

# Moving Back

## *The Effects of Time*

**“W**hen I stop to think about it,” observes Cary facial plastic surgeon Dr. Cynthia Gregg, “it seems to me that ‘movement’ is at the very center of everything we do.” She and her colleague, Dr. Cindy Wu, a specialist in breast and body surgery, offer a wide range of options in aesthetic plastic surgery.

“To begin with,” explains Dr. Gregg, “you can say that aging is really about movement—the steady changes in bone, skin, and muscle that alter our appearance and even our functionality. The aesthetic surgery we do is also about movement—adjusting tissues to correct for the sagging and stretching that comes with age, and to address body and facial imbalances.

“And the key to all our work is a deep understanding of the physiology of the ‘movement’ of bone, skin, and muscle as our bodies age.”

That deep expertise informs how they work with patients to help make them feel good about themselves. “It’s hard to separate how we feel emotionally and how we feel physically—they’re intertwined,” notes Dr. Gregg. “All kinds of stressors can accelerate the aging process. Our goal is to reverse that process.”

Dr. Gregg sees her practice as providing broad support for individuals throughout the stages of their lives, and she often describes those stages as a continuum. “Starting in the late twenties,” she explains, “people begin to lose one percent of collagen in the skin every year, with the skin moving from thicker to thinner by the thirties. The forties bring a loss of soft tissue and muscle mass in the face, while the fifties herald the beginning of bone loss, with thinning and bone resorption—which continue into the sixties and seventies.”

### AGING: A MULTI-LAYERED PROCESS

“Many people think aging is only skin deep,” notes Dr. Gregg, “but, actually, all the layers of our face change. An analogy that I find useful in explaining this process is to pretend that your facial bone structure is a table. On top of the table, you have a pad—that’s your facial muscles, soft tissue, and fat. And on top of the table pad, you have a wool tablecloth.

“All these things change as you age. The thick wool tablecloth turns into more of a thin silk sheet, revealing more of the table pad underneath. The pad itself gets lumpier and starts to shift with time. And, with still more time, the table itself shrinks, while the size of the tablecloth remains the same, draping more loosely over the smaller table.”

In other words, says Dr. Gregg: “Aging is a multi-layered process. You have skin and muscle changes, soft tissue and bone loss, as well as the effects of gravity—all pulling

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**“Addressing this patient’s aging concerns,” explains Dr. Gregg, “was multi-layered, and included a face lift with pre-jowl implant and upper eyelid surgery.”**

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.

“We deflate and we descend,” she says. “Gravity and other factors cause our tissues to descend; things shift and move and then deflate—lose volume. It happens naturally to all of us, but the point where it starts to bother us is, I think, unique to each individual.”

For that reason, Dr. Gregg doesn’t tell patients what they need to have done. Instead, she spends a lot of time listening to her patients, as well as informing them about surgical options. “My job is to educate them—both to correct their misconceptions and to let them know what their options are; but their job is to take the information and apply it to what bothers them the most. If they’re clear about their goals, I can help them achieve them.”

### MULTIPLE OPTIONS

Just as the changes that come with aging are multi-layered, options for addressing them are varied. “In every decade there’s something we can do to fight the aging process as it’s occurring,” notes Dr. Gregg, “so our patients always look natural as they age. And we provide what I like to call a ‘buffet’ of options—surgical and non-surgical—for correcting problems. The ‘right’ solution can be as simple as advances in skin care products or as complex as a surgical procedure. Again, it’s a very individualized process—we want to find the best solution for each unique patient—from the patient’s point of view.”

For example, Dr. Gregg notes that she has seen an uptick in demand for facial plastic surgery this past year, much of which she attributes to the “Zoom effect.” “After looking at themselves in bad lighting for a year, some people are saying, ‘I just don’t like what I see looking back at me,’” she notes. “And mask-wearing has also created a greater demand for brow lifts and upper and lower eyelid surgery. Because that’s where we make eye contact right now. And my patients find that, after those surgeries, they look less tired, or angry, or sad.”

### INTERVENTIONS FOR DIFFERENT STAGES

Dr. Gregg extends her tablecloth analogy to explain the various types of treatment available to address the stages of aging. “For example, Botox relaxes muscles and keep them still, so you don’t see wrinkles,” she explains. “Skin care and laser treatments—they’re more like ironing: What can I do to relax the ‘cloth?’ And surgery—where I move and remove tissue—is more like sewing.”

Both the specific patient's desires and the natural aging progression determine which treatment is appropriate. "Remember," says Dr. Gregg, "we age first in the top third of our face, with more wrinkles and tissue movement in the forehead, brows, and eyelids, along with changes in the quality of skin. That's where things like Botox come into play. Often, it can be a helpful first step in addressing aging eyes, 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."

