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Interview with Dr Barry Lycka & Dr Nicholas Sieveking

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

Dr Nicholas Sieveking board certified plastic surgeon from Nashville, Tennessee.

This is your number one internet radio show on cosmetic surgery. We would like to thank all you listeners for supporting us – we get around 8000 downloads a week, and we are really very proud of this achievement and thank you for helping us develop the show.

We are talking today with Dr Nicholas Sieveking, who is a very well-known plastic surgeon, about a topic that is very much at the forefront of modern medicine today – the facelift.

Welcome, Dr Sieveking!

Let's start with a somewhat 'maverick' question today… Why would anyone want to get a facelift done?

Well – to look younger! To try to slow down the aging process and feel better about themselves.

We have all heard about those 'bad' facelifts of the past – Phyllis Diller was a comedienne who had a humorous routine about how her facelift failed. Is that a common problem these days?

No a failed facelift is not common. A facelift is a technically demanding operation, and it is not 'one size fits all' either so it is very important that each doctor treats each patient as an individual, and creates a customized plan for them. Some facelifts are very simple, and it's just a matter of tightening skin and some facelifts involve not only tightening skin but going to the deeper layers of the facial and neck muscles.

So how long have you been doing facelifts, Dr Sieveking?

Dr Sieveking has been in practice for sixteen years. And the facelift is certainly the main operation that he performs these days. He does around 2 facelifts a week – he could do more but facelifts require a lot of concentration and the duration of the procedure could range anywhere from 2.5 hours up to 6 hours, depending upon what is required, and the level of complexity of the facelift. For example, if a patient is having a secondary facelift to correct problems from a previous facelift then that will certainly take longer.

Dr Lycka sees 'bad' facelifts which have been caused by the original surgeon not taking the time to do everything that was necessary. And both doctors agree that you see so many 'stars' and people in the public eye who get bad results, and even though such individuals could research and afford to get the best surgeons out there, that you often wonder how that even happens! It is an art form and indeed 'one size fits NONE' as it is a procedure that an educated doctor who has a lot of scientific background actually performs a beautiful artistic procedure. They take that sagging, drooping skin & face, and it's going to happen to all of us, no doubt about it – and reverse it.

Correct – there are several nuances for a facelift, which in Dr Sieveking's opinion, really get ignored by less experienced surgeons. For example, put the scar behind the ear so it disappears and weaves into the hairline, so the hairline isn't chopped off, also considering the shape of the earlobe after surgery. Those are just some factors that an experienced surgeon considers when planning their incisions.

That is very important. Dr Lycka is very big on advanced scar correction, so gets to see a lot of bad scars, and really a bad scar need not happen if things are planned well. And secondly, if they DO happen, it's not easy to correct them but there are techniques to correct them these days to make them less noticeable.

OK, so let's say your sister-in-law wants a facelift – what do you tell her?

Firstly, we need to talk to the person about their goals, and why they are considering facial cosmetic surgery. If they seem to be an appropriate candidate, then to start talking to them about the operation, such as what it actually means, what the healing times are, and let them understand that once they have that scar, as inconspicuous as it will be, that it can't be 'taken back!'

How long should someone prepare for downtime after having a facelift?

That varies and a lot of it depends upon the patients age. Dr Sieveking finds in his practice that younger patients (in their forties / early fifties) tend to experience a little less bruising, as their skin is less fragile, but he tells patients to give themselves 3 weeks to get to a point where they can be back out in public, possibly with a little makeup or a higher neckline to cover any remaining bruising. Yes, that is pretty logical – 3 to 4 weeks is pretty standard after a major surgical procedure, and during that time it is important for people to really take that time and become healthy again. They should eat properly and make sure that their new body / look evolves, then they are actually being good for it. Yes, and not to change direction to much with this, but in Dr Sieveking's office, they start that process before surgery. They do a lot of advanced testing to find out about a patients' vitamin and micro-nutrient levels, hormone levels, any inflammation, to prepare the patients for the surgery and the healing process.

Dr Lycka thinks that that is very important and of course, Dr Sieveking has studied a lot in the subjects of aging and has taken advanced training too. He has a board certification in functional medicine, and 3 years ago started a functional anti-aging clinic at his office, which he calls 'Ageless Solutions'. He likes to start treating the inside before he moves to the outside with cosmetic surgery. It is the small things, as in any area of life, that make the difference. Dr Sieveking always tells his patients that he will give them the best facelift they could possibly have but that alone doesn't mean that they are going to be happy. Happiness comes from within, and if there is something holding them back and slowing them down, whether it's depression, insomnia, fatigue, memory loss, then that needs addressing prior to making external changes. And of course if we do approach it that way, then we get better patients & happier patients.

In Dr Lycka's mind, a facelift is partly a facelift, but in a large part it is lifting the neck. Is that your feeling too?

