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'MY FAVORITE LASER'

CBD IN SKINCARE

AestheticAuthority.com

Dr. Randy Waldman

a facial plastic surgeon in Lexington, Ky.




Strength & Success in Our Specialty

Everything is around the corner and I sense that there is a true sense of optimism in the air among both colleagues and patients. Just like the stock market and real estate market, most of our practices seem to have made up most, if not all, of the ground we lost during the mandatory shut down. It seems as if it should have been just the opposite, if we believed in the “sky is falling” narrative espoused by much of the country’s mainstream media. Reality is reality and many of us have been through major slowdowns in both the 80s and 90s and post 9/11, as well as the housing bubble collapse. The effect on our practices mirrored the fear of those times, but not this time around!

So what is the difference? Surely high unemployment and increasing reliance on government bailouts would put all of our patients on the sidelines and tank the various markets. However, it is clear that the fear mongers have not prevailed and most of us in medicine can see a light at the end of this dark pandemic tunnel. Our practices are often bellwethers of what is perhaps around the corner.

Most of us refused to be frightened to the sidelines and returned to work as soon as the government allowed us to reopen our doors. Not only did we open our doors, but we provided a beacon of light and hope to our patients. We did things the right way. Yes, we masked up, socially distanced, washed our hands a hundred times a day, geared up with PPE, provided leadership for our respective staff members, and reassurance for our loyal patients. We should be very proud of how we all reacted amid this crisis, and together we have strengthened our specialty.

There will still be bumps in the road. The winter will still offer confusion. We are not out of the woods yet, but the light is shining in through the tall trees. We have confidence that Operation Warp Speed will produce an effective vaccine and then we will meet the next challenge of getting this vaccine to hundreds of millions of patients around the globe. We are also confident that our brightest minds will also come up with additional therapeutics that will reduce the veracity of this horrible disease.

Meanwhile, we will keep doing what we are doing. The “new norm” is not necessarily going away immediately, but hopefully we will start seeing normalcy return to our lives within months, not years. Between colds, influenza, and COVID-19 infections, hospital beds may once again be filled. However, let’s all be proud that our profession has not succumbed to fear and instead has chosen to restore as much normalcy as possible and set the example for others to follow. I feel proud every time I see a sign that says, “heroes work here.” Our profession has avoided the politics and done what we have always done and that is take care of patients. 

editorial

Vice President, Content
Colleen Hall | chall@mjlifesciences.com 856.304.6884

Managing Editor
Mary Scoviak | mscoviak@mjlifesciences.com 609.716.7777

Editor
Eliza Cabana | ecabana@mjlifesciences.com 440.891.2671

Associate Editor
Katie Hobbins | khobbins@mjlifesciences.com 440.826.2805

Medical Advisor
Randolph Waldman, M.D.

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Executive Vice President
Brian Haug | bhaug@mmhgroup.com 609.325.4780

Group Publisher, Specialty Healthcare
Aviva Belsky | abelsky@mjlifesciences.com 752.346.3044

National Accounts Manager
Jacy DiZenzo | jdzenzo@mmhgroup.com 609.955.4581

Account Manager, Recruitment Advertising
Joanna Shippoli | jshippoli@mjlifesciences.com 440.891.2615

Permissions
Alexa Rockenstein | arockenstein@mjlifesciences.com

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If you're doing this procedure on someone who doesn't have a wide enough nasal base, then you're not going to get the type of lifting of the lip that you'd like to get.

Randolph Waldman, MD, Lexington, Ky.



The Lip lift: It's Back

RLISETTE HILTONandolph Waldman, MD, has been performing the subnasal lip lift for three decades, but only in the last few years has demand for the procedure really taken hold.

Part of the recent uptick in demand is increased consumer awareness driven by media coverage, including a piece in 2018 in *Allure* touting the procedure as a possible replacement for fillers, according to Dr. Waldman, a facial plastic and reconstructive surgeon based in Lexington, Ky, and medical advisor for *Aesthetic Authority*.

