Interview : Dr Sam Rizk, Plastic Surgeon

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Dr. Samieh (Sam) Rizk is a double board-certified facial plastic surgeon based on Park Avenue in New York City, known for his expertise in rhinoplasty and deep-plane facelift surgery. His highly customized approach has made him a sought-after surgeon for celebrities, high-profile individuals, and international patients seeking natural, long-lasting results. Dr. Rizk specializes in revision rhinoplasty, ethnic rhinoplasty, teen rhinoplasty, and deep-plane facelifts, combining advanced surgical techniques with state-of-the-art technology. He pioneered 3D High-Definition Rhinoplasty, allowing for greater precision and faster recovery. Consistently recognized as a Castle Connolly Top Doctor, Dr. Rizk is frequently featured in major media outlets for his contributions to facial plastic surgery. **1) To start off, could you share a bit about how you got into facial plastic surgery, and what led you to focus so heavily on rhinoplasty and facelifts? Also, from a patient perspective, what does it mean when a surgeon is double-boarded in facial plastics and ENT?**

My background is unique in that I'm a classically trained sculptor. In high school and college, I studied fine arts and worked mostly with clay, stone, and alabaster and drew inspiration from the classics—Lysippus, Michelangelo, Donatello. But my father was a doctor, and I found myself drawn to that world, too. It wasn't until I got to medical school and became interested in facial anatomy that I realized I could combine my two interests and make a career out of sculpting faces.

When a surgeon is double-boarded in facial plastic surgery and otolaryngology (ENT), it means they've completed rigorous training and certification in both specialties. From a patient perspective, that's significant—because the face and neck aren't just about appearance; they're also complex areas involving breathing, speech, and other vital functions. My ENT background gives me a deep understanding of the internal structures of the nose, sinuses, and airway, while my facial plastics training focuses on aesthetics and reconstructive techniques. Together, they allow me to approach surgery with a much more comprehensive perspective—especially when performing procedures like rhinoplasty, facelifts, or revision surgeries where both form and function matter.

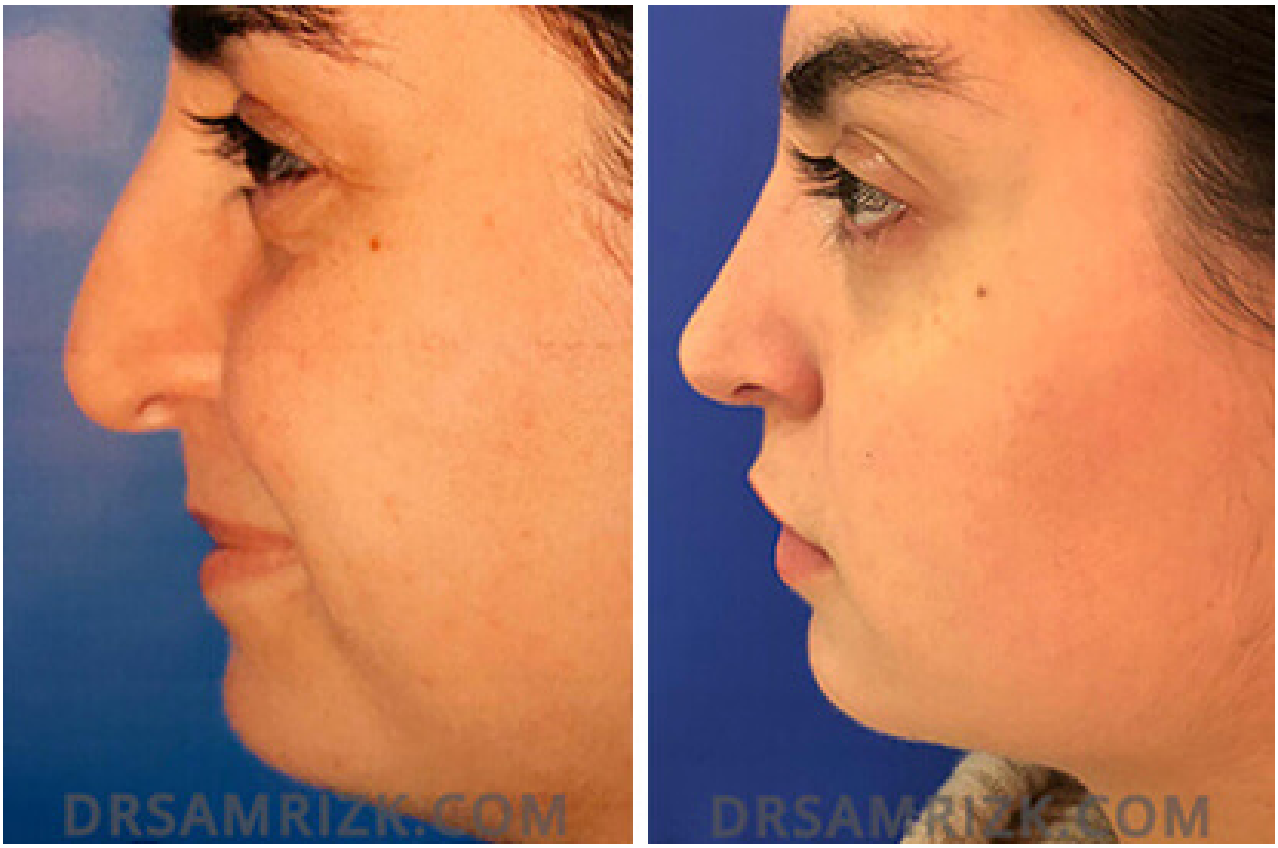
2) How would you describe your overall surgical philosophy? What principles guide your approach when you're operating?

