

Fat Transfer Adds Volume, Takes Years Off a Face

BY KERRI WACHTER
Senior Writer

ORLANDO — One way to achieve a more youthful appearance may be to restore volume around the eyes and mouth rather than simply remove excess skin, said Dr. Mark Berman at the annual meeting of the American Academy of Cosmetic Surgery.

"The anterior position of the skin on the face is the single most neglected aspect of aging," said Dr. Berman, a cosmetic surgeon in Santa Monica, Calif. Like a beach ball that has started to deflate, skin starts to sag as it ages. The answer, he suggested, is not to remove excess skin but to "blow it back up." Autologous fat transfer allows physicians to do just that.

"Here's the key: Think three-dimensional. The whole key to rejuvenation is restoring contour," he said. The easiest way to do that is to put back what is missing—fat.

Although it doesn't really matter where fat is harvested, the first choice for a donor site is anyplace where the patient desires to be rid of a little fat, Dr. Berman said in an interview. For most women, this is the upper posterior hip, the lateral thigh, or abdomen. Men usually prefer to use the abdomen or flanks as donor sites.

For fat harvesting, he uses local anesthesia, injecting just under the skin and then deeper into the fat. Tumescent anesthesia is an option, though he does not use it. He removes 60-120 cc of fat, depending on how much is available at the site. "You just have to take out as much as you can without causing much of a defect," he said.

Dr. Berman has been using the LipiVage system made by Genesis Biosystems to harvest and transfer fat for the past 6 months with very good results. He reported that he has no financial interest in the company. The system eliminates the need to centrifuge, decant, or expose fat cells to additional handling.

Fat is withdrawn from a donor site elsewhere on the body, and the system cleans and concentrates the fat cells. The resulting canister of fat cells is ready for transfer.

Before he began using this system, Dr. Berman harvested fat in a syringe, adding 1 cc of albumin to help increase the cellular oncotic pressure. This step draws fluid out of the cells, returning them to a more natural physiologic state. This step is more important when tumescent anesthesia is used.

It's also helpful to centrifuge the fat to reduce the amount of fluid in the aliquots for injection if tumescent anesthesia is used.

Dr. Berman uses injectors made by Tulip Products because they are a little bit smaller. "I think it's a little less traumatic," he said. Dr. Berman reported that he has no financial interest in Tulip Products.

The key to injecting is to use the palm of the hand to inject rather than the thumb. "You've got to have a lot of control with the syringe. So you use the back [end] of your hand to slowly ... put in tiny pellets of fat, so you get a better chance of revascularization," Dr. Berman said.

For the eye area, inject into the medial and lateral aspects of the brow, the temporal area, and the cheek. The



Three eyelid operations failed to remove the defect notable on the left lower lid (left photo). Fat grafting (right photo) restored the cheeks and lids to their natural contours.

PHOTOS COURTESY DR. MARK BERMAN

amount of fat injected depends on the patient and the area being treated. Dr. Berman typically uses 1-5 cc for the upper lid/brow, 3-6 cc for the lower lid/cheek, 4-6 cc for the perioral area, up to 2 cc for the lips, and 3-5 cc for the mandible. "The round contour is really the key to a youthful eye," he said.

He advises physicians to think globally, not focally. Don't think about filling just one or two lines—fill the entire area. Also, if a patient is unsure, use saline solution to test how the final procedure will look.

Following the procedure, patients may use ice if they want. They should keep activities light for the first week, then gradually resume exercising. Patients should limit jarring motions to minimize trauma.

Stay Abreast of Specific Benefits, Limitations as Filler Choice Grows

BY JANE SALODOF MACNEIL
Southwest Bureau

PARK CITY, UTAH — The growing number of fillers approved and pending approval in the United States presents cosmetic dermatologists not just with an array of choices, but also of benefits and risks specific to those choices, according to Dr. George J. Hruza.