As people enter the thirties, forties, and fifties and the skin continues to thin, the fat pads and bony eye socket become more visible and prominent. "At this stage," she says, "other options—such as fillers or brow lift or eyelid surgery—may be most effective. It's not a matter of removing more tissue, but of using and smoothing out the available tissue during early aging."

"Most people really start to notice lower facial aging between 55 and 75," notes Dr. Gregg. "Once people start losing deeper volume and gravity and support, they show more creases around the mouth or aging along the jawline and upper neck. At that point, a face lift may be a better option to address changes from the cheekbones down to the collarbone."

"Most people think a face lift is the entire face," notes Dr. Gregg, "but I divide a face lift into three parts: mid-face, jowl, and neck lift. A mid-face lift involves the apple of the cheek, which is actually a fat pad that sits on front of the cheekbones. With age, the apple descends downward, adding weight on the jowl and around the corners of the mouth. In that case, we only lift the apple of the cheek and don't add anything."

"A jowl lift, on the other hand, also lifts the facial muscles and the soft tissue that has descended downward toward the corner of the mouth. A neck lift involves a technique called *plication*," explains Dr. Gregg, "where you pull those lax muscle edges together and create a hammock. Pulling that hammock back tightens the neck muscles."

### BREAST SURGERY: MOVING TISSUE TO REBALANCE BODIES

Like Dr. Gregg, Dr. Cindy Wu, a specialist in breast and body plastic surgery, offers different surgical options for female patients depending on their stages of life and individual needs. "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. Wu. "It's not just rewarding for the patient, it's the very heart of what I do."

"Breast surgery," she points out, "takes many forms. But in each case the goal is bring the woman's body back into balance, and remove obstacles that interfere with quality of life. This is particularly true of breast reduction surgery, since disproportionately heavy breasts seriously interfere with movement and exercise—which are so important for overall health."

Restrictive movement is not the only problem experienced by women with larger breasts, notes Dr. Wu. "Other problems can include neck pain, back pain, shoulder pain, and even breast pain. In addition, these women frequently complain of aesthetic issues, finding their breasts out of proportion to the rest of the body."

Happily, says Dr. Wu, "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 breast from moisture being trapped there. And maybe even more important, breast reduction allows them to move more freely and without pain, while feeling more comfortable and confident."

The procedure itself varies depending on the specific needs of the patient. "Breast reductions vary in terms of incision type," Dr. Wu explains. "Certain incisions enable a larger size reduction, whereas what's called a 'lollipop' incision can be used for medium-sized reductions. In both cases, we remove both breast tissue and fatty tissue—in different proportions depending on the patient's age."

"And in all these surgeries," she emphasizes, "the milk ducts, nerves, and breast sensation all remain intact. Although the little cutaneous nerves going to the nipple are temporarily cut with the skin incision, they grow back with time."

### BREAST AUGMENTATION

On the flip side, many women come to Dr. Wu for breast augmentation—a procedure that, in many cases involves fat grafting. "This approach," she explains, "is a particularly effective way of achieving smaller augmentations. We take fatty tissue from somewhere you don't want it—such as your abdomen or flanks—and then purify it and place it somewhere you do want it,

such as your breasts. Using your own fat offers a more subtle volume increase," she says, "rounding out the shape of your breast, making it a little bit softer."

This approach requires more than one session to get to the final volume, typically adding about a cup size. Both the desired size and available fat determine the number of sessions needed. "And we also have to take into consideration the attrition rate of transplanted fat cells," explains Dr. Wu, "which need to take up a new blood supply in order to survive. Because the attrition rate is about 40 percent, additional transplants are needed to reach the desired outcome."

If the first session provides a foundation for augmentation, the second session allows Dr. Wu to build on the previous work to achieve the final outcome. Although the process takes two to three months at a minimum, many women prefer this approach because it involves their own tissue rather than a foreign material.

For larger augmentations, Dr. Wu uses implants to yield a more predictable result in terms of volume. "Whether someone comes in for breast augmentation or reduction or even removing previous implants," she says, "often the purpose is to be able to move better or to become more active and confident in life."