I approach every case with an obsessive attention to detail and, as I've said, a deep respect for both form and function. My goal is always to give patients the look they desire without losing the nuances that are unique to their face, their culture, and ultimately their identity. It doesn't hurt that a subtle, refreshed look that doesn't scream "I've had work done" is currently trending, of course—but the reality is that 20 years in, that's really all I'm known for. Patients come to me to look like the best version of themselves.

More technically speaking, you could say that I prioritize deep structural work, whether we're talking about a deep plane facelift or a preservation rhinoplasty. This is because long-lasting, natural results come from addressing the underlying anatomy, not just the surface. In order to do this well, I'm committed to staying ahead of the curve as far as technological advances are concerned. I've always believed that innovation, when applied thoughtfully, can elevate both safety and outcomes. I was one of the early adopters of 3D imaging and high-definition endoscopic techniques, because they allow me to see and operate with far greater precision. I also incorporate advanced tools like piezoelectric instruments for rhinoplasty and specialized lighting systems. All this said, technology should never replace skill or judgment—it should enhance them. I adopt what's truly useful and grounded in science, not trends. For me, staying current means continually refining my techniques so I can deliver results that are not only beautiful, but also more predictable, less invasive, and longer lasting.

3) You've become widely known for your work in rhinoplasty and ethnic rhinoplasty. Could you walk us through some of the latest advances — for example, piezo, preservation rhinoplasty — and also share a bit more about your 3D High-Definition Rhinoplasty technique?

Technological advances with rhinoplasty allow us to deliver a more natural outcome than ever. We used to be limited to using tools that created a lot of trauma and swelling, but with Piezo that's all changed. Unlike the irregular, inconsistent movement of rasps and knives, the piezo tool relies on the gentle pressure of sound vibrations to glide through the bone and cartilage, buffing and smoothing as it goes. It has a touch screen and a foot pedal, which allows us to make miniscule refinements with an incredible amount of control and precision.



