Dr. Wu and Dr. Gregg

Practice Capabilities Keep Pace *With Advances in Plastic Surgery*

"WHAT I MOST APPRECIATE ARE THE IMPROVED SURGICAL TECHNIQUES, THAT ARE NOT ONLY LESS INVASIVE BUT RESULT IN MORE NATURAL OUTCOMES."

Dr. Cynthia Gregg's facial plastic surgery practice in Cary is now *Cynthia Gregg, MD, Face and Body Specialists*. Ask Dr. Gregg about key growth drivers in her Cary-based plastic surgery practice and she'll point to two things: "Advances in plastic surgery have been extraordinary," she says, "making it possible to offer so many more options to our patients. And the patients themselves have played a role. My work is focused on facial plastic surgery, but, over the years, many patients would come to me and ask, 'where should I go to have body work done?'

"So, even as I've expanded the range of services that I can offer, it also seemed natural to add another surgeon in the practice so that, together, we can offer everything our patients were asking for."

And, she adds, "I was so fortunate to find Dr. Cindy Wu, who has brought an exceptional level of expertise to the practice, and who also shares my deep commitment to fulfilling the individual needs of each of our patients."

Reflecting the many advances in both surgery and non-surgical aesthetics, Dr. Gregg has also added another aesthetician and another nurse injector to the practice, increasing what she calls the "buffet of options"—from skin care to surgery.

We asked Drs. Gregg and Wu about the changing scope of their practice and how advances in their profession are reflected in the services they offer patients.

Health&Healing: To what extent, clinically, does the work that the two of you do intersect?

DR. GREGG: It's twofold. It's a benefit to me at an academic level, because Dr. Wu and I can run ideas by each other—thus patient care is better. We also have patients who might have some needs that are better addressed having both of us involved—patients who might need some of what we both do. We have that option now; it's another tool in our toolbox that we didn't have before.

H&H: Are there patients now that you are sharing?

DR. GREGG: We definitely have patients who have needed both of our surgical services. They either get the facial procedure and then their body procedure, or vice versa. And in some cases, we may work together in a combined surgical experience. Our goal is to always do what is in the patient's best interests.

DR. WU: One of the ways in which we work together surgically reflects the advances in fat grafting in plastic surgery. If, for example, we're doing fat grafting to the breasts and the face, then the fat harvested from the abdomen would be purified and then divided—with a portion used for the breast procedure and a portion used for the face. That's fairly common now. The possibilities are really endless!

H&H: What are some of the most significant changes that you've seen in your field over the time that you've been practicing?

DR. GREGG: What I most appreciate are the improved surgical techniques, that are not only less invasive but result in more natural outcomes.

For example, when I was training back in the '80s and early '90s, injectable fillers didn't exist; endoscopic surgery didn't exist; and the advances in suture materials didn't exist. My head and neck training and my facial plastic surgery training was focused on a surgical experience. The first injectable fillers were available in 2005. We used to use collagen, but it wasn't ideal; it lasted three or four months, and three percent of the population were allergic to it. Today, the majority of fillers—which are made of hyaluronic acid, a natural product—are extremely effective and produce a lovely, natural look.

The use of Botox to help relax the wrinkles caused by muscle movement has also been a real advancement. And, laser technology has greatly improved—providing a wide variety of lasers to treat different problems.

My conversations with patients now begin: "I have a buffet of options that I can offer you; this buffet ranges from skin care, to Botox, to fillers, to lasers, to more aggressive skin treatments, to Ultherapy, and to facial surgery." To continue that analogy, I point out that if you want a well-balanced meal, you don't pick one item off the buffet. If you want to look natural and address the problems of aging—skin loss, muscle loss, bone loss, gravity, sun damage, genetics—then it might take several of these cosmetic options to look natural.

In terms of surgery, one of the most important advances has been the development of endoscopic, or minimally invasive surgery. I do brow lifts now endoscopically. Instead of making an incision that extends across the scalp from one ear to the other ear, I make four tiny incisions in the scalp. It's less invasive and more natural. We can avoid the "deer-in-the-headlights" look that used to result from the earlier brow-lift surgeries. Endoscopic surgery also requires less recovery time for patients.

DR. WU: In my work, I would have to say that advances in fat grafting and liposuction and improvements with breast implants have been transformational. Refinements in fat grafting techniques and implant technology allow for more natural results in breast augmentation, for example. Liposuction techniques have also evolved; the cannulas are better and more refined, and we now have power assisted liposuction, which improves the efficiency and accuracy of the surgery.

Pain management is another area where the advances are significant. My approach to post-operative pain involves an opioid-sparing protocol, in which a combination of non-opioid medications is used in a time sequence to begin managing pain before surgery begins. During breast and abdominal surgeries, I use an intercostal nerve block in addition to traditional anesthesia. This process provides pain relief for hours after surgery, and minimizes the need for narcotic medication. My patients take pain medication for two to three days at the most and then they're off of it. It's really rare that I hear a patient come at their one-week visit and they say, "Oh, you know, I'm out of pain pills" or "I took pain pills for more than three days."

DR. GREGG: A popular, relatively new tool is the ability to help patients visualize results in advance of surgery. Computer imaging allows us to sit with patients and educate them about the possibilities while gaining a better understanding of their expectations. And that process—of coming to a place of shared expectations about the surgery—is one of the most important parts of successful plastic surgery.