New York City-based dermatologist and dermatologic surgeon Michelle Henry, MD, agrees that more of today's patients are opting for the lip lift and social media is helping to fuel requests at her practice.

"Social media has helped to normalize the procedure and many patients are now understanding that it might be a viable option," Dr. Henry says.

The subnasal lip lift rejuvenates the upper lip by shortening the philtrum and the "white portion" or cutaneous aspect of the upper lip, thus, creating more of a diamond-shape to the upper lip complex, according to Dr. Waldman.

"The typical candidate is beyond 50 years of age. That person has an extended distance between the base of their nose and the top of the red portion of the upper lip," Dr. Waldman says. "The person usually will have more of a horizontal shape to the upper and lower lip, instead of the more desirable diamond shape, and often will have loss of the philtrum or cupid's bow architecture to the upper lip."



Dr. Randolph Waldman

Lexington, Ky.

Often with time and gravity, the distance between the nose and upper lip increases to beyond 1.5 cm, which tends to be less aesthetically desirable. The lip also loses curvature as it stretches. Physicians treating these patients might notice the lip is more vertical, instead of having some concavity, when they look at the patient from a side view, Dr. Waldman says.

Properly selected patients not only should have the right nasal base-to-lip width ratio but also have a nostril sill, which is a ridge of skin below the nostril that makes it much easier to hide the incision.

“Generally, a person has to have a wide enough nasal base to hide the incision,” Dr. Waldman says. “The lip is lifted up toward the nose, so if you have a real narrow nose, you’re only getting the central part of the lip lifted. That never looks as good as results [do] on somebody with a wider nasal base.”

Dr. Henry warns that increased popularity of the subnasal lip lift has resulted in the procedure being marketed to the wrong patients.

“Young patients without excessive upper cutaneous lip tissue that have good incisal show when the lips are in repose and adequate gingival show with smiling, who are only seeking increased lip volume, are not ideal candidates in my mind,” she says. “They can often have very visible scarring and unnatural appearance when the upper cutaneous lip is excessively shortened.”

There’s a lot that hasn’t changed about performing a subnasal lip lift, which involves carving a wedge of skin just below the nostrils to raise the vermilion border.

But there are nuances and lessons learned that can help physicians achieve optimal aesthetic results, according to Dr. Waldman.

“Most of us that do this procedure with any regularity recognize that you have to be fairly aggressive—maybe even

slightly over correct—to get the type of result that you want,” he says. “We’re removing perhaps one-third and in some extreme cases up to even 40% of the white portion of the upper lip.”

Dr. Waldman says deep sutures in the subnasal lip lift seem prone to splitting.

“We really use only a minimal number of deeper sutures and use very small sutures. Many times, we’ll use a suture as small as a 7-0 to close the skin,” Dr. Waldman says.

To avoid hatch marking the wound, especially in patients of color, Dr. Henry uses subcuticular epidermal sutures when possible.


Importantly, doctors need to closely monitor lip lift patient healing. Incisions, for example, can become thick, which can be treated early on with steroid injections, according to Dr. Waldman.

When performing a subnasal lip lift, Dr. Waldman might also perform a lower lip vermilion advancement in which he advances the mucosa by excising a little white tissue below the red tissue of the lower lip. He pulls the lower lip to advance it forward, creating more of a vermilion show of the lower lip.

“We don’t want the upper lip to be dominant. We have to think about the lower lip, whether we’re injecting it or by performing a lower lip vermilion advancement,” he says. “Sometimes, we’ll do injectable fillers in the lower and maybe even the upper lip to give it a little more shape.”

Fillers, however, are not used until a month or two after surgery, Dr. Waldman points out.

Dr. Waldman predicts the subnasal lip lift will become more mainstream.

“You can do facelifts and forehead lifts and blepharoplasty and make somebody look really good. But if the perioral region looks old, then we’ve only done 90% of the rejuvenation and maybe even 80%. The perioral region can date someone, so we have to recognize it’s an area that many times should be addressed,” Dr. Waldman says. 



Patient shown before, immediately after, and 1-week post subnasal lip lift.

Photos courtesy Dr. Michelle Henry.