

ABOUT FACE

BEYOND ETHNIC SURGERY

Across the world, different countries have their own concepts of what is physically attractive about a person: for example in Europe we tend to admire slimmess whereas African countries tend to prefer a larger build. Of course there are variants within this generalisation and in the end everything comes down to the personal taste of the individual, which prompts the question - is there actually a global consensus of what makes a beautiful face? Dr. Oleh Slupchynskij believes that there is;

"The ancient Romans and Egyptians knew this as they applied physics and math to beauty. Beautiful faces follow the rule of equal horizontal thirds of the face and equal vertical fifths of the face."

He understands that this basic perception is transglobal and transcultural, and that acknowledgement of the Golden Ration is paramount to all models of plastic surgery, regardless of race or ethnicity.

However, whilst a basic desire for perceived beauty may be uniform throughout the world, the techniques with which this may be accompanied vary enormously. For many years the model for facial surgery treatments was a Caucasian face with corresponding features, skin type, bone and cartilage construction. When attempting procedures on a patient from an alternate ethnic background it is important that the surgeon is aware of the differences he will have to consider.

Dr Shervin Naderi, MD, FACS, AAFRCs, was born in Iran and grew up in Boston, USA. He trained in the states and is a Board Certified Facial Plastic Surgeon. Dr. Naderi is recognized amongst his peers and patients for being both skilful and caring, enabling him to customize and tailor the best possible treatment for each of his patients. When discussing the various factors essential in Rhinoplasty for non Caucasian faces he believes everything begins with the skill of diagnosis;

"No two noses are exactly the same regardless of ethnicity...Rhinoplasty is an operation of 'fractions of millimetres.' The Rhinoplasty surgeon must diagnose and recognize the nature and dynamics of the tissue (cartilage, bone, skin, scar, etc) with which he/she is working in order to be able to manage and predict these minute but significant changes. These changes must be envisioned not just a month post-operatively but for years to follow.

"It is easy to mention clear differences across ethnic groups regarding nasal anatomy. However, variations also exist within each ethnic group. Whilst many Asians have flat nasal bridges, requiring a build-up of this area for definition, some have high bridges or even nasal humps. While many African Americans have wide nasal tips and flared nostrils, some have very defined tips and narrow nostrils. While a nasal hump is associated with many Middle-eastern and Jewish noses, some have no humps but rather have large "meaty" tips. Therefore, "ethnic rhinoplasty" is no different than "non-ethnic rhinoplasty" since each nose is unique, and each rhinoplasty surgery must be individualized, and each successful rhinoplasty is initiated with the proper diagnosis and planning."



When treating ethnic patients it is important to discuss their cultural background as part of the initial diagnosis procedure as this may affect the outcome they desire. Dr. Toledo works within the UAE and finds that whilst some of his patients are keen to preserve a representation of their cultural identity in their looks, others prefer to pursue more Caucasian features. His experience shows there is no norm;

"We have all kinds, the ones who want to soften their looks and the ones who want to accentuate them. Rasping the hump of an Arab nose is a common request. Other less common are the patients who want to keep the humps, because they do not want to lose their identity ... There is a tribe in Saudi Arabia where the ideal nose is like the beak of the falcon: sometimes we have to do bone grafts to achieve this look."

Doctor Toledo, stresses the importance of ethnicity when approaching any cosmetic surgery;

"For a number of years, surgeons did the same operations for all groups, and that doesn't work since they have different anatomical structures and they heal differently."

His long experience with darker skins, which are more prone to scarring and pigment changes than white skins, has given him even greater skill in dealing with Asian and African skin than with Caucasian.

Quite apart from the technical knowledge and surgical skill required to tailor surgery which was principally developed for Caucasian faces, Dr Toledo also takes time to discuss cultural and psychological matters with his patients and discover how each ethnic group perceives beauty.

Whilst he treats patients from all over the world, the biggest portion of his clientele comes from the United Arab Emirates. In societies where women wear the abbaya one might assume that plastic surgery would not be commonly desired as most of the time the face and body are covered. However, the abbaya is only worn outdoors. Indoors women usually wear western clothes and suffer all the same body hang ups as western women. The fact that the majority of Dr. Toledo's patients require lipoplasty (removal of body fat - liposuction, liposculpture and laser liposuction) would seem to confirm this.

With over 30 years of teaching and operating experience in reconstructive and aesthetic plastic surgery Dr. Toledo has developed several innovative surgical techniques, which carry his name. After teaching and working in Brazil, the United States and Germany, Dr. Toledo now practices in Dubai. His particular skill as a surgeon and his artistic sensitivity with the individual patient, combined with the latest technology, has helped thousands of patients around the world.