Yes, it is – and higher up into the jawline as well. That is a good point you bring out and doctors 'get in trouble' when they try to lift too much into the cheek and nasal-labial folds. When we look back at pictures when we are in our 20s and 30s, we have nasal-labial folds, folds around our mouth, and so to think that by pulling extra hard in a facelift it will erase them – that's wrong, an error. But yes there is mainly lifting along the jawline and the neck, and it's not just skin. If it's just skin, then as a dermatologist, Dr Lycka would understand that we would turn to lasers, not surgery.

Yes, and this is the problem, Dr Sieveking. There are multiple components in the aging process. It's not just skin that is changing, it is a sagging, and our jawbone gets smaller, so we have to re-drape the tissue over the jawbone in order to get the best results.

Absolutely. The skin migrates towards the center, no question. And underneath the skin there are layers of fat, in some circumstances there is too much fat, but usually not, and it's usually out of place, because the deeper muscles (the SMAS in the face, and the platysma in the neck), have drifted towards the middle line as well. All those layers need to be addressed to properly perform a facelift and get the patient a natural result.

Dr Lycka does a lot of non-invasive procedures for the face, a lot of filling, a lot of botox, but sometimes when things have 'gone too far' those procedures do not help enough and he likes to work with good plastic surgeons so they can take the patient further with surgery.

Another area that we can't do non-invasive things on very well is the nose. It is a very prominent structure on the face and it really is one of the most important features as that is where our eyes are drawn to first. A person with a nose deformity really needs some help, and Dr Sieveking is also an expert in rhinoplasty so we are going to spend the next part of the show talking about 'the nose job' which is a procedure that a lot of people think about but often shy away from.

What is it about a nose job that is so scary to a lot of people, Dr Sieveking?

The nose is the central focus of the face and it is what we see when we look in the mirror and it's what we think other people see when they look at us. It really defines who we are, it defines our ethnicity, our family genetics, so to make

drastic changes or make changes that don't fit a person may be taking away their culture, their identity so it is a structure that you have to approach with caution, just like the facelift. In fact, probably even more so. There is not one perfect nose.

So when people come to see you about their nose, can they pick a new nose from a catalog?

No – that's always a difficult situation when patients bring in photographs from multiple magazines and say 'I want that nose'… We really have to look at all features, the forehead, the eyes and the cheek bones, and the chin before we can really start planning the changes to a nose.

A nose is a very individual thing, and it's like a facelift in that a good doctor has to 'individualize' that nose. And so if you don't like your nose, you really have to communicate with the doctor what it is that you don't like about it, and what you do like so that they can help you get the results that you want.

That is the first thing that a good nose surgeon does. They don't speak, they hand their patient a mirror and ask them to say what they don't like about their nose. You would be amazed! Sometimes people say they don't like their nose, but actually their nose is perfect and what they actually need is a chin implant. They get the chin implant and then they love their nose suddenly. So you have to listen to what the patient wants and then judge overall the patient's aesthetics, and work with those but keeping in mind that the patient needs to maintain their identity.

Noses have a particular ethnicity about them, a certain shape, having family characteristics, so it is very important when you are deciding to change a main feature like that that you go in with your eyes wide open, and without false understandings and beliefs. Communication with the patient, understanding their ethnicity is all important in planning a nose job.

Another thing that scares a lot of people is that almost everyone has in their mind the pictures of the late Michael Jackson and how his nose turned into a disaster over the years. It seems he had a series of rhinoplasties.

Yes, one can only presume that he was unhappy with the African American nose from the beginning and that each rhinoplasty was an effort to be more Caucasian perhaps? One of the things we assess during a rhinoplasty is how thick the skin is. If we have a patient with very thick skin and we see that a lot with the African Americans, and Asians, and no matter how many changes are made deep into the bones and cartilage then those changes are not very apparent on the surface. You can get into a situation where the patients try to talk you into doing 'one more surgery', take a little more of that cartilage away, take a little more bone away, and then at some point you get a collapse. One other treatment that Michael Jackson seemed to have in an attempt to try and thin the skin out was steroid injections which certainly does thin the skin out but as you know, Dr Lycka, it can cause significant atrophy of the skin and sub-cutaneous tissues.

One thing that Dr Lycka would like the listeners to hear, clearly, is how does a good surgeon avoid complications. How do they put themselves in the position where complications are minimized? We can never say there will be no complications but every good cosmetic surgeon has a game plan to avoid them.

Dr Sieveking learnt a good lesson from his (now retired) partner, that less is more. Always make a plan for the patient the night before and go to bed thinking about the surgery and what has to be done the next day. Dr Sieveking will never forget that 16 years ago he was excited about his first facelift in private practice and had pulled the recent articles and had been planning on a D plane facelift, and tightening all these structures and his partner took the papers away, put them in the trash and said, 'Stay simple. Stay simple for the next five years and just trust me on this.' He was right! Less is more.

