

Interview with Dr Barry Lycka & Dr James Marotta

Dr Barry Lycka cosmetic dermatologist from Edmonton, Alberta is talking today with

Dr James Marotta dual Board Certified facial plastic surgeon from Smithtown, Long Island, NY

Today we are going to talk about the nose on your face! Fixing your nose is one of the most dramatic things you can do with cosmetic surgery, and James Marotta has a special interest in this. We are also going to talk about the endoscopic brow lift, and combining procedures.

Welcome, Dr Marotta!

How long have you been interested in Rhinoplasty surgery – the nose job?

Rhinoplasty has been a passion of Dr Marotta's for years – he is a facial plastic surgeon so one of his main specialties is rhinoplasty nose surgery.

There can't be anything much more dramatic than fixing a nose that is too big, small, crooked, or with lumps & bumps in it – wouldn't you say?

Yes – the nose is the central facet of the face, and it can 'make or break' someone's appearance. If someone has an attractive nose then it can be a striking facial feature that highlights the face. Conversely, if it is too large or is crooked or has a bump then it really draws the attention away from a person's eyes or other potentially attractive facial features, and that can be quite a distraction. Fixing or reshaping the nose to be aesthetically pleasing or beautiful is a big pay-off for a patient and for doctors.

Is it a misconception that if a person doesn't like their nose, they can go ahead and choose from a catalog of noses exactly the nose that they want... is that true?

It certainly is a misconception! What good rhinoplasty does is to work with the patient's existing anatomy. So within the confines of what the patient has in terms of size of the overall nasal bone, the size of the nasal cartilage, the overall shape of the face, there is really no ideal nose and so you really can't pick it out of a catalog, or have the nose of a celebrity. You can have your nose re-shaped and refined to be in proportion to your aesthetic ideal. We do that by using some of the existing anatomy. For example we measure the nose, what is called the good ratio, the nose should roughly be a 3:4:5 triangle, so we measure the distance the tip sticks out from the face, which should be roughly the length of the upper lip. So there are all these rules that we use to take into account when we are shaping a nose, and are all about the person's facial proportions. This is really important – there is a lot of precise maths that we are talking about – there is a lot of measuring and then modifying with art to make it what it should be.

Yes there are the aesthetic rules that we have, the ideals, and Dr Marotta always tells patients that it is really his job to determine what he can potentially do and to give them a very realistic picture of what can be achieved.

When a person comes to see you in your office, James, what can they expect? I am asking this because there is a lot of anxiety and fear when someone comes to see us about a cosmetic procedure.

When someone comes to see Dr Marotta, firstly he starts with the consultation process and goes through firstly a comprehensive health survey. Then they have a conversation with very open ended questions to get the patient to speak about what they are looking for, what their goals are, what their fears are, and what their ideas are of what can be achieved. Do they have realistic expectations? One question that Dr Lycka always asks is 'do you mind if I ask you a personal question? Why does this bother you so much? Why does this not look like you want it?' it is a key question and certainly helps to keep things grounded and in perspective that the patient understands. Dr Marotta also likes to ask that question and comments that we can be amazed at the replies that we can get! Sometimes what you objectively perceive or see as the surgeon is not necessarily what may be bothering the patient. Our job as surgeons is to pick up

on what the patient wants. Dr Marotta has had patients come in who tell him that they don't want a bump completely removed or that they don't want a very small nose - or also the opposite, some patients really do want quite a dramatic change. So it is very important to get those expectations from the patient as to what they are really looking for. Dr Marotta's goal is to make his patients happy and the number one way to start that process off on the right foot is to really listen to patients. And time after time patients are concerned that they will look like Michael Jackson ... that is a very common fear, and Dr Marotta always asks patients what their greatest fears are. In fact people who want a procedure, and have thought about it for a long while, the biggest reason why they don't go ahead with it is their overwhelming fear of the surgery. In fact it seems that the problems with Michael Jackson happened over a series of procedures. Dr Lycka highlights that the enemy of good is better! It is always a dangerous thing when a person wants just a little bit more and a little bit more. For Michael Jackson, many surgeries over many years, in the pursuit of perfection as it were, and it went horribly wrong because results like that don't happen by accident. Many procedures over many years and the tissue becomes less viable, there are skin problems, and when the skin dies, that doesn't happen until you have had very many rhinoplasties. The average patient just has one surgery, and it goes well and they are pleased and that is the norm, and so patients who are scared of problems like Michael Jackson must understand the norm.