LOOKING FOR EURO-AMERICAN BEAUTY

Dr Toledo says that: "Rhinoplasties are the most popular surgery with Arab women, while surgery to create a crease in the eyelid to give the eye a more open look is popular among Asians, and breast reduction is popular among African women."

Occasionally though a surgeon will be asked to do some more unusual surgery directly connected to the culture of a patient. He describes one such operation;

"A princess has to wear the abbaya in public and can show only her eyes, hands and feet. One lady had very skinny toes and asked me to perform fat injection in her toes to make them look normal. That was an unusual request."

He also tells of a male patient who had a rhinoplasty in Europe. The surgeon had to use a cartilage graft to project the tip of the nose which left the man feeling pain every time he had to greet his friends: he asked Dr Toledo to rectify this as Arab men always greet each other by rubbing noses!

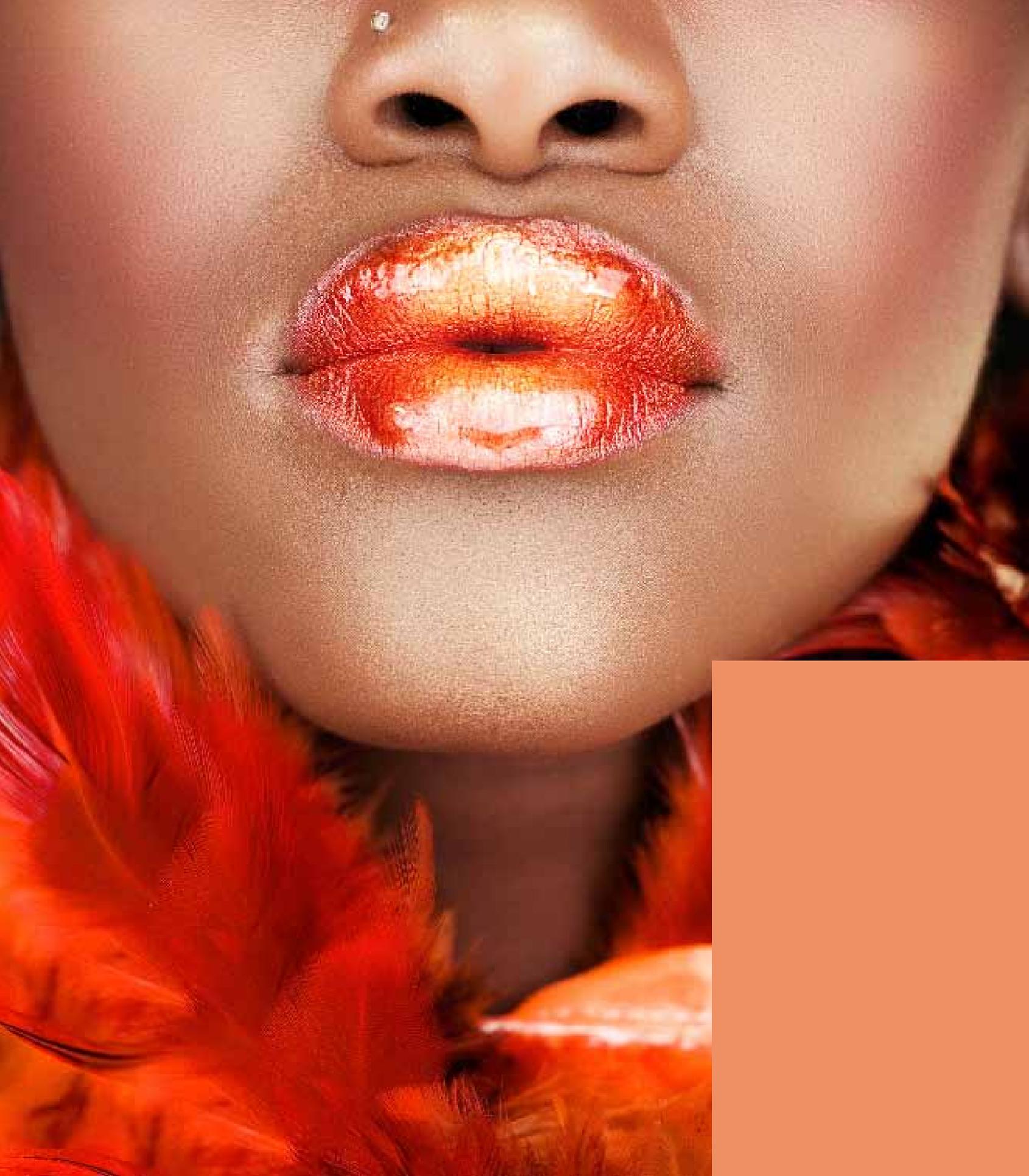
Regardless of ethnicity the doctor finds that the reason for choosing to undergo plastic surgery is simple:

"Plastic surgery patients usually want to look normal. The individual with the 'right' form, proportion and features is immediately presumed intelligent, strong, charming, good, or any of a number of other socially esteemed characteristics. He is well accepted by his peers and can live a happy life, not having to worry about being an outcast."

