The Flawless Facelift

AESTHETIC TRENDS HAD THE PRIVILEGE OF INTERVIEWING DR. SAM HAMRA OF DALLAS, TEXAS TO FURTHER UNDERSTAND AND SHARE HIS PHILOSOPHY REGARDING TECHNIQUE AND PATIENT CARE

By Cindy L. Vandruff, MBA, Editor in Chief

Today's prevailing facelift surgery trend is to perform small facial rejuvenation procedures independently. While traditional facelift surgery may seem convenient because it results in minimal downtime, its weakness is that it fails to address the aging face as a whole. This can lead to a swept back, "facelifted" appearance, and a hollow area below the eyes.

The Composite Facelift, developed by Sam T. Hamra, M.D. (located in Dallas, TX), is an innovative approach to facial rejuvenation that addresses the problems associated with a conventional facelift. Unlike the traditional facelift, the Composite Facelift is ideal for restoring facial harmony to the entire face. Dr. Hamra combines his facelift techniques with a unique cosmetic eyelid surgery procedure to produce a more youthful appearance without the telltale signs of a traditional facelift.

In your opinion what are the key components to a flawless facelift?

DR. HAMRA The key component to a flawless facelift is the absolute harmonious appearance of the face following the surgery. Every part of the aging face should be rejuvenated. The desired endpoints are well known and considered youthful. One may also say that a key component is absolutely the absence of signs of surgery.

What percentage of your patients come from other physicians who require your assistance to help correct an unfavorable outcome?

DR. HAMRA The percentage of my patients who come to me for a secondary facelift to help correct an unfavorable is between 50% and 60%.

How do you consult your patients to deliver an optimal result?

DR. HAMRA At the time of consultation I examine the patients, and I show them a 20- or 30-minute PowerPoint presentation which highlights the anatomy of aging that they may have and how it compares to the many before and after photos of other patients I have done. I think the visual explanation with the PowerPoint presentation has been helpful to explain very clearly to patients what I think they should expect as the optimal result.

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Do you have specific procedures that you have created yourself?

DR. HAMRA There are several original procedures that have been originated and published by me. In 1990, I published the Deep Plane facelift, which was the first time that the fat of the cheek had been mobilized with the facelift tissue. A year later, I joined this procedure with the inclusion of the orbicularis oculi muscle; and this became the Composite Facelift.

In 1995, I was the first to utilize all of the fat of the lower eyelid, which was called an Arcus Marginalis Release and which later became the Septal Reset procedure, an original procedure published both in 1998 and 2004. This allowed the tissue of the lower eye that covers the fat of the lower eyelid to be used and spread over the orbital bone to prevent the appearance of hollow eyes and create a very youthful-looking lower eyelid.

The Composite Facelift as it stands today is a combination of several procedures which are original such as the Septal Reset and a procedure called the Zygomaticus-Orbicularis Flap published in 1998, which elevates the cheek fat in a vertical direction.

How do you determine what is the best procedure for each of your patients?

DR. HAMRA Each patient, depending on his or her age, will have a varying degree of aging. Frequently, a patient who is 38 or 40 years old would simply need an upper eyelid procedure and perhaps just a cheeklift since the jawline and neckline are still very good. On the other hand, a patient who has aging of the complete face, usually by the age of 45, would be a candidate for a complete procedure such as the Composite Facelift. Naturally the rate of the progression of aging varies with every individual.

Have you seen a shift in particular procedures due to the down economy and discretionary spending? If so, which procedures are your patients requesting now vs. then?

DR. HAMRA There is no question that with the down economy all plastic surgery has been impacted as it is with any luxury item. Adding to that is the fact that many physicians who are not plastic surgeons are also doing cosmetic procedures because of the lower income that resulted with managed care as well as overproduction of doctors in some major cities.

Another element is the ability of large companies to advertise on a national basis for non-invasive procedures such as injections and BOTOX®, which

creates a demand for procedures for patients who are not really familiar with what these procedures do. Usually when patients come to my office, they are aware from my secretaries or my website or other patients that I do a complete procedure called a Composite Facelift.

It is rare that I have a patient requesting just a small mini lift. On the other hand, there are now patients with more knowledge due to the popularity of plastic surgery and the ability to gain knowledge with the internet. Patients do request injections as well as BOTOX® and I do both procedures because they are certainly complimentary, although they are not a substitute for facelift techniques.

What are the top three procedures which your patient base requests?

DR. HAMRA The primary procedure is a facelift. I do all types of cosmetic surgery; but since I have a facelift practice, the same patient population has the body changes of natural aging and childbirth. Therefore, the abdominalplasty is the second most requested, and various breast procedures like breast lifts and breast reductions are a close third.

