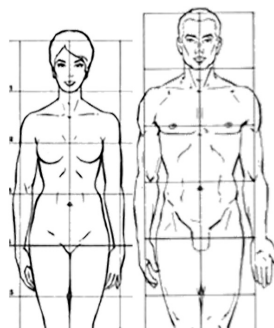


*How Improving One's
Appearance Advances
Opportunity, Performance,
and Prosperity*

THE McCOLLOUGH PLASTIC SURGERY EXPERIENCE

A World-Class Approach To
An Enhanced And Naturally
Appearing Version of You...
At Every Age

DR. E. GAYLON
McCOLLOUGH



**The Sequel to
THE APPEARANCE FACTOR**

If you are contemplating any procedures or products designed to enhance your appearance, you owe it to yourself to study the contents of this book.

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**THE McCOLLOUGH PLASTIC SURGERY EXPERIENCE
A World-Class Approach To
An Enhanced and Naturally
Appearing Version of You...
At Every Age**

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By
Dr. E. Gaylon McCollough, MD, 1943-

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PART I

A PARTNERSHIP WITH GREAT EXPECTATIONS

A Personal Note from The Originator and Surgeon-in-Chief Of “The McCollough Experience”



E. Gaylon McCollough, MD, PhD, FACS

Welcome to what I hope will prove to be a mutually beneficial, gratifying, and ongoing experience for all involved. As part of your “McCollough Experience,” you should consider these introductory remarks the first, yet equally important part of your journey to become an enhanced version of yourself... at every age.

That you are reading these words suggests you or someone you care about is/are contemplating an appearance enhancement procedure, treatment, or product. If so, you should factor the revelations and precautions provided in these introductory remarks into your decision-making process.

The word “experience” has two meanings. Each applies to this publication and my way of caring for my patients. One definition is: “to encounter or undergo an event or occurrence.” Another is “first-hand and repetitive contact with facts or events.”

As a physician and surgeon with fifty-plus years of “experience” in enhancing the appearance and well-being of nearly 25,000 fellow human beings (from all walks of life), I welcome you to what I trust will be a mutually beneficial, gratifying, and ongoing “experience” for you and yours.

The time spent in contemplating the truths revealed herein may be the most important you have, or will, spend while researching the available procedures and providers related to your personal appearance-enhancement journey. And keep in mind, it is just that—an ongoing process that involves a cascading series of decisions and commitments.

To assist you in asking the right questions, I will address the truths and myths surrounding appearance enhancement procedures and products.

Whether your experience will be pleasant and gratifying largely depends on the choices you make at the outset; for achieving and maintaining a natural, pleasing, and youthful appearance is an interactive process. One that depends on all parties being committed to the same mission and with the same degree of dedication.

E. Gaylon McCollough, MD, PhD, FACS,
Founder and President, McCollough Plastic Surgery Clinic, LLC

About the Clinic's Founder and Chief Surgeon

A Career of Experiences

In an article written about him by the international medical journal, *Cosmetic Surgery Times*, Facial Plastic Surgeon, Dr. E. Gaylon McCollough was labeled a *'Renaissance Man.'* In 2024, he was awarded an honorary PhD in Philosophy and Applied Cybernetics by the Internationally renowned United States Sports Academy. His service and achievements throughout the life enhancement industry have earned Dr. McCollough the distinction of *"Best Doctors in America," "America's Top Plastic Surgeons," "Who's Who in American Medicine,"* and inclusion in the National Academy of Medicine.

Facial Plastic Surgery's most prestigious mentoring honors have been bestowed upon him, including, the *"William K. Wright"* and the *"John T. Dickinson"* awards.

An "Ultimate Make-Over" series for the ABC Television affiliate in Pensacola, Florida featured Dr. McCollough and his Plastic Surgery Clinic. He has also been featured in the prestigious Johns Hopkins University's *"Excellence in Plastic Surgery"* video series. He has been a "visiting professor" at respected medical institutions and conventions the world over.

An "Ultimate Make-Over" series for the ABC Television affiliate in Pensacola, Florida featured the work of Dr. McCollough and his staff. He has also been featured in the Johns Hopkins University "Excellence in Plastic Surgery" video series and been a "visiting professor" at respected medical institutions the world over.

Dr. McCollough is certified by The American Board of Facial Plastic Surgery and The American Board of Otolaryngology - Head & Neck Surgery. He has been elected to the presidency of virtually every professional organization

in his specialty, including (but not limited to) The American Board (and Academy) of Facial Plastic and Reconstructive Surgery, The American Association of Cosmetic Surgery, The Alabama Society of Otolaryngology/Head & Neck Surgery, The American College of Rejuvenology, and the International Council of Integrative Medicine.

For initiating its first certification examination and serving as its first president, the American Board of Facial Plastic and Reconstructive Surgery awarded (to Dr. McCollough) the ABFPRS' "Larry D. Shoenrock Distinguished Service Award."

He has also been named "Citizen of the Year" by the March of Dimes in his native Alabama and inducted into his state's "Senior Citizens Hall of Fame."

In 2015, Dr. McCollough received the United States Sports Academy's "Theodore Roosevelt Meritorious Achievement Award."

In 2017, he was awarded the "Paul W. Bryant Alumni Athlete Award" by the University of Alabama and inducted into the State of Alabama's Sports Hall of Fame as its "Distinguished Alabama Sportsman."

During his illustrious college career, Dr. McCollough received numerous academic and athletic awards. He was tapped for Jasons' and ODK, and was the only *Academic* All-American football player on Coach "Bear" Bryant's 1964 National Championship Team. He passed on a promising NFL football career and focused, instead, on medical aspirations.

In 1997, he received the All-American Football Foundation's *"Unsung Hero"* Award (for on – and off – the field achievements.) A decade later, he was honored as the AAFF's *"Outstanding American."*

Dr. McCollough has gleaned a unique perspective of the human race and the health care industry entrusted to ensure its well-being. His experience extends beyond plastic surgery ... into the front-line trenches of mainstream medicine. While working his way through medical school and residencies (in general and head and neck surgery), he gained additional experience, as a primary care physician, conducting a 500 patient geriatric medicine practice.

In 1972 he embarked on specialized training in facial and nasal plastic surgery. His year-long fellowship took him to Beverly Hills, CA, Boston, MA, and New Orleans, LA. While in California, he was offered one of the country's most prestigious academic appointments, Director of Facial Plastic Surgery at UCLA (University of California at Los Angeles). Rather than choosing Hollywood, Dr. McCollough returned to his native Alabama and UAB to fulfill a prior obligation: teach, and perform, advanced facial plastic surgery techniques in the southeast.

In 1975 he opened his own clinic in Birmingham. While maintaining a full-time private practice in facial plastic surgery, his interest in non-surgical ways to help people look, feel, and perform better ... longer, continued to grow. Dr. McCollough drew upon his experience in caring for the end results of aging to develop scientific age-defying programs and services.

In 1992, he accepted a "too good to turn down offer" from a national medical conglomerate, sold his Birmingham Clinic; considered – then reconsidered – the thought of an early retirement and relocated his family and practice to the golf and beach resort of Gulf Shores, Alabama. There, he created the professional office complex, known as The McCollough Institute for Appearance and Health, in which McCollough Plastic Surgery is located. Shortly thereafter, the Gulf Coast

Area Chamber of Commerce named McCollough Plastic Surgery its "2002 Business of the Year."

In order to pass on to tomorrow's physicians the philosophy of patient care that he learned from his mentors, and has embodied for decades, Dr. and Mrs. McCollough established and endowed a one-of-a-kind undergraduate initiative, The McCollough Institute for Pre-Medical Scholars at the University of Alabama. It and the annual McCollough Forum for Medical Scholars continue to prepare prospective physicians for the training ahead and for the obligation they will face as a provider of, and advocate for, the health, safety and welfare of the individuals they serve

The McCollough's also established a charitable foundation, which provides educational assistance for students and services for individuals who need (but could not otherwise afford) plastic and reconstructive surgery. Profits realized from the sale of his books are pledged to this foundation and to various initiatives associated with their alma mater, the University of Alabama.

In 2007 (and in recognition of his interdisciplinary approach to the betterment of humankind) Dr. McCollough was elected president of the (Multi-Specialty) International Council of Integrative Medicine.

While conducting a full time facial and nasal plastic surgery practice, he continues to be an outspoken, national and international advocate for reliable, safe, effective, and *natural-looking* appearance-enhancing procedures and products and for multi-specialty collaboration on health matters.

Dr. McCollough is an accomplished author of both medical and non-medical books. He has authored four textbooks relating to nasal and facial plastic surgery, a manual for pre-medical scholars, and 17 non-medical books that deal with mankind's purpose of life

on Earth, the related challenges, and the responsibilities of the human race, including three novels. (See page 345)

Dr. McCollough and his wife, Susan Nomberg McCollough, a former “Miss

Alabama” and world renowned artist (see page 335) own and operate *MacLand Ranch*, where they reside and breed Tennessee Walking and Racking Horses.

• • • • •

A PATIENT TESTIMONIAL



“When I consulted with Dr. McCollough, I had just walked through one of the darkest moments of my life. Two years prior, I had finally gathered enough courage to leave a very difficult 23-year marriage and had walked through a relentless season of separation and divorce.

Although I had just accomplished this huge feat, the experience had left me drained of any confidence or energy. I had lost myself over the course of the marriage, and now found myself in deep grief for what I had hoped would

be my future. Every bit of what I had been through and what I was feeling had settled in my face.

In my consultation, Dr. McCollough met me where I was with compassion and encouragement before he began to discuss my procedure. The whole process was wonderful. Everything was tailored to me with intentionality and detail. The staff made sure I was well taken care of during surgery and my post-op stay at the (McCollough) Institute (for Appearance and Health.)

Everyone was very attentive, professional, and kind. I was given very clear instructions for my recovery at home; and someone was always available if I had questions. All of my follow-up appointments have been thorough and feel like family reunions!

The most significant result of this process was how my procedure and experience with Dr. McCollough and his staff impacted my personal healing journey. I began to recognize my true self in the mirror again, and little by little regained my confidence and personality as my outside began to match the work I had done inside. It has truly helped me not only to move forward but to be able to do so with pride and excitement for my new future.

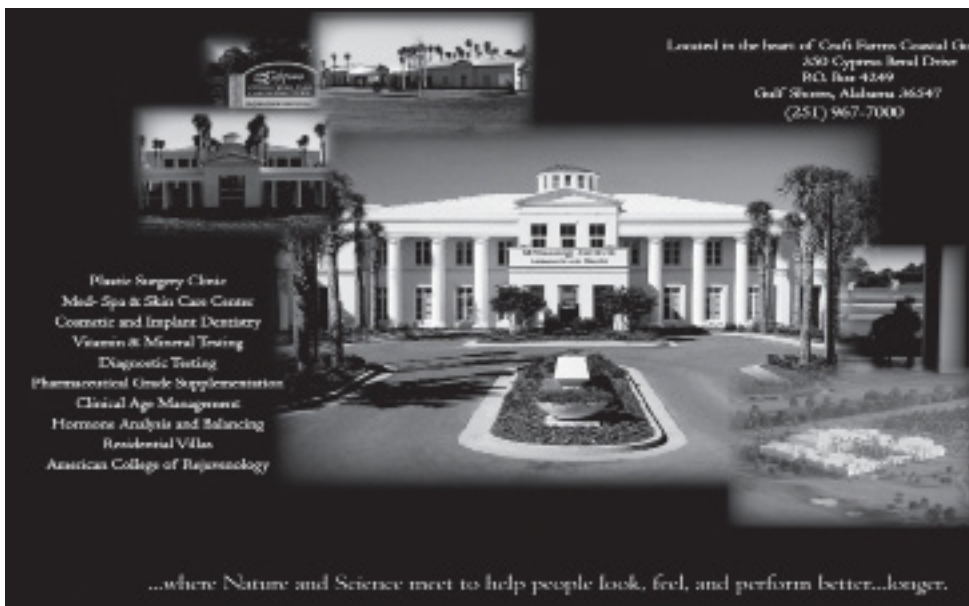
Dr. McCollough is exceptional at his craft, but I believe his dedication to ministering to others through his skill makes him truly great in his field. His focus is not only on changing the outside but allowing his patients to connect with the best versions of themselves.”
(A.A.)

VALUED ACKNOWLEDGMENTS

For their contributions to this book, a debt of gratitude is owed to:

- my wife, Susan, who understood my need to spend endless, uninterrupted hours at the computer in our home writing what you are about to read. Her forty-five years of counsel and support has been extra-ordinary;
- my dedicated staff, I appreciate your tireless efforts in helping with the research and, in some cases, preparing drafts to be considered for publication in this manuscript;
- my parents, teachers, coaches, and instructors. Thank you for encouraging me to look beyond the ordinary and to ask not only why...but why not;
- and to you, the patients, clients, doctors and allied health-care professionals, who have placed your trust in me and the institutions that represent "The McCollough Standards of Excellence". I promise that my staff and I will do everything in our power to justify your expression of confidence.

I also want to thank the Alabama Gulf Coast Chamber of Commerce for bestowing upon us its "2002"Business of the Year" Award.



Architectural design and project management by Stedmann B. McCollough,
Interior Design by Susan N. McCollough

Affiliations

For educational and research purposes McCollough Plastic Surgery enjoys academic affiliations with the United States Sports Academy, The University of South Alabama, the Alabama College of Osteopathic Medicine, and Pensacola State College.

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THE JOURNEY TO A BETTER YOU AND OUR ROLE IN IT

While this book addresses the procedures and services provided by McCollough Practice Surgery, it is recommended that you include in your research and lifestyle changes a companion publication, *One Face at a Time* (see page 345.)

The word “plastic” refers to a process by which the shape and/or form of animate or inanimate materials are modified or. So “plastic surgery” is surgery that changes or modifies a part of the human body.

A “plastic surgeon” is a surgeon that completed training in reshaping various portions of the human body and successfull completed a rigorous and comprehensive examination or certification process.

An important point to keep in mind is that with plastic surgery, one condition is exchanged for another. The mission is to make the “new” condition better than the previous one... but there are no guarantees.



Private, roomy, and affordable villas at The McCollough Institute are provided for our guests' convenience and comfort, making the Institute a perfect place for a rejuvenating get-a-way..



While geographically located in the beautiful Gulf and Golf Resort of Gulf Shores, Alabama, McCollough Plastic Surgery is dedicated to providing world-class, comprehensive care to patients from all walks of life... to the exclusion of none.

LOCATING US

Gulf Shores, Alabama: Home of McCollough Plastic Surgery Clinic, LLC

McCollough Plastic Surgery is located at Craft Farms Coastal Golf Resort off Highway 59 and County Road 4 in Gulf Shores, Alabama, on the Gulf of Mexico. GPS may recommend you come through a residential neighborhood. The simplest way to find us is to come down Highway 59 and turn east at the light located at Longhorn Steak House once you have entered Gulf Shores' city limits. Proceed east, past Target, into the Craft Farms Golf Course. The Institute is a large yellow complex with a white roof.

The stunning white sands of a 32-mile long beach is surpassed only by the glorious blue waters that lap the shore. This is Gulf Shores, Alabama—a progressive community known for its natural beauty, safety, hospitality, and year-round short-sleeve weather; where you can stroll the beach in search of shells ... fish for a world-class catch ... explore history ... dine on delicacies from the seas anytime you like. Where, although Pensacola, Florida and Mobile, Alabama



are only minutes away, in Gulf Shores you'll find all the conveniences but none of the stress of city life. Here, people really mean it when they say, "Have a nice day!" *Not surprisingly, many people who came here for surgery, decided to make Gulf Shores their home.*



"... where some have found paradise"



AN ADDED BONUS:

While visiting the Alabama Gulf Coast, you should treat yourself to the world-renowned Susan N. McCollough Art Gallery and Studio, previously located at the Institute, it is now located at *MacLand Ranch*. (See page 335)

THE McCOLLOUGH EXPERIENCE

McCollough Plastic Surgery is a division of McCollough Plastic Surgery, LLC and one of the tenants of The McCollough Institute.

McCollough Plastic Surgery conforms with Alabama state law (522-21- 20) which governs physicians' offices and serves as a "public protection mechanism."

Our surgeons specialize in both aesthetic (cosmetic) and reconstructive surgery. Many of the procedures we offer help reverse the unwanted signs of aging. However, we also perform surgery to reshape noses, ears, chins, cheeks and to revise scars and remove blemishes. These procedures can be done at virtually any age (except for the very young). And, our clinic now provides nonsurgical ways to prevent—and help reverse—many conditions thought to cause premature aging, and its related consequences.

While Dr. McCollough only performs surgery of the nose, face, neck and eyelids, associate surgeons perform plastic and reconstructive surgery of the breast, abdomen and extremities, including liposuction, breast augmentation, reduction and lifts, and abdominoplasty ("tummy tuck").

Skin Care is available through the Spa, another tenant of The McCollough Institute. A professionally-administered skin care program can be a vital part of "maintaining" the improved appearance achieved through plastic surgery. In addition, a scientific nutritional program can help a number of medically rooted skin conditions, camouflage fine wrinkles, and give the skin a glowing, healthier appearance.

Let us know if you would be interested in learning more about how to incorporate these services into your quest to live a longer, healthier, and more fulfilling life.

Most surgery is performed at the Clinic; however, we sometimes recommend that surgery be performed at a nearby hospital. Place of service will depend upon a number of factors, including the procedure(s) to be performed, the age and health of the patient, type of anesthetic required, and the patient's wishes. Costs for both hospital and clinic surgery varies. For certain procedures, there can be some cost savings and convenience when surgery is performed at the clinic.

When surgery is done solely for cosmetic purposes, medical insurance ordinarily does not pay for any of the costs of the surgery, follow-ups or complications resulting from treatment. If, however, the surgery has a "reconstructive" component (such as a deviated nasal septum, hooding eyelids.) or surgery is done to repair an injury, birth defect, or skin cancer defect, insurance *may defray* all or some part of the costs of treatment—unfortunately not always.

We recommend you check with your medical insurance carrier *prior to your consultation*. We will also be glad to assist you in finding the answers and procuring justifiable reimbursement.

For many patients, cost is a factor when deciding whether to have surgery—and which surgeon they choose. However, costs alone should not be the determining factor. *Experience and convenience also counts!* A number of factors determine a professional's fee schedule. Throughout the world... and in every profession... *the experience and documented skills of the provider* are generally the best assurance toward happier outcomes. Please know that we are committed to your feeling positive about *your McCollough Experience*.

THE COMPETITIVE EDGE:

Why You Should Consider Improving and Maintaining Your Appearance

The world in which we live is a highly competitive place. And those who thrive in such an environment understand not only how to survive, but how to rise above the masses ... and circumstances. Look around you and you will see that love, luck, fame, and fortune tend to favor the person who presents a more pleasing appearance. You will also realize that better-looking people tend to enjoy better health. You will see that, while, the majority of appearance enhancing procedures are performed on women, men comprise the fastest growing segment of people looking to improve their appearance—for all the right reasons.

It may surprise you to learn that the people, who undergo appearance enhancement procedures are the same ones that:

- watch their weight.
- engage in physical activities that tone and strengthen muscles and cardiovascular health.
- maintain hormones at levels consistent with those of youth.
- visits a medical spa for relaxation and scientific skin care.
- augment their diet with pharmaceutical-grade vitamins and supplements.
- have their teeth whitened.
- coordinate their clothes.
- groom their hair.
- engage in activities that enhance their minds and spirits, as well as their bodies.
- associate with others who look upon the positive side of life.

As you go about your daily activities, notice that attractive people appear to be happy, and that happy people appear

to be more attractive; and regardless of their age, others are attracted to them.

Every individual has two ages: chronological and biological. Your “chronological age” is determined by how many years you’ve lived. Your “biological age” is how old your body actually is—and looks—in comparison to others who have lived the same number of years. A number of factors determine whether one’s biological and chronological age are in balance.

A positive outlook on life cannot be underestimated. People who look for the good and positive in every situation tend to find happiness.

Balanced nutrition (with the appropriate supplementation) is also a major factor in remaining healthy and attractive; as is physical activity to keep circulation moving and muscles strong. Weight-bearing exercise also tends to keep bones strong, combating osteoporosis.

Maintaining balance with your body’s hormonal system is crucial to good health and a pleasing appearance.

While it may not be clear, which comes first (beauty, happiness, or fulfillment) they are, no doubt, “symbiotic,” meaning they feed upon and create each other. And, it doesn’t really matter at which age you give yourself the gift of becoming your personal best.

The instant you decide never to be unattractive; if you choose to never look older than you are; or if you refuse to be unhappy, you will have given yourself the gift of enduring youth.

HOW WE CAN HELP YOU MAKE A GREAT FIRST AND LASTING IMPRESSION

The Key to Improving Your Chances for Success, Happiness, and Prosperity

History affirms that our appearance says a lot about who we are ... inside and out. While a human being may not have been born with ideal facial and body proportions, there are a number of other factors that we can adopt, each of which creates a great first impression other people take note of:

- Our countenance: how we stand, sit, and carry ourselves;
- How “fit” and resilient we appear to be;
- How well we coordinate our clothes;
- how well they fit;
- How appropriately we wear our hair (and, in the case of women;
- How make-up and accessories are incorporated into your persona); and equally as important;
- How cheerful, optimistic, sincere and trustworthy we appear to be (our inner beauty, often defined as “character”).

Appearance-enhancing surgery was intentionally *left off* the list above. The reason is that the non-surgical “appearance factors” I have outlined can be achieved by *anyone*, at any time they choose to take the initiative to improve upon the hand dealt by Nature. Another reason for not including cosmetic procedures is that – for a variety of reasons – not everyone is a candidate for plastic surgery. The bottom line is: there is virtually no excuse for not looking one’s best.

For individuals who are in good health and desire to maximize their *appeal rating*, the *right procedure*, performed by the *right surgeon*, for the *right reasons*, at the *right time of life* can play

a vital part in achieving such a objective, regardless of what age the process is initiated.

Plastic surgery is a partnership between the patient and their surgeon. It is an attempt to balance the wishes of the patient with the artistic expression of the surgeon. After a meeting of the minds, the aesthetic surgeon attempts to create the kind of “harmony” set forth in the landmark work on human proportions carried out during The Renaissance by Leonardo da Vinci (See page 110). It can also personify the creativity of another Renaissance master, Michelangelo, who felt driven to carve away the casing and “set free” an angel he saw contained within a block of stone, which to most observers was viewed as merely a massive piece of raw marble.

The human body is a masterly designed creation; and, yet, the ability to bring anatomic features into even better balance, making large noses smaller, small chins larger, correcting prominent ears, enhancing breasts, and surgically sculpting hips, thighs, or tummies to create more ideal proportions is why many of us chose plastic surgery as a career. The specialty that – early in my career – I identified as “architectural medicine” provides an opportunity to improve the quality of life for those we serve. As you will come to see in the pages of this book, it also can lead to improving the quantity – or longevity – of a life, lived well.

For individuals just beginning to exhibit the advancing signs of aging, “maintenance” surgery can go a long way to preserving a “natural” youthful appearance, for decades to come. And, for the individual with advanced

aging, an experienced plastic surgeon can often restore the face and body to a natural, more youthful and appealing appearance. While doing so, it is entirely possible to avoid the unexpected “plastic look” that directs so many *appearance-conscious* people away from a surgeon’s office.

Recognizing the validity of “The McCollough Plastic Surgery Experience” in improving health, lifting spirits, and opening doors of opportunity, people

of all ages and all backgrounds should consider maximizing their God-given potential ... in every way possible. To those who would erroneously label putting one’s best face forward “an act of vanity,” the most appropriate response is: while existing in this realm, why wouldn’t our Creators (in whose image we were made) want us to strive to become the best we can be – not only spiritually, but physically, mentally and socially?



A COUPLE’S TESTIMONIAL

“Dear Dr. McCollough,

Meeting with you initially to correct Nelson’s hooding of his eyelids became a journey of enhancing our physical happiness to match our emotional happiness. Your manner of connecting to your patients was not only a confidence builder for us, but also an avenue for us to travel further on the road to joy in life. And perhaps, sharing our road map to those who might want it



Being able to keep a more youthful appearance enhances our emotional happiness, which enhances our appearance ... all in our “circle of life” ... the better we look, the better we feel ... the better we feel, the better we look. And the happy people with whom we wish to associate, want to associate with us. Of course, we could have decided to be totally happy without enhancing our appearance, but having additional happy friends outside of our “age group” is certainly beneficial.

You and your staff have always been interested in us as individuals on a personal level, rather than just “patients and customers”. We feel like family when we visit and will always welcome the opportunity to share our journey to any of your prospective patients and friends. You and your staff always have a special place in our hearts.

Thank you!

Danice and Nelson Welman”

Chapter 1

INVEST IN YOURSELF

The Far-Reaching Value of a Pleasing Appearance

In the 4th century, B.C. Aristotle noted that *“a pleasing appearance is more important than any letter of introduction,”* meaning that how you look when you walk into a room creates an impression. That impression can be positive, or negative.

NEWSWEEK surveyed hiring managers and job seekers about the role of beauty in the workplace. As Aristotle recognized: *it pays to look your best... at all times. Doing so qualifies as an investment in yourself.* The following is extrapolated from an article written by Jessica Bennett in the July 19, 2010 edition of NEWSWEEK.

“We’ve all heard the stories about how pretty people have it easy: babies smile more around good-looking parents; handsome kids get better grades and jobs, and earn more money; the list goes on. Still, we’d probably all like to think that we’ve earned our jobs on merit alone and that, in this economy, it’s our skill that will get us back in the game.” But if you believe the results of two new NEWSWEEK polls, you’d better think again because in the current job market, paying attention to your looks isn’t just about vanity, it’s about economic survival. Job candidates have always been counseled to dress up for interviews. But our surveys suggest managers are looking beyond wardrobe and evaluating how “physically attractive” applicants are.

NEWSWEEK conducted an online survey 200 corporate hiring managers, from human-resource employees to senior-level VPs, as well as a telephone survey of a nationally representative sample of almost 1,000 members of the public, only to confirm what no qualified (or unqualified) employee wants to admit: that in all elements of the workplace, from hiring to politics to promotions, looks matter ... and they matter big.

The eight most interesting revelations about your appearance:

1. Looks Matter at Work

When it comes to getting hired, almost two-thirds of managers believe an unattractive (but qualified) job candidate will have a harder time getting hired and believe that, once hired, looks will continue to affect the way managers rate job performance.

2. Looks Matter More Than Education

Asked to rate nine character attributes, looks came in third, below experience and confidence, but above where a candidate went to school and a sense of humor. Does that mean candidates should throw away their college funds on a cosmetic surgery? Probably not; but it does show that not all recruiters are looking for an Ivy League diploma.

3. Put Your Money Where Your Mouth Is.

(We Suppose That Could Be Taken Literally.) Sixty percent of hiring managers advised spending as much time and money making sure they look attractive as important as an impressive resume.

4. It’s More Important for Women

As a whole, women are perceived to benefit more from their looks: almost 40 percent of managers believe that being “very good-looking” is more of an advantage

for women than men. (However in recent years, more men are pursuing ways to invest in themselves—ways to look, and feel, younger.)

5. Personnel Directors Discriminate Against People Who Are Overweight

Almost 75 percent of Americans may be overweight, according to the U.S. Centers for Disease Control, yet the fact remains that we discriminate against fat people at work and in life. Two thirds of business managers said they believe some managers would hesitate before hiring a qualified job candidate who was significantly overweight.

6. Managers Also Dislike Old People (... or people who appear to be old)

Eighty-four percent of managers said they believe some bosses would hesitate before hiring a qualified job candidate who looked much older than his or her coworkers.

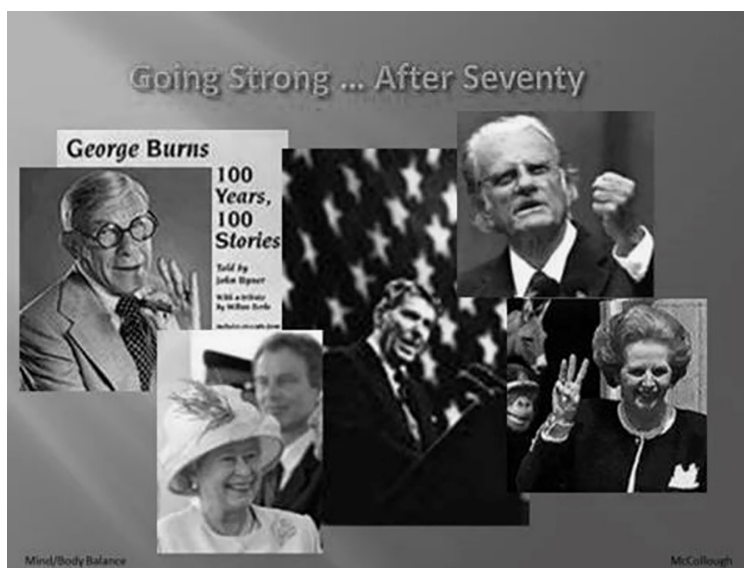
7. Hiring Based on Looks

Two thirds of hiring managers said they believe companies should be allowed to hire people based on looks when a job requires an employee to be the face of a company at retail stores or in sales.

8. Confidence Is Important, Too!

Confidence and experience, of course can still go a long way when it comes to succeeding at work (or in inter-personal relationships.) Remember, both ranked first and second on a list of the most important employee attributes.

The NEWSWEEK survey notwithstanding, in more than forty years of enhancing people's appearance, Dr. McCollough has observed that when we look our best, our self-confidence is bolstered and we tend to strive for higher goals. Therefore, enhancing your appearance through the Rejuvenology protocols, procedures and products offered by McCollough Plastic Surgery, tends to bolster the hiring and advancement factors that rank above it. The following letter from a satisfied McCollough patient makes the point.



"From left to right, they are George Burns, Queen Elizabeth, Ronald Reagan, Billy Graham, and Margaret Thatcher. Each of them should be emulated for their contributions to humanity. Pay attention to the way these iconic human beings presented themselves to the world—their posture, clothing, hair styling, grooming, and the appearance of a pleasing and positive disposition."

Another Patient's Life-Enhancing Experience

Dear Dr. McCollough,

... The surgery you performed on me (nose and facial scarring) has truly had a positive influence on my life. As I have said on many occasions "face to riches the McCollough way," has been one of the very best decisions of my life.

As you know I had a very bad accident which left me feeling my face and confidence both, were in bad condition seven years ago. After talking to you, seeing your institute, meeting your team, and especially when you looked at me and said don't worry I'll take care of you, I was convinced to move forward and schedule my surgery.

The road to recovery has been great. You have fulfilled your promise of taking care of me along with your other doctors, nurses, and staff.

The positives in my life are enormous. I can breathe better, resulting in more restful sleep. Work business is up (while others complaining they are down) compliments of my eyes (eyelids) and looks are coming my way again instilling confidence, and yes I've met a really great lady. My face is not perfect, which I did not want and you assured me you would not create a "new" face ... just a better one.

I just wanted to take time to thank you and your team for helping make all this possible.

Sincerely,
E.L.

THE POWER OF ATTRACTIVENESS

Personal and Professional Considerations

Each year, around the world, millions of people undergo elective surgery for the sole purpose of improving their appearance. Many more have procedures designed to reconstruct a portion of the body following an accident, tumor surgery or a congenital defect.

A national survey (Psychology Today) indicates that 40% of Americans are dissatisfied with the shape of their noses and 25% are dissatisfied with their "chins" (and necks). Furthermore, 25% of all cosmetic surgery is performed on men and that percentage is increasing.

The answer to why a healthy individual might ask to have surgery knowing that the possibility of potentially serious problems exists is revealed on the preceding page. After considering the risks and potential benefits, most go forward in order to attempt to improve the quality of his or her life.

Today's America is a youth-oriented, competitive society with a strong emphasis on appearance. It is common knowledge that the business community seeks out attractive people to fill available positions. Those who have the responsibility of hiring new employees confirm that a pleasing appearance gives one an advantage when all other qualifications are equal.

The Journal of Personality and Social Psychology reports that although definitions of beauty have varied through the ages the fact that *favors are granted to individuals considered to be handsome or beautiful has never changed*. Aristotle said, "Beauty is a better recommendation than any letter of introduction."

Is it any wonder then, that many patients who have cosmetic plastic surgery do so for economic reasons? Not only is this true for the fashion model, television and

movie personality, corporate executive, or the professional person, but for anyone whose work or life-style requires interaction with the public. Educators know that the young people they teach relate better to one who does not look old or poorly groomed. A pleasing appearance offers other advantages. The renowned psychologist, Dr. Perry Buffington, has recently reported that for students, "good looks affect school grades." Furthermore, according to Dr. Buffington one's looks also "determine who will become our friends, and enhance the probability of prosperity."

The facts are, that not only do people in the upper socioeconomic bracket undergo cosmetic plastic surgery, but so do working people living on a budget. Most people plan for their cosmetic surgery just like they plan for a vacation, a new piece of jewelry, or an automobile. It is viewed as an investment in themselves. Today, it seems financing is available for everyone, regardless of their income, to take advantage of plastic surgery and a better appearance.

When one looks better, his pride and ego are bolstered, and surprisingly enough, it has been shown that when he feels good about himself he performs better.

Corporate America certainly understands the value Americans place upon personal appearance. Billions of dollars are spent each year by people from all walks of life on cosmetics, accessories, fashionable wardrobes, vitamins, health foods and weight control products. Many of these same individuals also have plastic surgery and take care of their skin.

Cosmetic (or aesthetic) plastic surgery can often improve ones appearance by correction of deformed

or unsightly facial or body features and by eliminating some of the conspicuous marks of the aging process.

Reconstructive plastic surgery is that which attempts to restore portions of the body to the state which might have existed prior to an injury, infection, tumor removal or previously unsuccessful surgery. Correction of many congenital defects also falls under this category.

Aesthetic skin care encompasses a variety of methods designed to improve the quality, texture and health of the skin. Medical aestheticians can also serve as consults for healthy make-up, age prevention, improved toning of the muscles of the face and neck, and some medical skin conditions. Personal fitness and nutritional counselors play an important role in health and well-being as well.

Our purpose with this book is to familiarize those considering surgical

and non-surgical procedures with some facts about it prior to the discussion of the individual problem and to explain the policies of McCollough Plastic Surgery. Everyone should first read Parts I, II, and III because these sections apply to all patients. Then, you should proceed to the sections which interest you. By design, there is much overlap, so you will need to refer to several chapters to be best prepared for your consultation, surgery, and treatments.

Please understand that we speak in terms of the “average” case when discussing the procedures, services and examples presented in this book.

Our goal is to make the entire experience convenient and comfortable for our patients and to achieve results that look “natural” or “un-operated.” We hope you will be happy you selected our clinic and look forward to establishing a long-term professional relationship.

• • • • •

On the Issue of Being “Presentable” ... After Surgery



The photograph on the right was taken only two weeks after a face lift and eyelid surgery in a patient who faithfully followed The McCollough Perioperative Protocol. With make-up and hairstyling she is “presentable.” The average person would not detect the post-operative signs of surgery.

Chapter 2

THE TEN TO FIFTEEN YEAR PRINCIPLE

The McCollough Approach to Naturally Appearing Results

As a rule, and depending upon the combination of procedures performed—and the surgeon—plastic surgery can create the appearance of the same face that existed 10-15 years previously.

The next several pages demonstrate pre and post-operative results of patients who underwent a variety of procedures addressed in this book. All facial and nasal cases were personally performed by Dr. McCollough.

Some of the Things We Can Do (with Surgery)



Face Lifting Followed by
Stage III Chemical Peel and Dermabrasion



Lip Enhancement, Liposuction, and Weight Loss

Some of the Things We Can Do (with Surgery)



Face Lifting with Liposuction of the
Neck and Chin Implant



Face Lifting with Liposuction of the Neck, Upper
and Lower Eye Lids, and Full Face Chemical Peel

Some of the Things We Can Do (with Surgery)



Face Lifting with Liposuction of the Neck, Upper Eye Lids, Full Face Chemical Peel, and Lip Augmentation



Face Lifting with Liposuction of the Neck and Cheeks

Some of the Things We Can Do (with Surgery)



Upper & Lower Lid Blepharoplasty and
Temporal, Cheek, & Neck Lift

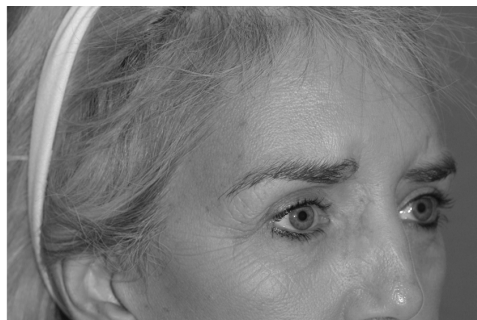
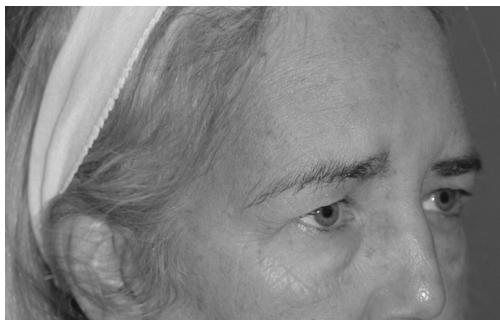


Face Lifting with Liposuction of the Neck, Upper and
Lower Eye Lids, Full Face Chemical Peel, and Chin Implant



Extreme sun damage and wrinkling can be improved
with surgery and a Level III resurfacing. Note the
improved texture and color achieved in this patient with
surgery and a surgical peel.

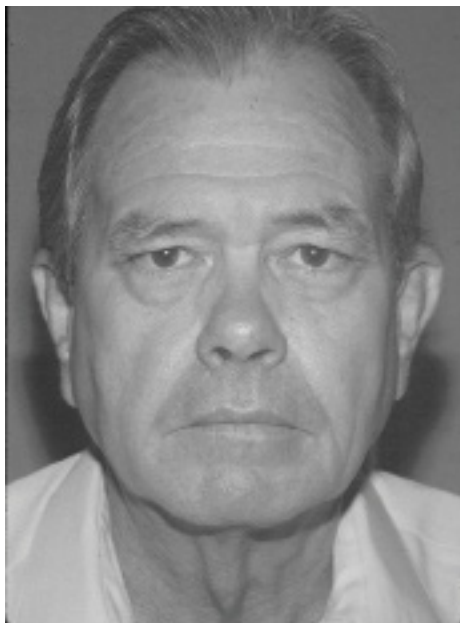
Some of the Things We Can Do (with Surgery)



Brow Lift with Upper and Lower Eyelids



Upper & Lower Eyelid Surgery (Stage III Blepharoplasty)



Brow Lifting and Eyelid Surgery

Some of the Things We Can Do (with Surgery)



Brow Lift and Chemical Peel



Face Lifting and Level III Chemical Peeling

Some of the Things We Can Do (with Surgery)



Functional Septo Rhinoplasty



Some of the Things We Can Do (with Surgery)



Rhinoplasty (Nasal Plastic Surgery)



Nasal Reduction (Rhinoplasty)

Some of the Things We Can Do (with Surgery)



Scar Enhancement and Dermabrasion



Scar Enhancement and Dermabrasion

Some of the Things We Can Do (with Surgery)

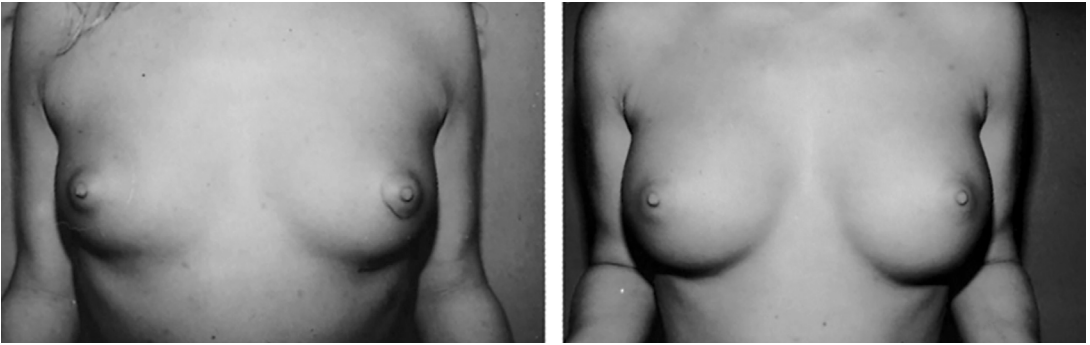


Forehead, Brow, Cheek, & Neck Lift and Upper & Lower Blepharoplasty



Refinement of the nose, lips, and lower face

Some of the Things We Can Do (with Surgery)



Breast Augmentation

(See pages 247-267)



Breast Reconstruction

Some of the Things We Can Do (with Surgery)



Mastopexy (Breast Lifting)

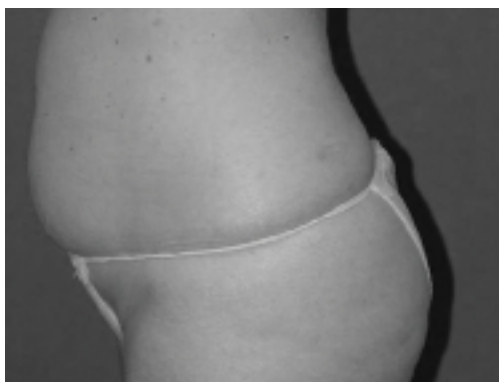
(See pages 256-258)



Abdominoplasty (Tummy Tuck)

(See pages 275-276)

Some of the Things We Can Do (with Surgery)



Abdominoplasty (Tummy Tuck)

(See page 275)



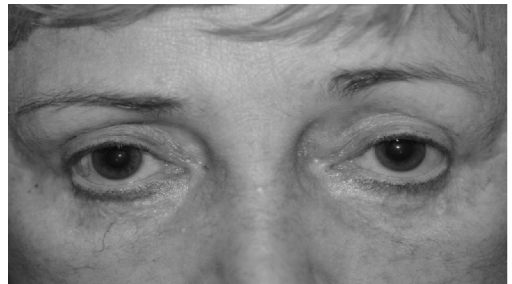
Liposuction

(See pages 271-273)

Some of the Things We Can Do (with Surgery)



Facial scarring resulting from complications following fat injections ... improved by excising scars and defects.



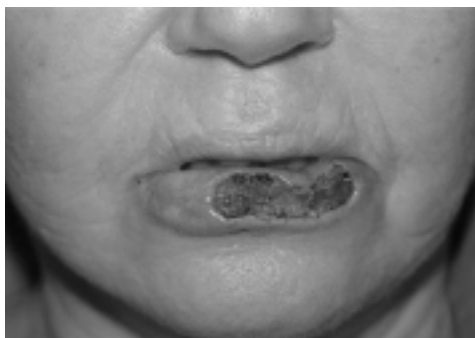
MOHS skin cancer defect on nose ... repaired by advancing adjacent skin.



MOHS surgery cancer defect of the cheek ... closed by shifting adjacent tissues into the defect.

Some of the Things We Can Do (with Surgery)

Before



Cancer removed by MOHS Surgery

After



Reconstruction made by shifting tissues
from inside the mouth
and skin from below

Before



After



Patient who underwent a Stage V facelift and underwent a Level III skin resurfacing with chemical peeling and dermabrasion several months later.

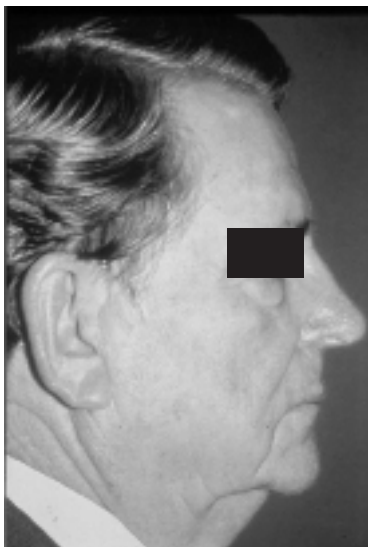
Some of the Things We Can Do (with Surgery)

Before



Man suffering from nasal airway obstruction and a drooping nasal tip.

After



Elevating the nasal tip improved the airway and provided him a more youthful appearance.

Before



Heavy brows and eyelids gave this woman a "tired" appearance.

After



Stage IV face and brow lift, coupled with upper lid Blepharoplasty, alleviated her concerns.

PART II

A BODY, MIND, AND SPIRIT FRAME OF REFERENCE

Chapter 3

THE TEMPLE OF YOUR SOUL

Before delving into ways to change or modify your body, we should review some of the facts addressed in previous sections of this book and establish what we can—and cannot—change.

Human beings are extra-ordinary creations. Some scientists believe that our bodies are capable of living one hundred and twenty (120) years. If that is true, then why don't we live that long? Why do some of us begin to show the signs of aging in our 40s? Perhaps it is because of the things we *do not* do to ensure youth and health. From a self-enhancement standpoint, humankind can be divided into three groups.

The McCollough Classification of Appearance and Health Awareness:

Group I does not understand how the body works and knows not what to do to enhance or take care of it.

Group II knows what should be done, yet chooses not to do what they know they should do.

Group III knows what to do and does what they can to take care of themselves and those they care for—and about.

Now that you have been introduced to The McCollough Classification of Appearance and Health Awareness, and its Rejuvenology underpinning, take a moment to determine which of the three groups you are currently in. If you find yourself in Group III, this book will show you how to continue enhancing your appearance and health for more years than you might imagine. If you are not now, in Group III, I hope to show you how to be.

A Marvelous Creation

For thousands of years mankind has tried to understand life, and death, and everything in between. We have come to realize that the human body is a marvelous, beautiful, yet fragile creation. We are taught that it is *“the temple of our souls.”* History records that the “temple” has been worshiped, ignored, abused, and mutilated, sometimes knowingly, sometimes unknowingly, oftentimes by others, or by the individual encased within it. As far back as the history of civilization can be traced, mankind has sought ways to understand why we were created. One of the related quests has been focused on finding ways to defy aging. In that regard, expeditions were launched to discover the mythical “fountain of youth.” Consider this book as your resource or guide.

As Dr. McCollough often states, *“In the 21st century, the life span of humans is on the rise. People are living longer. The conditions, which cause us to die, are changing. Unlike many of our ancestors who died of infections, childbirth, and accidents, more and more of us are dying of chronic diseases. We are learning more about our bodies. We are beginning to understand what enhances it and what tears it down. So why not enhance it?”*

Today many of the conditions, which cause us to age and die, are brought upon ourselves. The things we do, (as well as the things we **do not** do) to our bodies either help them ward off disease, or invite the old-age appearances that accompany disease, and premature death. By the choices we make, we *become participants in our current appearance, and state of health.*

In the quest for perpetual youth it is difficult to determine the practical “age” of the human body. The reason: our bodies keep time by two “clocks”. One is the “*chronological clock*.” It records the number of years we have lived. The other is the “biological clock.” It measures how “old” (or senescent) our body actually is. The rate at which your “*biological*” *clock* ticks is dependent on your genetic makeup and on the lifestyle choices you, daily, make. Although we can’t change the *chronological clock*, it is possible to slow down and/or speed up your *biological clock*. We can teach you how and assist you along the way. Perhaps actor and movie mogul, Clint Eastwood, said it best. When asked how he was still going strong at 90, Clint said, “I refuse to let the old man in.”

McCollough Plastic Surgery is designed to help you, your doctor, and a team of allied health professionals slow the “ticking” and to rejuvenate and invigorate your body and mind. We focus on reversing the undesirable signs of aging. (For details, see page 144)

Beware of “Specials”, Treatments, Products, and Discounted Pricing

In Western Civilizations, there is a growing interest in programs, services, and products, designed to help keep us young. The icons of health and beauty that adorn the covers of magazines and picture screens raise the bar... often to unrealistic levels. Even so—and for reasons previously addressed, people from all walks of life are actively seeking advice and treatment from doctors and allied health professionals.

Almost everywhere you turn, there is a “quick-fix,” a “simple” and “guaranteed” way to keep you young and fit. Don’t be deceived. The time-honored advice that **“If it sounds too good to be true, it usually is,”** applies. When considering whether to purchase or undergo the

“miracle” treatment of the month, do the research. It is important to make sure that the services and products you are considering are grounded in science and years of experience.

If you have a question about a product, technique, or service, Email me at mccolloughplasticsurgery.com and I will have one of our staff do the research for you. My staff and I will give you an honest opinion as to safety and effectiveness.

The Price of Stopping Aging

With the growing commercialization of the health and beauty industry, the public is being bombarded with misinformation. One of the purposes of this book is to “de-mystify” some of what you—and others—are being told...and sold.

Some of the terms used to describe what I prefer to call “*Rejuvenizing and Invigorative Health Science*” or “*Rejuvenology*” are confusing. As I often point out my colleagues, the term, “anti-aging medicine”, is a misnomer; that to “anti-age” is impossible. *To maintain youthfulness—to rejuvenate and restore vitality—is achievable*, providing you are willing to follow the recommendations offered throughout this book.

First, it is important to understand that there is a difference between “aging” and being “old.” Being “old” is, to a great extent, a state of mind. Feeling and acting “old” is driven by your thoughts.

Senescence is the term used to describe the physical and mental manifestation of being old. The word “senility” comes from the same root word. On the other side of life’s equation, “youth” is also a state of mind. “*Rejuvenation*” is the physical and mental manifestation of re-capturing the mind-set of being young—of not allowing the “old you in”.

“Rejuvenology” is a total health mind-set that includes each of the arts and sciences that available to professionals committed to the rejuvenation process.

The objective in helping people look, feel, and perform better, *is not to stop aging*. As simplistic as it may seem, *to stop aging is to cease living*. A more realistic objective is to accept the fact that each of our bodies continue to age (chronologically). Rejuvenology directs the focus toward living as many years as possible, but to do so with a longer, vitality-filled, and productive *“health-span.”* And, that is, precisely, what Dr. E. Gaylon McCollough and his team of professionals bring to the McCollough Experience. Plastic Surgery is often a portal to that process.

It is important to note that the Rejuvenology programs, services, and products offered at McCollough Plastic Surgery are well within the mainstream of the medical and allied health professions. All are based on scientific principles and decades of experience. Before he became a facial plastic surgeon, Dr. McCollough also conducted a geriatric and elder care practice.

Experiencing Re-Creation

In the quest to keep you from losing the battle of premature aging and help you focus your thoughts and actions toward disease prevention and life enhancement, let us, first, agree on a few basic facts:

Our bodies are comprised of many *inter-dependent* parts. It is, in fact, a biological “machine”, which in order to perform at its maximum potential, must be cared for, maintained, and polished with pride and respect.

Like the bodies of all living creatures, human beings have a unique ability to adapt to circumstances and surroundings, whether the stimulus is of external, or internal origin. As result, our bodies are in a constant state of change. Humans are the most evolved creation on earth; and, we are being **re-created** cell-by-cell, day-by-day, and year-by-year.

Since the delicate process of re-creation is ongoing, as a body owner, caring for your body becomes your own responsibility. So as the keeper of your “temple,” it is your responsibility to do everything within your power to protect it, maintain it, and whenever appropriate, to adorn and enhance it. It is also your responsibility to choose doctors and allied health professionals who can help you take care of you. And, we can assist you in doing so.

The Depths of Beauty and Handsomeness

For centuries, human beings have been told: *“Beauty is only skin deep.”* However, in the 21st Century, that age-old adage is being challenged. The challenge is taking place because the physical and psychological relationships between appearance and health is emerging as a medical specialty unto itself. As previously stated, this new specialty is one Dr. McCollough launched at McCollough Plastic Surgery. It is called: *Rejuvenology™*, “which is featured in his new book, *One Face at a Time* (See page 345 and 349 for ordering.)

Surgical Rejuvenology™ (plastic surgery) changes the size, shape, and contours, of body parts and eliminates many of the unwanted signs of aging.

The *non-surgical* model arising out of Rejuvenology™, is called: “MAX-A-LIFE™,” a nutritionally-based, lifestyle improvement program designed to help people from all walks of life, look, feel, and perform better...longer, by defying behavior and habits which lead to “premature” aging and ill health.

The McCollough Plastic Surgery Experience was created to provide a nexus, at which you can get in touch with who you really are, inside and out. **Once you have a clear understanding of who you are, you can see how that person measures up to the person you wish to be.** You can come away

with a personalized lifestyle prescription designed to help you become a better you. You will learn the true meaning of “optimal health” as it applies to you and your own unique set of circumstances.

“Health”... Defined

The World Health Organization defines “health” as **“a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.”**

With the above definition as its foundation, the medical and surgical services offered at McCollough Plastic Surgery are designed to help you achieve a more advanced level of well-being, even if you have an existing health problem. And, while perfection may be the lofty aspiration which we will attempt to achieve, together, *improvement* is a more realistic goal.

In future sections of this book, you will become more familiar with how the two new branches of surgical and non-surgical rejuvenation programs are inseparable. You will see how both can enhance your appearance, help you maximize your potential, and enjoy the longer, more productive life—*that you will create*. You will see how what is happening *within* your body can, now, be identified—and modified—in ways, previously thought impossible. You will learn how to become your own best advocate in the arena of health and appearance enhancement. In short, you are about to become empowered to help those you depend upon to care for you, do an even better job.

You ... Inside and Out

It is true that the way people look on the outside, says a lot about them. Dr. McCollough has proven that it is not always possible to look at a person and tell if everything is okay, inside. So, we set out to find additional technology, which would allow us to “look” *within and beneath the skin and into body*

cavities, organs, and blood vessels. And, we have already achieved a major portion of that goal.

Many of our clients feel better because deficiencies in their diet and supplement programs and hormone levels were identified and corrected. *We believe that the time has come to empower you with the knowledge, protocols, and procedures you need in order to become your own advocate in your personal quest toward achieving optimal appearance and health enhancement.*

We provide advanced laboratory testing in order to determine if your body’s intricate chemical and nutritional systems are balanced; not only within the blood fluids, but also within your cells, at a molecular level.

The important thing is to undergo the laboratory testing and to follow through with whatever imbalance might exist.

It is important to emphasize that the vast majority of people who are tested, leave with the peace of mind that nothing of any great importance was found.

Most only need to adjust their eating and nutritional supplement habits and engage in more responsible activity. Others, recognize the need to learn how to manage the stresses of their everyday lives.

Connecting Mind, Body, & Spirit

For you to **BE** healthy, you must **THINK** healthy. In order to **BE** attractive, you must **FEEL** attractive. Then, thoughts must be put into action and become good habits, *age-defying, health-enhancing habits*.

As caretakers, it is important for the professionals at McCollough Plastic Surgery to connect with our patients and clients in ways rarely experienced in today’s “*upside-down*” environment. Without this kind of personalized interaction, it becomes impossible to treat the “whole” individual, inside and

out. Through the emerging discipline known as Multi-Specialty Rejuvenology, Dr. McCollough and his staff offer ways to integrate advanced technology into enhancing your appearance and offers a body, mind and spirit

perspective to your current state of health... all to assist you become the best you possible, realizing that, in life, there are no guarantees.



The “Best of Baldwin” Awards Honor is an acknowledgement by the Gulf Coast Community to recognize businesses that have provided exemplary services to the citizens of Baldwin County, Alabama and the surrounding areas of the Florida Panhandle and Mississippi Gulf Coast.



Best of Baldwin 2025

We love this community and look forward to continuing to help you along your aesthetic journey!

251.967.7600
McColloughPlasticSurgery.com



CHAPTER 4

A TIME-TESTED PROCESS AND PARTNERSHIP FOR HEALING AND BEING WELL

The following is offered in preparation for and to expedite a vital part of your McCollough Plastic Surgery Experience, i.e. *the healing process*. As you read it, keep in mind that this is me speaking directly to you.

In that regard, I trust that you'll accept what you are about to read in the spirit in which it was intended: *To provide an element of reassurance as you experience the changes taking place in your face, nose, and body during the days, weeks, and months following your surgery*, and realize that others who have undergone the same procedures have experienced similar concerns and feelings.

If you happen to be a college football fan or have read my book, *The Saban Process: The Bryant Promise*, you are more than familiar with Coach Saban's "process" to personal and collective victory. In many ways, it was a repackaging of the "promise" another iconic coach made to his players, Paul "Bear" Bryant.

I was fortunate to have played for and been mentored by Coach Bryant. Doing so served as a "springboard" for another profession that requires attention to finite details, not only part of the time, but on an every opportunity basis from both sides of the surgeon/patient partnership. That profession is *plastic surgery*. Within that broad calling, my focus has always been on plastic surgery within the head and neck region of the body.

While doing so, I've been honored to care for nearly 30,000 patients. The vast majority of them followed *my* recommendations and instructions. However, some chose not to, and as

can be expected, their healing process didn't progress as well as it could have. In the title of this section, I used the term "Peri-Operative", which means the time prior to and shortly following your surgery.

To emphasize adherence and consistency, I often use the following example. If you have access to a time-honored recipe, use the same ingredients, temperatures, and length of times in the oven—*every time*—you're likely to get consistent outcomes. If you alter any of those factors, you don't know what's going to come out of the oven. That's how I would like for you to think about the "recipe" I've used and recommended for my patients to follow over the past fifty years.

For your convenience, and that of your extended support system, I've prepared and provided a written and companion *audiovisual version* of this monologue.

As part of my peri-surgical recipe or prescription and to have you better informed than patients who choose other routes toward appearance enhancement, additional instructions and insights are provided throughout this book and on my website, mccolloughplasticsurgery.com, under "Resources" on the home page. To view additional video materials, log on to YouTube and type in "Dr. E. Gaylon McCollough interviews and lectures", especially the BLAB TV interview in which I elaborate on "The McCollough Plastic Surgery Experience. To better understand the mindset behind my process, watch the "Victory in the Game of Life" presentation to the Pensacola, FL, University of Alabama Alumni

Association. Also, be on the lookout for existing and future periodic posts on social media that are provided. If you invest the time to read and watch these materials, you'll be better informed than ninety percent of patients who undergo appearance-enhancing procedures—worldwide.

I strongly recommend that you not rely on TikTok, gimmicky internet posts, promotions, or advertisements based on “too-good-to-be-true” treatments before or after your procedures.

Here's another truth I've learned from my vast experience as a facial plastic surgeon. When it comes to informing patients about medically related topics, repetition is required. Studies have shown that patients tend to remember approximately 25% of what they are told in a doctor's office. That's why you'll find the same—or similar—instructions and precautions in multiple sources I provide.

I've also found that one of the more consistent concerns patients and their support system have about plastic surgery is that, afterward, they won't look like themselves. While there is little any surgeon can guarantee, on this concern, I can assure you: In contrast to some of my appearance-enhancement colleagues, *I strive for “natural-looking” results* and recommend only time-tested procedures, protocols, and products. Prior to consenting to *any* appearance-enhancement treatment, you'd be wise to consult the resources I've made available.

This book provides numerous *before-and-after* photographs and testimonials of patients who chose my approach to looking and feeling their best, at every age. You should also know that I performed all facial, eyelid, and nose procedures published herein. My plastic surgery colleagues performed the body procedures. You can also be assured that if you schedule a procedure with

me, I will be performing it. The same applies to other surgeons in our clinic.

You will note that each of the patients who underwent rejuvenating procedures within the head and neck region, and whose photographs are included, obtained a “natural” result. They still look like themselves, just a younger version of themselves. The version that existed ten to ten-fifteen years previously. Providing you follow my recommendations and instructions, that's what you, too, should expect.

Since this section focuses on the period between your consultation and when you are ready to have your own “after” photographs taken, I urge you to take a few minutes and review the photographic section prior to this one, and keep in mind that each of these patients experienced a similar healing process. In each case, it took the same care, attention, and patience for them to enjoy the final results of their surgery and/or skin rejuvenating procedures.

This “prescriptive” narrative is strategically placed in the introductory section of this book and before sections that deal with specific procedures and protocols. It addresses the preparatory and healing processes from a *broad-spectrum perspective* and the mindset that will help keep your healing process “on schedule.”

Unlike the chapters that deal with a specific procedure, this narrative applies to nearly *every procedure* my expanded surgical staff and I offer. At the conclusion of each procedure-specific chapter, you'll find more detailed instructions and precautions that apply to *that* particular procedure. Patients who undergo multiple procedures should follow the directions assigned to each one.

As previously referenced, you are encouraged to review and familiarize yourself with each of the resources and supporting posts on my website. The

audiovisual version of this monologue is, or soon will be, available by clicking on “Resources” on the home page and then on “*The McCollough Peri-Operative Prescription: Audiovisual Version.*” To download the *print* version, follow the same directions, but click on “...: *Print Version.*”

Both versions of this narrative (along with information and precautions included in this, my consumer information book (*i.e.*, *The McCollough Plastic Surgery Experience*, which is only available in a printed format) are vital to preparing for your surgery and the healing process that will follow.

To be as informed as may be humanly possible, you should read and/or listen to both versions attentively and often, especially during the first two weeks following your surgery. Over the years, patients have told me that each time they read or listen to this monologue, they learn something they overlooked in previous readings.

You should approach your surgery and healing process with the mindset that the information and precautions I provide are essential as any medication or product you may be given to help make your “experience” as pleasant, reassuring, and speedy as possible, and realize the full potential of the investment (in yourself) you’ve made.

Your responsibilities in what I hope will become a long-term “surgeon/patient partnership” are critical to a *mutually envisioned* healing experience and outcome. As part of that *process*, your daily routines will be temporarily altered, and you might not feel your best for a few days afterward. As a result of all the medications administered on the day of surgery and perhaps the night after, some patients describe the first couple of post-operative days as a “hangover.”

You will also be prescribed medications for any discomfort you may experience, something to help you sleep, and in most cases, a prophylactic antibiotic.

However, careful adherence to the instructions and precautions we stress may allow you to be less dependent on prescription medications during your recovery and therefore alleviate some of the “side effects” associated with their usage. For example, narcotic medications slow or shut down your digestive tract. The more—and more often—you take them, the more apt you are to experience severe constipation; and “stool softeners” will neither prevent nor alleviate it. You might require a *warmed* enema.

That’s why I recommend (and provide in your post-operative bag) non-narcotic (over-the-counter) pain medications, such as Percogesic, as the “go-to” choice. If additional medication is required, breaking a narcotic pill in half is usually sufficient. This protocol minimizes the possibility of constipation and the “hung-over” effect of narcotics for most patients, thereby making the healing process more pleasant.

This narrative emphasizes and elaborates on many such insights, options, recommendations, and precautions that have been, or will be, addressed during your consultation and in other patient information materials. Patients who have prepared themselves by studying our peri-operative materials tell me they provided a great deal of the assurance that they and their personal support system appreciated following surgery.

One Step at a Time...

The performance of your surgery was or will be a vital step toward the objective upon which we agreed during your consultation(s). While you and I were together in the operating room, I carried out what I believed to be the appropriate surgical maneuvers and set conditions in motion designed to help achieve the goals we discussed.

Now comes an equally important yet less predictable part of your

“McCollough Experience.” We have to *wait, watch, and do* what we can to assist the regions operated upon to heal as expected and in a timely fashion. That will require a hefty *dose of patience* from both sides of the patient/surgeon partnership because both of us—and members of your personal support system—are anxious to see the “final” result and to get the rejuvenated and enhanced version of you back to your usual routine as quickly as possible.

A Choice of Attitudes...

Here, I believe it might be helpful to delve a little deeper into the *recovery process* that all patients who undergo surgery experience. The more you understand that it is a *process*, the easier it will be for you to help direct it along the most positive path.

We will also touch upon some of the potential problems, inconveniences, and frustrations that could arise over the next few days, weeks, and months.

I have chosen this *preparatory* patient information format because it allows me to communicate an array of thoughts in the best manner I know how. So, keep in mind that this is **me** talking directly to **you**.

In addition to addressing the kinds of concerns experienced and expressed by thousands of patients, I have included documentation on the importance of how one’s *frame of mind*, attitude toward circumstances, personal habits, and lifestyle can have a direct effect on the body’s ability to heal... or not.

Within this narrative, you’ll also find bits of personal philosophies and insights gleaned from more than a fifty-year career of performing nasal and facial plastic surgery. One of which is that, while as human beings, we aren’t able to control everything in our world. However, there is one thing of which we have absolute control: our *attitude* toward any given condition or circumstance.

We both know people who look at the world from a “glass filled halfway to its brim with water is *half-empty*” perspective, and we also know those who look at the same glass (or life, itself) from a *half-full* perspective.

I trust that throughout our patient/surgeon partnership, you’ll join me in adopting and embodying the *half-full* mindset. That you’ll maintain a positive mindset, look for the positive aspects of your “experience,” and encourage those in your personal support system to do the same.

These thoughts and observations are based on my own experiences while guiding thousands of patients through the same process you are and may be undergoing. The insights I share with you are based on scientific principles and tens of thousands of surgeon/patient encounters. Part of my responsibility is to mentor you on how to feel good about your surgery and yourself, because it all works together. “*The body is the servant of the mind.*” Therefore, if you enter your “McCollough Experience” with a positive and healthy *attitude*, your body should respond accordingly.

About the Recovery Process.

First and foremost, it is essential to recognize that the human body is divinely engineered to heal itself through a systematic and methodical series of events. It has been established that the *mind* plays a vital role in the process, perhaps more so than previously believed. We also have to appreciate that each body—each person—is different, and that it is impossible to accurately predict just how your own *healing process* will play out and how much your mental response to the *process* will influence the final result.

It is also important to remember that, much as a garden grows, healing takes place over time, in small steps, rather than giant leaps, and almost never

progresses as quickly as everyone wants.

The *recovery process* you will, or are, experiencing is one over which neither doctors, medical staff, nor patients have total control. Although Nature provides us with patterns and algorithms, healing is governed on an individual basis. Therefore, our roles, as necessary as they may be, are limited.

Patient/surgeon partnerships are intended to set the stage and assist the body to heal, as it was created to do. As your physician and surgeon, my staff and I will do our best to monitor and (to the extent that I can) to assist with your recovery. But remember, you and your choice of mindsets also play key roles in the process.

You should also know that many patients (and some members of your personal support group) experience a period of anxiety and/or depression in the immediate post-operative period. Surgery—any kind of surgery is a *shock* to both the mind and body.

The amount of swelling that follows every surgical, injectable, or resurfacing procedure varies depending upon the procedure(s) that are performed and within patients who undergo the same procedures. If you undergo several procedures on your face at the same time, you may be unrecognizable for the first few days. Just keep in mind that all swelling and bruising is temporary and will eventually subside. You can assist in the process by following these and other instructions we provide.

And regarding how you'll feel after surgery, one patient described the first few days as a "hangover". This is not an unexpected side-effect because you were given sedatives, tranquilizers, and anesthetic medications during your surgery. Since then, you have probably taken some additional medications to alleviate discomfort and help you sleep. I use the term "discomfort" because

with facial and nasal plastic surgery, our patients rarely experience pain. Discomfort can often be addressed with cold compresses or non-prescription medications. However, we'll provide more potent medications for those who have a low pain tolerance or need something to help them sleep as directed—on your back with your upper body elevated, as a recliner or motorized bed provides.

As these combinations of medications are metabolized and *cleared* from your body, you should begin to feel better and stronger.

As previously referenced, following surgery, you are also swollen, have some discoloration, and look worse than you did prior to surgery. But these things are natural parts of the healing process, and will pass. Remember, it is not unusual for one part of your face to be more swollen or bruised than others. In time, all swelling and bruising disappear. In your "Post-operative Bag," along with most of what you'll need to care for your procedure sites, we provide a bruise cream (Dermend) to help speed the process.

When swelling "puddles" in any given area or in and around where sutures and staples were used, small injections of cortisone will speed the process. In some cases, it might take more than one injection.

While healing is taking place, you (nor anyone else) shouldn't prematurely scrutinize the outcome of your operation. One reason is that the surgical areas remain swollen for some time after an operation, and swelling produces tightness, lumpiness, and temporary distortion of the tissues.

Part of our responsibility (yours and mine) is to reassure those closest to you that the things they see for a while after your surgery are a natural part of the healing and maturation of the *process*. *This process* progresses more rapidly

in some patients than others, especially when our instructions and cautions are faithfully and unwaveringly followed.

The more familiar you are with the healing process, the better prepared you'll be to reassure members of your personal support system. You should also keep in mind that the information and insights provided refer to what occurs in the vast majority of cases. Your body is *your* body, and it may not respond to the same conditions or treatment as fellow human beings who have undergone the same procedures.

The Biologic Feedback System...

In this section, we examine the science behind your healing process. Doing so will help you better understand what is taking place and its "natural" progression. Some of you may find the following more technical than you feel the need to know. Even so, it prepares you for the next section.

Healing begins on a microscopic scale almost immediately after any surgery and (at least for a while) builds in intensity. Here's how it works: During the initial 48-72 hours, swelling and discoloration *increase*. Then, unless something interferes with it, an *internal feedback mechanism* begins to direct the appropriate biological adjustments. From within the surgical region(s), signals are sent to higher control centers in our brains. Our brain then directs the circulatory system and cells in that region to change course and initiate the healing process. When messages indicating the process is progressing satisfactorily are received, the brain directs the vascular system to reverse course. The lymphatic system kicks into high gear. As a result, swelling and discoloration begin to subside.

However, these proceedings can also be diverted toward an *unfavorable* course. The patient plays an important role in determining which path the process takes. A number of factors

affect healing and, therefore, determine how quickly (and how effectively) the *process* progresses.

A future section deals with a major preventable risk factor. However, non-smokers should also read it.

Frequently Asked Questions and Common Concerns. . .

One question commonly asked by patients who have undergone surgery is, "*How much swelling do I still have?*"

It is difficult to answer on an absolute basis, but, as a rule, about eighty percent (80%) of swelling subsides by two (2) weeks, and ninety (90%) recedes by two (2) months. However, a small amount of swelling can remain for several months, and even small amounts of swelling are capable of puddling, i.e., creating lumps and bumps and distorting tissues. It is not until that final percent of swelling and lumpiness subsides that the "final" result can be evaluated.

Another commonly asked question is "*When can I expect to see some of the improvement my surgery was designed to achieve?*"

Although the healing process will be far from being "complete", ***within a couple of weeks***, patients who faithfully follow our instructions can begin to see some improvement over the pre-operative appearance. By their nature, some procedures take longer to heal than others. It also stands to reason that multiple procedures cause more swelling and may necessitate relying on the "large dose of patients" previously referred to for a while longer. Just try to focus on the fact that swelling

related to surgery will eventually subside and that your final result awaits its reveal.

Camouflaging the Signs of Surgery. . .

Many signs of recent surgery can be concealed within 7-14 days. As is the case with other aspects of recovery, the schedule differs from person to person and from procedure to procedure. For example, the post-operative care and its effects on the healing of Levels II and III chemical peels, dermabrasions, and laser treatment require more self-discipline on the part of the patient than some of the other procedures and longer healing times. ***So, ask about make-up, concealers, sunscreens, and skin care products before using them.***

For procedures that require sutures or staples, we would like you to wait until ***ALL*** crusting has resolved before coloring your hair. For skin resurfacing procedures (peels and dermabrasions), you should wait until ***ALL PINK DISCOLORATION*** subsides before using anything other than what we've prescribed, coloring your hair, or having your nails done. And keep in mind that, although you might be able to conceal the pink discoloration with *mineral powder make-up*, it is not unusual for Levels II and III skin resurfacing sites to have some pink for up to two months.

The bottom line is this. It is in your best interest to check with us first... and please don't ask for permission to deviate from any of the instructions provided to you. We are doing our best to expedite the healing process in a timely fashion. It only takes one irresponsible moment or act on the part of the patient to set the healing process back weeks or months.

Patients who have had dermabrasion or chemical peeling also need to be ***extra careful*** about letting ***any irritating product or spray*** contact their newly

rejuvenated skin. More than any other procedure, absolute compliance with post-operative instructions determines how quickly these areas heal and how quickly you can return to your "normal" routines.

