



Dr. Cynthia Gregg, right, and Dr. Cindy Wu

Healing and Rejuvenation *in a Year of Stress*

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“PREJUVENATION”: STAVING OFF THE AGING PROCESS

“In our field,” says Dr. Gregg, “we’ve always talked about facial rejuvenation—or ‘facial regeneration.’ And what’s interesting now is that we’re now focusing a lot on prevention—what’s called ‘pre-juvenation.’”

“Previously, ‘prevention’ mostly referred to sun protection,” notes Dr. Gregg. “But now there have been many wonderful advances in ways to address the natural aging process—making it possible to prevent aging signs rather than just dealing with them as they show up.”

“And we’re seeing women at much younger ages—even teenagers and those in their 20s—who want to know what they can do now to prevent the aging process, or at least slow it down, and how to keep their skin younger and healthier longer.”

The skin care lines Dr. Gregg offers her patients—such as Obagi or SkinCeuticals and Alastin—now include such “prejuvenation” products, specifically designed for preventive care.

“We can now offer treatments that are actually bio-stimulating,” she says, “stimulating your skin to make more collagen. Other treatments can add back into your ‘bank account’ of collagen or elastin or hyaluronic acid. It just gives you more reserves so that when you do go through a stressful event, you’re better prepared and it won’t show up as much.”

One new versatile option she and her team use, AQUAGOLD, is a micro-needling device with 24 carat gold plated needles that deliver different products to the skin depending on individual needs. “We’re excited about this,” says Dr. Gregg, “because it’s a unique system that allows us to deliver all types of different serums to the skin. We use it to deliver Botox, or hyaluronic acid, which is a filler.”

“So if someone in their twenties or thirties is looking for a prejuvenating treatment, we can offer one approach. The

For nearly all of us, the year 2020 will rank as a milestone in our lives, as we have faced the challenges of change, uncertainty, upheaval, stress, and even opportunity resulting from COVID-19. Like most physicians, Dr. Cynthia Gregg and her colleague, Dr. Cindy Wu, responding to these challenges has meant an evaluation of their practice and adjustments to ensure that they can continue to offer safe, high-quality care for their patients.

“Despite the challenges,” says Dr. Gregg, “this moment has also had a positive impact on our practice. Many of the adjustments we have made to respond to the pandemic have been beneficial—allowing us to address our patients’ needs more individually and more efficiently.”

“But, on reflection, I think one of the most important benefits of dealing with the pandemic has been a renewed appreciation of the value of what we do for our patients’ health and over-all well-being. And that’s important in any conversation about women’s health.”

“It’s hard to separate how we feel emotionally and how we feel physically—they’re intertwined—and stress is a critical factor influencing physical, emotional, and mental health,” notes Dr. Gregg. “And one thing you can say about the pandemic is that it has been incredibly stressful. Even though we are not on the front lines in a hospital, we can help make the people who are fighting the battles every day at home or at work feel good about themselves. That’s what our job is.”

THE IMPACT OF STRESS

Stress, explains Dr. Gregg, is one of the major determinants of how we age. “When I meet with patients for the first time, there are four or five main factors of aging that I review with them—stress being at the top of the list. Understanding the stressors they are dealing with helps me understand how best to meet their needs.”

“For example, it is not uncommon in my practice to see a patient who has gone through a stressful event—such as a divorce,

loss of a family member, or a job change. They get through it; but when they get to the other side of it, they look at themselves and say: ‘What happened to me?!’ That’s what brings them in to see me. And I can relate to this personally. When I lost my dad, I had that same experience. And, at the end of, I thought, ‘Oh my gosh, what happened to the way I look?’”

“You do get some of that back as you recover and get past the stress in the event,” she says, “but the experience still accelerates the aging process. And in this year of COVID-19, we are all experiencing extraordinary levels of stress. It might not be the loss of a family member. But economic uncertainties, the challenge of teaching your children on-line, or the worries of caring for a frail parent—these are all huge stressors; and they all accelerate the aging process. Our goal is to help reverse that process.”

In addition to the impact of stress, Dr. Gregg notes other issues directly related to the pandemic. “Now that more people are wearing masks,” she says, “we’ve had more requests than usual for brow lifts and upper and lower eyelid surgery. That’s where we make eye contact right now,” she notes, “and my patients find that after those surgeries they look less tired, or angry, or sad.”