What complications can occur, Dr Marotta?

The most common things that occur are some bruising and swelling around the eyes, which is not really a complication but it is an expected outcome. Complications would be something like bleeding, or infections, and actually infections are pretty rare – less than 1%. Revision rhinoplasty – needing the revision or wanting the surgery to be done – for reasons of dissatisfaction can occur and it varies from surgeon to surgeon, and also the patient, and their level of expectation. Those are the common things.

When a person gets a procedure like this, how much downtime can they expect?

The downtime is about seven days when a patient has a cast on their nose and it is also taped but that is only on for about a week or so and most bruising and swelling is also gone by a week. Stitches are dissolvable although some non-dissolvable stitches come out after three days. And it is preferable for patients not to exercise or exert themselves for a month or so after the procedure but normal everyday activities can be resumed after 24 hours.

Dr Marotta also tries to get the patient to remain upright as we want swelling to go down as quickly as possible and sleep with a couple of pillows.

Do you also use steroids afterwards?

Yes Dr Marotta puts patients on a short course of steroids, to help reduce swelling more quickly and he finds that it also reduces nasal congestion and helps patients to breath a bit better afterwards.

We are now going to talk about another advanced procedure – the endoscopic brow lift.

What do you mean by an endoscopic brow lift Dr Marotta?

As we age the brow tends to become heavier. We get deeper forehead creases, and furrows between the eyebrows, (aka the elevens or frown lines) and the old way of raising the brow and taking care of some of the wrinkles was to do an open procedure. An open procedure involves an incision across the scalp which could create sometimes a larger scar, potentially some areas of hair loss and had a longer recovery, and numbness. That fell out of favor in the early 90s and the endoscope was introduced to forehead lifting.

The endoscope has been in used in general surgery for taking out gall bladders and things like that, at about the same time that it was introduced into facial surgery. So tools and approaches used in other branches of surgery have crossed over into cosmetic surgery, and that happens quite commonly. An endoscope is a hollow tube that a doctor looks through and they are able to do almost the same type of surgery that was done when a full open brow lift was done and with an equally successful rate. We are able to perform the elevation of the forehead tissues and move the forehead tissues upward therefore lifting the brow. We are also able to weaken one of the muscles – the frowning muscle – to make the wrinkles between the eyebrows soften. So we are able to achieve the same very good long term results with much less downtime and less issues of recovery for patients.

At first, many patients prefer the non-invasive procedures such as using Botox and fillers. When is the more advanced procedure necessary?

Well Botox & fillers don't lift – that is the main distinction. And of course, they don't remove tissue. So if there is lots of drooping or sagging of tissue, we can mask those things by filling in valleys and wrinkles and folds, but we can't lift or elevate those tissues. So that is where surgery comes into play. Dr Marotta has many patients who do Botox and fillers for years and then they get to the point where they realize that they really need a surgical procedure in order to address some of the aging they are seeing.

There is also the Ulthera device which uses focused ultrasound to lift a little bit, obviously nowhere near what a full surgical brow lift can achieve. The benefit is there is no downtime but the results are not the same either. The results are gradual over the four months afterwards.

This is where a person can become confused with the plethora of options available. How do you pull it all together for them, Dr Marotta?

In the consultation process, Dr Marotta takes pictures, goes through their health history, their concerns, looks at the pictures and comes up with a treatment plan. He looks at each little nuance, every section of the face. He looks at old photographs that they bring in, which shows what they looked like when they were happy with their facial appearance. He compares those things and asks, 'what has changed?' For some patients it is just a subtle loss of facial volume, and therefore for them a little injectable filler might achieve their desired outcome. For other patients it is more advanced facial aging so they may have the issues of gravity and sagging / drooping of tissues that require a surgical procedure in order to get them to the point where they are happy with their facial appearance. For those patients it is really not in their best interest to go down the non-invasive route. Although it sounds attractive, in the end it is a lot less effective in terms of achieving dramatic outcomes.

Some people have a heavier eyelid rather than a brow problem – how do you tell the difference between the two?

