



A female Ultherapy patient before and 90 days after treatment.



A female Ultherapy patient before and 120 days after treatment.



A male Ultherapy patient before and 120 days after treatment.

Known as the “non-surgical lift,” Ultherapy uses ultrasound energy to lift and tighten the skin naturally—without surgery or downtime.

“We may not have a choice about aging,” observes Dr. Cynthia Gregg, a pre-eminent facial plastic surgeon in Cary, “but we make daily choices about *how* we age.

“Our genes are expressed to some degree based on our diet and lifestyle choices,” she says. “Sun exposure, nicotine use, and poor nutrition are all choices that can accelerate the aging process. Additionally, many medical conditions take a toll on the body, and often that stress is reflected in the face. Illness, emotional upset, and even positive life events can trigger more stress.”

Still, Dr. Gregg emphasizes that we can choose to protect and care for our skin at any age. “A new term coined by plastic surgeons is *prejuvenation*,” she explains. “To a large extent, prejuvenation is about sun damage awareness, and developing early,

healthy habits related to skin care. Sunscreen is, of course, very important and is the foundation of good skin care. There are also many wonderful skin products available now—for people of all ages—that help preserve skin health and elasticity.

“It’s all about preventing—or at least postponing—the need to have something corrected later on,” says Dr. Gregg. “Options like Botox to help prevent wrinkles or skin procedures that can address age-related collagen decline may forestall the need for more aggressive treatments later.”

ELECTIVE SURGERY: MAKING THE RIGHT CHOICES

“Cosmetic surgery is elective surgery—it’s a choice, not a necessity,” notes Dr. Gregg. “So, we want it to be the right choice for each patient—based on good information and understanding. Our job is not only to evaluate patients carefully; we also need to educate them so they are empowered to make the best choices.

“Right at the top of the list of things we want patients to understand,” says Dr. Gregg, “is that surgery increases physical as well as emotional stress. Surgery involves risk. And for patients with chronic health problems those risks may be greater.”

Patients with high blood pressure have an increased risk of post-operative bruising and bleeding, or even hematoma

Choosing How We Age

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formation. Diabetic patients face a steeper risk of infection, along with slower and more difficult wound healing, she explains. “But these patients can still be good candidates for facial plastic surgery,” she explains, if their conditions are under control. Our job is to accurately assess the risk.”

“For patients with serious, chronic diseases, we counsel them differently, performing additional testing, and working in partnership with their other doctors to determine the safest perioperative plan. We want to give patients what they want,” she says, “but we’ve got to make sure it’s safe and the right thing to do.”

“When deciding on whether surgery is the right choice,” says Dr. Gregg, “we also weigh psychological readiness. For example, I will tell a prospective patient who has recently lost a close family member that it is too soon for surgery. Although such a patient may think the surgery will distract them or make them feel better, it’s not true. To their bodies, it’s just stress on top of stress, and they’re not going to heal well.”

Some serious mental health illnesses can also pose challenges. One psychological condition, body dysmorphic disorder, precludes cosmetic surgery altogether. In other instances, Dr. Gregg works to ensure that the person is not just a good anatomical candidate, but that their choice to undergo a procedure is well thought out. If so, she’ll coordinate with the patient’s psychologist or psychiatrist, knowing that surgery can sometimes trigger or temporarily exacerbate depression or other mood disorders.

“When working with patients with addiction issues,” says Dr. Gregg, “we also have to be careful to identify alternative pain management options. And, on the flip side, we may have to find different pain-management options for patients who have developed a high tolerance to pain medication because they’ve used it long-term for a chronic pain condition.”

Weight changes are another condition that can complicate surgery, particularly for lower face lifts or skin-tightening procedures for the jowl or neck. “If I do surgery on someone tomorrow and they lose 20 pounds a year down the road, they’re going to have more laxity in their skin because they’ve deflated so much—and they’ll be right back to where they started from.”

So, although it can be a difficult message to deliver, Dr. Gregg will recommend waiting until a patient is within 8-10 pounds of their ideal weight before performing certain procedures. She urges patience, explaining, “I can help you, but you’re going to have a better result if you wait.”

PATIENCE PAYS OFF

Dr. Gregg recalls one complicated case—a face lift for a patient with severe rheumatoid arthritis. She knew that the woman’s immune suppressive medications would hamper healing, but the patient worried that even temporarily stopping them would greatly increase her pain.

So, Dr. Gregg worked with her rheumatologist to design a precise schedule to coordinate medication and surgery, even detailing which days she could perform the surgery itself.

“It took a lot of careful, coordinated preparation—for her, her rheumatologist, and our office—to bring all those moving pieces together,” she explains. “Ultimately, we were able to perform the surgery—with a wonderful outcome—in a way that spared her unnecessary pain. That’s a good example of how we are able to help even patients with difficult, complicated health conditions; it just takes a bit more thought and effort.”

WHEN SURGERY IS NOT AN OPTION

For some patients, however, surgery is simply not an option, because of other serious health issues. “We make these decisions based on a careful evaluation of the benefit-risk ratio,” Dr. Gregg emphasizes. “Maybe the patient is on blood thinners and can’t come off them. I simply can’t perform surgery on someone who bleeds very easily. Also, if a patient stops certain medications, then their risk of stroke or heart disease can increase. If this were a life-threatening situation where surgery was necessary, that would be one thing. But this is an elective procedure, and it’s not worth the increased risk. I would not recommend stopping their medications and having surgery.

“But,” she says, “that in no way means we can’t offer non-surgical options to patients dealing with serious health issues. In fact, we have many non-surgical options to offer for facial rejuvenation. In such a case, for example, I might suggest Ultherapy, which is a non-surgical, less invasive way to stimulate collagen production and provide skin tightening.

“I share with all of our patients that aging is multifactorial and so is rejuvenation,” explains Dr. Gregg. “We have what I call a ‘buffet’ of options for facial rejuvenation—from skin care products to surgery. And the non-surgical options are many, including laser therapy, Botox, fillers, light treatment, dermabrasion, micro needling, and Ultherapy.

“I don’t want anyone to be upset if I say they’re not a surgical candidate,” says Dr. Gregg. “We’ve got many other things we can do to get you where you want to go.” h&h

For more information, contact:

**CYNTHIA GREGG, MD
FACE & BODY SPECIALISTS**

**Cynthia Gregg, MD
Cindy Wu, MD**

**3550 NW Cary Parkway, Suite 100
Cary, NC 27513**

**Telephone: (919) 297-0097
www.cynthiagreggmd.com**