Those same masks can be the cause of a new condition that’s been dubbed “maskne”—or acne and rosacea flare-ups under the mask, Dr. Gregg adds. “Our nurses have been developing custom treatments to address these types of skin issues.”

SUPPORT ACROSS LIFE’S STAGES

While the unusually high stresses of the moment are certainly a focus of Dr. Gregg’s, she sees her practice as providing broad support for women throughout the stages of their lives.

“You start aging at around the age of 30,” she explains. “That’s when we start seeing changes in our skin—pigmentation issues from the sun damage that we’ve

accumulated up to age 30. In our thirties, we also begin losing collagen—about 1 percent a year—as well as losing elastin and hyaluronic acid. These all have an impact on our skin health and youthfulness.”

“In our forties, we start losing muscle mass and volume, as well as the soft tissue underneath the skin. Then, in our fifties and sixties we actually begin losing volume of the bony structure support of the face—all of these changes show up in our faces. Menopause can particularly affect the skin,” she notes, “because that’s when women lose much protective estrogen and progesterone; thyroid hormone imbalances can also play a role.”

“So, aging is really is multi-layered process,” she observes. “You have your skin changes, your muscle, soft tissue, and bone loss, as well as the effects of gravity—pulling everything down. And, importantly, these changes can be accelerated by other factors, such as hormonal changes—particularly during menopause—excessive sun exposure, smoking, and, of course, stress.”

Dr. Gregg notes that stress—always an issue—becomes even more of a factor as we age. “I think the eyes show a lot of our stress, especially starting in our 30s and 40s,” notes Dr. Gregg. “It’s the first place we age.”

Dr. Gregg offers a full toolbox of both surgical and nonsurgical options, to addressing these signs of aging. “Often, Botox can be a helpful first step in addressing aging eyes,” she says, “or Dysport around the brow can help lift and ease furrows and crows’ feet.”

Ultherapy and hyaluronic acid fillers are other non-surgical options to address signs of aging, she says. “And when those options no longer work well, we can offer a brow lift or upper-lower eyelid surgery to really rejuvenate the face. People love this surgery because then they look on the outside the way they feel on the inside.”

“In every decade there’s something we can do to fight the aging process as it’s occurring naturally,” notes Dr. Gregg, “so our patients always look natural as they age.”



Before and after an AQUAGOLD treatment

Delivering a Feeling of Normalcy *During Challenging Times*

woman in her forties or fifties might want to address a specific issue, such as the darkening of the skin or the size of their pores. Using AQUAGOLD, we can change the serum 'cocktail' and provide a completely different treatment."

SPECIAL CARE, CHANGED PRACTICES IN A PANDEMIC

Dr. Gregg notes that, although they have been able to successfully resume most services and medical care safely since the beginning of the pandemic, the menu of options has had to be limited. "We have, of course, implemented extensive screening, cleaning, and other safety requirements to keep staff and patients safe. But, because of the way COVID-19 is transmitted," she explains, "we have had to adjust some of the facial procedures and treatments.

"For example, any aerosol generating procedures are currently off the menu. That includes CO2 laser resurfacing, and a few skin care treatments. I'm also not yet performing rhinoplasty surgery, because—since it is surgery in the nose and nasal cavity—it is one of the most aerosol generating procedures. We are still being very safe, following the science as we make choices about the services we offer." *h&h*

"Since every patient is different, I tailor the approach to individual needs and wants."

Like Dr. Gregg, Dr. Cindy Wu, a specialist in breast and body surgery, sees first-hand her patients' desire to restore normalcy in these difficult times by investing in their health and self-image. "And, of course," says Dr. Wu, "they want to do so safely—which means that we are taking many extra precautions for both patients and the practice."

All surgical patients, explains Dr. Wu, get COVID testing seven to ten days before their procedure and are then quarantined from that time until two weeks post-surgery. "Our staff wear at least N95 masks, upgrading to PAPR hoods—that filter the air they breathe in and out using special HEPA filters—while patients are being intubated. Pre-op patients use a disinfectant mouth rinse to minimize COVID contamination due to AGPs (aerosolized generating procedures), and new precautions reduce aerosolization while patients are asleep for procedures. And we use UV filters in our operating and exam rooms."

