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"LITTLE has been done by the BEAUTY THERAPY INDUSTRY to address the phenomena of THE AGEING NOSE."

A NOSE-NO'S!

By Danne Montague-King

If all the surgical procedures known to aesthetic medicine - and I have purveyed them all, rhinoplasty is the most painful and bothersome post-surgically. You lose your smile for weeks, your teeth feel dodgy and you cannot concentrate on much due to the feeling of chronic sinusitis. Of course I won't mention the eyes that look like two black plums were hung under them, the constant shifting and morphing of tissue in the mid-face area and the rather glaring fact that once the "splint" is removed, you still have "flesh-coloured, natural-looking tape" to wear publicly for

several more days...! Then you are wondering if everyone who is trying not to stare at you in pubs, restaurants and shops is feeling sorry for you and imagines you looked like Gerard Depardieu before the surgery!

There was nothing "wrong" with my nose; my publicity photos have not been digitally enhanced from a toucan to a normal nose, and those of my readers who have met me were not looking at a prosthetic. It was simply an ageing nose!

For many years I have been fascinated by this phenomenon. Therapists have traditionally focused on removal of wrinkles, acne

and acne scars, thread veins, sagging necks and crepey body skin. Hyperpigmentation can also be ageing. But the nose has largely been ignored yet, as we age, the cartilage droops, the tip becomes bulbous and the skin becomes coarse and thicker.

Gravity and loss of muscle tone contributes to the dropped tip. The nostrils actually shrink back and upward, emphasising the tip, making it appear even more bulbous and heavy. The tissue covering the nose, replete with sebaceous glands, becomes thicker and coarser. Pores become bigger and the "orange peel" effect is enhanced due to hardened sebum wax congested in the bottom and impacting hair follicles, particularly in men.

Outside of trying to "steam" the pores open (dodgy practice), evacuate the sebum and then "close the pores" (even more dodgy) and sometimes remove thread veins, little has been done by the beauty therapy industry to address the phenomena of The Ageing Nose.

A few years ago, experimenting on my own "thickened schnozzle", I worked out a treatment I affectionately call 'Rhino Vac'. After thoroughly cleansing the nose, I applied an alkaline compound to the entire area which raises the pH of the skin to about 12. This will soften and desquamate all skin cells in about two minutes (left on longer and controlled with water spray it will also remove all hair on the nose). This compound is then removed, the skin iced until cold and then a neutralising compound is applied to bring the skin's pH back to normal (else you will suffer an alkaline burn).

After the neutralisation process, an alpha hydroxy acid is applied to the nose and occluded with cling film. Since AHAs are hydroscopic in nature and pull up any moisture in the skin to the surface, ALL the sebum wax plugs in the nose pop to the surface like little corks! Remember, fat floats! Now the evacuated pores can be snapped shut with a chemical iontophoresis solution and a galvanic current if desired.

The rapid changing of skin pH from alkaline to acid of course also removes a great deal of old, coarse, dead cell material. The nose emerges smaller, cleaner, and fresher. It actually FEELS lighter on the face. A follow up enzymatic treatment can strengthen nose muscles and skin, slightly pulling up on the dropped tip — there is some elevation but it takes several treatments.

Now this should be enough for most people and as a non-surgical 'nose lift' any well-trained therapist can perform it.

But I wanted to explore the world of surgery to go along with our aesthetic treatment. I had heard long ago, that once a nose is surgically altered, it is prosthetic against the droppage that comes with time and gravity.

Due to the increasing paramedical field where therapists and doctors are working closely together, I wanted to see if this was true and how to train therapists to shop for the best doctor for referral.

I went to interview one of the best and ended up with a new nose! More truthfully speaking, the nose I had 30 years ago.

I had heard of Dr William Binder through friends that had the facial atrophy that sometimes accompanies HIV patients. He pioneered custom made facial implants so stunningly perfect that the client had no "false, pumped-up cheek bone look" and facial wasting totally disappeared. All of his custom designs are scaled by three dimensional computerisation and his own artistic eye.

I was surprised to learn this genius was right around the corner from my own clinic in Beverly Hills all these years as I accompanied a friend who was having implants made. After meeting Dr. Binder, I posed my theory on the ageing nose and within five minutes we were off! I can generally gauge a man's true talent by his passion and the gleam in his eye, and William's eyes became like lasers as he pulled case history after case history out showing rhinoplasty gone wrong, nose jobs that fell apart ten years later, botch job after botch job performed by reputable and otherwise talented surgeons and all the stunning corrective work he had done on these cases.

The reason being the practice and theory of rhinoplasty is a lot different now than it was in the 1960s and '70s. Rhinoplasty then was known to the trade as "reduction rhinoplasty" or the removal of bone, tissue and cartilage. These procedures were simpler, took less time, and produced more modest results but...**DID NOT STAND UP TO THE YEARS!** As he explained all this, pictures flashed through my mind of older actresses I had known whose noses looked "shrunk and pinched" as they grew older, much like a Cupie doll whose face has sagged and puffed but the nose was still that of a little doll with odd nostrils.

"We call our newer techniques 'structure plasty'" commented Dr. Binder. "I use cartilage from the client's own nose or body to support the nostrils and the tip rather than simply remove tissue."

He then took me to a three-sided mirror and explained the laws of elevation and angle as it was balanced with the rest of the face. I could quickly see how conventional rhinoplasty was not the answer to the ageing nose or any other type of proboscis anomaly.