Just know that in the vast majority of cases, the efforts spent protecting your newly rejuvenated skin will be worth it. Once the healing process has run its course, you'll be able to return to all your pretreatment products and activities. You should review some of the post-treatment photos in this book to appreciate the investment you'll make by adhering to our instructions and precautions.

Regardless of the combination of procedures you choose to undergo, you'll find most answers to your questions about post-operative care in the "Post-Operative Instruction" section following the chapter of ***each and every procedure*** you've had. So, when you aren't sure what to do, refer to those sections. If you are unable to find the answer, my assistants and staff can (and are expected to) answer them for you.

If you wish, we can also arrange an appointment with one of the Institute's skin care consultants who can help you camouflage (and care for) your skin on a long-term basis to care for the investment you've made in yourself and keep you looking your best for years to come.

Physical activities will be addressed more specifically in future sections and in the consultation/reference book. Please refer to them before resuming physical activities. However, there is one rule that applies to all procedures and patients: ***pay attention to your body.*** It will tell you when it is healed. Use good judgment. If you ponder "Should I do this, or that?" ***Don't!*** If something you attempt produces pain, tightness, discomfort, more redness, or more swelling, your body is probably

sending messages that those regions are not yet ready to be tested.

Reasonable Evaluations. . .

The fact that surgically related healing is accompanied by swelling, numbness, tightness, discomfort, lumpiness, discoloration, temporary hair loss, and a variety of other signs and symptoms is a significant reason why ***the end result of any operation cannot be ascertained until several months have passed.***

This fact of life can sometimes be disconcerting to patients and members of their “support system” who expect *immediate* gratification from appearance-enhancing operations. It is essential to be aware of this phenomenon so that you can explain these realities to family and friends who may want to prematurely scrutinize your surgery. And keep in mind, *not everyone is going to be happy with the fact that you look better than they do.* Even some members of your family or supposedly best friends may be jealous of, or threatened by, the fact that you’re looking better or younger than they are and try to find fault with some aspect of your healing. You’d be surprised how often I’ve seen this phenomenon raise its ugly head. As inspirationalist Joyce Meyer reminds her followers, ***“Don’t let others steal your joy!”***

Perhaps, prompted by media hype and space-age advances in medical technology, some people believe that members of the medical profession should be able to cause a patient’s body to respond to a prescribed course of treatment. The facts are that the influence my colleagues and I have over the *healing process* is limited. The best we can do is to do our best to set conditions in motion that allow your body to heal itself. As they relate to surgery and healing, “quick fixes” (other than strategic cortisone *injections* in lumps, bumps, and itching scars are more myth than reality. I’ve not found topical scar treatments to be effective. With other

conditions, time tends to heal most things. However, if a scar is enlarging and/or itches, cortisone injections are recommended.

As I do with all patients, I must remind you that ***for at least the first two months following any surgery or a skin resurfacing procedure, the only reasonable evaluation anyone can make is how things are healing.*** From past experience, however, I know that regardless of how often patients hear (or read) this venerable truth, they still tend to prematurely judge the outcome of what has been done. Many simply need to be reassured more frequently that everything is progressing “on schedule.” That’s why I provide the direct Email of members of my staff who can answer questions not addressed in this communique, other parts of this book, and sources. When my staff feels my input is needed, they will contact me and I will weigh in on the discussion.

I find myself constantly urging patients and members of their support system to accept the following statement: *No one should attempt to evaluate the surgical areas for results until at least ninety percent of the swelling has subsided (and not until the color of resurfaced skin and/or scars returns to the color of the surrounding skin).* The operative words in the preceding statement are *“attempt to evaluate.”* For some procedures, final results often take months to assess.

During your healing process, look for—and celebrate improvement, not perfection. *Don’t look for trouble. Trouble doesn’t slip in through the cracks around doors; it kicks the doors down!* Think positive thoughts. A century ago, Dr. Orison Marden and James Allen reminded doctors and patients of a venerable truth that deserves repetition: *“The body is the servant of the mind.”* Whatever the conditions or circumstances, the thoughts we harbor in our minds create both positive and negative conditions throughout our

bodies and culture.” That’s why I feel the need to prepare you—and yours—for the road ahead.

About Smoking, Nicotine, Vaping, and Other Vasoconstrictors...

It is well-documented that some substances, habits, and lifestyles are detrimental to healing. Nicotine is one of these substances. When consumed in any form, nicotine is absorbed into the blood, following which it is carried to every part of the body. This is true whether the source of nicotine is derived from tobacco or from smoking cessation aids (gums or patches).

Although originally thought to be a less-harmful alternative to smoking, recent evidence indicates that vaping, in any form, can also produce harmful effects on the vascular and other systems, thereby interfering with the production of new and healthy cells.

While circulating throughout the body, nicotine constricts (or makes smaller) ***all*** blood vessels of the circulatory system, including those which flow to and through surgical regions. When they are trying to heal, these regions require ***more***, not less, circulation. It is easy to understand, then, how drugs and/or products that constrict blood vessels could arrest, delay, or compromise the healing process. This is why I strongly advise patients ***not*** to use nicotine in any form for at least a month before and after surgery. ***Second-hand smoke also contains nicotine and should be avoided, as well.*** The same prescriptive advice applies to vaping.

Prior to surgery, it is possible to perform a “nicotine test” to see if the substance is in your body. If so, there is a good likelihood that your surgical plan might be altered, cancelled, and/or not rescheduled until your test is “nicotine free.” While some might consider these part of your “McCollough Experience,” burdensome in nature, it is for *your* benefit that these instructive

measures are included in our protocols. Prior to surgery, we want your body to be as healthy as possible and your mindset on making it so. That’s the best platform from which healing can be expected to progress and avoid a host of complications.

Admittedly, unexpected post-operative conditions and complications are not limited to nicotine users. However, delayed healing, infection, excessive scarring, hair loss, bleeding, irritation to membranes, surface irregularities, and differences in both the color and consistency of tissues are some of the unfavorable conditions that are more likely to occur in patients who consume nicotine and/or blood vessel constricting agents. For the same reasons, caffeine-containing coffee or tea, and nasal sprays, decongestants, etc., should also be used sparingly during the first two (2) weeks after surgery.

Although it does not constrict blood vessels, at least for the first week following surgery, alcohol intake should also be avoided. You should know that all kinds of substances, which are either taken internally or applied externally to healing wounds, can potentially cause problems; however, those that were addressed in this section tend to be more difficult for patients (who have used them on a regular basis) to set aside. And that is reason enough to draw extra attention to them.

Plan For the Unexpected...

Because people are born genetically different and/or practice different lifestyles, some patients heal faster and better than others. These are major reasons why some operations, even though performed by the same surgeon, come very close to the goals that were established, and some fall short.

While part of my responsibility in our patient/surgeon partnership is to make you aware of some of the untoward aspects of your surgery and healing

*process, **fortunately (and happily), most operations and recoveries are uneventful.** When instructions are followed and complications do not arise, healing usually progresses as expected. Patients tend to weather the temporary ups and downs of uncertain times and, if their pre-operative expectations were reasonable, are generally pleased with the treatment they receive.*

But... what about the patients who encounter unexpected conditions and experiences?

A great coach I had the privilege of knowing and playing for always reminded the people he led to “expect the unexpected... and to have a plan should things go awry.

So, Here’s Our Plan...

If an unexpected condition or setback should arise during your treatment and/or the outcome is less desirable than either of us would have preferred, this will be a time to strengthen our “partnership” and pull together—and in the same direction.

First, and foremost, we’ll have to accept the fact that, although we’d prefer it were not so, some happenings are simply beyond the control of either party (the patient, the surgeon, and/or the surgeon’s extended staff). However, in the unlikely event that setbacks or complications arise, my staff and I will most certainly employ best efforts to set conditions back on track, and do so as quickly and as expeditiously as medically possible. Our efforts will be determined by the condition(s) at hand. We will need your full cooperation, understanding, and patience during the process, as well as that of your personal support system.

If, after the process has run its course, a “tweak” or revisional procedure is indicated, we will do what is reasonable for both parties to try to make things better. *That is my pledge to you!*

Caring for Surgical Sites. . .

Earlier, I indicated that **you** and, perhaps, your personal support system, are key players in your recovery. The best thing you can do is to take good care of yourself and of your healing areas. When considering whether to try something not explicitly addressed by the instructions you’ve been given, consider the delicate nature of tissues on the mend. Ask yourself:

- Would I do the thing I’m considering to the skin or tissues of a premature baby?
- Would I disturb something which had been freshly painted before the paint had dried?
- Would I walk or drive on freshly poured concrete, stress the roots of newly planted vegetation, or remove a time-honored recipe from the oven before the designated time?

Freshly operated tissues, too, must “mature, cure, cook, or become firmly rooted” before they can be disturbed without consequences.

Remember: *prematurely stretching, bumping, lying on, scratching, irritating, pulling against, or any other mistreatment of surgical areas may produce (or widen) scars, encourage additional swelling, and cause both the surface and the underlying foundation to not heal properly—something neither of us wants.*

Special Emphasis...

Here, I remind you that, while we surgeons are expected to provide patients with the information needed to meet the “informed consent” standard of care, which includes the possibility of untoward outcomes, you should focus on the positive and life-lifting aspects of appearance-enhancing surgery. As much as you are encouraged to read this section of my patient information book, I also urge you to review the

personal testimonies and before-and-after photographs of patients who sailed through their “McCollough Experience” without a hitch.

Even so, and as is the case with all ventures, trouble lurks in the shadows, waiting to make an unwelcome appearance and direct us down an unfavorable path. Knowing the potential for problems exists, I have tried to chart a course that would lead toward a conclusion you’d be happy with. So, help us do so.

To assist you through your “Experience,” I am blessed with an outstanding supporting staff who are positioned to answer most of your questions. For your benefit, doctors and nurses are *on call* twenty-four hours per day, seven days a week. I urge you to take advantage of their expertise, but also to *do your part* in learning about and following the directions and instructions provided for you in this and other sources. Unless an urgent situation arises, please call or contact us during “reasonable” hours.

On the walls of my post-operative treatment rooms are posted several “patient reminders,” one of which is: ***Please do not ask for permission to break or bend the rules. If you do, you’ll be inviting trouble.***

Our advice to you is based upon decades of experience in caring for tens of thousands of other patients who did and did not do as instructed. Most followed the instructions as surely as they would in bringing their favorite recipe to a successful and happy conclusion. Some of those who didn’t jeopardized their healing process and ultimate result.

Forgive me for presenting this in what some might interpret as a patronizing manner, but I have found that precautions generally require special emphasis *and repetition*. You see, I want you to do well, heal quickly, return to your “normal activities”, and to get the best possible

result; however, to make that happen, I need your assistance.

About Changing Courses...

From time to time, (and if we think the current conditions call for it,) we may recommend a new or different post-operative course of action for you. That’s part of any “process,” the healing one included. Additional medications (or treatments) can sometimes have a positive effect on the *healing process*, but some products or measures (often thought to be *facilitators*) can have undesirable side effects. Any treatment can introduce a whole new series of variables, sometimes positive, sometimes not.

Just know that we will always try to recommend and do what we believe to be in your best interest and to achieve the result we both desire.

The Meanings and Interpretations of “Success”...

Here, and in other sources, I introduce you to the “One Step Paradigm of Plastic Surgery.” You might want to review that section in this book as you consider the contents of the following paragraphs.

The “one-step” evaluation concept is based upon the premise that each operation stands on its own. The end result of any treatment is also based upon where (on the scale) we began your enhancement process.

I was introduced to the “One Step Paradigm” early in my career by Dr. William Wright, a renowned facial and nasal plastic surgeon from Houston, TX. It states that in the vast majority of cases, current conditions can be enhanced “one step” up the “Ladder of Perfection.” If we ladder the words or descriptive terms of current conditions as indicated on the following page, an acceptable result is one step up the ladder:

However, depending on the beginning condition or skills and experience of the

surgeon, sometimes it is possible to advance two steps up the ladder. For example, it is more than unlikely that a significant deformity (or variation of Da Vinci's criteria for beauty) can be advanced into an iconic beauty. A more realistic mindset is that it can result in a face or body part that is not considered unattractive or unsightly to the body owner. On the other hand, minor defects can often be elevated to coincide with the universal standards of beauty that have been rewarded throughout the history of humanity.

Although, as your surgeon, I have the advantage of seeing what has been achieved on the operating table before swelling and bruising set in, both you and I are going to be anxious to see how closely the end results come to the goals established before surgery. And while we wait, it is helpful to remember that the word "success" means different things to different people. With reference to plastic surgery, it is best not to talk about absolute success (or failure), but in terms of *degrees of success*.

In addition to the "One Step Paradigm" referenced above, the following method of evaluating results is neither new nor unique. For more than fifty (50) years, I have used it to evaluate the overall effectiveness of the services I've rendered in my plastic practice and the "Experience" thereunto related.

The system is based upon a grading scale ranging from zero to one hundred percent. It's the method by which most of us were graded or ranked by scholastic pursuits and institutions. In like manner, I try to evaluate every operation by the criteria I might use to grade a test or term paper. A score of 70-79 is generally considered *satisfactory* or *passing*. A score of 80-89 is considered *good*, and a score of 90 or above is usually considered *excellent*. And while *perfection*, or a score of 100%, is the goal, in advanced studies or in an operating room, it is rarely achieved.

From your own life's experience, you will recall that the more difficult the challenge, the more difficult it is to receive high marks. The same is true with surgery.

I am very much aware that some *graders* demand more from *test-takers* than others. I also know that responses to test scores (and outcomes) vary widely from one individual to another. I remember classmates who celebrated when they received a score of 90%, while others lamented or became visibly upset over the 10% of a perfect score they failed to receive. In some cases, the perfectionist-obsessed *lamenters* were so disturbed by the few points that they didn't achieve, they failed to savor the overwhelming success demonstrated by a high (though less than perfect) mark. And, such is often the case when it comes to evaluating the end result of medical and surgical treatment. Those of us who have been practicing plastic surgery for any length of time know that *perfect* scores and perfect operations are rare.

Regardless of the project, human beings expecting "perfection" are often disappointed. That's a major reason why (*prior to consenting to enter into a surgeon-patient partnership*) we always stress that patients do so with realistic expectations. For medicine and surgery are not exact sciences; therefore, outcomes are unpredictable. Patients must understand that *improvement, not perfection, is the realistic and intended goal of treatment; that guarantees or warranties are not of the process*; and that while the overwhelming majority of patients are elated, sometimes outcomes are dictated by the variables of being human and fall short of everyone's expectations.

Surgeons and patients alike must realize that ***when flaws are sought, flaws can be found.*** Some people are more inclined to look for and find fault than others. Those who look at the world

through fault-focused eyes rarely find satisfaction. They tend to make those with whom they associate unhappy as well.

So, what is the alternative?

On the Brighter Side...

I have performed facial plastic surgical procedures longer than 95% of surgeons who are still active. During my career, I've had thousands of happy patients. I've also observed that the happiest patients tend to be happy people... at home, at work, and at play. My extensive experience in the enhancement industry suggests that happy people tend to focus on the good and the positive aspects in all phases of life. They don't seem to let inconveniences, misfortune, or setbacks overwhelm them. They choose to dwell on the sunny or positive side of life and address the obstacles and inconveniences they encounter with a "can-do" attitude. They also tend to balance optimism with realism.

Scholars who have studied human nature tell us that people generally find the things they seek; that those who seek good generally find good; that those who have negative thoughts find the bad in virtually every situation; that happiness is a process... rather than an assured destination.

Fellow human beings affiliated with service-based initiatives would confirm the corollary to Abraham Lincoln's observations and experiences: that *it is possible to satisfy all the people some of the time, and some of the people all the time, but impossible to satisfy all the people all the time.*

Even so, that doesn't stop me from attempting to please my patients, *all of them*. And while optimism guides me through my daily endeavors, I am also an observer (and a student) of human nature. I guess that would qualify me as a realist. Every day of my life, I'm engaged in the pursuit of excellence. As noble as the quest may be, I'm constantly

being reminded that no matter how much I wish it were not so, some things are simply beyond a surgeon's control. I know that sometimes, especially when the condition is complex, multiple procedures are required to achieve the most ideal result possible. And even then, perfection is rarely achieved.

On the Issue of Additional Surgery

Only in rare situations is surgery indicated *while* tissues are mending from a prior operation. If, however, *after* the *healing process* has run its course, and if, in your case, it is determined that additional treatment is justified, I will candidly discuss the nature, extent, and costs of such additional treatment with you.

On the Issue of Financial Responsibility...

Experience suggests that even the best of relationships can become strained over economic matters. Although it is unlikely that it would ever become an issue, the mere chance that a misunderstanding over professional fees could arise is reason enough to include the subject in a full-disclosure discussion of this nature.

Not everyone understands how compensation for the services rendered by healthcare professionals differs from work that *can come* with a guarantee. It also differs from professional services compensated on a contingency basis, as sometimes applies to the legal profession and some aspects of the business and financial community. Those who are misinformed might think that the fees paid for the performance of an operation carry with them a warranty (or guarantee) of an expected result or outcome. This is an inaccurate assumption.

Throughout the world (and in virtually every arena), professionals, especially medically related professionals, are compensated for the time and effort

they spend using their best efforts and acquired skills to effect an outcome. Even so, I am sensitive to the costs you may have already incurred. You have made an investment in your health and appearance, and I want you to feel that it was an investment well spent.

Should it become a possibility, our policy is to try to keep the expenses associated with any follow-up and/or revisional treatment, within reason. We will also try to do what is fair. Simply stated, I want to maintain a long-term professional relationship with you, and I will always do the best I can to ensure it happens.

As you had a choice with the surgery under consideration, or just completed (and should supplemental surgery be deemed advisable), you'd also be free to choose in which medical facility any *additional* procedure(s) would be performed. Costs may, once again, become a factor in your decision. Fortunately, we have operating rooms at McCollough Plastic Surgery and professional anesthesia services. That we do provides you with a choice, in most cases, a more economical choice.

With the information previously provided, you should already know that (when compared to those billed by most hospitals) charges associated with the use of an operating room, anesthesia fees, and the costs of medical supplies, etc., have traditionally been lower at our Clinic. And, although the clinic's expenses are more reasonable than those charged by hospitals, the clinic's costs must also be met each time surgery is performed. These expenses are separate from what the surgeon(s) require for performing a procedure and for overseeing the post-operative care. When "minor" revisions are done, however, surgeon(s) and operating room fees may also be discounted.

For the overwhelming majority of patients who choose the "McCollough Plastic Surgery Experience", the

foregoing explanation of the professional fee-for-service system never becomes an issue. And, hopefully, it won't become an issue for you either. However, as you already know, I try to cover all the bases and leave *no room for doubt*. That's how relationships withstand the tests of time.

On the Issue of Health Insurance Reimbursement...

It's not always comfortable to address the costs of healthcare services. However, because this communique is designed to make your "McCollough Experience" as convenient and trouble-free as possible, I felt it necessary to include the issue of health insurance.

Since more than 90% of my surgeries are "elective" or of a "cosmetic" nature, nearly 20 years ago, I voluntarily resigned from all medical insurance companies. Even so, I still perform "reconstructive" procedures related to the nose and head and neck region of the body on a "fee-for-service" basis.

If the patient expects insurance to cover part or all of the costs related to a reconstructive procedure, one of my plastic surgery associates may be an option.

In any case, when the primary operation is/was done for "cosmetic" purposes, insurance carriers rarely pay for *any* medical expenses. Sweeping changes and legislation taking place throughout America's healthcare system make it *impossible* to predict what the future might hold. I suspect that in the years to come, more and more of the costs of both cosmetic and reconstructive surgery (and medical care associated with plastic surgery) will be borne by the patient.

Unfortunately, these days, doctors have little or no say in how insurance companies and/or managed healthcare plans set payment policies, or pay claims. Benefits paid on behalf of policyholders are based upon written contracts between the employer and the

health plan underwriter. Most insurance companies write their own rules, and they change frequently, usually to the benefit of the company.

Our staff will continue to assist you in determining whether the services we offer could qualify for insurance coverage. When applicable, they will do the necessary paperwork that your health plan requires. But *you* will always remain an essential part of the system and process. It is sometimes necessary for you (or the primary insured individual in your family) to contact the company representative handling your claim and prod them until the claim is paid or settled.

In short, your health plan underwriter is responsible to you (and your employer), not the provider (doctor or clinic). In like manner (and unless specifically documented), patients, not their insurer(s), are responsible for the services patients receive from our doctors and our Clinic.

If all this seems confusing, it is for us doctors and our staff as well. A new day has dawned in the healthcare industry. Change is in the air, and no one knows what the future will bring, even more reason why doctors and patients need to “partner” and pull together... and in the same direction.

Unity of Purpose...

Regardless of the circumstances you and I will encounter, I want you to always keep in mind that ***I am on your side***. My goal is the same as yours. Both you and I want you to obtain the best possible result: to look as good as possible; to heal as well as possible; to feel as well as possible; and, as quickly as humanly possible.

I am often reminded of the mindset and actions of fellow Alabamian, Helen Keller. Born without impairments, soon after, Helen contracted a viral infection that left her blind and deaf.

With the support of an insightful and motivated teacher, Helen overcame what she called “inconveniences,” learned to read (in Braille), and although she never heard the sound of her own voice, became an internationally acclaimed speaker and inspirationalist.

She often quoted E. Everett Hale, who wrote.

*“... I cannot do everything, but I
can do some things; and
with the help of Almighty God, I
will do what I can do.”*

Every human being would do well to adopt Helen Keller’s “can-do” mindset and not allow “inconveniences” to “steal our joy.”

A Partnership Frame of Mind...

On several occasions, I have stressed that you play an essential role in bringing the process to a happy conclusion. The best thing you “*can do*” is to stay focused on the good and the positive side of this venture, to do what *you “can do”*, and to follow (as precisely as possible) the recommendations and instructions we suggest you follow.

At the beginning of this communique, I spoke of how a patient’s frame of mind plays a vital role in their recovery process. My own observations confirm the teachings of a 19th-century scholar (James Allen) who paraphrased Dr. Orison Marden by reminding his fellow human beings that, “*The body is a delicate and plastic instrument*” (the term “plastic” means malleable) which predictably responds to the *thoughts* embraced and embodied within the brain it harbors.

From Dr. Marden, James Allen believed that “strong, pure, happy thoughts build up the body in vigor and grace; that anxiety and negativity quickly demoralize the whole body; and lay it open to the entrance of disease.” In his

book *As a Man Thinketh*, Allen further shared that “stress and/or negative thoughts will shatter one’s system.”

With these truths in mind, it stands to reason that while the body is trying to heal, it is important to guard against anything that would introduce or enable negative thoughts and, thusly negative outcomes. This frame of reference or mindset is based upon years of personal experiences and clinical observations.

In one of his sixty (60) books, Dr. Marden wrote, “I know a woman of ninety-six who has the bright, innocent face of a girl. I also know a man well under middle age whose face is drawn into inharmonious contours. This one is the result of a sweet and sunny disposition; the other is the outcome of discontent.”

It certainly seems that *how* we look at circumstances has a direct (and physical) effect upon how they look *to us*, and to others in our support system.

Dr. Marden’s observations also help explain why, prior to and after appearance-enhancing surgery, some people age more rapidly than others. Why some people see *new* sags, bulges, and wrinkles in shorter times **after** they’ve had plastic surgery, and why some require *tuck-ups* to help maintain a youthful appearance sooner and more often than others.

The body is truly the servant of the mind. Inside and out, we become what we think. And while plastic surgery may enhance the outward appearance, inner beauty should never be underestimated or unappreciated. So, while you are swollen and discolored from surgery, and when you face the world ahead, try to focus on the inner beauty and the better times to follow.

Slowing the Aging Process. . .

As advanced as it has become, medical science has not yet discovered how to stop the aging process, but we know that things like stress, worry,

anger, grief, illness, mistreatment, and unhealthy lifestyles tend to accelerate it. That’s why our clinic’s total enhancement mindset and patient information resources feature age-prevention and reversal measures.

If you are interested in learning more about looking and being your best at every age, my staff and I will be happy to discuss the available protocols and measures with you. The evidence is now clear: there are things that, together, doctors and our patients can do to *slow* the aging process and to help us and those for whom we care live longer and more fulfilling lives. Certain vitamins and supplements, coupled with positive lifestyle changes, can make a difference. We will provide supplements that we believe to be helpful during your healing process in your “Peri-Operative Supply Kit.” Take them as directed.

So, whether in preparation for your surgery or during the period thereafter, I urge you to take care of yourself, to adopt (and maintain) attitudes and a lifestyle favorable to health and harmony. By doing so, you can advance the investment you’ve made in yourself and, in turn, also bring happiness to those around you. This calling and responsibility is addressed in greater detail in my book: *One Face at a Time: A Cybernetic Frame of Reference for Rejuvenating and Advancing the Human Race*.

See page 345 of this book or log onto my website for ordering information.

Patient Reminders. . .

Hanging on the wall in each post-operative treatment room and throughout *The McCollough Plastic Surgery Experience*, you will find an abbreviated directory of “patient reminders”. They were placed there for everyone to see and heed. The list includes the following:

- 1. Don’t try to evaluate the results of surgery too soon.**

2. **Healing times vary from one person to another.**
3. **Swelling and bruising go away, so be patient.**
4. **Scars tend to improve with time.**
5. **Thick scars can generally be improved with cortisone treatments.**
6. **Tightness indicates swelling and incomplete healing; don't pull against it.**
7. **Saggy-baggy tissues are a result of continued aging.**
8. **Loose skin seen after surgery was not left behind during surgery.**
9. **Noses tend to improve with time.**
10. **Protect your peeled and dermabraded (or laser-treated) skin as you would a premature baby's skin.**

The list of “reminders” is also included here to let you know that your questions and concerns are similar to those of others who have passed through those rooms and through these pages during their recovery process.

Bridge Building Thoughts...

With its recent updates and additions, this peri-operative narrative has taken half a century to draft. It contains not only my thoughts and experiences but also feedback from patients like you.

I've shared this collection of thoughts and experiences because I want you to know more about how I view the process you are about to undergo or currently are. I also want you to feel good about your decision to have surgery, to feel good that you trusted me to perform it, and to feel that your positive sentiments toward your surgical experience far outweigh any negative ones.

As an experienced facial and nasal surgeon, the techniques I recommend and perform for each patient are

designed to balance and enhance the face they openly display to the world. However, I believe my duty extends beyond the “physical plane.” I also view the fields of aesthetic medicine and surgery as an art form and responsibility, each of which is capable of *lifting the human spirit*.

I'd like to think that my staff and I serve as “conduits” or as “bridge-builders” who connect each patient's inner beauty with the best external appearance possible. And, while I realize that my abilities to do so are limited, with my staff's like-minded assistance, I strive to help our patients feel better *about* themselves. When one feels good about oneself, others take note. The person who wears a smile and exhibits a pleasing disposition provides an example that, when fully embraced, can help others see the world from an improved frame of reference.

You see, we are all “connected” by phenomena we don't totally understand. And, while we might not totally comprehend them, the “connection” is undeniable. We are part of Something Greater than Ourselves—everything and everybody we've ever encountered. Realizing that this is true, my staff and I want your “McCollough Experience” to be as positive and fulfilling as humanly possible.

You will recall that throughout this narrative, I have referred to your “Experience” as a *process* of the mind and body. I have also called it a partnership, one of a physical and spiritual nature. I've spoken about all of us using all of the resources we have available toward a singular and common objective mission: to, in some yet-to-be-determined fashion and degree, help you help yourself to feel better about yourself at every age.

It is my sincere hope that one day in the not-too-distant future, you can look into a mirror and see that the person smiling back at you is the person you

are inside—a younger, healthier, more self-confident you; a unique and special person in which the body and spirit become one.

When this event takes place, at that very moment, a “Ripple” or “Butterfly Effect” be set in motion. Your shining example will encourage others to become the best they can be, physically, mentally, spiritually, and socially. Then, the world in which we all live will be a better place. And, both you and I can feel good that, in some small, but not insignificant way, we’ve been a part of making it so... and God will smile.

Keeping in Touch...

If your McCollough Experience proves to be one you reflect upon fondly, I trust that you will return for scheduled post-operative checkups so that we can monitor your healing and “Butterfly Effect” impact on humanity. When this particular segment of your life-enhancement mindset has run its course, I also want to be able to discuss the final results with you and remain an integral part of that quest for years to come.

As the years pass, you should remember that plastic surgery is part of a generalized (and continuing) maintenance process designed to counter the ever-mounting signs of aging and keep you looking as well as you feel for as long as you choose.

So, if, as the years pass, you should be interested in considering additional plastic surgery, I hope you will keep in touch. I would be honored once again if you requested that I be your surgeon, for I have no desire to do anything other than care for you and other fellow human beings in the best way I can for the foreseeable future....

After you have had time to reflect upon the contents of this communicate, ***I would like you to read or watch it again... and again.*** Each time you do,

you’ll glean additional insights and, perhaps, inspiration.

During the first week following surgery, you should review this section daily. During the second week, after surgery, you should review it *at least every other day*. You might also want to share it with your spouse, friend, or family member who will be, or currently is, providing support and care during your healing process. By doing so, perhaps they will better understand the process you are experiencing.

I would also urge you to become more than familiar with the content of this narrative ***prior to*** your *one-week* and *two-week* office visit(s). Then, refer to it, and the sections in the consultation/reference book relative to your treatment, whenever you have questions about your recovery and/or related issues, or whenever you might need a “dose” of reassurance; for you will find the answers to most of your questions and concerns in it and in other sections of this book.

And, no matter what the future brings, always direct your body to serve your mind, focus on the good and the positive, be well, live life as it was intended to be lived, and “do what you can do”² to make the most of it.

2 Helen Keller and Edward Everett Hale

PART III

RELEVANT TESTIMONIALS

THE “McCOLLOUGH EXPERIENCE”

(Another Patient’s Testimony)

“For me, The McCollough Clinic Experience was positive and incredible, from the sign-in to the last can of tomato soup provided by the staff of the luxurious villa facility. Attention is paid to every detail, and each person guides you through with a steady hand and with genuine concern for your well-being. It felt a lot like family.”

*Gratefully,
K.H.*

.....

An Example of Maintenance Surgery



Before



After

A patient who underwent previous face lift several years prior. right photo shows her appearance after a “rejuvenizing tuck-up”.

.....

As you proceed through this book, it is important to keep in mind that every face—every individual’s skin and body—is different and requires an individualized treatment plan that fits his or her objectives and conditions. In that regard, the professionals at McCollough Plastic Surgery will always attempt to recommend the most appropriate treatment plan for you. The plan may include surgical alternatives, non-surgical alternatives, or a combination of both. Just know that we are committed to recommending what we believe to be in your best interest.

A REJUVENOLOGY™

“MIND BODY” TRANSFORMATION

(One that included a healthy combination of surgical and non-surgical procedures and programs)



The photographs above are taken before and after this woman decided to embark upon a life-enhancing journey. Not only did she change the way she looked, she changed her state of health, by losing more than 100 pounds. A balloon-like device was placed (internally) around part of her stomach. However, success was ensured by incorporating exercise and lifestyle modification. In the end her blood pressure, blood sugar, cholesterol, and triglycerides returned to “normal” levels, *with no medication*. Her story proves that many performance-impairing, unhealthy conditions can be caused by obesity ... and can often be “cured” by choosing to do something about it. Once her weight returned to an acceptable level, she elected to have plastic surgery (liposuction, a “tummy tuck”, and breast lift) to provide the finishing touches. The improvement in her self-image is as apparent as that of her appearance, the embodiment of “mind-body-spirit” enhancement.

• • • • •

If you are taking a weight reduction medication,
make sure you stop doing so at least 4 weeks prior to surgery.

WHY MORE MEN ARE OPTING FOR REJUVENIZING SURGERY

Before



After



Many of the advanced signs of aging can be reversed by removing excess skin and fat from the eyelids and face, performing selective liposuction, and by supporting deeper structures. In addition, modifications of the nose can add finishing touches and improve breathing. The procedures produce a “natural,” more youthful appearance in a successful business owner that can be enjoyed for years to come and keep him competitive in a world in which youth matters. ***Today, one-third of patients having rejuvenation surgery are men.***

• • • • •

In the “McCollough Condition Specific Facial Rejuvenation System,” each treatment plan—each procedure—is customized to address the current conditions of your face (and nose) at this stage of your life, provide natural-looking, lasting results, and avoid the tell-tale appearance of “overdone” surgery and/or injectable fillers.

“... NOTHING SHORT OF MIRACULOUS”

A Life-Lifting Experience ... For Husband and Wife

The following is a letter received from the husband of the patient whose photographs appear at the bottom of this page. It is published with permission.

Dear Dr. McCollough,

Sometimes, it is hard to express gratitude. Sometimes, you don't know how to say "Thank You " to a man that has truly touched your loved one's life, and consequently your own.

You, and your staff covered every detail of my wife's visit to the McCollough Institute with caring precision and accuracy. Our confidence grew with every minute we were in the interview with you. Your insights were uncanny, and right on the mark. Your professionalism is unequalled.


My wife's new "look" ...well, it is nothing short of miraculous.

Dr. McCollough, I wanted to say something to you. I wanted to explain why I keep telling you that you are the best money I have ever spent. What I am saying is, that you made my wife carry her head high again, and you put the spring back into her step. I didn't know that was included in the procedure. What a bargain! I didn't know you were going to throw in music lessons, either, because now her heart "sings" every morning when she gets in front of her mirror. You didn't tell me that her self-confidence would come rushing back to her, but it did.

Most importantly, you have given us one of the best years of our marriage. I can't put a price on that, ...but then, you didn't either! That makes you, Dr. McCollough, the best money I have ever spent.

Thanks Doctor. I could never tell you how much I appreciate what you have done, for both of us. I am not sure a lot of husbands realize how much they would benefit if their wives came to you. I'll tell you Doctor, I certainly do!

Sincerely,


W.D. "Winston" Kreachbaum



*Mr. Kreachbaum passed away in 2017. May God rest his soul.

Plastic Surgery Terminology

Plastic Surgery—a field of surgery comprised of both cosmetic (aesthetic) and reconstructive procedures designed to enhance, restore and/or reconstruct body parts

Otolaryngology—a field of medicine and surgery which deals with conditions of the nose, ears, head and neck, including plastic and reconstructive surgery

Cosmetic Plastic Surgery—procedures designed to enhance one's appearance

Aesthetic Surgery (appearance-related surgery)—another term for “cosmetic” surgery

Reconstructive Plastic Surgery—procedures designed to restore the body to a “normal” state

Rejuvenology™—The art and science of appearance and health enhancement

Board-Certified Surgeon—one who has completed an accredited residency (or specialty) training program and who has passed a comprehensive examination in his field of study

Facial Plastic Surgeon—a surgeon who specializes in plastic and reconstructive surgery of the face, nose, head and neck

Plastic Surgeon—a specialist who practices plastic and reconstructive surgery of the entire body (face, breast, abdomen and extremities, etc.)

Fellowship Doctor (Fellow)—A licensed physician who is participating in the highest level of training, after completion of an accredited residency

Rhytidectomy (the face lift operation)—the removal of excess skin and the tightening of sagging muscles and connective tissue in the face and neck

Facial “Tuck”—a procedure performed after a face lift to provide additional tightening of facial tissues

Blepharoplasty—the removal of excess fat or skin from the upper and/or lower eyelids

Rhinoplasty—a procedure used to change the width, size, and/or shape of the nose (often combined with a septoplasty to improve breathing)

Mentoplasty—otherwise known as chin augmentation, this procedure involves building up the chin, often using an implant or the patient's own bone

Otoplasty—reshaping the cartilage of protruding ears

Submental Lipectomy—surgery designed to eliminate a double chin

Suction Lipectomy (liposuction)—the vacuuming or suctioning of unwanted fat

Chemabrasion or Chemical Peel—use of chemicals on the face, which cause the top layers of skin to slough off, producing smoother, more youthful skin

Dermabrasion—facial sanding or the use of an abrasive material to “buff” the top layers of skin, removing fine facial wrinkles and/or acne scars

Laser Surgery—the use of an intensified beam of light to vaporize tissue

Hair Transplantation—surgical transfer of hair bearing grafts to areas of baldness

Scalp Flaps—a repositioning of large portions of hair-bearing skin to areas of baldness

Mammoplasty—altering the size and shape of the breast

Augmentation Mammoplasty—enlarging the breasts with medical grade implants

Reduction Mammoplasty—reducing the size of the breast by removing excessive tissues

Mastopexy—the breast lift operation

Abdominoplasty (Tummy-Tuck)—removal of excessive skin and fat of the lower abdomen often coupled with tightening of stretched muscles

General Anesthesia—the patient is “put to sleep” by an anesthetist or anesthesiologist who monitors and controls vital signs (breathing, blood pressure, etc.)

Local Anesthesia—areas to be operated are “numbed” by the administration of anesthetic agents into or onto the tissues

Twilight Anesthesia—the patient is heavily sedated during surgery and local anesthetics are used to eliminate pain in the operative sites

Anesthetist (CRNA)—a trained and certified specialist (registered nurse) who may administer both general and “twilight” anesthesia

Anesthesiologist—a physician (M.D.) who administers all types of anesthesia

Imponderable—an unpredictable or unforeseen event

Assisting Surgeon—a physician who helps the operating surgeon render medical and surgical services

Hypertrophic Scar —a thick wide scar

Keloid—an enlarged scar which extends beyond the boundaries of the original injury or incision site

“A Journey I Never Dreamed I Would Travel” (Judith’s “McCollough Makeover”)

Before



The photograph above depicts the typical signs of aging (drooping brows, baggy eyelids, sagging tissues of the cheeks and neck, thinning lips, and the development of a hump on the nose).

After



A face lift, brow lift, upper and lower eyelid surgery (blepharoplasty), lip augmentation, and nasal surgery (rhinoplasty) created a more youthful appearance ... resulting in an improved self-image, as well.

The following letter was received from a participant (before and after photos above) in The McCollough Plastic Surgery/WEAR-3/Pensacola News Journal “Ultimate (Surgical and Non-Surgical) Makeover.” *

Dear Dr. McCollough,

Thank you for allowing me to be one of your candidates in the Ultimate Makeover—it has definitely been an ultimate experience! The past five months have been a journey I never dreamed I would travel.

The first time I met you during the selection process, I knew I was in good hands. It was not only your professional experience and credentials that convinced me, but your caring demeanor. My “improved face” you sculpted still surprises me each time I pass a mirror. My eyes, which were my main concern prior to surgery, have exceeded my expectations. The minor alterations made to my nose were such an improvement, and the appearance of lips I never had, add to the positive outcome. I realize the final results will not be totally apparent for some time, but I am pleased and amazed by what I now see. (Continued on next page.)

Thank you for everything you made possible. These events have changed not only my physical appearance, but also my self-confidence and outlook. I look forward to seeing you in my follow up visits.

J.A.H.

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While it is certainly possible to have an “ultimate” or “extreme” makeover, the vast majority of patients and clients who

During your consultation, you will be afforded the opportunity to express your concerns and have your questions answered. And, if you are in good health, we can do as much—or as little—as you want to have done ... at one time, or in stages.

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Enhancement, relaxation, and rejuvenation are “gifts” which keep on giving, even if you give them to yourself.

● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●

**While under our care,
DO NOT take any medications other than those prescribed
or approved by McCollough Plastic Surgery.**

A NON-SURGICAL “LIFE LIFT”



Before consenting to a second surgery from her surgeon, this patient sought the opinion of Dr. McCollough, who recommended hormone testing. The photographs on this page are before and after ***Thyroid Replacement Therapy*** (No Surgery was Performed.) Yet her symptoms of fatigue, being cold, forgetfulness, and fluid retention, as well as her dry skin and puffy face, disappeared thereby improving her life.



A SOLDIER'S STORY AND WHY IT APPLIES TO YOUR MCCOLLOUGH EXPERIENCE

Proof That We Are a Product of the Thoughts We Think ...

Few of us realize the almost superhuman power of the imagination in its effect upon the body. Nothing is better known than that many people every year die with an (imaginary) illness or disorder.

I once read a story, told first by Dr. Orison Swett Marden, about a young military officer, who consulted a great physician because he felt fatigued from excessive heat and long hours of service. The physician examined him and said he would write to him on the morrow.

The letter the patient received informed him that his left lung was diseased, his heart seriously affected, and advised him to adjust his business affairs at once. "Of course, you may live for weeks," the letter said, "but you had best not leave important matters undecided."

Naturally, the young officer was dismayed by this unexpected death warrant. He grew rapidly worse, and in twenty-four hours respiration was difficult and he had an acute pain in the region of the heart. He took to his bed with the conviction that he should never rise from it. During the night he grew rapidly worse and his servant sent for the doctor.

"What on earth have you been doing to yourself?" demanded the physician. "There was no indication of this sort when I saw you yesterday." "It is my heart, I suppose," weakly answered the patient in a whisper. "Your heart!" repeated the doctor. "Your heart was all right yesterday." "My lungs, then," said the patient. "What is the matter with you, man? You don't seem to have been drinking."

"Your letter, your letter!" gasped the patient. "You said I had only a few weeks to live."

"Are you crazy?" said the doctor. "I wrote you to take a week's vacation in the hills and you would be all right."

The patient, with the pallor of death in his face, could scarcely raise his head from the pillows, but he drew from under the bed-clothes the doctor's letter. "Heavens, man!" cried the physician; "this was meant for another patient! My assistant misplaced the letters."

The young officer sat up in bed immediately, and was entirely well in a few hours.

The message here is that our attitude or mindset toward circumstances affect how our body reacts.

• • • • •

"The body is the servant of the mind."

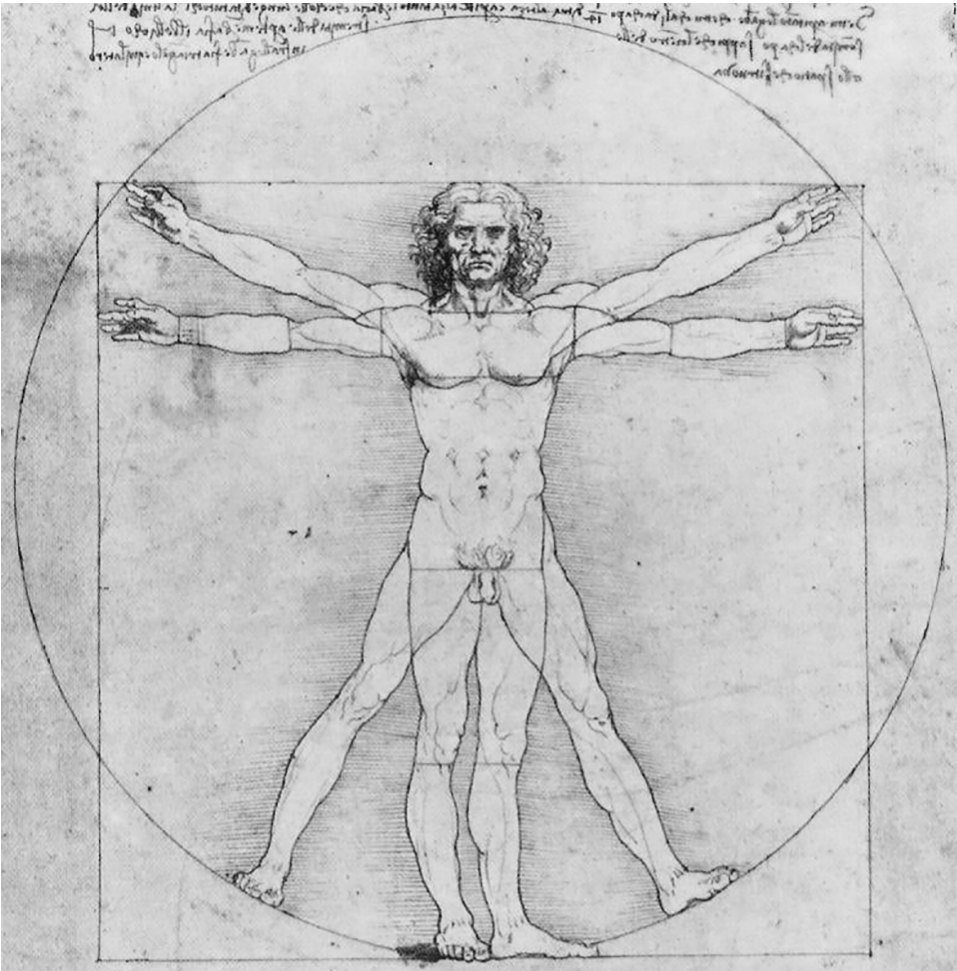
—James Allen

As A Man Thinketh

PART IV

PLASTIC SURGERY PROCEDURES

**Professional Appearance Enhancement
Through Surgical Rejuvenology™**



Anatomical symmetry as depicted by Leonardo Da Vinci' s "Vitruvian Man"

THE McCOLLOUGH CONDITION-SPECIFIC FACIAL REJUVENATION SYSTEM™

What Makes It Different And Why Is It Important For You?

In 2009, Dr. McCollough created a methodology, by which doctors and their patients are able to personalize appearance-enhancing treatment plans that more accurately reflect the stages of aging and the procedures required to address them. For the first time, a system of tailoring cost to the amount of surgery actually performed exists. Dr. McCollough's Condition-Specific Facial Rejuvenation System™—meaning that every treatment plan is designed to address the specific condition every patient exhibits at that time in their life as opposed to a one-size-fits-all approach—includes the fundamental components of surgery designed to arrest, and reverse, the undesirable effects of aging: face-lifting, eyelid lifting, and skin resurfacing; each of which are addressed in this book.

You are urged to review this section prior to proceeding to other chapters in this book or agreeing to any procedures – surgical or non-surgical – that claim to create a more youthful appearance.

“PROGRESSIVE” FACIAL REJUVENATION

Beginning with the earliest signs of aging – and progressing to the more advanced stages of the process – The McCollough Condition-Specific Facial Rejuvenation System™ accurately describes the extent and complexity of the many surgical modalities available to surgeons. It brings order to the process of creating – and sustaining – a naturally-appearing, youthful appearance throughout the patient's lifetime and provides easy to understand guidelines from which patients and their families can participate in the decision-making process.

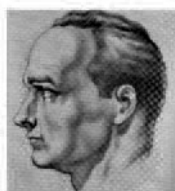
Aging “Gracefully...”
The changes that will take place
without rejuvenizing interventions.



Age 20



Age 30



Age 40



Age 50



Age 60



Age 70

Hogarth, Burne, *Drawing The Human Head*, “Facial Change: Aging”, WatsonCuptrill, 1990, 4:102-107

The drawings above depict what happens to the same face during aging.

In one's late thirties the tissues of the brows, cheeks and neck begin to descend from their youthful position, creating a “frowning” or “tired” look. Alternating ridges and valleys create shadows in the face and tissues begin to hang below the jaw line and under the chin. The tip of the nose droops and a hump appears along the bridge. Lips thin and often disappear. Ear lobes continue to enlarge. And the hairline recedes. With each passing year, these conditions worsen, until

the individual exhibits the undesirable characteristics of “old age” (see above). It is possible, however to prevent these typical changes and to correct them as they occur. The “youthful maintenance approach” addresses the signs of aging as they occur so that the individual never seems to age. The “rejuvenation approach” addresses the conditions of aging after they have occurred. Both approaches are effective. The bottom line is that surgery is available either to retain or regain a youthful and vibrant face.

One of the dilemmas facing appearance conscious individuals is: how does one find the right surgeon, who will perform the right operation, at the right time in your life?

Because of Dr. McCollough’s facial rejuvenation system, the task of selecting the right procedure is easier than ever. It allows patients to ask better questions and surgeons to personalize a facial rejuvenation plan to fit the needs and age of each individual ... and to include ancillary procedures as required.

To ensure that patients do not pay for more surgery than is needed, the cost of each procedure is adjusted by the amount of surgery actually performed.

For younger individuals wanting to maintain a youthful appearance, a **STAGE I FACE LIFT** (see page 174) would be neither as extensive nor expensive as a **STAGE V LIFT**, which would be required in individuals exhibiting advanced aging. **STAGE IV & V FACE LIFTS** would require more work to re-establish the facial tissues into their original, youthful position (see below). And, in keeping with the varying amount of surgery, swelling, bruising, discomfort, and recovery times differ, as well. It stands to reason that more swelling, bruising, and longer recovery times are associated with more surgery.

For example an individual in his or her late thirties might only require a brow/cheek tuck, whereas someone ten years older would likely need to add a neck lift. In their fifties, almost all faces could benefit from brow, cheeks, and neck lifting and a skin resurfacing procedure that addresses fine lines and wrinkles around the mouth and corners of the eyes, or between the brows. When one passes the age of sixty, skin laxity becomes more pronounced and requires repositioning or lifting of most facial structures, including all layers of the forehead, brows, cheeks and neck.



Several rejuvenating procedures were performed simultaneously on this lady (including a Stage IV face lift and stage III Blepharoplasty), providing her with a more youthful and rested appearance.

When sun damage is severe and wrinkles become deeper, a Level II or III skin peel or dermabrasion (see page 200) often provides the “icing on the cake,” exchanging aged, wrinkled skin for smoother, more youthful and healthier skin. Stage II and III skin resurfacing also removes cancer-producing cells in the skin. With the new collagen and elastic fibers that deeper penetrating skin resurfacing procedures create, the facial clock is reset, often as much as 15 years, and its skin resists the natural progression of aging.

THE PROGRESSIVELY AGING FACE

To provide a broad understanding of facial rejuvenation surgery, the following classification has been developed by Dr. McCollough. It addresses the previously mentioned stages of aging and the surgical procedures that are available to stabilize or reverse them. Naturally, some individuals within the same age group will exhibit more – or less – aging than their peers. A number of factors contribute to this fact, including genetics, lifestyle, stress, nutrition, nicotine, and (excessive) alcohol use.

Surgery that addresses facial aging must focus on more than sagging skin of the cheeks and neck. While a “face lift” may be part of the plan – and if the best results are to be obtained – more than traditional face-lifting should be considered. Many patients will benefit from work on the eyebrows and/or upper and lower eyelids to remove bags and sags in those regions. Those with wrinkles, acne scars, and sun-damaged skin might want to consider one of the skin resurfacing procedures mentioned on pages 208-230. And – for the best results – some patients will require *liposuction* in the lower cheeks and neck. In fact, patients under the age of forty might require *nothing more than* facial and neck liposuction, following which youthful skin will “contract” to conform to

the newly sculpted shape of the face and neck. It is important to recognize that a number of “accessorizing procedures” can also be carried out at the same time as face-lifting, and without adding to recovery times.

A fundamental principle within medical circles is: diagnosis precedes treatment. A corollary to this principle is: the *right* diagnosis, combined with the *right* treatment is apt to yield better outcomes.

Based on these irrefutable tenets it can only be deduced: in order to *maintain* and/or *recapture* a youthful appearance, not all faces should have the same treatment. Instead, a holistic rejuvenation plan should be considered *prior* to the initiation of treatment, even procedures that promise only short-term benefits. Facial rejuvenation plans ought to be personalized and tailored to meet the needs and desires of each patient ... at every stage of life. Unfortunately, we live in a world with an appetite for short-term goals and instant gratification.

More and more of these imprudent practices are finding their way into the appearance-enhancement industry. The result is that commercialization – and not verifiable science – is driving public demand.

In response, many doctors appear to be playing the role of “follower” rather than “leader.” For fear of losing patients to other doctors, the trend is to give patients *what they ask for*, rather than what patients actually need. Patients are “asking for” what television and print commercials tell them to ask for.

Changes *within* the medical profession, itself, are also contributing to the dilemma. With the apparent avalanche of socialized health care many physicians are turning to *cosmetic procedures* as a way to shore up declining incomes. Technology companies recognize the changes taking place throughout the health care industry. Their reps are calling

on doctors to include laser treatments, injectable therapies, and “cookie cutter” type of surgical procedures that can be “franchised.” The danger in such a trend is rather obvious. Corporate executives – and not physicians – end up making the rules.

It has been said that if the only tool one owns is a hammer, everything begins to take on the appearance of a nail. In doctor’s offices and spas throughout the world facial sags and wrinkles are beginning to look like “nails.” Patients are often steered away from time-tested plastic surgical procedures – and toward non-surgical treatments. As a result of the growing trend to plump, inject, or laser the unwanted signs of aging, unsuspecting patients are often left disappointed ... and with “unnatural-looking” results.

Truth is: there are a number of effective tools and solutions available to provide naturally-beautiful results. The key to successful facial rejuvenation is to put *the right tools* into the *right hands* at the *right stage of aging*.

This book is intended to address the facts and dispel myths about appearance-enhancing procedures and products. It should arm prospective patients with the kind of information needed to make better decisions.

THE PROVEN ANTIDOTE TO COMMERCIAL CARE

In recent years there has been a tendency to *commercialize* the appearance enhancement arts. The public is inundated with “franchised” procedures and products, which after labeling them with cleverly-constructed names are promoted to an unsuspecting public as alternatives to time-tested surgery. Some commercial initiatives are based on sound medical principles. Some are not. In an attempt to capitalize on the public’s interest in a youthful, fit appearance procedures that have little or nothing to do with lifting or removing

loose facial skin are labeled “face lifts.”

With Wall Street driving the “alternative-to-surgery” movement and board room executives making the rules, doctors with varying degrees of experience in cosmetic surgery are recruited into nationally syndicated marketing networks. Unfortunately, assembly-line (one-size-fits-all) procedures more often than not fail to create the kinds of results that could be obtained by a surgeon skilled in a variety of rejuvenating techniques.

Recognizing the need to bring order out of chaos, Dr. E. Gaylon McCollough devised a scientific facial rejuvenation system that should make it easier for patients and surgeons alike to make better decisions and to obtain the desired objectives with the appropriate types and amounts of surgery. His newly-devised system arises out of more than 45 years as a facial plastic surgeon, one who has personally performed more than 5,000 face and eyelid lifts. In developing his facial rejuvenation system, Dr. McCollough reviewed not only his own results, but those of his colleagues, choosing to set aside less effective techniques and include those that have consistently proven to be winners. **He rejects procedures that tend to produce the “over-done” look he witnessed during his facial plastic surgery training in Beverly Hills, California.** He also advises against both surgical and non-surgical procedures that are not rooted in *verifiable* scientific principles and urges patients contemplating appearance-altering procedures to steer clear of doctors and facilities who are caught up in fads, fancy sounding devices, and procedures that only provide improvement for a matter of weeks or months.

The science-based McCollough Facial Rejuvenation System™ arises

THE McCOLLOUGH CONDITION-SPECIFIC FACE LIFTING CLASSIFICATION SYSTEM

“Face Lift” is the term commonly used to describe a surgical procedure better known in medical circles as “rhytidectomy” (removal of loose, wrinkled skin of the face and neck). The procedure is designed to re-create the firmer, smoother face of youth. However, *not all face lifts are the same* – nor should they be! The reason is: *not all faces are the same*. And, at different ages the same face is a different face. And that this is true, calls for *condition-specific* treatment plans meaning that the procedures recommended address the current condition rather than a “one-procedure-fits-all approach”. For example, while a “Deep Plane” Facelift might be the right procedure for a fifty-Fivish plus patient, it might not be the appropriate procedure for a Forty-Fivish patient, or for a patient that’s had a previous facelift.

Dr. McCollough's system is comprised of five (5) general treatment plans:

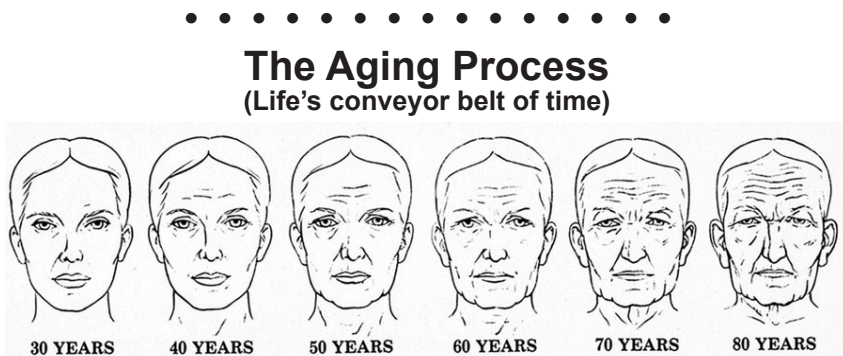
STAGE I (The Less Than Thirty-Five Face Lift): for the younger individual who has little or no loose skin and may require only liposuction to remove unwanted fat and bulges.

STAGE II (The Thirty-Fivish Face Lift): for the patient who is beginning to notice sagging of the brows and cheeks, *but not the neck*. Whenever sagging tissues are present, facial muscles and fat must be repositioned into their more youthful relationships. In such cases a small amount of loose skin is removed.

STAGE III (The Forty-Fivish Face Lift): for the patient who exhibits sagging brows, cheeks and neck. Some of these patients may or may not need liposuction for contouring jowls and fullness under the chin. All, however require suspension techniques to muscles and fat .

STAGE IV (The Fifty-Something Face Lift): for the patient with *generalized* facial and neck sagging, with – or without – jowls and wrinkles around the mouth. With more obvious muscle, fat, and skin laxity, more suspension of these structures is required.

STAGE V (The Sixty-Plus Face Lift): for the patient with *advanced* aging, coupled with sagging of all facial areas, including the forehead, brows, cheeks, and neck. At this stage in the aging process, deep folds develop in the groove between the nose and face, jowls droop below the jaw line, and the muscles of the neck often produce string-like bands that run vertically from the chin to the upper chest. Many of these patients are also beginning to exhibit wrinkles and blemishes over most of the face.



This drawing demonstrates the changes that occur in the same face at ten (10) year intervals. Surgery can generally move one back one step, sometimes more depending upon which procedures are performed.

THE McCOLLOUGH CLASSIFICATION SYSTEM

For Plastic Surgery Of The Eyelids

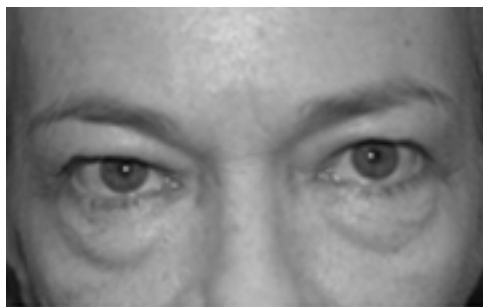
Dr. McCollough has also developed a similar grading system to address sagging and bulging skin around the eye regions. In medical circles, the proper name of eyelid plastic surgery is ***Blepharoplasty***. ” The following classifications are designed to provide guidance for patients and surgeons considering plastic surgery of the upper and lower eyelids. ***Keep in mind that there are four (4) eyelids: two uppers and two lowers.***

STAGE I (The Thirty-Fivish Eyelid Lift) – for *early* sags and bulges of the eyelids. When little – or no – loose skin is present, lower eyelid bulges (caused by protruding fat) can often be removed from behind the lower eyelid, avoiding external incisions and scars. If excessive skin is beginning to develop in the upper lids, only overlapping portions are removed.

STAGE II (The Forty-Fivish Eyelid Lift) – for moderate amounts of loose or hanging skin and bulging fat, creating the appearance of “dark circles” under eyes and hooding of the upper eyelids.

STAGE III (The Fifty-Fivish Eyelid Lift) – for treating excessive upper lid skin that droops to the level of the eye lashes, eliminating the natural crease and for lower lid skin and fat that create the appearance of a “tired” look. (*See photos on the following page*).

STAGE IV (The Sixty-Plus Eyelid Lift) - for *extreme* drooping of upper and lower eyelid skin and enlarging fat pockets in both the upper and lower lid regions. In such cases *upper* eyelid skin begins to push the eyelashes downward (or overlap them) blocking the individual’s field of vision and causing the eyes to feel “tired” toward day’s end. In severe cases, health insurance often covers part of the costs of correction. And, when aging causes the *lower* eyelid to pull away from the eyeball, it is possible to include correction of this problem at the same time fat and loose skin is addressed.



The patient in the above photos would be classified as Stage IV. Note the dark circles under her eyes caused by a shadow being cast on the skin below by bulging fat and loose skin, which were removed during surgery.

THE McCOLLOUGH CLASSIFICATION SYSTEM

For Skin Rejuvenation

Level I – these kinds of treatment are often offered by *non*-surgeons, frequently in a spa or non-surgical rejuvenation setting. Patients are able to return home or to work or play immediately. Little or no healing time is required. Level I treatments tend to “polish” the skin for a few weeks, but have essentially no long-term benefits.

Level II – these skin resurfacing procedures are generally offered by facial plastic surgeons and dermatologists. Additional layers of damaged and wrinkled skin are removed with these deeper (dermis-level) treatments. Healing time generally requires about a week. Level II procedures are generally recommended for patients less than fifty years old and/or those with minimal to moderate sun damage and wrinkling.

Level III – these procedures should be performed by facial plastic surgeons and/or surgically-oriented dermatologists. Level III resurfacing procedures are the **most effective** methods of removing severely, sun damaged, blotchy skin, and deeper wrinkles. Healing time is longer – generally two to three weeks – however results are long-lasting and dramatic. The rule of thumb to remember is that unless a skin resurfacing procedure takes 2-3 weeks to heal, the results are likely to be disappointing. In Dr. McCollough's fifty-plus years of performing peels, laser resurfacing, and dermabrasion, he is able to obtain maximum results with peels.



This patient underwent a Stage V Face Lift, a Stage III upper and lower lid Blepharoplasty. Six months, later, she had a Level III skin resurfacing procedure to correct deep wrinkling of the face and eyelids

SKIN REJUVENATION: Off With the Old ... On With the New

Smoother, wrinkle-free skin is a goal sought by patients and doctors alike. However, the cosmetic industry of the 21st century offers a plethora of products and procedures that, unfortunately, promote unrealistic expectations. A good rule for the public to keep in mind is that “superficial” Level I treatments tend to polish the skin (leaving behind all the underlying conditions of aging). Deeper-penetrating treatments (that generally take 2-3 weeks to heal) actually *create new skin below the surface as well*.

To help clear up some of the confusion about skin rejuvenation procedures, Dr. McCollough developed a classification that accurately describes the extent to which facial skin should be – and can be – exfoliated. He stresses that the end result of a skin exfoliating product or resurfacing procedure is directly proportional *to the depth (or penetration) of treatment*, meaning that deeper-penetrating treatments tend to yield better and longer-lasting results.

The microscopically thin, outermost layer of skin can clearly be removed with exfoliating cosmetics that contain diluted retinoic acid (Retin-A), glycolic, salicylic, or some related acid. These products tend to “polish” the skin, much in the same manner as furniture polish makes furniture shine ... for a short while. Another way to remove **superficial layers** of skin is with lasers, *microdermabrasion*, or stronger concentrations of the acid preparations mentioned above. These procedures are often provided in spa settings. The crucial part to remember is that none of *the aforementioned treatments penetrate into the deeper (or dermal) layers*. Because they do not, they are unable to reverse severe sun damage, blemishes, or wrinkles. **To have any long-lasting effect on these unwanted conditions, the treatment must**

extend into the dermis (or deeper layers) and take 2-3 weeks to heal..

And, even if treatment does extend to the dermal layer, it is important to keep in mind that *the method(s)* of removing or exfoliating skin are more often than not over-exaggerated and over-commercialized. Truth is: the end result depends on in whose hands technology is placed. Whether the doctor uses lasers, dermabrasion, chemical peeling or a combination of all three, it is the *depth or penetration* to which the doctor carries the treatment – and *not the type of technology he/she uses* – that determines the success (or failure) of any skin rejuvenation procedure. The venerable adage: “If all one has is a hammer, everything looks like a nail.” Surgeons who are trained to use multiple methods of treatment will recommend the one that will be most effective in your case.

When considering a resurfacing procedure the first step is to conduct a scientific skin analysis. Doing so, determines the current stage of the skin *within each region of the face*. On the *same face*, skin thickness, solar damage, acne scarring, or wrinkling may differ; therefore, the treatment required for each area would need to be adjusted to the condition(s) at hand.

The first – and often the most crucial step in maintaining and/or – enhancing the appearance of one’s skin is to determine which areas require treatment and which areas should be left undisturbed, at least for the time being. For example, a patient may choose to treat the lines around the upper and lower lip, or wrinkles around the eyes, and leave other areas of the face alone. In other cases, it may be best to resurface the entire face. By doing so, the newly resurfaced skin blends into the various facial aesthetic units. An experienced facial plastic surgeon or dermatologist can demonstrate the

various aesthetic units (regions) of each patient's face and recommend the most appropriate treatment modality for each.

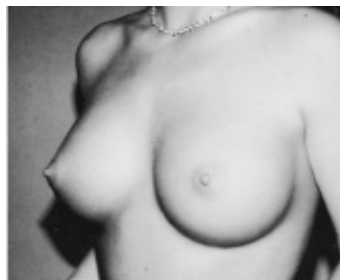
BREAST AND BODY SCULPTING SURGERY AT McCOLLOUGH PLASTIC SURGERY is directed by surgeons specifically trained for these procedures. "Made-to-order" procedures are designed to enhance the size and shape of these anatomical areas of the body. Few people are born with a perfectly proportioned body. And, even those who possessed the near-perfect bodies of youth see them change *for the worse* as years pass.

The good news is that through the miracles of modern medicine and surgery, it is possible to improve upon the body that Nature gave you and the one upon which the hands of time have taken a toll.

Medical grade implants can give a woman with smaller than desired breasts, the look and shape she wants. Intelligent liposuction can help reduce the size of larger than optimal thighs, hips and "saddle bags" in men and women.

But there is more. By firming and building muscle through reasonable exercise programs, maintaining – or returning – the hormones of youth to an optimal level, and ingesting the appropriate proportions and types of foods and supplements, the improvements made by breast and body sculpting surgery are further enhanced.

When, (after the age of fifty) large amounts of weight are lost (more than fifty pounds), it is generally necessary to remove sagging skin with surgery, especially in the neck and abdominal regions. Women in this age group and those who lose large amounts of weight generally benefit from *breast lifting* as well. Both men and women may also require removal of excess skin in the hips and thighs. There is one exception. Since youthful skin tends to shrink following weight loss and liposuction, many younger patients (less than forty years of age) may not require skin excision surgery at the same time of liposuction. For more, see Chapter 7.



Breast Augmentation



Liposuction

THE DOCTOR-PATIENT PARTNERSHIP

The ongoing process of enhancing – and maintaining – the shape of one's female figure (or manly physique) requires a cooperative effort between the patient and a team of Life-Enhancement Professionals.

This is where McCollough Plastic Surgery's holistic — or condition-specific—approach to your appearance, health, and wellness differs from other centers becomes the obvious solution for patients who want to look better, feel better, and perform better ... longer. *In addition to plastic surgery* the staff members of McCollough Plastic Surgery offer: scientific nutrition, age-specific exercise, weight management, and hormone balancing through a team of associated professionals.

We adhere to a proactive, preventive approach to health and wellness, relying on *mainstream* medical science.

It is important to note that the *best* results are obtained when you and a team of professionals are committed toward the same end. By bringing all elements that lead to appearance and health enhancement into play, McCollough professionals can help patients achieve the desired result in a healthier and more prudent manner.

When a life-enhancement plan includes the factors herein described, patients from all walks of life – and all ages – can match a youthful, attractive face and/or nose with an equally balanced body – inside, and out. Patients/Partners can also rid themselves of unwanted fat, build muscle, and improve the shape and proportions of anatomic regions and features that are either smaller – or larger – than desired.

We have found that “individuals who do the things required to *look their best* tend to *find better health*, even if finding better health may not have been an initial objective.” Patients who suffer from diabetes, high blood pressure,

high cholesterol, arthritis, depression, and many other conditions often see the aforementioned *health conditions* disappear, simply by obtaining – and maintaining – a *healthier looking* body.

During your consultation, a McCollough Life-Enhancement Professional will evaluate your particular set of circumstances and provide a comprehensive treatment plan designed to assist you in obtaining the best – and most long-lasting – results for the resources and efforts invested.

As described in the sections referring to facial surgery, breast and body sculpting procedures, dietary and nutritional supplement plans also vary from individual to individual. It is best to express one's desires to a one of the staff members of McCollough Plastic Surgery, who can recommend the most appropriate course of action.

When desired, it is possible to have a facial or nasal procedure performed by Dr. McCollough and have a body or breast procedure performed by one of the doctors who specializes in breast and body sculpting at the same time. Doing so reduces costs, operating room and anesthesia time. Another advantage is that all areas heal at the same time, thereby reducing the time away from work or other activities.

EXTRA-ORDINARY CARE

For our patient's safety, McCollough Plastic Surgery may recommend a more in-depth pre-operative evaluation than some surgeons require. We also may suggest a more intensive post-operative care program than do some surgeons – and for good reason. We do not adhere to the “*drive-by surgery*” philosophy, rather we prefer that patients stay on site at the clinic ... at least on the evening following surgery. *On-site* recovery *facilities* are provided, and private professional caregivers are available so that patients may remain close by – and under the care of a

McCollough trained medical assistant – at least for the evening following surgery. Many patients remain until they are feeling more fit and ready to return home.

Decades of experience in caring for plastic surgical patients has shown that the attempt to “*leave-no-stone-unturned*” tends to uncover potentially dangerous, underlying pre-operative medical conditions that would have been otherwise overlooked. This same standard of care tends to prevent or minimize post-operative problems and speed the healing process. And while no surgeon can guarantee the outcome of treatment, Dr. McCollough emphasizes that every laboratory test, every pre-treatment requirement, every pre- and post-operative recommendation, medication, supplement, and protocol is designed to help patients receive the optimal result, have a shorter and easier post-operative course, and return to his or her normal routine as soon as possible. Patients are frequently reminded: **not to ask for permission to bend or break the rules.** It’s like following a proven recipe. If, however,

you tamper with the recipe, leave out – or add – unproven ingredients, alter the temperature of the oven, or do not follow the recommended time for cooking, it is impossible to predict what might emerge from the oven.

It has been our experience that though some patients do not understand why we go the extra-mile in caring for them, after they have experienced the safety-based and pampering services we attempt to provide, they are appreciative of the fact that we went beyond the ordinary.

Please read the sections and chapters that follow. Write down any questions that you may have and bring them with you to your consultation.

Finally, rest assured that we value the confidence that you may place in us and pledge to do all we can to make your “*McCollough Experience*” one that you look back upon with a sense of fulfillment, convenience, and pleasure. It is our hope that each time you consider an appearance-enhancing procedure that you will, once again, allow us the honor of caring for you ... as well as your family and friends.



This patient complained of heavy eyelids and brows that produced a “tired” and “sad” appearance. After a forehead, brow, and facelift (Stage III), facial rejuvenation procedure, not only does she look younger and less “tired,” she feels better about herself.

The real-life stories presented in previous sections of this book are just a sampling of numerous examples of how lives of patients and those close to them can be changed by the procedures and protocols described in this book.

And, remember, different parts of the same face generally require differing levels or depths of treatment. For example the thin skin of the eyelids may

not tolerate the same level of treatment that the thicker skin of the forehead, nose, lips, and chin may require. An experienced surgeon will know how to vary the depth of the treatment to meet the specific conditions and needs of his/her patients. The next section deals with surgical procedures that enhance the face, nose, eyelids, breasts and body.

.....

Another Patient’s Experience

Dear Dr. McCollough,

I would like to thank you, and your entire staff, from the bottom of my heart for the incredible care I received during my time with you. Thru every appointment, procedure, recovery, and phone calls, everyone could not have been more helpful, kind, considerate and thoughtful.

I look forward to the rest of my life and the endless possibilities the future has to offer. Many, many thanks to you all!

Sincerely,

H.W.

.....

Required Reading For Anyone Considering Plastic Surgery

This book is **required reading** for anyone contemplating surgery, or any of the noninvasive services offered at McCollough Plastic Surgery. It is designed to be used as a reference and patient information source before and after surgery. Carefully and thoroughly study this publication in a quiet place and note any questions so that they can be answered during your consultation and surgery. All the materials found in the first few chapters inform you about the things you need to know—and do—prior to making your decision. *So that you will be duly informed about the positive effects of the treatment programs it addresses, as well as the portions that reference risks and imponderables* we urge you to studiously read every page that pertains to the procedures and treatments you are considering.