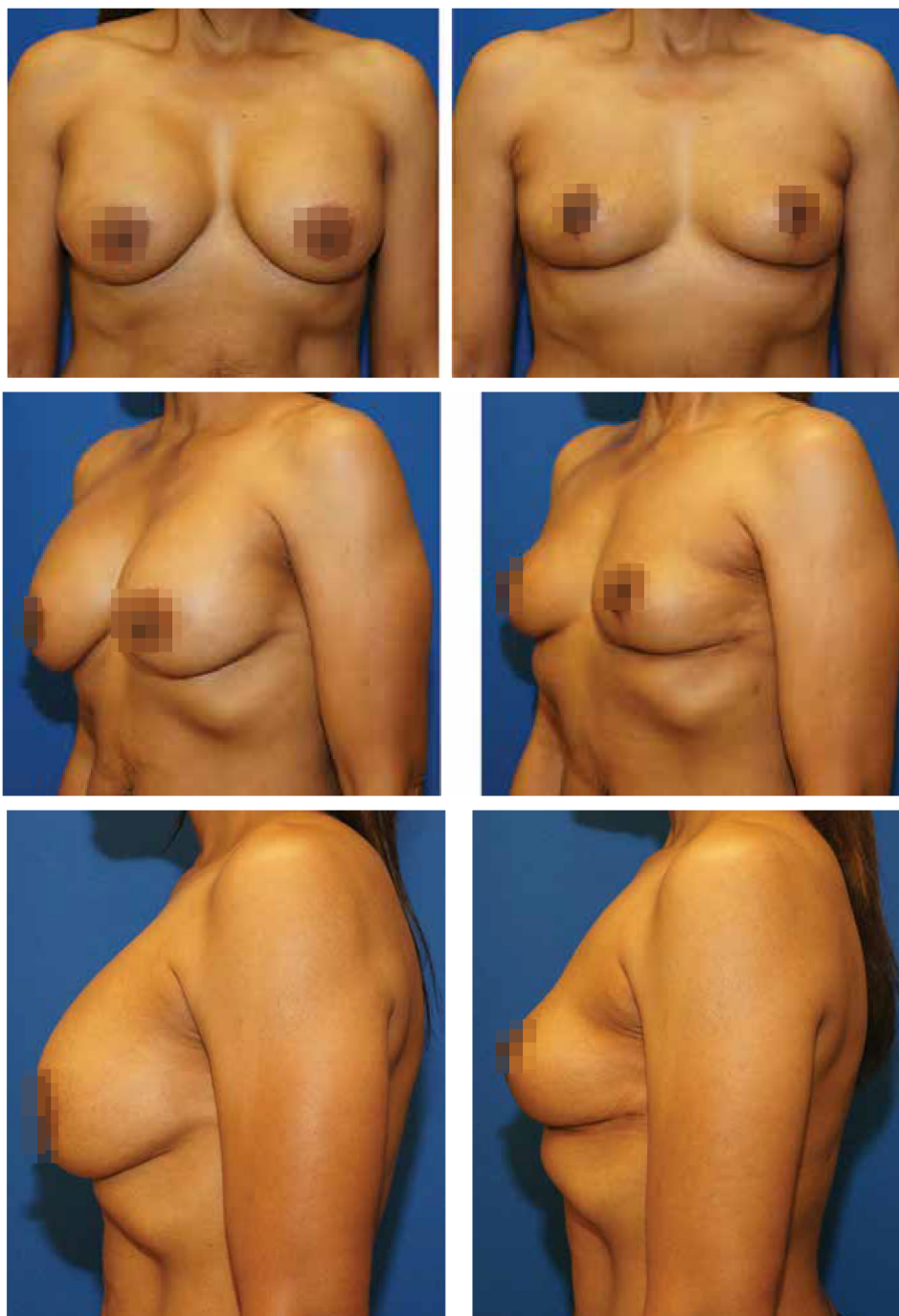
### IMPLANT REMOVAL

Many of Dr. Wu's patients seeking implant removal are post-menopausal women who've had their implants for many decades. "There are many reasons for implant fatigue," points out Dr. Wu. "Some women, for example, have gained post-menopausal weight—including in the breast tissue—and now find their implants have become too heavy. Removal in those cases may actually enable those women to become more active, particularly as they transition into new life habits as empty-nesters."

As with breast reduction and augmentation, Dr. Wu takes different approaches to implant removal. "One option is a simple removal of the implant," she explains. "A second approach also involves removing the scar tissue around the implant—a procedure called a capsulectomy. "And a third approach might combine the implant removal with a breast lift or fat transfer to alter the new breast and yield more aesthetically pleasing results."

"It all comes down to having a healthier body image," she says. "So, whether removing your implants so you can exercise better gives you that healthier image or whether it's putting in an implant, I think both are valid."

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For this patient," explains Dr. Wu, "we performed an implant removal, a capsulectomy—to remove the scar tissue around the implant—and a breast lift to adjust the breasts aesthetically following the implant removal." Those photos show results before and three months after surgery."

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