuction and face-lift procedures, a plastic surgeon was selected overwhelmingly (>95% in each case), with an ophthalmologist selected in 0.2% and 0.5%, respectively. Finally, with regard to Mohs micrographic surgery (MMS), 59.9% of residents selected a dermatologist with fellowship training in MMS (0.2% selected and ophthalmologist).

Message: The study is founded on the responses of physicians in training, but there is no mention as to how many residents were surveyed (just that 561 responded to and 538 completed the survey). So we do not know the response, just the completion rate. One major problem is that an ophthalmologist, not an oculoplastic surgeon, was offered as one of the selection criteria. While this may bias responses somewhat, the results are still telling. Of primary importance is that the future primary care physicians in this country believed ophthalmologists were not qualified to perform botulinum toxin injections, filler treatment, and cutaneous laser procedures when compared with other specialists, primarily dermatologists. Clearly, educating primary care residents in our skill set would be valuable.

Papadopoulos NA, Eder M, Weigand C, Biemer E, Kovacs L. A review of 13 years of experience with endoscopic forehead-lift. *Arch Facial Plast Surg* 2012;14:336–41.

A retrospective review of the charts of patients undergoing endoscopic forehead lifting over a 13-year period (1994–2007) was analyzed for patient satisfaction (graded 0–10, 10 being most satisfied), postoperative patient complaints, and their duration. A quantitative measurement of eyebrow lift (referenced as the distance from the lateral canthus, mid-pupil, and medial canthus to corresponding area of the inferior brow) was determined. These assessments were based on a patient questionnaire, physical examination, and photographic documentation of postoperative results. Ninety-eight patients were included in the study, with a mean follow up of 38 months (range 9–108 months). Most patients (75–83%) reported pain and swelling within the first 4 weeks after surgery. These conditions were typically transient, resolving in most cases within 2 months. The most common complaints after month 2 were persistent alopecia, numbness, and itching that persisted in 16% to 40% of patients at 6 months after surgery. The authors note that historically, alopecia and scarring have been shown to be more common with external versus internal brow fixation methods. Still, the authors used external screw fixation in all cases as this is their preferred technique. Twenty-two percent of patients noted private social restriction at 1 month after surgery. The mean brow elevation in the relaxed position was 5.6 mm from mid-pupil to inferior brow at 5.5 years after surgery; a high degree of brow symmetry was found between sides, and there was a correlation of 1 mm drop in brow height per year for those patients followed for greater than 2 years. Overall, patient satisfaction was graded as 7.1/10. Sixty-three percent of patients stated they

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would undergo the procedure again and 67% would recommend it to a friend.

Message: The study provides a baseline of information we can convey to patients regarding realistic expected complications, their duration, and the overall lifting potential of the brows with the endoscopic technique using external screw fixation. This is important as not to underscore that this “less invasive” formal brow lift is still a surgery with its inherent limitations.

Fagien S, Cassuto D. Reconstituted injectable hyaluronic acid: expanded applications in facial aesthetics and additional thoughts on the mechanism of action in cosmetic medicine. *Plast Reconstr Surg* 2012;130:208–17.

Hyaluronic acid (HA)-based fillers have shown great usefulness in restoring volume and contour to the aging face. For this purpose, their injection plane is the deep dermis. Their effect on treating fine lines (superficial dermis/subcutaneous injection) is in evolution. The treatment of facial fine lines is limited today with the discontinued manufacturing of collagen and other dermal matrix fillers. The author reviews the inherent properties of Juvederm Ultra and explains why altering its concentration expands its use to the treatment of fine rhytids. This study is observational in design and subjective is assessing outcome. Three hundred fifty patients were treated by the author with Juvederm Ultra (24 mg/ml) reconstituted (diluted with 2% lidocaine with epinephrine) to a concentration of 12 to 16 mg/ml. The more dilute filler is injected through a 32-gauge needle into the superficial dermis/subcutaneous plane to efface fine rhytids. The added lidocaine provides appropriate comfort and control of bruising. A serial threading technique is used in both antegrade and retrograde fashion. Cross-hatching is not needed as the more dilute gel spreads in all direction with or without massage. Areas applicable for the treatment include horizontal forehead, glabellar, and crow’s feet lines not responsive to neuromodulation, and rhytids of the lips, cheeks, and chin. Recovery is quick and return to daily activity immediate.

Message: This is an important article for those who inject HA fillers to the periorbital and face. A nice historical perspective and evolution of HA filler use is presented. An explanation of their bioactive potential is reviewed. Most importantly, their usefulness for fine line treatment is introduced.

Dauwe P, Heller B, Unger JG, Graham D, Rohrich RJ. Social networks uncovered: 10 tips every plastic surgeon should know. *Aesthet Surg J* 2012;32:1010–5.

This is a descriptive article reviewing the benefit of online social networking to an aesthetic surgical practice. Statistics as to the growth and current presence of Internet-based social networks is presented, as is what the authors refer to as 7 core truths that apply to these social networks. These include communication to the younger demographic; attaining access to age, sex, and interests (information used for target marketing); continued growth with increased computer literacy; viral spread of information; emphasis that this is an adjunct to other forms of “spreading information”; continued evolution of rules/regulations in this form of “information dissemination”; and, most importantly to a physician, all information on the Internet is open access. Both Facebook and Twitter modalities of social networking are reviewed with dissection of these entities into their component parts. LinkedIn, Google, YouTube, MySpace, and Flickr are not reviewed. The dangers/downsides of social networking and presenting medical advice in this forum are emphasized. The final statement in the article is that “it is essential for the savvy plastic surgeon to tap into this movement and embrace the opportunity to improve his/her practice.”

Message: Internet-based social networking is a part of our current culture and a powerful means of spreading information. It is also a part of the contemporary practice of medicine, especially for those involved in fee for service procedures. The article is important for those who are not educated on how social media works and for those interested in implementing it into a medical practice.