Dr Lycka also likes to keep it simple as possible too for those same reasons. We may have an elaborate plan in the back of our minds, but the more elaborate a plan is the more chance there is of something going wrong. Its true of everything we do, regardless, and its best to keep plans as simple as possible and then to have a plan A and plan B. If A doesn't work, how are we going to get out of it, and have plan B in our pocket. Hopefully we don't need plan C or D!

Well that's true and a lot of that comes with experience. Once you have a 1000 facelifts behind you then you can change course in the middle of a procedure if what you are doing is not perhaps the best plan, particularly on these secondary facelifts where you are really fixing problems that have occurred from other facelifts.

One of things that Dr Sieveking loves to do is revision rhinoplasty – those that someone else have done which didn't get to the point of being successful from the patient's point of view. He has a number of patients who go to him to help improve things.

That's right. Dr Sieveking finds them very challenging but that is really what motivates him. The body is full of spare parts, and we can borrow parts from other areas of the body to reconstruct a nose, such as cartilage from an ear, from a rib, and really give the patient back some semblance of their original nose. He will never forget several years ago he had a really pleasant lady who was Jewish and grew up in New York. When she was a teenager, she had a rhinoplasty that removed the prominent 'hump' on her nose, which is the 'mark' of a Jewish nose, but the rest of her life she regretted that and felt that it had taken away her heritage. Finally, at age 60 she came to Dr Sieveking and said 'give me my hump back!' So we borrowed some parts - some cartilage from a rib and a few other maneuvers, and lo and behold, she felt like she had her original nose back and was very happy.

So for patients, when you want to get something done, make sure you communicate well, make sure you also go home and sleep on it to make sure you weren't rushed into a decision, and make sure that it is the right thing for you. Certainly things can be done to rectify a situation if it wasn't the right thing to do, but that is certainly not always the case, that even the most well-meaning and skilled doctor can't always put things right.

Well Dr Lycka, if our jobs were easy, we would have a lot of people in dermatology and plastic surgery, and that just isn't the case. For these two specialties we are trained to think and use our knowledge of anatomy from head to toe, and really treat each patient individually, and even with that, we do sometimes run into the situation that the 'perfect' result can't be obtained. The goal is not to harm anybody.

In Dr Lycka's mind, the opposite of good is better. That word that keeps popping up… better. Trying to get better and better can really be a bad concept here. That is the slippery slope. As physicians we are in this profession to help people get to a better place, and for any specialty that is a good goal and Dr Sieveking can look at a person who has had a poor result from a facelift or a rhinoplasty and will tell them that we have missed the chance to get the perfect result, but he will get them to a better place, and make them happier. So to Dr Lycka's point, it is critical that we meet with patients 2 or 3 times before we go to surgery to make the patients understand all aspects.

Dr Lycka always tells his patients that it is always better at the end – if it's not better, then it's not the end yet. It just means we haven't done everything yet. He has been dealing with a series of patients that were treated with some fillers many years ago that were semi-permanent, Artecoll & Dermalive. They had terrible lumps and bumps under their skin and in just the last couple of years we have had the technology to really erase the scars that many of them have caused. It has been a journey that has taken 7 or 8 years to get there. And he is really thrilled that it is now possible to help them, but those first few years we didn't know what we could do with these. It's the same thing with any revision process.

Yes, those granulomas are very hard to deal with, and Dr Sieveking has seen a few over the years from those semi-permanent fillers. Medicine keeps advancing and we keep learning new skills, and new ways to combine procedures to get a better optimal result. We can change a facelift midstream to get a better result than what we originally contemplated. We can change a rhinoplasty so that we can fix it and borrow tissue from other parts of the body. We are thinking of things in different terms than we did previously and so can do more things.

We also have to be wary of technology too! True. Dr Lycka is not the first to jump on any bandwagon that's a fact. Not the last either! We go to the plastic surgery meetings & conferences, and listen to these world renowned rhinoplasty surgeons, you see the results and they are phenomenal. You take note, make lists of all these things to try, but then you get home and you start thinking to yourself that what you are doing is pretty good and so am not going to change things too drastically. But that is affirmation too. Going to the meeting, knowing you are working well and understanding that changing things could be worse. It is the voice of a competent, skilled cosmetic surgeon, who knows where they stand and knows the advantages and disadvantages.

It's been an absolute pleasure talking with you today Dr Sieveking. We must have you back on the show.

Both doctors try to keep up with responding to emails and calls, but since they are also busy, they both have a great team and systems around them to make sure patients are responded to in a timely fashion. That is so important and will make or break a practice. And as a patient, if you don't have a doctor that wants to communicate with you, then you must realize that the way you are treated before your operation or procedure, is equally going to be the way you

are treated after. You must pay attention to that. Both doctors feel lucky to be surrounded by very competent, empathetic, caring nurses and practitioners. They really elevate the care from the doctors, and enhance the practices.

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