

You can't prevent ageing, but who says you can't retain your youthful looks, asks cosmetic surgeon

"Growing old is inevitable; looking young is negotiable."

These "golden" words formed the crux of an interesting presentation on "Cosmetic Surgery" by a well-known practitioner of this artistic science at the last meeting.

But the mere existence of cosmetic surgery was no excuse to ignore another old dictum, viz., that "There is no substitute for a responsible lifestyle and exercise... (After all), if you look good, you feel good and live life well".

Dr. Mohan Thomas, while speaking at the last meeting on "Cosmetic surgery", provided a bird's-eye view of this vast but nascent branch of science, sought to dispel some popular misconceptions about it and provided information on a few new developments.

For example, MACS or Minimal Access Cranial Suspension (or mid-face lift), a procedure customised and pioneered by Dr. Thomas himself, which was less invasive, involved

tiny incisions, ensured concealment of scars and gave faster recovery.

He also touched on some of the "in" things, that is, "six-pack abs" and bariatric surgery; and, at the end, threw some light on the growing industry around "botox" and its properties.

Born and brought up in Bombay and holding several doctoral and post-doctoral degrees from the USA, Dr. Thomas did his MD at Pennsylvania and dentistry at NY State University. But he later changed course and took up cosmetic surgery.

In Bombay, he is the CEO of "The Cosmetic Surgery Institute" and is attached to Breach Candy, Cumballa Hill, Asian Heart Institute and other hospitals.

Apart from this, he is also Clinical Professor of Surgery at the Mount Sinai/New York University School of Medicine and a Visiting Scholar at the Mount Sinai Medical Center, New York.

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'If you look good, you feel good and live life well'. That was the message conveyed by Dr. Mohan Thomas, eminent cosmetic surgeon, while speaking at the last meeting

'Botox', the second most popular word after Viagra, has become synonymous with some form of rejuvenation; it's temporary, at best, but be wary of facial palsy

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On the other hand, tummy tuck or abdomenoplasty was required when the skin above or below the belly-button was loose because of excessive weight loss or post pregnancy. The result of this procedure was instant body shaping, with or without shifting of the belly-button; permanent pleasing results; and restoration of self-esteem and confidence.

Liposuction and abdomenoplasty could be done at the same time through a technique that gave better results – “a coke bottle look rather than a tight belt around your waist which is what most abdomenoplasties look like”. The scars disappeared with time.

Dr. Thomas then touched briefly on bariatric surgery, pointing out that a girl aged 24 who went for this procedure lost 60 kg. but ended up with an abdomen that looked far older and with “thighs hanging all over”. She was subjected to a tummy tuck, a laparo-abdomenoplasty and a thigh lift, all of which gave some form to her figure.

“When people do this sort of thing on their own, they go on a crash diet. It's a pretty sad thing. I don't know which is worse – is it the excessive weight or what you are left with that is worse? The bottom line is, even these people can be helped. You can go from a very loose, mellow look to a firm look, giving some sort of form to the figure.”

Dr. Thomas quickly ran through slides showing “before” and “after” pictures of patients who had undergone breast reduction, lifting or augmentation. As he put it, “If you have too much of it, it's a bad thing; if you don't have enough of it, that's also bad. And sooner or later, due to lactation and age there is some drooping”.

A three-in-one person. This young woman underwent a nose job, grafting of her upper lip plus a chin implant. The pictures tell the whole story



As for augmentation, a US FDA-approved cohesive gel implant was available and was being used, as opposed to the saline implants that were used earlier. These implants could be placed either behind the gland or behind the muscle, depending on the situation. There was no problem with lactation or pregnancy and the safety of this procedure had been demonstrated beyond a shadow of doubt.

Dr. Thomas concluded his presentation by saying that ear correction (for “bat ears”) and “butt” augmentation were the other procedures that were now available and routinely performed.

So were techniques to put fat into emaciated faces; lifting of acne scars (through FAMI, or fat autologous muscle injections); correction of jaw-line deficiencies and deformities; and fat-pad excision. In the last-mentioned, excess fat in the cheeks was removed through an incision made from inside the mouth, thus leaving no scars, he added.

Answering questions, Dr. Thomas told PP Arun Sanghi that the cost of the procedures he had described could not be generalised. They ranged from Rs. 50,000 to Rs. 90,000, depending upon the procedure and the place that it was being done at, whether in a hospital or in his own centre.

PP Kalpana Munshi wanted to know whether the corrections described were permanent in nature and whether the deformities returned. Did the patient once again put on weight?