DR. WU: I absolutely agree. The new pre-operative 3-D simulations are amazing. To get a sense of the results we are aiming for, I can photograph a patient and simulate what she will look like after surgery. For example, I can simulate what a patient will look like with different size implants, or simulate a tummy tuck—a procedure I often do along with breast augmentation. H&H

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DR. WU; RESHAPING BODIES AND IMPROVING QUALITY OF LIFE

Before-and-after of breast augmentation

"I would say that the ultimate goal of the surgery that I do—of any aesthetic surgeon—is to enhance the patient's quality of life," says Dr. Cindy Wu. "It's not just rewarding for the patient, it's the very heart of what I do." And, she adds, "that is equally true for Dr. Gregg—and why we work so well together."

Dr. Wu provides the "body" expertise to *Cynthia Gregg, MD, Face and Body Specialists.* She is a double board-certified aesthetic and breast surgeon; and focuses extensively on aesthetic and reconstructive breast surgery—including breast augmentation, breast reduction, and implant-based reconstruction—as well as abdominoplasty, liposuction, body contouring, and labiaplasty. In addition to her extensive technical qualifications and experience, Dr. Wu brings an emphasis in her surgical work on patient education to help ensure the best complete experience for them.

As in facial plastic surgery, notes Dr. Wu, "the advances in my field—ranging from surgical techniques to the materials themselves—are extensive and, in my view, represent a significant improvement in patient outcomes."

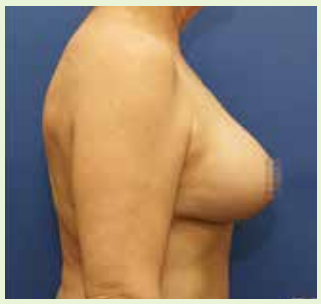
In the case of breast implants, for example, advances in materials have resolved previous concerns about silicone implants. "The implants now on the market are made of either saline or silicone," says Dr. Wu. "The silicone implants that are being made now are 'form-stable,' which means they're solid on the inside and keep their form. They're very safe now, are tested extensively, and are better than they've ever been.

"Another major advancement involves refinements in fat grafting," she notes, "which have made possible a broader range of options for breast augmentation. Although people typically think of implants for breast augmentation, fat grafting is a newer option, offering more subtle enhancement. The process involves taking some of your own fat with liposuction, from somewhere you don't want it—such as your abdomen—and then purifying it and placing it somewhere you do want it, such as your breasts." Using your own fat offers a more subtle volume increase, or as Dr. Wu explains, "it can round out the shape of your breast, making it a little bit softer."

Fat grafting can also be used together with implants in a process called composite breast augmentation. This approach may be particularly beneficial for very thin or petite people, where the implant might show some rippling near the edge. "You can actually soften the edge of the implant with some fat. It's like another layer of your own tissue and so, it makes a more natural breast," explains Dr. Wu.

Dr. Wu also frequently performs breast reduction surgeries, which can have a significant impact on a woman's quality of life. "Patients get immediate relief from reducing the weight and reshaping the breasts—including significant relief from back pain, neck pain, bra straps cutting into their shoulders, and rashes under the breasts from moisture being trapped there."

In all her procedures, Dr. Wu employs her innovative pain management approach, which begins even before the surgery, and minimizes the risk of opiate dependency after surgery. Lastly, Dr. Wu notes that, "with techniques getting better, recovery time is getting shorter—and innovations in materials, techniques, equipment, and pain management all add up to better patient outcomes."



Before-and-after of breast reduction

DR. GREGG: UPDATING CLASSIC FACIAL PLASTIC SURGERY TECHNIQUES

Dr. Gregg spends a lot of time listening to her patients, as well as educating them about surgical options. "One of the things that I spend a lot of time explaining to my patients are the misconceptions that exist about how to make lower eyelids look better," she says.

The eyes, Dr. Gregg explains, are the first place we show age. "As you get older and your skin weakens, the fat pads begin to herniate outward. In addition, the cheek fat in the mid-face descends downward, allowing you to see the outline of the eye socket bone. The end result is that you get a tired, sad, more sunken look as you get older."

Traditional lower-eyelid surgery—or lower blepharoplasty—has been problematic, says Dr. Gregg, because of the placement of the incision and, more importantly, because it emphasized removing the bulging fat pad.

"In the classic lower eyelid surgery, the incision and the scar were right underneath the lower lashes, mirroring the placement of the upper eyelid incision," she explains. "My approach hides the incision behind the lower eyelid. In addition, I focus on repositioning the fat rather than simply removing it. This results in a more natural, less tired appearance."

Before and after a combined mid-face lift and lower eyelid surgery, to remove "bags" under the eye and improve cheek fullness

Dr. Gregg takes a similar approach to rejuvenate the mid-face, explaining that "it's important to look at the face three-dimensionally."

She describes how, with age, the "apple" of your cheek descends towards the jaw, resulting in a flattened appearance across the mid-face. "In the past," she says, "surgeons sometimes used cheek implants to restore fullness. I seldom use cheek implants; I prefer to perform a mid-face lift."

This is a procedure she often combines with lower-face lifts. "Basically, I add another vector of pull that actually addresses the apple of the cheeks. A lot of classic face lifts only pull laterally. By lifting up and *then* pulling laterally, the patient achieves a more natural look.

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