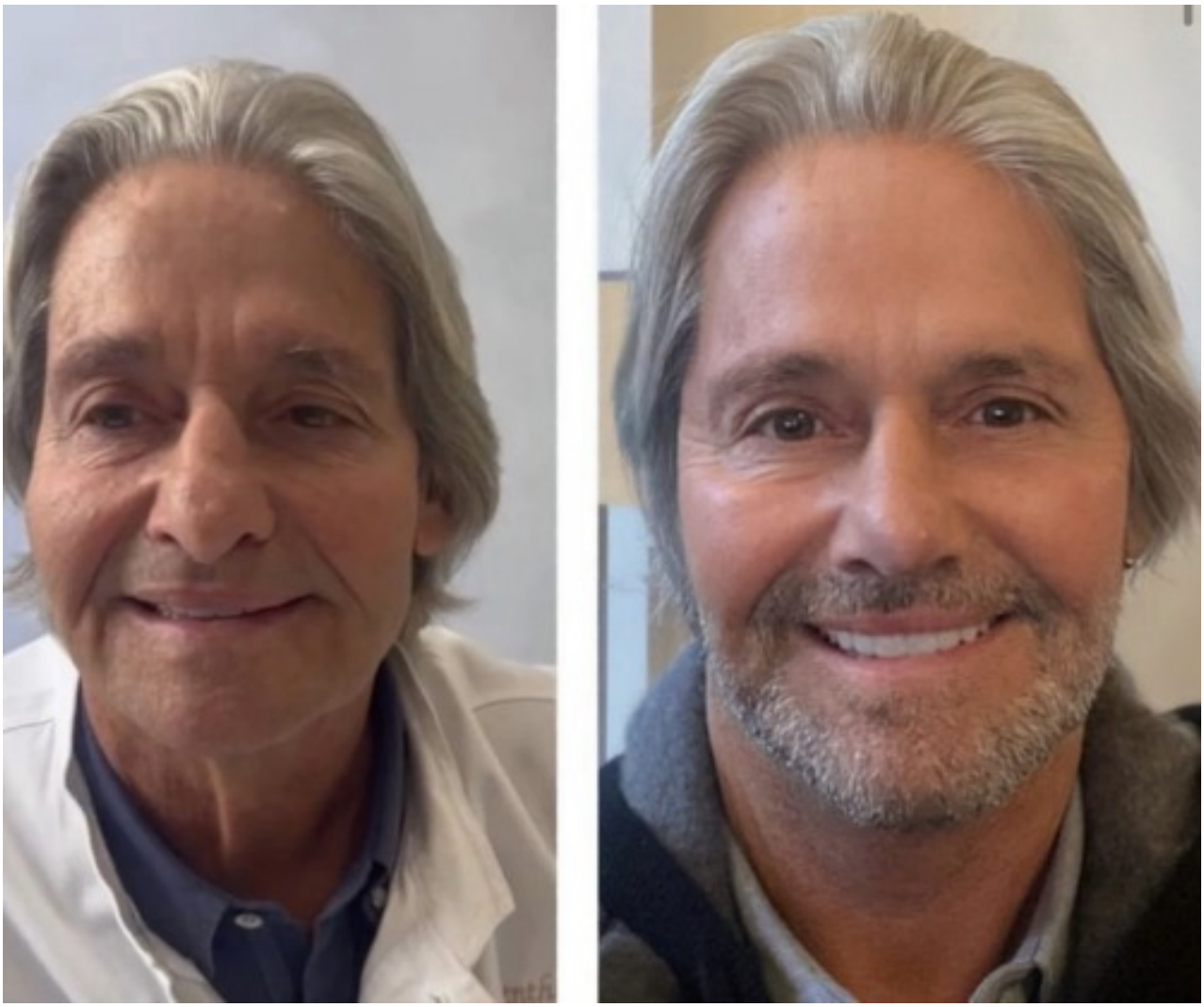
Before and After Rhinoplasty by Dr Sam Rizk

By using a high-definition endoscope with 3D visualization, I can see the internal structures of the nose with incredible clarity; this allows me to operate with more accuracy and less trauma. This means less bruising, faster recovery, and more refined, natural results. Rather than removing too much cartilage or bone, I reshape and preserve structure using delicate suture techniques and sculpted grafts—especially in thick-skinned or revision cases where definition is key. The goal is always the same: to create a nose that looks balanced, functions well, and fits the patient's face. As I mentioned, patients come to me for the most natural results possible—results that celebrate their ethnic nuances rather than deliver a one-size-fits-all look.

4) Facelifts have been getting a lot of attention recently, but there's still a lot of confusion for patients around terms like deep plane, SMAS, mini, midface, etc. Could you help break down these different techniques and explain what you typically perform?