Protecting patients during post-op is a special concern for plastic surgery, observes Dr. Wu. "Recently, there have been case reports of asymptomatic, healthy, young patients who come in for elective surgery, such as liposuction or a tummy tuck, who then develop COVID. Because they're immune-compromised at post-op, they get strange complications. That is another reason we take extra care—both pre- and post-op—to minimize risks.

"Breast and body surgeries don't pose the extra risks of aerosolization that some facial procedures do," notes Dr. Wu. "So, with these precautions, we are able to perform nearly all the same procedures as before the pandemic—and are able to respond to a continued strong demand for breast augmentation and implants."

YOUNGER PATIENTS, EVOLVING NEEDS

Like Dr. Gregg, Dr. Wu sees different needs and options for women depending on their ages and stages of life. Stress, aging, weight loss or weight gain can all bring patients into the practice, seeking refinements.

"I am also seeing more younger patients," notes Dr. Wu. "This group—from age 18 up to age 40—typically is interested in breast augmentation. And, while implants are the most common procedure, increasingly I'm using a fat grafting approach for these women, who are younger, healthy, and athletic, and who want to have an augmentation with their own fat."

Fat grafting, explains Dr. Wu, entails removing fat from other areas, purifying it, and re-injecting into the breast where it can establish a new blood supply. Since fat grafting can yield about a cup size increase in volume, Dr. Wu recommends it for those who want a little increase in volume.

"When you're doing fat grafting, about 60 percent of the fat will survive," explains Dr. Wu. "I do tell people that the fat cells that live will be with you for life. So, if you gain weight, those fat cells will get bigger. If you gain or lose weight, you don't increase or decrease the number of fat cells. It's just that the volume gets bigger or smaller."

Achieving the initial one cup increase in volume likely takes multiple sessions, spaced out by two to three months. As Dr. Wu explains, "It's like building a house. You have to lay the foundation and let that cure. Then you put the first floor and then the second floor down."

For those seeking a two-cup or more size increase, Dr. Wu will use either silicone or saline implants, depending on patient preference. "There are a lot of different varieties of height, width, and softness that are available in the silicone implant versus saline," she explains. "For all those reasons, the majority of my patients choose silicone. Plus, a saline implant is made up of a silicone shell, so the surface touching your tissue is still silicone."

These patients usually go back to work in a week or less, and can resume normal physical activity after four weeks. For fat grafting, the recovery time is shorter, with many patients resuming work and activities even sooner.

DIFFERENT LIFE STAGES BRING DIFFERENT NEEDS

"My patients in the 40-60 age range," says Dr. Wu, "fall into different categories: the women who want to remove implants from when they were younger, and those without implants who simply want breast reductions.

"Whether they've had implants previously or not, these patients feel their breast size is too large," says Dr. Wu. "Perhaps they have developed more breast tissue as they've gained weight over the years, or their breast size has always been a problem. And there are a number of reasons women have for wanting to remove their implants."

For those having implants removed, Dr. Wu can perform other breast surgeries at the same time to lift and reshape the breast—a popular combination called "ex-plantation and lift." A second option entails removing the implant and replacing it with fat. "The overarching benefit is that they don't have foreign material in their body," explains Dr. Wu. "They still retain some volume, but not due to a silicone or saline implant.

"And women generally tolerate this surgery very well," she says. "Recovery is often simpler because it's not a very painful procedure, and there's less stress since the tissue has already been stretched from prior implants."

Another group of patients Dr. Wu sees are women in their sixties and older who may have had implants performed a long time ago. "These are usually the women who have lived with implants over the decades, have gone through menopause, and now may be heavier," she explains. "They may also be experiencing implant rupture or capsular contracture—which is hardening of the scar tissue around the implant. These patients want the implants out completely, and usually need an implant removal capsulectomy and other lift or reduction. I once had a 76-year old patient who needed that particular surgery," she recalls, "but she opted out of a lift, saying: 'I'm 76. I don't care!'"

"Since every patient is different," says Dr. Wu, "I tailor the approach to individual needs and wants. And, mostly I try to manage expectations. I make sure the patient has realistic expectations about the result than can be achieved and also the postoperative recovery time." *h&h*

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Before-and-after of breast augmentation



Before-and-after of breast reduction