

In the Eye of the Beholder



By Daniel Casciato



Achieving natural-looking results in surgical and nonsurgical periorbital rejuvenation.



SIGNS OF AGING IN THE PERIORBITAL AREA are among the first concerns that bring patients to cosmetic practices. Whether they are bothered by crow's feet, hooding of the eyelids, or undereye bags and discoloration, patients know they can find relief through a variety of noninvasive and surgical means. But this wide range of treatment options requires physicians to look closely, not only at the patient's anatomy, but also their gender, budget and desired outcomes.

David Alessi, MD, founder and medical director of the Alessi Institute for Facial Plastic Surgery in Beverly Hills, California, regularly hears complaints from both sexes about crow's feet, glabellar wrinkles and tear trough sulci. But since men age differently than women—and tend to come in for consults at a later age—they are more likely to also have brow ptosis and festoons (very large, saggy lower eyelid bags).

"Women will come in earlier in the aging process when noninvasive procedures are more likely to be beneficial," he says. "They are usually more concerned about finer facial lines and are more likely to ask for procedures, such as laser resurfacing."

Sam Rizk, MD, a facial plastic surgeon practicing in New York City, agrees. "Men are focused on upper lid laxity and puffiness—or bags—on the lower lid area. Women complain about losing the sharp crease of their upper lids (where they apply makeup), crow's feet, wrinkles and sagging skin."

Evaluating the Three D's

Whether the patient is male or female, Leslie Howard Stevens, MD, of the Lasky Clinic in Beverly Hills, California, evaluates periorbital concerns using the Three D's: deterioration, deflation and descent.

"Deterioration is typically where things are declining on the surface—skin quality, skin elasticity, fine lines, brown spots, red spots and wrinkles," he says. "All of this is nonsurgical, unless you consider laser surgery, which can correct some of these concerns."

He uses neurotoxins for fine lines and wrinkles, particularly in the crow's feet area. "Sometimes you can get a little bit of a lift of the orbit or the brow by putting Botox in the right place strategically on the upper lid," says Dr. Stevens.

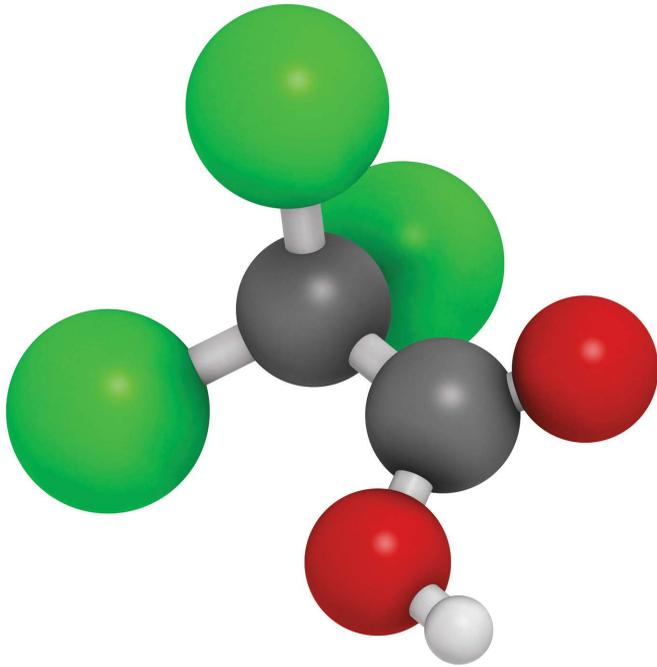
Dr. Alessi uses neurotoxins for minor brow lifting by injecting into the eyebrow depressors. "Crow's feet can be reduced with Botox injected into the lateral orbicularis oculi," he says. "A small amount of Botox in the mid-lower lid can give the eye a more rounded and youthful appearance. Fillers such as a thinner hyaluronic acid product or fat are excellent ways to treat the tear trough."

He prefers fractionated CO₂ for decreasing finer periorbital lines, and Solta Medical's Thermage radiofrequency device to provide noninvasive lifting around the eyes.

Deflation occurs in the face and the orbit. Where you often see deflation around the eye, according to Dr. Stevens, is on the upper lid and on the lower lid. On the lower lid, it manifests as a hollowing out at the border of the lower lid

"THE ENEMY OF GOOD IS PERFECTION. MINOR REVISIONS ARE ALWAYS BETTER THAN MAJOR RECONSTRUCTIONS."





Trichloroacetic acid (TCA) peels can help tighten and rejuvenate the lower lid.

and the cheek. This can be treated nonsurgically with fillers in some patients; others will require surgery.