The terminology around facelifts can definitely be overwhelming, especially with so much information—and misinformation—online. In simple terms, most facelift techniques aim to reposition sagging tissues and restore youthful contours, but how they do that varies significantly. A mini facelift is a more limited procedure that tightens only the lower face and usually just the skin or superficial layers. It can be effective for younger patients with early jowling, but the results are often shorter-lasting. A SMAS facelift involves lifting and tightening the SMAS layer—short for superficial musculoaponeurotic system—which is the muscle and connective tissue beneath the skin. This is a more advanced technique than a skin-only lift and offers more natural, durable results.

A deep plane facelift, which is the technique I perform, goes a step further. Instead of just tightening the SMAS, we lift the deeper facial tissues, including the cheek fat pads, as a single unit. This allows for a more profound and natural-looking rejuvenation, especially in the midface and jawline, without creating that pulled or overdone look. The midface lift is a term used when focusing specifically on the area around the cheeks and under-eye hollows. In my deep plane approach, the midface is naturally lifted as part of the overall correction, so we're addressing multiple zones—jawline, cheeks, nasolabial folds—in one cohesive move. It also avoids tension on the skin, which helps with scar quality and healing. Personally, I've developed a technique that eliminates drains and instead relies on surgical glue. It has completely changed the way we approach facelift recovery: my patients are back to work in a week and camera ready in two.



Dr. Rosenthal before and after facelift by Dr. Sam Rizk Ultimately, the best technique depends on the individual patient's anatomy, age, and goals. But for those looking for the most comprehensive, natural, and long-lasting result, the deep plane facelift remains the gold standard.

5) Longevity is always a concern when people consider a facelift. Why do some facelifts seem to lose their results after a year or two, and what contributes to longer-lasting outcomes?

The longevity of a facelift has everything to do with the technique used, the quality of the patient's skin, and how the procedure is customized to the individual. Facelifts that only tighten the skin—what we call "skin-only" or "mini" lifts—often look good initially but tend to relapse quickly, sometimes within a year or two. That's because they're not addressing the deeper structural changes that occur with aging. Because my deep plane facelift lifts and repositions the deeper facial muscles and fat pads as a single unit, it restores youthful anatomy rather than just pulling the skin tighter. Most of my patients enjoy results that last 10 to 15 years, and in many cases, they simply look like a more refreshed version of themselves as they continue to age. Other factors also play a role, of course—things like genetics, lifestyle habits, weight fluctuations, sun exposure—but ultimately it comes down to the foundation. If you build it right, it holds up over time.

6) You're also known for revision work — both for facelifts and rhinoplasty. What makes revision surgery so much more complex than primary procedures?

Whether it's a facelift or a rhinoplasty, once you've operated in that area, you're dealing with scar tissue, altered anatomy, and often a loss of structural support. That makes everything more unpredictable and technically demanding. With revision rhinoplasty, for example, patients often come in with collapsed cartilage, asymmetries, or over-resected tissue from a prior surgery. You're not just refining a shape—you're rebuilding the architecture of the nose, often using cartilage from the septum or even a rib or ear to restore both function and form. It requires a level of precision and experience that goes beyond the primary procedure.

The same applies to revision facelifts: if the planes have been dissected once before, the natural landmarks can be distorted and there's usually scar tissue that makes lifting and repositioning more difficult. You have to be incredibly strategic to create a natural-looking result without compromising blood supply or causing complications. In both cases, the goal is to correct what wasn't done properly the first time—but to do it safely, without further damage. That's why I always tell patients: The first surgery is the most important. Choose a surgeon who specializes in these procedures and understands the anatomy at the deepest level.

7) You've been at the forefront of incorporating technology like 3D imaging and high-definition endoscopy into your practice. How has this changed your surgical planning and outcomes?