Patients who study—and heed—the recommendations and admonitions herein provided, tend to have happier outcomes.

TILTING THE SCALES OF OPPORTUNITY

The following is a letter received from a patient.

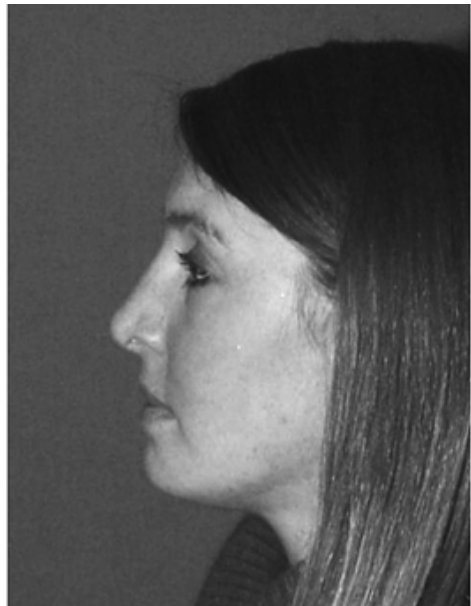
Dear Dr. McCollough,

I just wanted to thank you and your staff for the wonderful care and treatment you've given me. My facial surgery of my nose and chin is exactly what I wanted, and the results are actually so much better than I had expected.

I didn't realize how this would change my life so positively. I find with all the compliments I've received, I've started holding my head up more and making more eye contact with others. I believe

this gives me more confidence and the appearance of having more confidence. In turn, I have been entrusted with more meaningful work projects and had more opportunities for success in my career.

I can never thank you enough. I will always remember the kindness of you and your staff, which made my experience with this surgery so delightful. I would be happy to share my experience with any of the prospective patients. Thank you again so much.



These photographs portray the pre and postoperative appearance of the patient who wrote the letter above. A rhinoplasty and chin augmentation not only improved this patient's appearance but – as stated in her letter above – lifted her spirits and enhanced her life.

Chapter 5

Preparing For Your Consultation:

Required Reading For Patients Contemplating Surgery

Changing Your Body

Informed Consent and Risks

Patient Analysis

The Consultation Visit

Scheduling Surgery

Medical and Surgical Cost Policy

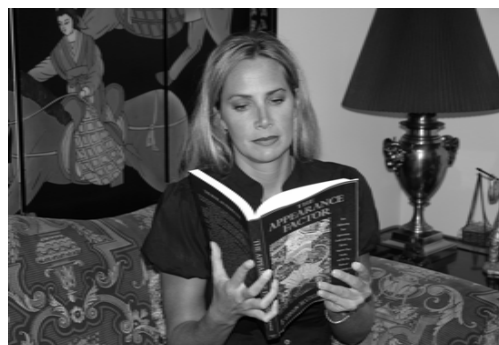
IN PREPARATION FOR YOUR CONSULTATION



1. Find us on the internet at www.mccolloughplasticsurgery.com



2. Call 251.967.7600 for an appointment and to receive more information.



3. Receive and read your copy of ***The McCollough Plastic Surgery Experience***



4. Analyze your face (or body) in the mirror as you will be instructed to do.



5. *Complete the information sheets and health questionnaires in their entirety and return them to us prior to your scheduled consultation.* Bring your medical insurance card and your family doctor's name and telephone number.



6. Mail (or Email) the completed forms and photographs of yourself (specifically the areas about which you are concerned) to drmccollough@mccolloughinstitute.com. Snapshots are also acceptable.

INFORMED CONSENT AND RISKS:

For Every Patient's Consideration and Acceptance

Prior to your surgery, you will be required to sign a "consent document" and attest to the fact that you have read this book, so please pay close attention to each word and sentence.

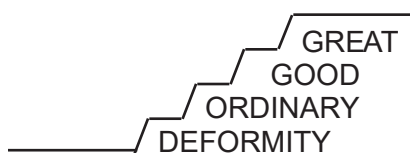
Unless otherwise specified, the ultimate decision to undergo elective surgery resides with the patient.

Every patient is not a good candidate for surgery, for one reason or another; nor is surgery recommended for everyone who requests it. The following are some facts that should be accepted in advance of any operation.

First, the goal of any operation should be improvement. If the patient is a perfectionist, he/she should not undergo surgery.

Second, the degree of success in any operation depends not only on the surgeon's skills but the age, mindset, health, skin texture, bone structure, interrelated medical conditions, the patient's expectations, and myriad of imponderables of healing and recovery, all widely variable factors.

Study the column of words below; this progression is often referred to as the **One-Step Theory for Plastic and Reconstructive Surgery**.



When all variables surrounding surgery go well, there is a reasonable chance that the end result might be one or (in rare cases) two steps higher than the condition which existed prior to surgery. It is imperative that both the surgeon and the patient realize the risks, alternatives, and limitations of treatment in each case.

Third, the motive that impels a person to seek surgery should be realistic. Cosmetic (aesthetic) plastic surgery is not a panacea or a cure-all for every problem one might have. Any resulting improvement in appearance may be psychologically beneficial as a result of creating increased self-esteem and self-confidence. However, it will not solve all of a person's problems, particularly if an individual blames their appearance for lack of success or happiness in life; nor does everyone receive universal approval from family, friends and acquaintances after the surgery has been performed. Furthermore, a surgeon often cannot match what the patient has in mind in connection with the operation requested; it may be that the wishes of the patient are surgically unattainable or inadvisable.

Fourth, while there is usually a relatively *minimum* amount of pain, incapacity, and discomfort following most plastic surgery, one must be prepared to accept what little there is.

Fifth, every surgical procedure, even such a simple one as the removal of a mole, entails some degree of risk both in terms of serious complications and in the sense that the results may not match the patient's expectations.

To put things in perspective about risks, we believe a patient should proceed with the surgery as if they were embarking upon a long-awaited vacation, accepting the fact that traveling in an automobile or airplane entails serious life-threatening risks and imponderables. The possibility of a catastrophe or mishap *occurring on that particular trip*, however, is *statistically* unlikely. The same is true with surgery.

Some of the risks associated with surgery might include: reactions to and complications during anesthesia

or other medical preparations used during (and after) treatment, infection, poor healing, injuries to muscles, nerves, and other anatomic structures, numbness, swelling, discoloration, distortions, asymmetries, excessive scarring and many others, including those so statistically unlikely as blindness, paralysis or death. Although complications rarely occur, patients are encouraged to inquire further about the risks of the procedure(s) they are contemplating.

Sixth, it would be unethical for any physician to guarantee the outcome of any treatment he performs. Therefore, we cannot guarantee the outcome of any operation or treatment. We do strive, however, to do our best to help each patient achieve a satisfactory result. And, in the vast majority of cases, are successful.

Seventh, some degree of swelling follows any surgical procedure. The swelling is due to the new tissue fluids, brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin in some of the “discoloration” associated with surgery, especially skin resurfacing procedures.

When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream.

As water drains from a parking lot following a rain storm, most of the water leaves immediately; however there are always puddles left behind, that evaporate over the next several hours. The same is true with swelling following surgery. Sometimes healing fluids “puddle” causing localized lumpiness, which may be improved with small amounts of injected cortisone

It is not unusual for one side of the face or body to swell more than the other ... or for lumps and bumps to occur during healing. Most, however, disappear as

tissues heal. As stated above, small injections of a dilute cortisone solution can speed the healing process

Patients must be willing to accept swelling, asymmetries, firmness, lumpiness, and discoloration which occur following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience for the physical and psychological improvement they generally experience when healing is complete.

Eighth, when an incision is made through the full thickness of the skin it heals by producing a scar which mends the two edges together. We attempt to keep scars narrow and camouflaged in natural facial folds and creases or hidden behind the hairlines, or at the edges by creating conditions where hair will grow through—or in some cases, beyond the scar.

During the initial healing period, the scar lines will be pink and somewhat swollen and lumpy. They usually become less conspicuous with time as they “mature.” In most cases, they eventually become barely visible to the casual observer. At any rate, generally they may be adequately camouflaged with cosmetics and hair styling. Failure to *absolutely* adhere to postoperative instructions can allow scars to widen and or thicken or resurfaced areas to heal poorly. Stretching a scar always causes it to widen and thicken; so, be prepared to limit physical activities for a while after surgery. More specific instructions are provided at the end of Chapters that address the procedures you may undergo.

The much-feared scar, called a “keloid,” is extremely rare on the face. Certainly, some people and some anatomic areas are more prone to scarring than others. (See **Scar Enhancement and Skin Surgery**, Page 231.)

Ninth, no matter how snugly and skillfully skin and underlying tissues are drawn during surgery, *in time they will loosen and sag*, and it is impossible to predict when—and to what extent—this will happen. New sags and bulges were not left behind. They are a result of the never-ending aging process. Genetics, age differences, ethnic backgrounds, stress, illness, nutrition, etc., all play a role in how soon “tuck-up” procedures may be considered (see page 182, The Tuck-up Operation).

Finally, the patient’s overall attitude, health and adherence to the staff’s

instructions play an important role in the results of any surgery.

And, you must inform us of any medical condition(s), medications you take, allergies, or any complications you may have experienced with previous treatment, drugs, or surgery.

We recommend that you see your personal physician for a check-up prior to surgery. We will be happy to assist you if you have a problem getting an appointment.

Patients undergoing eyelid surgery should see their eye doctor for an examination and visual fields test prior to surgery.

Please refer to page 88 to refresh your memory on how to schedule a consultation with one of our doctors and/or rejuvenation specialist. DO NOT take any medications other than those prescribed or approved by McCollough Plastic Surgery.

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Following surgery (or non-surgical treatments), it is important to keep the following truisms in mind.

PATIENT REMINDERS

- Don’t try to evaluate the results of surgery too soon.
- Healing times vary from one person to the other.
- Swelling (and bruising) goes away.
- Scars tend to improve with time.
- Thick scars may be improved with cortisone treatments.
- Tightness indicates swelling; don’t pull against it.
- Saggy/Baggy tissues seen after surgery are a result of continued aging.
- Loose skin seen after surgery was not left behind at the time of surgery.
- Protect peeled and dermabraded skin as you would a baby’s skin.
- Follow Instructions.
- Please do not ask permission to break the rules.
- DO NOT take any medications other than those prescribed by or approved by McCollough Plastic Surgery.
- Take nutritional and healing supplements as directed.

SELF-ANALYSIS

The Home Mirror Check-up

We usually obtain a series of photographs to help us in our comprehensive evaluation and assist us in planning your surgery and often recommend that you send photographs to us prior to your consultation. Even so, **prior to coming to the clinic**, you should analyze yourself in front of a mirror using the criteria herein recommended.

Facial Analysis

In nearly half a century of evaluating patients for surgery we have rarely seen a face (or body) that is perfectly symmetrical (before or after surgery), i.e., one side is usually different from the other. One eyebrow, nostril, or corner of the mouth might be higher than the other; one ear, cheek, side of the chin or breast might differ from its counterpart.

When one realizes that early in embryonic development the face and body start out as two halves which (in the final months of intrauterine development) join together in the midline, it is easy to understand how the two halves can be different. After all, one foot or hand is usually different from the other one. It is the failure of this midline merger that leaves some children with a cleft lip or palate deformity.

Minor differences in facial structures are considered perfectly normal, so do not be alarmed if you notice them. However, we urge you to be aware of them prior to the consultation.

Leonardo da Vinci taught that the ideal face can be divided into three equal sections by drawing horizontal lines through the forehead hairline, the brows, and the base of the nose, and at the lower margin of the chin. Additionally, the face should be five eyes wide (i.e., 5 times the width of one eye—See drawing below).

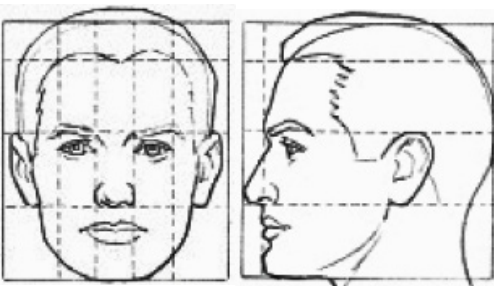
If the nose, chin, or cheeks are “out of proportion” to the other facial features, correction can often provide much better facial harmony. From the side or profile view, the projection of the chin should be in line with the lower lip. Deficiencies may be improved with a chin augmentation. (See pages 131 - 135, Chin and Cheek Augmentation.)

Dr. Michael Cunningham, a psychologist from the University of Louisville, has written extensively about beauty (and handsomeness).

Cunningham’s findings suggest that the beautiful female face has large eyes, a small nose, small chin, bigger cheekbones, and large smiles.

The handsome male face includes large eyes, a relatively small nose, bushy eyebrows, high cheek bones and a large chin.

Analyze your face in the mirror prior to coming to the Clinic or virtual consultation, using da Vinci’s guidelines ... make notes and bring them to your consultation.



Leonardo da Vinci’s “ideal” facial proportions are demonstrated by these diagrams.



THE “IN OFFICE” CONSULTATION

Conferring With the Surgeon(s) of Your Choice

At McCollough Plastic Surgery we respect a patient's right to select the surgeon of choice. So, when you request an appointment you may specify which doctor you'd prefer. If you don't have a preference, one of the Clinic's staff can assist you. If time is of the essence, tell our scheduler. We may also be able to offer you a vacancy created by patient who rescheduled. Most patients who are willing to work with us can see the doctor of their choice within a reasonable time frame. **In many cases Email, Skype, Zoom, telephone, or teleconferencing consultations can be conducted, thereby eliminating delays.**

Prior to your consultation, you will be asked to download and complete questionnaires that provide important information about your health. **PLEASE complete them prior to coming to our clinic.** Doing so expedites the consultation process.

In the scheduling process, a variety of circumstances come into play. Sometimes schedules dictate which doctor you might see. Also, it is important to remember that plastic surgery is a field comprised of a number of sub-specialties and that any given surgeon's practice may include one or more areas of expertise. This basic, but often misunderstood, fact is one of the factors which make our clinic unique. While Dr. McCollough performs only nasal and facial plastic surgery, he calls in one of his associates when patients wish to also have body procedures. In many cases *both facial and body procedures are performed at the same time*, thereby reducing costs and recovery time.

Our extended staff is comprised of surgeons from varying backgrounds and interests. Most of our surgeons are internationally recognized in their respective fields of study.

Experience teaches that multiple procedures involving the face and body are best managed by a “team approach,” with each surgeon performing the agreed upon procedures. The doctor(s) who are selected may be based upon the nature and complexity of your problem(s) as well as your own personal preferences.

The important thing to remember is this: after your visit(s) to the clinic (and when you are scheduled for surgery) **YOU WILL KNOW WHO WILL BE PERFORMING EACH PART OF YOUR OPERATION(S).** And you should feel free to inquire about the roles of assisting personnel.

During the consultation visit we will discuss your desires, examine the condition you wish to have corrected, and give you an opinion of what we feel can be accomplished. A set of medical photographs is taken so that we can study them and record the preoperative state of the condition in question. In some cases, it may be necessary to obtain additional studies (x-rays, CT scans, mammograms, laboratory work, etc.) or consultations with other medical specialists, prior to surgery.

Patients who have time schedules to meet (getting back to work, school, conventions, etc.) or who wish to have the surgery as soon as possible, should let us know at this time so that we can reserve a period in our surgery schedule and arrange hospital or Clinic accommodations for them. In some incidences a tentative surgery date



During your consultation visit we will discuss your wishes and make specific recommendations.

may be reserved by phone when the consultation appointment is made.

Dr. McCollough prefers that prospective patients Email photographs prior to consultation, which depict facial features they wish to have corrected. The doctor can analyze those photographs and conduct telephone interviews prior to the face-to-face consultation. This too, shortens waiting times and often avoids unnecessary travel. If other surgeons (or consultants) are needed, appointments with the appropriate consult can often be arranged at the same time.

At the time of your visit we can review your medical history, necessary paperwork, and any special instructions in preparation for your surgery. A thorough consultation takes time, so plan to be at the Clinic for a couple of hours.

At the conclusion of your consultation visit, we may prescribe the preoperative medications discussed later in the book and give you some additional instructions in preparation for your operation.

It has been our experience that much of the anxiety patients often experience in regard to having surgery is relieved following this conference.

Consultation Fees

Special knowledge and skill are

necessary to reach a well-based opinion on whether or not a surgical procedure is possible or is indicated. Some patients seem to feel that because they are not physically ill, they are “shopping” for a commodity, rather than consulting a medical specialist for a professional opinion.

The consultation should provide you with a great deal of information about your concerns ... even if surgery is not recommended.

The patient must realize that even though he may receive a negative reply to a request for surgery, it requires preparation time, skill, judgment and years of experience on the part of the consulting physician to arrive at this conclusion. The patient, in fact, is purchasing the *time and advice* of a surgeon as they do with their accountant or attorney. The fee for the consultation varies depending upon the complexity of the patient's specific problem and the amount of time required for evaluation but, generally costs less than one hundred dollars. Payment for consultation is due on the day of service.

Scheduling Your Surgery

Following your consultation, if it is mutually agreed that surgery is indicated, we will reserve a time on our surgical schedule for you. It is helpful for you to have some general idea about

your future plans prior to coming for your consultation. We encourage you to bring your calendar or schedule of events to the Clinic. And, don't forget to send several snapshots or photographs of yourself *prior to consultation*.

If your schedule is limited due to work, social events or school, or if you live far away from the Alabama Gulf Coast, we frequently make tentative surgery reservations over the phone when patients call for their consultation appointment. When Dr. McCollough has performed a telemedicine interview, the face-to-face consultation can be conducted the day prior to surgery. This is especially helpful to international patients.

We will make every attempt to coordinate our schedule with your wishes. Unavoidably, schedules can change, yours and ours, but please notify us immediately if a problem arises which might necessitate rescheduling. We pledge to do likewise.

The Costs of Surgery

We realize that for most people cost is a major factor in deciding to have plastic surgery. A number of factors are involved in the total cost for treatment:

- Some surgeons are more skilled and experienced than others.
- Some cases are more complicated than others.
- The operating room and overnight stay fees for cosmetic surgery are borne by the patient, but we have negotiated fair and competitive fees on behalf of our patients.
- And, while we operate our clinic with a "FIVE STAR" protocol in mind, the cost of conducting business and thus undergoing surgery at the Alabama Gulf Coast is less than in some other regions of the country.

Throughout most of the world, prepayment is customary for plastic surgery. A patient seeking an elective plastic surgical operation is concerned with an attempted improvement in appearance. Since this does not constitute an emergency, the patient should have sufficient time to plan ahead and arrange his finances. It is our policy that surgical fees are to be paid fourteen days prior to the date of surgery. Cancellations made less than fourteen (14) days prior to surgery without an unavoidable excuse are subject to a cancellation fee. This policy serves to assure the surgeon that the patient is not undertaking elective surgery which he or she may be unable to afford.

It is not always pleasant to discuss the financial side of medical, surgical or health care, but the world has become a more complex place. Entities other than the doctor and patient have a voice in whether any health benefit payment is made ... and how much of the costs will be paid. It is important for patients to understand these facts ... and that is why they must be addressed prior to service.

Insurance may not cover the expenses of hospitalization and doctor's fees when surgery is done exclusively for cosmetic reasons. If, however, the operation is performed in an attempt to improve or restore function, and as a result it also improves one's appearance, insurance *may* defray some, or possibly all of the cost. However, Dr. McCollough does not participate in insurance.

Patients, not their insurance carriers, are responsible for all charges incurred for services rendered by our Clinic.

Those portions of your treatments that are considered "functional" or "medically necessary" may be covered under your insurance plan. Each provider is different, *so you should check with*

your individual provider. Patients are responsible for the services provided. Except in extreme situations *payment is due in advance of treatment.* Your insurance provider may, if applicable, reimburse you directly.

The portions of your surgery and operating room costs deemed to be strictly “cosmetic” in nature are not covered by medical insurance.

We cannot fill out insurance forms so that it appears the work done was not for cosmetic purposes if, indeed, it was.

In cases where treatment must be rendered for an emergency or to repair a tumor defect, the patient may not have ample time to arrange for prepayment. In these rare instances other arrangements may be made to avoid delays in necessary treatment.

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Operating Room and Facilities Fees

With each intervention the patient is responsible for operating room, facilities, and other related costs, whether surgery is being performed as an initial, revisional or follow-up treatment and whether surgery is performed at our clinic or another medical facility. These charges are separate and apart from the surgeon’s fee. That we have surgical facilities in our clinic is both a convenience and cost-savings advantage. As is the case in hospitals, however, the costs for operating room and facilities expenses are always billed separately from the doctor’s services. On occasions, patients requesting revisional or touch-up surgery have failed to recognize the policies outlined above. Please ask if you have any questions, and before you consent to becoming a patient at our facility. And in rare cases (when hospitalization is required following treatment), the patient is responsible for the costs incurred,

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Our mission is to not only provide you with a happy result, but to make your experience as comfortable and convenient as possible.

LABORATORY AND MEDICAL WORK UP

Prior to having surgery, we require a “medical clearance” from your doctor (or one of the doctors at McCollough Plastic Surgery.) It is also necessary to perform laboratory tests to see that you are healthy enough for surgery. The pre-operative lab work can be done following your consultation at McCollough Plastic Surgery, if you wish.

In some cases it might be advisable to do more than the “standard” pre-operative labs. For your safety, we require a note from your personal physician stating that you are cleared for surgery. You could tell your doctor that, for most facial and nasal cases, we use the same anesthesia protocol used for a colonoscopy.

Functional Intracellular Analysis (FIA) is a next generation blood test for measuring specific vitamins, minerals, antioxidants, and other essential micronutrients within an individual's white blood cells (lymphocytes). It is the gold standard for nutritional testing.

You can be deficient in micronutrients and not even know it. Studies have shown that 50% of patients taking a multivitamin are deficient in one or more essential nutrients that are vital to long term health. Scientific evidence also confirms such deficiencies are associated with disease and the overall condition of your health. Deficiencies suppress the function of the immune system, contribute to degenerative

processes, and speed aging. So, anyone who is interested in feeling his or her best can benefit from FIA™.

SpectraCell's FIA™ is a clinically effective diagnostic tool for the prevention and management of chronic disease conditions. There is overwhelming evidence confirming that nutrient deficiencies have been shown to suppress immune function contributing to chronic disease process including cardiovascular disease, diabetes, arthritis and Alzheimer's.

Blood is collected (no fasting is required) and sent to a laboratory. Lymphocyte cells are isolated and grown in a series of patented culture media. The cells are stimulated to grow in the control media containing optimal amounts of specific micronutrients. As each micro nutrient is removed from the test solution, the cells must use their own internal mechanisms (reserves or metabolic processes) to grow. If cells grow optimally, they are functioning adequately and thus are not deficient. If cells do not grow optimally, then a deficiency is indicated.

In every surgery “kit” (provided for your after care) you will find the combination of vitamins and supplements your body needs to assist with healing. Take them as directed ***beginning the day after surgery***. Afterwards, we will advise you as to long term use.



Medical Insurance Reimbursement

Insurance companies generally pay claims based upon the average fees charged by most doctors providing similar services in a particular geographical area or through pre-determined benefit plans. Such reimbursement programs do not always allow for the fact that some cases are more complicated than others or that some surgeons are more skilled than others. As previously stated, Dr. McCollough does not participate in any medical insurance programs.

When we submit an insurance claim for our patients, we base that charge upon the complexity of the surgery, any special techniques required and the additional time required to perform the procedure. In the more difficult cases,

the claim could exceed the usual, customary or prevailing rates.

Insurance and reimbursement plans for medical care are changing at a record pace. Please check your coverage prior to your consultation with us. Check deductible, exclusions, waiting periods, etc., of your policy.

Because the vast majority of the services we perform are not covered by Medicare or Medicaid, Dr. McCollough has also elected not to be a Medicare or Medicaid provider. Patients covered by Medicare and Medicaid can still be treated at our clinic by other physicians; but, will need to make special arrangements with our business office, which can assist you with filing “medically necessary” claims..

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Enduring Doctor/Patient Relationships

During our fifty plus years of taking care of plastic surgery patients the most common hurdles for patients to clear prior to scheduling surgery, have been “the cost” and concerns over anesthesia, pain, appearance that may be “over done” or “plastic” after surgery, and unsuccessful outcomes. Because, with cosmetic plastic surgery, the patient bears the expense of treatment, it is important that patients understand as much as possible; exactly what they are purchasing ... and from whom. We hope the foregoing explanations have been helpful, and that you feel more comfortable in discussing these issues with our staff. Experience has shown that understanding these policies leads to long-term associations and partnerships between doctors and patients.

Please feel free to ask any questions you have about your proposed surgery

or our policies. It is best not to take anything for granted. Ask questions!

During our evaluation it is necessary for us to know all your thoughts surrounding the surgery you are requesting. During your McCollough Experience, we will attempt to inform you about your surgery, calm your fears and/or concerns, pre and postoperative course, answer your questions, address risks, and explain the events along the way. ***The answers to most of your questions should be found in this book. If not, please let us know.***

Following plastic surgery, it frequently requires time for the absolute, final result; therefore, we will ask you to return at intervals for us to monitor your healing. Keeping these appointments and following instructions are essential for you to obtain the best possible result.

Now, proceed to Chapter 2 for more information about where and how your surgery may be performed.

CHAPTER 6

SURGICAL PROTOCOL AND POSTOPERATIVE CARE

Where Can Surgery Be Performed?

The Day of Surgery: What to Do?

Anesthesia For Plastic Surgery

After Surgery: Recovery and Follow-up

WHERE CAN SURGERY BE PERFORMED?

Most procedures can be performed in the operating room(s) in our Clinic at McCollough Plastic Surgery. Some are performed in the hospital. The costs are generally less when surgery is performed at our clinic. When patients are in good physical health, they are usually given the option to choose between hospital based surgery or Clinic surgery. If there is a potentially serious problem concerning one's health or when surgery is performed on children or young adolescents, we may recommend hospitalization.

When surgery is reconstructive in nature or has a functional component, medical insurance may pay most, or in some cases, all hospital costs. However, if the surgery is done primarily for cosmetic purposes, the patient, not his/her insurance company, pays for the itemized hospital charges. In these cases the overall costs of surgery is considerably less when done in our Clinic (usually by hundreds of

dollars). We will give you our opinion as to whether we should perform the surgery at the Clinic or at the hospital. In either case you should be prepared to remain at or nearby the surgical site until we feel that it is wise for you to return home. Patients who remain in a villa at The McCollough Institute under the care of a private duty caregiver are more comfortable. Although they might not admit it to you, family and friends who are expected to care of you after surgery are grateful to be relieved of the responsibility.

Arrange for someone to accompany you following dismissal from the Clinic or the hospital. We will discuss these plans with you. Call us at 251-967-7600.

We would prefer you consulting the hospital 251-949-3400 if you are not familiar with their policies. Ask them any questions you might have in this respect.

The McCollough Institute For Appearance & Health

Located in the heart of Gulf Breeze Coastal Golf Resort
350 Cypress Bend Drive
P.O. Box 4249
Gulf Shores, Alabama 36547
(251) 967-7000

Plastic Surgery Clinic
Med-Spa & Skin Care Center
Cosmetic and Implant Dentistry
Vitamin & Mineral Testing
Diagnostic Testing
Pharmaceutical Grade Supplementation
Clinical Age Management
Hormone Analysis and Balancing
Residential Villas
American College of Rejuvenology

...where Nature and Science meet to help people look, feel, and perform better...longer.

The Day of Surgery

We instruct patients **not** to eat or drink anything **after** midnight the night before their scheduled surgery. However, on the evening prior to surgery, you should eat dinner at about 8:00 or 9:00 p.m.—and eat a high protein meal. We also recommend you take a “sleeping pill” upon retiring for the evening. Doing so may help you sleep and make you more relaxed the next morning.

Most likely, you will be given a set of special instructions prior to your surgery which will outline several things you should do, and not do, prior to coming to the Clinic, or hospital, on the morning of surgery; *follow these instructions carefully and bring them with you.*

Approximately two hours prior to surgery we usually prescribe medications that should make you sleepy and very relaxed. Then approximately 45 minutes prior to surgery you may receive additional medications which should make you even more relaxed.

Upon arrival in the operating room we usually give you additional intravenous medications until you doze off into “twilight sleep” (as is given during colonoscopies.) At this time we will add the local anesthesia to the areas to be operated upon. Patients usually have no recollection of their operating room experience and tell us their surgery



Prior to going into the operating room, the patient relaxes in one of the pre-op areas and meets with the surgeon.

was painless. We attempt to make the surgery convenient and comfortable for you. (See page 103 “Anesthesia for Plastic Surgery.”)

Following the operation, you will generally go to the recovery area for a while.

The medications you have taken should allow you to be comfortable and relaxed for several hours following surgery. Additional medications are ordered for you should they be necessary.

Some cases require GENERAL ANESTHESIA, especially body plastic surgery (breast augmentation, liposuction, tummy tucks, etc.). Remember, **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** on the day of your surgery.

Realizing that most patients are apprehensive about surgery we utilize an approach to anesthesia designed to make our patients as comfortable and relaxed as possible before, during and after their operation ... so do not be apprehensive. Most remember absolutely nothing about the surgery.

Patients from out-of-town should plan to arrive at McCollough Plastic Surgery and check into one of the villas the afternoon prior to surgery. Even if you live in the Gulf Shores/Orange Beach area, we strongly recommend you stay at the McCollough Institute (with a trained caregiver) the evening after your surgery.

NOTE:

Most patients are given instructions for obtaining laboratory tests prior to surgery. Please have your lab results sent to us **two weeks** prior to your surgery date.

ANESTHESIA FOR PLASTIC SURGERY

Intravenous Anesthesia Sedation aka “Twilight Sleep”

Realizing that most patients are apprehensive about surgery, we have developed an approach to anesthesia designed to make our patients as comfortable as possible before, during, and after their operation.

Because the patient enters a deep sleep state of consciousness and usually has amnesia to their operating room experience, except in patients with sleep apnea, **we prefer to call it “Intravenous Anesthesia Sedation”... as is used during colonoscopy examinations.**

This type of anesthesia is given in a graduated, programmed manner. When patients are apprehensive, we sometimes prescribe medications to take the night before surgery and upon arising on the morning of surgery.

By the time the patient arrives at the Clinic (or the hospital) much of their anxiety is greatly reduced. Shortly after arrival, however, additional medications are given so that before going to the operating room the patient is more relaxed and sleepy.

When in the operating room, intravenous medications are given to finalize the “twilight sleep.” After the patient has reached this state of sedation, local anesthetics (usually a combination of Marcaine® and Xylocaine®) are given to produce numbness in the areas to be operated. Local anesthetics may sting as they spread through the tissues and anesthetize the nerve endings; but most patients remember nothing about the process. After the local anesthetic has taken effect, the patient should experience no discomfort. With “twilight sleep” however, most patients

do not remember receiving the local anesthetic. Supplementary medications may be given if necessary. **This we pledge to our patients: If you should become more alert than you wish to be ... or feel any discomfort, we will make you comfortable.**

“Intravenous Anesthesia Sleep” is also similar to the anesthesia used by oral surgeons to remove wisdom teeth or that used for colonoscopy. Patients are told “we’re going to give you some medications”. The next thing the patient knows is that he or she is in the recovery room.

Although most people have amnesia to the operation, they are usually alert upon returning to their villa. Our experience with this technique has been that patients are up and around sooner and, we feel, the likelihood of potential complications is reduced.

For children, we may recommend a general anesthetic at the hospital.

General Anesthesia

For certain procedures and patients with significant sleep apnea, we may recommend general anesthesia (sometimes at the hospital.) In recent years, general anesthesia has become much safer and simpler for all types of outpatient surgery. New medications which are short-acting and have fewer side effects have made recovery from general anesthesia much more comfortable for patients. Once procedures are completed, patients tend to “wake up” more rapidly and regain awareness of their surroundings. Many patients now choose general anesthesia particularly when undergoing combination face and body surgery. Your doctor will have a recommendation for you. No matter

Every surgical procedure, even one as simple as the removal of a mole, entails some risks. Patients are encouraged to inquire about those associated with their surgery.

what type of anesthetic is chosen, you can be certain that every precaution will be taken to make certain your experience is as safe and comfortable as possible.

A team of trained doctors, nurses, and anesthesiologists will be in charge of the pre-medication regimen and will administer the necessary medications.



AFTER YOUR SURGERY:
Responsible Recovery and Follow-up

At this point, you should have already read Part II of this book beginning on page 44 and through page 62.
For a happier and shorter recovery, it is vital that you do so!

Upon discharge you should be given medications, instructions for postoperative care, including those in this book, and a return appointment to the Clinic for follow-up care. After you have had surgery it will be necessary for us to monitor your healing during the operating surgeons' regular Clinic hours.

Patients who live out of the Gulf Coast area should plan to stay nearby the clinic for a minimum of two (2) days. Most out-of-state patients should plan to stay in the area for five (5) to seven (7) days following surgery. Our Clinic will assist you with villa accommodations.

When patients are discharged from the Clinic or hospital, they most go to one of the villas located on the same campus as McCollough Plastic Surgery, i.e., the McCollough Institute, ***with a professional sitter or caregiver.***

We strongly recommend that you remain either on The McCollough Institute Campus or on the Craft Farms Resort at The Marriott Courtyard. Patients who do, tend to have a smoother post-operative course. Travel should be kept at an absolute minimum for the first 24-36 hours following surgery. We will be happy to counsel with you at your consultation about your travel plans.

In any respect, we strongly urge you to hire a private duty caregiver (from a pool of post-operative nurses and assistants,

who have cared for patients who have had the same operation you have had). The caregiver should stay with you at least the first night after your surgery. A family member, or friend, may also stay with you in a villa and your aide, but we strongly recommend someone who has cared for patients who have had the same procedures as you, be with you the night following surgery.

Post-operative caregivers are not agents or employees of McCollough Plastic Surgery. Some are nurses; others are experienced in providing the necessary post-operative care that make patients comfortable. Our staff can assist you in contracting with prospective caregivers.

In order to insure their privacy, many patients who live in the Gulf Coast area find it more convenient to be "away from home" while they are recovering from surgery. These patients may stay in one of the villas at The McCollough Institute (see page 12), a nearby hotel, or condominium.

The length of stay in the Gulf Coast area will vary depending on the procedure(s) performed. Generally speaking, for face lifts, breast reduction, chemical face peels and certain other procedures, we recommend that you plan to stay close by for several days following surgery. (For nose surgery, eyelid surgery, breast augmentation, tummy tucks, and breast

lifts, 1-2 days is usually sufficient.) Return visits within another week or so will be arranged before you leave.

So that we can monitor your healing, we will ask you to Email photos and return for postoperative care at various intervals, e.g., (one or two days after surgery, one week, two weeks, three months, six months and one year). Timing of these visits varies depending upon which procedure(s) has been performed. Patients may also be “checked” after surgery by one of the clinic’s medical staff. The healing process of patients who live far from Gulf Shores, often can be followed by emailing photographs to us. The doctor(s) will review the photos and communicate with instructions.

For some procedures, it may take about a year for healing to be “complete.” We urge you to keep your postoperative appointments. They may be vital to obtaining the best result from your surgery. It is your responsibility to help us monitor the healing.

When they have paid their full surgical fee in advance of their surgery, patients are not charged for postoperative visits. Should a problem arise, we will probably ask you to come in as often as we feel it necessary.

A Closing Thought...

We trust this information will prove beneficial in helping you understand our approach to the evaluation and care of our patients. You should realize, however, that this is a general protocol

and applies to the “average” case. Variations and exceptions rarely exist.

All patients should read the section on scar revision, page 231, to better understand how tissues heal following surgery.

Postoperative instructions for the various procedures can be found immediately following the section discussing each procedure. We recommend you read them prior to your consultation. After surgery, you will be asked to take several nutritional supplements, which we feel promote healing... also, whenever you are given instructions, please do not ask for permission to break them.

And Now . . . You Are Ready to Read About The Procedures We Offer

Proceed to the chapters explaining the surgery in which you are interested.

Patients interested in “**Surgery to Reverse the Undesirable Signs of Aging**” should read the chapter in this book with the same title prior to reading about the specific operations in which you are interested.

Anyone interested in learning more about the nonsurgical methods to reverse the undesirable signs and effects of aging, and our advanced health screening and nutritional programs should also read Part V of this book: ***Medical Rejuvenology™***.

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REMEMBER TO READ PAGES 44-62.

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Make sure you also read Part V (non-surgical rejuvenation on page 284) of The McCollough Plastic Surgery Experience. The evidence is undisputable. People who take care of their body, mind, and soul, look better, feel better, and perform better ... longer.

CHAPTER 7

PLASTIC SURGERY OF THE NOSE, CHIN, CHEEKS, LIPS, AND EARS

Nasal Plastic Surgery
Rhinoplasty
Breathing Problems
Headaches
Nasal Fractures

Chin Augmentation

Cheek Augmentation

Lip Enhancement Surgery

Correction of Protruding Ears

SURGERY OF THE NOSE:

Plastic and Reconstructive Rhinoplasty

Note: Prior to reading this section you should have read Parts I, II, and III of this book.



A nose that is too large is “out of proportion” to the other facial features. Reducing its size and altering its shape brings it into harmony and enhances the other facial features.

“Rhinoplasty” is the name of the operation designed to improve deformities of the nose with plastic and reconstructive surgical techniques ... and to improve breathing and sinus function.

The operation consists of carefully removing any “excess” bone and/or cartilage while rearranging or reshaping the remainder.

Most rhinoplasties are performed because the patient desires an improvement in appearance and/or nasal function. They may simply want a nose which is in harmony with the rest of the face rather than one which is out of proportion with respect to the other facial features. (See Facial Analysis page 88.) On the other hand, it may be, as is often the case, that their nose is becoming progressively

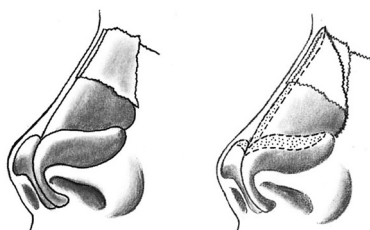
more disfigured with age and breathing becomes more difficult.

At times patients have deformities of the inside of their noses which impair breathing, *cause headaches*, or contribute to sinus trouble. These problems cannot be satisfactorily treated medically without simultaneously straightening the external nose. (See page 119.)

Like faces, every nose is different; some noses are too long, some too wide, some have large humps, some project away from the face, and so on.

Since rhinoplasty surgery is as much artistic in nature as it is scientific, rarely are any two of our patients’ noses identical. We strive to customize every nose so that it has an un-operated appearance and fits each patient’s face.

The alterations we recommend will be determined by many factors, including one's height, age, skin thickness, ethnic background and configuration of other features such as the forehead, eyes and chin. All in all, we strive to achieve a natural looking nose rather than one which appears to have been operated upon. No patient really wants an assembly line "nose job"; they want a nose individually tailored to their own features.



Before

After

The nose is reduced in size by removing excess bone and cartilage (dotted areas). The remaining structures are repositioned through a series of carefully planned internal nasal incisions. On occasions, grafting is indicated. The skin then heals to the new framework.

When Can Surgery Be Done?

An often asked question is: At what age can nasal plastic and reconstructive surgery be performed? If a severe breathing problem (or headache issue) is present, even in a child, it should be corrected. With children, additional surgery at "maturity" may be required to obtain the best result. Certain limitations exist in children which precludes performing the definitive correction prior to puberty.

Ordinarily, girls are "mature" enough by the age of fifteen (boys at age eighteen) to have surgical correction. However, we find it necessary to individualize this factor because some boys and girls "mature" at earlier ages.

So that we can monitor their growth and maturation, we prefer to see these young men and women whenever they become interested in having a rhinoplasty even though surgical correction may be delayed.

Early correction of unwanted nasal deformities can often give young people more self-confidence and improved self-esteem. **A parent should come with a minor to the consultation visit.**

On the other hand, about thirty percent of the rhinoplasties we perform are on patients over the age of forty. Many older patients remark that they have disliked their noses "all their life" and have now decided to have corrective surgery. Providing the patient is in good health, **it is never too late in life to have a rhinoplasty.** It is often done as a part of a facial rejuvenation program with face-lifting and eyelid plastic surgery, to improve the undesirable signs of aging.

A longer drooping nose may be a "telltale" sign of aging, and repositioning the drooping tip of the nose can be performed to give a more youthful appearance. (See Photographs on the following page.)

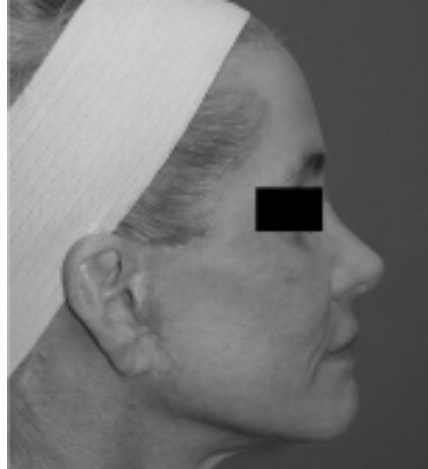
The Planning Process

Prior to surgery, photographs are taken so that we can study the characteristics of the nose and face. The operation is planned in much the same way an architect plans a house; the goal is not only to improve the shape of the nose but also to have it enhance the appearance of the entire face.

Dr. McCollough prefers patients send several photos or snapshots of themselves before the consultation appointment. Photographs are helpful in helping the surgeon determine if surgery might be indicated. In many cases a teleconference/ photographic analysis and interview are done prior to an "in-office" consultation, thereby shortening the time from the first call to operation.



With aging, the tip of the nose becomes longer due to loss of the tip support.



Supporting the tip with a rhinoplasty, at the same time as a face lift, can provide a much more youthful appearance.

Our Surgery Protocol

Prior to surgery, certain medications are given to promote healing and help hold to a minimum the amount of swelling and discoloration which could occur, we ask that you refrain from taking medications or supplements, which have been shown to interfere with clotting (Eliquis, Pradaxa, Lovenox, aspirin, ibuprofen, NSAIDS, Vitamin E, and green tea,) but continue with blood pressure medications.

Most patients arrive at our Clinic (or hospital) on the morning of surgery. Following surgery, the average patient is able to be discharged to an appropriate recovery facility with a sitter. Out of town patients usually stay in town for 2-3 days.

We generally prefer “twilight” anesthesia in which the patient receives sleeping medications supplemented by local anesthesia. In the uncomplicated rhinoplasty case, the actual surgery takes about an hour or so; however, additional time is required for certain preliminaries necessary to properly prepare the patient and for a recovery room stay. (See Section on Anesthesia, page 103.)

At the completion of surgery, a small protective adhesive dressing and splint are applied to the nose; (see photograph

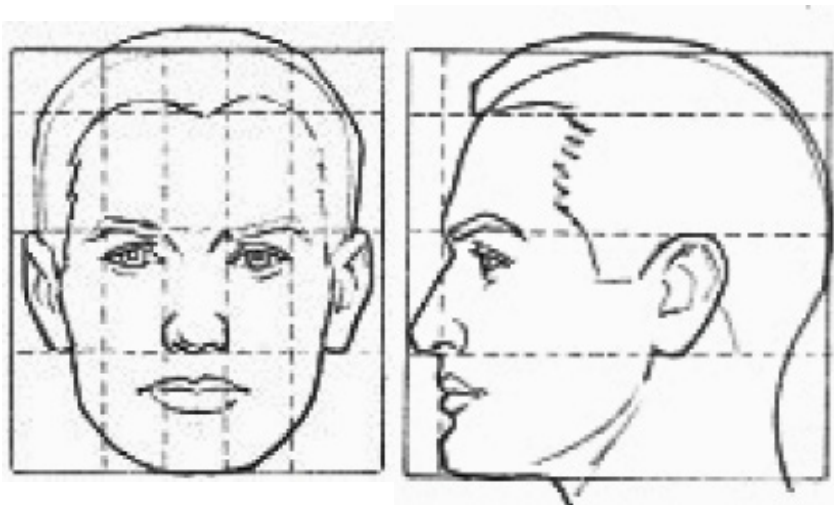
on next page). The external protective splint and tape are to remain in place for about one (1) week.

Although a drip dressing is applied, which covers the nostrils, **we do not ordinarily “pack” the nose after surgery.** Patients, therefore, are more comfortable and generally less swollen. With the elimination of excessive nasal packing, pain, swelling, bleeding, discoloration, etc., are dramatically reduced making the recovery period much more pleasant for the patient. In our procedure, this special technique of suturing the internal nasal tissues back in place eliminates the necessity of packing. This technique has been one of the greatest advances in nasal surgery, reducing much of the undesirable postoperative discomfort those patients whose noses are “packed” experience.

A question often asked by patients contemplating rhinoplasty is: “Do you have to break my nose?” In our technique, we make an incision into the nasal bones when they need to be repositioned thereby eliminating the more antiquated technique of “breaking” the bones and resetting them. We feel this technique allows for better control of the operation and reduces the patient’s anxiety about having surgery.

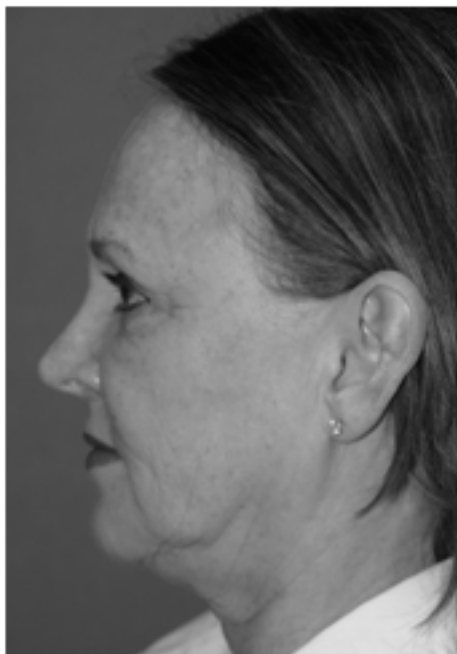


The typical nasal dressing consists of tan tape and a protective splint. It is to remain in place for approximately one week.

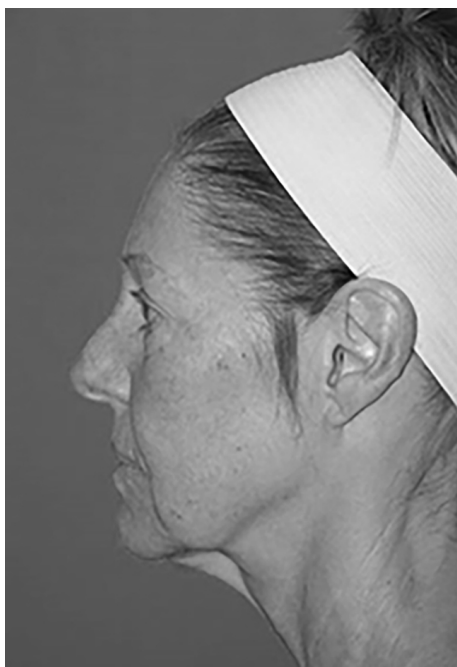


The “ideal” facial proportions are demonstrated in this photograph. The nose should fit into the middle one-third of the face as depicted in this diagram. From a profile view, the chin should be in line with the lower lip.

The following pages contain representative before and after photographs of patients who underwent nasal surgery by Dr. McCollough. They are presented as examples of real people from various walks of life who chose to have plastic surgery.



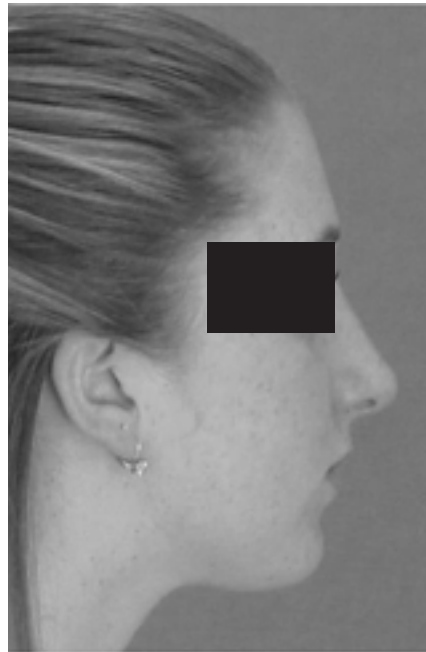
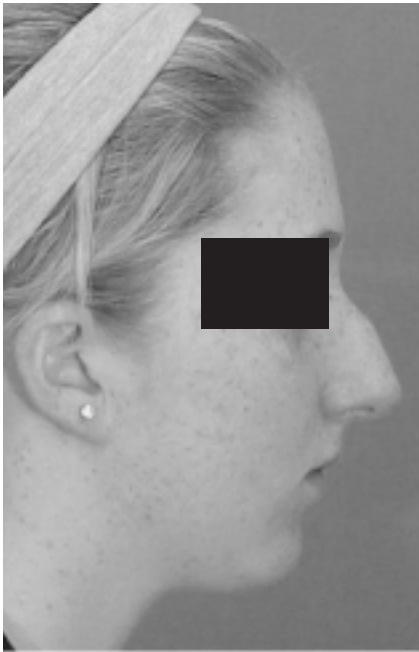
A nasal hump and drooping tip can be corrected, enhancing one's appearance and giving a renewed impression of youth.



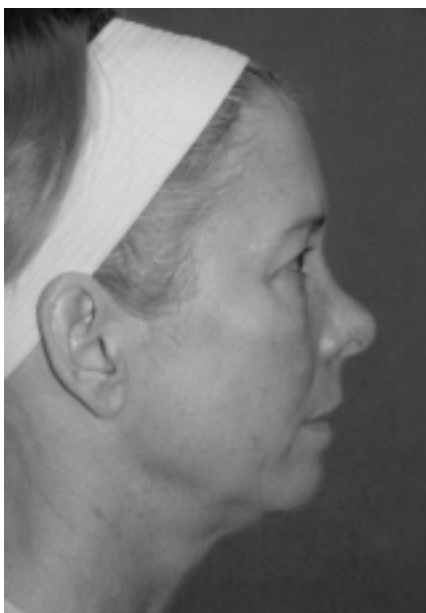
Reduction in the size of the nose can “soften” the face in conjunction with face lifting and provide better harmony for all facial features.



Correction of a large hump and drooping nasal tip provides a softer, more “feminine” appearance. This young woman also had a chin augmentation (implant) to correct a receding chin.



A long, projecting nose distracts from the other pleasing features of the face. Correction provides harmony and can often lead to an improvement in appearance.



Correction of the septal deformity which produced breathing problems was carried out at the same time as surgery to build up the bridge with a cartilage graft in a patient who underwent unsuccessful nasal surgery twenty years previously.



A crooked nose may result from an injury, previously unsuccessful surgery, or may be a family trait. When associated with internal deformities, such as a deviated nasal septum, the patient may experience breathing difficulties. A functional nasal plastic operation can often improve both the appearance and airway.



The shape of a nose that underwent previously unsuccessful surgery can be improved with the reconstructive nasal surgery. Correction included grafts.



A large bulbous tip is often due to an increased size of the tip cartilages. Removing the excess cartilage and repositioning the other nasal structures gives a pleasing refinement to this woman's face.



This patient's life long history of migraine headaches were eradicated by correcting her septum (the partition inside her nose) with reshaping the exterior.



Refinement of the tip and lateral nasal walls can often produce dramatic improvement in one's appearance and bolster self-esteem.



This patient came to our Clinic to have a rhinoplasty because she was dissatisfied with the size and shape of her nose. Building up the bridge of her nose and lifting the tip provided balance to her face.



This woman exemplifies the kind of improvement which can be obtained when a wide nose is brought into better harmony with the other facial features.



The excessive projection of the tip was corrected in conjunction with the reduction of the hump.



This patient had undergone a previous rhinoplasty, with another surgeon, that left her with a large, drooping nasal tip. Dr. McCollough corrected the problem with a revisional rhinoplasty.

The Healing Process

After surgery, the patient is urged to limit physical activities and remain elevated while sleeping. Being in an upright position will decrease swelling and accelerate healing.

The protective splint and dressings on the nose are removed at the Clinic about one week following surgery. Most patients are able to return to work or school that same day.

At the end of one week, in practically all of our patients, most of the swelling and discoloration has disappeared.

Some swelling of the nose (which the patient feels more than he/she or anyone else sees) is present but progressively diminishes over the next several weeks. Generally speaking, about 80% of the swelling disappears by **two (2) weeks; 90% by two (2) months. The remainder disappears at the rate of about 1% per month. The “final” result is not present for about one year, occasionally longer.** So, be patient... and positive.

When patients have associated breathing problems requiring work to be done on the nasal septum (the internal partition in the middle of the nose), there may be varying amounts of nasal blockage for several weeks after surgery. If excess mucous production is a contributing factor, antihistamine-decongestants can sometimes relieve this. These medications make some patients sleepy and lethargic so don't take them unless the mucous production and drainage are excessive.

Additional post-operative instructions are provided at the end of this chapter.

Nasal Breathing Problems

One of the common causes of breathing difficulties (and headaches) is a “deviated” or crooked nasal septum. The septum is part bone and part cartilage. It is a partition or wall that divides the inside of the nose into two

chambers. If it is dislocated or leans to one side it can interfere with the flow of air through one or both sides of the nose. (See illustration below.)

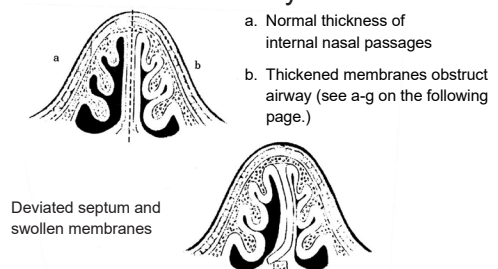
Nasal obstruction can also be caused by scarring, collapse of the nasal sidewalls or of the nasal tip. This is sometimes secondary to congenital features, this is sometimes secondary to trauma, infrequently this is secondary to previous surgeries and may require grafting of cartilage.

Surgical correction may improve these mechanical nasal obstruction situations. Surgery can often straighten or remove the offending portions of the crooked bones and cartilages. Surgery can also be performed to strengthen and replace structure in the nose if it is collapsing. Improvement in breathing is then noted by the vast majority of patients.

Nasal airway obstruction can also be caused by the reactive swelling of the inside of the nose. **The membranes lining the inside of the nose can become swollen from one or more of the following conditions:**

- a. allergies (hay fever)
- b. changes in temperature or environmental factors
- c. viral infections (colds)
- d. bacterial infections
- e. emotional disturbances
- f. over-use of nasal sprays
- g. exposure to irritants in the air (hair spray, smoke, etc.)

Causes of nasal airway obstruction



Although medical treatments may help, none of these “membrane conditions” are corrected by surgery alone, however if the patient has a deviated septum plus one of these problems, correction of the septum and turbinates frequently makes it easier for the patient to tolerate the membrane swelling.

We might recommend that the patient see an allergist or other consultant if they have one of the medical conditions listed above.

Remember: Almost everyone’s nose is more stuffy at night or when lying down because of positional shifting of body fluids.

Nasal Fractures: Old and Recent

When the nose has been injured, fractures and/or dislocations of the nasal bones or cartilages may occur. As long as considerable swelling is present, it is often difficult to diagnose these conditions. X-rays are of limited value since cartilage deformities are not visible with conventional x-ray studies. About one-half ($\frac{1}{2}$) of nasal fractures involve the cartilage portions of the nose. CT scans may provide more information.

As the swelling subsides, the nose may appear crooked or deformed and airway obstruction may persist. These conditions are often a result of fractured and/or dislocated bones and cartilages. (See photographs this page.)

Although most nasal fractures do not require emergency surgery, they usually should be repaired within six (6) weeks. We will make specific recommendations in each individual case depending upon the existing circumstances.

In some cases, desired changes in the size or shape of the external appearance of the nose can be made while correcting the fractures. If you wish to have such alterations, let us know when you make your appointment.



Some nasal injuries can best be managed by allowing the initial swelling to subside before surgical correction. Figure A shows this patient’s appearance immediately following an injury to his nose.

In **Figure B**, six weeks later, much of the swelling has subsided revealing the resulting deformity.

Figure C, depicts the patient’s appearance approximately 6 months following surgical correction of the nasal fractures.

Follow-Up Care

At about one week following surgery a visit is scheduled so that the nasal dressings can be removed. The patient will then be asked to visit the Clinic on several occasions in order for us to monitor the progress of their healing.

During this time, they must be very careful that the nose is not injured in any way and that it is protected from prolonged exposure to direct sunlight. Eye glasses must not be worn unless they are supported from the forehead or cheeks.

Unless they are supported from the forehead or cheeks, eye glasses must not be worn for six weeks

Additional postoperative instructions are available in a special section (page 104). You should read them prior to your consultation.

Points To Remember About Rhinoplasty

1. When the dressings are first removed, the nose appears turned up due to the effects of the bandage and swelling of the tissues. Therefore, the patient who expects to see a perfectly shaped nose as soon as the dressings are removed may suffer keen disappointment.

Some additional swelling disappears within three (3) or four (4) days after removal of the bandage, and the nose begins to resemble its eventual shape. The average acquaintance met on the street would probably not notice any swelling. **It generally takes at least one year for the last one or two percent of the swelling to disappear;** this does not usually bother the patient nor distract from the appearance of the nose—rather, the elements of the nose seem to have improved “definition” as the last bit of swelling subsides. This is especially true in the tip of the nose.

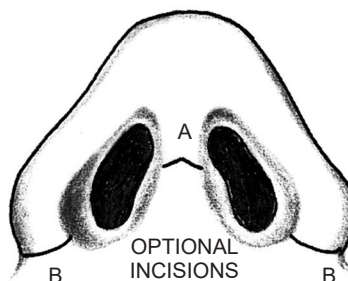
2. In like manner, the tissues inside the nose are somewhat swollen after surgery; therefore, progressively

decreasing amounts of nasal blockage should be expected for a time following the average uncomplicated nasal operation.

3. Most patients tell us that the operation is absolutely painless. The patient generally “sleeps” throughout the procedure; most have **total** amnesia to the operation. (See Our Approach To Anesthesia, page 103.) Pain is rarely a problem during the postoperative course; as a matter of fact, most people rarely require anything stronger than one of the non-aspirin medications to relieve any discomfort.

4. With thicker skin, it takes longer for the nose to assume its final shape. Thicker skin, like a sponge, holds on to the swelling a little longer. Each case is different and in our preoperative evaluation, we will attempt to explain the skin limitations in your situation.

5. Most of the work is done from the inside of the nose (through the nostrils). There are two exceptions: if it is necessary to make flaring or wide nostrils smaller, an incision can be made in the crease where the side of the nostril adjoins the upper lip and cheek. Because this is located in a natural body fold, the scar is practically invisible within a few weeks. (See B, below.)



- A.) The columellar incision is made in certain difficult noses.
B.) The alar incision is made when nostril width is reduced.

In severely deformed noses or revisional (secondary) rhinoplasty, a small incision may be made below the tip of the nose in the central portion, between the nostrils. With time these incisions become inconspicuous. (See A, in the illustration on the previous page.)

Instructions are provided concerning activities and the care of the nose during the postoperative period (see page 123 of this book). You should read them prior to your consultation.

6. Patients should remember that in any nose surgery there is a limit to the corrective procedures possible or recommended. The surgical goal is improvement in the existing conditions, not to match the ideal which might be present in one's mind. Some of the limiting factors in rhinoplasty are:

- a) the existing size and shape of the nose
- b) the contour and shape of the face
- c) the texture and thickness of the skin
- d) the inclination of the chin, lip, and forehead
- e) the depth of the angle between the forehead and the nose
- f) the height and age of the individual
- g) the healing tendencies tissues
- h) facial asymmetry or differences between the two merged sides of the face

7. It is frequently necessary to correct a *receding* or *protruding chin* at the time of nose surgery to provide harmony of the facial features. (See section on Chin Augmentation-Mentoplasty, page 131 with drawing.)

8. Noses that have been severely injured (as from athletic injuries, or accidents), those which are crooked, or those which have undergone previous surgery that left the patient with an unsatisfactory result are technically more difficult to correct. Although some surgeons would approach these problems with separate operations scheduled approximately six (6) months apart, Dr. McCollough attempts to make the necessary corrections in one operation. He succeeds in the vast majority of cases; but additional procedures are sometimes required six (6) months to one (1) year later.

9. Analyze your face and nose from the front and the side in your mirror at home and study how it relates to your other facial features. Notice to see if one nostril is different or if your nose is crooked. Most faces have several asymmetries because the face develops from two sides which merge during development. Some of these asymmetries are not correctable with surgery; some are. During your consultation we will discuss your desired alterations and explain our recommendations to you.

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Please Review #8 above.

**MAKE SURE YOU HAVE READ
PARTS I, II, AND III OF THIS BOOK
PRIOR TO SURGERY.**

A recent national survey indicates that 40% of Americans are dissatisfied with the shape of their noses ... and that the fastest growing segment of plastic surgery patients are men. People from all backgrounds—and any age after puberty—can have nose surgery... and remember: no ethical surgeon can guarantee the outcome of any plastic or reconstructive procedure, including those performed on the nose.

All photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.

AFTER NASAL SURGERY

Postoperative Instructions

The following instructions are based on experience with thousands of nasal operations. They are designed to answer practically every question that may arise regarding the “do’s” and “don’ts” after surgery. **You and your family should read the instructions several times to familiarize yourselves thoroughly with them.** Attempt to follow them faithfully, because those who do so generally have the smoothest postoperative course. This, of course, favors proper healing and a better result.

Swelling

Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. The amount of swelling varies from person to person, but it seems more in the face because the looseness of the tissues makes the features appear distorted. It is usually greater when both the inside (septum) and outside of the nose have been operated upon than when surgery is done on the inside (septum) only. You may be given medicine before the operation to attempt to keep swelling at a minimum and may receive another type when you leave the Clinic or the hospital to speed up the absorption of that which has formed.

Some degree of swelling follows any surgical procedure. The swelling is due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and in some of the “discoloration” associated with surgery. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream.

You must be willing to accept temporary swelling and discoloration

which occurs following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience to pay for the physical and psychological improvement they experience.

Sometimes the swelling will become a little greater the first, or second day after surgery, reaching its peak on the third day. It may also become more pronounced along the jaw line and is generally worse when you first arise in the morning (proof that it is better to stay up as much as possible during the day!). This is not serious and is not an indication that something is going wrong with your operation.

The main thing to remember is: such swelling eventually subsides.

You can help the swelling to subside in several ways:

1. Stay up (sitting, standing, walking around) as much as possible beginning the second day after your surgery. **THIS IS IMPORTANT.** Of course, you should rest when you tire.
2. Avoid bending over or lifting heavy things for one (1) week. Besides aggravating swelling, this may raise the blood pressure and start bleeding.
3. Avoid hitting or bumping your new nose. It is wise not to pick up small children, and you should sleep alone for two (2) weeks after your operation.
4. Sleep with the head of the bed elevated for the first two (2) weeks after surgery. To accomplish this, place two (2) or three (3) pillows under the head of the mattress and one or two on top of it, obtain a “study pillow,” or use a recliner. Try not to roll over on your nose.

5. We recommend you use ice compresses consisting of moistened cold wash towels (not an ice bag) applied in an inverted “V” across the top of the nose and covering each eye as much as possible during the first three (3) days after surgery.
6. Avoid sunning the face for **prolonged** periods for one (1) month; ordinary exposure is not harmful.
7. Do not tweeze the eyebrows for (1) week.
8. Do not use the usual type heat hair dryer in beauty salons; use a hand held blow dryer.
9. When bathing, avoid getting the nasal dressing wet; if it becomes loose, let us know.
10. Avoid “sniffing”; that is, constantly, forcibly attempting to pull air through the nose as some people do when their noses feel blocked. This will not relieve the sensation of blockage—it will only aggravate it because the suction created on the inside will cause more swelling and may produce bleeding.
11. Avoid constantly rubbing the nostrils and base of the nose with Kleenex or a handkerchief. Not only will this aggravate the swelling, but it could cause infection, bleeding, or the accumulation of excessive scar tissue inside the nose. Use a moustache dressing instead if the discharge is excessive.
12. Report any excessive bleeding that persists after applying cold compresses and pressure, using a nasal spray, and lying down (head elevated) for 15 minutes.

Discoloration

Following surgery it is not unusual to have varying amounts of discoloration about the face. Like swelling, the discoloration may become more pronounced for one (1) or two (2) days after you have been discharged; it usually does not last for more than

a week, all the while decreasing in intensity.

The measures that help the swelling to subside will also help the discoloration.

You can camouflage the discoloration, to some extent, by using makeup.

Hemorrhage

Whenever the nasal passages are blocked (as when you have a cold or allergy), the nasal glands produce more mucous than normal. Your nose is blocked from the swelling resulting from your operation, so you can expect more mucous drainage for several days. It will be blood-tinged and should cause you no concern unless the drainage becomes frankly bloody and flows profusely as when one cuts a finger.

If hemorrhage does occur, go to bed, use a nasal spray, elevate the head, apply ice compresses about the nose, neck and face, and report it by telephone. **Refer to #11 and #12 (previous column) for more specific instructions.**

Avoid: bending over and lifting heavy objects, hitting your nose, and removing any blood clots, etc., from within the nostrils.

Pain

There is usually little pain following rhinoplasty, but the individual may experience a bruised sensation as a result of postoperative swelling. As is usually the case with such things, this seems worse at night and when one becomes nervous.

Unfortunately, the commonly prescribed drugs which relieve pain often cause sensations of lightheadedness, especially in the immediate post-operative period, and so seem to make recovery more tedious and constipation more common. Therefore, better to try the application of cold compresses before resorting to drugs.

If the above are not effective, you may take one of the pain relievers prescribed for you.

Insomnia

When there is too much difficulty in sleeping in the period before the dressings are removed, we will prescribe a sedative. It should be remembered that such drugs also tend to make some people feel light-headed, weak and tend to slow recovery.

Both pain medications and sleeping pills produce a “hangover” when they wear off and contribute to depression and fatigue.

Depression

It is not unusual for an individual to go through a period of depression for a few days after surgery because, no matter how much he/she wanted the operation beforehand and how much they were told about what to expect postoperatively, they are disturbed when they see swelling and/or discoloration about their face.

Be realistic and realize that this is a temporary condition which will subside shortly. The best “treatment” consists of busying one’s self with the details of post-operative care and trying to divert one’s mind to other activities.

Keep a Stiff Upper Lip

The upper lip is a key area in rhinoplasty surgery since work is frequently done in this area. Therefore, you should not move it excessively as long as the bandage is in place so that the healing tissues are not disturbed.

Toward this end:

1. Avoid excessive grinning and smiling.
2. Don’t pull the upper lip down as women do when they apply lip-stick.
3. Apply lip-stick with a brush.
4. The upper teeth should be

cleansed with toothpaste on a face cloth; the lower may be brushed as usual.

5. Avoid chewing gum or foods that are hard to chew. Soups, mashed potatoes, stewed chicken, hamburger steak, or any easily-chewable foods are permissible.

6. You may choose to continue wearing a moustache dressing because of mucous drainage after you leave the Clinic or hospital. If the dressing becomes “stuck” it may be loosened with a few drops of hydrogen peroxide. Also, the best type of adhesive tape to use is Micropore[®] paper tape because it is usually less irritating to the skin. This can be purchased at the drugstore or supermarket.

Nasal Blockage and Nose Drops

Nasal blockage is to be expected after rhinoplasty and will gradually subside over a period of time. The patient must reconcile himself to this.

NOSE DROPS OR SPRAYS SHOULD NOT BE USED unless you experience bleeding because they may damage the membranes and delay healing.

Cleaning the Nose

Don’t blow the nose at all for fourteen (14) days; after that, blow through both sides at once—do not compress one side.

You may clean the outside of the nose and the upper lip with cotton-tipped applicators (Q-tips[®]) moistened with hydrogen peroxide as soon as you return home from the Clinic or hospital, but don’t rub too vigorously.

After one (1) week the inside of the nostrils may be gently cleaned with an antibiotic ointment applied with a Q-tip[®]. The ointment helps soften crusts and usually makes the inside of the nose feel better. This may be continued for several weeks.

Soon after the bandage has been removed, the outside of the nose should be cleaned in the usual manner twice daily to remove the oily material that is produced by the skin glands; otherwise swelling will be prolonged. The nose can withstand gentle cleansing at this time. CeraVe® Hydrating Cleanser and rubbing alcohol with a cotton ball is recommended. Unless cleaned properly, pimples can develop in the nasal skin. If they do, rub them vigorously with a Q-tip®, soap and water, then bathe them with hydrogen peroxide and rubbing alcohol. They should clear up in a few days.

Resuming Activities

You may sleep without the head of the bed elevated after two (2) weeks.

Until the bandage is removed you should wear clothing that fastens either in the front or the back rather than the type that must be pulled over the head.

No swimming, gym, or strenuous athletic activity for two (2) weeks; no diving or skiing for two (2) months. **NO CONTACT SPORTS FOR THREE (3) MONTHS.**

Joggers may **walk** after two (2) weeks and jog after three (3) weeks. Start slowly and work your way back to your pre-surgery routine.

Tennis players may hit ground strokes in two (2) weeks and resume competition after three (3) weeks. Do not play “doubles” for six (6) weeks.

Avoid sneezing until the bandage is removed; if you must, let it come out like a cough—through the mouth. If it becomes a real problem, we will prescribe medicine to alleviate the condition.

Eye glasses can be worn as long as the protective dressings remain on the nose the first postoperative week. **After that, they must be supported from the forehead or cheeks for a period of about six (6) weeks;** we'll show you how this is to be done if you must wear

them. This is important, because the pressure of the glasses may change the new contour of the nose.

Contact lens may be inserted the day after surgery.

Dryness of the Lips

If the lips become dry from breathing through the mouth, coat them with Vaseline®, glycerin swabs, or lipstick.

Temperature

Generally, the body temperature does not rise much above 100 degrees following rhinoplasty. Any elevation is generally due to the fact that the patient becomes mildly dehydrated because he/she does not drink enough fluids.

Patients will often think they have fever because they feel warm, but, in reality do not. To be sure, you should measure your temperature either rectally or in the armpit; the rectal temperature is one degree above and the armpit temperature is one degree below that measured by mouth.

Report any persistent temperature above 100 degrees however.

Medications

Following surgery you should resume taking all of the medications you were taking prior to surgery. Take the ones we recommend as directed until the supply is exhausted; these prescriptions need not be refilled.

You may also be given several other prescriptions. The first will be for sleeping pills, and the second will be to relieve pain. They should not be taken prophylactically. You may also be given an antihistamine-decongestant and an antibiotic. Directions for taking them should be written on the bottles. Do not take the antihistamine unless you are experiencing sneezing or have excessive mucous drainage, as with an allergy. Narcotic based pain relievers and certain sleeping medications can also make people drowsy and add to

depression. So, rely on acetaminophen (Tylenol®) if possible.

Weakness

After a person has an anesthetic or any type of operation it is not unusual for him/her to feel weak, have a rapid pulse, break out in “cold sweats,” or get dizzy. This subsides in a few days without medications.

Bathing and Hair Care

Tub bathing or showering can be resumed as soon as the patient feels strong enough to do so. It is probably best to have assistance standing by on the first couple of occasions.

The hair may be washed, with someone’s help, after three (3) or four (4) days, **(do not use hot water)**. Care should be taken not to wet the nasal bandage. Lay the head back in a lavatory or sink as long as the dressings are in place. A hand held blow dryer may be used for drying.

Your First Post-Op Clinic Visit

Before going home you should talk with the receptionist at the Clinic and make an appointment for a check-up one week following your surgery. This should be done because special preparations must be made for your visits in advance of your arrival—these are different from the usual Clinic routine.