How do you approach your patients with the psychology behind why patients elect plastic surgery?

DR. HAMRA In cities such as Dallas, which is very sophisticated, I find that the patients I see are very knowledgeable about plastic surgery. It is rare today to find a patient who brings a picture of Elizabeth Taylor to the office, which is what is said to have happened 30 or 40 years ago.

The psychology behind patients who seek plastic surgery is the same psychology behind anyone who has self-pride and wants to appear as attractive as possible. This has been done for centuries with makeup and various clothes and costumes. It is only in this day of technology that the same desires of humans to look more attractive and a bit younger can now be fulfilled with surgical procedures that deliver impressive results.

I am convinced that if facelifts could have been performed 500 years ago, they would have been done because the desire was there. One has to remember that in the year 1900 the average American life span was 48; and today it is well over 70, which means that throughout history, very few patients were aging to the point where they ever would have been candidates for surgical procedures.

What do you consider to be "reasonable expectations" for your patients, and how do you convey this during the process of planning a procedure?

DR. HAMRA This goes back to the consultation that I described earlier in which the PowerPoint presentation is shown to each patient so that they will know exactly what to expect. For example, the positions of the incisions should be well described in PowerPoint as well as the height of the forehead, the size of the earlobes, and all aspects of the facial changes that one would anticipate.

One can easily see from the patient's skin type or age that certain parts of the face, no matter what technique is done, may not be optimal due to skin tone or excessive wrinkling; and this must be conveyed to the patient so that after surgery the shortcomings of some facelift procedures will be expected.

How do you feel about the extreme makeover craze, and what would you suggest to other aesthetic physicians when interacting with new patients?

DR. HAMRA I think the marketing today, which is impossible to control, has given rise to a pre-occupation with plastic surgery which may or may not be a substitute for patients who are unrealistic or may have different goals. The patient population varies in different parts of the country and in different parts of the metropolitan areas.

In the suburbs, the requests from the younger population may be different than in cities that have older, more affluent populations. From what I have seen in the last few years, the extreme makeover craze has come and gone with the television show Extreme Makeover. One needs to be on the lookout for the unreasonable patient.

On the other hand, I have many patients who have

abdominal procedures, rhinoplasty, breast procedures, and ultimately the facelift since all parts of the body, including the face, lend themselves to improvement during the normal aging process. Most women who have undergone childbirth will see changes in the body. If the procedures considered are reasonable, the results are fairly predictable and the surgery is done in a safe setting, then it would all make sense.

There are so many patients that I know well who now have well shaped bodies and youthful faces with no stigmata of previous surgery. It is difficult for me to make suggestions for other aesthetic surgeons, as all plastic surgeons have individual styles when interacting with new patients. They also have different views than mine as to the goals and types of facelifts and other techniques. Hopefully most surgeons are aware of limitations and in most cases only do procedures they are comfortable doing in settings that dictate the limit of surgery.

For example, it would be difficult in an office surgery setting to send a patient home that night after a breast reduction plus a facelift, although this combination is easily done in a hospital setting. Among the surgeons that I know who are certified by the American Board of Plastic Surgery, I have seen very few cases of bad judgment as their training and exposure at our meetings strongly emphasize safety and good judgment. ATI

About the Author

Dr. Sam Hamra attended medical school and completed his internship and general surgery residency at the University of Oklahoma. His residency included a Fellowship at the University of Lausanne in Switzerland. Dr. Hamra completed his formal training with a Plastic Surgery Residency at New York University Medical Center's prestigious Institute of Reconstructive and Plastic Surgery. Upon entering private practice, Dr. Sam Hamra was introduced to the original SMAS technique developed by Professor Tord Skoog of Sweden. In 1973 he and his associate, Dr. Mark Lemmon, were the first Americans to adopt this technique. Their award-winning work was published in 1980.

Dr. Hamra was the first to introduce the inclusion of cheek fat (malar fat) to the facelift, which was published as the Deep Plane Facelift in 1990. He was the first to include the orbicularis muscle of the lower eyelid in the Deep Plane Facelift, which became the Composite Facelift. He is also credited for originating the arcus marginalis release and septal reset. These techniques preserve eyelid fat and use the fat to cover the orbital bone. Today, these operations are performed worldwide. The Composite Facelift was further modified and refined to its present state several years ago. Dr. Hamra's published description of the "hollow eye and lateral sweep" is the first article in medical literature to define these facelift problems and to instruct surgeons on how these problems can be corrected. Visit Dr. Hamra on the worldwide web: www.drhamra.com.