Most plastic surgeons will not proceed with surgery unless they are certain that the patient is psychologically prepared for all aspects of the surgery, and that they have reached their conclusions through a process of in depth discussion and education. However, with so many high profile cases of celebrity plastic surgery, and the increase in patients each year, it is possible that some of the decisions made are based on fashion rather than intelligent and reflective consideration.

"People are now more aware of plastic surgery and that they can improve themselves with simple procedures. The media plays a big role at informing patients of these possibilities. The techniques are getting less invasive, safer, with shorter recovery periods. Plastic surgery is now more accessible to everyone. Is this 'fashionable'? Maybe."

Western TV is easily available all over the world: and our media portrayals of the perfect face or the perfect body are as accessible in developing countries as they are in the West. Cultures that have been previously unaware of the possibilities of body modification are now taking their place on the operating table along with the caucasians who have been at it for years. The cultural knowledge of racial differences, and the technical knowledge of how to treat the varied skin and bone structures, is growing all the time.



Because cosmetic surgery has evolved so much in the past decades, more people than ever are embracing the opportunity to enhance their unique individual beauty, including the African American community. And in order to meet these individual needs, there are many plastic surgeons that specialize in treating African American patients.

The goal of a specialized cosmetic surgeon is not to erase ethnic identity, but rather to address specific needs and challenges that occur within the population; the outcome of which improves natural beauty, boosts self-esteem, and retains individuality.

Within the African American community there are genetic predispositions that have made plastic surgery difficult in the past. For example, keloid scars can develop on any patient after incision; however, African Americans and those with dark skin pigmentation have a fifteen percent greater chance of developing them.

A keloid scar has an unpleasant texture, can feel itchy and uncomfortable, and often causes emotional distress due to its prominence. Although this is a risk that everyone will face after a cosmetic surgery, there are procedures that can help remove them (as well as keloids caused by previous injuries).

Laser skin treatments are another cosmetic surgery that, at one time, could not be performed on darker pigmented skin, but now can be performed with great success. In the past, lasers often burned and discolored African American skin, making it look blotchy and uneven.

Now skilled technicians have a greater understanding of how to successfully treat darker pigments. Laser resurfacing can help remove acne scars, rough skin, and uneven skin tone. Laser hair removal is also possible and able to treat ingrown hairs that can be prevalent in the African American population.