Extra caution is required when injecting fillers into the mid-dermis of the thin skin over the glabella, Dr. Hruza, who is medical director of the Laser and Dermatologic Surgery Center in St. Louis, warned at a clinical dermatology seminar sponsored by Medicis.

Dr. Hruza says he mostly uses CosmoDerm in the glabella but added that Restylane is sometimes necessary in patients who have had Botox treatments. He recommends injection levels of the upper dermis for CosmoDerm, and the mid-dermis for CosmoPlast and the hyaluronic acid fillers. He said Sculptra should be reserved for large areas, and injected into the deep dermis or subcutaneously.

"Do not inject [Sculptra] superficially," Dr. Hruza said, warning that papules can result.

Also among the clinical pearls in his presentation were:

► When using Restylane, completely fill in an area before moving on. "It is difficult to come

back to because you don't know what is swelling and what is Restylane," he said.

► Take steps to prevent last-minute cancellations when using Sculptra. Sold as a sterile, freeze-dried product, it is stable for only 72 hours after being reconstituted. Having to throw out two vials—enough to do two cheeks—is "pretty expensive" at \$460 a vial, he said.

► One European study of Sculptra for facial lipoatrophy scheduled injections every 2 weeks. That's too close together. "You don't know what you are treating," he said. "It [Sculptra] takes time to build up."

Sculptra should be reserved for large areas, and injected into the deep dermis or subcutaneously.

DR. HRUZA

treatment massage by the patient is essential."

► Avoid the lips if using silicone off-label. Granulomas have occurred as late as 10 years after placement, he said. According to Dr. Hruza, European clinicians have seen a problem with Arte-Fill, a permanent filler under U.S. review. "I think there will be a problem down the road, so I won't be the first one to use these," he said.

► Be wary when patients want only the upper lip filled. "[The lips] don't look natural," he said, describing a ducklike effect. "Always do a little of both."



Starting Up a Medical Spa? Get the Right Equipment

ORLANDO — For those who are thinking about going into the medical spa business, Dr. Mitchel P. Goldman, a dermatologist in private practice in La Jolla, Calif., named the essential services to offer:

► **Intense pulsed light.** "If you can only buy one machine, intense pulsed light is the machine that you need to purchase because it can do so much," Dr. Goldman said.

Intense pulsed light (IPL) devices can be used for hair removal, dyspigmentation, and photodamage. The device can also be used in conjunction with levulinic acid to treat patients with actinic keratoses. He estimated that IPL machines cost between \$40,000 and \$100,000.

► **Laser hair removal.** The next procedure to consider adding to a medical spa practice is laser hair removal. "Laser hair removal is also a huge potential business," Dr. Goldman said.

He noted that there are good opportunities to save money on used laser hair removal equipment. New hair removal laser systems range between \$60,000 and \$150,000.

► **Long- and short-pulse lasers.** "If you want to go to the next lev-

el, we still use our erbium: yttrium aluminum garnet (Er:YAG) laser—both long and short pulse—to do full face resurfacing," said Dr. Goldman.

This is a procedure that must be done by a physician and not a nurse or nurse-practitioner, he cautioned. Expect to pay about \$60,000 for a long- or short-pulse Er:YAG laser.

► **Laser cellulite treatment.** This procedure is becoming more popular. There are two lasers available for cellulite treatment: the Cynosure TriActive and the Syneron VelaSmooth. The TriActive system costs about \$25,000 and the VelaSmooth system about \$60,000. "These are incredibly profitable in our practice," Dr. Goldman said.

► **Pigmentation.** "We also have an alexandrite and a long-pulse YAG laser that we use because I believe that if you're going to treat a pigmented population, especially an African American population, you must have a 1,064-nm long-pulse YAG laser," he said. For any other population, a diode or alexandrite laser should work.

Dr. Goldman has financial relationships with STD Pharmaceutical, BTG plc., and CoolTouch.

—Kerri Wachter