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LIPOSCULPTURE

Doctors are refining techniques that use a patient's own fat to shape his or her body.

Dan Childs reports.

THE LIVING SCUIFE

Art historians credit the great artist Michelangelo with postulating that the job of the sculptor is to free the forms that are already inside the stone. Revealing the masterpiece, therefore, requires the careful chipping away of the surrounding material.

An artist in his own right, Brazilian cosmetic surgeon Dr. Marco Faria Correa uses a cannula and syringe rather than a hammer and chisel. His efforts elicit much the same effect – liberating beautiful human forms from an excess of unattractively distributed fat deposits. However, while traditional sculptors normally choose to simply chip away, Dr. Marco adds another dimension to the composition – he adds the excess back in order to form new body contours and accentuate existing ones.

The technique is called liposculpture, and cosmetic surgeons are using it to demonstrate that all that extra fat is good for something after all. Dr. Marco has been performing these liposculpture operations for more than 20 years, employing the technique on 300 to 400 patients annually. His experience has allowed him to refine the procedure, and he shares these refinements through surgical demonstrations around the world. Currently, Dr. Marco practices at East Shore Hospital in Singapore, where he is promoting Singapore as a centre of excellence for cosmetic surgery. In his practice there, he sees many international patients from Indonesia, Malaysia, Hong Kong, Australia and elsewhere. It goes to show that there is no doubt that many patients worldwide are in the market for a new contour.

But what does it take to give a body a new shape?

Liposculpture in a nutshell

As the name may suggest, liposculpture involves moulding the shape of the body using the body's own fat. Surgeons accomplish this by performing a liposuction operation to extract the fat from where the patient doesn't want it, followed by a series of injections that reinsert the fat where it is needed.

"It's not really a new technique, per se," Dr. Marco notes. "It was invented a long time ago. But if a technique is old, and it is still used, that means it's good. If something is already in the market, and it's widely used, that's good."

Dr. Marco says that one strength of the procedure is its use of the patient's own fat as a filler. One of the reasons, he notes, is its availability throughout the body. Patients who normally go in for

liposuction are already looking to remove significant amounts of fat from a number of areas of the body, most often the abdomen, back and thighs. The quantity of fat that surgeons extract from these areas is usually sufficient to fill out other areas that may have lost volume over time.

"So when we think about fat transfer, we're removing this fat from the stomach and the back, and we're injecting it into the legs, buttocks and face," he says.

Specifically, Dr. Marco says that he removes three to six litres of fat from the typical patient. Out of this quantity, each buttock may receive between 300 and 500 millilitres of this fat if his patient desires a smoother, rounder shape. "Inside the gluteus, you can re-deposit

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this fat in different layers," he says. "This gives a very nice, smooth curve, from the waist, to the hip, to the leg."

He may then inject smaller quantities of this fat into hollow areas of the face, adding youthful volume. "We transfer fat into the face – particularly in the glabellar lines (frown lines), marionette lines and areas where wrinkles normally occur. This is called microlipofilling, because you do it in very small quantities at a time."

Dr. Marco says the fat can also be reinjected into other areas of the body.

"You can use it in any area that has a depression," he says. "It can even be used for penis augmentation. So we can transfer this fat to many areas. The only area I won't transfer into – and some doctors are doing it, but I'm not – is in the breasts. If you reinject this fat into the

breasts, it can cause small spots that appear (during a mammogram), which make it difficult for doctors to diagnose breast cancer."

Another advantage to using fat as a filler, Dr. Marco notes, is its natural compatibility with the other tissues of the body.

"Fat is the best filler, and nowadays we know it really works," he says. "The fat belongs to the patient's own body, so there are none of the side effects that you see with some fillers."

He adds, however, that there are many special considerations that must be taken into account when working with fat as a filler. Because fat is a living tissue, it must be collected and prepared relatively delicately.

"The only method that is good for that is one that does not destroy the fat," Dr. Marco says. "Ultrasound assisted liposuction and vibro-liposuction always damage the fat cells. So when we're thinking about liposculpture, we cannot use these techniques."

By the same token, surgeons must be careful to reinstall the fat in such a way that every fat cell receives adequate blood supply. Without this, the fat cell will starve and die, taking away the newly augmented results achieved through its reinjection.



"We cannot graft it like you would a whole lump," Dr. Marco says. "It must be done in small areas at a time. This is because all that fat must be surrounded by living tissue. If you inject it back in tunnels like spaghetti that criss-cross one another, you will get a natural looking result, and the fat will take properly."

