Cosmetic Surgery Goes Ethnic
Shifts in Culture And Treatments Attract Minorities
By Sandra G. Boodman
Washington Post Staff Writer
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The advertising slogan is a sly double entendre: Washington's Cultura Medical Spa bills itself as "a place where it's appropriate to treat people based on the color of their skin."

Founded six years ago by two African American physicians -- cosmetic dermatologist Eliot F. Battle Jr., an expert in laser treatments, and Monte O. Harris, a board-certified otolaryngologist who specializes in rhinoplasty and other facial plastic surgery -- two-thirds of the center's patients are nonwhite, many of them black women who in increasing numbers are seeking such procedures as nose jobs and laser hair removal that until recently were largely the province of well-heeled white women. Many of these patients, doctors say, are also seeking treatments that seek to enhance -- not obscure -- their racial or ethnic characteristics.

Although white women continue to dominate the ranks of cosmetic medicine, the number of black, Hispanic and Asian patients has escalated dramatically in the past five years, according to officials at the American Society of Plastic Surgeons (ASPS) and the American Society of Aesthetic Plastic Surgery.

Experts say the growth reflects increased acceptance of such procedures within these groups, greater economic clout and larger numbers of minority specialists whom many ethnic patients regard as more attuned to their needs.

In 2002, according to statistics compiled by the ASPS, minorities accounted for 16 percent of plastic surgery patients. Four years later minorities accounted for 23 percent of patients.

The rise in the number of ethnic patients is noticeable in Washington, cosmetic surgeons say, because of its diverse population and high levels of disposable income in some minority groups.

Doctors in such cities as Baltimore, Chicago and Philadelphia -- places which, like Washington, are not considered hotbeds of plastic surgery -- are reporting similar increases. In the past few years, Chicago's Northwestern University opened a Center for Ethnic Skin, while Henry Ford Hospital in Detroit launched a Multicultural Dermatology Clinic.
Surgeons say that minority women request many of the same procedures as whites, but there are some differences. Surgery to create a crease in the eyelid to give the eye a more open look is popular among Asian American women, while breast reduction, virtually the only cosmetic procedure that may be covered by insurance because it is usually considered functional, is popular among African Americans.

Pioneering Techniques

Some patients say minority physicians are more sensitive to their aesthetic concerns and have greater skill treating darker skin, which is more prone to scarring and pigment changes than white skin.

"I was looking for a doctor with a laser background" who was experienced with African American skin, said Miriam Rudder, 50, a Cultura patient since 2001, when she underwent laser hair removal on her underarms. "I didn't want to get burned."

Ten years ago, nonwhite women -- and whites with a suntan -- were warned that they risked permanent scarring if they underwent laser hair removal as Rudder did, cosmetic dermatologists say.

In those days, Battle said, there were few cosmetic options available to women of color. Mostly "what we could offer was a bleaching cream and Cetaphil," Battle said, referring to a skin cleanser often recommended by dermatologists to patients of all races. (Bleaching cream is used to even skin tone and minimize the appearance of dark patches.)

Battle, 50, left a career in international marketing at IBM when he was 34 to enter medicine. A graduate of Howard University and its medical school, he completed a laser dermatology fellowship at Harvard Medical School and displays an evangelical fervor about ethnic skin care. While at Harvard he helped develop laser treatments now widely used to treat dark skin.

First-generation lasers, he recalls, were designed for light skin and dark hair -- and the risks of scarring dark or tanned skin were well-known. But the newer lasers that he helped pioneer mean "I can treat the darkest African and Indian skin safely."

Celebrity Clientele

Equal parts glossy retail cosmetics counter, candle-scented day spa and white-coated medical practice with a stable of 30 lasers, Cultura treats about 85 patients six days a week.
They include former Miss America Ericka Dunlap, who flies in from Nashville for treatments of acne flare-ups and other skin care; tennis stars Venus and Serena Williams; and basketball stars Patrick Ewing and Alonzo Mourning. Some patients have come from as far as Turkey, Iran and Brazil.

"This place is a mini-U.N.," Battle said, referring to its clientele and staff.

The growing acceptance of cosmetic procedures reflects a change in attitude, particularly in the black community, surgeons say.

Until about five years ago, said Chicago plastic surgeon Julius W. Few, cosmetic surgery was typically regarded as worse than frivolous in the African American community -- and often associated with the race-effacing look of Michael Jackson.