Don’t build up a feeling of fear and anxiety about what is going to be done to you on the occasion of your **one week** postoperative visit to the Clinic. The tape and splint will be removed; a special tape-removing solution is used to insure that these come off easily. Likewise, any material inside your nose will be softened so that it comes out easily. There should be no stitches to remove from the inside of your nose because the dissolvable type is used. If your nostrils were narrowed, those stitches are also of the dissolvable type. You will probably feel much better

after the first Clinic visit when you see your “new nose.”

Returning to Work or School

The average patient is able to return to school the day the bandages are removed, that is, about a week following surgery. Some hearty souls have done so earlier.

When you should return to work, depends on the amount of physical activity and public contact your job involves, in addition to the amount of swelling and discoloration you develop. The average patient may return to work by the eighth to tenth postoperative day.

Injury to the Nose

Many individuals sustain accidental hits on the nose during the early postoperative period. You need not be too concerned unless the blow is hard or if hemorrhage or considerable swelling ensues. Report the incident at the next Clinic visit or by telephone if you are sufficiently concerned.

Quick Check

Postoperative Instructions

Please follow these instructions carefully. You should also review the materials in the consultation book relative to your surgery. Your final result will depend upon how well you care for the treated areas.

WEEK 1

DO: Sleep on your back with the head of the bed elevated for 2 weeks.

DO: Apply cold compresses to the eye and nose area as much as possible while awake. This should be continued the second and third day after surgery, only. After the first night no one has to stay up during the night to apply the cold compresses.

DO: We recommend moistened cold washcloths soaked in ice water, applied in an inverted V across the top of the nose and covering the eyes.

DO: Wear a drip pad under your nose as long as you have drainage from the nose. This avoids excessive manipulation of the nose.

DO: Expect swelling to increase by the 3rd day, then it will gradually start to decrease.

DO: Eat soft foods for the 1st week. Avoid foods that are hot or cold.

DO: Clean only the entrance of the nostrils as needed with hydrogen peroxide on a cotton swab applicator followed by petroleum jelly.

DO: Clean the sutures in the creases of each nostril 6 times daily with peroxide and Vaseline (as above) if your nostrils were narrowed.

DO: Wear contacts or glasses the day after surgery, if desired. Your splint will protect the nose.

• • • • •

DO NOT: Clean past the entrance of your nostrils at all. You might initiate bleeding.

DO NOT: Blow or sniff your nose for 14 days.

DO NOT: Brush your top teeth for the first week but you may use your finger with toothpaste as an alternative.

DO NOT: Pucker lips or stretch your upper lip for 1 week (keep a “stiff upper lip”).

DO NOT: Use ice bags or aqua packs for compresses over the eyes. Use folded washcloths.

DO NOT: Get the splint on your nose wet. To avoid this while showering, try turning your back to the shower.

DO NOT: Bend over at the waist—squat down to pick up light objects—No heavy lifting at all for 2 weeks.

DO NOT: Bump or hit your nose. Avoid picking up small children or pets. Sleeping alone is recommended for 2 weeks.

Your nasal splint and dressings will be removed at the end of one week. Expect some swelling and for the tip to be “turned up” for a day or so.

WEEK 2

DO: Wear makeup on the nose if desired.

DO: Clean your nose gently with a cotton ball, alcohol, and soap, if desired.

DO: Sleep on your back, with the head of your bed elevated for 1 more week.

DO: Expect to have some swelling. Generally 80% of the swelling will be gone by the end of the 2nd week. An additional 10% will disappear by the end of two months. The final 10% can take up to 12-18 months to resolve.

DO: Start eating regular foods.

DO: Start brushing teeth with toothbrush.

DO: Apply a small amount of Vaseline inside each nostril with the tip of your small finger. This will help keep any crusting inside the nostrils soft.

You may blow your nose on the 14th postoperative day if needed. Gently do so by keeping both nostrils open and blowing softly.

• • • • •

DO NOT: Clean past the entrance of your nostrils.

DO NOT: Attempt any heavy exercise for 1 more week then progress slowly back to your regular exercise program. Brisk walking is acceptable at this time.

DO NOT: Attempt heavy lifting.

DO NOT: Bump or hit your nose.

DO NOT: Wear glasses or sunglasses directly on bridge of nose for 6 weeks following the removal of the splint. The glasses must be taped to the forehead or use “Frame Ups.” These are given to each patient when splint is removed.

Finally

Remember the things you were told before your operation, namely:

1. When the bandage is first removed, the nose will appear swollen and **turned up too much**; this is due to operative swelling over the nose and in the upper lip.

The swelling will begin to subside within a week; however, it will take at least one year for the swelling to disappear and for your nose to reach its final shape.

2. In most cases, the discoloration will gradually disappear over a period of seven (7) to ten (10) days. Dermend® (available at McCollough Plastic Surgery) may help dissolve bruising. We have yet to encounter a case where it persisted permanently.
3. With thicker and oilier skin it takes longer for the swelling to subside, so be patient.
4. The upper lip may feel stiff for a while and you may feel that it interferes with your smile; this will disappear within a few weeks.
5. The tip of the nose sometimes feels “numb” after rhinoplasty, but this eventually disappears.
6. Patients who have very oily skin may use rubbing alcohol and cotton balls to remove excess oils from the nasal skin for 2-3 days

after the dressings have been removed.

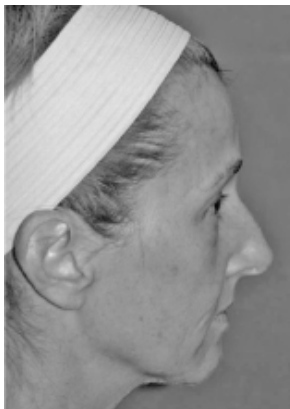
7. Noses that are crooked, have sustained injuries, or have had previous surgery are more difficult to correct. Additional improvement may be obtained with a relatively minor procedure later.
8. Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.
9. Remember, that the surgery was performed for improvements; perfection is almost never achieved.

Report To The Clinic Any:

1. Temperature elevation.
2. Sudden swelling or discoloration.
3. Hemorrhage.
4. Discharge from the wound edges or other evidence of infection.
5. Development of any reaction to medications.

If you have any questions call
251-967-7600

Please do not ask for permission to resume strenuous physical activity, exercise, or work-out routines for at least two weeks after surgery. Patients who do may experience bleeding from inside the nose. **DO NOT** take any medications other than those prescribed or approved by McCollough Plastic Surgery Clinic.



This patient underwent nasal plastic surgery to correct a hump on her nose and a deviated septum, which caused headaches. The combination of the two procedures “changed her life” ... for the better.

“ ... the courage to show ... the world ...”

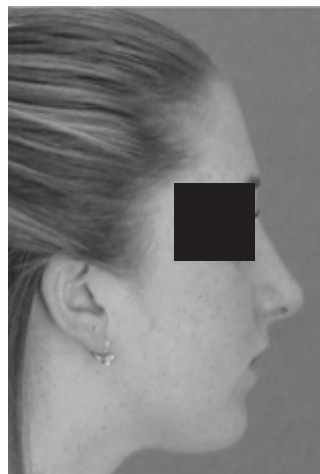
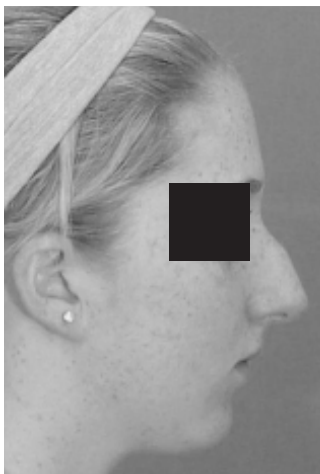
The following is an Email Dr. McCollough received from a young woman who underwent appearance-enhancing surgery

“Dr. McCollough,

I wanted to personally thank you again for the life changing effect you have had on my life. In July 2005 I came to your office feeling very insecure about the way I looked, but you, like my family, saw through to the vibrant young woman inside. I remember talking to you about what I expected and you were thrilled that I was not interested in having a “tiny pug nose” but that I wanted a more elegant and refined version of myself. That is precisely what you gave me. Before my rhinoplasty, I was always cautious about the way I positioned myself in a room, making sure that no one ever caught a glimpse of my profile. I was a freshman in college and didn’t involve myself in many on campus activities because having to constantly be aware of my nose was exhausting. I didn’t date many guys but instead stayed with the same dead end comfort zone that I had be in for the last four years. Don’t get me wrong, I will still going places and moving towards my goal of attending dental school, I just wasn’t having much fun doing it. Then I found you.

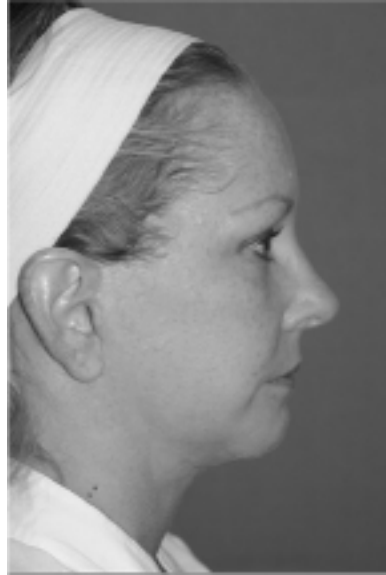
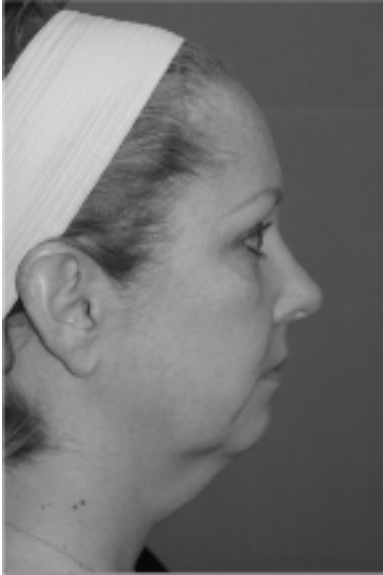
I am happy to report that following my surgery I rushed for ... Sorority and graduated with Honors from the University of I gained many friends and was involved in many on campus clubs and intramural activities. Where as before, I always felt timid when working with patients, following the surgery I got a job in a dental clinic which helped prepare me for where I am today. I am now attending the University of ... College of Dentistry. I will be graduating in the spring of 2013, and I love what I’m doing. Since last seeing you, I have also met the man of my dreams and we are getting married in March 2011. One thing I look forward to is basking in the joy of that day and not having to worry about the angle that the pictures are taken in or who is looking at my nose instead of at me. I am sure you get these letters every day, but I wanted to thank you. I have always been this girl, but you gave me the courage to show her to the world.

*I sincerely thank you,
S. H.”*



CHIN AUGMENTATION

Note: Prior to reading this chapter you should have read Parts I, II, and III of this book!



When the chin recedes behind an imaginary line dropped vertically from the lower lip, an augmentation mentoplasty (chin implant) can correct the deficiency and provide facial harmony. This patient also had face lifting with liposuction at the neck.

Mentoplasty

“Mentum” is the Greek word for chin; the suffix—plasty—means to shape or mold. When the chin is too small for the face, augmentation can often produce dramatic improvement in facial features.

Very often it is necessary to recommend surgery for a receding chin either in connection with a *nasal plastic operation*, a *face lift*, *liposuction*, or as an *isolated procedure*. This occurs because the facial plastic surgeon does not consider the chin as an isolated structure but, rather, as an important feature of the face. More specifically, he thinks in terms of the best profile obtainable for the patient. This procedure carries a high success rate and, in most



From the profile, the chin alignment should approximate a line extended vertically from the lower lip.

cases, adds the “finishing touch” when reconstructing facial harmony. (See photographs above.)

During your consultation your chin will be analyzed to determine if augmentation should be considered. Generally speaking, if one examines his profile (side view) in a mirror, the chin projection should approach a vertical line dropped from the lower lip. (See drawing at the bottom of the preceding page.)

Too much recession of the chin, particularly when accompanied by a slanting forehead, will cause the features to taper to a point in the mid-face if only a rhinoplasty (nasal plastic surgery) is done.

Actually, we may advise against any surgery for some individuals unless the projection of the chin can be increased in conjunction with rhinoplasty.

Of course there are people who desire chin augmentation alone for a receding or “weak” chin which has resulted from long-term nasal blockage, enlarged adenoids, dental problems, or a family trait.

Many patients undergoing face and neck lifts and who have a receding chin accompanied by excess fatty tissue under the chin can achieve a better profile by having a chin implant and sub mental liposuction performed in conjunction with their face and neck lifts. (See photographs at the top of the preceding page.)

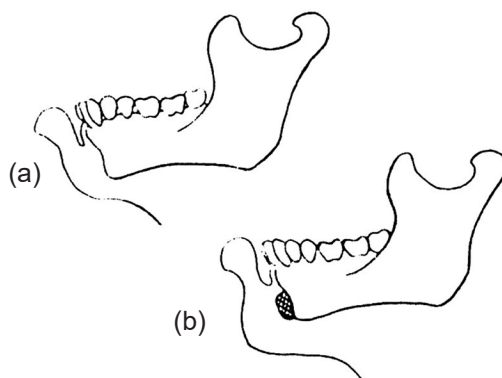
The operation is usually performed from **inside the mouth** through an incision just above the crease between the lower lip and gum. Absorbable sutures are used and when the scar “matures,” generally, it is well-camouflaged.

This procedure is performed either at the hospital or in our Clinic. However, if it is done in conjunction with another

procedure at the hospital, it is not necessary for the patient to remain there any longer than if the other procedure alone is done (i.e., rhinoplasty, face lift). Most patients may resume their preoperative activities within about one (1) week.

“Twilight” anesthesia is used for chin augmentation. (Please refer to page 103 of this book.)

Medical grade mesh is our choice to increase the chin projection by supporting the soft tissue overlying the mandible or jaw bone. This is the same concept as with breast augmentation (Mammoplasty) wherein an implant is placed under the tissue. In the chin operation, the implant is placed on the jaw bone so that the soft tissues (skin, fat and muscles) rest upon the implant, not the bone.



(a) A receding chin is usually the result of a short mandible (jaw bone). An implant (b) placed on the mandible supports the tissues, bringing the chin into better alignment.

Medical grade mesh-like materials are sometimes employed to make artificial heart components or arteries, for reconstruction about the eye and nose, repair hernias and for many other purposes in various parts of the



This patient underwent a chin augmentation as part of early correction of the aging process.



Correction of a receding chin can add the finishing touch to face lift and eyelid plastic surgery.

body. It has been used in many cases and has a high record of safety and satisfaction. After a short time has elapsed, it becomes practically the same consistency as the surrounding tissues and becomes incorporated into them. Due to the fact that the framework of the implant is mesh, the patient's own tissues fill in the spaces.

With chin augmentation one must be willing to accept certain risks that may occur with any surgery on other areas of the body, (i.e., infection, rejection, numbness, swelling, asymmetries, discoloration, distortions, scars, etc.).

Although the chin area will be sensitive for a few days, postoperative discomfort is usually negligible.

Until most of the swelling has subsided, the lower lip and chin area may feel somewhat full and tight. Do not try to evaluate the results of your surgery too soon. It may take several weeks before the majority of swelling and tightness subsides, sometimes longer.

Many patients who have receding chins also have an abnormal bite, i.e., the upper and lower teeth may not meet properly. In these cases, orthodontic evaluation should be considered. In severe cases the entire mandible (jaw bone) may need to be repositioned by the oral or maxillofacial surgeon. We will discuss this with you if you have any questions about it.

This procedure may be combined with surgery to correct the "problem neck" or submental liposuction to "lengthen" a short neck-chin line. (See photographs bottom of the preceding page.)

Reduction Mentoplasty

Some chins are too large. The excess bone can be removed or repositioned to help provide better harmony.

At your consultation, the options can be discussed in more detail.

Make sure you have read Parts I, II, and III of this book.

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Very often it is necessary to recommend surgery for a receding chin either in connection with a nasal plastic operation, a face lift, or as an isolated procedure.

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All photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.

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DO NOT take any medications other than those prescribed or approved by McCollough Plastic Surgery.

CHEEK AUGMENTATION



Enhancement of the cheeks can often provide balance of facial features. The photo on the right demonstrates the improvement which may be obtained with cheek augmentation and rhinoplasty.

For centuries, high cheekbones have been a common characteristic of faces considered to be “beautiful.” In many cases building up underdeveloped or flattened cheeks can be accomplished by placing medical grade implants directly on the facial bones. The incisions are usually made inside the mouth and under the upper lip in order to avoid scars on the face. These incisions are closed with absorbable sutures which dissolve within 5-7 days.

A specialist in facial plastic surgery analyzes the face and attempts to select the appropriate implant for each patient and for each cheek. Rarely are the two sides of the face symmetrical prior to surgery, so one can expect some asymmetry to be present after the operation.

As is the case with any augmentation procedure there are imponderables, risks, and the possibility that the operation might not reach a patient's expectations. (See page 90.)

However, cheek augmentations, like chin augmentations, often add a finishing

touch and provide better balance for patients seeking improved facial harmony.

The procedure can be performed in conjunction with many of the other procedures described in this book, or can be done as an isolated procedure under the same “twilight” anesthesia.

Although the cheek areas are swollen initially and some bruising may occur, the swelling subsides in a few weeks. Most patients may return to work or resume “normal” activities within a few days after surgery. Patients are urged to avoid injury to the cheek region for 4-6 weeks. After that time it is unlikely that the implant(s) could be disturbed unless a severe blow should be received.

In another section of this book (page 123) swelling after surgery was discussed. After cheek augmentation, too, the final result might not be apparent until swelling has subsided.

During your consultation your surgeon and the clinic staff will discuss the procedure in more detail.

Chin and Cheek Augmentation

Postoperative Instructions

If your chin or cheek surgery was performed in conjunction with another procedure, you should also follow the instructions referable to that procedure.

As is the case with any operation, you can expect swelling in the postoperative period. The increased swelling produces a feeling of tightness and pressure in the chin. This is a normal part of healing and should not produce concern.

Some degree of swelling follows any surgical procedure. The swelling is due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and in some of the “discoloration” associated with surgery. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream.

You must be willing to accept temporary swelling and discoloration which occurs following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience to pay for the physical and psychological improvement they experience.

A tape dressing is usually placed over the chin or cheeks following surgery. Do not attempt to remove the dressing and try not to get it wet. It is usually removed during the one week Post-Op visit to the Clinic.

When the dressings are removed and you first see the new chin or cheek, it will be swollen and might look as though it has been over-corrected, but be patient. As the swelling subsides over the next few days, it should assume a more natural appearance.

You may be tempted to feel the implant with your fingers or explore the suture line under the lip with your tongue. We encourage you not to do this as the implant is adapting to its new tissue bed and manipulation may

jeopardize the healing. The skin over the implant has been covered with tape for several days and fingertips contain oil and debris that might cause “pimples” to occur.

Gentle washing with CeraVe® hydrating cleanser followed by thorough rinsing is recommended after the dressings have been removed.

The medications you are given should be continued until the supply is exhausted, especially the antibiotic.

SUBMENTAL APPROACH

If the chin implant was placed through the submental approach, an incision was made into a crease below the chin. The sutures used to close the incision are absorbable. Any remaining suture material usually comes off when the tape covering this incision is removed in about one week.

INTRAORAL APPROACH

If the implant was placed through the intraoral approach, an incision was made inside the mouth just above the crease between the lip and gum. The sutures used to close this incision are absorbable and need not be removed.

Postoperative Instructions

DO NOT: Manipulate sutures or pull the lower lip forward as it may interfere with the healing. In addition:

DO NOT: Eat foods such as nuts, popcorn, grits, etc., that may leave debris in the lower lip crease as it may irritate the healing suture line.

DO NOT: Force the tongue down into the crease to “feel” the sutures or attempt to clean the debris. This maneuver, too, may interfere with healing.

We recommend you eat soft foods (soups, Jell-O, puddings, potatoes, etc.) for at least five days after surgery.

Be careful not to injure the chin or cheek. To this end for at least three weeks, avoid:

- contact sports
- diving or skiing
- holding small children
- large crowds
- manipulating the lower lip

If you should notice extreme swelling or redness around the implant, notify us immediately. You should report any drainage from the incision sites.

Sometimes numbness can follow surgery. Let us know during your Clinic visits if you have any so that we can

monitor the progress of your healing more closely.

Like other plastic surgical operations it may take 6-12 months for the last five (5) or ten (10) percent of swelling to disappear, so be patient. We will ask you to return for postoperative visits at several intervals during the first year or so. These visits are necessary for us to monitor the progress of your healing, so please notify us if you have a problem.

Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.

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Patients that have undergone surgery should begin taking the recommended Max-A-Life™ products the day following their procedure(s).

NATURAL LIPS

**As Featured in Sunday Issue of The Mobile Press Register
Mobile, Alabama, July 2009**

World renowned facial surgeon, Dr. E. Gaylon McCollough (Gulf Shores, AL) has developed a way to create smarter, more youthful lips that does not require repeat treatments every few months. The difference is that Dr. McCollough's technique ***uses the body's natural collagen rather than synthetic materials.***

The advantage of using your own collagen to enhance the size and shape of thinning lips is that – once placed in its new home – your own collagen is recognized by your lips as “self” and grows there for the remainder of your life.

On the other hand, synthetic materials injected into the lips are recognized as a foreign substance (“non-self”) and are immediately attacked by your body's defense systems. As a result, synthetic, injected fillers are totally absorbed within a few short months, leaving the lip unchanged from its pre-treatment size and shape.

The cost savings of using Dr. McCollough's collagen grafts to create smarter lips cannot be underestimated. This is one incidence in which surgery actually costs less than so-called “noninvasive” techniques.

If you decide to have one of the commercial fillers injected into your lips you will spend roughly \$800 per treatment, every six months – that's \$1,600 for one year's treatment. In two years, you will have spent \$3,200 ... in three years \$4,800 ... in four years \$6,600 ... in five years you will have spent as much as \$8,200 and have absolutely nothing to show for the money spent ... regardless of what you have been led to believe.

Look at the alternative. With Dr. McCollough's “Smart Lip Procedure” your body's own tissues are used to enhance the size and shape of your lips, at a fee of approximately one year's cost of fillers. Based upon more than Dr. McCollough's experience, the results may last for the rest of your life. The bottom line is that Dr. McCollough's smarter, life-long alternative costs less than two treatments of temporary, injectable fillers.

So, make the smart choice. To learn more about enhancing the size and shape of your lips and other parts of your face and body contact us at 251-967-7600 or visit us at www.mccolloughplasticsurgery.com.

See photos on next page

LIP ENHANCEMENT

Lifting and Augmentation



More and more people are becoming interested in having more youthful-looking lips. "Injectable" materials may provide temporary enhancement but we tend to rely upon methods which provide more long-term improvement. And, although surgical correction might not be recommended for everybody, a surgical lip lift or an anatomic implant *using a patient's own collagen* can offer a more permanent improvement to patients concerned about thin or aging lips.

The lip lift is performed by removing a strip of the white skin around the lip and advancing the pink skin into the area. For patients over 40, surgery is often combined with laser resurfacing, a chemical peel or dermabrasion for the best results, especially when wrinkles are present. In younger patients, the



lips may be enlarged by collagen implantation alone.

Surgical incisions are closed with absorbable sutures which usually dissolve within 5-7 days. The incision lines go through the usual maturation process in which the scar is pink and lumpy for a few weeks and eventually blends into the surrounding tissues as it flattens and turns white ... but it takes time.

Some patients may desire correction of the upper (or lower lip) only. Most, however choose to have both done.

Either of the lip procedures can be performed as isolated procedures or may be combined with most of the other plastic surgical operations discussed in this book.

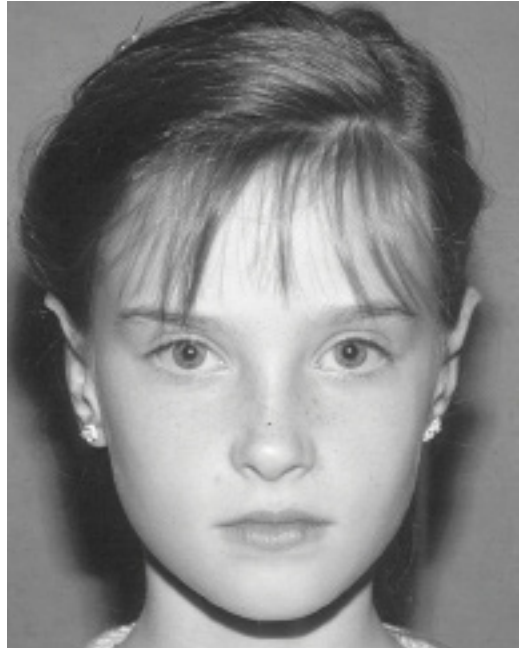
Expect the lips to be quite swollen after surgery. For several weeks they will appear "over-corrected".



Larger lips often provide some of the finishing touches to rejuvenation surgery. The procedure can be done in conjunction with face lifting, liposuction, blepharoplasty, or virtually any other plastic surgical operation.

SURGERY FOR PROTRUDING EARS

Note: Prior to reading this section, you should have read Parts I, II, and III of this book!



Large or protruding ears can be repositioned with the Otoplasty procedure. Although the size of the ears are not changed, they assume a much more natural relationship to the head.

Otoplasty

Otoplasty is the name of the procedure designed to reposition or “pin back” protruding ears.

This deformity often causes deeper emotional upset than is generally realized by the patient’s friends or parents. Because the visual and psychological improvement following the operation is usually dramatic, it is rewarding to the patient, the family, and to the surgeon.

In children the surgery is preferably done before they begin school, to avoid classroom teasing and “nicknames,” but it can be done at any age. By the age of six (6) the ears have reached about 90 percent of their adult size, so little growth of the ears occurs after this time.

Because the anterior one-half of the head develops embryologically from two sides, rarely are the two ears identical prior to surgery. If they are not, chances are there will also be some differences in them after surgery. (See Facial Analysis, page 176.)

Before birth, during embryonic development, everyone’s ears project straight out away from the head. But by the ninth month, they usually assume a position closer to the head and develop the natural folds and convolutions. In patients whose ears are too prominent and lack the usual folds and convolutions, this aspect of the developmental process stopped short of completion.

The otoplasty procedure is designed to “complete” the developmental process by positioning the ears closer to the head and attempting to create the folds by placing sutures in the ear cartilages so that they can “heal” in their desired position.

When the ear cartilage is thick and strong, it tends to resist being repositioned and a “tuck” might be indicated within 6-12 months.

The predisposition to have protruding ears tends to run throughout a family tree with a varying degree of penetration. In some cases an entire generation may be skipped. Some family members will have ears that look fairly normal but others will have one or usually both ears that protrude, at least to some degree.

Even if only one ear appears to protrude excessively, it is usually necessary to correct both in order to get the desired surgical result.

The Surgery

In younger children a general anesthetic is given at the hospital (in adults, “twilight” anesthesia at the Clinic). See “Anesthesia,” page 103.

The patient is usually discharged 24 hours following surgery and remains ambulatory thereafter. In adults, (or older teenagers) Otoplasty may be performed on an outpatient basis at our Clinic. In most cases there is minimal pain after this type of surgery.

The scars resulting from the surgical incisions are located behind each ear and are hidden in the creases behind them. It is rare for these scars to thicken or hypertrophy. If this should happen, they can usually be softened by cortisone. (See Scar Enhancement and Skin Surgery, page 231.)



In many cases, protruding ears lack the natural contours or folds. Frequently one ear may be larger, higher, lower or more projected than the other. Although it is impossible to obtain absolute symmetry with surgery, the postoperative photograph on the right demonstrates a reasonable degree of improvement.



Even though irregularities of the ear margin frequently exist with projecting ears, they can be made less apparent when the ears are repositioned closer to the head.



Otoplasty is a common operation for both young men and women.

All photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.

Otoplasty

Postoperative Instructions

A turban-type bandage is worn about the head to cover the ears the night after surgery. After this bandage is removed, (usually the next morning), the patient wears a stocking cap or head band pulled down over the ears while sleeping to protect them for another two weeks. Most patients may return to work or school in 5-7 days following surgery.

The sutures used to close the skin incisions behind the ears usually dissolve. If they are properly soaked with hydrogen peroxide applied with cotton-tip applicators as directed, they generally do not require removal. This should be repeated six (6) times daily for two (2) weeks. **Do not pull the ears forward under any circumstances!** Most patients may shower and wash their hair daily beginning the day after surgery using only CeraVe® Hydrating Cleanser. Having the ears “get wet” with showering is not a problem.

When the dressings are first removed the ears will appear to have been over corrected or too close to the head, but in time they begin to assume their new

position. With any surgery, it takes time for healing to be complete, so do not try to evaluate the results too early. We want to monitor the healing, so please keep the postoperative appointments.

In addition:

- Notify us of any excessive swelling, redness or discomfort.
- Continue taking the medications you were given until they are used up. They usually do not need to be refilled.
- Some numbness may persist for several weeks after surgery.
- On rare occasions, one of the deeper sutures may work its way to the skin surface, if it does, come in so we can remove it.

If you have any problems or additional questions, call the Clinic.

Make sure you have read Parts I, II, and III of this book.

Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.

• • • • •

Patients that have undergone surgery should begin taking the recommended Max-A-Life™ products the day following their procedure(s).

• • • • •

The predisposition to have protruding ears tends to run throughout a family tree with a varying degree of penetration.

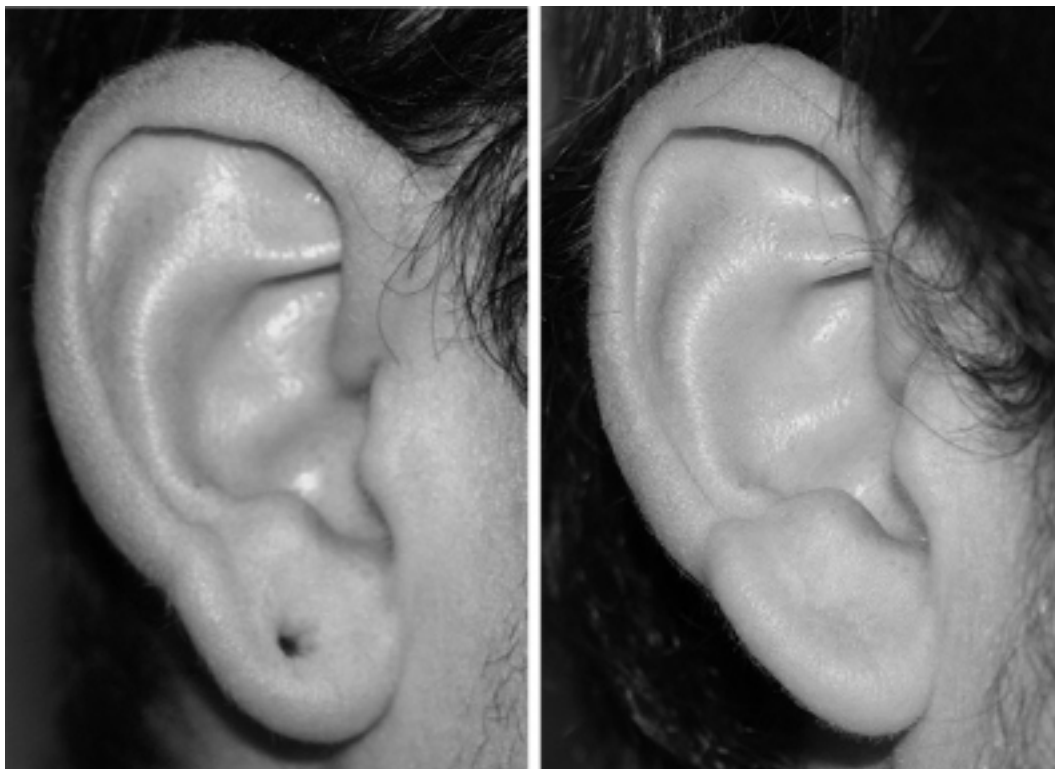
• • • • •

“A pleasing appearance is more important than any letter of introduction.”

Aristotle

EARLOBE REPAIR

Earlobe repair is the process of correcting torn earlobes, or those with large holes created by wearing heavy earrings. The procedure is performed in the office under local anesthesia and involves cutting a small notch in the torn lobe, then meticulously suturing the lobe back together.



The aging process also affects the ear and earlobes often become stretched and may “droop”, bringing the whole face down. Earlobe reduction is a process similar to earlobe repair, where excess tissue is removed and the edges are brought together. This is also performed in the office under local anesthesia.

CHAPTER 8

Surgery to Reverse the Undesirable Signs of Aging: Questions and Answers

Eyelid Plastic Surgery

Eyebrow Lifting

Face and Neck Lifting

Facial Liposuction

Facial Tuck-ups

Endoscopic Plastic Surgery

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Make sure that you have read Parts I, II, and III of this book

Frequently Asked Questions:

Does Dr. McCollough perform “Deep Plane Facelifting”?

Yes, on more than 10,000 face lifts, and when indicated, Dr. McCollough has entered the deeper planes of the face to address sagging muscles of the face and neck. In his condition specific system, (See page 173) Deep Plane Facelifting is nothing “new”.

How long does a face or eyelid lift last?

A face or eyelid lift may last forever in that the tissues removed at surgery never return. Loose skin seen afterwards is a result of continued aging of the skin, muscles and fat of the face and neck at their normal rate ... and this is beyond the control of the surgeon.

No matter how snugly skin and underlying tissues are drawn, in time they will loosen. And it is impossible to predict when—and to what extent—this may happen. Genetics, age differences, ethnic backgrounds, stress, illness, nutrition, etc., all play a role in how soon “tuck-up” procedures may be considered (see page 182 The Tuck-up Operation).

What happens to excessive skin?

With both face-lifting and eyelid surgery the excess skin (and fat) is removed and discarded. Any redundancy noted in the future is a result of progressive aging—not an indication that the operation is coming undone nor improperly performed. Carefully planned maintenance procedures can help a person look better throughout life.

Can I slow or reverse the aging process?

There is strong evidence that a person can affect their own aging process. Research indicates that the types and amounts of foods, nutritional supplements, and vitamins one ingests, coupled with a reasonable (and regular) exercise program, stress management, and the reduction or elimination of health risk factors, lead to longer ... and more fulfilling lives. But, it takes a motivated person working with the appropriate health care professionals to make a real difference. (See Part V of this book: Medical Rejuvenology)

Why do some people not look like “themselves” after face lifting surgery?

Techniques of face and eyelid lifting vary greatly from surgeon to surgeon. The “stretched” or “windblown” look generally results from overly aggressive surgery. The techniques performed and taught by Dr. McCollough to plastic surgeons the world over, are specifically designed to give patients a more natural and un-operated appearance. Ask him to explain why!

REJUVENIZING SURGERY:

Facts and Myths

Note: Prior to reading this chapter, you should have read Parts I, II, and III of this book!

“Face lift” is the term used to describe a procedure that recreates the firm, smooth face of youth. However, not all faces are the same. In like manner, not all *face lifts* are the same – nor should they be! Logic dictates that not all faces should have *the same* face lift. The operation should be personalized to meet the specific conditions present and goals of each patient. Unfortunately, some commercialized face lifting procedures fall into the “one size fits all (or perhaps none)” category. And, some surgeons have been trained in only “one way” to perform the procedure. So, face-lifting is subject to the age-old truism: *if all one has is a hammer, everything looks like a nail.*

The facts are, plastic surgery is very much an art form and can be tailored by an experienced surgeon/artist to meet the needs of each individual who presents for treatment.

In order to bring sensibility back into the plastic surgery arena, world renowned facial plastic surgeon, Dr. E. Gaylon McCollough, decided to make it easier for people of all ages and walks of life to make better decisions. The system herein described provides a guideline from which a patient can participate in the decision-making process.

Over the past 30 years Dr. McCollough has performed more than 5,000 face lifts, varying the technique as required to produce the optimal result with the least amount of surgery, leaving his patients with a “natural” or “non-plastic” appearance. The following is introductory information is essential to understanding **Dr. McCollough’s Condition-Specific Face Lift System.**

The same face changes with advancing age. In one’s late thirties the tissues of the brows, cheeks and neck begin to descend from their youthful position,



This woman had upper and lower Blepharoplasty, face lifting. Several months later she had full face resurfacing with a chemical peel and dermabrasion to remove deep facial wrinkles.

creating a “tired look”. Alternating ridges and valleys create shadows in the face and tissues begin to hang below the jaw line and under the chin. With each passing year, these conditions worsen, until the individual exhibits the undesirable characteristics of “old age”. It is possible, however to *prevent* these typical changes and to correct them as they occur. The “youthful maintenance approach” addresses the signs of aging as *they occur* so that the individual never seems to age. The “rejuvenation approach” addresses the conditions of aging *after* they have occurred. Both approaches are effective. The bottom line is that surgery is available either *retain* or *regain* a youthful and vibrant face.

One of the problems facing appearance conscious individuals is: how does one find the right surgeon, who will perform the right operation, at the right time of life? These questions are now answered.

Because of Dr. McCollough’s Condition-Specific Face Lift System, the task of seeking the right surgeon and asking the right questions is easier than ever. He has modified the face-lift operation to fit the needs and age of each individual. To ensure that patients do not pay for more than they need, the cost of the procedure varies with the operation. For a younger individual interested in maintaining his or her youthful appearance, the operation would be neither as extensive nor expensive as for an older individual (who would require more work to re-establish the facial tissues into their original position). And, in keeping with the varying amount of surgery, swelling, bruising, discomfort, and recovery times will differ, as well.

For example an individual in his or her late thirties might only require a brow/cheek tuck, whereas someone ten years older would likely need to add a neck lift. In their fifties, almost everyone

requires brow, cheeks, and neck lifting and a skin resurfacing procedure that addresses fine lines and wrinkles around the mouth and corners of the eyes, or between the brows. When one passes sixty, skin laxity becomes more severe and requires lifting of most facial structures, including the forehead, brows, cheeks and neck. When sun damage is severe and wrinkles become deeper, a skin peel or dermabrasion is often the “icing on the cake” exchanging aged, wrinkled skin for smoother, more youthful and healthier skin.

The following classification has been developed by Dr. McCollough as an attempt to address the various stages mention above. Naturally, some individuals within *the same* age group will exhibit more—or less- aging than their peers. In addition, many patients will need to consider work on the upper and lower eyelids to remove bags and sags in those regions. And, some will require liposuction in the lower cheeks and neck, regardless of age. In fact patients under the age of forty might require *only* liposuction, (without face-lifting). In such cases the shape and contour of the face and neck can be dramatic. It is important to recognize that a number of “accessorizing procedures” can also be carried out at the same time as face-lifting, without adding to recovery times.

The McCollough Face Lifting System™ is comprised of five (5) general treatment plans:

- **The McCollough Less Than Thirty Lift™:** for the younger individual who has little or no loose skin and may require only liposuction to remove unwanted fat and bulges
- **The McCollough Thirtyish Lift™:** for the patient who is beginning to notice sagging of the brows and cheeks, but not the neck.
- **The McCollough Fortyish Lift™:** for the patient who exhibits sagging brows, cheeks and neck and who

may or may not need liposuction to contour jowls and fullness under the chin.

- **The McCollough Fiftyish Lift™:** for the patient with generalized facial and neck sagging, with – out without – jowls and wrinkles around the mouth.
- **The McCollough Sixtyish and Above Lift™:** for the patient with advanced sagging of forehead, brows, cheeks, and neck who is beginning to exhibit wrinkles and blemishes over most of the face.

In each case, if “The Deep Plane” needs to be entered, as he has done for more than 40 years, he will do so.

And, depending on which of the procedures is performed, one can expect an additional charge for anesthesia and operating room costs or if surgery is required on the eyelids or a resurfacing procedure is indicated, one can expect additional costs.

Dr. McCollough has also developed a similar system to address sagging and bulging skin around the eye regions.

For younger patients who have only bulges under the eyes (without loose skin) a minimal procedure performed from inside the lower eyelid can be performed. In patients who have loose, wrinkled skin, some skin must be removed. The same is true for upper lids.

As stated previously, any combination of eyelid surgery may be performed at the time of a face lift ... or may be performed as a separate procedure.

When eyelid surgery is performed at the time of face-lifting, no additional operating room or anesthesia charges are incurred.

Dr. McCollough can provide a recommendation from a face-to-face consultation, or patients may Email photographs for a preliminary evaluation. All photographs should be sent to info@mccolloughinstitute.com.

For additional information, contact our surgery coordinator at McCollough Plastic Surgery (251-967-7670). We also invite you to visit our web site at www.mccolloughplasticsurgery.com.



The progressive signs of aging were corrected in this woman after upper and lower eyelid surgery, a forehead, cheek-neck lift, and sub mental lipectomy.

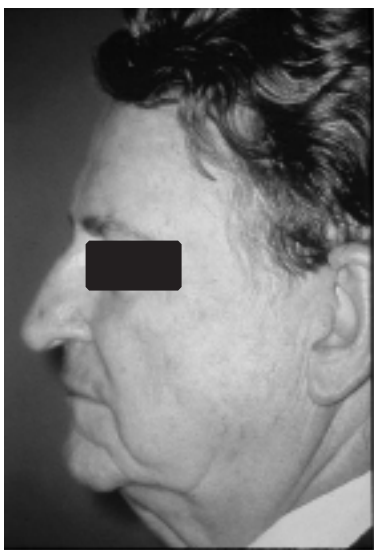
A TWENTY-PLUS YEAR TRANSFORMATION



Rejuvenation often requires several procedures which, in combination, provide dramatic improvement. Weather-damaged skin with deep creases can be improved with face lift and eyelid surgery, but a skin resurfacing procedure (laser, dermabrasion and/or chemical face peel) is indicated to obtain the best possible result. Surgery is designed to improve sagging tissues—peeling improves wrinkles.



The photograph on the left was taken 9 months following face lift and eyelid surgery. At that time she had a full face chemical peel. Following the chemical peel there is improvement in both the quality and texture of the skin.



A drooping nasal tip and hump on the bridge of the nose are consistent with aging. Correcting such deformities provides better harmony of facial proportions and a more youthful appearance.

When is Facial Plastic Surgery Indicated?

When, is an often-asked question. The best answer probably is: when the slack in the skin of the face and neck or “bags” around the eyes are not temporary conditions relieved by rest or when they become increasingly difficult to camouflage with cosmetics. **There is no magical age.**

As the life span lengthens in modern America, most people feel vigorous and energetic long after their appearance begins to deteriorate as a result of advancing years.

The onset of aging plays an important part in the personal and financial welfare of many men and women. Almost everyone knows of people whose employment opportunities have been limited or curtailed because they “look old,” even though they might be more capable and competent than younger individuals. For hundreds of years experts have confirmed that favors are granted to beautiful or handsome people. In the section entitled “Facts About Plastic Surgery”

you were reminded that “good looks . . . affect school grades, enhance the probability of prosperity, determine who will be our friends, and shorten stays in mental hospitals.”

The appearance of aging also imposes certain limitations in the area of social interests. Finally, the emotional impact of looking older than one feels, can be disconcerting.

The “McCollough Condition-Specific Face Lift does not produce the “stretched,” windblown, or “pulled” look sometimes seen after surgery.

The techniques used and developed Dr. McCollough are designed to give patients a natural and “unoperated” appearance following surgery. He will demonstrate them for you during your consultation and assure you that his techniques do not produce the much-feared “stretched look.”

There are two schools of thought: (a) to **preserve** one’s youth and/or beauty by having problems corrected as they

occur or, (b) to wait until the aging process has erased both and then try to **recapture** them with several surgical procedures; in short, *preventive maintenance versus rejuvenation*.

If one wants to remain looking younger, it is possible to perform a continuing series of relatively minor cosmetic surgery procedures as each of the irreversible changes of aging makes its appearance. With such a **maintenance program**, the patient can be kept looking younger through the years, and people are apt to remark that he/she doesn't seem to grow older. Today, most people choose this route. But, if you are among those who didn't start such a preventive maintenance program, we can develop a rejuvenation program to help bring out "a better you" to help you look as young and well as you feel.

Why A Face Droops And Sags

The changes associated with aging do not occur all at once. They happen in a slowly progressive manner and involve all components of the face and body. And, people age at different rates. Patients frequently become aware of the changes over a 2-4 year period in their early forties, occasionally sooner. They often tell us that it seems as though things were holding up well and seemed to "fall" almost overnight, **especially following a period of prolonged stress**.

With aging, the skull becomes smaller, some fat is absorbed, and the skin loses much of its elasticity. The enveloping tissues, particularly in the face and neck, droop and sag. *The envelope becomes larger than its contents*. This phenomenon results in a series of events, including: deepening of the lines of facial expression in the forehead and at the sides of the mouth; sagging of the eyebrows which causes the eyes to appear smaller and "crow's feet" to form at their corners; pouches or

jowls along the jaw line; and, of course, the well-known "double-chin" develops.

At the same time, certain degenerative changes occur within the skin itself so that it seems to "look tired." In addition to the sagging, some faces become etched with wrinkles, especially those repetitively exposed to the sun and wind.

The muscles and tissues around the eyes eventually lose some of their tone so that a portion of the fat normally located inside the orbit around the eye bulges forward, or herniates, to produce the commonly seen "bags" or pouches. This condition is often seen in younger people. "Circles" under the eyes may be a result of a shadow falling in the crease between these pouches and the cheek.

Finally, because of absorption of tissues in the upper lip and gums, the lips become thinner and the tip of the nose drops causing it to appear larger and longer. Repositioning and supporting the tip of the nose can have dramatic and lasting effects on reversing this telltale sign of the aging process. (See photographs, top page 153.)

One needs only to study a child's face to see the physical characteristics that exemplify youth (fuller lips, larger eyes, arched eyebrows, smoother skin and shorter nose).

Each individual who wants to look "better" presents a different set of problems. Consequently, the corrective procedures indicated vary with each case. For example, one person may require only elevation of sagging eyebrows or improvement in the eyelids; a very young individual may need only correction of an early double-chin with liposuction. On the other hand, a partial or complete face and neck lift followed in 3-6 months by a skin resurfacing procedure may be called for in more advanced cases. (See photographs page 146 and 149.)

When the skin is weather-beaten in appearance or has deep wrinkles, a chemical face peel, dermabrasion and/or laser resurfacing procedure may provide the “icing on the cake” (see section on Chemical Peeling).

As a rule, a face lift, Blepharoplasty, or sub mental lipectomy improves sags and bulges; resurfacing (laser, dermabrasion and peeling) improves wrinkles.

Prevention or Rejuvenation?

There are two acceptable schools of thought. Some experts believe that as soon as aging signs appear, they should be corrected, thus the patient will never appear as old as he/she is. Most entertainment personalities or public figures have followed this principle. They have never allowed themselves to look old.

The second alternative is to wait until the signs are readily noticeable to have them corrected. Those who wait frequently regret not having had the surgery done earlier so that they could have enjoyed their more youthful look longer.

The entertainer, Phyllis Diller, told the entire world about her plastic surgery but she might as well have admitted it. She had such a dramatic improvement in her appearance that the public would have guessed she had undergone extensive plastic surgery.

Most people would rather keep the fact that they have had surgery more private than did Ms. Diller. Today, with a continuing maintenance program it is possible to do just that.

The motivation to look good is important. The person who takes pride in his or her health, pays attention to clothing, grooming and overall personal appearance, soon realizes that exercise and proper nutrition can keep the rest of the body toned-up and looking more youthful beyond its chronological years. Regardless of what one might read, or

hear, nothing short of surgery can help the face maintain that same youthful appearance. Facial exercises, electrical stimulation, acupuncture, special creams, etc., make the face feel good or can clean and polish the skin, but none of these will prevent many of the inevitable signs of aging.

Injectable fillers (collagen, fat, etc.) dissolve within a few weeks to months requiring multiple treatments and may lead to problems. Dr. McCollough feels more predictable—and safer—procedures should be considered. “Quick fixes generally lead to quick returns of the condition treated requiring multiple treatments. The surgeons at the Institute evaluate each patient and his/her specific conditions and recommend the most *effective* treatment available. Many new tissue fillers are more promising than collagen. Our staff is, constantly, investigating procedures and techniques designed to provide the best result, with the least risks, for the longest period of time, feasible” the doctor said.

When the face you see in the mirror does not match the person you feel yourself to be, that may be the time to consider surgical correction.

Not everyone seeking plastic surgery is an acceptable candidate. We usually advise against surgery in people with serious disease, those who are too obese, those who we think have unrealistic expectations or improper motivation, those who cannot accept “improvement” as the goal, and some who refuse to comply with our recommendations.

What Can Surgery Do?

Cosmetic surgery turns back the clock; it does not stop the ticking.

No operation can permanently prevent aging, but the individual who has undergone surgery to reverse the signs of aging should never appear as old as he/she might have if the operation had not been done. It is as though one’s

appearance is moved several years back on the “conveyor belt of time.” (See drawing page 156.)

The appropriate surgery might move one back so that they could appear similar to the way they did years previously; in advanced cases patients can often look 10-15 years younger.

As it has since birth, after surgery, the “time belt” continues to move forward and the clock keeps ticking. In time an individual will “catch up” again to his/her original position. However, had surgery

not been done, he/she would have been farther down on the conveyor belt. Therefore, a face rejuvenation procedure should last “forever”, as the patient always appears younger than had he/she not had surgery.

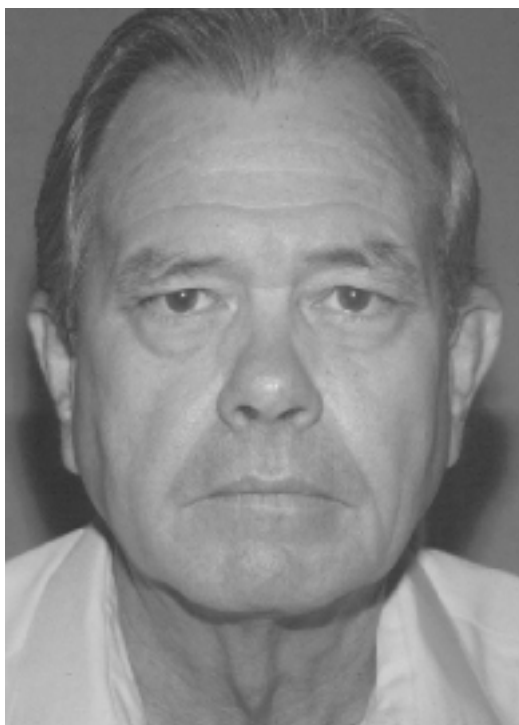
During surgery, the excess skin and fatty tissues are repositioned or removed. Those tissues that remain, however, continue to age naturally ... and at a rate beyond the direct control of the facial surgeon.



Even though some signs of aging are present, the face looks more youthful with “The McCollough” technique of lip augmentation (*using the patient’s own collagen*) and a lip lift.

• • • • •

**The key to good plastic surgery is to appear
as though it never happened.**



Heavy brows and eyelids tend to give one a “tired” look, which can be corrected with brow lifting and upper and lower lid Blepharoplasty. (At his request, nothing was done to this man’s cheeks and neck.)

• • • • •

We urge you to evaluate your face at home in a mirror and determine, in your own mind, which conditions need treating. Also, you should compare the two sides of your face for differences. (See Self Analysis, page 93.)

Face lifting techniques vary from surgeon-to-surgeon. Do not hesitate to ask a surgeon about which technique he/she recommends ... and why.

• • • • •

The goal of appearance-enhancing surgery is to lift or replace tissues to their original, youthful positions.



A large nose with a drooping tip can make one look older than his/her chronological age. Rhinoplasty, coupled with face lifting and eyelid surgery can produce a dramatic improvement in one's appearance.

BUYER BEWARE ...

Almost monthly, glamour magazines and the internet contain articles about quick fixes, "weekend face lifts," "non-surgical face lifts," "lunch-time peels," etc.

The public is often misled and misinformed by such hype.

We urge you to investigate the safety and long-term effects of these "new" procedures. The age-old advice of, "If it sounds too good to be true, it usually is ..." applies. We will be happy to assist you in investigating any procedure you are contemplating.

History confirms that people who turn to the most qualified and experienced specialists generally have fewer problems and get better results, regardless of the products or services purchased.

The Aging Process

(Life's conveyor belt of time)



This drawing demonstrates the changes that occur in the same face at ten (10) year intervals. Surgery can generally move one back one step, sometimes more depending upon which procedures are performed.

Contrary to what one might have heard, it is not *absolutely* necessary to have a “tuck-up” or another operation later. But, to *maintain* the more youthful appearance, additional well-planned surgery can continue to move one back a step on the “conveyor belt” if it is the patient’s desire—a sort of *continuing maintenance* program.

Some Misconceptions

Much has been written in the lay press about cosmetic plastic surgery by non-physicians. In an attempt to write “something new” or to sensationalize the story, half-truths have often lead to public misconceptions. (See drawing in the opposite column.)

The following are some frequently asked questions by misinformed patients:

Must I Have Another Face lift?

Many patients believe that once they have a face lift they *must* have another, otherwise they will look worse than if they never had the first surgery. This has not been our experience!

It is true that a mini-lift (tuck-up) at a later date can improve *additional* sagging that might reappear with the normal aging process, but the patient’s excessive skin **was removed** at the time of the original surgery and that skin never returns. The remaining tissues age by the same natural process that has been occurring since birth. But, once breakdown of the tissues



This drawing appeared in a newspaper. More than a “face lift” would be required to obtain the result depicted above. A face lift and Blepharoplasty (eyelid surgery) followed by a full face chemical peel within three (3) to six (6) months and a balanced skin care program may produce similar results.

becomes apparent, this process seems to accelerate. The rate of continuing aging and sagging is dependent upon a variety of factors not under the control of the surgeon.

Will My Face Look Stretched?

The unnatural, stretched, or “windblown” look frequently seen at the hands of some surgeons results from the surgeon stretching the skin tightly and pulling it *backward* in an undesirable direction. The “McCollough Condition-Specific Face Lifting System” is specifically designed to avoid the “over-operated” look. The sagging tissues are “lifted” and placed back where they were several years ago.

We will demonstrate how our procedures are designed to help safeguard against this justified concern of patients contemplating face-lifting and eyelid surgery.

Weight Loss and Facial Surgery

An often-asked question is, *should I lose weight before a face lift?* If the patient is committed to losing more than 20 pounds, certainly dramatic changes in the face and body might occur. In these individuals, we would recommend waiting for the surgery. Ideally, one should be within 8-10 pounds of his/her *realistic* weight when surgery is performed. If, however, one plans to lose only 5-10 pounds, the changes would not significantly alter what a face lift is designed to accomplish. Furthermore, we prefer patients be “well-nourished” prior to surgery. Crash diets tend to deplete the body of essential nutrients needed for proper healing and are not recommended. **We can also assist you with weight management if you wish. (See Part V of this book.)**

Will Surgery Correct Laugh and Frown Lines?

Neither surgery nor skin resurfacing can correct wrinkles that *occur only* during facial expressions. The creases around the eyes produced with smiling, the forehead creases that occur with frowning, and the vertical lines in the upper lip that occur with puckering the lips, are due to the contraction of the muscles of facial expression. None of the surgical procedures discussed in this book are designed to eliminate these conditions. If wrinkles and creases are present *at rest* then resurfacing the skin with chemical peeling, laser and/or dermabrasion may improve them. Wrinkles that occur *with facial expression* are improved with Botox[®], Dysport[®], or Xeomin[®]. (See Chapter 5 pages 205-207.)

Can I Ever Get In The Sun Again?

Patients are often misinformed about the long-term restriction of activities following a skin resurfacing procedure. They have heard that once they have had a peel, dermabrasion or laser procedure they can *never* get in the sun again—this too has not been our experience. While it is very important to avoid sun exposure and to use sun screen products for several months, ordinary sun exposure after that is allowed. It simply takes time for the new baby-like skin to toughen or build up a natural resistance to sun and wind. Sun screen products are recommended for prolonged exposure. (See page 227.) Do not use them until instructed to do so, however. Our skin care expert(s) can assist you with a program designed to protect and preserve the younger, more youthful skin achieved through resurfacing.

When Will I Be Presentable?

Some degree of swelling follows any surgical procedure. The swelling and tightness are due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and for some of the “discoloration” associated with surgery. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream.

You must be willing to accept temporary swelling, tightness and discoloration which occur following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience to pay for the physical and psychological improvement they experience when healing is complete. How quickly one heals, depends, in part, to how carefully one follows “doctor’s orders.”

When an incision is made through the full thickness of the skin it can only heal

by producing a scar which mends the two edges together. Every attempt is made to keep the scars narrow and camouflaged in natural facial folds and creases or hidden by the hairlines.

During the initial healing period, scars will be pink and somewhat swollen and lumpy. They usually become less conspicuous with time as they “mature.” In most cases they eventually become barely visible to the casual observer. At any rate, properly applied cosmetics and hair styling after the operation can help camouflage them.

Patients who have had skin resurfacing (laser, peeling, or dermabrasion) and who live (or recover) in the coastal areas are subject to the salty winds coming off the oceans or gulf. This combined with additional sun exposure makes this group of patients more subject to prolonged redness and irritations post treatment. Absolute compliance with post treatment instructions is the best way to ensure rapid healing and happier outcomes. If resurfacing procedures have not been performed, patients may be out-of-doors within a few days.

The much-feared scar called “keloid” is extremely rare on the face. Certainly, some people are more prone to scarring than others. (Every patient should read Scar Enhancement and Skin Surgery, page 208.)

After surgery most patients resume their preoperative routine within 1-2 weeks depending on which procedures are done. (Approximately three [3] weeks following a skin resurfacing procedure.) Some makeup and hair-styling may be required for camouflaging the early signs of healing. If you wish, our aesthetician can also assist you with make-up.

A systematic post treatment skin care program administered by a trained aesthetician, can not only speed up the healing process in most cases, but can also help maintain the desired

appearance of healthier, happier skin for years to come. **We strongly recommend to our patients that they consult with our medical aesthetician about the various programs and products available.**

Will I Be Happier After Surgery?

Most people are happier; however, an operation is incapable of turning an unhappy person into a happy person. It's not that simple. One's attitude toward life and their own special set of circumstances is the key.

Patients should not expect plastic surgery to solve personal, domestic, or professional problems, nor should they seek universal approval from family, friends, or acquaintances before or after surgery. **The decision to have plastic surgery is a personal choice**, based upon realistic expectations and mutual trust between the patient and his/her surgeon. In uncomplicated cases, patients are generally satisfied with their results and recommend surgery to friends.

Throughout this book, we refer to the “average case” but each patient's experience is unique. The final result depends upon a myriad of factors, risk, and imponderables. (See page 90.) Should you have questions after surgery, we urge you to contact us. The staff of McCollough Plastic Surgery will strive to make your experience as pleasant as possible and hope that you will be happy you chose to have your surgery performed by us.

Can I Have Multiple Procedures Performed At The Same Time?

It is possible for a patient to have several things done during the same operating room experience. A patient's health, types of procedures, and the schedules of the surgeon(s) may determine how much can be done. But, there are generally built-in economic savings when more is done.

[illegible]

The image shows five white plastic bottles of MaxLife supplements arranged in a row against a dark background. From left to right, the bottles are: Rejuvenate Woman, Rejuvenate Man, Bio-Synergy, Cell Repair, and a smaller bottle of Rejuvenate Woman. Each bottle has a white cap with a black and white patterned band. The labels are circular with a grey background and white text. The MaxLife logo is at the top of each label. Below the logo, the product name is written in a bold, sans-serif font. At the bottom of each label, there is a small circular graphic with a grid of dots.

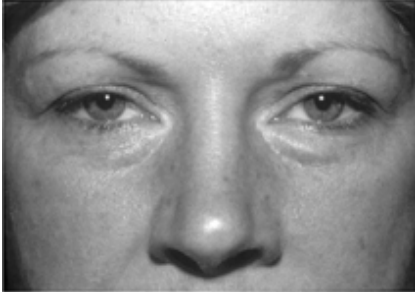
The following is a brief overview of the line of products Dr. McCollough researched and recommends to assist in post-operative healing and in the quest of looking better, feeling better and performing better. Many are specifically chosen to provide what the doctor feels the body needs to heal after surgery. Vitamins and supplements alone, will not make—or keep—one healthy. The MAX-A-LIFE brand, however, provides most of the nutrient supplements needed to enhance dietary health and promote the growth of new, healthy cells.

- Call 251-967-7600, visit our website at www.mccolloughplasticsurgery.com to order online, or visit McCollough Plastic Surgery for more information on these pharmaceutical grade supplements.

Patients that have undergone surgery should begin taking these products the day following their procedure(s).

SURGERY FOR SAGGY-BAGGY EYELIDS

Note: Prior to reading this chapter, you should have read Parts I, II, and III of this book and—afterwards—read the other sections in Chapter 4.



Drooping, heavy tissues around the eyes can be removed with the upper and lower lid plastic procedure (Blepharoplasty) and remove the “tired look”.

Blepharoplasty

Humans have four eyelids—two upper lids and two lower lids. The upper and lower eyelids may contain wrinkles, loose skin, and bulges due either to hereditary factors or the aging process. Pouches or bags of the upper and lower lids are generally due to herniations of the fat normally localized within the eye socket. These fatty hernias may be removed in the lid plastic procedure. Fatty pouches are often seen in the 20-30 year age group, sometimes younger, and can often be corrected at that time. There is little rationale to wait for some arbitrary age before having surgery. When the problem exists, it should be corrected. (See page 146.)

Upper lid surgery is usually done at the same time as the lower lid surgery but either can be done as an isolated procedure. Upper and lower eyelid plastic surgery may be done with or without a face lift, brow lift or other surgery. (See photo above)

In the upper lid Blepharoplasty a determination is made about the excess or overlapping skin which frequently obliterates the natural crease above the lashes. After the area has been anesthetized the excess skin and fat

are removed and the incision sites are closed with delicate sutures. (See top page 156.)

No-Scar Lower Lid Surgery: Trans Conjunctival Blepharoplasty

In some patients the fatty bulges in the lower lid can be removed *without making an incision in the skin*. The incision is made behind the lower lid thereby eliminating a visible scar.

It is not possible to remove loose skin or sagging wrinkles when this method is used but skin resurfacing (laser, peeling or dermabrasion) can be performed at the same time in order to minimize many of the fine wrinkles.

We will discuss this option with you during your consultation if we feel it might be an appropriate alternative in your case.

Classical Lower Lid Surgery:

The lower lid procedure may also be performed without the use of a laser by making an incision in the skin below the lower lashes at a level determined by the surgeon and elevating the skin so that the fatty pouches or “hernias” can be identified. Once fat is removed **the**

excess skin is trimmed. Small delicate absorbable sutures are used to close the lower lid incisions. When loose skin needs to be removed it is *necessary* to make the incision on the *outside* of the lid.

Because the skin at the outer corners of the eye is thicker than the skin adjacent to the lashes, it takes a little longer for that area to soften and flatten after surgery. Sometimes, cortisone injections speed the process along.

With the passage of time, the incision lines of the upper and lower lids are usually camouflaged.

As a rule, eyelid procedures are associated with minor disability and allow one to return to routine living after a few days using cosmetics and sunglasses.

Most patients tell us that there is little or no pain in the postoperative period. Each operation is followed by varying degrees of swelling and/or discoloration, most of which usually subsides within 7-10 days.

As water drains from a parking lot following a rain storm, most of the rain leaves immediately; however, there are always puddles left behind, that evaporates over the next several hours. The same is true with swelling following surgery. Sometimes those fluids "puddle" causing localized lumpiness, which can be improved with small amounts of cortisone.

Within a couple of weeks, the scars can be camouflaged by makeup; these scars gradually blend in with the surrounding skin. After several months have passed and, in most cases, scars become perceptible only upon close scrutiny.

When wrinkling of the lower lid is pronounced, we frequently recommend skin resurfacing to cause further tightening of the skin and improve fine wrinkles or "crow's feet." This is done in the Clinic and causes minimal

physical incapacitation. The healing period, however, is two to three weeks as it is with any peeling procedure. (See Chapter 5.)

Insurance may not cover surgical fees and hospitalization expenses for cosmetic surgery. However, in patients who have extreme amounts of overhanging tissues producing "hooding," we may request a consultation from an eye specialist. If the examination demonstrates any visual impairment from such a problem, *a portion of the fees for "functional" upper lid surgery may be covered by medical insurance, but, in our experience, it is getting more and more difficult to convince insurance companies to defray costs.*

We have yet to encounter a case where excess skin and fat in the lower lid impaired one's vision; however, if we need to do a procedure to support a lax or **drooping lower** lid, insurance may pay some of the costs for this portion of the lower lid operation.

Please advise us of any history of eye diseases or history of visual problems so that we may have them evaluated.

We recommend you have an eye examination prior to eyelid surgery. Ask your eye doctor to send us a report of his findings. We can help you obtain an appointment if necessary.

NOTE: At times the curtain of skin hanging from the upper eyelid may be partially due to **sagging of the eyebrows**. In such cases, it may be necessary to advise elevation and support to the brows and forehead at the same time the upper lid plastic surgery is performed (see next section on "The Eyebrow Lift"). Examine your eyelids and brows prior to consultation in front of a mirror at home.

The Other “Bulge”

Blepharoplasty is designed to correct conditions found *within* the confines of the bony rims of the eye socket.

Many people ask if lower lid surgery removes or improves the **swollen, puffy areas that sometimes develop beneath the lower lid and over the cheek bones**. The answer is *no*. These bulges

are thought to be caused by uncontrolled fluid accumulation in the tissues. They are, in essence, “bags of water.” Direct excision may remove these unwanted tissues, but, is not indicated unless they become quite large; the resultant scar may be imperceptible, but often requires dermabrasion at a later time.



The Eyebrow Factor



Upper and Lower lid surgery and Browlift

PATIENT REMINDERS

- Don't try to evaluate the results of surgery too soon.
- Healing times vary from one person to the other.
- Swelling (and bruising) goes away.
- Scars tend to improve with time.
- Thick scars may be improved with cortisone treatments.
- Tightness indicates swelling; don't pull against it.
- Saggy/Baggy tissues seen after surgery are a result of continued aging.
- Loose skin seen after surgery was not left behind at the time of surgery.
- Protect peeled and dermabraded skin as you would a baby's skin.
- Follow Instructions.
- Please do not ask permission to break the rules.
- DO NOT take any medications other than those prescribed by or approved by McCollough Plastic Surgery Clinic.
- Take nutritional and healing supplements as directed.

THE McCOLLOUGH CLASSIFICATION SYSTEM FOR PLASTIC SURGERY OF THE EYELIDS

Dr. McCollough has also developed a scientific system to address sagging and bulging skin around the eye regions. In medical circles, the proper name of eyelid plastic surgery is “*Blepharoplasty*”. The following classifications are designed to provide guidance for patients and surgeons considering plastic surgery of the upper and lower eyelids. ***Keep in mind that there are four (4) eyelids: two uppers and two lowers.***

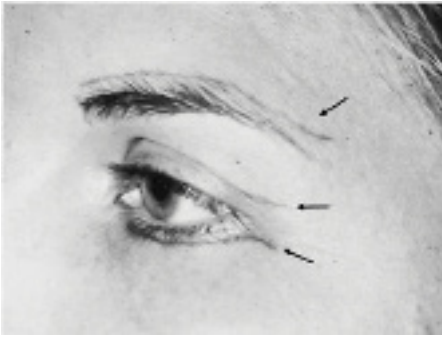
STAGE I (The Thirty-Fivish Eyelid Lift) – for *early* sags and bulges of the eyelids. When little – or no – loose skin is present, lower eyelid bulges (caused by protruding fat) can often be removed from behind the lower eyelid, avoiding external incisions and scars). If excessive skin is beginning to develop in the upper lids, only overlapping portions are removed.

STAGE II (The Forty-Fivish Eyelid Lift) – for moderate amounts of loose or hanging skin and bulging fat, creating the appearance of “dark circles” under eyes and hooding of the upper eyelids.

STAGE III (The Fifty-Fivish Eyelid Lift) – for treating excessive upper lid skin that droops to the level of the eye lashes, eliminating the natural crease and for lower lid skin and fat that create the appearance of a “tired” look. (See photos on page 160).

STAGE IV (The Sixty-Fivish Plus Eyelid Lift) - for *extreme* drooping of upper and lower eyelid skin and enlarging fat pockets in both the upper and lower lid regions. In such cases *upper* eyelid skin begins to push the eyelashes downward (or overlap them) blocking the individual’s field of vision and causing the eyes to feel “tired” toward day’s end. In severe cases, health insurance often covers part of the costs of correction. And, when aging causes the *lower* eyelid to pull away from the eyeball, it is possible to include correction of this problem at the same time fat and loose skin is addressed.

Make sure you have read Parts I and IV of this book and “Surgery To Reverse The Undesirable Signs of Aging” beginning on page 144 prior to your consultation.



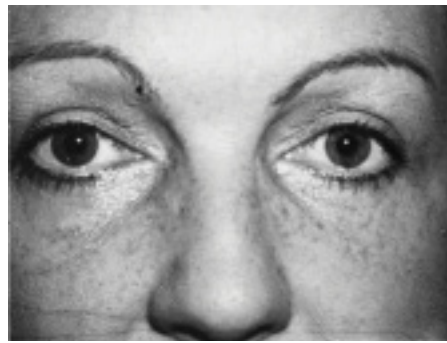
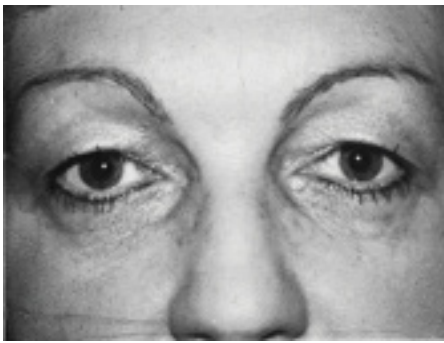
The incisions and/or resulting scar lines for upper and lower lid Blepharoplasty and the “direct” brow lift are demonstrated by the marks in the two photographs above (see arrows). Variations do exist, so ask the surgeon to demonstrate where yours might be placed.



On rare occasions young women under the age of twenty can undergo a Stage I correction of heavy upper lid tissues which interfere with their ability to properly apply eyelid makeup.



After the age of forty, some people develop excess skin around their eyes which produces a “tired look.” Excising the excess with a Stage III Blepharoplasty re-establishes the crease in the upper lid which had been obliterated by that redundancy.



When the skin of the upper lid touches the lashes, it completely obliterates the crease of the upper lid region and the patient becomes increasingly aware of the excessive weight of his/her lids. Their eyes experience fatigue toward the end of the day. In such cases, not only does a Stage III Blepharoplasty improve their appearance but often adds a "functional" improvement.



Approximately 30% of cosmetic surgery is performed on men. Excess upper lid tissues and fatty pouches in the lower eyelid region in this man were corrected with a Stage III upper and lower eyelid plastic operation (Blepharoplasty).



This patient exhibits an extreme example of "hooding" or overlapping eyelid skin. With a Stage IV Blepharoplasty not only does the patient have a more pleasing and youthful appearance, there is an improvement in both the function of the upper lids and her peripheral vision. Note: Medical insurance may cover some of the cost when the upper eyelid skin obstructs a patient's vision ... such was the case in this patient.

After Eyelid Surgery

Postoperative Instructions

The following instructions are designed to answer questions that may arise regarding postoperative care and inform you about what you can do and what you should not do during your convalescence.

You and your family should read this section several times to become thoroughly familiar with it.

Then, attempt to follow these instructions faithfully. Those who do, generally have the smoothest postoperative course and ultimately better results.

Whenever a question arises, refer back to this book; chances are you will find the answer; if not, telephone us. It is essential that our staff has the opportunity to evaluate any problem which may arise.

Swelling and Discoloration

As you were advised before surgery, a varying amount of swelling and discoloration follows every one of these operations, so try not to become anxious or depressed about it—it should pass. However, healing takes longer in some patients than in others.

We try to keep swelling to a minimum by prescribing special medications to be taken before and after your surgery and by using meticulous surgical techniques.

The continuous application of cold compresses for the first 12-24 hours following surgery is very helpful. We think it may be of some benefit for up to three (3) days.

