Cosmetic surgery has come a long way over the years — more natural, less dramatic results; reduced downtimes; minimal scarring; and safer outcomes. While there are still risks associated with going under the knife, advanced technologies and techniques have helped lessen the stigma of a little nip and tuck. We asked a few local experts to share the latest in cosmetic surgery procedures.

**DR. CLIFFORD P. CLARK III, BOARD-CERTIFIED PLASTIC SURGEON; MEDICAL DIRECTOR AT ORLANDO AESTHETIC INSTITUTE**

The Vectra camera device is one of the most interesting new things. We can bring a patient in and it takes six pictures that create a 3D image. It’s especially useful for breast augmentation as we can actually try different implant sizes and the patient can see what they would look like. One of the complaints in the past has been in matching the patient’s desire with the end result.

You can also morph facial procedures to see what the results of surgery would be. For the face, it’s a good way to see a 3D image. If I can adopt technology that’s going to be helpful, that’s what I want to do. I am trying to educate patients so they make intelligent decisions.

For example, with breast surgery it’s about choosing the right implant — the right width, the right projection. If you want to maintain good breast health over time, the implant needs to fit properly on the chest wall. The new choices we have now, fourth-generation-cohesive-gel implants and fifth-generational-shaped implants, give women so many options.

From a body standpoint we have found the Vanquish [the fat-zapping procedure that uses thermal heat] to be very successful. We did a beta test with the technology initially on all types of people and found 50 percent got good results. Since then the protocols have changed and the treatment time is longer. Now we are getting closer to 80 percent with good results. That makes it an exceptional technology.

For the face, it’s all about customizing facelifts. We try to focus on the areas that the patient wants to address — for some it’s all about the neck. For others it’s about lifting the center part of the face — for others, the jowls. It could be a very modest procedure to a very extensive one. We are often adding fat to the face in addition to the surgery. It makes for a more natural result. We don’t want people to look tight or pulled. It’s not a quantum leap, but things keep getting better over time.

We really don’t want patients to look like they have had anything done in the over-exaggerated, obvious way. If you can tell someone has had a facelift, it’s a bad result. We don’t want to distort the face at all. Brow-lifting surgery has gotten a little less invasive as we can raise the outer brow with a modest procedure. Laser treatments, including the Halo, which is a hybrid, creates rejuvenation without damaging the skin at all.
A lot of the new things are really just variations of what we have been doing. Probably the biggest trend surgically in the last few years has been injecting fat. And that has been a big point in our meetings, about trying to create more of a youthful look through fullness. When we do facelifts and mini-facelifts, and sometimes even eyelid surgery, we will inject fat [the patient’s own] into areas like the cheeks that are hollowed or maybe into folds around the mouth, or even into lips for volume. We try to do it for a softer, fuller look but still very natural. You don’t want to overdo it, particularly with lips. The mini-facelift has not changed that much, but if we are doing eyelids, we are removing less fat so we can maintain some fullness.

The patient’s fat can be harvested while they are under general anesthesia or sometimes we can do it even with some of the in-office procedures. We do it all at the same time and can take the fat from the abdomen or love handles. We take a couple of ounces: rinse it and compact it into tiny syringes, and then inject it where needed in levels. Typically about a third to half of the fat will last long term. About a third short term and then a percentage may not take at all. But it is less expensive than fillers and has longer-lasting viability.

For some of the in-office procedures, like the mini-facelifts, you don’t get the fatigue or lag effect from the anesthetic, so recovery is faster and patients feel good the next day. And they are just minimally sore from the procedure. We are doing more things that are less invasive and using oral anesthesia instead of general.

Sometimes, depending on the specific areas needing treatment, we will also use the Fraxel laser resurfacing or a light peel.
depending on the lines and areas we are focusing on. This is particularly useful around the mouth. The lasered areas heal more quickly and the pinkness is not as prolonged.

In terms of the body, the trend in recent years is to do gel breast implants over saline implants. We now have anatomically-shaped, more tapered gel implants that work especially well for thinner, more athletic women. It looks a lot more natural than a round implant.

With liposuction, we are using Vaser, an ultrasound-assisted liposuction technology. It’s a pulse technique before the suctioning, which tightens the skin a bit too for a smoother effect.

**DR. RUTH HILL YEILDING,**
**BOARD-CERTIFIED OPHTHALMOLOGIST; FELLOWSHIP TRAINED IN OCULOPLASTIC AND FACIAL PLASTIC SURGERY; MEDICAL DIRECTOR OF YMD EYE & FACE**

The laser lid lift, or what we call a blepharoplasty, can refresh our eyes, taking years off how people see us, while leaving a natural appearance. It is one of the most advanced plastic surgery procedures, being done today by only a small number of super specialized facial plastic surgeons.

Laser blepharoplasty uses the laser as a precision super-fine, pin-point laser scalpel to make incisions that have favorable wound healing, for minimal scarring. There’s an upper blepharoplasty and a lower blepharoplasty.

And what an upper blepharoplasty is when there is an extra fold of skin on the upper eyelid and usually there is some excess fat as well. It can be cosmetic or functional — meaning that the extra skin is interfering with the vision. If it’s actually interfering with vision we do certain tests to show that so insurance will cover that part of the procedure.

A lower blepharoplasty addresses fat protrusion and wrinkling around the
lower lid. I sculpt back the fat pads and that’s done from an internal incision so that requires no sutures. To address the skin problem, traditionally the way most people do it is they just pinch the skin, but as you can imagine that doesn’t really address the issue. The laser, a re-surfacing hand piece, is “painted on” the lower eyelids to take off the top layer of skin and tighten the collagen underneath.

Equally men and women — young to old — are candidates for the surgery. Most patients have both procedures done at the same time, unless they just have one issue that’s apparent. The key thing to note with the lid lift is that it’s not a cookie cutter approach — each incision and surgery is tailored toward the patient’s needs — different skin types, ages and genetics.

It usually takes about 30 minutes in the operating room. I do it under monitored anesthesia care (MAC) which means patients don’t feel or remember anything during surgery, but breathe on their own and do not require a breather tube. I found that to be the best way — it’s a sterile environment; the patients are very comfortable.

By eliminating excess eyelid skin and those puffy fat pads you will lose those tired, angry eyes and regain a youthful and natural you. Most people take one week off of regular activities, refraining from heavy lifting for a couple of weeks. After that first week, however, it’s typically okay to wear makeup to cover mild bruising and swelling. We hide the incision nicely to where it’s basically imperceptible over time. Results last 10 to 20 years depending on how fast you are naturally aging.

DR. BRIAN JOSEPH,
BOARD-CERTIFIED PLASTIC SURGEON, MEDICAL DIRECTOR OF PARK AVENUE PLASTIC SURGERY

A newer, less invasive approach to the standard tummy tuck is the technique of lipoabdominoplasty. This technique is based on anatomical studies and scientific research of the abdominal skin blood supply. Lipoabdominoplasty is centered on selective undermining during surgery, preserving vascularity, lymphatics and nerves, which decrease complications and reduces recovery time. It also allows for better body contouring by combining liposuction to the procedure in a safe manner. Further reducing swelling and overall recovery time is the addition of post-operative lymphatic massage, performed starting a week after surgery.

Undergoing any cosmetic surgery procedure, as with any surgical treatment, is not without risk. Your particular facts and circumstances will determine the plastic surgery treatment which is most appropriate for you. You should consider a doctor that is board certified and trained in the specialty area appropriate to the procedure you are considering.