"In the upper lid, deflation occurs along the orbital rim or the brow where the eye socket meets the eyebrow," Dr. Stevens explains. "You see the soft tissue hollowing out and caving in, and the skin starts to hang, particularly along the lateral third of the upper lid orbital rim. This can be treated nonsurgically with volume replacement or injectables."

Dr. Stevens prefers to use fat, often in conjunction with surgical procedures, to address upper eyelid deflation. For the lower lid, he also uses a resurfacing laser, ranging in density from least invasive to more invasive depending on the patient.

The final D is descent, which causes fat to bulge out on the lower lid and creates excess skin on the upper lid. "These are more surgical concerns that are not as readily corrected with nonsurgical approaches," says Dr. Alessi.

Dr. Rizk reserves surgical treatments for situations where there is advanced skin laxity, herniated orbital fat pads, muscle laxity and scleral show. Mild lines and wrinkles can be corrected temporarily with Botox, he says.

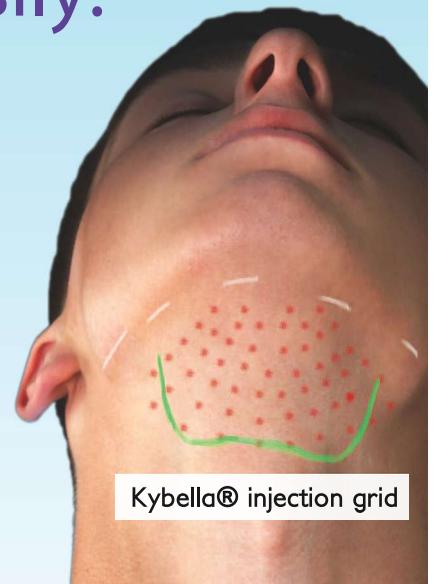
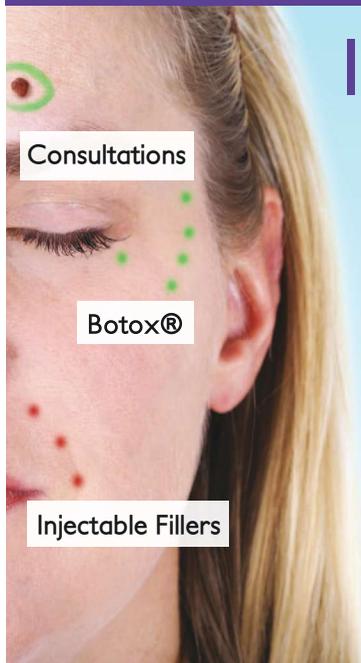
"Restylane injections may be useful for restoring the tear trough and hollows under the eyes that can cause a darkened

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shadow," says Dr. Rizk. "I prefer to use conservative fat grafting in this area whenever possible, often combined with PRP for skin rejuvenation."

Surgical Solutions for the Upper Eye

There are three main options for treating hooding of the eyelids and descending brow lines: brow lift, blepharoplasty or a combination of both procedures. Choosing the correct procedure requires careful consideration.

Dr. Stevens finds that many patients who come to him seeking a brow lift are misinterpreting what they see. They think their brows have dropped; instead their brows have deflated where the soft tissue and bone around the upper part of the orbit is beginning to resorb. In these cases volume replacement may address their concerns, or a combination of lifting and filling may be required.

When performing brow lifts, Dr. Stevens does offer a few cautions. "I have a very high tolerance for suggesting a brow lift because I really think it changes the way an individual looks in most circumstances," he says. "For some people, a brow lift actually makes them look better. But in others it makes them look different, so I always

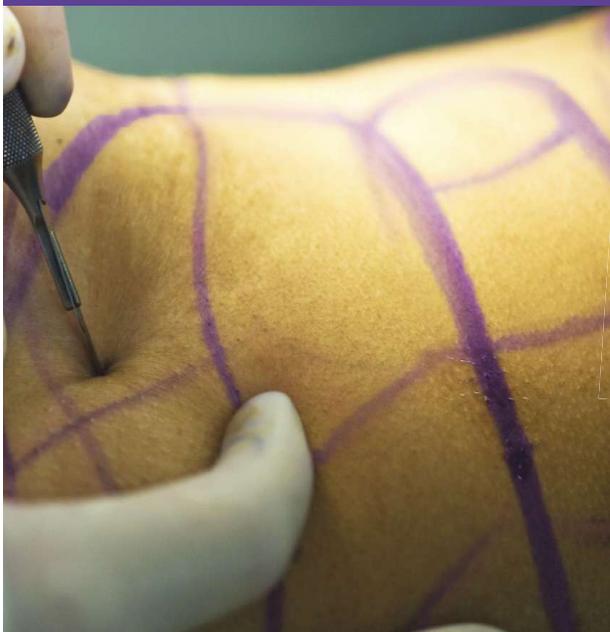
point out to a patient what a brow lift is going to do and how it will make them look different."

