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ISSUE 1: LAUNCH ISSUE

LAUNCH ISSUE

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LIPOSUCTION NOW & THEN

LIPOSUCTION HAS LONG BEEN ONE OF THE TOP COSMETIC SURGERY PROCEDURES. WE LOOK AT HOW TECHNIQUES HAVE EVOLVED TO MAKE THE PROCEDURE QUICKER AND SAFER AND ASK WHAT IMPACT THE INTRODUCTION OF LESS INVASIVE LASER AND ULTRASOUND-ASSISTED PROCEDURES HAS HAD ON THE MARKET

Liposuction has traditionally been one of the most popular cosmetic surgery procedures, especially in the States where it has ranked number one in the American Society for Aesthetic Plastic Surgery's (ASAPS) statistics almost every year. Its popularity also seemed to be on the rise in the UK with The British Association of Aesthetic Plastic Surgeons (BAAPS) reporting an 18% increase in liposuction for men, as well as a 15% increase in the number of women undergoing the treatment in 2007, however last year the statistics from both countries told a different story.

While other cosmetic surgery procedures in the UK had seen a slight increase on the previous year, the downturn in the number of liposuction procedures being performed was significant (29%). Across the Atlantic the procedure was also knocked off the top spot for the first time in the ASAPS history. But is this just because the global credit crunch is making consumers more cautious with their cash and encouraging them to hold off on more dramatic surgical procedures or has the influx of non-surgical liposuction techniques had an impact on the market?

A BRIEF HISTORY

Liposuction has been used to remove stubborn areas of fat from the body in order to enhance aesthetic appearance since the 1970s, when it was first used by Italian gynaecologist Dr Giorgio Fisher. The procedure soon became popular in France and the States in the early 1980s, but the techniques used carried high risks and even lead to the death of some patients. However in the mid 80s the introduction of a technique using tumescent anaesthesia by Californian dermatologist Dr Jeffrey Klein made liposuction a much safer and more viable option for people wanting to get rid of excess fat that was resistant to diet and exercise.

Surgeon Bryan Mayou, who first introduced the technique to the UK, remembers, "Liposuction was something that I was aware they were using in Paris. I went over to find out what it was and was very impressed. I have used it ever since."

In recent years additional improvements in technique have further increased the success of this treatment, enabling it to be done in outpatient clinics and under local anaesthetic.

"In 1986 I attended a symposium in LA at which there was a talk on liposuction under local anaesthetic", says Dr Alan Kingdon. "Until then it had been thought that the amount of local anaesthetic necessary to do liposuction would be toxic, but they showed that a dilute solution could be used quite safely. In order to distinguish it from the original liposuction the technique was referred to as 'liposculpture'. I have performed many thousands of cases in this way without there ever being any adverse incident."

The use of finer instruments has also enabled surgeons to have more control and has lessened the risk of post-surgical 'lumps and bumps'.

"Years ago the suction cannulas used for liposuction were really big so you didn't have much control over the amount of fat you were removing", explains Dr Kingdon. "If you remove too much fat you can get depressions on the skin, but this problem has been alleviated by the introduction of finer instruments."

BEFORE



A patient with excess fat on her arms before treatment (courtesy of Mr Chris Ingfield, London Bridge Plastic Surgery)



Before liposuction on the thighs (courtesy of Mr Chris Ingfield, London Bridge Plastic Surgery)



Before liposuction on the inner thighs (courtesy of Mr Chris Ingfield, London Bridge Plastic Surgery)



Before liposuction on the neck (courtesy of Mr Bryan Mayou)

AFTER



Three months after liposuction (courtesy of Mr Chris Ingfield, London Bridge Plastic Surgery)



Three months after five litres of fat were removed with liposuction (courtesy of Mr Chris Ingfield, London Bridge Plastic Surgery)



Three months after liposuction to the inner thighs (courtesy of Mr Chris Ingfield, London Bridge Plastic Surgery)



After liposuction on the neck (courtesy of Mr Bryan Mayou)

LIPOSCUCTION TECHNIQUES

There are a variety of techniques favoured by different surgeons. All involve an incision being made into the skin and a tube or cannula being inserted to facilitate the removal of the fat. This can either be removed by suction or via a large syringe.

FLUID INJECTION

A fluid containing lidocaine and adrenaline is injected into the fatty areas before liposuction is performed. This helps reduce blood loss and bruising and enables the surgeon to remove the fat more easily. The local anaesthetic means less downtime for the patient and reduces any pain or discomfort they may feel during treatment.

TUMESCENT LIPOSCUCTION

Large amounts of fluid are injected into the fat before the liposuction is performed. The amount of fluid used can be up to three times more than the amount of fat that is being removed. This technique can take a lot longer than other forms of liposuction, but enables the procedure to be done under local rather than general anaesthetic.

THE SUPER-WET TECHNIQUE

Similar to the tumescent technique, this technique uses less fluid and can be carried out in less time. It can be performed under a sedative or via a general anaesthetic.

BODY JET LIPOSCUCTION

A fluid containing lidocaine and epinephrine, to constrict the vessels and reduce bleeding and bruising, is instilled into the areas via cannulas specifically designed to simultaneously gently suck out the fat while it is broken apart with the high-pressure spray.

This water-jet process makes the removal of the fat easier with less destruction of the surrounding tissues.