For each patient, there is an optimum amount of fat to remove and an ideal amount to reinject. Working out this balance, Dr. Marco says, is a remarkably individualised process – one that gives the patient a custom-fitted result.

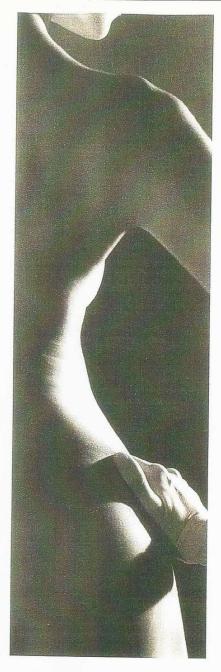
The culmination of the liposculpting techniques of numerous doctors thus far has yielded an intensive, full body procedure that completely reshapes many of the defining lines of the body. Termed by Dr. Marco as an extreme makeover for the body, the five-hour marathon liposculpture represents one of the most comprehensive currently available means to give patients an overall new shape.

The five-hour marathon bodysculpting technique

Arguably one of the more extreme cosmetic surgery procedures available today, the marathon bodysculpting procedure represents Dr. Marco's nearly 20 years of research and experience in the field. He says that the operation represents a culling of the best techniques shared with him by other doctors, as well as a number of tricks from his own repertoire.

"What I did was find the good ideas, tried to use them, and tried to make them more effective," he says. "It came from

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the idea that it would be nice to refine the methods of bodysculpting that were out there. In the end, we came up with something that was quite interesting for both doctors and patients."

Dr. Marco says that the marathon bodysculpting procedure comprises multiple procedures – in essence, it is a series of surgeries performed at once.

As in a liposuction operation, the first step involves the markup. With the patient standing, the surgeon draws a series of dotted lines that indicate the areas of the patient's body that will be reduced. Dr. Marco says that it is extremely important for the patient to be standing while the markup is performed, as this allows the surgeon to take into account the true effects of gravity on the patient's tissues.

"It is also important that I draw the asymmetries, and I compare the sides to one another," Dr. Marco continues, "This

way we can calculate how much fat we are going to remove, and from where."

Once the surgeon answers the questions of how much and from where, the question of how to take the fat out arises. Dr. Marco says that the surgeon's choice of method has a huge impact on the final outcome.

"What really matters is not the fat we remove. It's the fat that we leave," he says. "I do not do that very superficial liposuction. I do basically deep layer liposuction, while maintaining the superficial layers intact. This is because in some areas you need this superficial fat. If you take it out, it always causes these small superficial abnormalities."

During an operation such as this one, surgeons must also be careful to ensure the safety of the patient. One way to do this, says Dr. Marco, is to limit the use of general anaesthetic. Instead, he says, surgeons can use other means to make the surgery bearable for the patient.

"We do some sedation with sleeping pills, and we use local anaesthetic," he says. "We try to use dilute anaesthetic, so that it just results in numbness but you keep the muscle active. This is better than general anaesthetic in many cases. One reason is because you reduce the risk of thromboembolism."

Thromboembolism, also referred to as deep-vein thrombosis or DVT, occurs when blood clots within the blood vessels. As the blood circulates, these clots can become lodged in important blood vessels, blocking blood flow to crucial areas such as the heart and brain. In the most extreme cases, this can lead to heart attack or stroke.

Keeping the patient slightly awake during surgery has the benefit of keeping a degree of tension and movement in their muscles. This has the effect of keeping the blood moving through the vessels, so it is less likely to clot. Other means, such as special machines, may also be used to keep the patient safe.

"I always use a device that gives intermittent pumping of the legs," Dr. Marco notes. "I also always ask the patient to move their legs every now and then to prevent DVT. In all surgery, no matter how small or big, you always must prevent thromboembolism, bleeding and bruising."

The avoidance of general anaesthesia has another benefit when it comes to Dr. Marco's technique. Once the major portion of the liposuction is complete, he will often have his patients stand to see what effect gravity will have on the remaining fat. In this way, he performs a "touch-up"

operation of sorts, eliminating any extra pockets that could interfere with a graceful and beautiful shape.

"When the patient is standing we can see the effects of gravity," he says. "In this way, this part is like a second surgery.

"After a while, I started to refine my own way of doing that standing body liposculpture. We do it under epidural, and we organise it in such a way that the patient can, in the last hour, stand up. So this is how we already make this method more precise."