As water drains from a parking lot As water drains from a parking lot following a rain storm, most of the rain leaves immediately; however there are always puddles left behind, that evaporates over

the next several hours. The same is true with swelling following surgery. Sometimes healing fluids “puddle” causing localized lumpiness, which can be improved with small amounts of cortisone.

Your and Your Caregiver's Roles

1. Continue to take the prescribed medications and antibiotics until your supply is exhausted; these prescriptions need not be refilled. Take pain and sleeping medications *only* when needed.
2. Sleep with your head elevated 30 to 40 degrees for one (1) week; add an additional pillow or two under your mattress, if necessary, or use a recliner.
3. Apply iced compresses, made of face towels (not an ice bag), to your eyes as much as possible during the first three (3) days after surgery.
4. STAY UP (sitting, standing, walking around) after you return home—this is important! Of course, you should rest when you tire.
5. Avoid bending over or lifting heavy things for one (1) week. Besides aggravating swelling, this may raise the blood pressure and start hemorrhage.
6. Avoid straining at the stool, which also raises the blood pressure. If you feel you need a laxative, take one you are accustomed to using. Pain medications sometimes cause constipation so use them sparingly.
7. Avoid hitting and bumping your face and eyes. It is wise not to pick up small children, and you should sleep alone for one (1) week after your operation.
8. Avoid excessive sunning of the face for *prolonged periods* during the first

thirty (30) days following operation; ordinary exposure is not harmful.

9. Don't pluck your eyebrows for two (2) weeks.
10. You may gently wash your hair using only CeraVe® Hydrating Cleanser 24 hours after your surgery. Water and shampoo will not ordinarily harm the incisions. Use a blow dryer set on a cool setting for the first two (2) post-operative weeks.
11. You may take a shower or bath the day after surgery. Unless you had a resurfacing procedure, the face may be gently cleansed with cotton balls or with your fingertips. Do not be afraid to get the suture lines wet. If you had skin resurfacing, follow the instructions referable to those procedures.
12. If you have had incisions into the skin of the eyelids, go over your suture lines six (6) times a day with a Q-tip® saturated with full strength hydrogen peroxide, but *avoid getting any in your eyes*. Then put a *very small* amount of ophthalmic ointment on a Q-tip® and apply it to the suture lines at the corners of the eyes; avoid getting too much in your eyes, as it may cause blurring of the vision or irritation. Do not use the antibiotic ointment prescribed for sutures around the ears. And, do not let Q-tips® or ointments come in contact with resurfaced areas.
13. Take only prescribed medication or non-aspirin pain relievers, never aspirin or ibuprofen, because they sometimes promote bleeding.
14. Report any bleeding that persists after holding gentle pressure for 15-20 minutes.
15. Notify us immediately of any *sudden* swelling or change in your vision.

Your Medications

When you are discharged after surgery you should already have several prescriptions for medications to be taken in addition to the ones prescribed before your operation.

One prescription will be for pain. It should be used only if the cold compresses do not suffice because pain relievers other than acetaminophen (Tylenol®) usually cause sensations of dizziness or drowsiness and make recovery more tedious. The other prescription will be for insomnia. Take it only if you have difficulty falling asleep at night because these, too, may cause dizziness or drowsiness. Some people need only Benadryl® which can be purchased without a prescription to help them sleep.

Hemorrhage

If any bleeding occurs, apply gentle pressure with a gauze pad or clean wash cloth. Go to bed, elevate the head, apply cold compresses over the eyes, and have someone report it to us by telephone. Notify us immediately of any sudden swelling or change in vision.

Temperature/Fever

Generally, the body temperature does not rise much above 100 degrees following eyelid surgery, and this rise is usually due to dehydration caused by insufficient intake of fluids. People often think they have an increased temperature because they feel warm, when, in reality, they may not. To be sure, measure your temperature with a thermometer.

Report any persistent temperature above 100 degrees, however.

Resuming Normal Activities

1. You may wear a wig or hair piece as soon as you desire.
2. If you have had a face lift in conjunction with your eyelid surgery, follow the instructions at the end of the face lift chapter (page 182).
3. You may begin wearing eyeglasses or sun glasses the day following eyelid surgery. Do not put your contact lenses in for at least ten (10) days.
4. Don't swim, dive, ski, or participate in strenuous athletic activity for at least one (1) month after surgery.
5. Eye shadow and false eyelashes should not be applied until about ten (10) days after surgery.
6. You can camouflage the discoloration about the eyes with makeup before you come to the Clinic to get your first set of sutures removed. (But, not over resurfaced areas or over the "stitches" line.) Bring it near the line of incision but do not apply over the incisions themselves until two (2) days after the sutures have been removed. The following technique of application seems best: First, smear a layer of make-up over the entire discolored area; then apply more with a "patting" motion; finally, blend the edges with the surrounding skin. Checking with our aesthetician about the type (and methods of application) of make-up may prove beneficial.
7. You should probably not plan to return to work until four (4) or five (5) days have elapsed following the surgery, or, perhaps, one (1) week. Even then, it might be wise to procure sunglasses with large frames unless you don't mind becoming the center of attention. You'll have to play this "by ear."

Postoperative Clinic Visits

Before going home you should confirm your next appointment because special preparations that are different from the usual routine must be made prior to your visit.

Don't build up a feeling of fear and anxiety about what is going to be done to you during this visit. A few skin sutures may require removal; however, many of the sutures used in eyelid surgery dissolve with the peroxide and ointment treatments and do not require removal. The incisions will be gently cleansed and you will probably feel much better.

The Healing Period

Recovery from any surgery is a "process," occurring in stages and over time...

1. Swelling may sometimes persist longer than usual. However, we have not yet encountered a case wherein it didn't ultimately subside. The same is true of discoloration. Both the swelling and discoloration generally reach their peak on the second to fourth post-op day, so do not become alarmed.
2. Swelling and discoloration may become more pronounced after some patients leave the Clinic; this is why you should follow the instructions given above to minimize swelling and not take any medications containing aspirin. Furthermore, if you have nasal allergy or "sinus trouble," you should take antihistamines to decongest your nose as this may be a contributing factor to swelling about the eyes.
3. Rarely, the whites of one or both eyes may become partially red or "bloodshot." This is painless and usually absorbs within a week or so.

When strenuous activities are avoided and cold compresses are applied continuously throughout the first post-operative night, patients generally have reduced amounts of swelling and discoloration.

4. Occasionally, swelling will cause the lower lid to be separated from the eyeball. This condition should be reversed as the swelling subsides but can be prolonged if face powder, granules, etc., become deposited in the area when cosmetics are being applied. Notify us if it persists. If the eyes feel "dry" use artificial tears or other non-prescription moisturizers as often as needed.
5. During the first several days following surgery, the scars may be imperceptible; then they go through a period of swelling, become red or deep pink in color and somewhat lumpy especially at the outer corners. This eventually subsides, and, as time passes, they may once again become virtually imperceptible. This is the way scars normally "mature." Thus, any unevenness of the edges of the incisions or lumpiness of the scars is usually temporary and subsides with the passage of time. So, we urge patience. Cosmetics or cortisone may be used to minimize the problem while progressive maturation of the scars is occurring. (See page 231 Scar Enhancement and Skin Surgery.) Remember maturation takes longer in the thicker skin of the outer corners. Minor revisions can be performed if necessary. We will suggest them, if appropriate.
6. Occasionally, small cysts which resemble "whiteheads" may appear within the lid incision sites. They are "stopped up" oil glands. They should disappear after their contents are expressed. They may occur in both the upper and lower lids, but less frequently in the lower lids.
7. Patients often experience some blurring of vision for two (2) or three (3) days after the operation. This is generally due to swelling and/or ointments that have been used and should clear spontaneously. Notify

us however if you are concerned or of any change in your vision.

Do Your Part

Please follow these instructions carefully. You should also review all sections in *The McCollough Plastic Surgery Experience* relative to your surgery. Your final result will depend, in part, upon how well you care for the treated areas.

Do

Clean suture lines with hydrogen peroxide and a Q-tip® 6 times daily.

Apply lacrilube or a prescribed ophthalmic ointment to sutures following cleaning 6 times daily with hydrogen peroxide.

Apply the ophthalmic ointment or moisturizing drops in your eyes if they feel dry or irritated.

Report any eye pain or change in your vision to the clinic staff immediately.

Wear glasses, if necessary, being sure they do not pull on incision lines.

Continue cold compresses over the eyelids for 3 days.

Sleep on your back with head elevated 30 to 40 degrees for 4-6 weeks..

Wash hair following surgery, if desired.

Do Not

Apply any makeup (mascara, eyeliner or eye shadow) for the first 10 days following surgery ... and never to resurfaced areas until directed to do so.

Wear contact lenses for 10 days.

Pluck eyebrows for 2 weeks.

Finally

If you have had another procedure performed in conjunction with your eyelid surgery, read the postoperative instructions pertaining to that procedure also. If there are any conflicts, call us so we can clarify them and/or help correct any problems you might encounter.

If you have any questions call
251-967-7600

Some Additional Reminders Following Eyelid Surgery

Do

- Clean suture lines with hydrogen peroxide and a Q-tip® 6 times daily.
- Apply lacrilube or a prescribed ophthalmic ointment to sutures following cleaning 6 times daily with hydrogen peroxide.
- Apply the ophthalmic ointment or moisturizing drops in your eyes if they feel dry or irritated.
- Report any eye pain or change in your vision to the clinic staff immediately.
- Wear glasses, if necessary, being sure they do not pull on incision lines.
- Continue cold compresses over the eyelids for 3 days.
- Sleep on your back with head elevated 30 to 40 degrees for 4-6 weeks..
- Wash hair following surgery, if desired.

Do Not

- Apply any makeup (mascara, eyeliner or eye shadow) for the first 10 days following surgery ... and never to resurfaced areas until directed to do so.
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Localized swelling (or puddling) around the eyelid incisions can be softened by injecting droplets of cortisone in the area.

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Patients considering eyelid surgery should evaluate the positions of their eyebrows (see next page)

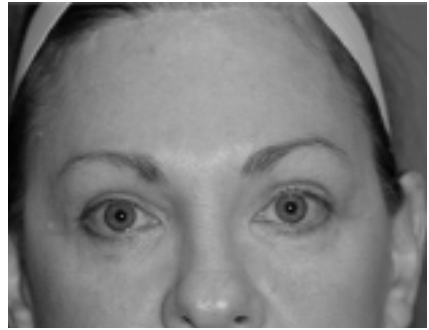
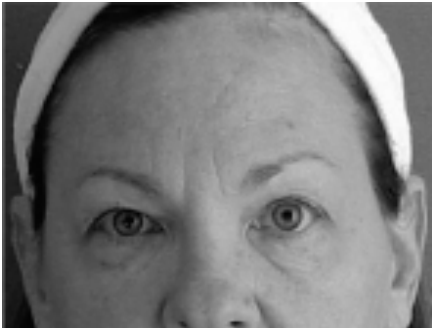
The eyebrow lift may be accomplished in conjunction with the forehead portion of the face lift, but it may be performed as an independent procedure.

Wrinkles in the skin of the eyelids generally require a skin resurfacing procedure (peel or dermabrasion).

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Patients that have undergone surgery should begin taking the recommended Max-A-Life™ products the day following their procedure(s).

THE EYEBROW LIFT



Heavy or low set brows can give one a “tired” or “stern” look but a brow lift can replace them to their proper position resulting in a more alert and youthful appearance. The incisions in this direct brow lift are immediately above the brow hairs but are easily camouflaged.

Drooping of the eyebrows is frequently one of the first signs of aging. This condition is often overlooked because most people are unaware of the problem and the degree of improvement its correction can provide.

A heavy eyebrow causes the upper lids to drop or descend until in the advanced stages, eyelid skin can touch or overlap the eyelashes. (See photographs page 154.) Patients often complain that their eyes appear to be getting smaller or deeper-set and that eye make-up usually ends up high on the upper part of the lids within a short while after it has been applied. Drooping eyebrows definitely contribute to the “tired look.”

This condition may be improved by the forehead lift operation or by the excision of skin above the drooping section of the brow. Both procedures “lift” the brow, upper lid, and surrounding tissues which usually results in eyes that appear larger, more rested and more youthful.

Following eyebrow surgery, there is often lessening of the deeper “crow’s feet” found next to the outer corners of the eye. However, for the best result, “crow’s feet” may require a skin resurfacing procedure at a later date.

The eyebrow lift will not correct either excess skin or pouching caused by fat

herniation at the inner corners of the upper lids, and it will not have any effect on lower lid conditions. On the other hand it can be, and often is, effectively combined with surgery designed to improve problems in those areas. (See Surgery for Saggy-Baggy Eyelids, page 160.)

We ordinarily prefer to accomplish the eyebrow lift in conjunction with the temporal or forehead portion of the face lift, but in some cases, it may be performed as an independent procedure. (See section on “The Face lift Operation,” page 173.)

In some cases smaller incisions with (and without) the use of an endoscope—and coupled with interruption of some of the muscles which create deep creases and wrinkles can be used.

Direct Brow Lift

Postoperative Instructions

Patients who have had direct brow lifts with incisions and sutures on the forehead or above the brows, should follow the postoperative eyelid surgery instructions (page 168).

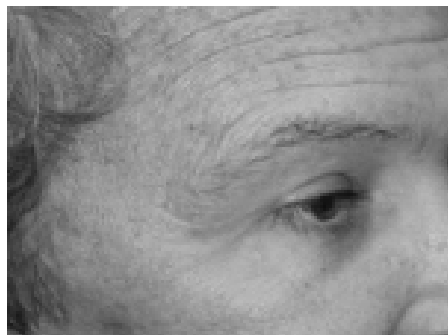
Forehead or Temporal Brow Lift

Postoperative Instructions

If your incisions were placed at or behind the hairline of the scalp, you should follow the postoperative instructions for face lift (page 182).



This patient requested a Blepharoplasty (eyelid surgery) for correction of her aging eyelid tissues. A lower lid Blepharoplasty was performed to remove the excessive skin and fat in the lower lid region, but the drooping brow was the problem in the upper lid region, therefore a direct brow lift, not an upper lid Blepharoplasty was indicated. Note the white line just above the brow. The scar can be easily camouflaged with makeup.



When there is a marked asymmetry of the brows, a direct brow lift can elevate the drooping brow for better symmetry. The incision is placed just above the brow hairs, excessive skin is removed and the muscles are supported with permanent sutures. The scar lines are usually well-camouflaged in men by the surrounding forehead lines. When they mature, they usually resemble a forehead wrinkle.



This patient required a mid forehead lift to support the heavy tissues around his brows and lids. An upper lid Blepharoplasty was performed at the same time.

Make sure you have read Parts I, II, and III of this book

THE FACE LIFT OPERATION:

Foreheads, Cheeks and Necks

Note: Prior to reading this section, you should have read Parts I, II, and III and afterwards, read the other Sections in Chapter 4.

Rhytidectomy

The Greek word for wrinkle is “rhytid.” The suffix -ectomy means “to remove”; thus rhytidectomy is the medical term for the operation designed to remove or lift wrinkles and sagging tissues from the forehead, face, and neck. The term “face lift” is often used incorrectly to describe a total facial rejuvenation, which, in reality, consists of eyelid surgery, face lift and perhaps skin resurfacing. While a “face lift” provides the foundation for the rejuvenation process, other procedures may add the “finishing touches.” By no means, however, does this mean that every

patient who requests a face lift must have any additional procedures.

The goal of the face lift operation is to reduce the sagging and wrinkling caused by loose skin and to lift or reposition both the muscles and fatty tissues of the face and neck which tend to sag with advancing years or premature aging. Face-lifting does not correct problems in the upper or lower eyelids, or the wrinkles or creases in the lips—other procedures (Blepharoplasty or skin resurfacing) are required for these conditions. (See Surgery to Correct the Undesirable Signs of Aging, beginning on page 144.)



Early sagging tissues in the brow, jaw line and neck can be repositioned with a face lift. Deep folds extending from the nose to the lateral corners of the lips may be improved but not eliminated with a Stage II face lift. This patient also underwent a Level III chemical peel one year after face and eye lifting.

THE McCOLLOUGH FACE LIFTING CLASSIFICATION SYSTEM

In medical circles, the “Face Lift” is the term commonly used to describe a surgical procedure better known in medical circles as “rhytidectomy” (removal of loose, wrinkled skin of the face and neck). The procedure is designed to re-create the firmer, smoother face of youth. However, not all face lifts are the same – nor should they be! The reason is: not all faces are the same. And, at different ages the same face is a different face. And that this is true, calls for condition-specific treatment plans.

Dr. McCollough’s system is comprised of five (5) general treatment plans:

STAGE I (The Less Than Thirty Face Lift): for the younger individual who has little or no loose skin and may require only liposuction to remove unwanted fat and bulges.

STAGE II (The Thirtyish Face Lift): for the patient who is beginning to notice sagging of the brows and cheeks, but not the neck. Whenever sagging tissues are present, facial muscles and fat must be repositioned into their more youthful relationships. In such cases a small amount of loose skin is removed.

STAGE III (The Fortyish Face Lift): for the patient who exhibits sagging brows, cheeks and neck. Some of these patients may or may not need liposuction for contouring jowls and fullness under the chin. All, however require suspension techniques to muscles and fat .

STAGE IV (The Fiftyish Face Lift): for the patient with generalized facial and neck sagging, with – or without – jowls and wrinkles around the mouth. With more obvious muscle, fat, and skin laxity, more suspension of these structures is required.

STAGE V (The Sixty-Plus Face Lift): for the patient with advanced aging, coupled with sagging of all facial areas, including the forehead, brows, cheeks, and neck. At this stage in the aging process, deep folds develop in the groove between the nose and face, jowls droop below the jaw line, and the muscles of the neck often produce string-like bands that run vertically from the chin to the upper chest. Many of these patients are also beginning to exhibit wrinkles and blemishes over most of the face.



This patient exhibited the early signs of aging that required a Stage III face lift and a Stage III Blepharoplasty, giving her a “rested,” natural appearance.



This woman underwent a Stage II face lift, upper and lower lid Blepharoplasty. Liposuction is generally performed with face lifting to remove “jowls” and fatty tissues under the chin.



The improvement in this patient was accomplished by a Stage III forehead lift, a cheek-neck lift and upper and lower lid Blepharoplasty.

• • • • •

In each case, if “The Deep Plane” needs to be entered, as he has done for more than 40 years, Dr. McCollough will do so.



This drawing appeared in a newspaper. More than a "face lift" would be required to obtain the result depicted above. A face lift and Blepharoplasty (eyelid surgery) followed by a full face chemical peel within three (3) to six (6) months may produce similar results.

The face lift has become one of the most popular cosmetic operations performed in the head and neck because as medical advances and new technology increase the average life span, many women, *and men*, find that they look older than they feel, physically and mentally. The antiquated stigma previously associated with having plastic surgery is disappearing. Men and women from all walks of life are seeking ways to look as good as they feel. The techniques used and developed by Dr. McCollough produce results which cause patients to have "natural" and "un-operated" looks.

The face lift operation may be divided into three parts: the forehead or eyebrow lift (the upper one-third), the cheek lift (the middle one-third), and the neck lift (the lower one-third). Most people require all three components but occasionally only

one or two portions are recommended. We will advise you in your particular situation. Most people seeking "neck lifts" require some lifting of the cheeks in order to avoid "puckering" of the skin around the ears.

Face-lifting may be done for one or two reasons: to help prevent the advancement of aging, i.e., to help relatively young individuals (about 40 or less) to appear to *stay young*. *The second reason is to assist* one who is already wrinkled or whose skin sags to appear younger, fresher and more rested—to help one recapture the appearance once enjoyed.

Naturally, everyone contemplating the operation is interested in how much improvement they can expect ... and for what duration. The amount of improvement depends on the degree of wrinkling and sagging present; if it is excessive, the results may be dramatic; if sagging is occurring prematurely and the operation is being done to attempt to keep the patient looking young, the improvement may be more subtle. Remarks may be made that the skin appears "less tired" and the face "looks more alive, rested and fresher." Some people look as though they have "lost weight" because the heaviness along the jaw line and in the neck is improved.

How Long Does It Last?

The duration of the results achieved with a face and neck lift cannot always be accurately predicted. If wrinkling and/or sagging is severe it will obviously take years before the condition becomes as bad as it was before surgery. If the natural degenerative process in the skin is occurring rapidly (as in sun-damaged skin), wrinkling and sagging will also accumulate more rapidly. This is precisely when "tuck-up" or "spot-welding" procedures are helpful. (See drawing and "In A Nutshell" on the next page)

Liposuction can remove unwanted fat from the neck and jaw line. When

combined with tightening sagging muscles and skin in patients undergoing facial plastic surgery, liposuction can improve the results of most cases by as much as 20-25 percent. A face that is simply “fat” however, may be improved, but for a short time.

Patients usually look like they did 10-15 years earlier. No operation can permanently *prevent* aging but the individual should **never** appear as old as he/she might have if the operation had not been done.

At the time of your surgery, all loose and excessive skin will be removed; however, Dr. McCollough does not stretch the remaining skin. Any sagging noticed after a face lift is a result of a continuation of the aging process. When sagging becomes a problem again, a “tuck-up” procedure can be done which may provide dramatic and long-lasting improvement (see section on “Facial

Tuck Up”). For the best results every patient should be evaluated within a year or two following surgery. A “tuck-up” may or may not be considered at this time. Claims that some surgeon’s face-lifts, “last longer” should be viewed with skepticism. “Over-doing” surgery in an attempt to have a “tight” appearance for a longer time is fraught with problems.

A face lift simply removes the slack which occurred due to the breaking down of the elastic tissues in the skin as part of the aging process; however, like any material that has elasticity, a second tightening may be helpful. The foundation created by the initial face lift creates the desired situation for a “tuck-up.” It is not necessary, however, to have additional cosmetic surgery. (See “Previously Asked Questions” page 145.) The “tuck-up” is simply part of a “maintenance program.”

THE AGING PROCESS

(Life’s conveyor belt of time)



This drawing demonstrates the changes that occur in the same face at ten (10) year intervals. Surgery can generally move one back one step, sometimes more, depending upon which procedures are performed.

IN A NUTSHELL...

A face lift generally helps turn back the clock about 10 years in most patients. It does not *stop* the ticking. The excess skin and fat in the neck and lower jaw is removed at surgery. Any slack seen in the post-operative period is a result of *continued* aging and breaking down of the skin that remains. Had the surgery not been performed, the patient would have the “new” sags on top of the “old” sags which were removed at surgery. **Tuck-ups help maintain a youthful appearance** in the patient who chooses to have additional surgery. Tuck-ups are generally less extensive ... and less expensive ... and quite effective.

One benefit Dr. McCollough offers is that once he has performed a face lift on a patient, subsequent “tucks” are performed at a fraction of the current fee for the same procedure, even if years have passed since the first surgery. This special benefit is offered to encourage his patients to maintain a more youthful appearance throughout life.

Who Should Have a Face Lift?

Men and women from all walks of life are having face-lifts; however, not everyone seeking rehabilitation of the aging skin of the face and neck is an acceptable candidate for surgery. Those with known serious medical problems are usually excluded. Patients who are obese or who have a short, thick, neck have little chance for a worthwhile result. The severe “turkey gobbler” deformity which occurs in the neck of some individuals may best be corrected by a direct excision in the midline of the neck under the chin. Finally, those with unrealistic expectations are not accepted. (Refer to Chapter 1 of this book.)

Nicotine interferes with blood flow through the skin of the face, delays healing and tends to increase the incidence of complications. Please notify us of any tobacco use or smoking cessation aids you may be using. Doing so will be in your best interest.

About The Surgery

Technically, the face lift operation consists of repositioning and supporting the sagging skin and the underlying tissues of the face and removing the excess skin and fat.

The scars in the hair and around the ear may be camouflaged with the adjacent hair or by the natural creases and folds of the ears. On rare occasions, there may be some thinning of the hair around the incision line; if this occurs, the area can be covered by combing

adjacent hair over it, or by a minor “touch-up” procedure. However, we employ techniques designed to protect and preserve hair and to minimize scarring.

If a temporal or forehead lift is performed, the hairline may be altered; however, the incisions are tailored to minimize hairline alterations. **The operation is “customized” to fit the needs and desires of each patient seeking surgery.**

During preparation for surgery, we *do not* shave the hair in the temporal and forehead regions or behind the ear. Because we close those incisions made in the scalp with small metal clips, *we have not found it necessary to shave the hair.* Obviously the fact that one has had surgery is easier to camouflage when hair shaving is avoided. Another distinct advantage of the metal clip closure is that patients may wash their hair *the next day* after surgery. As a matter of fact, we recommend daily shampoos following face lift surgery. Detailed post-operative instructions are provided for you in a special section of this book (page 182) You should read them prior to your consultation and jot down anything you don’t understand.

Some degree of tightness, numbness, weakness and swelling of surrounding tissues is expected following surgery. It is usually temporary, disappearing as healing progresses.

As water drains from a parking lot following a rain storm, most of the rain leaves immediately; however, there are always puddles left behind, that evaporates over the next several hours. The same is true with swelling following surgery. Sometimes healing fluids “puddle” causing localized lumpiness, which can be improved with small amounts of cortisone.

The operation may be done either under “twilight” anesthesia or general anesthesia. (See section on Anesthesia, page 103.)

More than 90% of the face-lifts we perform are done in outpatient facilities, but even if the surgery is performed in the hospital, patients are usually discharged in one (1) or two (2) days. Patients from far away should plan to stay in the Gulf Coast area for approximately one week, either with friends, at a hotel, or in one of the villas on the Institute's campus. Patients who live more than one hour from Gulf Shores should plan to remain in a villa, or nearby facility for at least two days following surgery. We will help you make these arrangements.

If the surgery is performed in the Clinic, the total cost is considerably less when compared to hospital based surgery. These arrangements will be discussed during the consultation.

A turban-type head bandage is worn the night following surgery, but it is generally removed the next morning. The face may be swollen and some discoloration may be present. This discoloration usually fades away within about 10-14 days. Patients can return to most of their "normal routine" within two (2) weeks. But the face and neck may feel "tight" and movement will be restricted. This is to be expected as long as the tissues are swollen.

The patient returns to the Clinic in about a week to have the sutures and clips removed. Makeup may be worn by seven (7) to ten (10) days and he/she should be able to return to work and *carefully drive an automobile in about two (2) weeks.* **Patients must not pull against tightness, lie on their sides or engage in heavy lifting during this time.** Doing so can interfere with healing and lead to less than favorable results. For best results and better scars these activities should be avoided for at least 6 weeks following surgery.

We recommend you read the section on Face Lift Postoperative Instructions prior to your consultation (page 182.) Following instructions, we

believe, can help reduce the unlikely possibility of complications which are imponderable factors with any surgery.

*ALL PATIENTS CONTEMPLATING FACE-LIFT SURGERY SHOULD ALSO READ THE FOLLOWING SECTIONS IN THIS BOOK:

1. ALL OF PARTS I & II OF THIS BOOK
2. CHAPTER 1 PREPARING FOR YOUR CONSULTATION
3. CHAPTER 2 SURGICAL PROTOCOL & POSTOPERATIVE CARE.
4. SURGERY TO REVERSE THE UNDESIRABLE SIGNS OF AGING
5. THE PROBLEM NECK
6. THE BROW LIFT
7. SURGERY FOR SAGGY-BAGGY EYELIDS
8. SKIN RESURFACING
9. SCAR REVISION AND SKIN SURGERY
10. THE FACIAL TUCK-UP

In some way, each of these chapters contains valuable information you should know if you are contemplating a face lift.

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And Remember

The healing process is just that—a process. So do not attempt to evaluate the results of surgery until the process has run its course. Some swelling, lumpiness, tightness and discoloration is expected following. Please refer to Dr. McCollough post-operative audiovisual monologue (Part I of this book) when questions arise.

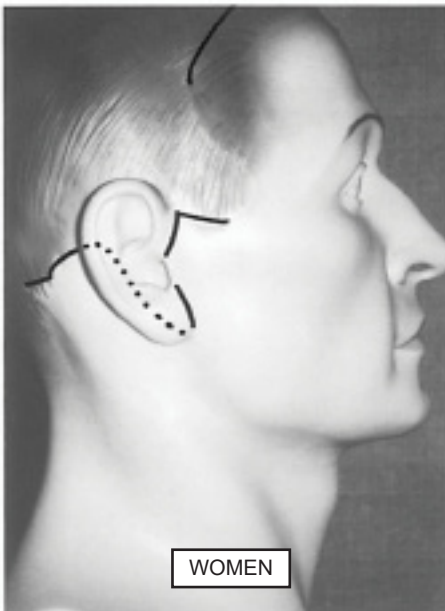


A Stage V face lift, Blepharoplasty (eyelids) and skin resurfacing around the mouth can move one back a step on the conveyor belt of time. The goal is to leave the patient with a natural “un-operated” appearance.

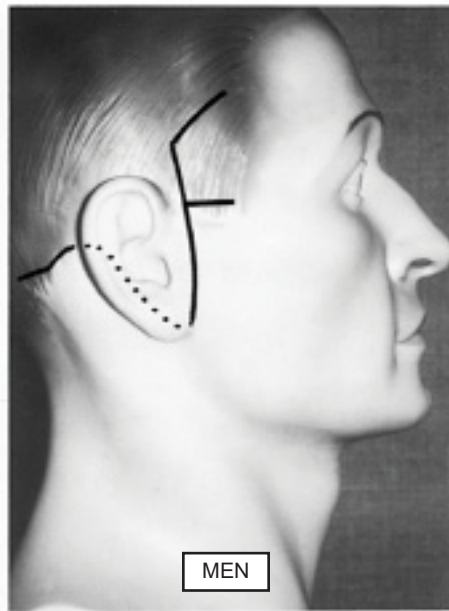


Preoperative photograph of a lady with sagging facial and neck tissues (Left). Two weeks after a Stage IV face lift the patient is photographed following a professional make-up session with one of our aestheticians (Right)

INCISIONS AND SCARS



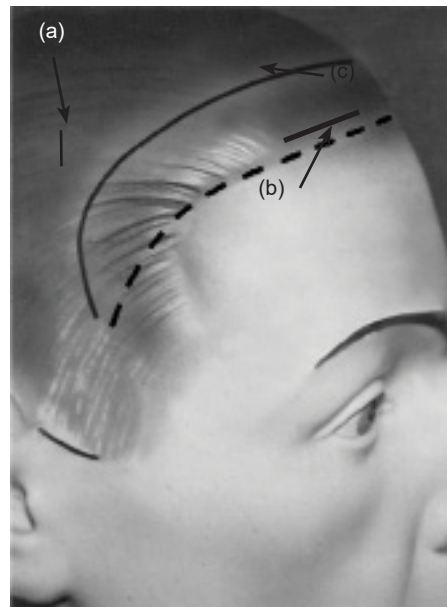
This photograph demonstrates the usual location of the incisions for a face lift in women. They are designed to be camouflaged by the hair and the natural creases around the ear. (The dotted lines indicate the placement of the incisions behind the ear, see below.)



This photograph demonstrates the typical incisions for a face lift in men. The pattern of beard growth dictates that the incisions differ from those made in women.



Behind the ear the incisions in both men and women are similar. They are usually camouflaged by the natural creases and by the hair.



We generally recommend forehead lifts (a) in women and "direct" brow lifts (b) in men. *Incisions at the edge of the hair are also recommended for women with receding hairlines.*

Face Lift (and Tuck-Up) Postoperative Instructions

Introduction

The following instructions are based on our experiences with thousands of face lift operations. They should answer practically every question that may arise regarding the “do’s” and “don’ts” after surgery. *You and your family should read this section several times so that you may become thoroughly familiar with it.* Attempt to follow these instructions faithfully—those who do generally have the smoothest postoperative process; this, naturally favors proper healing and the most favorable surgical result.

Swelling

Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. The amount varies from person to person, but it always seems more in the face since there is more looseness of the tissues; therefore, even a small amount makes the features appear distorted. *Sometimes the swelling becomes a little greater the second and third day after your operation*, especially along the jaw line and around the eyes and ears. When this occurs, the face and neck feel tighter. Swelling is generally worse when you first arise in the morning (proof that it is better to stay up or elevated as much as possible). The swelling itself is not serious and is not an indication that something is going wrong with your operation.

Some degree of *swelling* follows any surgical procedure. The swelling is due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and in some of the “discoloration” associated with surgery. When these healing fluids are no longer required,

the tissues release them and they are absorbed through the bloodstream.

You must be willing to accept temporary swelling, lumpiness, and discoloration which occur following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience to pay for the physical and psychological improvement they generally experience.

If you feel the swelling is excessive, however, notify us so we can examine the areas in question. *Many patients complain that one side of the face occasionally swells more than the other.*

Discoloration

It is not unusual to have varying amounts of discoloration about the face. Like swelling, it may become more pronounced after the first day or so, but remember it, too, is temporary.

Sometimes, discoloration may become more pronounced after you have been discharged. Most of it usually subsides within two (2) weeks, all the while decreasing in intensity.

The measures previously described that help the swelling to subside will also help the discoloration.

You can camouflage discoloration (to some extent) by using a thicker makeup. A water based makeup (two shades darker than your skin color) may be applied with a moist sponge; after it dries, a second layer may be applied. It can be removed with water. Do not apply makeup over the incisions themselves for several days after the sutures have been removed; however, you can bring it up close to the line of the incisions. Makeup should never be applied over any area of crusting.

Turning The Head

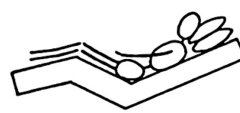
AVOID turning the head or stretching the neck. When you must turn, *move the shoulders and head as one unit* or as though you had a “stiff neck.” This is important to prevent stretching the healing incision lines and causing scars to widen.

Discomfort

There is usually little actual pain following a face lift, but for a while you may experience a tight sensation as a result of the swelling, especially behind the ears, and the face may seem heavy. As is usually the case with such things, this seems worse late in the day, at night, and when one becomes nervous or worried.

If you should have any discomfort around the face try the application of cold compresses before resorting to drugs. If this is not effective, you may take the pain medication which we prescribed for you. **Under no circumstances should ASPIRIN or medications containing aspirin or salicylate be taken without first consulting us.** Be sure to check the labels of any pain medications you already have or any you purchase from the drug store. If Percogesic[®], Anacin-3[®] or Tylenol[®] doesn't help, then you may try the prescribed pain medication given to you at the time of your surgery.

Unfortunately, the usually-prescribed pain relievers often cause sensations of lightheadedness, particularly in the immediate postoperative period and consequently, seem to make recovery more tedious. Therefore, it is better to try the application of cold compresses before resorting to drugs. If this is not effective, we generally recommend Percogesic[®] or one of the other “over-the-counter” non-aspirin medications if there is no history of sensitivity to these products. If the pain should be severe, notify us and stronger medication can be ordered for you.



Improper Sleeping Position



Proper Sleeping Position

The most common cause of neck and facial pain following surgery is improper posture while sleeping on one's back (see diagram). The hips, back, and head should be in a straight line whenever one is lying down.

The abnormal strain on the back and neck muscles may produce spasm or “cricks” which should be massaged, or treated with moist heat on the posterior neck and shoulders. Do not apply heat to the face and anterior neck regions.

Cold Compresses

Face towels (not an ice bag) dipped in a container of water and ice applied across the forehead, jaws and neck several times daily during the first week may help reduce swelling, discomfort, and discoloration in the face.

Removal of Dressings

A turban-type pressure dressing will be applied before you leave the operating room; it is to remain in place until the following morning. You should be as quiet as possible during this time; therefore, a great deal of talking and having too many visitors are discouraged. If your dressing becomes too uncomfortable, report it to us, but do not remove or loosen it without our direction.

Elevate The Head of Bed

To help *minimize swelling*, the head of the bed should be elevated 30-40 degrees for a minimum of two (2) weeks but continuing to sleep elevated for 6-8 weeks will help the remaining

disappear more quickly. *Remember to keep the back and neck in a straight line.* Bend only at the waist. Gravity helps the swelling leave the facial tissues. **A recliner may be “bed of choice” during the first 4-6 weeks following surgery.**

Getting Out of Bed

We usually recommend that you remain “in bed” during the first twelve (12) hours following surgery. After that you may sit in a chair, walk to the bathroom, or around your room.

After Surgery

If you live in another city, we prefer you to stay in the Gulf Coast area for at least two (2) days following face-lifting.

As previously explained, your face and neck will remain swollen with varying amounts of discoloration for several days. The main thing to remember is that such swelling eventually subsides; you can help in several ways:

1. **Stay up** (sitting, standing, walking around) as much as possible after your first post-operative night. Of course, you should rest when you tire.
2. **Avoid turning the head** or bending the neck. When you must turn, move the shoulders and head as one unit or as though you had a “stiff neck.” Do this for two (2) weeks. And, do not lie on the side of your face.
3. **Avoid bending over or lifting heavy objects** for one week. Besides aggravating swelling, this may raise the blood pressure and start hemorrhage.
4. **Avoid hitting or bumping your face and neck.** It is wise not to pick up small children and you should sleep alone for two (2) weeks after your operation.

5. **Sleep with the head of the bed elevated (or in a recliner)** for 4-6 weeks after your operation. To accomplish this, place two or three pillows under the head of the mattress and one or two on top of it but **keep the back and neck in a straight line.** Bend only at the waist. (See diagram on the previous page) Try not to roll over on your face; this tends to tear down the supporting stitches used under the skin of your face and may cause the scars behind the ears to widen; therefore, it is advisable to sleep on your back for 30 nights. Many patients find a reclining chair placed at a 45 degree angle to be more comfortable than the bed.
6. **Avoid straining the stool.** If you need a laxative, take one you are accustomed to using.
7. **Avoid excessive sunning** of the face for one (1) month; ordinary exposure is not harmful.
8. **Avoid smoking or very smoky areas for two weeks.** Nicotine, whether inhaled, ingested, chewed, or absorbed from patches, may result in delayed wound healing and increased scarring... and begin the vitamins and supplements in your black bag the day after surgery.

Hemorrhage

If bleeding should occur, go to bed, elevate the head and apply ice compresses and **steady** pressure about that area of face and neck. Report it by telephone!

Temperature

Generally, the body temperature does not rise much above 100 degrees following a face lift; this is due to the healing process. Patients will often think they have an increased temperature because they feel warm, but, in reality, may not. To be sure, you should

measure your temperature by mouth. Report any persistent temperature above 100 degrees; it could be an early sign of inflammation.

Weakness

After a person has an anesthetic or has undergone any type of operation they may feel weak, break out in “cold sweats,” or get dizzy. This gradually clears up in a few days without medication.

Insomnia

When there is too much difficulty in sleeping in the immediate postoperative period, we will prescribe a sedative. It should be remembered that such drugs also tend to make some people feel light-headed or weak and should be taken only if needed.

Depression

It is not unusual for an individual to go through a period of *depression* after surgery. No matter how much they wanted the operation beforehand and how much they were informed about what to expect postoperatively, patients are concerned when they see their face swollen and, perhaps discolored.

Be patient and realize that this is a temporary condition which will subside shortly. The best “treatment” consists of busying one’s self with the details of postoperative care and trying to divert one’s attention to other thoughts (T. V., a book, an unhurried walk in a peaceful place, or an automobile ride in the country.)

Numbness

Parts of the face, neck, ears and scalp sometimes feel weak or “numb” after the face lift operation. This is to be expected and is usually temporary. It may take several weeks or, on rare occasions, months for this to subside. The top of the head may itch or exhibit numbness for 6-12 months.

Tightness of The Face

The skin of the face may feel tight for a while and you may feel that it interferes with normal facial expressions; this should disappear within a few weeks when swelling subsides.

Thinning of The Hair

There may be thinning of the hair in areas adjacent to the suture lines in the temple or forehead scalp and behind the ear. This can sometimes be avoided by closely adhering to the instructions about shampooing and cleaning the suture lines. Should a problem arise, we will advise you on any additional treatments.

If You Injure Your Face

Many individuals sustain accidental hits on the face during the early postoperative period. Usually, one need not be concerned, unless the blow is hard or if hemorrhage or considerable swelling ensues. Call us immediately if you are concerned or report the incident at the next Clinic visit.

Your Medications

When discharged from the hospital or Clinic, you will be given instructions concerning the remainder of the medicine you were taking prior to surgery. Take these as directed. In the uncomplicated case these prescriptions need not be refilled. Continue taking the prescribed vitamins for three weeks postoperatively.

Resuming Activities

1. **WEARING GLASSES AND CONTACT LENSES** — Eyeglasses may be worn as soon as the bandages are removed. Contact lenses may be inserted the day after surgery, **unless you have had eyelid surgery; then wait ten (10) days.**

2. Unless you've had a chemical peel, dermabrasion, or laser procedure, you may wash your hair with lukewarm water in a shower and carefully comb it out with a large toothed-comb the next day after surgery. If you've had one of the skin resurfacing procedures, refer the post-operative instructions provided for them.

Do not use **hot** water. You may **have your hair washed** at a salon after your surgery. (Use recommended shampoo.) Do not use the usual salon type hair dryer; use a hand blow dryer on cool, low setting. Be careful not to rest your neck on the rim of the wash bowl in the area of the incisions. Hair coloring and permanents should also be delayed until six (6) weeks after your surgery.

Use cotton balls to **WASH THE FACE** gently with a mild soap (CeraVe® hydrating cleanser) once daily after the first week, using a gentle upward motion.

You may use the recommended shampoo and take a shower beginning on the second postoperative day, but **NEVER** on the day when you have had sutures and clips removed.

Do not **TWEEZE EYEBROWS** for one week.

You may wear a loose **WIG**, if you wish, as long as it doesn't irritate the stitches or clips.

3. **HOUSEHOLD ACTIVITIES**—You may be up and around the house with your usual activities except those specifically outlined previously.
4. **PULL-OVER CLOTHING**—During the first two weeks, you should wear clothing that fastens either in the front or the back rather than the type that must be pulled over the head.

5. **ATHLETICS**—No swimming, strenuous athletic activity or exercises that involve turning the head for four (4) weeks. Walking is recommended after two (2) weeks. Jogging should be delayed until four (4) weeks.

6. **KEEPING A "STIFF" FACE AND NECK**—You should not move the face and neck excessively until the skin heals to the underlying tissues. Toward this end. .
"LISTEN TO YOUR BODY!"

A—**AVOID** anything that feels uncomfortable.

B—**DON'T TURN THE HEAD** without turning the neck and shoulders as one unit; for the first two (2) weeks. When you must turn, do so as if you had a "crick" in the neck.

C—**DON'T BEND** the head forward or extend the neck backward for the same period.

D—**AVOID** gum or foods that are hard to chew. Soups, mashed potatoes, stewed chicken, hamburger steak, or an easily-chewable food is permissible.

E—**AVOID** yawning with the mouth opened widely for two (2) weeks.

7. **RETURNING TO WORK AND RESUMING SOCIAL ACTIVITIES**. When you should return to work depends on the amount of physical activity and also the amount of swelling and discoloration you develop; the average patient may return to work or go out socially approximately two (2) weeks after surgery—but individual responses to surgery vary with the number of simultaneous procedures, age, and general well-being of the patient, so you'll have to play this by ear, but *do not drive for two (2) weeks ... and don't "stretch" any areas that feel stiff or tight.*

Your Scars

After all stitches and/or clips have been removed, the scars will appear deep pink in color. There will be varying amounts of swelling in and around the scars themselves. With the passage of time, the pink should become white, the firmness of the scar should soften, and they should become less noticeable. But if you stretch them, expect them to respond by getting thicker in order to “protect” themselves.

Some crusting may occur around incision sites. We can recommend additional measures to soften them, should crusting or thickening occur.

Each individual varies with respect to healing, but it takes approximately one year for these changes to occur and for scars to “mature.” Should you have a problem, other measures can be taken. However, scars are usually easily camouflaged by makeup and hairstyling. (Refer to Scar Enhancement and Skin Surgery, page 231.)

Daily Care

1. Go over your suture lines in the hair six (6) times daily with witch-hazel on a Q-tip®. Around the front and back of the ears — and on the suture lines — apply a thick coat of Bacitracin six (6) times daily until told to discontinue. 2) Apply witch-hazel to the clips or staples in the hair also, but do not use Bacitracin on the staples. Use the Bacitracin on the suture lines around the ears but not in the hair.
2. The next day after surgery let warm water run through the hair while standing in a shower. Two (2) days after surgery you may use a recommended shampoo. If you had eyelid surgery do not be afraid to get the sutures around eyes wet when showering. You should shampoo at least twice a day for the first postoperative week.

3. Report any bleeding that persists after steady pressure has been held on the area for twenty (20) minutes.
4. 5) Report any of the warning signs of infection such as sudden or excessive localized swelling, redness, drainage, or fever.
5. Avoid taking medications on an empty stomach as they may produce nausea. Some medications, especially antibiotics, can produce digestive system upset, so notify us if you have a problem. We can usually prescribe another one for you.
6. Never wash your hair the day that sutures, clips or staples are removed. Wash it the following day, using only CeraVe® Hydrating Cleanser as previously directed.
7. Hair sprays, conditioners and vegetable color rinses (Roux®) can be used in two weeks.
8. Make sure you keep all post-operative appointments.

Follow-up Clinic Visits

Before leaving for home you should check with the secretary at the Clinic for an appointment. This should be done soon because special preparations must be made for this visit in advance of your arrival—these are different from the pre-operative routine. Appointments for patients who have recently undergone surgery are generally made earlier in the morning so that wound care and instructions can be given by trained personnel. Please try to cooperate with us when you are asked to come in early.

Don't build up a feeling of fear and anxiety about postoperative visits. A few of the skin sutures may be removed and the progress of your healing will be checked. Removing sutures is quick and uncomplicated because it is done with small delicate instruments to minimize

discomfort. Most sutures dissolve by themselves. You will probably feel much better after your Clinic visit. Ordinarily, ALL SUTURES and CLIPS (surgical staples) are removed within one week from the day of your surgery. During this interim, do not disturb them yourself. Crusting will occasionally occur around the sutures; we will soften and remove some crusts during each Clinic visit.

And . . .

Remember the things you were told before your operation, namely:

1. When the bandages are first removed, the face will appear swollen and there will be varying amounts of discoloration and lumpiness. These conditions will subside to a very large extent within two (2) weeks; however, it will take 6-8 weeks for the majority of your swelling to disappear and for your face to reach a natural contour; however, with make-up and hair styling most patients can “go out” after two (2) weeks without any great concern. Most face lift patients look their very best at about 4-6 months after surgery. As a rule, 80% of swelling subsides in two weeks: 90% in two months. The rest goes away gradually.
2. Any discoloration will gradually disappear over a period of 10-14 days in most cases. We have yet to encounter a case where it persisted permanently.
3. Report:
 - A. **Temperature elevation**
 - B. **Sudden swelling or discoloration**
 - C. **Hemorrhage (Bleeding)**
 - D. **Discharge from the wound edges or other evidence of infection**
 - E. **Development of any drug reaction**

Most of all, BE PATIENT during the healing process... and DO NOT EXPECT APPROVAL FROM EVERYONE YOU KNOW. Some “friends” and family members may be jealous of the fact that you have undergone surgery to improve your appearance.

If you have further questions, you are urged to call us and keep your appointments.

Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.

Do's and Do Not's

Please follow these instructions carefully. You should also review other materials in *The McCollough Plastic Surgery Experience* relative to your surgery. Your final result will depend, in part, upon how well you care for the treated areas.

WEEK 1

(Beginning the day after surgery)

DO: Clean suture lines located around the front and back of the ear with hydrogen peroxide and a Q-tip® 6 times daily.

DO: Apply a thick coat of Bacitracin to the suture lines following cleaning — and in front of and behind the ears.

DO: Clean around surgical staples located in the hair-bearing incisions with witch hazel and a Q-tip® 6 times daily.

DO: Shower on the first postoperative day (once). Allow warm water, without soap or shampoo, to run through the hair. Some hair will be noted in the rinse at this time.

DO: Shower once daily starting on the second postoperative day. Clean the scalp with the recommended product (*CeraVe® Facial Hydrating Cleanser*) only. Continue the showers once daily for one week. (If you had a skin resurfacing try to keep water and shampoo away from the resurfaced

areas for the first 48 hours. After that, you may allow water to run over the resurfaced areas and GENTLY pat the areas with your fingertips to loosen crusts. Air dry your face—do not touch with cloth or tissue.

DO: Elevate head of bed 30 to 40 degrees for 4-6 weeks to help minimize swelling. Sleep on your back and keep your back and neck in a straight line

DO: Apply facial cold compresses or the form-fitted cold packs several times daily for the first week to reduce swelling and discomfort.

DO: Wash your face with lukewarm water only.

DO: Wear eyeglasses if necessary, but do not let them touch sutures or staples.

DO: Wear contacts, if necessary, unless eyelid surgery was also performed, then wait 10 days.

DO: Wear a wig if desired as long as it doesn't irritate the staples or sutures.

* * * * *

DO NOT: Apply the recommended ointment to the stapled incision line in the hair.

DO NOT: Pull ear forward while cleaning behind ear.

DO NOT: Use any hair sprays or conditioners for the first 2 weeks. No hair coloring or permanents for 6 weeks.

DO NOT: Apply makeup to the face for the first week.

DO NOT: Use a curling iron for 4 weeks.

MEN: Do not shave for the first week—Electric razors are recommended for the first two weeks.

WEEK 2

DO: Wash hair at salon, if desired unless you've had any resurfacing procedure—anywhere on your face. Refer to the Skin Resurfacing Instructions for directions. *Hand dry* on low setting only.

DO: Wash face with CeraVe®

hydrating cleanser once daily, with finger-tips. Ask about washing resurfaced areas.)

DO: Continue cleaning and wound care as described above, especially if crusts along incisions are still present.

DO: Start applying mineral powder make-up (obtained from McCollough Plastic Surgery to your face except areas of continued crusting. (Do not use makeup on resurfaced areas until directed by a doctor or nurse.)

MEN: Shave with electric razor only, except directly over crusted areas.

WEEK 3

DO: Use a vegetable color rinse (Roux®) in hair if desired.

DO: Restart Retin-A use at this time, if applicable, but not over resurfaced areas.

DO: Use a #15 sunscreen over healed incisions if sun exposure is expected, but not over resurfaced areas.

DO: Restart Retin-A use at this time, if applicable, but not over resurfaced areas.

DO: Use a #15 sunscreen over healed incisions if sun exposure is expected, but not over resurfaced areas.

WEEK 4

DO: Use your regular makeup if desired.

DO: Resume regular physical activity.

DO: Start using a curling iron. Be careful not to injure areas of the scalp that may still be numb.

WEEK 5

DO: Color hair and obtain a permanent if desired.

REPORT TO THE CLINIC ANY:

1. Temperature elevation.
2. Sudden swelling or discoloration.
3. Hemorrhage.
4. Discharge from the wound edges or other evidence of infection.
5. Development of any drug reaction.

Finally . . .

Since it is necessary to sleep on your back with your head elevated for a while after a face lift, we recommend you do so for a while prior to your operation ... but improper positioning can lead to spasms in neck and upper back muscles. This is one of the most common ... and avoidable ... causes of headache and pain following facial surgery.

Swelling and lumpiness persists in front of the ears awhile longer than other regions. It will subside in time.

A tight feeling behind and below the ears is to be expected for a few weeks after surgery.

Though usually visually disconcerting, most people feel that the swelling and discoloration, numbness, itching, and tightness associated with surgery is a negligible inconvenience to pay for the physical and psychological improvement they tend to experience.

If you had any skin resurfacing procedure in conjunction with your face lift, please follow the instructions for postoperative care (pages 217-225) for those regions. Failure to comply may result in delayed healing and scarring.

Call if you have any questions.
251-967-7600



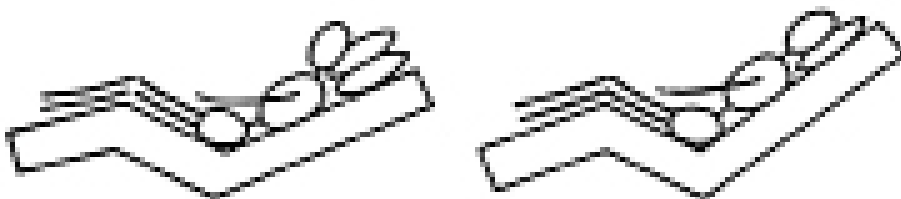
This patient had other procedures performed in conjunction with her 2nd neck lift, including a Level III Chemical Peel.

SLEEPING POSITION FOLLOWING SURGERY

To help minimize swelling following surgery—and help that which does occur go away more rapidly, it is important that you keep your head higher than your heart, especially when sleeping... and there is a proper and improper way to do so. Position yourself and pillows so that your back and neck are in a straight line (See diagram below.).

Too much pillow behind your head will cause strain on the muscles of your lower neck and shoulders, causing spasms or “cricks” to occur.

If they should, we can help relieve the spasms with injections of a local anesthetic... or a modified massage. However, with many things, prevention is preferable to cure.



Improper Sleeping Position

Proper Sleeping Position

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PATIENT REMINDERS

- Don't try to evaluate the results of surgery too soon.
- Healing times vary from one person to the other.
- Swelling (and bruising) goes away.
- Scars tend to improve with time.
- Thick scars may be improved with cortisone treatments.
- Tightness indicates swelling; don't pull against it.
- Saggy/Baggy tissues seen after surgery are a result of continued aging.
- Loose skin seen after surgery was not left behind at the time of surgery.
- Protect peeled and dermabraded skin as you would a baby's skin.
- Follow Instructions.
- Please do not ask permission to break the rules.
- DO NOT take any medications other than those prescribed by or approved by McCollough Plastic Surgery Clinic.
- Take nutritional and healing supplements as directed.

THE PROBLEM NECK: A Skin Fat and Muscle Problem

Note: Before you read this section, you should have already read Parts I, II, and III and afterwards—read the other sections in Chapter 4.

In most people loose skin and fat are gradually deposited below the chin until the so-called “double-chin” develops. This hanging pouch of fat and skin obliterates the ideal angle of the chin-neck profile and definitely contributes to the appearance of aging. Other people develop a “turkey-gobbler” deformity which consists of vertical bands of loose skin (and sometimes muscle) extending from the chin to the base of the neck.

Some double-chins may be improved by a procedure known as submental suction assisted lipectomy (or liposuction) wherein a small incision is made under the chin, the excess fat is removed, and the skin of the upper part of the neck is tightened as part of a cheek-neck lift.

In most cases, there is negligible post-operative discomfort and the scar is camouflaged when it matures. When the condition is extreme, other incisions (i.e., a direct midline neck incision) may be designed in an attempt to obtain a better surgical result. It is rarely possible to do a neck lift without some work in the muscles and cheeks as well.

Submental lipectomy alone is not sufficient for most people. **At least a cheek-neck face lift** is required in addition to the submental dissection and suction lipectomy.

This is particularly true when the face tends to sag along the jaw line (at the jowls) or when a “turkey gobbler” deformity is present (see previous section on “The Face Lift Operation”).



The most bothersome complaint in many patients who wish to reverse some of the signs of aging is the sagging skin in their neck. In many cases a Stage III or IV face lift is indicated. Sometimes a “direct excision” of loose skin under the chin is all that is required to remove loose skin and fat. (See above.)



Lateral view of a patient who underwent a temporal, cheek and neck lift with liposuction.

Suction lipectomy is often helpful in removing fatty deposits under the chin.



A Stage III cheek-neck lift and eyelid plastic surgery and extensive liposuction were performed to create a more pleasing face and neck.

All photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.

We will recommend the procedure(s) that we believe are indicated for you... at every stage of your life.

Facial “Tuck-Up” or Mini-lift

Note: Before you read this section, you should have already read Parts I, II, and III and afterwards, read the other sections in Chapter 4.

After a face lift, a maintenance procedure may be performed to address any *new* sagging appears in facial and neck tissues. **In every face—regardless of who does the surgery, the age of the patient, or highly advertised “preventive measures”—at the end of a few months, some slack can be seen.** That this is true does not mean that loose skin was left behind. Following surgery, the aging process continues thus the skin loses more of its elastic properties. Gravity causes the loose skin to accumulate along the jaws, along the sides of the mouth and in the center of the neck under the chin. However, with the foundation which has been developed under the skin by the original face lift surgery it is encouraging to see the long-lasting improvement which can often be obtained by “tuck-ups.”

This type of “mini-lift” usually requires less surgery than the initial procedure—and the **cost is less**. Like most of the surgery we perform, it can be done in our Clinic or at the hospital.

The incisions and scars are in about the same places as with a face lift but the recovery period is usually shorter.

The ideal situation is to have a face lift *and follow with a “tuck-up”* whenever noticeable new sagging develops. The results can be dramatic.

No matter how snugly skin and underlying tissues are drawn, in time they will loosen. And it is impossible to predict when—and to what extent—this may happen. Genetics, age differences, ethnic backgrounds, stress, illness, nutrition, compliance with post-operative instructions, etc., all play a role in how soon “tuck-up” procedures may be considered.

It is possible to keep moving one back on the “conveyor belt of time” with such a maintenance program. You can maintain a more youthful appearance even though chronologically they may be much older. (Refer to page 176, “How Long Does It Last?”)

“Tucks performed in lieu of a Stage II or III skin-muscle face lift are not recommended.”

We like to evaluate patients every 12-24 months following face lift surgery.

Postoperative instructions for the “tuck-up” are the same as for the face lift (page 182).

THE AGING PROCESS (Life’s conveyor belt of time)



Changes that occur in the same face at 10 year intervals. Surgery could move you back one step.

Examples of Continuing Maintenance



Patients who underwent previous face lift several years prior.
Right photo shows result of a “tuck-up”, or maintenance surgery.



CHAPTER 9

Enhancing the Appearance of And Rejuvenating Your Skin

Botox[®]/Dysport[®]/Xeomin[®], Fillers, and Fat

Wrinkle Procedures/Skin Resurfacing
Chemical Peeling
Dermabrasion (Surgical Planning)

Caring for Your Skin After Resurfacing

Retin-A

Sun Screens

Scar Enhancement and Skin Surgery

ADVANCED SKIN REJUVENATION

Wrinkle Enhancement and Skin Resurfacing Procedures

Note: Prior to reading this section, you should have read Parts I, II, and III of this book, in particular, the section beginning on page 45.

About Non-Surgical Face Lifts

Some surgeons and aestheticians refer to the procedures herein described as a “non-surgical face lift.” Creative ways to apply peeling solutions do not change the fact that to treat deeper wrinkles and age spots, the materials must penetrate below the superficial layer of skin cause a separation of the upper layer which “peels” or “sheds” within a few days.

Aging and sun-damaged skin can be removed by a variety of methods of **skin resurfacing** including chemical peeling, dermabrasion and laser resurfacing (see pages 208-217). Each seems to have some unique qualities and an experienced surgeon can explain which procedures might be the most advantageous in your case.

With either of these methods, outer layers of the sun damaged, wrinkled, or scarred skin are removed. *However, only with deeper (Level III) procedures are new collagen and elastic fibers produced in the deeper layers.* As a result some tightening of facial tissues occurs, but not to the extent which can be accomplished with surgical removal with condition-specific face lifting and eyelid lifting techniques. “Light” peels generally do not produce long-term improvement in the quality and texture of your skin, but may be used as *adjuncts* to the methods herein

described. McCollough Plastic Surgery offers a variety of products and services designed to enhance the results and promote healing after resurfacing.

Treatment for Wrinkles

Neither a face lift, eyelid surgery (Blepharoplasty) nor a brow lift will remove the wrinkles of weather-beaten skin, the transverse creases of the forehead, “crow’s feet” around the eyes nor the vertical wrinkles of the upper and lower lips. **Remember, surgery is designed to improve sags and bulges and resurfacing should improve wrinkles.** In most cases **some combination** of resurfacing, dermabrasion and chemical peeling, offers superior results in treating wrinkling and the unwanted signs of aging in your skin. But every person’s skin is different, and—as with all other procedures and products we offer, we will recommend what is your best interests.

Resurfacing procedures can usually give your skin to have a more youthful and healthy appearance. In short, a rewarding and frequently dramatic exchange of “peaches for prunes.”

For an example of rejuvenizing skin resurfacing procedures that often produce “prunes to peaches” results, see the photos below.

For the diffuse patchy pigmentation



Wrinkling or deep creases are best treated with a Level III skin resurfacing procedure. Surgery improves sags and bulges; resurfacing improves wrinkles.

that sometimes accompanies and follows pregnancy or contact dermatitis skin bleaching agents available at McCollough Plastic Surgery are often the answer. These same topical products may also help the “dark circles” which some people have under their eyes *if the circles are caused by dark skin.*

Skin resurfacing may be performed as an isolated procedure (for example just around your lips, around your eyes, or your entire face.) It may also be used as an indispensable adjunct to face lifting and eyelid plastic surgery in an overall facial rejuvenation program. Numerous benefits are realized when skin resurfacing is combined *with* face lifting and eyelid surgery... *in the manner Dr. McCollough incorporates it.*

Some skins are more favorable than others; fair complexions tend to do better than dark ones. Thick, tough, more *deeply etched or oily skins may require a two-staged approach for the best results* (i.e., a second peel or “touch up” of several areas at a later time). Like painting a roughly textured wall, deep creases and wrinkles may require a “touch-up,” often in a post-op room.

Resurfacing alone is not indicated for treatment of sagging tissues; although your new skin will have better elasticity. Remember, “Surgery addresses sags and bulges; resurfacing addresses wrinkles and sun damage. Even so, we often see additional tightening in our patient’s skin following resurfacing.

Levels II and III skin resurfacing are considered “invasive” procedures, in that they penetrate the superficial (epidermal) layer of skin. Therefore the risks that apply to surgery must be accepted. (See “Informed Consent and Risk,” page 90)

Patients are warned that taking female hormones or birth control pills for approximately six months after a resurfacing may lead to changes in skin pigmentation or color. Patients who feel

they must take hormones usually do so without incurring any problems. Should pigmentary problems (melisma) occur, the afore referenced topical bleaching agents are usually effective.

As with other procedures addressed in *The McCollough Plastic Surgery Experience*, postoperative care is extremely important in your obtaining the best result and returning to “normal” activities. (See postoperative instructions, page 217.)

The staff of McCollough Plastic Surgery can assist you in caring for your new skin, in that your “new skin” will be much like the skin of a newborn baby. Therefore, it will take time for it to build up a resistance to offending agents and conditions, such as direct sun, wind exposure, and certain skin care products, household cleaning agents, nail and hair care chemicals, exfoliates, etc. (See post-operative instructions for Skin Resurfacing procedures, page 217.

Because it is “new” skin, the texture and color will be somewhat different from skin on your body that has not been resurfaced. Makeup can generally camouflage any contrast.

Furthermore, resurfacing will not reduce the size of **pores**. A pore is the surface opening of an oil gland or hair follicle. Attempts to reduce its size may lead to the development of a “pimple.”

Remember, resurfacing can sometimes produce a dramatic improvement in the texture of the skin of your face. It may be the best treatment available to facial surgeons to help us obtain a fresher, more youthful skin for our patients. Certainly skin resurfacing is not indicated for every patient; therefore, we will give you our opinion as to whether we feel you are a candidate for these procedures.

Continued care of your new skin is important to help maintain what has been achieved with resurfacing. **A good skin care program with a trained medical aesthetician is recommended.** We

will be happy to discuss this with you in more detail.

Some degree of swelling follows any “invasive” procedure, including rejuvenative skin resurfacing. The swelling is due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and is some of the “discoloration” associated with accompanying surgery, particularly with chemical peeling. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream. As a result, the pink discoloration of your skin begins to disappear... unless, that is, you expose it to irritating agents too early in the process. You must be willing to accept the swelling and color cycles which occur following such procedures. Though swelling and pink discoloration are usually visually disconcerting the vast majority of our patients feel it is they are negligible inconveniences considering the physical and psychological improvement they generally experience. **Please inform us if you have taken Accutane.**

The following is Dr. McCollough’s Skin Rejuvenation Classification:

Level I – these kinds of treatment are often offered by non-surgeons, frequently in a spa setting. Patients are able to return home or to work or play immediately. Little or no healing time is required. Level I treatments tend to

“polish” the skin for a few weeks, but have essentially no long-term benefits.

Level II – these skin resurfacing procedures are generally offered by facial plastic surgeons and dermatologists. More layers of damaged and wrinkled skin are removed with these deeper (dermis-level) treatments. Healing time generally requires about a week. Level II procedures are generally recommended for patients less than fifty years old and/or those with minimal to moderate sun damage and wrinkling.

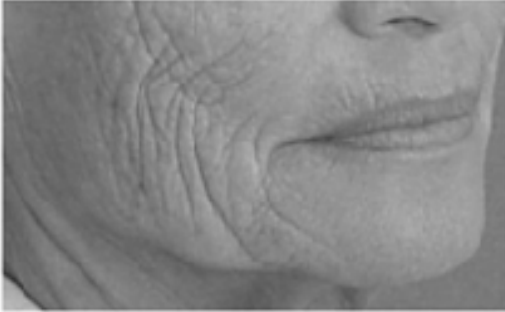
Level III – these procedures should be performed by facial plastic surgeons and/or surgically-oriented dermatologists. Level III resurfacing procedures are the most effective methods of removing *severely*, sun damaged, blotchy skin, and deeper wrinkles. Healing time is longer – generally two weeks – however results are long-lasting and dramatic.

And, remember, different parts of *the same face* generally require differing levels or depths of treatment. For example the thin skin of the eyelids may not tolerate the same level of treatment that the thicker skin of the forehead, nose, lips, and chin may require. An experienced surgeon will know how to vary the depth of the treatment to meet the specific needs of his/her patients. The next section deals with surgical procedures that enhance the breasts and body.

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In fifty-plus years of performing approximately 15,000 chemical peels and teaching skin resurfacing to colleagues on an international scale, I realized that Levels II & III chemical peels are superior to lasers for treating deeper wrinkles and blemishes. Dermabrasion is superior to treating acne and surgical scars than lasers. It’s affirmation of the venerable edges: ***“New is not necessarily better!”***

Examples of patients who underwent Level III Rejuvenizing Chemical Peels



This photograph demonstrates the improvement obtained in this patient's skin texture following a Level III chemical peel. Some tightening of the eyelid skin also occurs with this procedure at the same time facial and eyelid surgery was performed.



This woman represents what might be considered the “ideal” candidate for skin resurfacing. The deep creases around the mouth and eyes plus the weather-damaged appearance of the rest of the facial skin result from years of sun and wind exposure. Resurfacing with a Level III chemical peel can often give the skin a much more youthful and “fresher” appearance. No surgery, other than resurfacing, was performed. The change in hair styling and use of makeup contributes to the more dramatic improvements in this case.



While resurfacing is not designed to correct the folds of overlapping skin of the cheek or eyelids, the resulting generalized “tightening,” smoother skin texture and better elasticity seem to improve these conditions.



Many of the deeper creases around the mouth and cheeks were corrected in this same patient.



A Stage IV Face Lift improved this patient's sagging tissues while a Level IV chemical peel improved the texture of her skin.



Although this woman presented with drooping and sagging tissues in her eyelids, face and neck, other medical problems prohibited her having a face lift and Blepharoplasty. Because she had wrinkles in all areas of the face, a Level IV full face resurfacing was performed. As a general rule surgery corrects sags and bulges—skin resurfacing corrects wrinkles. Most patients who have a chemical face peel do get some tightening of the skin.



Although the skin resurfacing procedure did not extend below the jaw line, notice the dramatic improvement in the neck. She had no other surgery or treatment other than the Level IV peel.

All photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.

SKIN RESURFACING

In Review

*Rejuvenizing skin resurfacing is an “art form,” and does qualify as a “one-size-fits all” procedure. Results can vary from one methodology to the other and from one operator to the other. It may be the best treatment available to facial surgeons to help patients maintain a fresher, more youthful looking skin. However, keep in mind that no “down time” equates to no long term results. **Unless it takes 2-3 weeks to heal, you should not expect significant or long lasting results.***

As with all procedures, Dr. McCollough strongly urges patients to faithfully follow his directions and those printed at the end of this chapter. Those who do tend to heal faster and obtain better results.

During the healing process, if Dr. McCollough feels it is indicated, he may “touch-up” areas that need attention during a post-op visit.



Opposite view of a patient who exposed her skin to sun and wind, unprotected for many years. Note the wrinkles and pre-cancerous spots, which were removed by a Level II chemical peel and dermabrasion.

PATIENT REMINDERS

- **Don't try to evaluate the results of surgery too soon.**
- **Healing times vary from one person to the other.**
- **Swelling (and bruising) goes away.**
- **Scars tend to improve with time.**
- **Thick scars may be improved with cortisone treatments.**
- **Tightness indicates swelling; don't pull against it.**
- **Saggy/Baggy tissues seen after surgery are a result of continued aging.**
- **Loose skin seen after surgery was not left behind at the time of surgery.**
- **Protect peeled and dermabraded skin as you would a baby's skin.**
- **Follow Instructions.**
- **Please do not ask permission to break the rules.**
- **DO NOT take any medications other than those prescribed by or approved by McCollough Plastic Surgery Clinic.**
- **Take nutritional and healing supplements as directed.**

INJECTABLE AND FILLER OPTIONS

Neurotoxins, Fat, and Collagen

Because confusion exists throughout the public arena, as well as within the appearance-enhancement professions, I felt it appropriate to include a discussion of some methods being advocated to treat wrinkles and creases of the face. This section is offered as part of “The McCollough Experience,” and the pledge addressed at the beginning of this book: ***“each treatment plan is customized to address the current conditions of your face ... at this stage in your life, provide natural-looking, lasting results, and avoid the tell-tale appearance of “overdone” surgery and/or injectable fillers.”***

I urge you to carefully consider the following options in your overall appearance-enhancement plan. Factor them into the surgical and “invasive” options I address in other sections of this book. Consider the costs of the long term use of temporary remedies compared to those of a surgical and invasive nature. You might be surprised to learn that surgery is often the least expensive and most effective option.

I begin the discussion with one of the most common injectable therapies recognized by the public—those that temporarily paralyze the muscles of the face and prevent you from moving muscle groups that create wrinkles and creases when activated—“neurotoxins.”

NEUROTOXINS:

(Botox/Dysport/Xeomin) In recent years, there has been an explosion in the use of many nonsurgical techniques and devices for the rejuvenation of the aging face. It is Dr. McCollough’s firm conviction that most of the more dramatic, meaningful, and favorable improvements that are accomplished in the face are accomplished through the expert application of time honored surgical techniques. In some patients, the use of injectable fillers, fat, or transfer of patient’s own collagen can be used, to in lieu of—or in addition to—skin resurfacing.

Botox®/Dysport®/Xeomin® injections have gained popularity and can be used for a variety of facial issues. These injections can be used to lessen wrinkles about the forehead, the crow’s feet area, and the chin. This effect is different than what is accomplished with resurfacing. However, the best results are often obtained when combinations of neurotoxins, (such as Botox, Dysport, and Xeomin) are used along with skin

resurfacing. The term “neurotoxin” means that the product is toxic to the nerves that control facial expressions and therefore paralyze those muscles for a variable period of time. Neurotoxins may also be injected to improve some of the spasm and asymmetry that patients with facial paralysis and Bell’s palsy experience. It should be noted that Botox®/Dysport®/ Xeomin® **are not fillers**, not permanent, and will have to be repeated. Consultations to discuss your candidacy for the use of Botox®/Dysport®/Xeomin® are available at McCollough Plastic Surgery.

The use of fillers are among the most recent innovations for facial rejuvenation. A large variety of “fillers” have been introduced. They vary by manufacturer and also composition. Some are temporary, some are very long-lasting, and some are touted as permanent. An evaluation by a facial surgeon or physicians at McCollough Plastic Surgery will determine which product(s) are best suited for you.

FAT INJECTIONS

In conjunction with surgical procedures, the injection of fat is sometimes used as an adjunct in cosmetic procedures to fill a void or depression in the facial tissues. Fat transfer can also be used in reconstructive situations when there has been an injury or removal of fat from trauma or previous surgery. The patient's retention of fat varies. However, in most candidates, the patient's own collagen is a better choice. Our surgeons can discuss your candidacy and need for the use of fat or collagen.