'NON-SURGICAL' OPTIONS

In recent years the introduction of so-called 'non-surgical' alternatives to liposuction has undoubtedly seen the fat reduction market change direction.

In 2006 Deka introduced Smartlipo to the UK. The treatment caused a media storm and was dubbed 'lunchtime lipo' in the press. The advent of laser lipolysis enabled non-surgically trained practitioners, such as cosmetic doctors, to start performing fat reducing treatments in their clinics under local anaesthetic, offering patients an alternative to more invasive surgical liposuction for the first time.

"The whole industry is moving toward treatments that are safer, have less downtime, are more convenient for patients and don't involve overnight stays in hospitals or general anaesthetic", says Dr Ravi Jain. "With new technologies most people can now be treated with some form of lipo without having to go through prolonged downtime. That's really good for the patient."

Laser lipolysis was touted as a revolution, it worked by using laser energy (delivered by inserting a fibre-optic probe under the skin) to break up and liquefy the fat cells. The liquefied fat was left to be naturally eliminated by the body but it soon became apparent that, without aspiration, the results were not good enough for many patients.

"A lot of Smartlipo users were generally very dissatisfied", said Dr Jain. "Without aspiration it was virtually ineffective and we were getting a lot of unhappy patients which consumed a lot of time."

Mr Mayou agrees but believes the introduction of aspiration, as well as the emergence of more sophisticated systems, has made laser lipolysis a viable option for many patients. "Unfortunately the original Smartlipo didn't do very much", he says. "However the Smartlipo MPX (Cynosure) is much more powerful and has an extra laser in it to simultaneously tighten the skin. You can't get as much fat out as you can with surgery but for smaller areas and certain patients it can be very good."

VASER DAYS

Recently it has been Vaser that has been causing a stir in the liposuction arena. Launched in the US in 2002, the product uses ultrasound to break up fat cells.

This concept is nothing new, Ultrasound – Assisted Lipoplasty (UAL) had been used in surgery for years however, although some surgeons favoured the technique for areas such as the back, where the fatty tissue is more fibrous, or as a secondary procedure to refine results after the initial liposuction procedure, it had never really took off as a surgical technique and there were concerns over the development of skin necrosis in patients. The Vaser technique differs from traditional UAL procedures however. Using a patented device/probe, which delivers ultrasound energy from all sides, as well as from the tip, it allows the practitioner to sculpt more precisely. This also means that there is less risk of damaging the surrounding structures, such as blood vessels or nerves, as with traditional UAL.

Like many forms of surgical liposuction, a saline solution containing adrenaline and lidocaine is also introduced through a small incision in order to numb the area and loosen up the fatty tissue before the fat is liquefied and sucked out.

Dr Jain is a big fan. "We got the Vaser in February and since then I have been doing three or four a

week", he says. "It provides great results for patients thighs, tummies and love handles - pretty much all over. It is quite a wet procedure and can be uncomfortable but is very well tolerated. Patients can get swelling for few days or even weeks but the downtime is a lot less than with liposuction."

But can these less invasive machine-assisted procedures ever be as good as surgical liposuction?

"All the techniques available have their advantages", says Mr Mayou. "I believe, as a surgeon, you will get the best results when you have a variety of techniques at hand so you can chose what is appropriate for individual patients. Although I favour certain methods other surgeons will get better results with different methods – there is no right or wrong way. I believe laser lipolysis can give excellent results for smaller areas in the right patient. If you want to do bigger areas however, more conventional liposuction may be more appropriate. While I prefer to do it under local anaesthetic when possible, I don't think people should rule out doing it under general anaesthetic. The advantage of general anaesthetic is you know it is not going to be painful and, as a surgeon, you do not feel as inhibited as when someone is awake and you think you may be hurting them."

Plastic surgeon Rajiv Grover agrees, "All of these procedures can be good or bad depending

on whether they are in the right hands or not. Someone could be doing laser or Vaser procedures and get good results, similarly a surgeon who is experienced in traditional liposuction techniques can get good results, but anybody who is inexperienced or pushes the recommended boundaries could run into trouble."

Mr Grover also has his own theories as to why liposuction has seen a bit of a decline. "Undoubtedly these sort of procedures which offer less downtime have had an impact on surgical liposuction, but I think there are a number of factors that have played a part. "People's decision to have any kind of body contouring procedure is often influenced by what is in the media about body size and body image. Last year we saw a bit of a backlash to the whole size zero trend as well as programmes such as *How to Look Good Naked* and the Dove advertising campaign promoting healthier body image. There is also a lot of research coming out now about preserving weight as you age to keep fat in your face.

"This isn't just a freak statistic. Liposuction has been the top procedure in the US since ASAPS started compiling their stats for the first time ever this year it wasn't number one. I think more people are either going to the gym or eating healthily to reduce their weight or going for more non-surgical procedures with less downtime."

BEFORE



Before Vaser treatment to the thighs (courtesy of Dr Ravi Jain, Riverbanks Clinic)



Side profile of an abdomen before Vaser treatment (courtesy of Dr Ravi Jain, Riverbanks Clinic)



Before Vaser contouring on the stomach area (courtesy of Dr Ravi Jain, Riverbanks Clinic)

AFTER



After Vaser (courtesy of Dr Ravi Jain, Riverbanks Clinic)



After Vaser (courtesy of Dr Ravi Jain, Riverbanks Clinic)



After Vaser treatment to the abdomen (courtesy of Dr Ravi Jain, Riverbanks Clinic)