Technology has fundamentally changed how I plan and perform surgery by taking the guesswork out of the equation. With 3D imaging, for example, I can create a precise digital model of the patient's face, which allows me to simulate changes, assess facial balance from multiple angles, and set realistic expectations before we ever enter the operating room. It's a powerful communication tool, and it's also a blueprint for surgical precision. High-definition endoscopy, especially in rhinoplasty, has also been a game changer. It gives me a magnified, detailed view of the internal structures through very small incisions, which allows for more refined work with less trauma to surrounding tissues. That translates to less bruising, faster recovery, and more natural results.

Ultimately, this technology enhances both the artistry and the science of facial surgery. It allows me to be more meticulous, more efficient, and more individualized in my approach—so patients not only look better, but heal better too.

8) From your perspective, what trends or developments in facial plastic surgery are truly advancing the field right now? And on the flip side, are there any you feel are more hype than substance?

What's truly advancing the field is a deeper, more anatomical approach to surgery—procedures like the deep plane facelift and preservation rhinoplasty, which focus on restoring natural structure rather than just removing or reshaping tissue. These techniques respect the deeper layers of the face and nose, leading to longer-lasting, more natural outcomes.

On the technology side, the integration of 3D imaging, ultrasonic tools, and high-definition endoscopy is elevating the precision of what we can achieve—especially in complex or revision cases.

As for what's more hype than substance, I'd say the over-reliance on filler to "mimic" surgical results is one area of concern. While filler has a role, it can't truly lift or replace lost structure, and in some cases, overuse can distort the face or even delay the decision to pursue the more definitive solution—surgery. Similarly, not every energy-based device delivers on the promise of lifting; patients need to be educated on what these technologies can and can't do.

9) For someone considering facial plastic surgery for the first time, what advice would you give? What should patients focus on when doing their research?

First and foremost, look at the surgeon's credentials—are they board-certified specifically in facial plastic surgery? Do they specialize in the procedure you're considering? Beyond that, study their before-and-after photos. Do the results look natural and consistent across a wide range of patients? I also encourage patients to understand the philosophy behind the surgeon's work. Are they tailoring the procedure to the individual's anatomy, ethnicity, and aesthetic goals—or using a one-size-fits-all approach? And be wary of marketing buzzwords. Terms like "mini lift" or "scarless nose job" may sound appealing, but they can be misleading. The goal isn't the trendiest procedure—it's the *right* procedure, performed well.

10) For younger patients in their 20s and 30s who may not be ready for surgery yet, what non-surgical or preventative options do you typically recommend?

Here, the focus should be on prevention and maintenance. Medical-grade skincare, sun protection, and treatments like neuromodulators (Botox or Dysport) can help delay the signs of aging by preserving muscle balance and preventing deep lines from forming. I also recommend occasional collagen-stimulating treatments like light energy-based therapies—but the key is moderation. The goal isn't to chase perfection, but to support

your skin and facial structure so you're aging gracefully. But most importantly, start with a good baseline: hydration, sleep, nutrition, sunscreen…a commitment to healthy lifestyle habits goes a long way.

11) There's been a lot of promotion around energy-based devices like Ultherapy, Thermage, Sofwave, etc. What's your take on these technologies for non-surgical lifting?

Energy-based devices can be helpful for the right patient, but it's important to be realistic. These treatments work by stimulating collagen production and tightening the skin to a mild degree. For patients in their 30s or early 40s with early signs of laxity, they can offer very subtle improvement and may help delay the need for surgery. That said, they're not a substitute for a facelift—and they're not going to lift deeper structures like the SMAS layer or fat pads. I always emphasize that these are *maintenance* tools, not transformational ones. The best results come when we match the right technology to the right patient, with clear expectations in place.

12) Lastly, with so much information (and misinformation) online, it can be challenging for patients to vet a surgeon properly. What would you advise patients to look for when choosing a facial plastic surgeon?

Hands down, this is the most important part of the process.Outside of selecting a board-certified facial plastic surgeon, I always encourage patients to take the consultation process very seriously. No two surgeons are the same, so it's imperative to meet with a few and choose the one whose aesthetic values and surgical approach align with your expectations. This requires a considerable amount of time and research, but when you consider how many revision procedures I do for patients who are unsatisfied with the work of other surgeons (upwards of 50 percent!) it's time well spent.

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