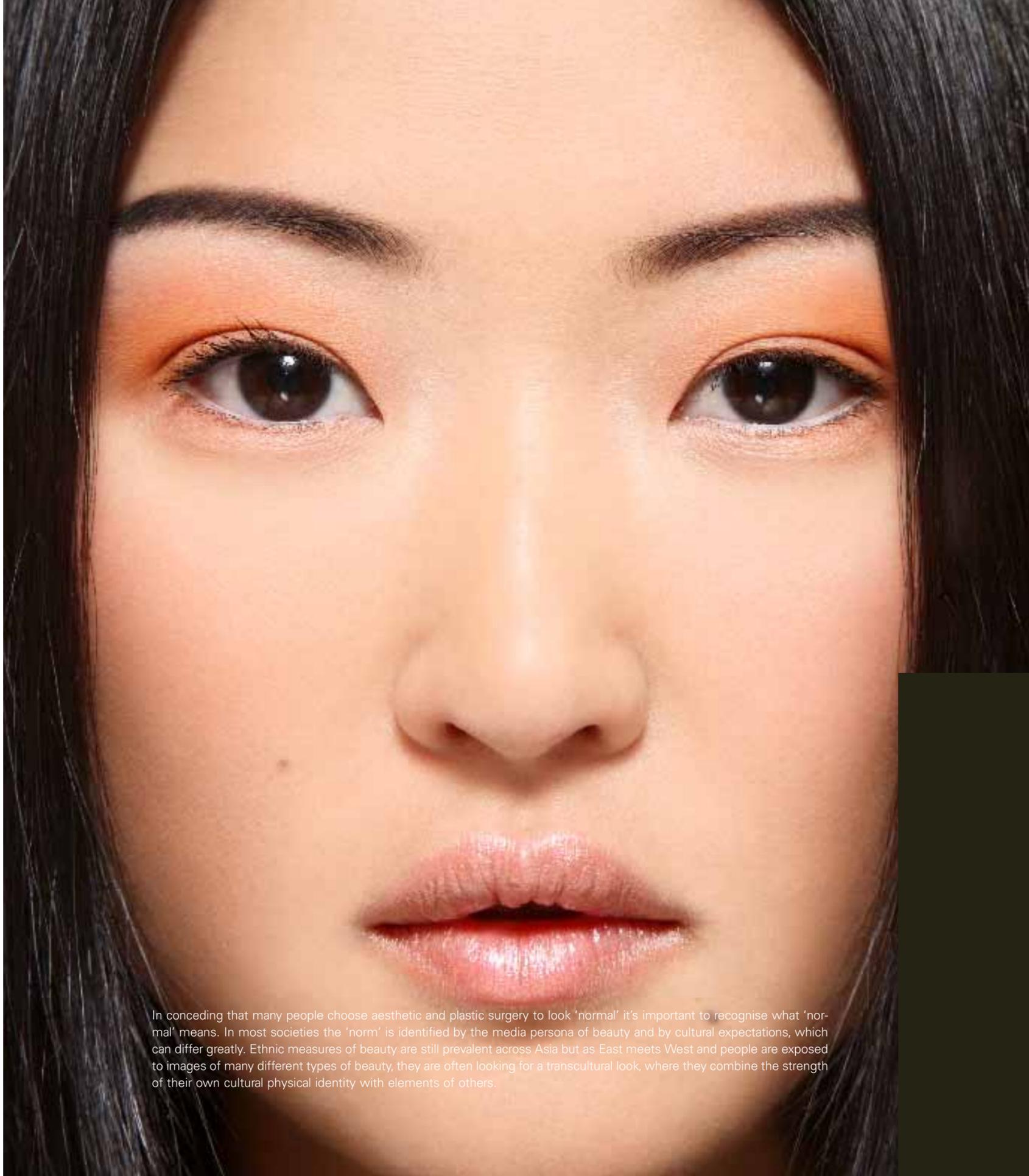
Although Caucasians often prefer breast augmentation, breast reduction is gaining popularity among African American women. Beyond aesthetics, excessively large breasts can cause emotional and physical discomfort. Posture is affected, back pain is common, and finding properly fitted clothing and undergarments can be difficult. Breast reduction surgery relieves associated pain and often boosts confidence allowing women to partake in more activities such as athletics.

UNIQUE INDIVIDUAL BEAUTY

In 2005, an American Academy of Facial Plastic and Reconstructive surgery survey found that, when considering four popular cosmetic surgery procedures (rhinoplasty, blepharoplasty, facelift, and chin augmentation), African Americans are most likely getting rhinoplasty (65%). This procedure, which has been used to make an African American nose look more white, has evolved a great deal as societal understanding of ethnic beauty has increased and surgical techniques for ethnic features have improved.

Many studies have found that rhinoplasty is a challenging procedure, and attaining satisfactory results is difficult. It becomes even more challenging when performing rhinoplasty for an African American patient. The surgeon should be able to distinguish the various standards of beauty for different ethnic groups. Only then can the surgeon enhance ethnic features rather than changing them to fit inappropriate standards. Many surgeons agree that African American patients seeking rhinoplasty desire a nose that fits their face and enhances nasofacial equilibrium, rather than changing their ethnic characteristics.

When considering rhinoplasty (nose job) for example, on an African – American patient Dr. Oleh Slupchynskyj states that the surgeon needs to understand that generally a subject with this racial background would tend “to have thicker skin, more fat under the nasal skin and small poorly formed nostrils. African Americans also have more swelling after rhinoplasty and can have more postoperative pigmentation at [the] incision site” when compared to a similar Caucasian patient.



In conceding that many people choose aesthetic and plastic surgery to look 'normal' it's important to recognise what 'normal' means. In most societies the 'norm' is identified by the media persona of beauty and by cultural expectations, which can differ greatly. Ethnic measures of beauty are still prevalent across Asia but as East meets West and people are exposed to images of many different types of beauty, they are often looking for a transcultural look, where they combine the strength of their own cultural physical identity with elements of others.