Well very simply. When Dr Marotta looks at a patient's brow, he actually feels the brow and if the tissue has sunk below the bony orbital rim, then he knows there is a certain amount of brow drooping. If their brow position is actually at or above the orbital rim, especially for women, then he knows that it really is more of an upper eyelid problem. You can test that just by taking your hand and elevating the brow up a little bit higher. If that alleviates most of the problem, then you really have more of a brow issue than you have an eyelid issue.

So right now there are people listening to this, and they are doing just that, and realizing that they have a brow problem and not an eyelid problem. It is a very important distinction. But sometimes a person can have both problems. Dr Marotta counsels patients all the time that have a very heavy brow and an eyelid problem, and he tells them that they really need surgery on both areas, although sometimes patients only do one but then don't get the full satisfaction with the results that they could have had. But usually they will have the combined procedure.

When you do a combined procedure, does it increase downtime, or decrease downtime?

Well it evens out. You only have one recovery period so you are not adding multiple downtimes together. But it really depends upon what procedures you are doing. For example if doing an upper and lower eyelid lift, with a mini-facelift, then patients can recover within about seven days, with most of the bruising and swelling gone at that point. If they are having another procedure like a mid-face lift or a cheek lift, or they might have fat injections involved with the procedure, so for those procedures there will be a little bit more downtime, because they just involve more swelling.

You like to use fat injections as a filler – what would determine whether you use fat or some of the fillers that already come in a tube?

Dr Marotta uses both. He uses the injectable facial fillers for patients who do not want any downtime, and they don't mind the fact that they are somewhat 'temporary' fixes. For patients who are doing a surgical procedure already, or for patients who want longer lasting results, or want their own body tissues, then he would use the fat injections. Fat transfer in his hands lasts quite a long time, most patients are told it's between five to seven years. Of course you tend to lose facial volume as you get older, and so a person may need 'touch up' fat injections further down the road, but fat is much longer lasting than any other filler we have on the market.

The downside of it is not that it is hard to use or hard to get but that if a person loses or gains weight then they can also do so in the 'wrong' areas sometimes, which would include the fat that has been injected as well. Fat transfer also carries a little bit more risk than fillers because some of it can be permanent so if the fat was over injected or there is a visible lump or bump then a revision procedure or surgical removal would be needed but that is very, very rare. Dr Marotta has done well over a thousand procedures and has rarely had to remove any lumps or bumps, and rarely has patients who are unhappy with the volume – they love it.

Dr Lycka thinks that the key to all this is firstly, talking to your cosmetic doctor very honestly and telling them and giving them a clear image of what you want, and at the same time, not being afraid to say that you are afraid of it or also that you would like more than the procedure being offered. Dr Marotta thinks that is very good advice. There are lots of different ways to get to the end point which is ultimately making a happy patient, and he considers it his job, when a patient comes in, to tell them their options, the associated recovery, the potential issues, and then it is ultimately the patient's choice. He has had patients come in for a surgical facelift procedure decide that they want to do fillers or Botox and he has also had patients who wanted to do Ulthera or Thermage, and who then wanted to do a facelift after talking to him because it's a matter of understanding exactly what the procedures can actually deliver, and what you want to do.

Dr Marotta is a facial plastic surgeon, Dr Lycka is a cosmetic dermatologist and although he doesn't do the 'heavier' surgical procedures that Dr Marotta does, Dr Lycka is very happy to refer patients to doctors like Dr Marotta on any given day because the tools and procedures that Dr Lycka uses can't take a person 'all the way'. Conversely, Dr Marotta has the same approach and if someone has a skin condition or needs other skin care then he will refer patients to Dermatologist colleagues, and it is that area of knowing your boundaries, and that the treatment or procedure that you are recommending most benefits the patient, and when they are best served elsewhere. Dr Marotta is very open with patients that he is more than happy to send them to colleagues if he feels that their best interests will be served by doing so.

Are there any key points you would like our listeners to take home with them today, Dr Marotta?

We have touched on many key points but it is a matter of not being afraid to voice your opinion to your cosmetic doctor, to go in there with an open mind, listen to the pros and cons of different procedures, because there are a lot of different options. To take notes and write things down, and do your research on the internet. Also to listen to friends as that can also be useful if they have first-hand experience of a surgeon you are considering. In fact, most of Dr Marotta's patients come from word of mouth patient referrals from other happy patients.

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