Men and women often desire very different outcomes in the brow area. Men tend to have flat brows with minimal arching, whereas women most often have—or prefer—an arched brow, says Dr. Rizk. "Women have a more defined arch that becomes more masculinized with age," he says. "Botox is an ideal first-line treatment to lift the lateral brow temporarily and address glabellar creases and horizontal forehead lines."

For patients who need more lifting than toxins can provide, Dr. Rizk performs an endoscopic brow lift. "These procedures do not require a long recovery, and the incisions are hidden in the hairline, which is what most patients want today," he says.

In order to determine whether a brow lift alone will suffice or if a blepharoplasty is required, Dr. Alessi has the patient look in a mirror and uses his finger to hold the brow up. Then it becomes clear if significant blepharochalasis needs to be addressed. "Many patients will come in for a blepharoplasty second opinion," he says. "When the brow is held up, some will have no upper eyelid skin left to excise. A bleph on these patients can lead to a very hollowed out look that is not desirable."

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Addressing Undereye Bags

When a patient wants to minimize the appearance of their undereye bags, Dr. Alessi favors a transconjunctival blepharoplasty. Occasionally a small amount of skin will be removed. For larger festoons, he will revert to a standard skin muscle flap. "With either procedure, I usually fill in the tear trough with a fat transfer," he says. "With the skin muscle flap, I will almost always do a lateral tarsorrhaphy stitch. A simultaneous TCA peel or laser treatment will further help to rejuvenate the lower lid."

Dr. Rizk finds that while men are far less wrinkle-obsessed than women—they don't mind a few lines and creases—they do tend to zero in on fatty deposits under their eyes that make them look tired and older. "Men prefer minimally invasive remedies with short recovery times and minimal risks, scars or telltale signs of major cosmetic procedures," he says. "My main goal for male patients is to provide a natural and long-lasting result with a rapid recovery that gets them back to work fast, so no one knows they have had work done."

To this end, he also addresses fatty bulges through a scarless transconjunctival procedure that involves placing an incision only inside the lower lid to remove small pockets of excess fat and smooth out the contour of the undereye area. "Undereye bags respond well to minimal and conservative fat bag removal, when needed," says Dr. Rizk. "For advanced laxity, skin removal is also required. Lastly, if there is scleral show, we may need to do some muscle tightening, but for men, the recovery is often hard to accept."

Dr. Rizk rarely recommends resurfacing lasers for male patients due to the downtime, but for women who have concerns about fine lines, wrinkles or pigmentation, he uses Ellman's Cortex Laser, which combines CO₂ and Er:YAG wavelengths to even skin tone and tighten skin.

Periorbital Cautions

In order to provide the most natural-looking results, physicians must know their facial anatomy. "Eyelid skin is very unforgiving, so be cautious about doing too much too soon—before the patient really needs surgical intervention," says Dr. Rizk.

Whether you are working with a male or female patient, he recommends taking your time during consultations to present all of the options available to the patient. This will help you avoid disappointment and miscommunication regarding expected outcomes.

"If a woman presents with a heavy upper lid and excess fat, ask to see photos of her at age 30 or 35," he says. "These formations are usually genetic, and if you give her

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a deep-set upper lid and remove too much skin and fat, it will change her look dramatically, which may not be what she wants or expects. She may not recognize herself after surgery, and this is basically irreversible."

Dr. Rizk notes that eyelid scars will be more visible on men because they do not wear makeup. "Avoid extending the incisions laterally, which are telltale signs of surgery," he says.

Dr. Stevens finds that it is important to be judicious in selecting brow lift patients. "There are differences in men and women; especially with men, less is more—particularly when you are dealing with the upper lid," he says. "If you lift a man's brows, it really changes his appearance. I would certainly recommend doing less."

On the lower lid, Dr. Stevens tries to preserve the fat as much as possible. "Once that fat is gone there's no turning back, and that's what is going to make somebody look older," he says. "It's going to hollow out their eyes. So preserve the fat—use what's there to rejuvenate the orbit as opposed to removing soft tissue, including fat, muscle and skin."

"A surgeon should have several tools in their tool bag and choose the appropriate tool for each situation," says Dr. Alessi. "Also, don't overdo. The enemy of good is perfection. Minor revisions are always better than major reconstructions." **ME**

Daniel Casciato is a Pittsburgh-based freelance writer.