

Aesthetic Surgery Often Begins *with an Education*

Although an extraordinary resource, the Internet poses two serious challenges to those seeking health information from “Dr. Google,” observes Cary plastic surgeon Dr. Cynthia Gregg. “Information overload is one drawback,” she says, “and the other maybe more important problem is that the Internet doesn’t discriminate between good and bad information. And it’s hard to distinguish between the two without at least basic training in a subject. This is especially true in connection with facial plastic surgery.

“I could read all sorts of data about how to fix the plumbing in my house,” she says with a smile. “But if I’m not trained as a plumber, I won’t know what’s real and what’s not until I get in there and find—often the hard way—what works or doesn’t work. So, I wish people would remember that medicine is complicated enough and people are individual enough, so that not everything you read applies to everybody.”

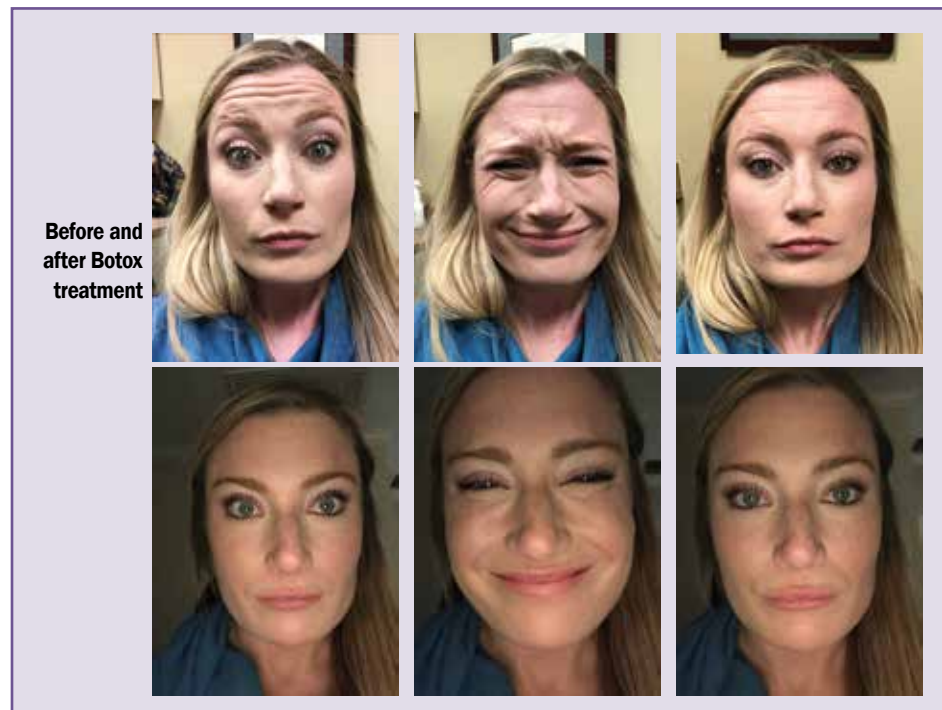
But she acknowledges that “Dr. Google” is often consulted before her patients seek her out and, consequently, they often come primed with what they think they need from her—even though what they really need can be quite different. “People come in feeling they already know the answer,” she notes. “As a medical provider, I’m having to reeducate them because, unless they’re going to be peer-reviewed, scientifically-based sites, it’s just somebody’s opinion in the Internet.”

Dr. Gregg concedes that while reeducation is often necessary, it’s also an important part of the process. “Facial plastic surgery is a very personal, intimate experience, so it’s absolutely essential that patient and doctor collaborate. I have the technical knowledge and skill, but each patient brings the personal knowledge of what their problem is and how they want it solved. I wouldn’t want my patients to turn everything over to me; we’re a team. They can do all the research they want, and I absolutely want to know what their goals and concerns are. But it’s my job to let them know their options, and what’s possible and what’s not.”

BOTOX OR NOT?

“Botox,” notes Dr. Gregg, “is a classic example of some common misunderstandings—probably because of a tremendous amount of advertising, which seems to suggest that Botox is some kind of miracle cure-all for aging faces. But the fact is, not every patient is a good candidate for Botox.

“That’s because you have to understand what Botox does and what it can’t do,” she explains. “Botox works by blocking the release of acetylcholine from the nerve ending to a particular muscle, keeping it from being stimulated. In other words, it temporarily relaxes certain muscles. It doesn’t relax all muscles; it doesn’t make muscles



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work better; and it doesn’t paralyze muscles.”