I could also see what was happening to mine.

The straw that broke this camel's back was when he asked me who had done my nose job.

I huffily answered "This is what I was born with" and he, slightly embarrassed, pointed out the flare and retracted angle of my nostrils suggested less than competent surgery. I booked an appointment immediately, thinking that my account manager would have a stroke and wonder why I was forking over \$10,000 for a younger-looking nose!

However the stroke was waylaid because a cursory physical nasal exam by Dr. Binder proved I had a much deviated septum from birth! He thought this was very funny because it took an expensive, elective cosmetic procedure down in price in as much as my medical insurance would pay for surgery that HAD to be done for corrective health issues. I was privately chagrined that I was born deformed, having been told by my mum I was perfect!

The day of the operation loomed in the early morning hours, when Beverly Hills is quiet.

For first the time in a long history of having procedures done, I was scared! After all, fillers, threads and skin revision treatments restore what was already there and maintain it. Nose surgery was going to **CHANGE** things. But Dr. Binder's staff of nurses, PAs and the jocular anesthesiologist Dr. Feldman were first-class and rather homey. I felt as if I had known them for years. This level of trust, by the way, is vital to ANY aesthetic practice — medical or otherwise.

As the IV needle slid in and I started my usual pre-anesthetic babbling, it seemed that suddenly they were telling me it was all over and I felt this huge weight on my face!

I lay in recovery awaiting the firm that was coming to take me to Jade, one of those posh, postoperative hideaways that celebrities frequent after surgery. No one wanted to deal with me at home for a few days; I am not the sweetest patient in the world... After climbing out of the twilight of post anesthesia, the PAIN started. I really did not expect so

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much and began whimpering as the limo driver, a fox-faced young man with oddly piercing eyes settled me into the car and then into my private room. They do not believe in pain in Beverly Hills, so it is a Demerol injection in the bum every time you whimper and whine!

Soon I really was off into la la land; I vaguely remember being very hungry and trying to eat sitting up with my mouth hanging open, half asleep. Not a pretty picture to my business manager and partner and the nurses standing around. Why are there always people standing around me when I am poorly? This has happened in Italy, Russia and all over the world—I feel as if I am in some sort of ancient medical painting! In Milan, I became very sick the night before we were all to attend the re-opening of La Scala. There I was on a raised dais bed at the overly ornate La Principe's Hotel with a German Graf and his wife and three more people standing around me in full evening dress, looking down sadly while a doctor with a profile like an old Roman coin examined the moaning me, and muttered 'diva!' under his breath!

In any case, I was kept at Jade for two days, doped into submission, and then sent home with a booklet full of "do nots". No cigarettes, NO alcohol, NO coffee, no hard foods — for two more weeks. Getting off the cigarettes was hard, but after 50 years of smoking like a chimney, I felt it was time to quit for good anyway. Unfortunately my estate becomes an international hotel for friends round the world in summer, so the "no drinks" clause was maddening! But I did it and still am doing it!

The nose cast is worn for several days until it starts to itch. One must sleep elevated at all times. I also had to irrigate the nose with saline sprays and not swallow the blood. Antibiotic gel is to be applied

inside with a cotton bud every few hours. And always the pain. Everything from a dull, sinus-type ache to sudden sharp twinges. Vicodan pain killers became my best friend.

Then the trips BACK to the doctor for all the packing to be removed and the nose flushed out. Not a gentle or subtle procedure, may I say. Your entire world is focused right in the middle of your face your new nose. Actually I could see the tip which resembled a clown's rubber nose — most depressing when one imagines a graceful and elegant profile.

Finally the cast came off and I could see the work. Although still swollen and NOT the final result, which takes months to settle in, I could see that Dr. B was a true craftsman who was deeply committed to his work. It was my nose still, but like it was maybe 30 years ago. I recognised it!

The only down side was no one mentioned that you do not have your SMILE for weeks. The upper lip swells and thickens, sort of like Homer Simpson, and your upper teeth disappear. Frightening when one is in the press and on television all the time! However I was reassured my big, hammy public smile would restore soon.

I am now in the healing and morphing mode. The nose seems to go up and down and change daily. Certain bumps appear and disappear and are considered to be normal. But as our international team of scientists are already known for great pre- and post-operative treatments and scar procedures, I am already devising post-rhinoplasty treatments to offset some of these bothersome anomalies and speed up the healing process.

I have faith that I can come up with something every therapist can use to assist their clients who have rhinoplasty — certainly something better than walking around with two bags of frozen peas clapped to the face! ■

THE ROLE OF THE THERAPIST IS VERY IMPORTANT POST-RHINOPLASTY

Because of the extreme sensitivity and tenderness of the nose and the remodeling of tissue, the patient cannot take a shower and has to take tepid or sponge baths for a week or more after the operation. Regular face cleansing is nearly impossible for the proceeding two weeks, with a cast in place for the first week. The face breaks out considerably with comedons and milia, particularly the forehead, cheeks and neck. The therapist can perform a light enzyme application followed by a disencrustation solution under plastic wrap — no steam! Extractions can be carefully performed and followed by a pore-reduction serum and a cooling solar damage gel. The skin is then sprayed with a mineral water infusion of vitamin C, followed with a beta glucan serum and finally a protein/antioxidant cream. Sunblock is mandatory from here on in.

For more information contact Danne at AR1hall@aol.com