"There really was a sense of taboo, that if you were looking at plastic surgery you were seen as being ashamed of your ethnicity," noted Few, an associate professor of surgery at Northwestern. "I've seen a tremendous swing."

Many patients, he said, flatly tell him they don't want to "look white. Most people want to preserve their original look," while making subtle changes.

"There are indeed cultural differences," observed Baltimore plastic surgeon Ricardo Rodriguez, chief of plastic surgery at Greater Baltimore Medical Center.

White women favor a thinner silhouette, Rodriguez said, "while Hispanic and African American women want to be more curvy."

Even the terminology differs: Whites often disparagingly refer to their "saddlebags" -- fat deposits on the lower hip and upper thigh -- while black and Latina women "never use that word," Rodriguez said. They call them "thighs" and rarely request liposuction there.

Bahman Teimourian of Bethesda, a clinical professor of plastic surgery at Georgetown University School of Medicine, said it behooves surgeons of all races to be knowledgeable about cultural standards.

A chin that might be considered weak by traditional American standards and a candidate for plastic surgery, Teimourian said, is seen as beautiful among people from the Middle East, where a small chin is regarded as a desirable sign of femininity.

Recently Teimourian said he repaired the nose of an African American patient who was unhappy with the "very Caucasian nose" a previous surgeon had given her. Teimourian said he removed some cartilage from behind the woman's ear to reshape her nose to better fit her features.
Moving beyond "Eurocentric" notions of beauty has been integral to Cultura's success and is central to its philosophy, said Harris, 40, a graduate of Case Western Reserve University School of Medicine who trained at the University of Michigan.

"Half the world's going to be brown-skinned by 2050," he noted. "We're not going to close our eyes to all those patients."

Similarly, he said, Cultura has been catering to men, who account for about 10 percent of its clients. Many have been sent by wives or girlfriends for "beard management" and treatment of ingrown hairs.

**Who's to Know?**

Eric Ellerbee, 44, a UPS driver who for years has made regular deliveries to Cultura, is among its male patients.

Last fall, he received complimentary injections of Restalyne, a cosmetic filler, to soften the lines that run from the side of his nose to the corner of his mouth and are among the first signs of facial aging.

"I didn't even tell my wife I'd had it done," said Ellerbee, who lives in Largo. "I wanted to see if she noticed." (She did and was impressed, he said.)

But a 47-year-old African American nurse who lives in Millersville said she would never tell her mother and sisters about the collagen injections, facelift, tummy tuck and breast implants she received from Rodriguez, which cost her $21,000.

"My mother says, 'You look different,' but I would not tell her -- she would not be accepting," said the woman, who did not allow her name to be used. "My husband and children know, and they're fine with it."

Ellerbee said he's so pleased with the results that he keeps "before" and "after" pictures of himself on his cellphone.

"Everyone wants to age gracefully," he said, adding that Restalyne didn't hurt nearly as much as the tattoo he got years earlier.

"If you can do something that would make you look better -- why not?"
Wound Healing May Be Promoted Using Gel Derived From A Patient's Own Blood

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A preliminary study suggests that topical application of a gel made from platelets in healthy individuals' own blood may help wounds heal more quickly and completely, according to a report in the May/June issue of *Archives of Facial Plastic Surgery*, one of the JAMA/Archives journals.

Recent innovations have led to devices that can process blood into a concentrated plasma rich in platelets (particles important for blood clotting), and then to an autologous (from the patient's own body) platelet gel, according to background information in the article. This gel is currently used in surgery to improve healing, but its clinical application remains controversial.

David B. Hom, M.D., then of the University of Minnesota School of Medicine and Hennepin County Medical Center, Minneapolis, and now at the University of Cincinnati College of Medicine, and colleagues assessed the effectiveness of autologous platelet gel in eight healthy men and women older than 21 years. Five 4-millimeter skin punch wounds were made 3 centimeters apart on both the right and left upper thighs in all eight individuals. The autologous platelet gel was applied to the wounds on one leg, while the wounds on the other leg were treated with only an antibiotic ointment or a dressing. The wounds were monitored by the researchers and were digitally photographed for six months, and additional biopsies (removal of skin) were performed on each leg.