Good results with Botox, explains Dr. Gregg, hinge on a variety of factors and a thorough understanding of facial anatomy. “Raising a brow, for example, requires relaxing the brow-depressing muscles, which allows the brow elevating muscles to work with less opposition. That procedure is known as a ‘Botox brow lift,’ but it is not achievable for everybody.

“The key to using Botox effectively,” says Dr. Gregg, “is knowing exactly which muscles need relaxing to achieve a specific outcome and exactly how much and where to inject. The wrong amount for the wrong muscles can be disastrous. Which is why I’ve had patients coming in saying: *I’ve had Botox and it was horrible; it dropped my brows and gave me a bad result!* That’s an example of a good product used in the wrong muscle group.”

As with all procedures, Dr. Gregg’s decision to use Botox is based on a comprehensive, collaborative process. “I want to know what the patient wants to achieve, and then we’ll do a thorough examination. Sometimes Botox is the tool that will get them there, and sometimes it’s not,” she says. “But we won’t know that without the examination. And—maybe more important—there could be any number of other options for achieving the patient’s goal.”

Whether it’s the right treatment for an individual patient, Dr. Gregg acknowledges that Botox is an increasingly valuable tool for many conditions. “For example, it can be very helpful in treating *hyperhidrosis* (excess sweating), by relaxing the sweat glands in the skin. And small amounts of Botox applied in skin treatments can help

with pore size and other issues. But again,” she cautions, “it’s knowing exactly how much Botox to use and how and where to apply it safely that delivers results.”

COMMON MISPERCEPTIONS

The desire to turn back the clock is the primary motivator for most of Dr. Gregg’s patients. “And,” she says, “we have what I like to call a rich ‘buffet’ of options for addressing the effects of aging. However, I always remind my patients that aging is multifactorial—influenced by changes in skin elasticity, volume and bone loss, and sun damage. Surgery is not always the answer; sometimes I end up telling them they should consider skin care instead.”

Her consultations with patients about anti-aging options are a perfect example of the educational and collaborative approach Dr. Gregg takes in her practice. “There are so many ways to address the aging process,” she points out. “For one person, a brow lift might be transformational; for another eyelid surgery is the right approach; for others it may be a matter of reducing wrinkles. And that’s where education comes in—clearing up misunderstandings about how to reach an individual patient’s goals.

“For instance, surgery itself won’t make wrinkles go away,” she says. “I like to use the analogy of the difference between ironing and hemming a pair of pants. Think of a face lift or brow lift as a version of ‘hemming,’ and ‘ironing’ as a way of smoothing out wrinkles. Face lift surgery won’t make the wrinkles go away. If you want to eliminate wrinkles, we need to talk about ‘ironing’ options, such fillers or topical treatments. We can talk about doing

EDUCATION IS KEY – FOR EVERYONE

Dr. Gregg’s commitment to education is not limited to explaining options to her patients. “Continuing education—for our whole team—is critically important,” she says, “and that’s especially true in the field of plastic surgery, where technological advances have transformed many of the procedures we do. Because of endoscopic surgery, for example, a brow lift no longer involves a long scar, but permits a less invasive procedure, quicker recovery, and a much more natural look. And fillers and topical treatments are improving constantly.

“Keeping abreast of these changes is essential. So, all of our team—surgeons and aesthetic staff—are committed to continuing education. It takes an effort to do that, but if you don’t, you tend to keep doing the same procedure over and over again.”

Both Dr. Gregg and her colleague, Dr. Cindy Wu, a breast and body plastic surgeon, further their training on many levels. “Dr. Wu and I go to one or two meetings a year nationally, and we’re very both involved with our academies. I’m co-chair of our oral exam committee for our facial plastic board, and help credential and certify new generations of facial plastic surgeons. Dr. Wu remains equally engaged through her work as an editor with different scientific journals.

“We also host surgical residents from UNC who come to learn on the job at our practice, which benefits us as well. I think that when you get asked a lot of questions, it makes you stay on top of the answers!”

both, but it’s my job to make sure they understand what each procedure can give them and what it can’t.”

She advises patients not to get hung up on procedure names—such as a “face lift” or a “mini-face lift.” Instead, she says, “find out what’s being anatomically changed; what’s being lifted; where the stitches will be. Even more important—consider all the options available for achieving the outcome you want.

“Our job is to help people think critically before they become overwhelmed and spend a lot of money needlessly,” notes Dr. Gregg. “I want people to put their money toward the best results for them.” **h&h**

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