The epidural anaesthetic used is akin to the type used for women who have gone into labour. In this case, the doctor uses an epidural anaesthetic that numbs the nerves, yet does not have the same muscle effect as other anaesthetics. In short, the patient feels no pain, but is able to stand under his or her own power while under the effects of the anaesthetic.

The standing touch-up portion of the operation takes place during the final hour of surgery. The patient will carefully stand for about 10 to 15 minutes at a time, with brief resting periods in between.

"Standing is also very good for the overall appearance of the secondary procedure," Dr. Marco says. "If they stand up and you find that the results are not so nice, then this is a great thing to do for touch-up. Because if you see when you

Some patients
can benefit from
such an extreme
procedure; however,
only a trained surgeon
can determine whether
the marathon
bodysculpting
technique is right
for an individual.

are standing up, some fat will appear under the effect of gravity. If the patient lies down, however, everything may appear flat. Something that we cannot see when the patient is lying down, we can see when they are standing."

Once the fat is removed from the body, the surgeon can begin reinjecting it into places that the patient would like to fill out. This portion of the procedure may be done either while the patient is lying down or standing up. However, the precision required in reinstalling this fat is considerable.

"Even for the most careful and trained doctors, liposculpture presents a rate of about 20 per cent who opt for secondary surgery. In good hands, 30 per cent," he says. But when you can do it (using the standing technique), you reduce the rate of secondary liposculpture almost to zero."

Because of the job's precise nature, the surgeon must use a syringe when introducing the fat back into the body. Dr. Marco says he uses the syringe to create a criss-crossing pattern of fine tunnels into which the fat is injected. He says that the final pattern most closely resembles a clump of spaghetti – an arrangement that ensures that every fat cell will have access to blood, and that the result will be natural and smooth.

Dr. Marco says that the surgical

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In this case, the fat removed through liposuction has been reinjected into the buttocks.

The end result of this technique is a smoother, rounder shape.

method does carry with it certain considerations for surgeons and patients alike.

"What limits this method is the amount of bleeding," he says. "We cannot work all of the body at one sitting. If we're taking out large volumes, it has to be over less area. So if we're keeping ourselves to small areas we can remove up to seven litres. However, if we're doing larger or disparate areas, we cannot remove as much. Sometimes we have to remove a bit less because of the bleeding."

Patients can expect to spend more time on the operating table, but Dr. Marco says that in the long run, the comprehensive approach saves time and expense.

"This procedure takes about 20 per cent longer to complete, but this way you avoid most cases of secondary surgery," he says, adding that in all cases the change in body shape is considerable.

"This is an extreme makeover of the body," he notes. "While taking away a great deal of fat from some areas, we're adding it to other parts of the body. We're making the bottom round. Since I specialise in the Brazilian buttocks shape, you could say that I have changed a bit the concept of beauty in the region."

The importance of a trained hand

Though effective, the marathon bodyshaping technique is not the only means on the market to improve body contour and shape. Dr. Marco says that patients today can choose from a wide array of techniques (such as ultrasound assisted liposuction, vibro-liposuction and laser lipolysis) to fit their goals. However, he adds that choosing the right surgeon for the job is of utmost importance.

"What I tell them is that all of the methods are good, and all of the methods are bad," Dr. Marco says. "All that matters is the hand that's using the cannula. One doctor who is good and careful can do all of these well.

"In short, it is the experience of the doctor that makes the difference."

So let's say you're in the market for a new body shape. How should you proceed? The first step is to arrange to meet up with a trained, qualified cosmetic surgeon. Ask to see his or her credentials and before and after photos of past work. Most importantly, have a conversation with him or her to determine whether they are able and willing to help you achieve your goals.

"The doctor must understand what the patient wants, and he must also teach the patient about what he can possibly do," Dr. Marco says.

The location where the surgery will be performed should also be a factor in any potential patient's decision. Unlike some less extreme procedures, the marathon bodyshaping technique is best performed in a facility where any unexpected situation that arises during surgery can be dealt with quickly and effectively.

"I prefer doing this operation in a hospital setting rather than in a clinic, because a hospital is going to be fully equipped for any situation," Dr. Marco says. "Many doctors who are not qualified plastic surgeons are doing this procedure, however. If they're not qualified to do it, they're not allowed in the hospitals. So they then do it in these small clinics. Then there is a risk. The patient must be careful to select a doctor who is practicing in a good place."