



SYMMETRICALLY STUNNING

Putting your best **face forward** could mean **evaluating** more than one **feature**

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What is facial beauty? In an instant we perceive some forms as attractive and others less so. Beauty may be hard to describe, but it's easy to recognize. Even across cultures there is a common understanding of who is attractive. Why is this? Is it just a visceral sense or are there some absolutes?

The ancient Greeks felt that beauty resided in symmetry of form. The Renaissance Italians attempted to define beauty by mathematical ratios. Fibonacci called it the golden ratio and Leonardo Da Vinci referred to it as the divine proportion. Even the famous supermodel Paulina Porizkova once remarked, "I am happy people find me attractive but it is really a matter of mathematics".

There is probably more that goes into facial beauty than only "the width should be 2/3 the length or the ratio of 1.6181:1" However, from Plato to pin ups there seems to be some universal truths surrounding the perceptions of beauty — and these reside in balance and proportion.

As plastic surgeons undertake the responsibility of reshaping and rejuvenating faces, it behooves us to understand the recognition of pleasant proportion. This is what defines us as experts.

The process of explaining to patients the root issues behind their aesthetic unhappiness can be complicated and emotionally challenging. Often

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individuals know they are troubled with their looks but cannot accurately define the nature of their problems. As a consultation unfolds they can become overwhelmed.

For example, a teenager wants a “nose job” because it is perceived as too big. He or she may also need their chin augmented to create the balance needed for facial harmony. They were unaware of this and feel that it is more than they anticipated.

A patient may have already had nose surgery but still feels it is too big – in reality the nose may just be out of balance with the rest of the face. It is a delicate issue to explain that their nose does not need to be made yet smaller but rather the chin and cheeks bigger. Sometimes only augmenting cheeks and chin immediately places the face in balance and the perceived problem with the nose vanishes within the harmony of proportional aesthetics.

Computer imaging becomes a vital technology in the explanation of facial balance. First it presents a photographic image to the patient as opposed to the familiar image seen through the mirror – which is reversed. Secondly it allows for an objective discussion of what bothers the patient and what possible enhancements are feasible. By morphing the nose, chin and cheeks, the issues of balance and proportion become clear. Finally it allows the patient to see what their face would look like if the balancing process was incomplete.

Add to this before and after results showing the changes achieved with facial balance and the barriers of resistance may come down.



TOP: This patient is a facial balance patient. She underwent a balancing procedure consisting of rhinoplasty, chin augmentation with implant and fat grafting to cheeks.

RIGHT: Computer modification to illustrate work plan for facial balance surgery



The same principles apply when confronted with a patient with an aging face. Maybe they only see their neck as the problem; when it is actually the descent of the cheeks that has resulted in the “waddle” and the “jowl”. Perhaps they want an “eye job”; but it is the drooping of their brows that is creating the tired look.

{Continued on page 80}

STUNNING

{Continued from page 19}

Still yet, the loss of volume in their mid-face has left them looking drawn.

The ability to speak in terms of balance and proportion can go far in helping patients understand the aging process. Explaining the shifting of facial tissues helps to underscore that the goal is not to merely pull and tighten but to put back into place. To recreate that heart shaped, or oval face that has become rectangular. By repositioning and restoring volume the harmony and the beauty and the youth of the face is restored.

Analysis is paramount in treating the face. Over correction can be as unsettling as under correction. Perceived perfection is not necessarily how smooth the nose is or how tight the

face is but rather how it all fits together.

Once the patient and plastic surgeon have defined the problem, a work plan can be established. Then it is a matter of making that plan work.

Many technical options exist in achieving balance and harmony. Structurally there can be the gamut of cutting and moving the hard and or soft tissues of the face; to adding or on laying implants, to utilizing filler agents. One, some, or all may be needed. A thorough consultation with a board certified plastic surgeon who is well trained in the art and science of facial balance is mandatory before undergoing structural surgery.

One thing is for sure — the face must be viewed as an aesthetic unit. Therefore, discussion may often involve more than one structure to achieve the balance and proportion that is perceived as beauty.

IMAGE

YOUR ACHING KNEE

{Continued from page 47}

The entire process takes less than 30 minutes. It is done in the office with the patient returning to their home or business immediately. Side effects are soreness, an occasional black and blue mark, and a recommendation of no sports for one month.

Lastly, for the severely arthritic patient, joint replacement is the gold standard. There is increased demand for this form of pain relief and improved function over the past decade. Today's pros-

thesis is very well made and the materials last longer than ever. Over 300,000 procedures are done annually with increased patient satisfaction. Most knee replacements should function well for twenty years. Since many are modular, parts can be replaced as needed.

Partial knee replacements including patella (kneecap) replacements are individualized and used in the younger arthritic. The success rate in my practice for all of these has been remarkable. A new chapter in knee joint management for "those aching knees" has arrived.

IMAGE

EYE ON HEALTH AND BEAUTY

{Continued from page 51}

color, family history, smoking and exposure to toxins that can add to a person's risk factors. A fair skinned 35-year old smoker who spends a lot of time in the sun is more likely to get skin cancer than a dark skinned, health conscience person who avoids excess sun exposure.

PATIENT: What can we do to prevent skin cancer of the eyelid?

DS: An ounce of prevention is worth a pound of cure. Wear sunglasses, sun-

block, avoid sun exposure, especially in the peak hours and lead a healthy lifestyle. If you have a strong family history for skin cancer, get checked by a dermatologist at an early age. Be aware and check for unusual moles or skin growths and should you become suspicious, see your doctor.

Though it is true that the eyes and skin are easily damaged, with long-term repercussions — remember that just a few simple steps can go a long way. Play it safe by following straightforward precautions (wearing sunblock) and staying on top of your medical care (regular eye exams and skin cancer screenings) and you will keep your eyes and skin bright and problem-free.

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