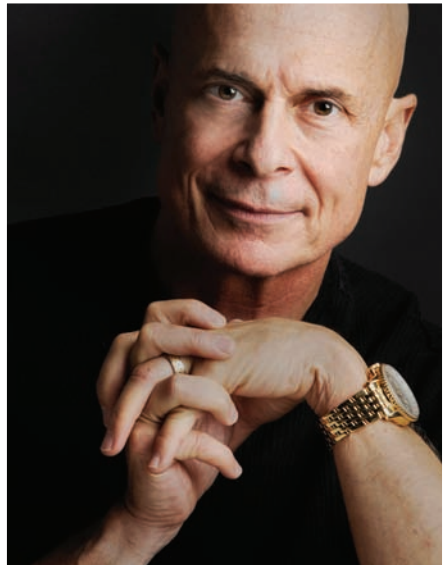




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Q&A

WITH DR NIAMTU

AMERICAN FACIAL COSMETIC SURGEON AND AUTHOR **DR JOE NIAMTU**, A KEYNOTE SPEAKER AT THE ACCS/ CPSA COSMETEX CONFERENCE IN MARCH 2011, GIVES US THE LOWDOWN ON THE CURRENT CLIMATE IN AESTHETIC MEDICINE.

Q: What are the new trends in cosmetic procedures that are impacting your personal practice?

A: I'm rather old school in my surgical practice. For example, I still feel nothing can rival the results of traditional high-fluence, high-density, multiple-pass CO₂ laser resurfacing. Yes, the recovery can be several weeks but I believe that's a small price to pay for reversing decades of ageing. I truly believe this traditional therapy is still the best modality for optimal skin resurfacing.

Facelift surgery, blepharoplasty, facial implants and brow lifting remain my signature procedures. I'm personally under-impressed with the new 'miracle' facelifts, using minimally invasive procedures. I continue to see patients that clearly should have had a traditional facelift and are very disappointed at having wasted their money for a compromised result. I love new technology but just because a procedure shaves off some recovery time it doesn't necessarily mean it's better. In fact, my facelift technique has become more aggressive instead of more conservative. I believe traditional facelift procedures remain the gold standard for facial rejuvenation.

Q: As an educator, how have you seen the industry change and develop?

A: In the past decade we've seen some great paradigm shifts that have truly changed the landscape of cosmetic surgery. Botulinum toxin injections, IPL, lasers and endoscopic techniques are examples of true technologic strides. I've been generally disappointed with much of the minimally invasive procedures that seem to keep appearing each week. No doubt, all surgeons and patients want better results with shorter recovery, but we've gotten the cart before the horse with many therapies. It's not to say these new technologies don't do anything, but I believe many are over-hyped and the patient ends up losing.

Q: You regularly address the media. How have you seen the media's attitudes to cosmetic surgery change in recent years?

A: The media helps us disseminate our art and science, so I have a huge appreciation for it. The media definitely embraces cosmetic surgery because the public has an unquenchable thirst for information that can make them look or feel younger. This has been a phenomenon since the beginning of time; the search for the fountain of youth is ongoing and we rely on the media to keep us informed.

Q: What are your expert tips for keeping the signs of ageing at bay?

A: Many people spend much more time taking care of their car than their skin. You can buy new cars but your skin has to last forever! Firstly, skincare is at the root of all successful cosmetic surgery. Secondly, I believe we all have the responsibility to educate and protect our youth on the ravages of excessive sun exposure and the proper way to care for our skin. I believe all adults (and this can start in the late teens) will benefit from a regimen of retinoids, bleaching creams and sunscreen. Early intervention of acne is also important to prevent future scarring which is difficult to improve. Botulinum toxin injections and fillers have given us more easy options to assist as well.

Q: Many people consider having a procedure at one point or another, but timing is imperative. When is the best time to have facial surgery?

A: This is an interesting question. About 30 years ago, the average age for a facelift was around 65; in my practice today it's about 54. These days, patients (who are largely baby boomers) don't want to look old before their time. In other words, they don't want to wait an extra decade and live with the signs of ageing – they want smaller procedures at a younger age, knowing they may need to repeat them. This not only keeps them looking younger but it also prevents the drastic changes that can occur when a facelift is performed with advanced ageing; it simply looks more natural when procedures are performed at an earlier age.

Q: Australia is renowned for its relentless sun, and hence Australians are known to harbour a lot of sun damage. What are the signs of sun damage and what can we do to address this?

A: Australians have higher skin cancer rates than the rest of the world. The biggest step is prevention and moderation. Most people don't understand sunscreen. They don't use enough, don't apply it often enough and don't use waterproof products.

In terms of the signs, wrinkles and dyschromias are the main manifestations of sun damage, but these won't kill you. Patients (especially lighter Fitzpatrick skin types) need to remain constantly vigilant in diagnosis and treatment of suspicious lesions. A yearly mole check by a dermatologist is something we all should do. **acsm**