Dr. Thomas said facial rejuvenation surgery (face lift) was good for five to ten years, depending on a person's lifestyle. After 40, changes in body weight showed in the face.



Another graphic presentation of the ageing process. The first picture is of a girl in her early 'twenties, while the one at right is the same person as she would look after 50

Facial rejuvenation surgery in a youthful patient was permanent. Liposuction was also permanent, but it was not a licence to eat beyond limits. “You can't say I had liposuction done and I am going to eat everything... because you are going to put on weight in other places.”

Tummy tucks, thigh lifts, butt lifts, hair transplants – all these were permanent. So was nose correction.

Finally, the million-dollar question: “What is botox treatment?” Here is the response of Dr. Thomas:

“Everybody uses this word. People walk in with a crooked nose and say, ‘Doctor, can I have botox?’ Botox has become the most popular word worldwide, second only to Viagra.

“Botox is a toxin, it's a botulescent toxin. (Its origins go back to) years ago, when children who were fed with canned food became very floppy and were called floppy babies. That was (the effect of) the botulescent toxin, a very potent toxin.

“Some years ago, a husband-wife team, one an ophthalmologist and the other a dermatologist, experimented with very weak forms of the toxin, processed it and found that it was very good for blephoro-spasms, or spasms in the eye.

“That was the ophthalmologist at work. The wife, who was a dermatologist, said what are those wrinkles – they are some form of a spasm. Why don't we try to use this in the management of wrinkles? And thus was born the cosmetic use of the toxin, which was promptly gobbled up by a pharmaceutical company.

“To answer the question, there are two uses of anything you buy – one is a labelled use and the other is an off-the-shelf use. ‘Labelled’ use means what the company recom-

mends it for... However, there are practitioners who say, if you can use it here, I can use it there because I have a licence to use it. The company cannot dictate what I can do.

“And there lies some of the bad outcome, such as facial palsy (which is temporary; six to eight months). The botox toxin works for eight to ten months. It's a temporary measure; if you have a lot of wrinkles and you have a party to attend, you can use it. It can help eradicate (wrinkles). It is safe, it is here to stay.

“People use the word botox almost synonymously with some form of rejuvenation or fighting the age clock. I saw an article that said, ‘Super botox may be here’. When I read it, what it really said was that scientists working on a breed of mice had been able to identify the ageing gene, the gene that caused ageing in rats.

“What I am trying to say is this, that it's a very catchy word... But if you walk away from here learning only this much... that it's meant for wrinkles, on the forehead, for crow's feet, that it is temporary, it lasts from six to eight weeks and it is safe, that's enough.

“How is it given? There is a tickle-down effect on the face. So it has to be injected in the right places. After it is injected, you have to sit up for four hours because if you lie down and the toxin trickles to some other area, it could even cause palsy of those areas.

“It can cause side-effects. But there is enough information to say that it is a safe drug. I have no reason to endorse the product. It's a good product,” Dr. Thomas concluded.

Dr. Percy Chibber introduced the guest speaker. The vote of thanks was proposed by Nelum Gidwani.

Do your work-outs, watch your diet, seek your doctor's help — and you can get your own 'six-pack abs'

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Dr. Thomas said one of the most common cosmetic procedures was rhytidectomy or face lift. It was necessary because of the facial ageing that came about because of the passage of time and which was often called a "gravitational disease".

But a face lift offered a person a youthful look, giving him/her an unbelievable amount of confidence to compete with younger co-workers. It arrested the ageing process and offered permanent results.

His own pioneering effort in this area, MACS, involved small incisions, ensuring concealment of scars; it was less invasive and gave faster recovery; it allowed for the possibility of add-on components and its results lasted a long time.

Cosmetic surgery was, more than anything else, the domain of "artistic" surgeons who, like sculptors when they saw a piece of driftwood, could visualise something infinitely better looking emerging from an object after they had laboured on it.

An important group of people that cosmetic surgery benefited was those with cleft lips and cleft noses. For them, cosmetic surgery was like manna from heaven. Their "stigmata" could be carefully removed without leaving any tell-tale marks by a skilful cosmetic surgeon.

Turning to liposuction, Dr. Thomas repeated that this was not a substitute for a poor lifestyle. Fortunately, the fat cells that were removed were not replaced. In other words, the results were permanent and the "loss" could be measured in inches and not in pounds.

"Having said that (it goes without saying that), if we remove any mass, there has got to be some weight in-

involved. However, to dangle this in front of people like a carrot, saying that this is a form of weight loss, would be sending the wrong message."