COLLAGEN TRANSFERS

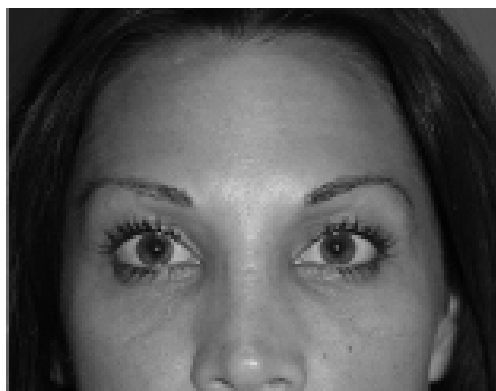
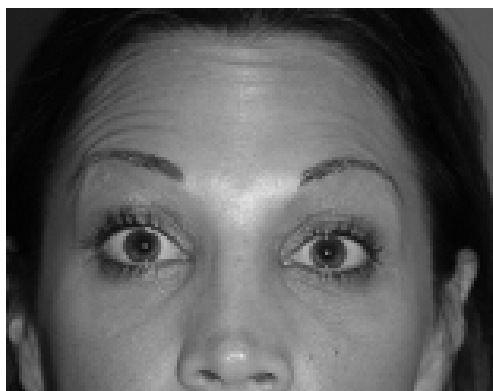
Transferring your own collagen from one part of your body to another is a more permanent method of filling

crevices and depressions in your face. It is a technique used by Dr. McCollough for more than 24 years, beginning prior to his relocating his practice from Birmingham to Gulf Shores, AL.

With his technique, small strips of your own collagen are taken from behind your ear and artfully inserted into unwanted creases and crevices in your face or lips. Since these are your own tissues, they are more reliable than tissues taken from cadavers or synthetically-manufactured products. In that regard your own collagen produces *a natural, youthful appearance, and feeling fullness* (See Chapter 7, page 137-138).



Increased Volume in lips accomplished with Fillers



Softening of forehead lines and elevation of brows accomplished with Botox® Injection



Softening of crow's feet lines at the outer corner of the eyelid region is accomplished with Botox® Injection. Chemical peeling could provide further enhancement. **Dr. McCollough does not recommend fat grafting in and around the eyelids.**

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SURGICAL LIP ENHANCEMENT



Lip Augmentation using this patient's own collagen *and advancement of the pink muclosa.*

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Frown lines improved by transplanting a patient's own collagen and full face resurfacing

CHEMICAL PEEL SKIN ENHANCEMENT

A Time-Tested Remedy for Wrinkled and Aging Skin

When treating facial wrinkles and sun damaged skin, Dr. McCollough has found that rejuvenative exfoliation with chemical peeling and dermabrasion is superior to lasers.

A Level II or III chemically induced exfoliation, or “peel” involves the artful application of a scientifically formulated solution to the skin which causes the top layers to separate and shed (like a blister) taking with them, the sun-damaged and wrinkled layers. Swelling of the peeled area may be pronounced for the first few days but subsides dramatically after 5-7 days. Post treatment stinging only lasts for a few hours, during which time medications are prescribed.

Level I peels are temporary skin polishing treatments. With Level II & III peels, the top layer of skin sheds over a 4-5 day period revealing the fresh new deep pink layer underneath. Makeup may be used approximately two or three weeks after the application of the peeling solution; therefore most patients may return to work or go out socially at this time. When instructions and precautions are heeded by the patient, the redness of the skin slowly subsides over the ensuing six (6) to eight (8) weeks, but can ordinarily be camouflaged by makeup during this time.

Limitations and Restrictions

Avoidance of prolonged exposure to sunlight (as in sun bathing, fishing, golfing, etc.) for three (3) to six (6) months, is the primary restriction after peeling because the “new” skin must build up a tolerance to the elements; otherwise some patients develop pigmentation and skin irritations. Since the advent of sun screen products and with the use of large brimmed hats

these restrictions can sometimes be loosened. Ask about any activity you question. (See page 227, Sensible Sun Protection.)

Neither surgery nor resurfacing can correct wrinkles that occur only during facial expressions. The creases around the eyes produced by smiling, the forehead

Creases that occur with frowning, and the vertical lines in the upper lip that occur with puckering the lips for the most part are due to the contraction of the muscles of facial expression. None of the surgical procedures discussed in this book are able to eliminate the preceding conditions. However, neuromodulators, such as Botox or Dysport may soften them. If wrinkles and creases are present at rest then resurfacing combined with surgery may be advised.

Patients are often misinformed about the long-term restrictions of activities following a peel or dermabrasion. They have heard that once they have had a peel (or dermabrasion) they can never get in the sun again—this, too, has not been our experience.

While it is very important to avoid sun exposure and to use sun screen products for the first six (6) months, ordinary sun exposure after that is allowed. It simply takes time for the new skin to toughen or build up a natural resistance to sun and wind. *Because of persistent winds, salt in the air, and both direct and reflected rays of the sun, patients who live or recover along the seashore or lakes must exercise extra precautions especially during the early stages of healing.* Those who do, tend to heal more quickly and are able to once again resume all their interests and activities.

In our experience the results have generally been very good. The degree of improvement for a surgical skin peel is long-lasting, measured in years.

Pertinent Facts You Should Know

With Level II & III chemical peeling, the solution stings as it is applied, but this is short-lived, a matter of seconds. Later discomfort can be eased with appropriate medications. Since twilight and local anesthesia (page 103) are used for full face peels, most patients have amnesia to their operating room experience. Considerable swelling may occur for a few days. The patient must be emotionally mature enough and be willing to accept this temporary distortion of appearance in order to achieve the end result desired. It is best to warn

family members about this beforehand. For this reason, we usually recommend you consider staying in prearranged accommodations at or near the Institute during the first week, especially if you are having a full face peel.

The procedure may be performed in our Clinic but we may recommend you stay close by for several days, (usually 3-5 days for full face resurfacing).

When instructions are followed by patients, scarring following peeling is extremely rare.

Should red lumpy areas occur, they are softened with cortisone. Several treatments might be required.

You should read the postoperative instructions (page 217) prior to your consultation and surgery.



Deeper facial wrinkles are best treated with a Level III skin resurfacing procedure
In some cases, a “touch-up” peel can improve residual wrinkles.

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Rejuvenating aging skin with a resurfacing procedure is often referred to as “the icing on the cake.” When treating deep wrinkles or scars—for best results—a “touch-up” procedure might be required.

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Unless it takes two weeks (2 weeks) to heal from a skin rejuvenation procedure, you should not expect long-term improvement.

CHEMICALLY ASSISTED SKIN ENHANCEMENT

Stages of Healing



Preoperative photograph of woman with deep facial wrinkling.



One day after peeling.



Seven (7) days after peeling.



Fifteen (15) days postoperative. This patient also had upper lip enhancement procedure using her own collagen.

DERMABRASION

Buffing Away Unhealthy Skin and Scars

Note: Prior to reading this section, you should have read Parts I, II, and III of this book!



When cystic acne does not respond to medical treatment, a Stage III therapeutic dermabrasion can often improve both the appearance and medical problems in the affected areas. The procedure may be repeated if necessary within several months. Although we do not contend that dermabrasion is a treatment for every case of acne, many patients have received some improvement following this procedure. Acne is generally a medical condition, not surgical; therefore, its treatment should be supervised by the patient's dermatologist.

Another term for dermabrasion is “abrasive surgery”. When your skin has an irregular or uneven texture from acne scarring or from previous injuries, a Stage II or III dermabrasion may provide improvement. It is also a helpful adjunct to laser resurfacing or peeling when treating wrinkles, sun damaged, or deeply pigmented areas of skin.

The technique of dermabrasion is similar to sanding a scratch or defect from a wooden table or buffing scratches from the paint of your car in that the work is actually done on the elevated areas in an attempt to take them down closer to the level of the defect. This diminishes the high-low junctions which are responsible for casting shadows when light strikes the face from an angle leaving the skin somewhat smoother and tighter than before.

When the texture of the facial skin is very irregular from excessive or deep scarring a second treatment may be required 6-12 months after the initial treatment.

The series of drawings on pages 214-215 represent an area of skin that might

contain scars and defects of different widths, depths and configurations. As the drawings demonstrate, the more superficial defects might be completely removed by dermabrasion. Those which are moderately deep may be improved but not removed and some of the deeper or “ice-pick” type scars may not be improved at all.

In some cases a second dermabrasion within 6-12 months can provide additional improvement to those moderately deep scars. In some circumstances, dermabrasion can be done a third time, but there is a limit. Prior to surgery it is difficult to predict the degree of improvement and each patient's skin responds to the same treatment by the same surgeon in a different manner.

Skin pores are the surface openings of the oil glands. Neither dermabrasion, laser, nor a peel, is designed to alter them.

We will give you an appraisal of your particular problem(s) and advise you accordingly during your consultation.

When dermabrasion is done as a part of a revision for surgical or accidental scars it can provide the finishing touch to help smooth the tissues after the initial procedures have been completed. (See photographs on next page, as well as SCAR REVISION & SKIN SURGERY, page 231.)

In some cases *only* dermabrasion may be required for scars resulting from accidents. (See photos below.)

After Dermabrasion

As with all skin resurfacing, the final result will not be immediately apparent. During healing the face demonstrates a deep pink or red color which should fade dramatically within a week or two, but several months may pass before post-op pink discoloration completely subsides.

Within about 2-3 weeks, make-up may be worn to cover any residual discoloration and patients may return to work, school, or resume their normal indoor social activities. But, do not use makeup until directed (by us) to do so.

Since the skin of the treated area will be “new” skin it will need to be cared for as you would care for a new baby’s skin... very delicately. (See *instructions on page 235.*)

Direct sunlight during early stages of healing, and later, is discouraged especially without the judicious use of sunscreen products. We will discuss

this with you during the consultation and postoperative period. (Refer to discussion of sunscreen products, page 227.)

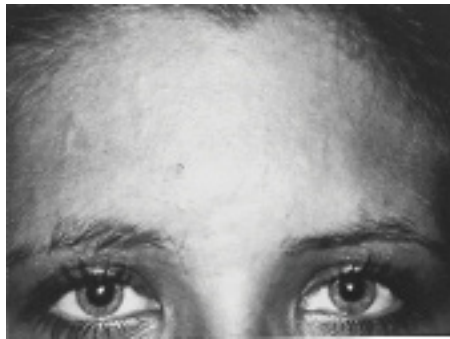
Since the treated area will possess “new” skin it is understandable that the skin tones and texture may vary from the untreated areas. Proper makeup application **at the appropriate** time should camouflage this condition. We may also prescribe bleaching creams.

While we do not contend that dermabrasion is a treatment for “common” acne, in many cases, we have seen considerable improvement in this condition following dermabrasion. It can be helpful, however, in cases of cystic acne which is refractory to medical therapy. (See photographs below.)

The degree of improvement will be determined in part by the severity of the condition treated. ***Please inform us if you have taken Accutane for acne.***

Dermabrasion Surgery

Stage II & III dermabrasion is usually performed in our Clinic on an outpatient basis. “Twilight Anesthesia” is used when large areas of the face are treated. (See Twilight Anesthesia page 103.) The surgery is relatively painless since the skin is anesthetized by local anesthetics during the procedure. With the technique we use, pain is rarely a problem.



Elevated or irregular scarring can often be improved by Level III dermabrasion as demonstrated in this case. Occasionally, a second procedure can provide additional improvement.

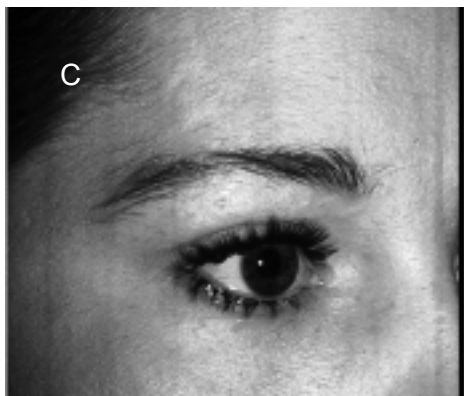
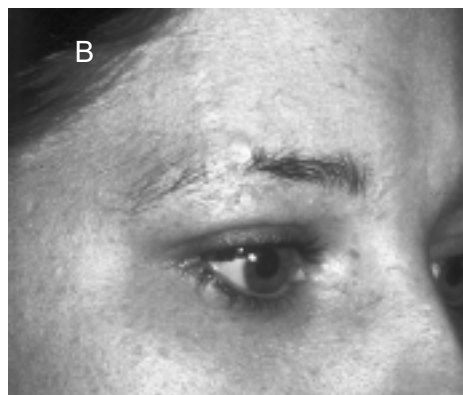
Additional instructions regarding the care of the treated area are provided on page 217. Please read and follow them.

Since dermabrasion is a surgical procedure usually performed by a rotating or spinning brush, the risks of

the surgery should be considered and understood.

All patients should read Parts I and IV of this book and the section on Scar Enhancement and Skin Surgery.

Postoperative instructions follow on page 217.



Dermabrasion is an invaluable component of scar revision surgery. The scars depicted in this patient required two stages. The scar was first excised and closed with a zigzag plasty (geometric broken line). (figure B)

Six months later the elevated edges were dermabraded, or sanded down with a Stage III dermabrasion, leaving a much smoother contour.

Figure "C" represents the final result six months after the dermabrasion.

The dermabrasion procedure was performed with a rotating wire brush under local anesthesia.

Following dermabrasion, the new skin may possess different skin tones and a smoother texture.

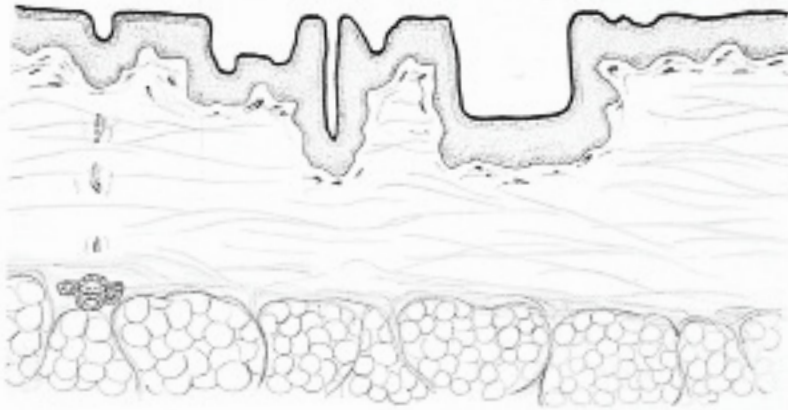
A personalized skin care program administered by an experienced medical aesthetician can help maintain the improved quality and texture of new skin for years to come.

The photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.

Patients who strictly adhere to pre and post operative instructions generally heal more rapidly and achieve better results.

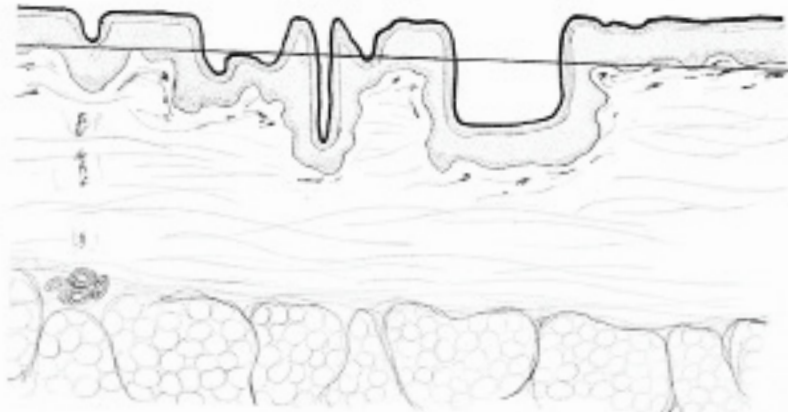
GOALS OF DERMABRASION

Skin
Surface

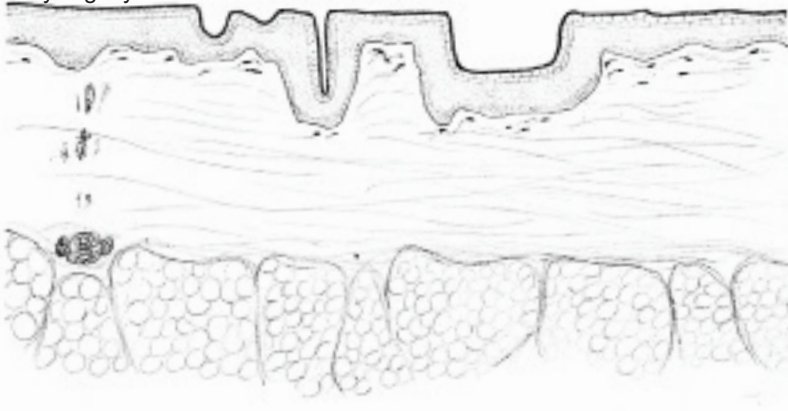


This drawing represents a cross-section of skin containing a variety of defects. The defects may vary in depth, width and configuration. Some are very deep, penetrating far down into the dermis.

Z →

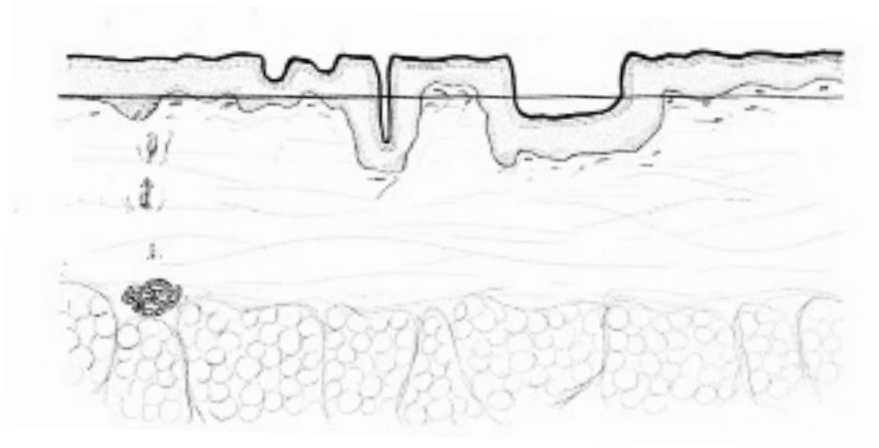


Dermabrasion (at level Z, the epidermis) generally removes the epidermal (top) layer of skin. Many of the more superficial defects may be completely eliminated, those of intermediate depth improved, but the deeper ones are only slightly better.

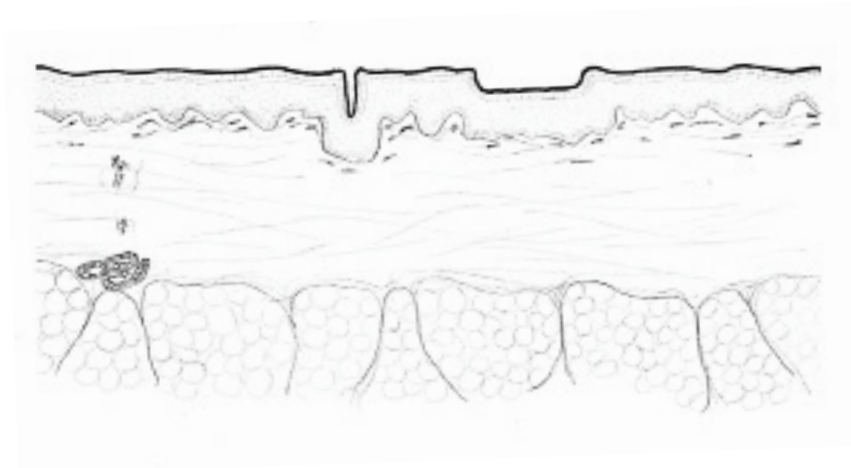


After a Stage III dermabrasion, a new layer of skin forms at a lower level (see next page.)

Z



Often a second dermabrasion (at new level Z) can be performed within another 6-12 months.



Following two (2) Stage II or III procedures some defects still exist but one may see improvement in the overall texture and consistency of the skin is visible.

Dermabrasion is designed to diminish the high-low junctions of the skin's surface.

Remember “microdermabrasion” only removes the epidermis and, therefore is only a skin polisher. It does not eliminate wrinkles or improve scars.

Filler Grafts

Some skin craters (like chicken pox scars) can be surgically removed or elevated with filler grafts using your own collagen. Dermabrasion is generally required 3-6 months later.

LASER SURGERY

All lasers are not the same. They come in a variety of different forms, and are designed to perform different tasks. They are not “magic wands”. Like scalpels or scissors, a laser is a tool or instrument. More than the fact *that* a laser is used, it is *how* and *by whom* it is used that determines the outcome of treatment. Some lasers vaporize the outer layers of sun damaged or aging skin. Some can also pass through the outer layers of the skin and destroy deeper birthmarks (port wine stains) or tiny blood vessels (spider veins.)

As is the case with most technology,—as stressed above—there is an art to using lasers. In order to obtain the maximum benefit, experience is required.

Like any technology, lasers must be used for the right reasons. The right reason is that a particular technology is superior to other forms of treatment. For certain conditions, such as hair and tattoo removal, lasers exceed other forms of treatment. Although Dr. McCollough used lasers for many

years, for treating wrinkles and sun-damaged skin, He usually recommends chemical peeling and dermabrasion.

During your consultation, Dr. McCollough will recommend what his extensive experience in skin rejuvenation and scar enhancement has proven to be the most effective in cases similar to yours.

Laser Resurfacing

One of the more common uses of laser is in facial resurfacing. Many surgeons use lasering and chemical peeling for the correction of wrinkles interchangeably. Dr. McCollough’s fifty-plus years of experience has found that in most cases, Levels II & III chemical peels *using the exact peel solution he uses* are superior. However, because he was trained and has extensive experience in all three modalities of treatment, he may recommend laser, chemical peeling, or a combination of the two depending on each individuals degree of sun damage, age, and the physical characteristics of the skin.



Improvement in facial wrinkles and age spots accomplished with CO2 and fractionated lasers.
Best results are obtained when combined with dermabrasion and/or chemical peeling.

POSTOPERATIVE INSTRUCTIONS FOR PATIENTS UNDERGOING FACIAL SKIN RESURFACING

Chemical Peel, Dermabrasion, and Lasers

*FAILURE TO FAITHFULLY FOLLOW THESE INSTRUCTION
CAN LEAD TO DELAYED AND PROBLEMATIC HEALING!*



Application of the specifically prescribed lubricant that we recommend and provide.

Dr. McCollough stresses a truism that has endured the test of time and extensive experience in the skin rejuvenation procedures included in this book: Healing from any procedure—especially from skin resurfacing procedures is a “team effort.” And patients who faithfully follow these instructions are apt to heal more rapidly, return to their normal activities, and obtain better results.

On the walls in his treatment rooms, are displayed the following admonition: “PLEASE DO NOT ASK FOR PERMISSION TO BREAK THE RULES.” Pressing for permission to do so, can not only delay healing, it can reverse some of the healing process that has already taken place.

While some may question the degree of repetition and precautions addressed herein and in other sources, everytime, healing has not progressed “on schedule,” we eventually discover that “the rules” were not completely and consistently followed.

Healing from skin resurfacing can be compared to humerous maturation processes: the dying of a freshly painted canvas or walking on tile floors before sealants dry.

The following instructions are based on experience with thousands of patients who underwent skin resurfacing procedures and are designed to answer practically every question regarding

the “Do’s” and “Don’ts” following these procedures. You and your family should read these instructions several times and become thoroughly familiar with them. **Faithful adherence to these instructions tends to result in the smoothest postoperative course and most favorable healing.** Whenever a question arises, refer back to this section; more than likely you will find

the answer. If you still are unsure, by all means, telephone the Clinic.

Failure to faithfully follow these instructions (whether your entire face or a portion thereof) can lead to certain complications that could jeopardize the desired result.

Swelling

As you were informed before surgery, you can expect moderate to severe swelling in the areas treated, especially around the eyes and lips. Remember this is only temporary. Swelling reaches its peak by the second or third day and should begin to subside by the fifth or sixth day. You can help decrease the amount of swelling by keeping your head elevated about 30 to 40 degrees when reclining and by staying up (sitting, standing, walking around) as much as possible. Sometimes the medications which are prescribed may help reduce the swelling, but gravity and time are more reliable.

Discomfort (for peels only)

Many peels are performed during other surgeries and therefore, you experience NO PAIN at the time. When small areas are peeled in one of our exam rooms, there is a stinging pain which lasts for a few seconds. The stinging quickly disappears and returns within several minutes, but is only one-third the degree of the initial stinging. When it returns it persists for four (4) to six (6) hours, rarely longer. This type of discomfort can usually be relieved by taking the prescribed pain medications and usually does not accompany dermabrasion.

After the first night, discomfort should be negligible and can usually be relieved by regular or buffered aspirin. In fact, *aspirin* is the medication of choice for the pain associated with this type of procedure. **(However, if you have had a face lift, eyelid, or nose surgery, at the same time use only non-aspirin**

medications.) You should use one of the non-aspirin pain relievers if you are unsure (Tylenol[®], Ibuprofen, and Percogesic[®].)

Initial Skin Appearance

Within twenty-four (24) to thirty-six (36) hours the treated areas resemble a deep sunburn, blister (for peels) or abrasion (for dermabrasion) and you may notice fluid oozing from the skin. This is expected, because the superficial layers of skin have been separated from the deeper layer.

It is essential that you adhere to the following instructions:

Never pick at crusts or pieces of skin that do not loosen easily. Apply the prescribed "the specifically prescribed lubricant", and cover with (Saran Wrap) until instructed otherwise. Both the gel and Saran Wrap help soften and loosen crusts. I stress that you should use Saran Wrap and not any other similar product. Crusting sheds naturally with time and treatment. (Avoid getting softening agents in your eyes.)

At this time in your healing process, new delicate skin is being created underneath the crusts. Premature removal of the crusts, irritating agents, gauze, or scratching may damage this tender new skin, delay healing and result in scarring.

DO NOT TOUCH: KEEP HANDS AWAY FROM TREATED AREAS.

Do not wear a shower cap, wig, hair piece, or glasses that come in contact with any area which has been resurfaced. This might result in delayed healing and jeopardize an otherwise good result.

During the first seven (7) days, your delicate new skin is undergoing a "toughening" process. By about the tenth (10th) to fourteenth (14th) day most of the crusting should have disappeared and the new skin will appear intensely

pink. The eye lid region is usually the last area in which crusting disappears. In most cases softening agents can be applied sparingly but gently rubbed in, as one would use any other moisturizing cream. **Do this only if instructed to do so—and use only products we recommend.**

Keep fingers, cloth towels, facial tissues, cotton balls, gauze, or Q-tips® away from newly-resurfaced skin. Fingertips contain bacteria and oils and have been in contact with soaps, nail care products and other materials which might irritate the delicate new skin. *Facial tissues, cloth, and cotton can leave behind irritating fibers.* For other substances known to irritate new sensitive skin see “Quick Check” later in this section (page 222). Within about 3 weeks many patients can use mineral powder makeup over the resurfaced areas. **Do not use makeup until instructed to do so by a physician or nurse.** In some cases, healing may take longer. We will discuss makeup during your follow-up Clinic visits or Email communiques. Although they do not usually cover as well, mineral powder makeups are more easily tolerated and are therefore recommended for the first few weeks. Makeup or sun screens should never be applied to unhealed areas, or until instructed to do so.

Hypo-allergenic mineral powder make-ups are advisable *for as long as the skin is pink or until instructed to do so.*

The intense pink color usually fades rapidly after the second week but some pink color will remain for eight (8) weeks, continually decreasing in intensity, unless irritated by the kinds of products or activities addressed on page 222.

For a while, the skin usually appears somewhat tense and slightly scaly. The finer wrinkles and the deep grooves, however, should also be less evident.

Occasionally small “white cysts”

(milia) may appear in the treated areas. They are stopped-up oil glands and usually disappear in two (2) to three (3) weeks without specific treatment. If they persist, contact us; we can demonstrate a technique to help eliminate them.

Early in the healing process, exposure to heat, cold wind or emotional upset (fear, anger, crying, etc.) will cause the skin to temporarily become intensely pink. This is due to increased blood flow or “blushing.” After about three (3) to four (4) months, this phenomenon should disappear. **Each time we have witnessed prolonged redness or irritation of resurfaced skin, we have found that something in the patient’s environment and/or self-administered skin irritants contribute to the problem.**

“Fever Blisters”

Patients who have had difficulty with recurrent “fever blisters” or “cold sores” may develop an exacerbation of these lesions four (4) or five (5) days postoperatively. If you have ever had this problem you should take Enisyl®, one tablet four (4) times a day for the first two (2) weeks postoperatively. This can be purchased over-the-counter at the drugstore in bottles of 100 (no prescription is necessary). In many cases, we prescribe Zovirax® or Valtrex™ pre and postoperatively. Should lesions definitely appear, call our office so that we may prescribe additional medication to be applied to the affected areas four (4) times a day. We feel this helps prevent spreading of the “fever blisters” and often relieves some of the discomfort. Although alarming, we have rarely seen any permanent effects from them.

Medications

When discharged from the Clinic you should continue with the medications and vitamins you were prescribed prior to surgery. Take these as directed

until the supply is exhausted; these prescriptions need not be refilled. Continue taking the prescribed vitamins for three (3) weeks postoperatively. You may also be given a kit containing several new prescriptions and skin treatment products at the time of discharge. One of them is for the relief of discomfort. Sleeping pills may also be prescribed but should not be filled unless you feel that you need them. Sometimes an antibiotic will be given. If prescribed, antibiotics should be started immediately after surgery and taken until the supply is finished. If you have a history of “fever blisters” or “cold sores,” other medications may be prescribed for you as mentioned in the previous section on “Fever Blisters.”

Depression

Because some people are anxious before the operation, there is usually a mental and physical let-down afterward. It is not unusual for the patient to feel depressed and tired following surgery. If this happens do not be concerned.

No matter how much they wanted the operation beforehand and how much they were informed about what to expect post-operatively, most are still surprised when they see their face swollen, crusty, and discolored. One usually looks worse for a few days following skin resurfacing. Realize that every other patient experiences the same feelings and that *prolonged* pink discoloration is a sign of an **external irritation** to your delicate new skin by something in your environment.

Resuming Activities

1. **Wearing Eyeglasses**—if the area around the nose has been resurfaced (as in a full-face peel or dermabrasion), you should wait three (3) weeks before allowing eyeglasses to come into direct contact with newly peeled or dermabraded skin for prolonged

periods. However, you may place a small piece of Saran Wrap on the skin and allow gasses to rest on it. Do not use ammonia products or clean glasses with them.

2. **Sun Exposure**—Try to avoid either direct or reflected rays of the sun for as long as any pinkness remains on the treated area, since pigmentation of the resurfaced areas may result when the new delicate skin is exposed too early. This means that sun, wind, and salt air exposure (golfing, fishing, tennis, walking, jogging, or similar activities) during the sunny part of the day should be avoided during the initial eight (8) week period or until **all pink** discoloration has disappeared. The peeled or dermabraded areas should be protected for six (6) months by large brimmed hats and a sun screen product (ask our nurse or aesthetician to recommend the appropriate one for your skin type). These products must be worn if you are to be exposed for prolonged periods. (See page 227 for details.)
3. **Skin Care**—We recommend you consult with one of our trained aestheticians and follow a personalized or customized program best suited for your own skin type and life-style.
4. **Returning to Work and Resuming Social Activities**—When these should commence depends upon the amount of public contact, the amount of sun, wind, and salt air exposure your job involves, and the degree of redness and swelling you develop. The average patient returns to work or goes out socially about three (3) weeks after Level II or III laser, peel or dermabrasion, although, depending upon individual circumstances, social

exposure can begin as soon as mineral powder makeup can be worn.

5. **Athletics**—All activities that result in perspiration should be avoided for the first 6 weeks or until ALL PINK subsides. Exposure to **extremes** of heat, cold or wind as in snow skiing, sitting or walking by (or on) the beach or a boat during the early stages of healing must be avoided. Such exposure certainly causes the new, delicate skin to become pink because of increased blood flow. However, unless irritated by something in your environment or activities, this condition should subside in a short while if it occurs. Remember, *you should care for your new skin as carefully as that of a newborn baby*. Like a baby's skin it may have a more delicate texture and possibly a lighter color. Your delicate new skin (like does that of a newborn baby) will toughen with time. Airborne vapors of a multitude of fragrances and aromatics (***air fresheners, candles, potpourri, deodorizers nail polish and remover, along with household cleaners, sanitizers, wipes, fabric softeners, soaps, lotions and creams with fragrances and preservatives***) can irritate your new baby-like skin, delay healing, and lead to prolonged redness or pinkish discoloration.
6. Keep in mind that we are able to smell fragrances because the vapors are circulating in the air around us. When we breathe in air that contains vapor particles those particles come in contact with the nerves far back into our nose that are responsible for our sense of smell. Those same particles in the air around us can land on the skin of our face, thereby creating an irritation to newly-resurfaced skin.
7. In addition to *airborne* irritants those that come in **direct contact** with recently resurfaced skin, such as ***newsprint, detergents, hair sprays, computer paper, household cleaners, pet grooming products and powders, cold creams, body creams, baby oil, baby shampoo, bubble bath products, soaps that contain cold cream or fragrances, tartar control toothpaste, and toothpastes that bleach or whiten teeth*** should be avoided as long as **any pink** color remains to your new skin. Gauze pads, towels, washcloths, facial tissues, or cotton balls and Q-tip®, etc., can also create irritations.
8. Use only hypo-allergenic detergents to wash your laundry, such as **All Free and Clear** or **Tide Free and Gentle**. Rinse all washes twice and **DO NOT USE ANY FABRIC SOFTENERS**.
9. The above are a few examples of products that could produce irritation (contact dermatitis) and should be absolutely avoided **AS LONG AS THERE IS ANY PINK DISCOLORATION**. A good "Rule of Thumb" is: "If you can smell it; avoid it; if you have doubts, don't take a chance." See additional irritants on page 224.) Your skin will gradually toughen and tolerate most of your pre-surgical activities.
10. As long as **any pink** persists, ***you should refrain from visiting hair and/or nail salons***, since the chemicals and fragrances in the air can irritate your skin.

Postoperative Clinic Visits and Accommodations

You will usually be seen in the Clinic the day following your resurfacing procedure(s) and at several intervals

for the first few weeks. The exact timing of these visits will vary from individual to individual depending upon the healing process, the extent of the areas resurfaced and your place of residence. *You are urged to make every effort to keep these appointments*, since it is vitally important that we closely monitor your healing. If you live in another city we prefer that you stay in town for the first week after extensive skin resurfacing. Obviously, if small areas are peeled or “touched-up” you may be allowed to go directly home.

For the first couple of weeks, on days that you are not seen at the Clinic by one of our staff, you will be asked to Email photographs so that we can monitor your healing and answer your questions. Most patients appreciate this exceptional oversight during this period of time.

Quick Check Postoperative Care for Patients Having Skin Resurfacing

Please follow these instructions carefully. You should also review the materials in other sections of this book relative to your surgery. The length and ease of your healing period and your final result will depend upon how well you care for the treated areas and protect them from irritating materials or products.

Frequently reviewing the section in these instructions that addresses your environment will give you the best chance to heal well—and on schedule.

Remember your new skin is as sensitive and delicate as a newborn baby’s ... so ... use good judgment. Don’t take chances ... and please do not vary from the instructions provided for you. Like following a trusted recipe, patients who follow these instructions and heed these admonitions tend to heal more quickly, return to normal activities sooner, and

end up with better results.

As healing progresses, your skin will become more resilient, but this may take a couple of months. Most people agree that the final results are worth the temporary inconvenience.

If your new skin comes in contact (directly or indirectly) with irritating substances, you might develop a rash (contact dermatitis). Should this occur, we can initiate another treatment program. But as is the case with any allergy or irritant, **avoidance** is the first ... and most effective remedy.

Tell us if you have a history of sensitive skin or other conditions. (Dandruff, Seborrheic Dermatitis, Rosacea, Lupus or other Collagen disorders.)

For The First Week Post-Operative

Following your procedure, we will instruct you to use a product that has been shown to provide more comfort and to promote more rapid recovery. It is the only product that we want you to use on your newly-resurfaced skin until you are fully healed or otherwise instructed..

*The objective during the first week is **to prevent** and abundance of dry crusts or “scabs” from forming. **The specifically prescribed lubricant you should find in your “Black Bag” is the best product we have found to help achieve this goal.***

Be advised that the following applies to the “average” case. Based on how *your* skin heals, you may be advised to follow an altered set of instructions. However, let us direct the process. You should not ask to do so.

Beginning the day after surgery

Apply a thick coating of *the specifically prescribed lubricant you should find in your “Black Bag”* and cover *all dermabraded areas* with Saran Wrap. For chemical peels, lubricant and Saran Wrap will not be necessary until day 2 or 3, when crusting begins to appear. (Keep all crusty areas completely covered with *the specifically prescribed lubricant*

you should find in your “Black Bag” at all times. This is done to prevent drying of the crusts or scabs that the healing process creates on resurfaced areas, so that they may heal more quickly.

Re-apply *the specifically prescribed lubricant* every one to two hours or as needed to create a protective covering over the treated areas (avoid contact with eyes or oral ingestion).

DO NOT: USE ANY CREAMS OR OINTMENTS ANYWHERE ON YOUR BODY other than *the specifically prescribed lubricant* at this time, unless instructed to do so by your doctor or nurse. The doctor or nurse will instruct you when to use ***any other product on your face, hair, or body.***

It is okay to allow water to run over resurfaced areas in the shower; however dry your face with blow dryer on the cool setting.

DO NOT: Touch resurfaced areas with *anything* other than *the specifically prescribed lubricant* (or Saran Wrap) until instructed to do so.

You are allowed to shampoo your hair the first day after treatment; however USE ONLY THE PRODUCT INCLUDED IN THE “BLACK BAG” PROVIDED FOR YOU. No conditioners or moisturizers at this time!

IF YOU ARE STAYING ON OR NEAR THE BEACH, REMAIN INSIDE, WINDOWS AND DOORS CLOSED, AVOIDING CONTACT WITH THE SALT MIST. It is an irritant to healing, resurfaced skin.

DO NOT: Use ANY skin care or moisturizing products anywhere on your body, except those specifically recommended by us ... and only when told it is okay to do so.

DO NOT: Touch or rub your new skin with fingers, tissue, cloth, or gauze between treatments.

DO NOT: Rub or wipe skin with Kleenex[®], skin cleansers, fabrics that shed, or facial tissues at any time.

DO NOT: Allow your face to come in

contact with sheets, blankets, or pillow cases while napping or sleeping.

DO NOT: Use cotton balls or Q-tips[®] on or around the treated areas.

DO NOT: Pick at crusts.

DO NOT: Touch your skin until after you have washed your hands thoroughly with ***THE CLEANSING PRODUCT IN YOUR “BLACK BAG”***. And, keep in mind that newsprint, computer paper, household cleaners, pet GROOMING products and powders, detergents, cold creams, body creams, baby oil, bubble bath products, soaps that contain cold cream or fragrances, tartar control toothpaste, and toothpastes which bleach or whiten teeth should be avoided as long as any pink color remains to the new skin. All or any of these materials can cause rashes. Avoid hair spray, colognes, perfumes, or any substance with a fragrance at all times. As a rule, if it smells “good” or “bad” the vapors in the air may irritate your new skin at this point. Follow the rules, protect your new skin and you can speed up the healing process.

DO NOT: Allow yourself to be exposed to air fresheners, spays, or candles.

DO NOT: Use bleach or fabric softeners in laundry. KEEP HANDS OFF TREATED AREAS EXCEPT AS INSTRUCTED. Use only Tide-Free or All-Free detergents... and rinse twice.

WEEK 2 (after seven days)

While in the first week following your skin rejuvenation procedure, you have been instructed to be aggressive with crusting softening products. The prescribed lubricant. In week two(2), you may be instructed to follow a ***LESS IS MORE APPROACH***. The objective for continuing with the prescribed lubricant is to soften any residual crusts. Do not use Clear-GEL[™] or any other product on skin which has no crusts.

Once all crusting has disappeared on each region of your face, you may be advised to begin using a skin moisturizer

and healing agent. It should be included in the black bag you received on the day of your procedure. If not, you should purchase it at McCollough Plastic Surgery.

DO NOT USE MAKE-UP DURING WEEK TWO (see week three instructions).

DO NOT TOUCH YOUR SKIN: Until after you have washed your hands thoroughly with the cleanser provided in your black bag. ***Refrain from allowing vapors and irritants from the list of irritants provided in week one's instructions, such as: newsprint, computer paper, household or glass cleaners, air fresheners, detergents, cold creams, body creams, baby oil, bubble bath products, soaps or products that contain creams or fragrances, and toothpaste with bleach or whitening agents. Keep away from hair spray, colognes, perfumes, or any other substance with a fragrance at all times. And refrain from visiting hair and nail salons as long as your skin has any pink.***

WEEK 3

When given the go ahead, use only ***mineral powder make-up*** if skin is smooth and free of crusts ... but only if we have instructed you to do so.

When make-up use has been approved by your doctor or nurse, please do not ask permission to use anything other than the mineral make-up. You will want to moisturize your skin, but doing so could set your healing back. We recommend you only use the make-up and skin products Dr. McCollough has approved.

Remove make-up in shower with water and ***the cleanser(s) recommended.*** Only and air dry the skin of your face.

Use only Clear-Gel as a hand lotion or skin moisturizer, but only if you feel you absolutely must use one... and only after permission.

If you experience dry lips—use a small amount of ***Clear-GEL™*** as instructed by your doctor or nurse.

REFRAIN FROM APPLYING *Clear-GEL™* ON ANY RESURFACED AREA UNLESS INSTRUCTED TO DO SO BY DOCTOR OR NURSE.

KEEP HANDS AND WIPES AWAY FROM TREATED AREAS AS MUCH AS POSSIBLE.

DO NOT TOUCH YOUR SKIN: Until after you have washed your hands thoroughly with ***the prescribed cleanser*** until ALL PINK COLORATION HAS SUBSIDED. Refrain from exposure to: ***newsprint, computer paper, household cleaners, air fresheners, candles, detergents (other than Tide-Free or All-Free), cold creams, body creams, baby oil, bubble bath products, soaps that contain creams or fragrances*** (Dove®, Camay®, etc.), ***hand sanitizers, and toothpaste with bleach or whitening agents. Keep hair spray, colognes, perfumes, or any other substance with a fragrance as far away as possible and away from the treated areas at all times.***

WEEK 4

Continue using ***the prescribed cleanser*** as your body wash, face wash, and shampoo for as long as your doctor or nurse has instructed.

Rinse thoroughly to remove soap film. Do not use soaps with fragrance or cold cream. (Dove®, Camay®, etc.)

DO NOT: Use any other soaps, moisturizers (other than ***the specifically prescribed lubricant***), cleansing creams, astringents, Alpha-hydroxy, Retin-A, glycolic products, etc. on your face as long as any pink color persists, or until you have been instructed to do so.

DO NOT TOUCH YOUR SKIN: Until after you have washed your hands thoroughly with ***the prescribed cleanser.*** Refrain from: ***newsprint, computer paper, household cleaners, detergents,***

cold creams, body creams, baby oil, bubble bath products, soaps that contain creams or fragrances, and toothpaste with bleach or whitening agents. Keep hair spray, colognes, perfumes, or any other substance with a fragrance away from the treated areas at all times.

Following week 4, the doctor will address your progress and individualize your instructions. Always ask before initiating any non-approved procedure.

FINALLY ...

Notify our clinic immediately if any

rash or fever blister-like areas should appear ... at any time.

PLEASE FOLLOW DIRECTIONS AND CALL IF YOU HAVE ANY QUESTIONS (251) 967-7600.

Study Chapter 9 (Enhancing the Appearance of and Rejuvenating Your Skin) on page 287 to learn how to care for your new skin ... for life... and remember the answer to most every question that begins with the words ***“When can I...” is: WHEN THE PINK GOES AWAY***

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IN REVIEW

On the walls in his treatment rooms, are displayed the following admonition: **“PLEASE DO NOT ASK FOR PERMISSION TO BREAK THE RULES.”** Pressing for permission to do so, can not only delay healing, it can reverse some of the healing process that has already taken place. ***While some may question the degree of repetition and precautions addressed herein and in other sources, every time, healing has not progressed “on schedule,” we eventually discover that “the rules” were not totally followed.***

See the section of Sunscreen protection on page 224.

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Patients that have undergone surgery should begin taking the recommended Max-A-Life™ products the day following their procedure(s) and sleep with the head elevated as demonstrated below. You should not allow your face to tilt to a side or come in contact with a pillow case, sheet, or blanket.



Improper Sleeping Position



Proper Sleeping Position

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Please refer to page 159 for additional information... and keep in mind that we can mail products to you when needed.

RETIN-A AND ALPHA-HYDROXYS:

In-Home Skin Polishers

Whenever something is developed that will improve the appearance of our patients, we call it to their attention. Such is the case with Retin-A, a derivative of Vitamin A, and Alpha-Hydroxys that produce similar results. Both improve early facial wrinkling and skin changes caused by the aging process in many people.

As you know, the skin is constantly renewing itself. New cells that are formed in its deeper layer, gradually move towards the surface and die. These cells become scaly and are quickly shed by young people. When we age, however, the scales accumulate and cause the skin to develop a dull, lifeless appearance. A number of other changes also occur as a result of aging: the protective oil glands become sluggish, blood circulation immediately beneath the skin lessens thereby impairing nutrition and the skin loses its elasticity because of the deterioration of its collagen elastin network. Retin-A and Alpha-Hydroxys when used properly and for a long enough period of time, tend to reverse these changes.

Retin-A is a potent substance and will cause severe reactions in sensitive skins unless it is diluted. We dilute the medicine and prescribe it in lotion form and gradually increase its strength over a period of time to avoid unfavorable reactions. Several strengths are available through a prescription.

Retin-A is a prescription item and its use must be supervised by a physician. If not used properly according to directions it will be ineffective and represent a waste of time and money. Alpha-Hydroxys are available through our clinic aesthetician. It should be clearly understood that **neither Retin-A**

nor Alpha-Hydroxys are a substitute for cosmetic surgery, including Rejuvenizing skin resurfacing; but they are a helpful adjunct for the individual who desires additional improvement beyond what surgery can provide. Many patients become disenchanted with skin polishers because of improper usage. One of the most common problems is intense redness and peeling. This condition generally occurs when full-strength Retin-A is used from a tube. Because of these common, but avoidable, sequela, we prefer to start our patients on a product other than Retin-A. Our aesthetician can recommend one she feels is best suited for your particular skin type.

After the skin develops some "resistance," the strength of the preparation can be increased with each subsequent prescription. We usually prefer our patients to stay with each prescription for three months before increasing the concentration. We do not charge our patients for follow-up visits, so, please do not ask us to change prescriptions through the mail or by phone.

Although some patients may see improvement in the texture and vitality of their skin early in the course of treatment, the best results are not usually apparent until skin polishers have been used daily for 9-12 months. Unlike a chemical peel which is a more permanent measure to improve the conditions found in aging skin, it is necessary to continue treatment with skin polishers indefinitely. We find that highly motivated individuals are willing to continue treatments and enjoy the benefits of better looking and healthier skin for many years to come.

SENSIBLE SUN PROTECTION:

What you should know about sunscreens

Plastic surgeons and dermatologists are often asked, “what can I do to prevent wrinkles and slow down the aging process?” The answer is to avoid tanning beds and shield one’s skin from the damaging rays of the sun, by reducing exposure. When one plans to be outdoors however, hats/visors, protective clothing, sunglasses and *sunscreens* can help. There is strong and conclusive evidence that the premature—and most severe—signs of aging exhibited by the appearance of one’s skin are brought on by cumulative exposure to the sun and wind. So, if one wishes to delay or prevent the premature appearance of wrinkles, blemishes and skin cancers, one should minimize exposure ... and begin to do so early in life.

What is a sunscreen?

Sunscreens work by absorbing, reflecting or scattering ultraviolet light, thereby reducing the amount that reaches the skin. The absorbers are chemical agents and the reflectors are physical agents. As long as a sunscreen ingredient is in contact with UV rays, it will operate in one of these ways. Sunscreens **reduce** the amount of UV rays that come in contact with your body—they don’t block all of the UV completely.

What are the basic types of Sunscreen ingredients?

Sunscreen’s protective abilities vary according to the sunscreen ingredient. Some sunscreens such as octyl methoxycinnamate, octyl salicylate and homosalate, absorb the most dangerous portions of UVB light. Others, like oxybenzone, and titanium

dioxide, absorb dangerous UVB and the more energetic part of UVA, while zinc oxide and avobenzone absorb into the highest portions of the UVA spectrum.

What is Ultraviolet Radiation (UV)?

Ultraviolet Radiation (UV) is simply one form of energy coming from the sun. UV rays are the sun’s invisible “burning” rays—the ones that cause sunburn, and in some cases, skin cancer. There are three types of ultraviolet rays.

UVA

These rays maintain maximum constant intensity throughout the year and penetrate more deeply into the skin’s layers than UVB rays. These rays contribute to premature aging, wrinkling, sagging, and a leathery appearance.

UVB

These rays, which are stronger than UVA, are more intense in summer months, at higher altitudes and closer to the equator. UVB is associated with sunburn, premature aging of the skin, and the development of skin cancer.

UVC

These rays, although the strongest and most dangerous, are normally filtered by the ozone layer and do not reach the Earth. The amount of UV you are exposed to changes with the time of day, seasons, altitude, weather conditions, where you live, medications, reflective surfaces, and length of time spent in the sun.

What is the UV Index?

A national UV Index was launched by the Environmental Protection Agency,

the National Weather Service and the Center for Disease Control and Prevention. The UV Index is issued daily to advise you on the strength of the sun's UV rays in your region. The UV Index was recently updated. It is a number that goes from <2 to 11+. The number indicates the amount of UV radiation reaching the Earth's surface during the noon hour. The higher the UV Index level, the greater the strength of the sun's UV rays and the faster you may burn. The National Weather Service forecasts the UV index daily in 58 U.S. cities. Check the local newspaper, TV, radio, or the Internet to learn the UV Index in your area.

What is the Sun Protection Factor?

The "Sun Protection Factor" (SPF) tells you how long the product is expected to protect your skin from burning. The SPF on the label *only* reflects UVB protection. For example, an SPF 5 sunscreen should protect your skin from developing redness five times longer than no sunscreen at all, while an SPF 15 product should protect you 15 times longer than no sunscreen. However, the degree of protection offered by a sunscreen depends not only on its concentration but also on the thickness of application. Therefore, one should apply sunscreen *generously, uniformly, and frequently* when the occasion calls for it.

How do I choose a sunscreen?

The choice of a sunscreen should be based on four factors: your skin type, the length of time you spend in the sun, the intensity of the sun's rays in your geographic area, and the type of formulation you prefer.

The U.S. Food and Drug Administration designates five degrees of protection according to the SPF of the product:

Sunburn and Recommended Tanning History

SPF*

- **45 to under 50**—Always burns easily, rarely tans
- **30 to under 45**—Always burns easily, tans minimally
- **15 to under 30**—Burns moderately, tans gradually
- **15 or higher**—Burns minimally, always tans well
- **15 or higher**—Rarely burns, tans profusely

*Sun Protection Factor

When purchasing a sunscreen, check the label to make sure your sunscreen protects against UVA and UVB rays (i.e., "broad-spectrum"). Be alert for sunscreen allergies, or stinging especially in the eye or cheekbone area, which may show up as redness and itching. Generally, sun blocks with micro fine titanium dioxide or zinc oxide are less likely to cause an allergic reaction. Certain medications, including diuretics, many antibiotics such as sulfas and tetracyclines, antidepressants, and some birth control pills can make the skin more sensitive to sunlight. Therefore, exposure to UV rays may lead to an increase in the frequency of adverse reactions to these drugs.

High-risk individuals such as those who have sun-damaged skin, autoimmune disease, and those who have brown spots or a history of skin cancer, should wear a sunscreen that has the best UVA and UVB protection if they are going to be exposed to intense sun.

When and how should I use a sunscreen?

Apply a sunscreen about 30 minutes before every exposure to the sun and

reapply frequently and liberally (using about an *ounce* to cover your entire body), at least every two hours, as long as you stay in the sun. The sunscreen should always be reapplied after swimming, sweating, or rubbing, since products differ in their degrees of water resistance.

Don't forget to apply on all exposed skin, including lips, nose, ears, neck, scalp, hands, feet, and other areas that are especially prone to sunburn. Once skin starts to burn, get out of the sun. Don't reapply the sunscreen in hopes it will keep skin from burning—it won't. And remember *70% to 80% of the sun's damaging rays can penetrate through cloudy haze and water*, so you need to use a sunscreen under these conditions, as well.

What do doctors recommend?

The *daily* use of an effective sunscreen, or sunblock may help reduce the chances of premature aging and wrinkling and the incidence of skin cancer. But we repeat our advice: no one should stay in the sun for long periods, especially between the hours of ten (10) in the morning and four (4) in the afternoon.

Now, proceed to read about the specific operations which are designed to reverse the undesirable signs of aging. Since much overlap exists, we *recommend you read about all the procedures covered in this section of the book.*

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The proper and daily use of a broad-spectrum sunscreen may reduce the chances of premature aging, wrinkling, and skin cancer.

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Because the long-term effects of tanning beds and ultraviolet light and red light therapy can be at least as damaging as prolonged sun exposure, we do not recommend them to our patients.

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It should be remembered that products applied by—or recommended by—an Aesthetician, purchased without a prescription from a physician, or which produce only superficial irritations should be classified as “skin polishers.” They may temporarily enhance the appearance of the skin, but only deeper (Level II & III surgical) peels, dermabrasions, or laser resurfacing performed by a licensed physician improves wrinkles and deeper blemishes. For best results both approaches may be required.

WRINKLES AND BLEMISHES

... In Perspective

It is important to remember that, in treating deep wrinkles and creases, injectable fillers are temporarily effective and (in the long run) more costly than surgical correction. Strategic placing of your own collagen in deep creases and crevices are a long-term alternative. In some cases your own fat (harvested from another part of the body) are effective. However, resurfacing procedures discussed in Chapter 9 (page 196) are the most effective methods of improving wrinkles for many, many years.

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The most effective, permanent, and cost-effective way to treat wrinkles is with a Level II or Level III chemical peel or dermabrasion. And the most effective permanent – and cost effective way to enlarge lips and fill in the folds next to the nose or deep wrinkles between the brows is by using your own collagen or a tissue graft inserted into a surgically-create tunnel just under your skin.

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“Filler” is a generic term applied to a mixed group of biomaterials that can be injected with needles in skin and soft tissues to achieve temporary volume restoration and in the treatment of wrinkles. Some of these materials are very compatible with the human body, while others are tolerated for only a short period of time. You should also know that Botox and Dysport are not fillers. They temporarily paralyze muscles so that the patient can’t squint or frown.



This photograph demonstrates the improvement obtained in this patient's skin texture following a Level III chemical peel. Some tightening of the eyelid skin also occurs with this procedure at the same time facial and eyelid surgery was performed.

SCAR ENHANCEMENT SURGERY

Note: Prior to reading this section you should have read Parts I, II, and III of this book!



Some scars can be improved with carefully planned multi staged surgery over a period of 1-2 years (see photos page 233 for details about this case).

Unsightly, disfiguring scars, or defects can be disconcerting and often devastating to one's self-image. In addition to scars, other blemishes or defects that may be removed or improved with carefully planned plastic surgical techniques include:

- moles
- skin tumors (cancers)
- birthmarks
- cysts

These conditions may be partially or completely excised with surgery. However, a defect will result which must be repaired by either advancing the edges together (primary closure), skin grafts, or flaps from adjacent skin. Remember, ***any time an incision or injury penetrates all layers of the skin some scarring will result.*** In most situations, additional revisional surgery within six (6) to twelve (12) months can help provide a more satisfactory result.

The appearance of most scars or blemishes may be improved by well planned and carefully executed surgery, but there are some important facts patients contemplating such procedures should know.

Scars are usually unsightly because they may:

1. be wide
2. be longer than one inch
3. cross natural creases or facial contour lines
4. be elevated above the adjacent skin
5. be depressed below the adjacent skin
6. be a different color than adjacent tissues

If any or all of these characteristics are present, improvement in any one of them should make the scar(s) less conspicuous. Correction of two or three of these factors can often result in dramatic improvement of the appearance (and sometimes function) of the scar(s). "Surgical treatment" for deep scars and skin defects implies that incisions may be made to remove the existing scar or blemish.

Each incision made into the skin, regardless of where it is placed, who makes it, for what purpose it is made, or whether it is deliberate or accidental, heals in the same manner as any other cut; that is, it produces scar tissue—



When removing an existing scar or blemish by excision, the surgeon makes every effort to place the line of incision as nearly as possible in or parallel to one of the normal crease lines of the face or body. Sometimes it may be necessary to change the direction of a scar so that it will follow these lines.

nature's method of healing. This simple fact is frequently forgotten or ignored by individuals who think that a "plastic surgeon" can make an incision and leave no visible scar and that he can, in fact, eliminate existing scars.

In reality, ***the surgeon's goal is to replace an unsightly or disfiguring scar with a better scar***, one which is more narrow, more level, blends with the surrounding skin surface, and which causes no contracture or pull on the surrounding structures; in short, one which is as inconspicuous as possible. The final appearance however is dependent on many factors, one of which is the patient's own healing capability. (See page 90 Risks.)

Possibly conditioned by what they see on television and in the movies, many people expect this final result immediately and become disappointed and troubled because they have to wait for "maturation" of their scars. Maturation is the continuing change in appearance all scars go through until they reach a state where no further change will occur.

Maturation of scars may take from 6 to 18 months; sometimes longer, especially in young children. Initially, a freshly repaired incision of scar usually looks pretty good. Then it becomes reddened, possibly somewhat raised above the surrounding skin and frequently is hard or lumpy. Gradually, (unless the scar is frequently stressed by stretching the surrounding skin) the firmness and red color lessen and should disappear, leaving a softer scar which is usually more level with and somewhat lighter in color than the adjacent skin.

Patients seeking scar revision should be emotionally prepared to accept several facts:

First, removal will result in another though, hopefully, improved scar;

Secondly, the final appearance will not be evident for 6 to 18 months, and

Thirdly, more than one procedure may be required; and insurance may not cover the costs of surgery.

This brings us to another very important matter. Understandably, most people with recent scarring want repair immediately; however, scar revision, except in selected cases, should not be undertaken too soon. The passage of time is the best, the kindest, and, in the long run, the simplest treatment to give to any scar of recent origin since most will undergo spontaneous improvement if given enough time to do so, often 6 to 18 months.

Only after the scar has become soft and white is it "mature." A decision regarding a second stage revision may be delayed until this time has elapsed. However, scars which cause distortion of normal structures (eyebrows, lips, eyelids, nostrils, etc.) those which spread widely or produce deformity by contraction, and "U" or "J" shaped scars may be repaired earlier because little or no improvement in the basic problem can be anticipated with the passage of time.

NATURE'S HAND IN HEALING



Following an injury most patients wish to have surgical correction of scars immediately. Waiting can sometimes be the best treatment. In this case Figure A shows scarring of the forehead shortly after an accident. Three months later without any treatment Figure B shows some improvement.



Six months later the lumps have flattened and deep pink or red color is diminished.



Approximately two years later the area has healed nicely with minimal scarring. No surgery was performed.

When removing an existing scar or blemish by excision, the surgeon makes every effort to place the line of incision as nearly as possible in or parallel to one of the normal crease lines of the face or body.

Sometimes it may be necessary to change the direction of a scar so that it will follow these lines.

Excision of large unsightly scars, birthmarks or blemishes may require multiple operations over a period of time (so called serial excisions). Occasionally, it is necessary to shift surrounding tissue to fill a defect, or rarely, even resort to skin grafting.

Stages of Reconstruction

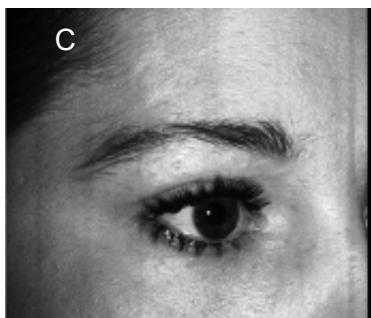
Scar revision often requires at least two and frequently three surgical procedures to obtain the best achievable result. Usually 6-12 months separate each stage. Some scars "mature" more quickly therefore, subsequent stages may be performed sooner. One of the paradoxes of healing is that scars on younger children may take 18-24 months, sometimes longer, to mature, while the same scar on a patient in their 60's may be flat, thin and soft within 3 months. This is one of the unpredictable factors that accounts for the variability in the final result that occurs with scar revision and wound healing.

REMEMBER:

- be wide
- be longer than one inch
- cross natural creases or contour lines
- be elevated above the skin surface
- be depressed below the skin surface or
- be a different color than adjacent skin

Injection of cortisone solutions into a thickened scar will soften and flatten it. Multiple injections—at three week intervals—may be necessary.

Since Dermabrasion is usually a vital part of most scar revisions, you should read the Section on Dermabrasion (page 211) carefully.



Six months later the elevated edges were dermabraded, or sanded down, leaving a much smoother contour.

Figure "C" represents the final result six months after the dermabrasion.

The dermabrasion procedure was performed with a rotating wire brush under local anesthesia.



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SCAR ENHANCEMENT SURGERY

Postoperative Instructions

When incisions have been made into the skin to remove existing scars or blemishes, the new skin edges are carefully approximated with fine delicate sutures (clips in the hair bearing scalp). It takes several days for the wound edges to mend so the immediate postoperative period is crucial in your getting the best possible result. **Be careful** not to injure the surgical area. Some swelling and discoloration can be expected with any surgical procedure. It can be minimized by applying ice over the operated area during the first 48 hours.

Some degree of swelling follows any surgical procedure. The swelling is due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and some of the “discoloration” associated with surgery. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream.

You must be willing to accept temporary swelling and discoloration which occurs following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience to pay for the physical and psychological improvement they generally experience.

In many situations, a tape dressing is placed over the suture line to help protect it. Do not disturb the tapes and try not to get them wet. They will be removed during your “one week” post-operative visit. Often the incision sites may be re-taped for an additional week.

We generally use a dissolvable suture to close surgical incisions. When the tape dressing is placed over them, the surface suture material ordinarily comes off when the tape is removed.

If not, it can be gently removed with delicate instruments.

When the incisions have been placed in areas where tapes would not stick to the skin (on the lip margin or around the eyelid), tape is not applied over the sutures, so close adherence to the following instructions is essential.

When no tape has been placed over the suture line, we recommend you follow this routine. Six times daily you should:

- Saturate** a Q-tip® with full strength hydrogen peroxide (from the drug store).

- Gently** bathe the suture line with the peroxide moistened Q-tip® for 3 minutes at least 6 times daily.

- Always** stroke along (parallel to) the suture line—**never across (perpendicular) to it.**

- Following** each peroxide treatment apply a thin layer of the recommended ointment to the suture line.

Remember, this ritual should be repeated *at least six (6) times daily* until the sutures have been removed or until we instruct you to discontinue it. We will usually recommend you continue this treatment program for as long as there is any crusting along the suture line.

If you have had a tape dressing applied to the surgical area, in the Clinic, we will treat the incisions when the tape is removed and the suture material is cleaned away from the wound. *We usually re-tape the area for another week or so to further support the new healing scar.* If this is done, we ordinarily instruct you to remove the tape at home at the end of the second week. If any crusting is present at that time, follow the routine outlined above until it disappears.

In most patients, makeup may be applied to the surgical area for camouflaging within 2-3 days after the tapes or sutures are removed. Apply and remove it carefully.

We feel it is beneficial for you to tape the incision site at night or whenever you can for at least six (6) months. Pulling or exerting any tension on any scar seems to promote the formation of new unwanted scar tissue. Properly applied cross-taping will relieve some of the tendency for additional scar formation, so we recommend you do it as much as possible.

Anytime tapes are removed they should be gently pulled along (parallel to) the lines of the incisions, not across them.

Remember, it takes time (6-12 months) for the scar to mature. It will get red and lumpy before it begins to flatten and become lighter in color. Not until it is white and flat is it mature, so

be patient. Sometimes cortisone can reduce excessive lumpiness should it occur.

In most scar revision cases, more than one operation will be necessary in order to obtain the best possible result. The first two procedures generally require excisional surgery with suture repair. Later stages usually require dermabrasion so read Section on Dermabrasion carefully (page 211). In some cases laser treatments may be helpful. We will advise you as to when your next stage should be performed.

Notify us if you suspect any problem (infection, undue swelling or redness, if the sutures come out prematurely), or if you are unsure about the instructions you are to follow.

Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.

Most scar revisions require at least two or three stages in order to achieve the maximum results.



Facial scarring resulting from poorly performed fat injections ... improved by excising scars and shifting adjacent skin into the defects. Additional surgery would have created additional improvement. However, the patient was satisfied with her result.

Most scars require more than one treatment, including skin resurfacing procedures (dermabrasion).

CHAPTER 10

Treating Skin Cancer

Types of Skin Cancers

MOHS Micrographic Surgery

Definitions

Methods of Removal and Destruction of Skin Cancer

Reconstruction of Tissue Defects

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Note: Prior to reading this chapter,
make sure that you have read Parts I, II, and III of this book.

TYPES OF SKIN CANCER

Repeated and prolonged exposure to ultraviolet light can be damaging to our skin. This can come from either sun exposure or tanning beds. The effects of these damaging rays are cumulative over our lifetimes. The more exposure we get, the higher are our chances of eventually getting some form of skin cancer. The fairer the complexion, the greater the risk, whereas dark skinned or black individuals have a much lower risk. Suntan lotions with a sun protection factor greater than 15 can help protect the skin and should always be used prior to any sun exposure ... and reapplied frequently (see page 227).

There are three major types of skin cancer: **basal cell**, **squamous cell** and **melanoma**.

The most common form is **basal cell carcinoma**. It is primarily found on the face or other exposed areas of the body. It is usually raised, translucent and pink, with pearly borders, and may crust or bleed as it enlarges. It has a tendency to grow very slowly and invade local structures such as the nose, lips or eyes. It almost never spreads (metastasizes) to any distant areas of the body but can cause significant local damage if

not treated early. Early surgical cure is almost 99% effective.

Squamous cell carcinoma is usually found on exposed areas of the body, such as the scalp, ears and lips, but can occur elsewhere. It is usually raised, pink, and has opaque patches that commonly ulcerate or becomes crusty in the center. It has a greater tendency to metastasize than basal cell carcinoma, but again, if treated early, it has an excellent chance for complete cure.

Melanoma may arise on any area of the body. It is usually a brown-black or multicolored patch or plaque with an irregular border. It may originate in a preexisting mole but may occur as an isolated lesion. *Any change in the appearance of a mole is highly suspicious.* Melanoma has a high rate of metastasis if not treated early and is perhaps the most dangerous form of skin cancer.

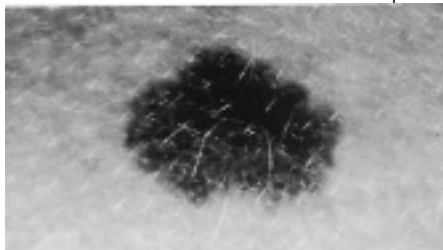
If you have any moles or skin growths that you are concerned about, it is best to have your doctor examine these. Any growth that is suspicious should be biopsied to rule out the possibility of a cancer. Remember, if treated early, almost all skin cancers are curable.



Basal Cell Carcinoma



Squamous Cell Carcinoma



Melanoma

REMOVAL AND DESTRUCTION OF SKIN CANCER

An Overview

MOHS Micrographic Surgery

MOHS surgery is a modified form of surgical excision that provides for an accurate assessment of the completeness of tumor removal and as a result has a very high cure rate and may be more tissue-sparing than conventional surgery. The modification is a combination of surgical technique, a different form of tissue processing and special training by the surgeon to enable him to microscopically evaluate the excised tissue himself. As a result, this type of surgery requires special equipment and training and can be more expensive and time-consuming than conventional surgery. Thus, MOHS surgery is usually reserved for those instances where it is very important to preserve normal skin (i.e., eyes, nose, lips, ears, etc.) or where other types of treatments have either failed or would not be as successful.

Electrodesiccation and Curettage (ED&C)

A form of destruction of the cancer essentially consisting of scraping (curettage) and burning with electrical current (electrodesiccating) the visible and palpable tumor and some surrounding skin. This procedure does not provide a method of assessing whether the tumor is completely destroyed. It usually results in a circular wound that heals with a circular scar in 3-8 weeks. It should be used only to treat primary (never treated) skin cancer and not on certain body sites.

Surgical Excision

This method provides for the removal of a skin cancer and subsequent repair of the wound thus created. It provides tissue for microscopic assessment of the completeness of tumor removal. However, using the usual laboratory tissue processing techniques this assessment of tumor removal, although good, is not complete, but is

adequate for the majority of tumors. Surgical excision usually heals in 1-2 weeks with a linear or geometric scar depending on the extent of surgery required. However, some patients, depending on the nature of their tumor, could require extensive reconstruction. After the scars are mature (usually 12-18 months) additional plastic surgical techniques may be used to improve and/or camouflage them. (See Scar Enhancement, page 231.) Surgery for skin cancers is usually performed under local anesthesia as an outpatient.

Cryosurgery

A form of destruction of the skin cancer utilizing intense cold in the form of liquid nitrogen. Like ED&C, this method does not provide for assessment of complete tumor destruction. Ideally, it should be performed with the use of cryoprobes (needles in the skin used to measure temperature changes) in order to obtain optimal destruction of the tumor. It usually heals similar to electrodesiccation and curettage.

Radiation Therapy

A form of destruction of the skin cancer utilizing specifically controlled radiation energy. It is useful in those patients that would not tolerate surgical procedures either because of medical problems or because of fear of surgery. It is also useful in those anatomic locations that would necessitate extensive reconstruction with other modalities. It can be used to treat primary tumors, however, it does not provide assessment of the completeness of tumor destruction. Healing takes place over 4-8 weeks, usually with a good cosmetic response. However, some patients can develop significant scarring and radiation damage of the skin. Occasionally the radiation can result many years later in the development of a new skin cancer in the area of previous treatment. Radiation therapy is usually performed over a period of 3-5 weeks.

MOHS MICROGRAPHIC SURGERY

A Reliable Method of Treating Skin Cancer

Experience confirms that the most accurate method of removing skin cancers *and* preserving the most adjacent tissue is a technique known as “MOHS Micrographic Surgery.”

Approximately 40 years ago Dr. Frederic MOHS, at the University of Wisconsin, developed this technique for the removal of skin cancers. This technique offers patients the highest chance of cure with maximal preservation of normal tissue, thereby reducing the difficulty of reconstruction of defects which result from tumor removal. However, because this method is time consuming, requires highly specialized training, and is not always necessary for treating skin cancer, few dermatologists in the United States are equipped to offer such treatment.

There are three surgical steps to treating skin cancer with MOHS micrographic surgery:

Surgical removal (debulking) of the visible portion of the skin cancer with curettage (scraping) or excision

The surgical removal of a thin layer of tissue at the bed and periphery of the cancer with meticulous mapping and color coding of the tissue

The examination of this excised tissue immediately under the microscope, using the mapping to determine the extent of the tumor and the need for surgery further.

If residual cancer is detected, we are able to locate the remaining cancer and steps 2 through 3 are repeated until the tumor is completely removed.

