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MEDICAL BREAKTHROUGH

A NEW KIND OF



ADRIAN BUCKMASTER
Hair and makeup by Patrick Pousard

more youthful look. Others, however, have facial characteristics related to aging that a face lift would negatively exaggerate. Fortunately for these people, a new surgical procedure has been developed—submalar augmentation. Literally defined as augmentation “below the cheekbones,” submalar augmentation (SA) is a new “additive sculpture” technique that lifts and fills the central section of the face from within. A growing trend among surgeons, it has dramatically changed the direction of facial surgery.

During submalar augmentation, the central section of the face—the mid-face—is filled and raised to restore the healthful look of youth. The cheekbones become more defined because soft tissue isn’t stretched across them, and the lips remain full and well-formed. And there’s an added bonus: the outer edges of the mouth are lifted a smidgen to encourage a happier expression.

Darlene Waggoner, a 42-year-old Westwood, CA, masseuse felt that the stress of her busy schedule showed on her face. After consulting with several plastic surgeons, however, she realized that because her neck and jaw skin wasn’t wrinkled, tightening wouldn’t help. What Darlene needed was a submalar augmentation, or an “expression lift” to better reflect her vibrant personality. Soft silicone implants were inserted just below her cheekbones, giving her a rounded, softer, more youthful look—and she’s delighted with the results.

“What really happens in the aging

FACE LIFT

BY DEL BOURGO

It’s been said that in youth you enjoy the face you were born with—later you get the face you deserve. Unfortunately, that face may not be exactly what you had in mind. Face lifts have been the answer for many seeking a

process is that we lose the soft, fatty tissue in the midsection of the face, below the cheekbones,” explains William J. Binder, M.D., a Los Angeles plastic surgeon in the department of surgery, at UCLA School of Medicine and Cedars Sinai Medical Center, and a pioneer in submalar augmentation. While Dr. Binder recognizes that the thin skin of the

eye area is especially prone to certain problems, he thinks mid-face tissue diminishment and droop actually may be first to respond to the ravages of time. “As both fat and tissue loss continue, hollows of the mid-face become more pronounced, until, in advanced age, the bone structure becomes distinct, giving the face a gaunt appearance,” explains Dr. Binder. “To compound the problem, without the ‘quilting’ provided by the inside tissue, the skin sags.” The solution to the aging face has traditionally been a face lift, which pulls and tightens sagging skin around the jaw and smooths the neck. But, alas, the mid-face section—the area under the cheekbones—is often unaffected by the procedure. When the skin of the cheeks and mid-face is pulled unnaturally, which flattens and narrows the lips, the result can be a mask-like expression.

“People between their mid-thirties and their early fifties often come to my office asking for a face lift or liposuction as a means of achieving a younger look,” explains Dr. Binder. “I’ve performed all these standard cosmetic procedures, but I was unsatisfied with the results of re-draping, stretching, peeling, sanding, suctioning. These procedures smoothed wrinkles, but they didn’t return the vibrant look of youth, or always fulfill the patient’s expectations.” Dr. Binder points out, “some procedures can even make the face look older. When the face loses tissue, suctioning just takes out more; cheek implants atop the cheekbone can distort the normal facial anatomy and stretch the already thin skin of the upper cheek.

“If you put your fingers on your face, just under the cheekbones and press slightly with your fingertips, you’ll feel a natural depression. Loss of that muscle, bone and fat is what makes you look haggard and hollow-cheeked. A good example is Abraham Lincoln’s face. I use a specially shaped (wing-like) silicone implant to reverse that tired look. It props up mid-face skin and reduces the deep folds around the mouth.”

Submalar augmentation requires the use of a sophisticated implant that literally reshapes contours from within. Developed by Dr. Binder with help from a NASA space engineer, the implants are three-dimensional, multi-angled and computer-designed to exacting specifications. Made in four standard sizes for the more than 350 surgeons who use the technique, the implants are individually

fitted by the surgeon for each patient. Geoffrey Tobias, M.D., of New York City’s Mt. Sinai Hospital, reports that his SA patients are very satisfied, even enthusiastic. “Designer implants,” he says, “now fill and reshape a number of areas—to replace what nature has forgotten or lost.” More than 600 patients have received SA implants in the last eight years.

HOW “SA” IS PERFORMED

The SA operation, which is classified as a minor procedure, is performed on an out-patient basis in about 45 minutes. A local anesthetic, xylocaine (similar to novocaine, which is often used by dentists), is used.

After indicating the outline of the implant on the outside of each cheek, the doctor positions the thin, shaped silicone through a small, half-inch incision in the fold between the upper lip and the teeth on each side of the face. The white, rubbery silicone implant nestles within the existing concave mid-facial area to fill out eroded spaces or replace bony deficiencies.

Securing the implant with a few sutures is a special “direct fixation” technique in which special surgical sutures are actually made through the cheek to hold the implant in place for three days. (Although it looks a bit off-putting, this doesn’t really hurt.) Then the sutures are covered with a small bandage.

The patient then sleeps off the anesthetic in the operating room for about a half hour. By the third day following the procedure, the sutures can be removed because the tissue that surrounds the implant keeps it firmly in place.

Few patients require any pain medication after the procedure, although a diet of soft foods is recommended. By the fourth day, with the sutures removed, a normal diet can be resumed. A day or so later, it’s back to work, or a full social life, looking rested and youthful—with no tell-tale scars. The minor swelling lasts only two or three weeks, and is generally much less than the aftermath of having a wisdom tooth pulled.

According to Dr. Tobias, whose youngest SA patient was barely out of her teens, the results of the procedure are very satisfying for his patients. However, he cautions that SA isn’t for everyone. Those who are overweight should be ruled-out—since they usually don’t need a fuller face. “I find SA satisfying too,” Dr. Tobias adds. “I have never had

to remove an implant, since there is no scar tissue buildup around the implant, as can happen in breast augmentation. And it doesn’t affect the teeth or sinuses in any way. It just makes you more attractive.”

MORE FOR LESS

“Submalar augmentation is probably the only restorative procedure we have in cosmetic surgery at present,” says Dr. Binder, who has presented his technique to the Academy of Facial Plastic Surgery in Washington, D.C., as well as at several other national and international meetings. A local Los Angeles colleague, Mel Bircoll, M.D., chief plastic surgeon at Beverly Hills Medical Center, agrees with the concept of submalar augmentation: “I also feel that the loss of fat in the mid-face area is a significant cause of the appearance of aging.” Dr. Bircoll’s first choice for “filler” though is his own technique of autologous fat transplant (fat recycling). “Using the patient’s own fatty tissue to restore the loss with a fat transplant is better because it is a simpler and more direct method of restoration and has the advantage of avoiding the placement of foreign material in a patient’s face.”

Tina Johnson, a 23-year-old model who lives in Torrance, CA, is one of Dr. Binder’s patients who received submalar implants. Since then, her career has taken off. Shortly after the procedure, she appeared on the cover of the 1988 California’s Glamour Girls calendar.

Dr. Binder, who has followed 270 of his patients for a period of two to eight years, reports that SA is his most successful facial procedure in terms of patient satisfaction. The price can be about half that of a face lift. A traditional face lift, which firms a jaw-neck droop, and SA aren’t mutually exclusive, however. On the contrary, for those who have had a face lift, or want to delay one, SA may be what you’ve been looking for. □

Del Bourgo is a writer/editor living in New York City. She plans to have an SA as soon as she can.

The procedure could have taken the haggard and hollow out of Abe Lincoln’s cheeks.