Throughout East Asia the most popular cosmetic procedure is blephoroplasty, this is the reshaping of the eyes to create a double lid, in the pursuit of a more 'normal' look. Fifty percent of East Asians are born with a single eyelid which means that one of the muscles that lifts the eyelid attaches lower or does not attach at all. Also the location of eyelid fat causes an epicanthal fold which makes the eyelid heavy and appear to droop, coining the term 'sleepy eyes'. People opt for surgery to create a double lid, define a crease and lift the droopy fold, creating a wider, more open eye shape. There are two types of procedures available to rejuvenate Asian eyelids, partial incision and incision surgery and the surgery is carried out along with epicanthoplasty to remove the epicanthal fold. The decision on which shape to choose and which surgery to use is dependent on the patient's anatomy and desires. Some patients seek a low crease others look for a medium crease or a high crease and the shape of the eye can vary from round to oval creating a more open look. The partial incision surgery is more commonly used as it can be performed quickly and is potentially reversible. Blephoroplasty surgery is mostly successful although in a small number of cases the surgery can highlight an existing asymmetry or create a new one. This can be rectified, but can be complicated because of the increased possibility of visible scarring.

Following surgery, Asian patients who have chosen to have blephoroplasty and epicanthoplasty report that they feel more confident, have greater self esteem and enjoy now wearing eye makeup – especially eyeliner, which they were unable to apply before their surgery!

Along with blephoroplasty, rhinoplasty is a very popular procedure for East Asian patients. From the front the Asian nose appears to be more triangular than Caucasian nose with a flatter bridge and a less defined spine. The tip of the nose is wider and less angular with wider nostrils. Because of this, the majority of Asians seek nasal augmentation in contrast to Europeans who generally request reduction. Asian cartilage is more fragile than Caucasian and the nasal skin is thicker.

Typical surgical requests are for bridge augmentation, increasing length by projecting the tip and lowering its angle.

FLEXIBILITY OF IDENTITIES

Surgeons aim to create a symmetrical shape with aesthetically pleasing nasal bridge, good definition and length for the spine with a well projected tip. The nostrils should have a good width and flare with an acceptable proportion that balances with the face and retains its ethnicity.

Implants such as silicone or Gor-tex can be used to reshape the nose but as Anil R Shah, specialist plastic surgeon in rhinoplasty advises, "My philosophy of Asian noses is to preserve many of the ethnic features of the nose and make a nose which has softer highlights and looks natural. Newer techniques in rhinoplasty allow the patient to have improved nasal appearance using their existing tissues. The result is a softer more natural appearance to the nose."

Nose cartilage, ear cartilage or costal cartilage is carved and reshaped to create a more natural nose with less likelihood of infection rejection or reaction associated with implants.

Patient's expectations are changing. Global awareness of Asian beauty has dramatically changed the look desired by patients. Earlier on, many patients and surgeons mistakenly tried to make turn every Asian nose into a Caucasian nose. This created many unhappy patients with unnatural results. The goal is to create a natural appearing Asian nose.



THE HEIGHT OF VANITY

Dr. Roger Li, MD, PhD, Senior Consultant, Beijing Institute of External Fixation Technology

Chinese leg lengthening is a popular procedure in China and is used medically for people of short stature to increase the length of their legs. It is used to lengthen the tibiae for cosmetic purposes, as most of people with short stature have relatively short tibiae, lengthening the tibiae makes them look more even. It is considered a relatively easy and risk free surgery compared to surgery on the femurs (as they have a lot of muscles around them so special care is needed to keep the patients comfortable during the lengthening). In most of cases, 8-10 (3-4 inches) cm tibial lengthening is sufficient to satisfy the patient's needs.

For this type of surgery the patient would be in hospital for around 3-4 months for 8-10 (3-4 inches) cm lengthening depending on your body's recovery ability. After the planned lengthening (e.g. 10cm) is achieved, the external fixator will be removed and the leg fixed with internal fixators through locking screws. A few weeks after the second surgery, the patient can return to work. At the early stage of the first surgery and during the lengthening, you will need an aid to walk, but once the lengthening is completed and external fixator removed, then you can walk unaided, but not do competitive sport for the next year and a half to allow the bone to fully recover. You can live a relatively normal life with the internal nails for about a year, and then they are removed. This is a simple procedure and you only need to stay in hospital for about ten days.

There will be some scars along the pin tract which can be removed by cosmetic surgery after the procedure. "As far as the long term side effect is concerned, we do not predict any if the procedure is done correctly, as the procedure is considered to be just like a fracture repair by tissue regeneration. We create a situation that stimulates your own growth potentials which has ceased early, so that we consider that the leg lengthening procedure is a natural process, so it has less anticipated consequences." Explains Dr Roger Li. The cost of this procedure is 22,000 Euros for up to 10 cm (4 inches of lengthening) and the Beijing clinic operates on patients from all over the world with more than 1600 surgeries carried out to date.