This surgery is usually performed under local anesthesia as an outpatient. The actual surgery usually takes 15-30 minutes per stage of tissue removal, after which a temporary bandage is placed on the wound. The excised tissue is then prepared for microscopic evaluation in a process that may

take up to 1½ hours. During this time you may wait in the waiting room. If examination of the tissue removed reveals that your tissue still contains cancer cells, the procedure will be repeated as soon as possible. Several excisions and microscopic exams may need to be done in one day and rarely may require two days. However, the average number of surgical stages for most skin cancers is two or three so that most patients have their entire skin cancer removed by midday on the day of surgery. Plan on spending the entire day and bring something to do or read.

Will the Surgery Leave a Scar?

Yes, any form of therapy will leave a scar. We make every effort to obtain the optimal cosmetic result for you. (See page 231) However, the primary emphasis is on removal or destruction of your skin cancer and because of the variability of individual healing, the final scar cannot be accurately predicted or controlled. And, in many cases, additional plastic surgery can improve the scars which remain. In more complicated cases, the plastic surgeon may be requested to repair the defect at the time of cancer removal.

What are the Risks of Surgery?

The risks associated with surgery are the same as with other surgeries of similar nature. They include allergic reactions to anesthesia, bleeding, infection, scarring and an unsatisfactory response. In addition, there may be certain risks associated with your own unique situation influenced by the location of the tumor and any medical problems you may have. And, there is always a possibility additional treatment(s) might be necessary. (See Risks of Surgery, page 90.)

What is the Purpose of the Pre-Operative or Initial Visit?

The initial visit allows the doctor the opportunity to examine your skin lesion, obtain your medical history and biopsy the lesion if necessary, in order to determine the best way of treating your lesion. At that time, the method of treatment, preoperative instructions, the need for possible hospitalization and the need for adjustments in any of your medications will be determined. When patients are referred to us by other physicians, a biopsy and pathology report stating the type of skin cancer is usually available. If this is not available, a biopsy will be necessary since all skin cancers are not alike and it is best to know the type of skin cancer you have, before we can choose the best method of treatment.

Getting Ready for Surgery

It is advisable that you get a good night's sleep and eat a good breakfast. Please do not take aspirin or aspirin-containing or related products such as **Anacin[®]**, **Bufferin[®]**, **Motrin[®]**, **Advil[®]**, **Nuprin[®]**, or **Aleve[®]** for two weeks prior to the surgery, since these medications cause more bleeding. Also, please do not drink alcoholic beverages prior to your surgery since alcohol dilates blood vessels and aggravates bleeding problems. Smoking may impair your healing and should be stopped at least several days before and after surgery. Continue all your regular medicines unless you are instructed otherwise by the doctor.

If you will undergo MOHS surgery it is a good idea to bring a book or magazine with you on the day of surgery, since the procedure may take a full day, much of which, you will spend in the waiting room. Also it is recommended that you bring a person with you that can provide company in the waiting room and drive you home, as well as assist you at home after the surgery. If

you live far away, you should plan on staying nearby overnight. Suggestions for lodging accommodations can be provided on request.

The Day of Surgery

When you arrive for surgery you will be asked to sign a consent form. Then we will obtain pictures (when appropriate) for the medical record and teaching purposes, and the surgical site will be prepared. The doctor will then answer any questions that may remain and proceed with the surgery as planned. Afterwards the doctor and/or nurse will bandage the surgical area and review post-operative wound instructions.

MOHS surgery cases are usually scheduled early in the day. The surgery is usually performed in stages and, in some cases, can last the entire day.

The Surgical Wound

When the skin cancer is completely removed a decision is then made with regard to the appropriate method for treating the wound which has been created. The usual choices include:

1. Letting the wound heal by itself (granulation)
2. Closing the wound with stitches (primary repair)
3. Closing the wound with a flap (moving skin around) or a graft (transplanting skin from one body site to another)
4. Delayed closure of the wound with the above choices.

The method used will be determined by the nature, extent and location of the tumor and the resultant wound. We will recommend which of these methods is best suited in your case. This most appropriate method of repair is usually apparent before performing MOHS surgery, but on occasion the exact nature and extent of the tumor and the resultant wound is not apparent until after surgery. Thus, occasionally the decision as to how to repair the wound

may not be possible until after the surgery is performed and sometimes the initial treatment plan may have to be altered. However, the treatment plan is always discussed with the patient before proceeding with it. Surgical repair is usually performed in the afternoon after the MOHS surgery is completed.

If the wound is allowed to heal by itself (granulation) it usually heals over 4-8 weeks. If the other methods, except delayed closure, are used, it usually heals in 1-2 weeks. The wound should be cleaned once to twice a day with tap water and Polysporin[®] ointment applied as instructed by the doctor and/or nurse. All wounds normally drain and dressings need to be changed with each cleansing to prevent crust formation. The wound should be kept absolutely clean and dry (excluding the tap water and ointment) for the first 24 hours. Under no circumstances should the wound be immersed under water, as in a bathtub, pool or spa. If you insist on taking a shower, apply a generous coating of the Polysporin[®] ointment over the wound beforehand to serve as a water barrier. Reapply it after the shower. However, no shower is allowed until at least 24 hours after surgery. Suture removal will usually be in 1 to 2 weeks as directed by your doctor.

All wounds can initially be faintly red, slightly tender, itch, drain clear fluid and show some swelling that disappears gradually. However, persistence or an increase in these signs and symptoms may indicate a problem such as infection and should be brought to the doctor's attention.

Most patients do not complain of pain. However, if you are uncomfortable, we recommend taking the prescribed pain medication or 2 tablets of extra strength Tylenol[®] every 4-6 hours. If this does not provide relief please contact the doctor. Uncommonly, there may be continued bleeding following surgery. If this occurs, lie down, remove

all bandages and with sterile gauze apply firm pressure continuously for 20-30 minutes. If bleeding stops, do not remove the bandages as this may dislodge a clot and restart the bleeding. Secure the bandage with tape and see us in the office as soon as possible. If the bleeding persists after 20-30 minutes notify our office or call 251-967-7600 to page the doctor. If you cannot reach the doctor, go to the nearest hospital or Emergency Room.

After the wound heals, you may notice a red scar that gradually fades. The scar can be elevated or depressed initially, but usually flattens. Sometimes the scar can be sensitive to touch or temperature or can have altered sensations such as itching or numbness, which usually improve with time. However, some of these changes outlined above can be permanent.

What if I Don't Like the Scar?

If you find the final scar to be unsatisfactory, there are various treatments that can be attempted in order to modify the scar. In any event, we recommend that you wait 5 weeks before seeking modification of a scar, since scars undergo their own biological modification. Dermabrasion can be performed to modify the scar and is ideally performed 6 weeks after surgery. It may take 12-18 months for scars to mature, so be patient. (See photo on bottom right of page 246.)

Follow-Up Surgery?

A follow-up period of at least five years is necessary after the wound has healed. Experience has shown that recurrence usually occurs within the first year of surgery and that once you develop a skin cancer there is a possibility you will develop others. Thus, you will be asked to return for follow-up of the surgical site and for a skin exam in six months, one year, and annually for at least five years. If you were referred

by another physician this follow-up can be performed by them. Any suspicious area should be evaluated at once.

What About Exposure to the Sun?

Sunshine is probably not harmful as long as you use adequate protection, avoid burning and use discretion. We recommend that when you go into the sun you liberally apply a sunscreen with a sun protection factor (SPF) of 15 to all exposed areas 30 minutes before venturing outside. If you perspire or swim, you should reapply it liberally. In addition, avoiding the hours of sun between 10:00 A.M. and 4:00 P.M. and using a hat and opaque clothing can further help protect you.

What If I Miss My Surgical Appointment?

Skin cancer should always be treated since most will cause future problems and some are life threatening. Thus, you should contact us as soon as possible after a missed appointment so that we can reschedule you. Therefore, if you think beforehand that you might miss an appointment, please contact us so that we can reschedule you. The latter will allow other patients on a waiting list to be scheduled and prevent a long delay in your future scheduling.

How Long Will I Have to Wait in the Waiting Area?

All efforts will be made to perform your surgery and discharge you promptly. However, surgical complications, in your case or in the case of the patient before you, are not always predictable and can lead to a delay. Therefore, we recommend that you allow several hours leeway in your time when scheduling for a surgical procedure. In the case of MOHS surgery, you should plan on being at the office for the entire day.

IF YOU HAVE ANY COMMENTS OR QUESTIONS REGARDING THIS INFORMATIONAL MATERIAL OR WITH REGARD TO YOUR CARE, PLEASE DO NOT HESITATE TO ASK YOUR DOCTOR OR NURSE WHO WILL MAKE EVERY EFFORT TO ANSWER YOUR QUESTIONS.

Overview of the MOHS Micrographic Surgery Procedure

The MOHS process includes a specific sequence of surgical and pathological investigation in which tissue is removed and examined for evidence of extended cancer roots. Once the visible tumor is removed, MOHS surgeons trace the paths of the tumor using two key tools:

- a map of the surgical site
- a microscope.

Once the obvious tumor is removed, MOHS surgeons

- remove an additional, thin layer of tissue from the tumor site
- create a “map” or drawing of the removed tissue to be used as a guide to the precise location of any remaining cancer cells
- microscopically examine the removed tissue thoroughly to check for evidence of remaining cancer cells.

If any of the sections contain cancer cells, MOHS surgeons

- return to the specific area of the tumor site as indicated by the map
- remove another thin layer of tissue only from the specific area within each section where cancer cells were detected
- microscopically examine the newly removed tissue for additional cancer cells.

If microscopic analysis still shows evidence of disease, the process continues layer-by-layer until the cancer is completely gone. This selective removal of only diseased tissue allows preservation of much of

the surrounding normal tissue. Because this systematic microscopic search reveals the complete roots of the skin cancer, MOHS surgery offers the highest chance for complete removal of the cancer while sparing the normal tissue.

What to Expect if you have MOHS Surgery

Two weeks prior to surgery, you will need to discontinue all aspirin or aspirin-related products to avoid the risk of bleeding during and after surgery. The day before, avoid alcohol which is also a mild blood thinner. The day of surgery, you may eat a light breakfast and take other normal medications except for aspirin-containing products, and non-steroidal anti-inflammatories such as ibuprofen.

Surgery is performed under local anesthesia usually within a single visit. Most tumors require two to four stages for complete removal. There will be a one to two hour wait between each stage during which each small layer is meticulously examined for remaining cancer cells. In most cases, the MOHS surgeon will reconstruct the area of the wound on-site to achieve the best cosmetic results and to preserve functional capabilities. *On occasion, another surgeon may be asked to assist in the reconstruction.*

Most patients have only minimal pain after surgery. A normal dose of extra strength Tylenol® can relieve any discomfort. Some redness or swelling is normal, and it gradually decreases in less than a week. Bruising goes away in one to two weeks. However, should you experience extreme pain or sudden swelling, you should call your physician.

SKIN CANCER WARNING SIGNS

The following information is provided to our patients and their families who are considering skin cancer surgery. If you have any additional questions or concerns, please contact our staff.

DEFINITIONS

Keratosis

A non-malignant skin lesion which is red and scaly. This can be a precursor to skin cancer.

Benign/Malignant

A “benign” tumor invades nearby tissue but will not spread throughout the body, whereas a “malignant” tumor may.

Cancer

A general term for many different diseases characterized by an abnormal and uncontrolled growth of cells that can invade and destroy surrounding normal

tissues. Certain types of cancer also have the ability to spread (metastasize) through the blood or lymph nodes to start new cancers in other body parts.

Tumor

A growth of cells. A tumor can be benign (a non-cancerous growth that does not destroy and spread) or malignant (a growth of cancer cells).

Nevus or Mole

A benign tumor of the skin that can be present at birth or appear after birth. There is a possibility that some moles can go on to become a type of skin cancer.

Lymph Nodes

Small round “peanut-like” structures in the body that act as “filters” to stop the spread of disease.

Anesthesia

Anesthesia represents the use of a chemical substance to abolish or modify the sensation of pain. It can be of a local form (i.e., the patient is conscious and only the area to be treated is injected) or general form (i.e., the patient is unconscious and needs special monitoring and support).

Pathology (Micrographic Assessment)

The evaluation of tissue under the microscope in order to assess the type of disease process (cancer) and/or the extent of disease involvement.

Biopsy

The removal of tissue from the living body for the purpose of evaluating the tissue microscopically for the nature and extent of a disease process (pathology). Usually a biopsy only consists of a part of the disease process (i.e., part of the tumor).

What is Skin Cancer?

In skin, there are three main forms of cancer known as basal cell carcinoma, squamous cell carcinoma, and malignant melanoma.

The most common types are basal cell carcinoma and squamous cell carcinoma. Both types enlarge from the point where they first occur, usually growing slowly over weeks to years and invading and destroying structures

in their paths. As a result of their slow growth they are generally recognized in their early stages and are more easily cured. They usually do not spread (metastasize) to other parts of the body but can spread (metastasize) under certain circumstances. If not completely removed they are not normally life threatening, but can cause significant functional impairment and deformity.

Malignant melanoma differs from basal cell and squamous cell carcinoma in that it is likely to be life threatening if not treated early. Sometimes melanomas may arise in pre-existing moles but more commonly they arise as a spontaneous brownish-black spot or lump on the skin which enlarges and may bleed.

What Are the Causes of Skin Cancer?

Like other types of cancer, the cause of skin cancer is not completely known. Excessive exposure to sunlight is the single most important factor associated with development of skin cancers. Fair-skinned individuals develop skin cancer more frequently than dark-skinned individuals. Skin cancer also tends to be hereditary and occurs very frequently in certain ethnic groups, especially those with fair complexions such as people from Northern Europe. Other possible causes of skin cancer include x-rays, trauma, and certain chemicals.

McCollough Plastic Surgery and its affiliates, offer both medical and surgical treatments for skin conditions. If you are having difficulty getting an appointment with a dermatologist, one of our facial surgeons and/or skin care specialists will be happy to see you. And, if we feel it necessary, we will assist you in obtaining a referral.

Ultimately, patients—rather than their medical insurance program(s)—are responsible for a surgeon's fees. If you are not sure whether your insurance will cover the costs, you should inquire prior to treatment.

RECONSTRUCTION OF CANCER DEFECTS

After the removal of skin cancers, or in some instances of traumatic injury, there is insufficient tissue to close the wound or fill the defect. In these cases, it may be necessary to borrow some skin, bone or cartilage from another area of the body in order to reconstruct the missing tissues. This is commonly done by either using a graft or a flap.

A graft is a portion of tissue that is completely removed from the body and transferred to a different area. It has been separated from its blood supply and therefore, once transferred, it is necessary for new capillaries to grow into the graft, feeding the nutrients required for its survival. Grafts are limited by their size, since the new blood vessels can only carry these nutrients a very short distance.

On the other hand, a flap is a portion of tissue that remains attached to the body at some location and is “hinged” at this attachment and moved into the defect area. Since the flap is never separated from its blood supply larger amounts of tissue can be transferred more reliably. In some instances, it is possible to disconnect a large flap from its blood supply, move it to another place on the body, and microscopically reattach it to another set of blood vessels.

This is known as a free flap and is understandably more complex and less

reliable than a simple flap. Sometimes, however, these flaps present the best method of reconstruction.

If a patient does not have sufficient tissue to transfer, occasionally it may be necessary to use a graft of tissue (usually cartilage or bone) from another person to correct a defect. This tissue can be obtained from a “tissue bank.” Due to the body’s immune system, it is not possible to take living skin from one person and transplant it to another person; however, cartilage and bone, if properly prepared, can be transferred.

Sometimes, it may be possible to stretch the available skin by placing a medical grade balloon or “expander” under the skin and gradually inflate it to stretch the overlying skin. This is usually done in two operations about 6-8 weeks apart. During the 6-8 week interval, the expander is incrementally inflated every 2-3 days until there is sufficient skin to reconstruct the defect.

During the second operation, the inflated expander is removed and reconstruction carried out. In order to correct a complicated defect, it may be necessary to use many of these techniques. Your surgeon will discuss the particular technique(s) that he feels best suits your problem, prior to surgery.

Before



This defect resulted in removal of a skin cancer by the MOHS technique.

After



Reconstruction of the defect was performed by shifting surrounding tissues into the wound

CHAPTER 11

Plastic and Reconstructive Surgery of the Breast

Augmentation Mammoplasty

Silicone Facts

Breast Examinations

Mastopexy (Breast Lifting)

Reduction Mammoplasty

Breast Reconstruction

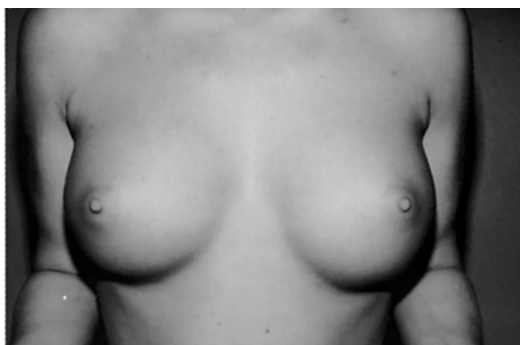
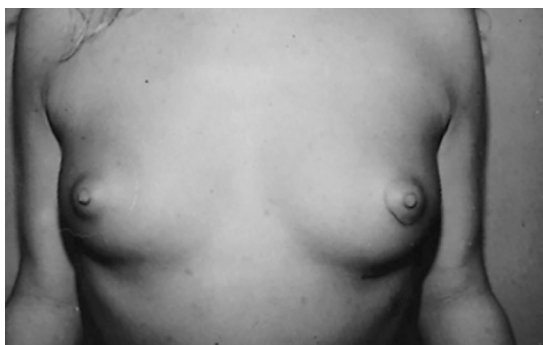
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**Note: Prior to reading this chapter,
make sure that you have read Parts I, II, and III of this book.**

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None of the procedures in this section were performed by Dr. McCollough; rather by surgeons who specialized in body and breast plastic surgery.

AUGMENTATION MAMMOPLASTY



Breast augmentation can truly be a psychologically rewarding procedure and go a long way in improving self image.

Breast augmentation or augmentation mammoplasty is the plastic surgical procedure used to increase the size and sometimes the shape of a woman's breast. This is accomplished by the placement of implants beneath the chest muscle and the existing breast tissue. There are instances, however, when we will recommend placing a different type implant beneath the breast tissue to obtain the most pleasing result.

An important part of the preoperative consultation should include a general determination of the desired breast size. Although almost any degree of augmentation can be achieved, you and your surgeon must decide on a general size improvement which coincides with your total body size and shape in addition to your preoperative breast size. Your ultimate breast size will be determined at the time of operation.

To accomplish the most attractive and natural appearing result, the implants must be carefully placed within a pocket the surgeon creates beneath the existing breast tissue.

Implants can be placed in the submuscular (under the muscle) plane or subglandular plane (over the muscle and under the breast gland). We do an extensive evaluation of your breast noting the skin quality,

skin and breast tissue thickness, and amount of ptosis (sagging) of the breasts. Recommendations as to which approach is best for you is totally customized to each patient based on the above criteria as well as other factors. Some advantages to subglandular placement include a quicker recovery and more natural appearance. Some advantages of submuscular placement are a slightly decreased risk of capsular contraction (firmness of the breast) and slightly better mammographic imaging.

Naturally, incisions must be made into the skin in order to place the implants. These may be placed beneath the breast in the skin crease where it is hidden, within the axilla (armpit) or around the nipple and areola. The inframammary approach is common. The scars in the thinner skin of the anterior armpit, however, are virtually imperceptible. Regardless of the incision, every effort is made to obtain the best scar possible depending on the individual's healing capacity.

Anesthesia for breast augmentation can be local injection with intravenous sedation or general anesthesia, if requested. We have found the submuscular implant placement to be somewhat uncomfortable and the period of convalescence to be several days longer than when a subglandular

operation is performed. We usually recommend general anesthesia when performing a breast augmentation.

Complications are possible during any surgical procedure. Reactions to medications, poor scarring, hematoma and infection are problems associated with any surgery. There are several complications unique to breast augmentation. Asymmetry or improper location of the implants is possible. This usually occurs when there is preoperative discrepancy in the size of the breasts. We attempt to obtain symmetry by using different size implants but occasionally the asymmetry persists. The most common problems associated with augmentation are the formation of “capsules” and

temporary loss of nipple sensation. Permanent loss of sensation is unusual but can occur anywhere in the breast. Capsules are circumferential scars around the implants causing an unnatural firmness to the breast. Although submuscular placement of the implants has decreased this problem, occasionally some degree of firmness is present. If the capsule becomes severe causing an unnatural appearing or painful breast, a second operation to release the capsule may be necessary. Massage of the implants is an important step in preventing capsule formation. Loss of nipple sensation is almost always transitory and eventually resolves.

Postoperative Care after Breast Augmentation Mammoplasty

Varying amounts of postoperative discomfort are common to any operation as well as some nausea, swelling, and possibly bruising of the chest skin. The swelling and bruising can be reduced by wearing a support bra which is provided at the time of surgery. The support bra is worn at all times for one week. To help the body maintain the size and shape of the pockets the implants are massaged beginning on the third day in a manner that your doctor and nurses will instruct you. Each doctor's postoperative care varies but specific instructions will be given to you.

Activity after submuscular implant placement must be limited for six weeks. We prefer no heavy lifting over twenty pounds, no aerobics and no swimming. Walking is recommended but jogging is not advisable. Most women do find that they are able to return to work at 3-5 days.

As with any operation, your healing will be a personalized activity. It usually takes two to three months for your scars to soften and begin to fade. Your scars

must be protected from sunlight during the entire healing process. Your breast shape and location of the implants will slowly change over several months until your healing is well underway, so do not be disturbed if your breast shape seems too high or that your skin feels tight. Your body and the effect of gravity and massage will allow your implants to settle into the final result.

Every woman should practice breast self-examination. In the event a breast mass is found, the surgeon evaluating the mass should be aware of the prior augmentation. The presence of the implants in no way impedes the examination of the breast tissue nor the necessity for biopsy of suspicious lumps. Silicone gel implants do make mammography of the breast more difficult. Some mammographers more experience with augmented breasts than others, so we recommend that you talk to your mammographer to be certain they feel comfortable performing the test. If not, we will recommend one for you. Due to the difficulty in obtaining

a good mammogram after breast augmentation, we ask all of our breast patients to return to the clinic at least twice a year for breast examination as well as routine follow-up. These visits should continue indefinitely.

We believe any woman who envisions herself as having small breasts is a candidate for augmentation mammoplasty. The ideal patient has given the operation considerable thought and has decided to proceed to improve her self-image. She is entirely self-motivated to look better both in and out of clothing and is not making the decision at the urging of someone else.

Quick Check Postoperative Augmentation Mammoplasty

Please follow these instructions carefully. Your final result will depend upon how well you care for the treated areas.

WEEK 1

DO: Keep bra on for 7 days, taking off for baths only.

DO: Bathe or shower normally each day.

DO: Blow dry any skin tapes after bathing.

DO NOT: Apply deodorant if underarm incisions were used. However you may apply perfume or powder.

Day 7-14

All sutures out. You will be given instructions on massaging implants. (Move implants up, down, and from side to side 2 or more times daily.) Bra optional at this point.

6 Weeks

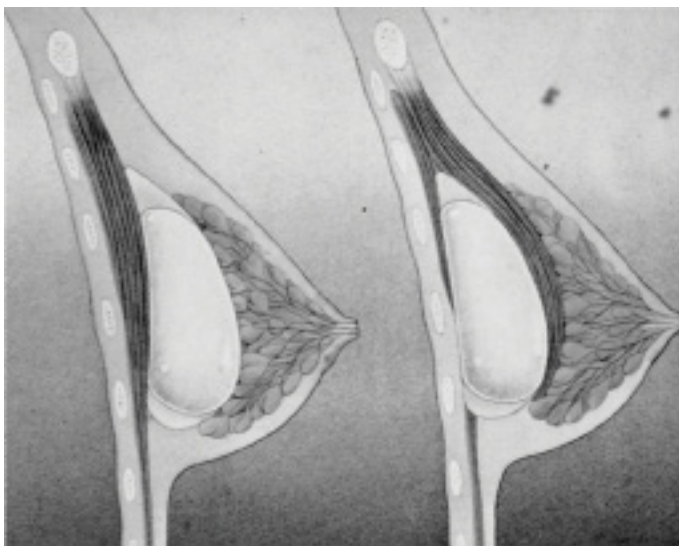
Patient may return to normal activity.

DO: wear good support bra when exercising.

DO: Continue to massage implants once daily.

DO: Use sunblock and prevent direct sunlight to incision for one year.

CALL IF YOU HAVE ANY QUESTIONS
251-967-7600



The submuscular placement of the implant is depicted on the right. The submammary location is seen on the left.



Pre-op



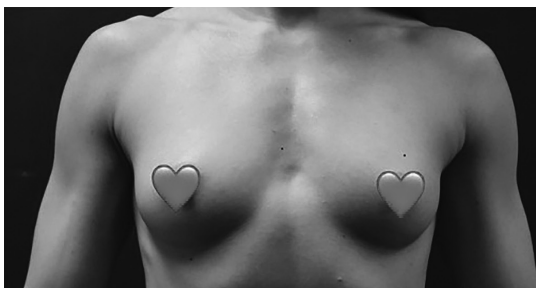
Post-op



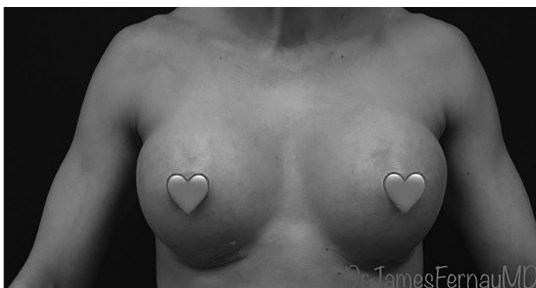
Pre-op



Post-op



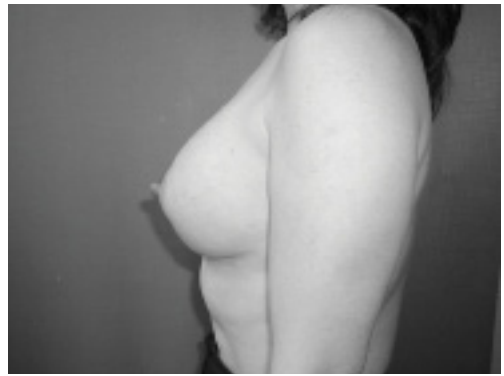
Pre-op



Post-op



Pre-op

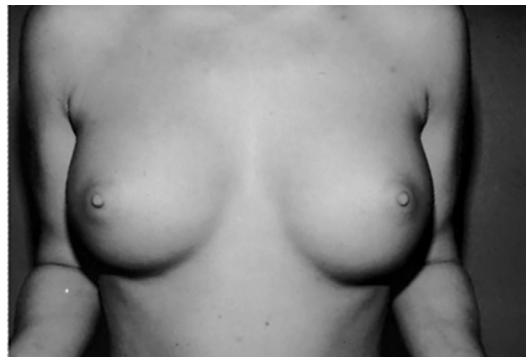


Post-op

This 34-year-old mother of two wanted increased breast projection and size with a more youthful contour. This was accomplished with submuscular implants placed through underarm incisions.



Pre-op



Post-op

22 year-old woman desired breast more proportioned to her height and body habitus.



Pre-op



Post-op

27 year old registered nurse who desired increased breast size.

SILICONE:

Facts and Misconceptions

Silicone is one of the most biologically inert (non-reactive) material used throughout the medical profession. There has recently been a rash of sensationalized programs in the national and local media concerning silicone.

Silicone is used in thousands of different medical devices. It is used to coat every needle and syringe, to lubricate surgical instruments, may be safely injected in small amounts, and is a major ingredient in such drugs as the antacid Di-Gel and is added to many topical products. Siliconomas are rare.

Virtually everyone has some exposure to silicone in their life.

An attempt has been made to link silicone breast implants with the development of diseases of the immune system, breast cancer, and other collagen diseases such as rheumatoid arthritis. This has not been proven in any scientific study.

Breast Implants

Over two million women in the United States have chosen silicone breast implants for purely cosmetic or reconstructive reasons. In a recent national survey of women with breast implants, 93% of those questioned were satisfied and 88% said they would have their surgery again "without a doubt."

Saline implants consist of a silicone "bag" which is inflated with salt water solution at the time of surgery. Mentor and Allergan (formerly named) saline-filled breast implants are approved for: (1) **reconstruction** (primary reconstruction and revision-reconstruction) in women of any age and (2) **augmentation** (primary augmentation and revision-augmentation) in women 18 years or older. These implants carry a deflation rate of approximately 2%. They are

slightly less expensive than silicone and can be placed beneath the breast through smaller incisions. Leaks are easily detected as the saline is absorbed by the body and the implant deflates. Saline implants are somewhat adjustable as you fill them at the time of surgery. They do not feel as natural as silicone implants and can have problems with rippling. The rippling is occasionally palpated (felt) through the breast tissue, especially in the lower half of the breast.

Mentor and Allergan silicone gel-filled breast implants are approved for: (1) **reconstruction** (primary reconstruction and revision-reconstruction) in women of any age and (2) **augmentation** (primary augmentation and revision-augmentation) in women 22 years or older. Silicone breast implants feel much more natural than saline implants, do not have the problems with rippling, and are much less likely to be palpated (ability to feel). They are placed beneath the breast through slightly larger incisions than saline since they are pre filled. Silicone leaks are much harder to detect. The only reliable way to detect silicone rupture is by MRI. The companies recommend a MRI after 3 years of implantation and then every 2 years thereafter. Most silicone leaks are silent (not detected by the physician or patient). Occasionally one has symptoms with leaking silicone implants. These symptoms include hard knots or lumps surrounding the implant or in the armpit, change or loss of size or shape of the breast or implant, pain, tingling, swelling, numbness, burning, or hardening of the breast. If a leak is suspected, the implants should be removed and/or replaced.

There was much controversy regarding the safety of silicone breast implants during the 1980's and early 1990's.

Due to this, in 1992 the FDA restricted the general use of silicone implants to reconstructive surgery only or women who previously had been augmented with silicone implants. After extensive research, silicone implants were re-released in 2006 for augmentation purposes. Below is a portion of the press release from the FDA approving the use of silicone breast implants on November 17, 2006.

After rigorous scientific review, the U.S. Food and Drug Administration (FDA) today approved the marketing of silicone gel-filled breast implants made by two companies for breast reconstruction in women of all ages and breast augmentation in women ages 22 and older. The products are manufactured by Allergan Corp. (formerly named Corp.), Irvine, CA., and Mentor Corp., Santa Barbara, CA.

In the past decade, a number of independent studies have examined whether silicone gel-filled breast implants are associated with connective tissue disease or cancer. The studies, including a report by the Institute of Medicine, have concluded there is no convincing evidence that breast implants are associated with either of these diseases. However, these issues will be addressed further in the post approval studies conducted by the companies.

"The silicone breast implant is one of the most extensively studied medical devices," said Schultz. "We now have a good understanding of what complications can occur and at what rates. We also know that women who get these devices will probably need to have additional breast implant

surgery at least once. This is valuable information for women who may be considering these products."

These implants carry a deflation rate of approximately 2%.

There have been attempts to link silicone to the development of breast cancer. It is now well established that silicone breast implants do not cause cancer in humans. Silicone has caused a particular type of tumor in rats. This effect is felt to be unique to that particular strain of rodents.

The FDA strictly controls the manufacturing of all medical devices in the United States, including implants. The FDA is involved in all stages of production and requires monumental documentation of all tests performed on implants.

It is well known, however, that minute quantities of silicone gel can migrate through the walls of intact implants over a long period of time. Microscopic traces could eventually be found in other parts of the body. The Food and Drug Administration has stated however that *"at this point there is no convincing evidence that these effects (i.e. harmful) actually occur."*

Just as with all surgery all plastic surgeons would agree that there are potential risks and complications from breast surgery with implants. However, much of the recent media coverage has been "sensationalized" and cannot be substantiated by scientific fact. ***Concerned patients who have had breast implants in the past or who are considering implants in the future are encouraged to consult with a surgeon experienced in this type of surgery.***

THE DETECTION OF BREAST PATHOLOGY IN WOMEN WITH BREAST IMPLANTS

We are dedicated to providing the best possible care available for women anticipating breast surgery. Recently, the news media has presented information concerning the effects of breast implants. Much of this information reached the public in an “out of context” form which has led to confusion regarding the safety and long-term effects of breast augmentation.

To set the record straight, we want our patients to know the facts about breast augmentation.

Currently, there is good statistical evidence that breast implants in no way cause breast cancer or are related to more aggressive or advanced cancer when discovered in augmented breasts. Although, approximately one out of every eight women in the U.S.A. will develop a breast cancer during her lifetime, when diagnosed and treated in the early stages, most breast cancers are curable. Therefore, all women, whether augmented or not, should learn breast self-examination, obtain physician breast examination, and consider regular mammography to detect breast lumps while small.

Women who already have breast implants as well as women considering breast augmentation should know that the presence of breast implants does require modifications in postoperative care. We recommend the following care for all women considering breast surgery at the McCollough Clinic.

MAMMOGRAPHY

The presence of breast implants makes obtaining a good mammogram more difficult than in the non-augmented breast. The extent of difficulty varies

depending on the location of the implant beneath or on top of the chest muscle. Technical factors, such as the type of mammography equipment used, the “halo” cast by the implant, pre-operative breast size and the expertise of the radiologist doing the mammography must be considered. Most mammographers agree that with special attention to the augmented breast including extra views, mammography can be accurately performed.

SELF-EXAMINATION

Following augmentation, each woman is encouraged to familiarize herself with the shape, size and feel of her new breasts. This is required three days after operation and continues indefinitely.

PHYSICAL EXAMINATION

Occurrences such as folds and “knuckles” that sometimes develop in the implant’s covering, and the formation of small lumps within the scar tissue surrounding the implant called “granulomas” pose no problem to the patient. However, they can cause confusion or undue concern when felt by a physician inexperienced in this type of exam.

Therefore, to provide the best possible care, we emphasize breast self-examination, require preoperative and postoperative mammography in patients over the age of 35, as well as yearly breast follow-up and evaluation. We believe in prevention as well as in early detection and treatment of all potential threats to health, happiness, and longevity.

BREAST IMPLANT REPLACEMENT AND REVISION SURGERY



Mastopexy can lift the breast by repositioning the nipple and tightening the skin to provide a more youthful and attractive contour without significantly changing breast size.

Mastopexy The Breast Lift Operation

Mastopexy is the operation designed to reposition or “lift” the breast that has become ptotic (drooping). Breast ptosis most commonly results after pregnancy and nursing or after a large weight gain and loss. The volume of breast tissue decreases leaving a skin envelope that is too large allowing the nipple and remaining breast tissue to sag much lower than normal. Once the process of sagging begins, the breast shape and contour never returns to its more erect, youthful appearance.

To reposition the nipple and breast tissue, skin incisions must be made. The excess skin must be excised and the nipple and areola moved upward to a more attractive natural position over the remaining breast tissue. This improves the chest and breast contour while maintaining breast size. Since breast ptosis usually is due to some degree of involution or shrinkage of the breast tissue, breast augmentation with an implant can be a useful adjunct to the mastopexy operation.

General anesthesia is usually required for mastopexy.

The convalescence is similar to breast augmentation and requires limited activity for three weeks and a support bra for three months.

Due to the extent of the incisions necessary for mastopexy, postoperative care must facilitate the best possible healing of the scars. It is not unusual to have a portion of the scar to heal less well and require a revision as an office procedure at a later date.

Just as in the face lift operation, where extensive incisions are necessary, every attempt is made to hide the incisions and make them as inconspicuous as possible.

Complications specifically related to mastopexy include asymmetric nipple placement, size discrepancies, especially when they existed pre-operatively, infections, scarring and loss of nipple and/or nipple sensation on a rare occasion.



Pre-op



Post-op



Pre-op



Post-op



Pre-op



Post-op

This 34-year-old mother of four wished to improve her breast shape and symmetry. This was accomplished with a lift of both breasts and minimal reduction of the left breast. The scar will fade and continue to improve for the next 12-16 months.



Pre-op

Post-op

38 year old woman desiring more youthful appearing breasts.

Quick Check Postoperative Instructions Mastopexy

Post-Op WEEK 1

DO: Keep support bra on for 7-10 days, taking it off for baths only. Patient will wash incisions with soap and water.

DO: Shower or bathe normally each day.

DO: Blow dry skin tapes after bathing.

DO: Strip your drains (if they are used) every 4-6 hours and record the output for each breast separately.

Day 7-14

All sutures out. If implants included with mastopexy.

6 weeks

Return to normal activity.

DO: Wear good support bra when exercising.

DO: Use sunblock and prevent incision from direct sunlight for one year.

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Patients that have undergone surgery should begin taking the recommended Max-A-Life™ products the day following their procedure(s).

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DO NOT take any medications other than those prescribed or approved by McCollough Plastic Surgery Clinic.

REDUCTION MAMMOPLASTY



This patient desired breast reduction not only for appearance but also to help alleviate back, shoulder and neck discomfort. The scars will continue to fade over the next 12-18 months.

Reduction Mammoplasty or breast reduction is the surgical reduction of abnormally large breasts by removing breast tissue, excessive breast skin and repositioning of the nipple into a more normal and attractive location. Large pendulous breasts can produce neck and shoulder discomfort and therefore, reduction mammoplasty is usually covered under a health insurance policy.

Your preoperative consultation will include an inventory of the problems related to large heavy breasts including neck pain, back pain, raw areas under the breasts, and breast pain. Dense, heavy breast tissue also makes breast examination difficult. If you are suffering from these problems related to breast size, in addition to the cosmetic and figure deformities caused by large breasts, then you are a candidate for breast reduction.

Surgery for breast reduction requires rather extensive incisions in order to reduce the volume of the breast tissue in addition to reduction of the skin envelope of the breast. The nipple and areola must be lifted to a more normal position and centered over the remaining breast tissue. These incisions are carefully designed to

be hidden in the natural creases and shadows of the breast. Normally scars mature and become less apparent after several months. To reduce the tension on your incisions and to help alleviate the discomfort that your breast weight causes on your sutures, a support bra is recommended. Skin tapes may be used to support the skin and to help flatten scars. You will find the bra will increase your comfort for several months postoperatively.

Complications specifically related to breast reduction include nipple and breast size asymmetries, serum and blood collections beneath your incisions and occasionally prolonged scabbing of the incisions. In very large breasts with a large nipple movement there is a possibility of nipple or skin loss. The likelihood of this increases with obesity and smoking. You must carefully consider, prior to your consultation, what your goals are and you must have a good idea as to your desired breast size. This will allow you and your surgeon to be on the same wave-length and your results to be exactly what you expected. An extremely high level of patient satisfaction is typical for the woman undergoing breast reduction.

General anesthesia is necessary for breast reduction. Depending upon your preoperative size, a blood transfusion may be indicated. If we anticipate the need to give blood you will be asked to donate a unit of your own blood at least 2 weeks prior to surgery. This will allow your body to replenish the donated blood which may be given back to you at the time of operation. This is an extremely rare occurrence.

Overnight hospitalization is usually required and will be discussed on an individualized basis. Many times the procedure is covered by insurance. Some patients choose to check-in to one of the villas at The McCollough Institute for a few days, especially those who do not own a second home in the area and live far from Gulf Shores.

Our staff can assist you with these accommodations.

Postoperative Care

All restrictions and instructions pertaining to mastopexy are applicable to breast reduction.

Quick Check Postoperative Instructions Reduction Mammoplasty

Post-op

Week 1

DO: Keep support bra on for 21 days, taking it off for baths only.

DO: Shower normally each day.

DO: Strip your drains (if they are used) every 4-6 hours and record the output for each breast separately.

Day 7-14

All sutures and drains out. Continue to wear support bra.

6 weeks

DO: Return to normal activity.

DO: Wear good support bra when exercising.

DO: Use sunblock and prevent incision from direct sunlight for one year.

BREAST REDUCTION POST-OP INSTRUCTIONS

Physical Activity

1. **DO NOT** stay in bed. Walk around. Sit in a chair. Continue to cough and breathe deeply to expand your lungs.
2. **DO NOT** lift arms above shoulder height for 10 days. Remember this when dressing!
3. **DO NOT** engage in any activity that will make you hot and perspire.
4. **DO NOT** lift more than 10 pounds for 3 weeks.
5. **DO NOT** drive until approved by your surgeon.

Personal Hygiene

1. You may shower or take a tub bath in water up to your hips. **DO NOT** immerse the incisions in water.
2. You may wash your hair, but avoid raising your arms above your shoulders.

Drain Care

1. If you have drains that you go home with, empty "strip" tubing and recharge drain bulb every 4-6 hours. Record output by reading amount from calibrations on bulb. Otherwise, pour into measuring cup to read amount.

Dressings

1. Change dressings daily. Place one 4x4 gauze pad over each nipple. Place two 4x4's on any area of drainage.
2. Do not be concerned if small pieces of tape come off, but **DO NOT** remove clear plastic dressing. There

will be a small amount of drainage on bandages daily.

3. If clear plastic dressings are on the breasts, leave on until you see your surgeon. If blisters form under plastic, peel off portion of dressing over blister and cover with Neosporin[®] and 4x4 gauze.

Surgical Bra

1. Wear your surgical bra at all times (day and night) for 3 weeks. Then, wear the bra during the day only for the next 3 weeks.
2. Soak or wash soiled bra on "cold gentle cycle" in Tide[®] with bleach or Woolite[®]. Allow to air dry. Some stains may remain. Use hydrogen peroxide to lessen them.

Problems with Pain

1. For problems such as **unusual increases in pain not relieved by oral medication**, contact your surgeon at 251-967-7600.

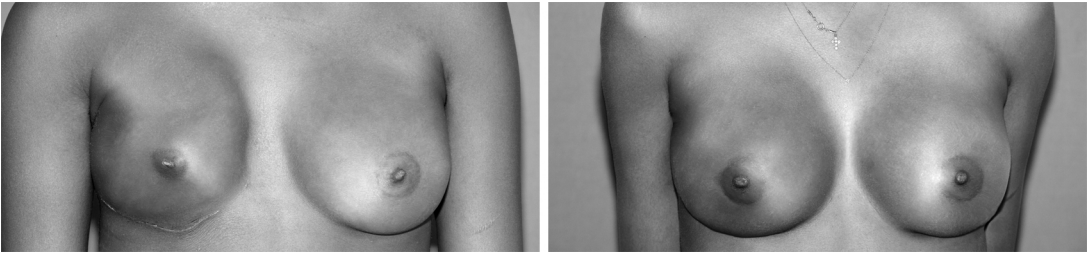
Appointments

1. To schedule an appointment with a surgeon call 251-967-7600. Tell the operator you want to schedule a "postoperative appointment."

Note:

These instructions and recommendations may vary depending upon which surgeon performs your surgery.

BREAST RECONSTRUCTION



Before and After Breast Reconstruction

Reconstructive breast surgery is one of the most common procedures that the plastic surgeon is called upon to perform. With nearly 140,000 new cases of breast cancer annually, the number of women seeking reconstruction is at an all time high. The first major decision is timing of the reconstruction. It has become increasingly popular to reconstruct the breast at the same time as the mastectomy, thereby preventing a period of complete absence of the breast. The emotional advantages to the patients are clear, but not all women are candidates for immediate reconstruction. The advantages and disadvantages of immediate reconstruction should be discussed with both the Oncology Surgeon and the Plastic Surgeon.

The majority of breast reconstruction is delayed until after the mastectomy is performed and the wounds are all healed. If the patient does not require chemotherapy or radiation therapy, we prefer to wait three months after the mastectomy to allow the tissues to heal and soften. If chemotherapy or radiation is necessary, we encourage the patient to complete these therapies prior to beginning the reconstruction surgery.

There are many techniques available to the reconstructive surgeon looking to improve a patient's appearance after a mastectomy. The final choice depends on patient desires, body

habitus, available tissue, appearance of the opposite breast, and the health of the patient. The realistic goal of reconstructive surgery should always be the improvement of appearance and not the perfect replacement of the breast.

Implant Reconstruction

The simplest procedure is the placement of a silicone or saline implant beneath the muscle of the chest wall. Incisions can either be through the old mastectomy scar or placed at the inferior position of the newly created breast. This frequently can be done as an outpatient, but usually under a general anesthetic. The patient will usually be discharged home in a special bra which will be worn for approximately one week. There will be some limitations of arm motion for four to six weeks. Complications, while rare, can include hemorrhage, infection, asymmetry, extrusion of the implant and progressive firmness of the reconstructed breast.

Tissue Expansion

Many times the simple placement of an implant is not possible because of inadequate skin or muscle remaining on the chest wall after a mastectomy. In this case, new tissue must be created either by expansion of local tissue or transfer of a flap of skin, muscle

and blood vessels. Tissue expansion is accomplished under a general anesthetic by the placement of a “tissue expander” beneath the muscle of the chest wall. Expanders initially resemble a flat balloon. The procedure is done either as an outpatient or with an overnight stay in the hospital. During visits to our office over the next four to six weeks, sterile saline is injected into the expander to stretch the surrounding tissue to the point where it will accept the proper size implant. There is some discomfort with each expansion but the patient can usually continue normal activity. Removal of the expander and placement of the final permanent implant is done during a second anesthetic as an outpatient or with an overnight stay. Patients with radiated skin or excessively thin skin are not candidates for tissue expansion. Complications are unusual, but can include break down of the tissue during expansion, infections, bleeding, asymmetry and firmness of the reconstructed breast.

Latissimus Dorsi Flap Reconstruction

When the condition of the patient’s chest wall dictates the need for tissue transfer, the options include moving tissue either from the patients back or lower abdomen to replace the missing skin. The Latissimus Dorsi muscle is a broad muscle in the back which can be transferred along with a portion of overlying skin to the anterior chest. This “new” tissue along with an implant creates the new breast mound. Additionally, some patients have a Latissimus Dorsi muscle which is large enough to allow for breast restoration without an implant. This option is especially attractive for patients with a history of previous radiation to the chest wall.

While beautiful results can be expected, this procedure requires an investment of 2 to 4 hours of surgery.

In the past, this procedure required hospital admission on a routine basis, but with the advent of implantable bupivacaine pumps that deliver pain medication to the wound, most patients can be discharged home after only a brief stay in the facility.

Complications can include additional scarring on the chest and back, death of the transferred tissue, bleeding, serum accumulation in the back, infection and firmness of the reconstructed breast.

The TRAM Flap Reconstruction

The tissue transfer technique of choice is the rectus abdominus muscle and skin flap (also known as the “tummy tuck” flap). In this procedure a large eclipse of lower abdominal skin is transferred along with an underlying muscle and artery to the mastectomy site. The major advantage of this procedure is there is usually enough tissue to build a breast without the use of an implant. In removing the tissue from the abdomen a secondary benefit is tightening of the skin of the abdominal area, thus the name “tummy tuck” flap. This is a major procedure requiring several hours of surgery and four to six days in the hospital.

Upon discharge from the hospital, some patients choose to check-in to one of the villas at The McCollough Institute for a few days, especially those who do not own a second home in the area and live far from Gulf Shores.

Our staff can assist you with these accommodations.

Another type of TRAM Flap Transfer has been made possible because of the development of microsurgery (the use of small needles and suture to sew blood vessels together using an operating microscope). In the **free microsurgical TRAM flap** fat from the abdomen can literally be transplanted into the breast area. In the same way, excess fatty tissue from the hips or buttocks can also be used in women who do not

have enough excess abdominal fat. Using an operating microscope, small blood vessels that enter the fat are reconnected to recipient blood vessels usually beneath the arm. This restores blood circulation through the tissue and allows it to heal into place in its new position. These techniques have been remarkably successful for producing a natural and permanent reconstruction. The patient also benefits by a flatter, smoother contour of the abdomen, hips or buttocks!

Patients who are obese, diabetic, heavy smokers or who have little abdominal skin excess are not good candidates for this procedure. Complications include death of the transferred tissue, infection, bleeding and weakness of the abdominal wall.

The nipple areola complex can also be reconstructed but usually is not done at the initial reconstruction of the breast. This delay allows for more accurate positioning of the nipple on the reconstructed breast. We prefer to reconstruct the nipple with local tissue from the breast reconstruction and the areola with a skin graft from the groin or abdomen. If the color match with the opposite nipple is not acceptable, tattooing is frequently performed.

Breast reconstruction has become an equally important part of the treatment of breast cancer. Most women who undergo reconstruction feel completely "whole" and highly recommend it to other women faced with losing a breast. New implants are currently being developed to replace saline devices. These should be available within the next five years. In the meantime, natural tissue reconstruction has evolved into a predictable and safe method to achieve a natural, permanent reconstructed breast.

Breast reconstruction is one of the most rewarding reconstructive procedures a patient can undergo, many times helping

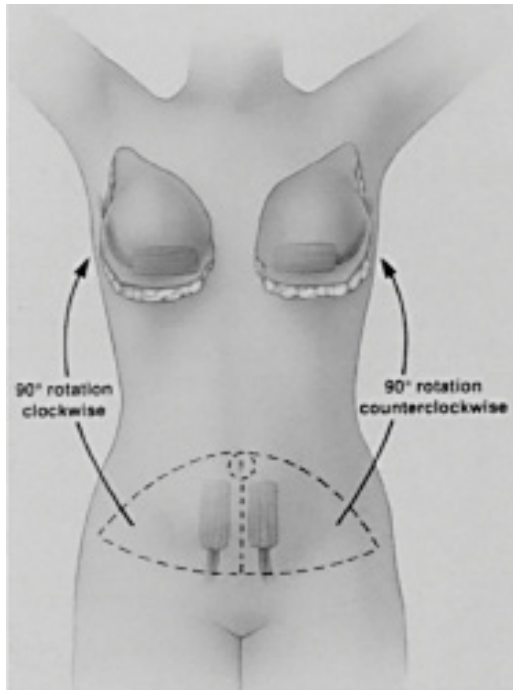
a woman overcome the feelings of loss that she suffered with her mastectomy.

The Perforator Flaps

The current state of the art in breast reconstruction is the use of perforator flaps from the abdomen, buttock or upper back area. Using these methods, the skin and fat in those areas is elevated and transplanted to the breast area using the small blood vessels that supply the tissue with oxygen and nutrients. While the TRAM flap removes the important muscular and facial structures from the abdomen at the time of tissue transfer, the Deep Inferior Epigastric Perforator (DIEP) flap allows maximal preservation of those structures, therefore the risk of hernia and other long-term abdominal wall contour problems is reduced to miniscule proportions.

Similarly, the Gluteal Artery Perforator (GAP) and Thoracodorsal Artery Perforator (TDAP) flaps allow maximal conservation of the underlying muscular structures, with preservation of function and contour in those areas. Breast restoration with perforator flaps can be expected to yield beautiful results, although a lot more time and effort is spent in the operating suite to establish the new breast mound. The additional time spent is usually worthwhile, as the new breast is completed without the use of prosthetics and behaves and looks very much like the native breast.

Patients who are obese, smoke and have hypertension are not good candidates for these procedures. Patients who have a good amount of lower abdominal tissue, in general, will be good candidates for DIEP flap breast reconstruction. Thinner patients that do not carry enough abdominal tissue might be better suited for a GAP or TDAP flap breast reconstruction. Complications include death of the transferred tissue, infection, bleeding and revision surgery.



Skin and fat from the abdomen can be transplanted to the chest area to form new breasts. An artery and vein must be reconnected in the armpit area using a microscope.

PATIENT REMINDERS

- **Don't try to evaluate the results of surgery too soon.**
- **Healing times vary from one person to the other.**
- **Swelling (and bruising) goes away.**
- **Scars tend to improve with time.**
- **Thick scars may be improved with cortisone treatments.**
- **Tightness indicates swelling; don't pull against it.**
- **Saggy/Baggy tissues seen after surgery are a result of continued aging.**
- **Loose skin seen after surgery was not left behind at the time of surgery.**
- **Protect peeled and dermabraded skin as you would a baby's skin.**
- **Follow Instructions.**
- **Please do not ask permission to break the rules.**
- **DO NOT take any medications other than those prescribed by or approved by McCollough Plastic Surgery Clinic.**
- **Take nutritional and healing supplements as directed.**

BREAST IMPLANT REMOVAL

(Explanation)

Silicone gel has long been used inside implants that are used to augment (enlarge) or reconstruct women's breasts. The most common use of silicone-filled breast implants is for cosmetic purposes. However, they have also been used to reconstruct the breast following mastectomy, either for diagnosed cancer, or in women with high risk factors for developing cancer.

Most patients and surgeons attest to the efficacy and safety of these devices. However, more recently in the medical literature and popular media, silicone gel-filled breast implants have been claimed to incite an array of medical conditions, including arthritis, fibromyalgia, autoimmune collagen vascular disease (lupus, scleroderma, dermatomyositis, etc.). Collectively

these symptoms comprise a medical condition that has become known as “silicone implant-associated syndrome” or “breast implant illness”.

Patient-reported symptoms and signs included painful breast, generalized achiness, fibromyalgia, dry eyes, dry mouth, increased sensitivity to pain and double vision. Most patients were found to have ruptured silicone implants. The implants and surrounding scar tissue were removed and replaced with saline-filled implants. However, more and more women are choosing not to have implants replaced.

Microscopic analyses of all tissue samples revealed chronic inflammation. Improvement of patient-reported symptoms and signs occurred over the course of months postoperatively in approximately 80% of the patients.

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Patients that have undergone surgery should begin taking the recommended Max-A-Life™ products the day following their procedure(s).

NON-SURGICAL BODY TRANSFORMATION

In addition to the various surgical methods of contouring the body, professionals at McCollough Plastic Surgery and the McCollough Institute for Appearance and Health offers a number of non-surgical methods to improve your shape and health.

The highest level of nutritional and systems testing currently known to medical science is the MAX-A-LIFE™ Diagnostic program offered at McCollough Plastic Surgery (page 327) The added information provided by this advanced level testing and analysis is important, not only for trained athletes and performers, but for anyone, who wants to do what he/she can to help maintain biologic and emotional balance, maintain a healthy weight, increase performance and endurance, and, hopefully, live a happier, healthier, and longer life.

MAX-A-LIFE™ Diagnostic includes SpectraCell testing for virtually ALL of the eighty (80) essential biologic nutrients, including most hormones, and the building blocks of protein, fat, and carbohydrate metabolism ... as well as many of the catalysts needed to convert the things we ingest into energy ... and promote health.

And, when your own body's current levels of essential nutrients are known through appropriate testing, medical science can assist you in getting them into better balance—if indicated. This, we believe, is best achieved through a personalized fitness, nutritional, and supplement program, such as

MAX-A-LIFE™.

A number of factors, including gender, age, genetics, hormone disorders, stress, exercise, etc., also cause each of us to have different dietary and supplementary needs.

The premise that, “one size fits all,” does not apply to Nutrition and Supplement Science. Except with identical twins every body is different. In order to achieve the balance necessary to feel—and be—“well,” a partnership must be developed between the individual and those they trust to advise them. This fact underscores why it is important to scientifically measure factors that can be measured and help our body help itself by giving it the things it needs ... no more ... no less. And, this is precisely, what the MAX-A-LIFE™ program is designed to achieve ... and, why those of us affiliated with it are so encouraged about as long-term potential to improve the “quality of life.”

This is the mission of McCollough Plastic Surgery at The McCollough Institute for Appearance and Health—to promote a state of well-being for each person, who visits us ... whether it be for an hour ... or, over the course of a lifetime.

For more information, refer to page 159 and pages 321-328 of this book,
call 251-967-7640,

Email us at info@mccolloughinstitute.com, or
check out our website www.mccolloughplasticsurgery.com

For even greater insight into your mind, body, and spirit well-being, consult another of Dr. McCollough's books: *The Gift You Give Yourself...* (See page 346)

CHAPTER 12

Body Contouring Surgery

Liposuction

Abdominoplasty

Tummy Tucks

Thigh Lift

Labiaplasty

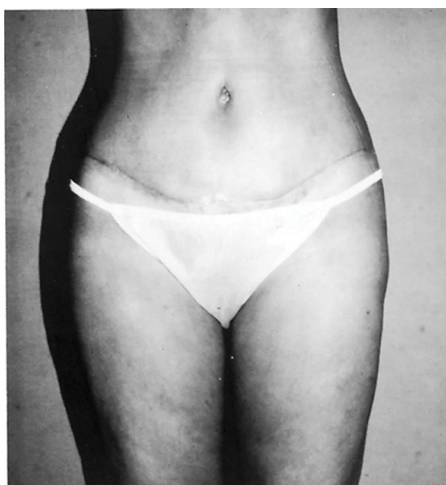
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Note: a life-time commitment to responsible nutrition and weight management is an essential component of any body contouring plan. This includes a healthy balance between food intake and physical activity.

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Note: Prior to reading this chapter, make sure that you have read Parts I, II, and III of this book.

SURGICAL BODY CONTOURING



This 43-year-old woman wished to improve the contour of her abdomen, hips, and thighs. Preoperative skin markings aid in the surgical planning. A combination of techniques was used including a tummy tuck and thigh lift with liposuction. The surgical scar seen postoperatively can be hidden under the panty line. It will fade over the next 12-16 months.

Consciousness of our health and appearance is becoming more important in our dynamic, fast paced society. We are eating better, smoking and drinking less and exercising more to help maintain our physical and mental health. As we become more fit, we have more energy, feel better, and above all, our self esteem and mental attitude improve.

Each of us has a unique body and each body form will respond to dieting and exercise differently. In many instances, we need only to look at our parents to see what lies in store for our body contours. Wide hips, small breasts or sagging buttocks may be part of our genetic make-up and difficult to improve even at our healthy best. This is where body contour surgery may benefit you. There is no reason to hide those contour deformities when new surgical techniques may give you the figure you have dieted and exercised for.

Who is a candidate for body sculpting? Anyone, **male or female**, who is in good health and is displeased with his/

her present shape. Most of our body contour patients have struggled for years to improve their figures by dieting and exercise, but have found that most figure faults can only be partially corrected with these measures. We can now offer improvement for almost any figure fault either by suction lipectomy or excision of excess skin and fat (dermolipectomy).

The improvement obtained can be quite remarkable for some people and in many ways leads to healthier living habits and an improved self-image. Still, it must be emphasized that liposuction is not a substitute for an individually prescribed nutrition and fitness program. ***We recommend you schedule an appointment with a nutrition and fitness consultant prior to liposuction surgery*** and plan to remain "in touch" afterwards. Those who do generally realize the best—and most lasting—results.

As an introduction to body sculpting we have assembled some information about our most commonly performed

procedures. Body sculpting can be performed on virtually any area of the body. If there is a body area of concern not mentioned, please ask specifically about these areas at the time of consultation. The text and illustrations for each operation are intended to be an overview and should not be considered a guaranteed result. Your result will depend upon your particular contour problem, your overall shape, your personalized surgical correction, and compliance with the recommended dietary, nutritional and exercise programs.

We ask that you read the entire contents of this book prior to your consultation. Hopefully it will give insight into surgical and non-surgical body contouring as well as facial surgery and will dispel many of the myths concerning body surgery. We believe our best patients are our most informed patients.

Finally two basic questions concerning body sculpting . . . Is it safe? We believe it is; but, it is surgery and the risks discussed on page 90 must be considered. The results of body contouring, either by suction lipectomy or dermolipectomy, like any surgery results are generally better when performed by properly trained and experienced surgeons. Another question we are often asked by our patients is . . . Does it last? The result of contouring can be considered permanent although the process of aging will continue and the need for further surgery to correct new sagging may arise as the clock continues to tick. We look forward to discussing with you ways to improve your body with body contour surgery.

Liposuction was first popularized in the late 1970's. Over the past 20 years it has become the most popular plastic surgery procedure performed. After extensive study and research it has been found to be a safe and effective treatment for localized deposits of diet and exercise resistant fat. These fatty deposits occur in specific areas such as the thighs and

hips in women as well as the flanks and abdomen in men. The term liposuction refers to the removal of fat with a slender hollow instrument called a cannula. This tubular instrument is inserted through a very small, well hidden incision and attached to a suction machine to literally vacuum out the excessive fat. The most common body areas sculpted with liposuction are the thighs, abdomen and neck. In fact, any area of the body with excessive fat can be suctioned including the face, arms, breasts, buttock or knees. The reason why fat accumulates in the hips, thighs, buttock and abdomen is that fat in these areas is governed by the female hormone, estrogen, and these fat deposits are there to provide extra energy during pregnancy and breast feeding. The woman with excessive fat in these areas which does not respond to dieting and exercise is the ideal candidate for liposuction. If you're overweight and find that in the past you have been unable to stick to a diet or exercise program and see liposuction as a cure to your obesity, liposuction **by itself** is not for you! ***We strongly recommend that you consult with a nutrition and fitness consultant to begin both the physical and mental transformation to A NEW YOU.*** If you are truly committed to having a healthier and more attractive body, our team of specialists can assist you in getting there.

Good skin tone is also important when considering liposuction. Once those bulges are removed and a new thinner contour is achieved, the excessive skin must shrink to fit the smaller area. Skin that lacks elasticity will sag and form irregular contours which are difficult to correct. Good skin tone is a product of good skin care, protection from excessive sun damage, and moderation in drinking alcoholic beverages. Skin tone is one reflection of aging, and yet, loose sagging skin is not necessarily a function of age. Therefore, there are

only generalized age requirements for liposuction with skin tone being the more important factor.

Overall body health or one's "biological age" seems to play an equally important

role. We can help you determine how you measure up to others your same age.



This 35-year-old woman was troubled with localized fatty excess of the hips and outer thighs. The left thigh was also significantly larger than the right. Postoperatively her symmetry is improved and the contour of hip, buttock and thigh is more uniform. Small incisions for liposuction are seen below the panty line. They will fade with time.

LIPOSUCTION

The Tumescent Technique

Liposuction is now the most commonly performed plastic surgery in the United States. The reason for this has been that many surgeons believe these new techniques of body contouring have made liposuction safer and generally offer better results. One such improvement has been called **TUMESCENT TECHNIQUE**. The tumescent technique refers to the infusion of large amounts of physiological salt solution into the fatty tissue to be removed. Local anesthetic solution as well as adrenaline is also usually used which tends to diminish postoperative pain and generally minimizes blood loss during the procedure. When the tissues are full of fluid the fatty tissue is loosened from its surrounding attachments and is more easily removed by suction. This usually allows larger amounts of fat

to be extracted with less bleeding. In certain patients, 8 to 10 times as much fat can now be more safely removed than was previously possible using "dry" liposuction alone.

Ultrasonic Liposuction

A once popular method used in body contouring was **ULTRASONIC LIPOSUCTION**. Developed in Italy in the late 1980's, ultrasonic liposuction uses high frequency sound waves to liquefy or "melt" the fat prior to removal. Ultrasonic energy has been used in other types of eye surgery and abdominal surgery for removal of other kinds of tissue. By "tuning" the frequency of the ultrasonic probe, fatty tissue is dissolved. It is a more specific way of "melting" fat prior to its removal with liposuction surgery.



These views show the result of liposuction of the lateral thighs, abdomen, waist and flanks.



These views show the results of liposuction of the hips and outer thighs. Contour markings on the skin are shown in the preoperative view.

It was thought that a major advantage to ultrasonic liposuction was the ability to treat the fat directly underneath the skin, leading to better skin shrinkage. Many surgeons felt this technique was best indicated for patients who tend to have loose skin. Ultrasonic techniques were also used for corrective surgery in patients who have had previous liposuction and who have persistent areas of irregularity.

Potential complications of ultrasonic liposuction are similar to other liposuction techniques but also include the potential for burns because the end of the probe becomes warm. However, this complication is rare when prolonged contact in any one area is avoided ... and with the use of the tumescent technique as described above. The ultrasonic

technique does not appear to offer any advantages in terms of less bleeding, less numbness, or faster recovery.

Ultrasonic liposuction was thought to yield better results in areas such as the upper inner thigh or the back. It was tried in removing excess breast tissue in men (gynecomastia).

Traditional liposuction techniques have stood the test of time.

Almost all liposuction procedures are performed safely and comfortably under general anesthesia as an outpatient. In order to properly contour a specific area, requires some fat removal of nearby areas so that the overall contour is smooth and aesthetically pleasing. This would require large quantities of a local anesthetic which we find to be poorly accepted by both patient and

surgeon. Some regions of the body lend themselves, however, to be treated using local anesthesia. The cost of outpatient general anesthesia is not high and taken into consideration when discussing surgical fees.

Some discomfort can be expected from any surgical procedure and liposuction is no exception. Most people find the discomfort transient and usually return to work within 3 to 5 days and normal activity within 3 weeks. We provide our patients with a “compression” garment which is similar to a girdle. This garment helps your body to smoothly re-drape the extra skin as well as help prevent accumulation of serum or blood under the skin. This garment is worn for as long as three weeks and is easily hidden under usual work attire.

Complications referable to liposuction include bruising, localized collection of

serum or blood (largely prevented by the compression garment), “waviness” of the skin, transient skin numbness and poor contouring of the body area suctioned. These problems can usually be prevented by proper patient selection, proper anesthetic techniques and well qualified, experienced surgeons. Liposuction has proven to be both safe and effective for body contouring.

And finally, one often asked question: “Will the fat return if I gain weight?” Our bodies only make a certain number of fat cells; therefore, if we remove some of these cells they cannot return. This is not to say one cannot get fat. A thirty pound weight gain will result in generalized obesity but the predisposition for weight gain in the suctioned areas will be less than before surgery.

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Consistent weight management is an essential component of any body contouring plan.

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“The aesthetic ideal in the 21st century is to have and keep a slim, athletic figure.”

**For best results, surgical removal of fat should be only one component of an overall weight management and fitness program prescribed by a trained professional.
(See pages 321-328.)**

POSTOPERATIVE CARE AFTER LIPOSUCTION

There is always some discomfort after any surgical procedure and liposuction is no exception. Usually the discomfort is described as a “soreness” that is readily relieved with pain medication.

The night after surgery some bleeding from the small incisions is expected and may soil the “compression garment.” The garment must stay in place for the first three days after surgery in order to keep bleeding and swelling to a minimum. The garment also helps your skin to tighten and contour to your new smaller shape. After a postoperative visit to the Clinic on the third day after surgery, the garment can be removed daily to be washed and for the patient to shower and clean the incisions. Ideally compression is continued for three weeks. Some patients prefer a standard girdle or panty hose for compression after three days as these garments are easier to conceal under work clothing. Regardless, some form of skin compression is necessary for three weeks and even longer if the amount of fat removed is large or the preoperative skin tone poor.

We advise that all patients wait at least five days before returning to work and three weeks before resuming normal physical activity such as swimming, aerobics or jogging. To optimize your surgical result some form of regular physical activity is recommended to help muscle tone. Your overall figure not only depends on body fat but the size and firmness of the underlying musculature.

Once the excessive fatty bulges are surgically removed, your body takes

from six to twelve months to tighten the loose skin created by decreasing your body size. This process of skin tightening begins in about three to four weeks postoperatively and slowly progresses each month. Therefore, your final shape and size take at least six months to become evident. So ... don't buy your new wardrobe or become discouraged after one or two months. The best is yet to come!

Quick Check Postoperative Care of Liposuction

Please follow these instructions carefully. Your final result will depend upon how well you care for the treated areas and comply with your nutritional and fitness regimen.

WEEK 1

DO: Drink plenty of fluids.

DO: Wear compression garment at all times except when taking baths.

DO: Bathe or shower normally each day.

Day 7

Patient to return for check-up. At this time it will be determined how long you should wear the garment.

3-4 Weeks

Return to normal activity.

DO: Wear tight exercise clothing for heavy exercise.

CALL IF YOU HAVE ANY QUESTIONS
251-967-7600

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Patients that have undergone surgery should begin taking the recommended Max-A-Life™ products the day following their procedure(s).

ABDOMINOPLASTY

The Tummy Tuck Operation

Abdominoplasty or the “tummy tuck” operation is a plastic surgical procedure designed to improve the waistline and lower abdomen. Like liposuction, abdominoplasty is not a short cut to weight loss and generally is most successful in those men and women without generalized obesity, but with a localized area of excessive abdominal skin and fat, and who exercise good nutritional and fitness habits. This figure fault is usually compounded by lax abdominal muscles and sometimes even a defect in the abdominal wall. The term “abdominoplasty” refers to the surgical excision of the excessive skin and fat and the tightening of the abdominal musculature. For those patients with only a mild excess of skin, but localized fat without muscle laxity, a suction lipectomy (liposuction) may be indicated and is discussed under that heading.

Abdominoplasty is usually performed as an outpatient surgical procedure under general anesthesia, but an overnight stay may be recommended. During your preoperative consultation the amount of excess skin and fat to be removed will be determined by you and your surgeon. The incision is designed low on the abdomen, usually hidden in the “panty line,” but usually leaves a visible scar. Although the overall body contour and figure is greatly improved, poor quality skin with stretch marks will remain, but without the excessive bulges.

Convalescence usually takes from four to six weeks during which time the abdomen may feel tight requiring loose clothing and guarded activity.

Complications related to abdominoplasty are rare but do include infection,

poor scarring, asymmetries, prolonged abdominal wall discomfort and tightness of surrounding areas, collections of serum under the skin and blood clots under the skin. Rarely, healing problems related to poor blood supply to the skin or fat occur, with a possibility of skin loss. Again these problems are more common with obesity or smoking. Occasionally, certain fat deposits on the sides of the abdomen become more noticeable after abdominoplasty and must be removed at a second operation, usually an office procedure.

Although abdominoplasty is one of the more extensive cosmetic procedures undertaken, the improvements in certain figure faults can be dramatic with an overall improvement in your body contour.

Quick Check

Postoperative Instructions

Abdominoplasty

POST-OP

Week 1

DO: Wear garment for 14 days, taking off for baths only.

DO: Shower normally each day.

DO: Blow dry skin tapes after bathing.

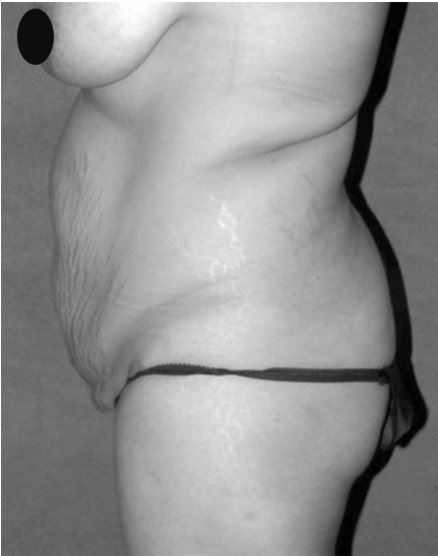
Day 7-14

All sutures out. At this time it will be determined how long you should wear the garment. Drains are removed at this time.

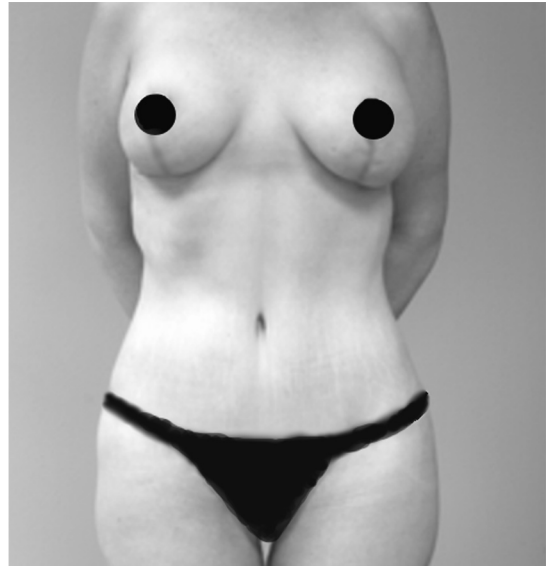
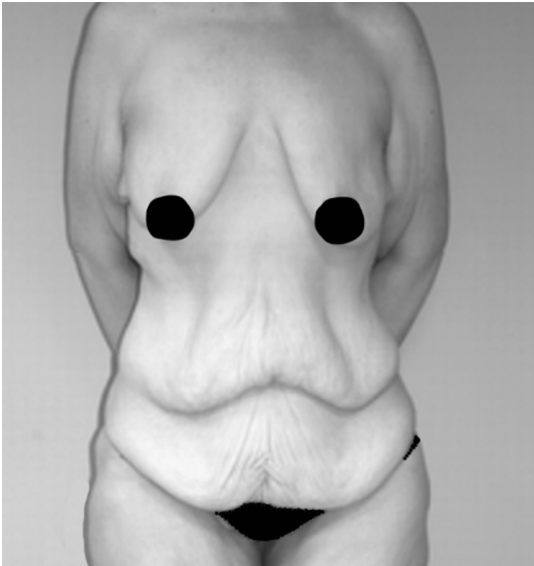
6 Weeks

DO: Return to normal activity.