Dr. Thomas said body contouring surgery had to be accompanied by a lifestyle change, a dietary change and some exercise to maintain the results achieved. This, in turn, would ensure that the liposuction procedure yielded successful results.

Similarly, the new craze over acquiring "six-pack abs" involved a process called "body etching". It was a "joint venture" and the surgeon only "etched" the body; the real work was done by the person desirous of acquiring "six-pack abs". It was he who had to go and do his work-outs and watch his diet.

Which brought him to another recent craze — bariatric surgery.

"Bariatric surgery is probably a good thing for the right people for the right reasons, so long as you follow a protocol. What people don't tell you is that once the bariatric surgery is done, you are going to look like a little kid... wearing his father's shirt. It's hanging all over him.

"In short, everything that's up is going to be down. Your breasts are going to be down, your gut is going to be down, your "butt" (buttocks) is going to be down... It requires a lot of marvellous surgery... so that the tremendous amount of loose skin that is lying all over is draped around you to give you a good image."

According to Dr. Thomas, the latest addition in the field was the "gnius" technology. This was a non-surgical option for fat removal in which a beam of energy was used to break down the fat cells below the skin. It was not a substitute for lipo-

suction and worked best for spot reduction of fat.

Its safety had been proved in multi-centric studies and it was a walk-in-walk-out procedure requiring no anaesthesia or injections. The ideal location for performing this procedure was the abdomen, especially the "love handles" and "saddle bags".

Dr. Thomas started his presentation by listing some of the popular cosmetic procedures for women. These were: liposuction; tummy tuck; rhinoplasty; breast augmentation; laser skin resurfacing; chemical peel; blepharoplasty; facial rejuvenation surgery; chin augmentation; and hair restoration therapy.

Among men, the common procedures were hair restoration; liposuction; male breast reduction; blepharoplasty; rhinoplasty; and facial rejuvenation surgery.

Male breast reduction, in fact, had turned out to be a big boon for surgical management. In India, people tended to bare their chests; "those with a problem, who used to hide behind clothes", could now go for keyhole surgery for a permanent end to this problem.

He showed illustrations of patients "before" and "after" they had undergone MACS facial rejuvenation surgery. Interestingly, he had photographs of an Indian patient (normally, Indians did not consent to being "shown" by doctors).

Turning to blepharoplasty, or eyelid surgery, Dr. Thomas said the indications for this were eye bags, wrinkles, drooping eyelids and ageing. The surgery gave a younger and fresher look to the patient, reversed the ageing process and gave permanent results.

Even though the incisions for such surgery were made in the eyelids, the scars were generally not visible. And if they were operated in the initial stages, then the scars were sure to fade with time. With this surgery, a "tired look" could turn into a "well-rested look".

The crucial factor was going to the surgeon well in time. For then the surgeon would perform scarless blepharoplasty, done through a trans-conjunctival incision and with pleasing results.

As for rhinoplasty or nose surgery, Dr. Thomas said this was the most common procedure for men and women throughout the world. Every part of the nose could be altered and/or enhanced with permanent results.



A perfectly appropriate and proportionate pictorial depiction of cosmetic surgery and how an ageing face can be cosmetically transformed into a younger, fresher visage

"We try to establish a facial balance to give that confident feeling. Aesthetically, there is a relation between the forehead, the chin and the nose. What appeals to some is a good profile. These are the three areas that one looks at (forehead, chin and nose). I can say from experience that if you feel confident about your nose, you feel confident about yourself."

In one case, a woman with a bump on her nose was subjected to a few other procedures, viz., downsizing of the nose, permanent grafting of the upper lip with her own tissues and a chin implant. This was suggested because it was clear that merely removing the bump on her nose would not make a difference. After the procedure, the woman felt totally transformed and more confident.

A woman physician from North India who visited him did not want her face done (as Dr. Thomas thought at first). Instead, she wanted her nose done — so that she could rest her glasses on her nose.

Yet another girl had her nose done six times by six different people, but ultimately she landed up with a humungous protuberance. Finally, she had her nose downsized and gained confidence.

Dr. Thomas then showed a series of slides of what he called "big" women, or "big-boned girls with tyres" to be removed. In most cases, liposuction was employed, sometimes along with abdomenoplasty.

In liposuction, fat cells were removed through tiny holes in the skin. In one case, a woman had 9.5 litres of fat/fluid removed at one sitting. It made a huge difference.

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Technical, yes; but certainly not telltale. Dr. Mohan Thomas, like a true professional, did not make any sensational revelations even when answering questions