During the six-month follow-up, none of the participants developed infections and no serious adverse events were reported. "Over a 42-day period, the autologous platelet gel - treated sites had statistically increased wound closure compared with controls by visual clinical assessment and by digital planimetry [boundary-tracing] photographic measurements," the authors write. "On day 17, the percentage of closure was 81.1 percent for the autologous platelet gel - treated sites and 57.2 percent for the control sites."
Examination of biopsy specimens revealed that the histologic features of the skin (such as cellular characteristics and microscopic signs of healing) at the treated wound sites looked similar to the skin at the control wounds. However, when the count of platelets in the gel was more than six times the count of platelets in the individual's blood vessels, new tissue appeared three days earlier in the treated wounds than in the control wounds.

"In this pilot study, autologous platelet gel appeared to enhance wound closure in acute full-thickness dermal wounds in healthy subjects," the authors conclude. "Further investigations are needed to confirm the consistency of these results. If further studies support these findings, autologous platelet gel treatment during surgery could have a useful impact on the enhancement of postoperative dermal wound healing in surgical patients."

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**Facial fillers give skin youthful look again**

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By Vanessa Coria, 13News

It seems the search for the fountain of youth never ends.

Surgery used to be the standard for getting a more youthful-looking face. Now, it can be done by a needle using facial fillers. The effect doesn’t last forever, but it’s lasting longer.

"I think the most popular dermal filler across the board would be Restylane and this is a product which is based on. It's almost the same material that you have in your joints. It’s
a hyaluronic acid. It's a gel material," explained Dr. Martin Carney with the Carney Center.

Dr. Carney injects the gel, similar to the popular Juvederm, along 43-year-old Johnna Young’s lip line. He then moves to what he says is the place where people want the most help – the nasolabial folds or laugh lines.

He uses Radiesse, calcium-based microspheres that help create natural, new collagen in the face.

Clients report minimal pain during treatment.

"It’s not sore to the touch, but an ache," describes Young.

Recovery time typically isn’t an issue, according to Dr. Carney, noting that there is a chance of getting a little bit of bruising but that it’s not common.

Clients report minimal pain during treatment.

"It’s not sore to the touch, but an ache," describes Young.

Dr. Carney says the injections typically start at $400.

Young work with the Radiesse and Restylane cost about $1,600 and the results should last six months to a year, maybe more.

Young is happy with the results.

“You know, it's very subtle. If I weren't on TV, people wouldn't know that I did it,” Young said

"TV lifts plastic surgery; Dose of reality brings facials 'into the open'

CYNTHIA DANIELS; Staff

May 31, 2007 Thursday

Dr. Brian Maloney specializes in new noses, mouths, eyelids and chins.

And while the plastic surgeon might not approach the popularity of reality TV stars like
Jessica Simpson, he's amassed his own following since 2000, when he started appearing on the Learning Channel and then the Discovery Health Channel's "Plastic Surgery: Before and After."

Now Maloney said he can't go out to dinner without being recognized.

The shows have brought facial plastic surgery "into the open," Maloney said.

"There's none of that apprehension I had in the past," he said. "I see the spectrum, from lawyers to construction workers --- that's the beautiful thing."

The Maloney Center sits inside a colonial-looking office building on Peachtree Dunwoody Road in Sandy Springs. Piano music plays softly in the lobby and classical paintings hang on the walls.

From here, Maloney has planned the facial transformation of more than 10,000 patients, including a schoolteacher who felt his older looks were preventing him from relating to his students and a Boston woman whose botched surgery left her looking like something was tugging at her skin.

Maloney starts preparing for a surgery about two weeks in advance, working on the look he wants to provide. He says he performs each surgery about three times --- in his head --- before entering the operating room.

Two years ago, Maloney performed a chin implant and facial liposuction on Jimmy Smith of Roswell.

Born deaf and living with an untreated broken jaw since childhood, Smith suffered from low self-esteem. The surgery gave him a more defined chin and added shape to his face.

It changed his life.

"My confidence has boosted with my new look," said Smith, who's started his own painting business, Elegant Touch Painting, since the surgery. "I'm enjoying life and making a new start."

WHO NEEDS WHAT

Here is what many of Maloney's patients are looking for, by age group:

20s: Usually a nose change, but some opt to transform their chins, too. Facial liposuction and botox also are popular.

30s and early 40s: Surgically soften their faces through face lifts and eyelid lifts.

50s: Full face-lift.