DO: Protect incision from direct sunlight. Wear Plus 15 or stronger sunblock for one year.



“BODY LIFT” PROCEDURE



The Body Lift technique involves the use of an incision similar to the Abdominoplasty procedure. Like Abdominoplasty, which improves the appearance of the waistline in the front, the Body Lift incision starts anteriorly, continues around the back in a gentle curve and allows for improvement of the lower abdomen, buttock and thigh areas in a single procedure. Lax abdominal muscles are treated in the same way as in the Abdominoplasty procedure by tightening of the abdominal musculature, while the outer thighs and buttocks are restored by elevation in to a more youthful position. Any excess skin that is “sagging” in the buttock or thigh areas is removed during the procedure. This procedure is indicated in individuals that desire abdominal contouring, but who also have noted age-related changes in the lateral thigh and buttock areas, and wish to have improvements in those areas as well. Another group of patients who are excellent candidates for this

procedure are those who have lost large amounts of weight either on their own or after gastric bypass surgery. Due to the loss of volume, the skin in the abdomen, thigh and buttock area “sags” excessively, and despite the weight loss, patients are troubled by the inability to fit well into clothes and enjoy a new lifestyle that often comes from healthy loss of weight.

The Body Lift surgery is usually performed under general anesthesia in an inpatient facility. We recommend that all patients stay overnight and even a few days in our facility. During your preoperative consultation the amount of skin excess and fat to be removed will be determined by you and your surgeon. The incision is designed low in the abdomen and gently curves posteriorly so that it can be hidden in the “panty line”. In general, the incision is visible after surgery. The overall body contour and figure are greatly improved, while stretch marks in the skin that is removed during the

Complications related to Body Lift surgery are rare but do include infection, poor scarring, asymmetries, prolonged discomfort, tightness around the incisions and collections of serum or blood clots under the skin. Even more rare complications such as serious problems with wound healing and deep vein blood clots can be encountered with these procedures. Such problems are seen more often in patients with obesity and smoking. However, we take great care to ensure that every one of our patients undergo the appropriate preoperative medical evaluation and receive prophylactic treatment including antibiotics and blood viscosity agents before and during their procedure.

The Body Lift procedure is an extensive cosmetic surgical procedure which is used in the treatment of certain figure faults and can lead to long-lasting, dramatic and extremely rewarding improvements in your overall body contour.

Quick Check

Postoperative Instructions

Body Lift

POST-OP WEEK 1

DO: Blow dry skin tape after bathing

DAY 7-14

All sutures are removed in clinic. Drains are also removed during this time. You should continue to wear garment as instructed in the first week.

6 WEEKS

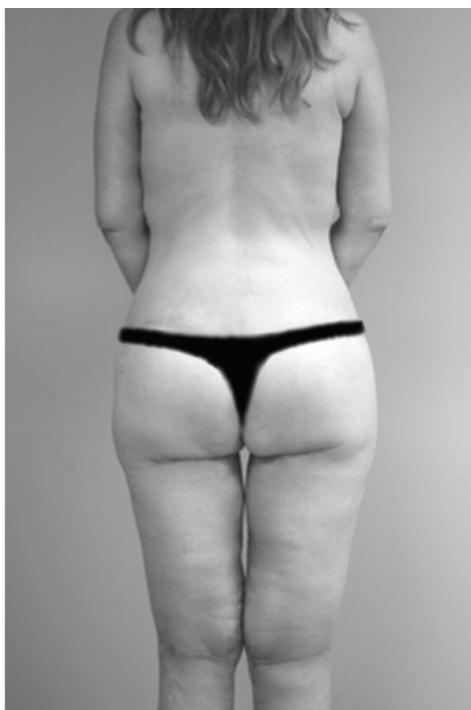
DO: Protect the incision from direct sunlight. SPF 45 is recommended for up to one year after surgery. A second garment is usually necessary and should be worn for up to 12 weeks.



While surgery can certainly help in one's quest to look, feel, and perform better, many non-surgical methods exist, which when incorporated into a Life Plan are capable of achieving dramatic results.

Part V of this book shows how you can participate in the process of becoming “a better you”.

The Body Lift



THE THIGH LIFT

(See Photos on Previous Page)

For many people, the hallmark of the aging process particular to the thighs is increased skin laxity along with focal accumulation of fat and cellulite. Oftentimes, both can be stubbornly resistant to the even the most dedicated diet and exercise regimens. Equally as frustrating, successful weight loss may result in loose ripples and sagging folds of skin. Thus far, no cream, supplement, wrap, band, or gadget has shown promise in restoring the contour of the thighs.

Fortunately, plastic surgery offers a remedy in the Thigh Lift (also referred to as Thighplasty). The operation involves excision of excess skin as well as the underlying soft tissue and fat from the thighs and upper legs. The remaining skin is then redraped and secured with sutures, resulting in a more smoothly contoured, firmer thigh.

There are several surgical techniques that may be utilized in a Thigh Lift, depending on each patient's goals and needs. A medial Thigh Lift targets the inner thigh, and the incision is positioned in the groin crease. In some cases, it is necessary to extend the excision from the groin crease down the inner thigh to fully address the skin laxity. A lateral Thigh Lift targets the outer thigh. The incision is designed to lie within the area covered by a modest bathing suit bottom or undergarment, starting in the lateral groin crease and traveling around the side of the hip.

A few caveats should be noted. Many patients undergoing a lateral Thigh Lift would be best served if performed in conjunction with a butt lift in order to achieve their best results. In some cases, a Thigh Lift may be combined with Liposuction to further sculpt and refine the area. Depending on the

amount and laxity of the tissue excised, the incision may extend beyond the groin and bathing suit-covered area of the midsection.

Quick Check

Postoperative Instructions

Thigh Lift

POST-OP

WEEK 1

DO: Wear the garment at all times. Remove only when you need to shower and then replace the garment immediately after drying.

DO: Shower normally each day, washing incisions gently with soap and water

DO: Blow dry (Low heat or cool settings only) skin tape after bathing

DO: Perform drain care 4 times a day and record output

DO: Drink plenty of fluids and eat supplement diet with protein shakes (Rule of thumb for daily protein intake is 1 gram of protein for every pound that you weigh. Example: a 150 lb person should aim for 150 grams of protein per day)

DAY 7-14

All sutures are removed in clinic. Drains are also removed during this time. You should continue to wear garment as instructed in the first week. You may gradually resume light physical activity such as walking.

2 - 6 WEEKS

DO: Avoid strenuous physical activity, heavy lifting, and vigorous stretching.

DO: A second garment is usually necessary and should be worn for up to 12 weeks.

LABIAPLASTY

“Labiaplasty” (also referred to as labia rejuvenation or vaginal cosmetic surgery) is the designation for the plastic surgery procedures designed to alter the external female genitalia. The term is most commonly associated with the reduction of prominent labia minora (inner folds or lips of the vagina) but may also address the labia majora (outer folds or lips of the vagina) and the clitoral hood.

The goal of this procedure is to increase sexual pleasure and refine the aesthetic appearance of the vulva, thus increasing a woman’s overall sexual health.

Women pursue this procedure for several different reasons, and statistics show that labiaplasty is the fastest growing plastic surgery procedure in the nation over the past few years. In general, the issues arise from asymmetry, size, or a combination of the two. Asymmetry between the right and left labia may be congenital, developed during growth, or the result of birthing trauma. Regarding size, the inner labia minora may be relatively larger and more pronounced than the outer labia majora due to congenital factors, weight changes, or pregnancy.

In either case, various physical, cosmetic, and sexual functional problems may result from irregular and enlarged labia. For example, the fit of undergarments, bathing suits, and pants may be a troublesome and uncomfortable on a daily basis for some women. Others experience discomfort and significant chaffing after jogging, biking, and exercising. Additionally, some women report that the size is a painful physical hindrance to their sexual activity, while others feel self-conscious of their appearance in intimate settings when their inner labia minor extend noticeable further than their outer labia.

An important note regarding the latter: there is no “normal”, “standard”, or “common” appearance that defines the labia or genitalia. Rather—just like faces, noses, ears, and bodies—there is a spectrum of sizes, shapes, and skin tones. And, similar to those physical features, labiaplasty allows one to refine her appearance in accordance with her own personal preferences and needs.

Labiaplasty is typically performed in the surgical suite, with a combination of local anesthetic and either sedation or general anesthesia, in order to optimize the experience and the results. The procedure is performed by delicately removing a segment skin and soft tissue to reduce the size of the labia. The incisions are intentionally oriented in a fashion that allows the closure to improve the contour, while at the same time positioned to encourage healing.

In general, the operation takes 1-2 hours to complete, depending on the complexity and goals of each patient. Absorbable sutures are used to avoid the potential discomfort that often accompanies suture removal in sensitive areas. Strenuous activity and heavy lifting must be avoided for 3 weeks. Complete pelvic rest, particularly from sexual intercourse and the use of tampons, should be observed for 4-6 weeks. With rest and pain medication, most patients find the anticipated post-operative tenderness significantly improved within 7-10 days, if not resolved altogether.

Swelling, bruising, and temporary numbness of the labial folds are not uncommon in the initial aftermath of the procedure. However, the resulting scar is largely inconspicuous. Once fully recovered, healed, and returned to regular activities, many of our patients find the results life-changing, only regretting that they did not undertake the procedure sooner.

Quick Check

Postoperative Instructions

Labiaplasty

POST-OP

WEEK 1

DO: Rinse incisions thoroughly with “peri-bottle” after toileting

DO: Shower gently with soap and water each day

DO: Apply ointment to incisions twice a day

DO: Avoid tight-fitting under-garments

DO: Observe strict pelvic rest and abstain from sexual activity.

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PATIENT REMINDERS

- Don't try to evaluate the results of surgery too soon.
- Healing times vary from one person to the other.
- Swelling (and bruising) goes away.
- Scars tend to improve with time.
- Thick scars may be improved with cortisone treatments.
- Tightness indicates swelling; don't pull against it.
- Saggy/Baggy tissues seen after surgery are a result of continued aging.
- Loose skin seen after surgery was not left behind at the time of surgery.
- Protect peeled and dermabraded skin as you would a baby's skin.
- Follow Instructions.
- Please do not ask permission to break the rules.
- DO NOT take any medications other than those prescribed by or approved by McCollough Plastic Surgery Clinic.
- Take nutritional and healing supplements as directed.

BODY CONTOURING SURGERY:

To Summarize

After familiarizing yourself with the operative techniques for body contouring it should be clear that almost any figure fault, thickness or fat bulge can be improved. It should also be clear that body sculpting is not a shortcut to proper nutrition and dieting, and is not a cure for generalized obesity. To obtain the best body you can have requires a commitment on the part of the patient, as well as a team of trained medical and surgical professionals. At McCollough Plastic Surgery we believe that until now not enough emphasis has been placed upon the medical, nutritional, and fitness components of body contouring. While surgical specialists have long recognized the importance of nonsurgical factors, McCollough Plastic Surgery focuses on a "holistic" approach, addressing mind, body ... and soul.

There are limits to the amount of fat that can be safely removed by surgery. Since removing fat by liposuction or dieting leaves behind an excess of skin, we generally recommend this technique for those patients with good skin elasticity. The remaining skin must shrink to conform to the smaller body size. For this reason, people over 50 years of age are generally not ideal candidates for liposuction; however,

there are exceptions. Our medical aesthetician can access the elasticity and health of your skin and provide you with an informed recommendation.

Most surgeons believe that the effects of liposuction are permanent and that small fluctuations of weight will not cause the return of the localized fat bulges.

Cellulite is a term used to describe dimpled skin and fat. While liposuction can remove some of the excess fat deposit it takes away only fat ... and not skin. Dimpled skin will remain dimpled. Unfortunately, each year, thousands of people are misled into believing that "secret" formulas can rid the body of cellulite. We will give you an honest opinion as to which treatment, if any, should be attempted.

The surgical costs for body contouring depend upon the number of areas to be contoured as well as the amount of contouring to be done in each area. Since these amounts can range from small refinements to extensive sculpting, we cannot quote an exact fee until after your consultation. There is also an operating room fee which will depend upon the time required and the extent of operation required.

If there are any further questions concerning body contouring, please do not hesitate to call on us.

Looking and feeling one's best is achieved by lifestyle modifications.

We recommend using a trained nutritional and fitness counselor who can work with plastic surgeons to provide long-range solutions for people of all ages and backgrounds.

Unfortunately, each year, thousands of people are misled into believing that "secret" formulas can rid the body of cellulite. We will give you an honest opinion as to which treatment, if any, should be attempted.

PART V

MEDICAL REJUVENOLOGY™

THE SCIENCE BEHIND MIND, BODY, AND SPIRIT ENHANCEMENT

**A Non-Surgical Approach
To Looking Better ... Feeling Better ...
Performing Better ... And Living Longer**



IN ADDITION TO SURGERY

AN OVERVIEW

Before delving farther into the surgical procedures available at McCollough Plastic Surgery, I thought it might be helpful to take a look at some of the non-surgical alternatives to *providing personalized treatment plans* that address the condition(s) currently present in each of our patients... at every age.

Realizing that this objective is best achieved through procedures and products that a *Facial Plastic Surgeon* can offer, Dr. McCollough decided to expand the focus and services offered by surgery. The new focus will be on the prevention—and early detection of—conditions that give one the appearance and stigmata of aging.

As the “Head Coach” of your personal enhancement journey, Dr. McCollough will perform—and direct you toward—professionals who are qualified to provide:

- Injection therapies that fill age-related wrinkles and hollows (Restylane®, Juvederm®, etc.)
- Botox ® /Dysport ® /Xeomin ® injections,
- Advanced skin care products:
- Obagi, Skin Better, SkinCeuticals®
- Dermaplaning
- Therapeutic facials,
- Relaxation and therapeutic massage techniques
- Professional make-up and camouflage counseling.
- Personalized skin care regimens

These non-surgical services and products that are designed to prevent and/or suspend many of the causes of premature aging and the unwanted signs and symptoms that come with it.

Patients and clients should know that non-surgical procedures and products are not *substitutes* for surgery, but complimenting (or adjunctive) in nature.

Expanded (and physician-directed) services and/or products that can help you prevent and treat the unwanted signs and sequela of aging include:

- Skin Cancer Screening,
- Laser Therapies for Level I, or (superficial) and Level II-A (medium depth) skin conditions,
- Laser Tattoo and Hair Removal
- Therapies,
- Chemical Peels for Level I, or (superficial) and Level II-A (medium depth) skin conditions,
- Acne Therapy (procedural and medical treatment)
- Microneedling with Radio frequency,
- Platelet-rich-plasma (PRP) therapy for hair loss and thinning
- Nutritional Health Management (scientific testing for, and condition-specific supplementation of, vitamins, minerals and essential building blocks required for collagen regeneration,)
- Hormone Diagnostics for both Women and Men
- Non-Fad Weight Management

Patients and clients who trust their care to Dr. McCollough and his staff should know that—if he doesn’t offer or recommend a particular treatment or product in the clinics and centers he operates—it is because he has not yet become convinced that the results of such treatments are safe, cost effective or that they produce the outcomes claimed by their promoters.

THE McCOLLOUGH CLASSIFICATION SYSTEM FOR SKIN REJUVENATION

Level I – these kinds of treatment are often offered by *non*-surgeons, frequently in a spa or non-surgical rejuvenation setting. Patients are able to return home or to work or play immediately. Little or no healing time is required. Level I treatments tend to “polish” the skin for a few weeks, but have essentially no long-term benefits.

Level II – these skin resurfacing procedures are generally offered by facial plastic surgeons and dermatologists. Additional layers of damaged and wrinkled skin are removed with these deeper (dermis-level) treatments. Healing time generally requires about a week. Level II procedures are generally recommended for patients less than fifty years old and/or those with minimal to moderate sun damage and wrinkling.

Level III – these procedures should be performed by facial plastic surgeons and/or surgically-oriented dermatologists. Level III resurfacing procedures are the *most effective* methods of removing *severely*, sun damaged, blotchy skin, and deeper wrinkles. Healing time is longer – generally two to three weeks – however results are long-lasting and dramatic.

• • • • • • • • • • • • • • • •

**For more information on Skin Rejuvenating procedures, refer to
Chapter 9, Page 196**

YOUTHFUL, HEALTHY SKIN

(Including Skin Cancer Screening and Treatments)

Webster's New Lexicon Dictionary defines "rejuvenation" as: "to become as though young again."

Generally speaking, there are three routes to achieving the aforementioned goal: surgical, non-surgical, and a professionally-overseen combination of both.

After more than four decades devoted to rejuvenating faces, minds, and spirits, McCollough Plastic Surgery's founder, Dr. E. Gaylon McCollough, broadened Webster's definition into a multi-specialty healthcare school of thought, which he trademarked as "Rejuvenology." Dr. McCollough defines this comprehensive approach to your well-being as: "the art and science of rejuvenation by the prevention of, early detection of, and restoration of the undesirable consequences of aging, with, and, without surgery."

In scientific terms, "Rejuvenology" calls for new solutions to old problems. Now, the man or woman seeking ways to look and feel as well as possible can turn to one aesthetic medical

center: McCollough Plastic Surgery and Institute for Appearance and Health.

And, the non-surgical procedures at McCollough Plastic Surgery are the perfect complement to the institute's Surgical Rejuvenation Center (McCollough Plastic Surgery).

Because it is becoming increasingly difficult to obtain appointments with dermatologists, McCollough Plastic Surgery offers professional skin cancer screening and treatment. If skin cancer is suspected, a biopsy can be obtained. Treatment options will be discussed, and can be provided by the surgeons at McCollough Plastic Surgery. (See Chapter 10, page 237.)

The patient in the photographs below had years of sun exposure treated with a combination of the procedures and products presented throughout this book, including skin cancer screening. Note the more youthful appearance of her skin. It takes more than spa treatments to achieve results such as the one below.



COMPREHENSIVE SKIN CARE:

Looking Beyond the Surface

YOUR SKIN IS ALSO AN ORGAN

Your skin is the largest organ of your body with multiple layers, structural proteins, and vital components responsible for its health and appearance. In addition, it functions as a protective barrier. Skin health and surface appearance are determined by environmental factors as well as the function of the components that comprise the layers below. *The key to optimal skin improvement is understanding the inner workings of this dynamic organ.* In that regard, it is also one of the earliest indicators that the biological systems that keep an individual “well” may be out of balance. Rather than simply treating the visible signs of aging, facials and skin therapies are designed not only to make the skin *look* better, but to help restore the ravages of aging and years of sun and wind exposure ... from the inside out. Additional information on this and other Rejuvenology therapies can be found on pages 304-311.

DIFFERENT SKIN AT DIFFERENT AGES

Every skin is different, and the combination of each skin type and particular skin condition presents a unique set of characteristics.

Basic skin care should be initiated as early as possible (adolescent years), and include cleansing, moisturizing, and sun/environmental protection. Although the effects may not be visible until mid-life, the damage inflicted upon your skin by unprotected sun exposure is cumulative, beginning in early childhood. As you progress through life, additional treatments are introduced into the basic skin care regimen to address specific concerns, such as: acne, rosacea, discoloration, age spots, wrinkling, dryness, sensitivity, etc

There are several scientifically-proven ingredients effective in rejuvenation and maintenance of skin health. These are found in many of the products recommended by our team.

1. Vitamin C (L-ascorbic acid): antioxidant, helps neutralize free radicals and helps protect against oxidative stress
2. Vitamin E (tocopherol): antioxidant, helps neutralize free radicals, specifically counteracts lipid peroxidation- an especially destructive type of skin damage.
3. Resveratrol: an antioxidant (found in red wine and MAX-a-LIFE products) is deactivated by sunlight.
4. Vitamin B3 (Niacinamide): strengthens skin's moisture barrier and reduces the appearance of discoloration and blotchiness.
5. Alpha-hydroxy acids: class of water soluble chemicals that cause exfoliation, or shedding of the scaly surface skin. Examples are glycolic acid and lactic acid, citric acid.
6. Beta-hydroxy acids: class of lipid/oil soluble chemicals that also cause exfoliation, more effective on oily and acne-prone skin. Example is salicylic acid.
7. Retinol: form of vitamin A (retinoic acid) that helps to improve uneven skin tone, promote cell turnover, and improve the appearance of fine lines and wrinkles.
8. Hyaluronic Acid: provides hydration to the skin by attracting and retaining water and natural moisturizing factors.
9. Ceramides and cholesterol: lipid molecules naturally present in the top layer of the skin. Enhance skin barrier function and help increase skin hydration.

SKIN CARE IS FOR MEN TOO

There are some differences in male and female skin. Men generally have thicker skin and produce more sweat and oil. Studies have shown that men tend to undergo higher levels of oxidative stress and have a reduced capacity to neutralize free radicals (harmful molecules in the skin and body created in periods of inflammation or from sun exposure). Additionally, men are more prone to UV-light-induced immunosuppression, which is thought to play a role in skin cancer formation. This might be one reason why men have higher rates of non-melanoma skin cancer or are twice as likely to die from melanoma, so frequent skin checks for cancerous changes are recommended.

Men are also more likely to develop more severe wrinkles and at an earlier age. It is important to initiate a basic skin care regimen for men looking to improve their appearance and skin health.

LASER & OTHER NON-SURGICAL SKIN REJUVENATION THERAPIES

McCollough Plastic Surgery and its affiliates offer a variety of procedures and products that camouflage the signs of aging. However, it is more than a filling station for commercially-created injectable fillers and muscle paralyzing agents. It is a comprehensive age inhibition and management center.

CO2 Laser treatment is a type of resurfacing that (as do chemical peels and dermabrasion) rejuvenates the collagen within your skin. Lasers also help reduce “age-spots”, fine line, wrinkles, scarring, uneven coloration, skin laxity, textural irregularities, and dull tone. Like other skin rejuvenating procedures, *unless laser treatments require 12-14 days of downtime they provide minimal long-term results.*

Intense pulsed light (IPL) devices use multiple wavelengths of light to treat sun-induced changes on the face, including brown pigmentation, age

spots, and broken blood vessels. It may be used for these changes on the hands, neck, chest, legs, as well. IPL is also used to treat acne and rosacea. It is noninvasive, has little downtime, and is tailored to the individual patient’s skin.

Laser hair removal is useful for permanently removing unwanted hair from the face, legs, arms, underarm, bikini line, and any other area. The device delivers highly concentrated light into hair follicles, where it is absorbed, thereby destroying the hair follicle permanently. Four to six sessions are typically required for approximately 80% reduction in hair.

Long-pulsed YAG Laser uses energy to heat and shrink blocked vessels which causes them to collapse. Small varicose veins and vascular lesions, such as hemangiomas, can be improved with this device.

Q-switched YAG/KTP is used for tattoo removal of a wide array of pigments.

Microneedling is a process that involves using microscopic, sterile surgical grade needles to puncture hundreds of tiny holes in the skin. The process induces skin to go into healing mode stimulating collagen and elastin production, thereby plumping the skin and may improve the appearance of fine lines, dull texture, and pores. For best results, this treatment should be repeated on a regular basis.

Radio frequency (RF) adds the element of radio frequency energy to the traditional microneedling procedure. The RF energy heats the skin, and stimulates collagen and elastin production. McCollough Plastic Surgery offers combined Radio frequency and microneedling treatments.

Platelet-rich-plasma (PRP) is also available for use with Microneedling. Platelets are found in the blood and contain important growth factors that promote cell regeneration and repair.

When PRP is added to RF Microneedling, the treatment effects are enhanced. It can be used on its own or to enhance procedures like microneedling, skin resurfacing, and scar revision. We can prepare your own platelet rich plasma by drawing your blood and centrifuging it to collect concentrated platelets in a tube.

Hair Rejuvenation is a rapidly growing application of PRP. It helps stimulate the hair follicles, promote hair growth, and increase hair count and thickness by stimulating the hair to come out of the “resting phase” and pushes it into the “growing phase”.

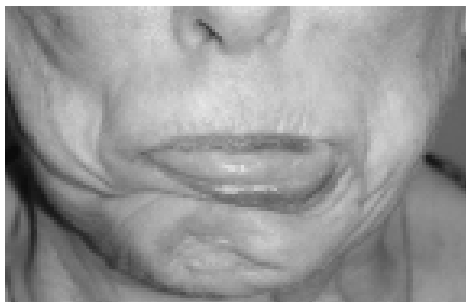
Neurotoxins (Botox®, Dysport®, Xeomin®, etc.) minimize the kinds of wrinkling and scowls that occur with exaggerated facial expressions by weakening the muscles that exert pull on the skin. For best results, re-treatment every several months is required. With consistent use, the severity and rate of deep wrinkle formation is reduced.

Dermal Fillers We offer a variety of dermal fillers, each with a unique profile and properties designed to temporarily address specific signs of aging. The effects of this material last approximately 6-12 months, as it is absorbed by the body over time. Thereby leaving behind NO permanent result.

Neurotoxin injections (Botox®, Dysport®, Xeomin®): reduce sweating by temporarily blocking the nerve impulses that stimulate the sweat glands. Treatment is required every 4-6 months. May be covered by insurance, depending on your plan.

Unique treatments with a combination of neuromodulators and dermal filler can be administered for patients with facial deformities due to Bell’s palsy, facial nerve injuries, facial tics, or undesirable facial features such as a “gummy smile”. (See photos to the right)

Clearly the advanced aging and prevention programs and products that

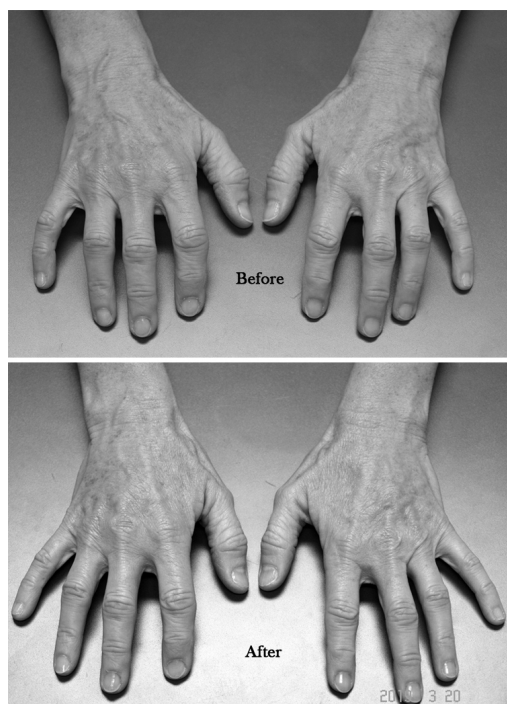


Patient treated with neuromodulators and dermal filler for abnormal dimpling and overactive lower cheek and chin muscles that developed after nerve injury during carotid artery surgery.



Gummy smile on this patient was improved by a combination of dermal filler in the lips and neuromodulators to the muscles that raise the lip during smiling. This is sometimes called a “lip flip”.

we offer give the skin a more youthful appearance. That’s why we offer selected injectable fillers that provide *temporary* improvement in wrinkles and depressions caused by aging. But many of our clients are looking for more. They



want to be as healthy as they look. And they want to look their best longer than some of the temporary therapies can provide.

When more permanent eradication of these conditions is desired, minimally invasive surgical procedures are an option. The *patient's own collagen* can be inserted through tiny incision by one of the clinic's surgeons. For more information about autologous grafting, *using your own collagen*, call 251-967-7600.

Level I chemical peeling and skin polishing (dermabrasion) are addressed in previous chapters. (See pages 208–226).

SKIN POLISHING PRODUCTS

A wide variety of commercial skin care products are available on the non-physician market. Simply stated, some of them are more hype than help, some are misleadingly called “face lifts in a bottle.” Among the maze of available products, a select few have been determined (through research and

experience) to be helpful in giving the skin a more youthful appearance. It is a scientific fact: products prescribed by a physician—and administered through the oversight of a physician—tend to be more effective. The reason is: the concentration and combinations of active ingredients of physician monitored products are more closely monitored and manufactured to higher specifications. It is also important to note that *just because a physician endorses a product or procedure, it does not mean that the product has been subjected to scientific scrutiny.* It is a sad—but factual—state of affairs, many physician spokespersons are hired actors.

Rejuvenology Programs offered through McCollough Plastic Surgery offer high quality skin care systems including The Obagi System, SkinCeuticals and Skin-Better lines of products. The laws that govern and regulate spas and skin care centers are very specific when it comes to such preparations. A *licensed physician* must direct the dispensing and use of such products.

It is important to note that the vast majority of non-surgical rejuvenation therapies only produce temporary results and that health insurance may not cover the costs of treatment. Longer-lasting and, often less expensive, results are obtained when the professionals providing non-surgical procedures and products work hand-in-hand with the surgeons at McCollough Plastic Surgery ... and vice versa.

YOUR SKIN AS AN INDICATOR OF HEALTH ... OR ILLNESS

It is also important to remember that your skin is an indicator of unhealthy conditions that exist beneath it. Undiagnosed medical conditions (hormone imbalances, thyroid deficiencies, collagen disorders, poor nutrition, stress, etc.) are often reflected

in the appearance and texture of one's skin. This is where the Rejuvenology approach to skin care offered through McCollough Plastic Surgery separates itself from "spas" and other surgical centers.

We approach skin care, nutrition, weight and age management from both directions: *inside out* ... and *outside in*. From a sample of your own blood, we can determine whether your hormones are out of balance, whether you need to supplement your diet, or whether indicators of biologic imbalance of your internal organ systems exists. If it is determined that imbalance is present, our staff can recommend the appropriate corrective measures. In some cases, however, referral to your personal physician or a medical specialist might be indicated.

Dr. McCollough has often written and lectured that people who do the things that are required to look *their best*, tend to *find better health*, even if finding better health might not have been their primary objective when consulting him. He has, now, applied this principle to the non-surgical center in his institute as well as to the plastic surgical clinic.

WEIGHT MANAGEMENT: It's Affect on Your Skin, Health, and Aging

It should come as no surprise that as a person gains weight, the skin surrounding their face and body substructures is stretched, making it even more susceptible to premature sags and bulges. And, "roller coaster" weight swings can be even more damaging. Each time the skin is stretched, its elasticity is diminished. *That's why Dr. McCollough does not "stretch" his patient's skin during face lifting. He simply removes the portions that are sagging, thereby creating a "natural" or "un-operated" appearance.*

The hard facts are: managing your weight is not nearly as complicated as

you might think. It is simply a matter of self-discipline—and keeping score ... balancing the number of calories ingested each day with the number of calories expended while you go about your daily routine. Clearly, more physical activity burns more calories. But exercise, alone, is not the answer to weight management. For example, you must walk a mile (at a rapid pace) to burn off the number of calories that you ingest with two cookies, a non-dietetic drink, or small piece of cake or pie.

So, here's the secret to weight management that many commercial "diet" plans don't advertise. If you eliminate just 100 calories per day (by avoidance or burn them through exercise) at the end of only 30 days, 3,000 calories will have been eliminated from the system. Three thousand (3,000) calories are what it takes to create (or burn) *one pound of fat*. Simply stated, if you eliminate just 100 calories per day from your food and drink intake, at the end of a year, you would have lost 12 pounds. Conversely, if you ingest the equivalent of 100 calories per day, 12 pounds would have been accumulated (as fat) in 12 months. This simple equation is the "secret" to weight management.

SMART NUTRITION: Feeding Your Skin...and Its Contents

As a biological organ, your skin depends upon proper nutrition in order to produce youthful, healthy cells during each phase of the process that many of us learned about in high school biology, called "mitosis," or "cell division."

As is the case with a maturing baby, *if deprived of essential foods, vitamins, and minerals*, the baby fails to develop properly. In that respect, throughout your life, each new cell of your skin is a "baby" cell and must be fed accordingly.

However, the only way that you will ever know if the cells of your body are

being properly nourished is through *scientific testing*.

At McCollough Plastic Surgery we offer such testing. With a blood sample, virtually every vitamin, mineral, and amino acid (the building blocks of collagen production) can be measured. When the cellular levels of these nutritional elements are found to be deficient, the right combination—and amounts—of the missing parts can be provided with pharmaceutical grade supplements. Simply stated, there is no other way to really know if your body needs nutritional supplements or if you are taking the right combinations, or amounts.

The weight management and Rejuvenology nutritional programs offered through affiliated professionals and centers are safe, effective, and affordable. For more information call 251-967-7600.

HORMONE BALANCING: For Women and Men

There is no debate among health care professionals that hormone levels drop with every year past thirty. In women, the process happens rapidly, causing obvious changes in the way a woman feels and looks—a process known as “menopause.” In men, the process is known as “Andropause,” and occurs more gradually—often sparing males of flash sweats, mood swings and fluid retention. However, by the age of 50 both men and women experience measurable drops in the hormones that sustain a youthful appearance, heightened performance and positive outlooks on life.

Because hormone imbalances are often reflected in the appearance and texture of one’s skin. When testing confirms imbalances in any of the hormones, the patient is referred to an appropriate physician to bring them back in balance.

THE STRESS FACTOR: Speeding Up And Slowing Down the Aging Process

Every year, scientists are learning more about the human aging process. And while no one has, yet, discovered how to arrest it, how to speed it up is a well-known process.

Stress may be one of the most correctable enemies to longevity, productivity and happiness. That having been said, *stress relief* may be one of the ways to arrest many of the unwanted signs and symptoms of aging. We—at McCollough Plastic Surgery—believe that some of the services we offer can help provide a respite from the daily drudgeries of life.

A professionally administered “therapeutic facial” and/or massage relaxes muscles, lowers tension levels and creates the release of the body’s own natural chemical relaxants and pain killers (endorphins.) This—coupled with Reflexology Therapy and a peaceful, professional environment—allows our clients to let go of the kinds of tension that promote premature aging and lowers productivity in the work place.

When the pressures of stress or the weight of grief become too heavy to manage with the aforementioned therapies, the services of a licensed counselor are recommended. This mind/body/spirit approach is, yet, another factor that separates McCollough Plastic Surgery from other spa—or spa-like—facilities.

SUMMARY

The preceding is intended to demonstrate how McCollough Plastic Surgery and its extended Rejuvenology™ initiatives are redefining the industry.

While pampering our clients is one of the mainstays of our Clinic, we are committed to going the extra mile. And, because the systems and programs that we offer have been developed

and/or sanctioned by the Clinic's founder, Dr. E. Gaylon McCollough, a world-renowned facial surgeon and rejuvenation pioneer, we believe that they are more likely to provide what every patient who looks in the mirror

and recognizes the undesirable signs of aging wants: to look better, feel better, and perform better ... longer.

For an appointment with one of our rejuvenation specialists, call 251-967-7600.

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What Spa Treatments Can't Do



This photograph demonstrates the improvement obtained in this patient's skin texture following a Level III chemical peel. Some tightening of the eyelid skin also occurs with this procedure at the same time facial and eyelid surgery was performed.

.....

Refer to Chapter 4, regarding surgery to reverse the undesirable signs of aging. In some cases, you may need to consider surgical rejuvenation for a more dramatic, long lasting result.

HEALTH AND WELL-BEING: FACTS YOU SHOULD KNOW

❑ Headaches are often caused from pressure inside the nose. Correcting a “deviated septum” can relieve the severity and frequency of this type of headache.

❑ One-half of all people who have heart attacks have “normal” cholesterol.

❑ A physically “fit” person is more likely to survive a heart attack or flu syndrome than one, who is not.

❑ More than 90% of people who lose weight on a named diet gain all the weight back ... plus some. The only way to lose and keep weight off is to take in fewer calories (regardless of the food type or combination) and/or burn more than one takes in ... every day, for the rest of one’s life.

❑ A large burger, large fries, and shake contain 1500 calories.

❑ One has to walk two miles to “work off” a piece of pie, a small bag of chips, or three cookies.

❑ Type II diabetes, high blood pressure, and elevated “bad cholesterol can often be “cured” by losing weight, thereby eliminating the need for prescription drugs.

❑ More than 120 allergies can be checked with a simple blood test. And, food allergies are more common than thought.

❑ Osteoporosis (brittle bones) can kill. The vast majority of people who suffer a spontaneous hip fracture from osteoporosis after the age of 70, die within one year. So, be checked for ... and treat osteoporosis.

❑ All vitamins and supplements are not the same. Some are not absorbed

when swallowed. Pharmaceutical grade vitamins and supplements are best.

❑ All hormones are not the same. “Bioidentical” hormones are not derived from the urine of pregnant mares. They come from plants and are identical, biologically, to those produced by humans.

❑ Growth Hormone (HGH) may actually reduce the risk of contracting some cancers.

❑ Two-thirds of Americans are overweight ... and the fastest growing segment of those considered “obese” is children.

❑ Fibromyalgia is the name of a medical condition expressed by chronic pain in muscles, insomnia, stiffness, and fatigue. Diagnosis is made by identifying five or more pressure points.

❑ Many over-the-counter pain medications, herbs, and green tea can increase bleeding following an injury or surgery.

❑ Sixty percent of Americans 18 and over have pre hypertension or high blood pressure ... 31% don’t know it!

❑ A human’s breathing capacity is 20% more powerful at 5 p.m. than at noon.

❑ Children who are physically fit score higher on academic tests and have much better memories, reaction times, and problem solving skills

❑ A study from the University of California found that 1.6 oz. of dark chocolate a day can reduce blood pressure because the flavonoids found in chocolate can decrease blood cell stickiness, promoting blood flow.

CHAPTER 13

Your Skin as an Organ . . . And Indicator

YOUR SKIN AS AN ORGAN ... AND INDICATOR

Inside ... Out

Medical experts are learning that the folksy adage: “beauty is only skin deep” is not based on science. Many things which exist beneath your skin provide beauty, vigor, and vitality.

Skin is the largest organ of the body. It and its extensions (hair and nails) say a lot about your general state of health. In addition to its role as a protective barrier to bacteria and other pathogens, the skin helps your body maintain a steady temperature and body fluid level. Vitamin D (needed to keep bones strong) is also produced when the sunlight comes in contact with the skin.



Drawing of aging, wrinkled skin. The depressions in the surface represent wrinkles.

Years of abuse as well as unprotected sun, wind, cold and ultraviolet light exposure cause the collagen and elastic fibers of the skin to break down and the fluid elements between them to dry, leading to the development of wrinkles. In addition, environmental insults cause abnormal cells to develop, leading to skin cancer and pigmented, splotchy, blemishes. In keeping with “choice-based health and beauty,” nicotine and excessive alcohol intake can deplete the skin of essential nutrients and lead to premature aging.

Hormonal imbalances and improper cleansing can lead to acne and other infections which cause scarring. Certain conditions of the nails suggest systemic spread of a fungus (Candida).

Finally, hair loss and/or brittleness can be a sign of hormonal, vitamin, and



Before



After

Example of a patient who exposed her skin to sun and wind, unprotected for many years. Note the wrinkles and pre-cancerous spots.

mineral imbalances. If concerns about any of these issues mount, consultation with a physician is recommended.

Prior to visiting a physician, however, McCollough Plastic Surgery can take a sample of the patient's blood, following, which additional laboratory testing can determine if deficiencies exist.

A trained skin care specialist, working

with a physician, can help restore your skin to a more youthful level through rejuvenating therapy and can recommend treatments designed to keep your skin looking healthier. In addition, quality products can lubricate and protect the skin from harmful environmental factors.

Sometimes, hormone imbalances cause changes in the skin, low thyroid levels (hypothyroidism) cause the skin to become dry and puffy (see photograph next column). High Thyroid levels (hyperthyroidism) cause the skin to be thin and velvety smooth. Saliva and blood testing can help determine if hormones, minerals and vitamins are “out of balance.” It is not widely understood that hormone imbalances occur in men, as well as in women.

Menopause is the condition associated with decreasing sex hormone levels in women. The same condition occurs in men ... and is called Andropause.

Bioidentical hormone replacement therapy can be initiated in both men and women, many times restoring the body to more youthful states and vitality. Other hormones, not related to menopause and andropause can also be measured.

In addition to the skin changes associated with thyroid imbalances, deficiencies (or excesses) in thyroid hormones and cortisone can produce conditions which cause changes in personality and energy. In some cases, severe imbalances can cause profound alterations in one's appearance ... and/or become life threatening.

The professionals at McCollough Plastic Surgery can provide more information on these chemical and hormone imbalances and work with your doctor to recommend the most appropriate dose and combination of replacement therapy.



Before and after photographs of a patient with hypothyroidism who was treated only with thyroid replacement. No surgery was performed.

Skin Care: Services and Products

Regardless of what you may have been told, skin cannot be “categorized” into only four or five skin-types. Because of individualized genetic codes, there are as many “skin types” as there are people existing on the planet.

Some products, which claim to penetrate deeper in your skin and underlying tissues are physically and chemically incapable of penetrating into the tissues they are claimed to treat. Because of this fact, they are incapable of achieving the advertised objective.

When considering whether to try the latest “miracle” treatment the first question you should ask yourself is: Does the claim make scientific sense? Like all remedies, skin care products and nutritional supplements ought to withstand the test of reproducible scientific validity and administered with professional oversight. The proverb: “If it sounds too good to be true, it usually is,” is a wise way to view skin and healthcare products and programs.

For best results, skin care and cosmetic products should only be recommended following a scientific skin analysis by a trained professional.

In keeping with my prior advice (that “one size DOES NOT fit all,”) the products you use should be selected based upon your individual conditions and effectiveness, as witnessed by

our professionals. Our research has indicated that no one company provides products which satisfy the needs of every individual. For that reason, we have chosen to incorporate the best products available from a variety of manufacturers into your personalized skin care program.

Following a professional skin care analysis, the most appropriate products are recommended.

Our recommendations are based upon what skin care our professionals and physicians feel are the most ideal combination of products and those deemed necessary to address the specific issues which have been identified. In compliance with scientific guidelines, our skin care professionals use in “treating” medical conditions, the strength, use, and frequency of use may need to be adjusted—or changed—in order to obtain the best results. So, the best way to keep your skin looking its best is to develop an ongoing professional relationship with an expert trained to care for it.

The appearance of your skin says a lot about you. If you do the things to make your skin look as good as possible, you may very well discover better health in the process.

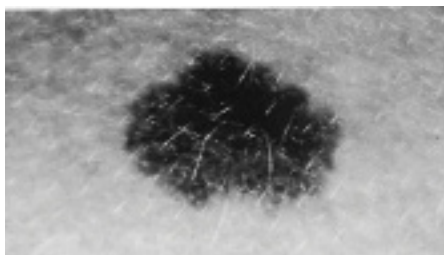
In order to have healthy, youthful appearing skin, periodic visits to skin care specialists are recommended.

FREE SKIN CANCER SCREENING

McCollough Plastic Surgery is, once again, pleased to offer free skin cancer screening. Should a suspicious area be identified, a biopsy (small piece of the area) may be taken, and sent for microscopic analysis to a medical laboratory by a certified skin pathologist.

In most cases, the analysis of the specimen is covered under one’s healthcare insurance. Should the specimen prove to be cancerous, a recommended course of treatment will follow. If you wish, Dr. McCollough remove the cancer and/or repair the defect, you should know that he does not accept insurance.

Oftentimes, the treatment and any required reconstruction can be provided in total at McCollough Plastic Surgery. However, MOHS surgical removal (see page 240) may be recommended in more advanced cases. Reconstruction of the defect can be performed by Dr. McCollough, along with any additional improvement that might result from the initial reconstruction. You should tell the Mohs surgeon if you would prefer the reconstruction be performed by the surgeons at McCollough Plastic Surgery LLC.



Professional Skin Care

A professional consultation and skin analysis is essential if your goal is to have skin that looks healthy and youthful. During your initial visit, a skin care specialist or experienced plastic surgical associate will review your current skin care habits and analyze the current condition of your skin.

Upon this analysis an aesthetician will advise you of the most effective treatments as well as prescribe your personal “at home” routine that will bring your skin back to a proper balance for your specific condition or concerns. The plan may then be reviewed by one of the Clinic’s physicians.

Your “skin analysis” is complimentary and is strongly advised before any treatment or product is administered.

If you are using a product without the oversight of one of our specialist, you may be using the wrong product, the improper concentration and the inappropriate combinations of available products.

If the examination suggests the presence of a skin cancer, you will be referred to a surgeon at McCollough Plastic Surgery or a dermatologist for evaluation, a possible biopsy, and definitive treatment.

Microdermabrasion (Epidermal Minibrasion) Treatments For Your Face And Body

This Level I form of aesthetic skin care involves the removal of the most superficial (or outer scaly layers) of your skin. This noninvasive technique arose out of procedures performed by facial plastic surgeons and dermatologists, to enhance the appearance of skin containing severe sun damage and wrinkles. Microdermabrasion (Epidermal Minibrasion), as opposed to Surgical Abrasive therapy, is indicated for a specific reason; to polish your skin

by manually exfoliating the “dead” layer of skin that collects on its surface. It does not remove wrinkles and deeper blemishes. To do so, a Level II or Level III procedure (performed by a physician) is required.

Epidermal minibrasion is a less invasive procedure than surgical dermabrasion, chemical peeling, or laser skin resurfacing and therefore is unable to provide dramatic, long-term results. Unlike surgical dermabrasion, frequent treatments are required in order to exfoliate the dull and lifeless layer and maintain a “polished” appearance.

In shore, microdermabrasion therapy is a superficial “buffing” procedure, which uses a mechanical process to loosen and remove the surface layers of dull and lifeless skin cells, improve circulation and encourage the formation and growth of new skin in the superficial layers. Unlike surgical skin resurfacing, there is little, if any, tightening or rejuvenation of the skin.

After a series of treatments the client’s skin may have a healthier appearance, an improved skin tone and a slight reduction in pore size. It is important to understand that microdermabrasion (epidermal minibrasion) is not a substitute for surgical skin resurfacing in treating wrinkles and advanced sun damage. Like surgical (Levels II & III) peels, unless it takes two weeks to heal, there is no permanent improvement in the skin. However, microdermabrasion is recommended in the long-term maintenance of skin which has been surgically resurfaced or tightened with facial plastic surgery.

Epidermal minibrasion is recommended for anyone desiring skin polishing, however it is not suggested for those individuals suffering from chronic acne, or Rosacea/fragile skin. Microdermabrasion (epidermal

minibrasion) treatments may be integrated with a customized facial for optimal results.

The Aesthetician's Peel

Like non-surgical Microdermabrasion, an Aesthetician's superficial or "light" peel is formulated to remove the dull and lifeless surface layers of the skin. Like microdermabrasion, these peels should be considered skin "polishers." In some cases they improve skin texture and addresses skin discoloration. Like microdermabrasion, the aesthetician's peel does not eliminate wrinkles.

Unlike microdermabrasion, (which "buffs" the top layer of skin) a customized chemical formula (usually derived from Vitamin A derivatives or fruity acids) is scientifically applied to the skin and remains there for a specific time frame, as determined by the medical aesthetician. The exfoliating chemical is then neutralized, the top layer of the skin sloughs and a fresh, more vibrant skin is revealed. This procedure is non-aggressive and does not require recovery time. Clients may return to work and apply make-up within an hour or so.

Like non-surgical microdermabrasion, an "Aesthetician's Peel" is recommended for all skin types and can be integrated with a custom facial for maximum results.

It is important to note that the results of Level I Aesthetician's Peel are not comparable to a "Level II or III" chemical peel. Unless it takes two weeks to heal, there will be essentially no permanent elimination of wrinkles and long-term tightening of the skin.

"Resurface™" Skin Rejuvenating Program

ReSurFace™ is a new, trademarked treatment system developed by Dr. McCollough. The treatment program includes topically applied products and was created because we recognized

the need to provide treatments for the hands, arms, legs and chest, which would provide more improvement in the conditions these areas exhibited than was available through "traditional" methods, such as microdermabrasion and light peels, alone.

The ReSurFace™ program involves a combination of strategic abrasive exfoliating techniques followed with a specific exfoliating products, chosen especially for ReSurFace™ clients. Dr. McCollough developed the ReSurFace™ program because he recognized the need to create a technique, which would serve as a bridge between the classical "Aesthetician (Level I-A) Peel" and the "Level II and III peels offered by physicians.

ReSurFace™ is a Level I-B peel and therefore removes more layers of the epidermis than either microdermabrasion or Aesthetician's Peels. As a result, it tends to promote new, fresh skin growth. The results are smoother, improved skin texture and tone...with the elimination of much of the sun and wind-damaged cells, which are the beds of skin cancer growth. Fine lines are also softened, pores are refined and a healthy, more radiant skin is uncovered.

ReSurFace™ (a Level I-B peel) may be performed anywhere on the body. The technique is helpful for sun damaged and age-ridden skin.

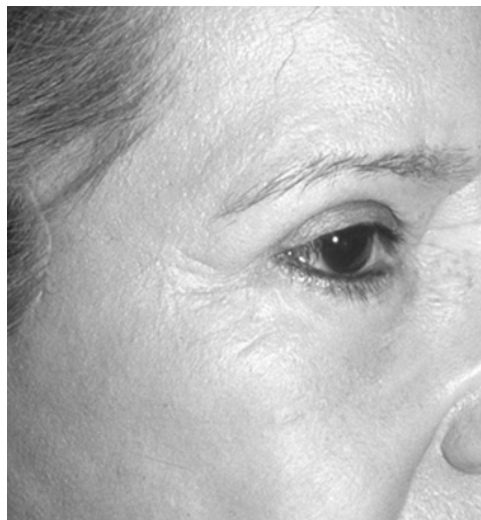
Cosmetic and Camouflage Therapy

The Make-up artistry enables you to cosmetically camouflage bruises, incision marks, redness from chemical peeling or dermabrasion, as well as permanent discoloration from birthmarks, hyper pigmentation, burns and scars. (See 2 week post-op photos on the next page.)

Two Weeks After Surgery With Make-Up



When the tissues are allowed to progress to a severe state, the degree of improvement can be more dramatic. Even though some signs of aging are present, the face looks more youthful and the skin has a better quality and texture. The photograph on the right was taken only two weeks after a face lift and eyelid surgery in a patient who faithfully followed The McCollough Peri operative Protocol. With make-up and hairstyling she is “presentable.” The average person would not detect the post-operative signs of surgery.



Extreme sun damage and wrinkling can be improved with surgery and a Level III resurfacing. Note the improved texture and color achieved in this patient with surgery and a surgical peel.

CHAPTER 14

RELEVANT REFLECTIONS AND NEXT STEPS

THE McCOLLOUGH DIFFERENCE

Half a Century of Pursuing Excellence

In the real world “perception is reality.” So, rightly or wrongly, human beings are judged by how we look, feel and how fit we appear to be. While this inherently inbred fact of life may not be “politically correct,” for centuries it has divided human beings into two distinguishable groups.

- those who strive to maximize our God-given potential ... and
- those who settle for less.

After more than 47 years of medical and plastic surgery practice, one of the “Best Doctors in America” and “America’s Top Plastic Surgeons”, Dr. E. Gaylon McCollough combined themes that permeate his many publications into one book: the ultimate consumer information guide to becoming an even better you. The McCollough Plastic Surgery Experience recognizes the irrefutable connection between appearance-enhancing surgery, mind body medicine, and a life filled with opportunities.

From the writings and experiences of Dr. McCollough and his colleagues, readers will learn how enhancing your appearance (with and without surgery) could lift spirits, improve health, and tilt the scales of opportunity in your favor.

While this book was originally intended for McCollough Plastic Surgery patients, it can be a valuable resource for anyone contemplating a change in their appearance.

Dr. McCollough makes a compelling case for relying upon traditional plastic surgery and explains its enduring role in a world seemingly enamored with change, novelty, and quick fixes. Readers will come to realize that well-performed plastic surgery creates a “natural” and “un-operated” appearance. The reasons why so many “minimally invasive” (and or “noninvasive”) procedures fail to deliver reliable, long term results are also addressed. It will become apparent that non-surgical procedures are only temporarily effective; and because they need to be frequently repeated, tend to be more costly options than time-honored surgical procedures.

From cover to cover, Dr. McCollough discusses the various options available to address matters of health and appearance, including detailed pre- and post-treatment instructions to help insure a smoother recovery and more predictable outcomes.

Readers will be introduced to a new medical specialty known as “Rejuvenology™”, as Dr. McCollough explains his integrative approach to enhance surgical results through scientific weight management and nutrition. Also addressed are medically-based programs designed to improve the way you look, feel, and perform your daily activities. Other chapters address stress management, fitness, and dealing with loss and grief, all of which Dr. McCollough emphasizes are part of “Mind Body Medicine” and an enhanced quality of life.

Woven into the pages of this book you will find authentic patient testimonials, with before and after photographs of scores of individuals who turned to Dr. McCollough and his staff for advice and treatment — treatment that in many cases changed their lives ... for the better.

So, prepare to be both enlightened and inspired. Take time to learn the facts about new (and time-tested) techniques that enhance the lives of people from all backgrounds ... and all ages. Then, resolve to take the necessary steps toward becoming and even better “YOU.”

Several differences already stated separate McCollough Plastic Surgery from other personal enhancement centers; one of which is that we not only provide total body plastic surgery in our own operating facilities, we also provide some services that are

considered dermatologic in nature. Short-term, and long-term, post-operative and extended care is provided in on-site villas, by private-duty nursing assistants who oversee your care and recovery.

You should also know that the book you hold in your hand is a one-of-a-kind, copyrighted publication. The first edition was published in the 1970's. As new procedures and enhanced post-operative care have been discovered, they have been included. As have others, this edition:

Dispels myths and cautions against “to-good-to-be-true” procedures, techniques, and products;

- Serves as a resource for the questions that you should ask to any physician or provider into whose hands you are contemplating placing your appearance and trust;
- Explains why a personalized appearance and life enhancement plan—with and without temporary treatments and (based upon your specific concerns and conditions)—is usually the most economical and effective route to enhancing your facial and body features, reverse the unwanted signs of aging, help you maintain a more youthful appearance, and bolster your self-confidence... for years to come.

This book also:

- Provides printed post-operative instructions for you and your caregiver(s). Even more importantly, it
- Arms you with the insight needed to ask better questions and make more-informed decisions about the plethora of appearance and health enhancement options that are available to you. Some of which are effective and others that are not.
- Shares numerous testimonials from previous “McCollough” patients.

Experience has shown that patients who read the sections of this book that pertain to the procedures they will undergo and faithfully and consistently follow the advice and recommendations provided in this book have a much better chance of obtaining the results they desire—and in a convenient, predictable, cost-effective, and more trouble-free manner.

As you turn the pages, it should become apparent that the condition-specific procedures I recommend and perform are not “one-size-fits-all.” In the “McCollough Experience,” each treatment plan—each procedure—is customized to address the current conditions of your face, nose and body at this stage of your life, provide natural-looking, lasting results, and avoid the tell-tale appearance of “overdone” surgery and/or injectable fillers.

We understand that not everyone is a candidate for surgery; and not every condition requires surgery. That's why we offer skin cancer-screening and non-surgical alternatives and treatments that tend to compliment the results obtained with surgery. So that you may factor the alternatives, limitations, and imponderables of each treatment option into your decision, these non-surgical options are also addressed.

Since I began my practice (in 1975) I have personally performed tens of thousands of facial and nasal plastic surgical procedures. I am also a founding lecturer and director of the world's largest multi-specialty symposium on elective plastic surgery.

As a result of this vast experience, I can attest to the fact that, when your health is not an obstacle, temporary fixes are not always the best investment of your time, money, inconveniences, and risks.

When I became a physician, I swore an oath to recommend and offer remedies aimed at benefiting your health, safety, and well-being. And, if I become your surgeon and, thusly, your appearance-enhancement coach, that's precisely what I pledge to you. I will inform you of ways that allow you to invest in yourself. This book sets the stage.

My staff and I appreciate, and, respect that you have taken this first—and crucial step—toward becoming an even better you. Whether I initially consult with you in person, conduct preliminary assessments via teleconferencing (Skype or FaceTime), or by evaluating photographs (that you Email to us through the website address below), I will recommend only the procedures that I feel are currently indicated; and continue to do so for as long as you allow me to take care of you.

And while no ethical physician can guarantee the outcome(s) of treatment or 100% patient satisfaction, there is another pledge that I can make: At every encounter, I will do everything in my power to earn your trust and justify your expression of confidence. During the time that you are under my care, my staff and I will also attempt to make your experience as convenient and comfortable as possible.

As part of our doctor/patient partnership, your first task is to study the introductory sections of this book; then move on to the sections that pertain to your interests (including the post-operative instructions and admonitions.) You are encouraged to bring to your consultation (or any post-operative visit) any questions that may arise.

For relevant updates on new procedures, products, services, I urge you to visit our website: www.mccolloughplasticsurgery.com. Under the heading "Books and Videos" you can download an informative interview conducted by a local television station (BLAB-TV.) The interview goes into more detail about the philosophy and methodology that permeates McCollough Plastic Surgery. It also provides the questions that you should ask of EVERY surgeon, or provider, under consideration. In case you displace your copy of this book, or wish to share it with a friend, you may also download an eBook copy of this book by clicking on the cover in the right hand corner of the home page.

For additional information about our body, mind, and spirit approach to your well-being, you might wish to obtain a copy of my other personal enhancement book, *One Face at a Time*² at your local book store, through Amazon, or by calling McCollough Plastic Surgery at 251-967-7000. ***Profits from my books are pledged to charitable initiatives and educational assistance for young people.***

Thank you for considering us as your personal enhancement provider. We look forward to assisting you become, and remain, an even better you—for years to come.

Additional insights about your McCollough Plastic Surgery Experience are provided on pages 45-62.

2 *One Face at a Time*, McCollough, E.G., Compress Press, Gulf Shores, AL, 2025

Dr. McCollough's condition-specific classification intentionally does not address specific age groups over the age of sixty. With each decade, however, the conditions mentioned above simply continue to mount, and therefore more work is required to address them. However, Dr. McCollough's system, surgical fees do not increase for patients who wait until their seventies (or believe it or not) their eighties to have a face lift. Stage V fees apply. And, it should be noted that there is *no age limit for face lifting*. As long as the patient is in good health – **and the patient's doctor provides a "medical clearance" for surgery**, any combination of the above-referenced procedures can be performed.

It is important to note that a patient's chronological age is not a factor in determining if they are a candidate for surgery and which procedures might be indicated. Age ranges are provided only as a general guideline. It is important, however to factor previous cosmetic surgery or procedures into the mix. For example, a patient who had their first face lift in their forties by Dr. McCollough might only require a Stage II or a Stage III *"Tuck"* ten to twenty years later to help maintain a youthful appearance. When the proper foundation was laid with the first procedure, "tuck-ups" not only need to be less *extensive*, they are also less *expensive*. In fact – and here's the key – if surgery is *properly designed and performed the first time*, there are no limits to how many "tucks" patients can have throughout a lifetime. And, it is entirely possible to avoid the "plastic"

or "overly done" look by having more than one facial procedure. Choosing a surgeon who naturally "lifts" rather than "pulls" or "stretches" facial structures is the best way to avoid the tell-tale signs of "over-done" plastic surgery.

With all stages of The McCollough Face Lifting System, operating room and anesthesia costs are separate from surgical fees. Depending on which procedures are performed, patients can generally expect an additional cost of \$2,000 to \$3,000 for anesthesia, supplies, and operating room expenses, which is less than when procedures are performed at hospitals. If implants are required, an additional cost (to cover the cost of the implant) might also be incurred. In general, however, the complexity of the procedure(s) and length of time required to complete the surgery determine operating room and anesthesia costs.

There are built-in economics in having multiple procedures performed at the same time. Should surgery be performed on the eyelids, or a resurfacing procedure is included to treat age spots and/or wrinkles, no additional operating room and anesthesia costs are required.

Preoperative laboratory work, medical clearances, prescriptions, wound healing supplies and supplements, post-operative villa stays, and private attendant costs are the same whether a patient has one procedure ... or many. Prior to surgery, all costs will be itemized. By doing so patients can be assured that they are not incurring more than was expected.

As stated previously, any combination of eyelid surgery and nose procedures may be performed *at the time of face-lifting* ... or as a *totally separate* procedure. It is also possible to perform *only* upper eyelid surgery or *only* lower eyelid surgery. While most individuals need to address both the upper and

lower lids, for some, separating the procedures is a viable option.

It is also important to understand that a "face lift" does not, in itself, include surgery on the eyelids or resurfacing procedures to remove wrinkles.

For half a century, my approach to creating a trusting and enduring doctor-patient partnership has withstood myriad challenges to its logic-based (or cybernetic) mindset and methodologies. Here, it might be helpful to explain that, in its simplest form, “cybernetics” is “the art and science of making sure that what’s touted as ‘new’ is, indeed, better than what currently exists.”

As a cybernetically minded Facial and Nasal Plastic Surgeon, who has seen too-good-to-be-true trends come and go, I am committed to providing and advancing the insights and surgical skills I’ve acquired, well beyond the half-century mark of my career. And, while I limit my practice to plastic surgery within the head and neck region of the body, my associates provide breast and body plastic surgical procedures, making it possible for patients to undergo several procedures at the same time. Doing so reduces costs, anesthesia time, and the need for multiple recovery periods. It’s another uniqueness that McCollough Plastic Surgery offers.

At the outset—and in full disclosure—I need to share another truth with you and trust you’ll accept as it is intended: Any reference to past performances, personal achievements or accolades are not intended, in any form or fashion, to impress you or enhance my resume, but to provide insights into the broader scope of my experience and why I continue to personally perform appearance-enhancing surgery on a regular basis when I could have retired years ago.

So, why do I persist in being enthusiastic about serving my fellow human beings in the manner I believe is expected of me? The answer is: Because it is a “calling,” one that was realized very early in my life and continues to beckon.

As a realist, I am fully aware that the time will come to pass the proverbial torch, or in surgical terms, hand off my scalpel to a successor. However, I am pleased to say that time has not yet come. When it does, I’ll announce it, and do what any surgeon should do under the same circumstances—something else. Until that day arrives, I’ll be driving the two minutes it takes me to commute to work and do what I was called to do... One Face at a Time².

Although the “McCollough Experience” began in 1975 in Birmingham, Alabama, and “came of age”³ In a series of facilities and with various associates, it now resides in Gulf Shores, Alabama, at the McCollough Institute for Appearance and Health. A multi-specialty medical complex, situated in the heart of the Craft Farms Golf and Gulf Resort. That’s where, for the foreseeable future, I’ll be exercising the same expectations characterized by a process that is not only chronicled throughout this book but is exhibited in real time every day at the McCollough Plastic Surgery Clinic.

Your unwavering commitment to—and participation in—the self- and humanity-enhancing process I’ve been fortunate to deliver and administer for more than five decades could prove to be the ultimate gift you give to yourself⁴, and to humanity itself.

Professional journalists and media interviewers often ask me: “What makes your practice different from other plastic surgery practices?” I’d like to think that the mindset and protocol revealed in the paragraphs above are adequate examples of the differences, but there are others I offer for your consideration:

² *One Face at a Time*, E. Gaylon McCollough, MD, Compass Press, 2025

³ *Coming of Age: A History of the American Academy of Facial, Plastic, and Reconstructive Surgery*, Robert Simons.

⁴ *The Gift You Give Yourself*, E. Gaylon McCollough, MD, Brown Book Publishing, 2023

1. Throughout my career, natural-looking results have been the defining characteristic of my standing in the international plastic surgery community.
2. I've personally performed approximately 12,000 facelifts, 15,000 eyelid lifts, 5,000 rhinoplasties (nasal plastic surgeries), and nearly 20,000 skin resurfacing (peels, dermabrasions, and laser treatments), not to mention countless scar revisions and reconstruction of traumatic and cancer defects, otoplasties, hair restorations, mole and cyst excisions, ear-piercing defects.
3. In addition, I've performed a menagerie of less-invasive appearance-enhancing procedures, ranging from permanent "natural" fillers, using a patient's own collagen and cartilage, as well as temporary injectable fillers and neuromodulators (Botox and Dysport). In every case—whether surgical or non-surgical—I recommended the procedure or product that I believed was in the patient's best interests.
4. As previously mentioned, to ensure that patients are dutifully informed about their choices, I provide more printed, video, and audio information about the surgical, recovery, and post-operative care process than do other practices.
5. We require a more extensive pre-surgical evaluation than most plastic surgeons. In addition to laboratory tests, we require clearance from your personal physician. You'd be surprised to learn how many undiagnosed medical conditions are discovered each year.
6. My extended staff and I take your McCollough Experience a step further. Following surgeries that require anesthesia oversight, we provide access to private, on-site, reasonably priced recovery facilities. We also strongly recommend that, at least for the first evening following surgery, you have a professional caregiver (who has cared for patients that have undergone the same procedures) care for you in one of the villas at the McCollough Institute, rather than sending you home with someone who may not know how to care for you or when to seek assistance. Our experience shows that friends and family members appreciate the fact that this protocol relieves them of unrealized anxiety and responsibility.
7. The above are examples of our mindset to treat patients as we'd want to be treated if we were undergoing the same procedures.
8. Because a large number of our patients come from far away, we offer virtual (Zoom or Skype) preliminary consultations (at no charge) so that they can obtain an idea of our recommendations and protocols, as well as the costs, before traveling to Gulf Shores for a face-to-face consultation and surgery.
9. And regarding the costs of this world-class holistic experience, you should know that the cost of operating a business is more reasonable along the Gulf Coast of Alabama than in metropolitan areas of America and the world. Therefore, the costs of providing state-of-the-art surgery and post-operative care are more reasonable. I know this to be true because I am often consulted by patients who have undergone previous procedures from surgeons in other parts of the world, paid significantly more money, yet are disappointed with their results and previous experiences.
10. The paragraph above raises another point of reference. A significant number of the procedures I perform are revision cases designed to correct conditions created by, or not adequately addressed by, a previous surgeon.

Here, I repeat a reality referenced in the opening sentences of this book. These truths are not shared as an attempt to embellish my resume or solicit your trust, but as verifiable insights that should be factored into your decision-making process.

The fact that you are still reading is an indication that you and I are in the process of exploring whether we will place our trust and confidence in each other. If so, it would be a unique kind of “partnership.” One in which you agree to trust me (and my extended staff) to recommend and provide enhancement services and procedures that we believe to be in your best interests. It’s a responsibility I don’t take lightly and a confidence I strive to earn with every patient and encounter.

Your responsibility in the partnership will also be to faithfully and unwaveringly embrace and embody the protocols I’ve spent my career developing, shared with fellow appearance-enhancing surgeons around the world, published in this book, and made available through multiple resources it references.

One additional fact you should know about me and the “McCollough Plastic Surgery Experience” is this: While I am an optimist and focus my thoughts and efforts on the bright side of life, I also identify as a common-sense realist. I’m the second-generation product of farmers and construction workers. In that regard, I am fully aware that not every venture or initiative progresses as the involved parties had envisioned, including those designed to enhance one’s appearance and confidence.

It’s an inconvenient fact of life: unforeseen conditions are incessantly lurking in the shadows and among the proverbial “clouds” that loom over the human experience. Even so, the “system” or “experience” I’ve spent half a century developing has, in tens of thousands of cases, been shown to minimize the likelihood of problematic or disappointing conditions arising in your case. That is—and I stress—if both sides of the relationship work hand in hand toward making the possible happen.

Another difference about your “McCollough Plastic Surgery Experience” is that, if I perform your surgery, you’ll be given my direct Email address, as well as that of my nurses, and advised to send photographs of yourself on a scheduled basis, so that we can monitor your healing process.

I strongly suggest that patients who had a general or an intravenous anesthesia stay in one of our villas with a caregiver who has been trained to monitor and care for them, at least for the night following surgery. During your consultation, you’ll be counselled on whether more than one night is advised. Many patients—and their families—who initially resisted this part of “The McCollough Experience” tell us that they are glad they agreed to stay on site with a trained caregiver and appreciated the additional level of care and oversight.

However, be assured that should an unforeseen problem arise—however large or small—my staff and I will spring into action and do what we can to see you through it and arrive at the best outcome possible

For your experience to be everything it can be, you will need to read and digest the introductory sections of this book, whether you are reading an “online” version from mccolloughplasticsurgery.com or a hard copy. You’ll also need to study the related recommended materials, including a television interview produced and aired by BLAB TV. (In addition to YouTube, the interview is also available on my website, mccolloughplasticsurgery.com) along with an audio-only monologue that addresses a positive outcome mindset and benchmarks for healing and returning to pre-surgical activities.

In addition, you’ll need to read—and *re-read*—the chapters in this book that pertain to the specific procedures and services you are interested in exploring. Each time you do, you’ll realize things you failed to grasp the previous time through.

As part of your side of our “doctor-patient partnership,” you should study the post-operative instructions at the end of each chapter. I strongly recommend you do so *prior to your consultation and surgery*. To that end, you’ll learn what is expected and at what point, following surgery, you may safely return to various activities and use grooming products.

Knowing what to expect will also alleviate some of the anxieties that naturally accompany any surgery and the subsequent healing or recovery process, as the vast majority of your questions and concerns are addressed.

If you, your spouse, or partner is concerned about looking *overdone*, you should review the numerous before and after photographs of patients upon whom I’ve performed surgery and published throughout this book to see that looking “plastic” or “overdone” is a worry you—and they—can put to rest. I know how to perform overdone procedures. I simply choose not to use techniques that create them.

Another truth that my fifty-year experience has proven is this. In more ways than we imagine, each of us is different, and the two sides of our bodies are different. No two of us or sides of our bodies respond to surgery and anesthesia in the same manner. Even with attention to all the details, some of us heal more slowly and less desirably than others. Many of the reasons we do so are beyond the control and skills of a surgeon. Even so, be assured that my staff and I’ll do everything we deem necessary to ensure that your experience progresses as trouble-free as possible and concludes with a result that you’ll be happy to display to the world.

As referenced above, throughout this book, before-and-after photographs and testimonials from patients who have undergone “The McCollough Experience,” are provided so that you and your support system can see examples of what I hope you will agree are “natural-looking” results. I generally recommend that prospective patients interested in rejuvenation procedures refer to their own photographic albums and review pictures of themselves taken ten to fifteen years prior. That’s how my age-reversing patients should expect to look following surgery.

From the photographs provided in this book, patients considering nasal plastic surgery will see that I strive for a natural-looking nose, which also allows them to breathe more easily. Many who have lived with headaches for much of their lives tell me that after I corrected a deviated septum during their rhinoplasty, their headaches disappeared or became less frequent and severe.

For your convenience—and that of others in your support system—this book can be downloaded in its entirety free of charge by visiting our website at mccolloughplasticsurgery.com. On the home page, simply scroll over to “Resources” and click on the title, “*The McCollough Plastic Surgery Experience*”. Additional preparatory and post-operative instructions referenced herein are currently being added to the website.

If you place your trust and confidence in me, I will employ all reasonable resources to improve the quality of your life for as long as we remain reciprocally connected.

As part of that connection, I encourage you to take the time necessary to thoroughly digest the information and stipulations herein provided, and be assured that my staff and I look forward to caring for you and ensuring that your experience is as convenient, comfortable, and gratifying as possible.

E. Gaylon McCollough, MD, PhDhc, FACS
Founder and President, McCollough Plastic Surgery Clinic, LLC

CHAPTER 15

COMPREHENSIVE STRESS THERAPY: The Key to Youth and Longevity

THE WELLNESS AND WORRY-FREE LIFESTYLE

Your Mind/Body Connection

Less than ideal lifestyles and living conditions have long been recognized as a factor that leads to premature and rapidly-progressive aging. In an earlier section of this book reference was made to the publication, “As A Man Thinketh.” Its author shared the story about a woman of eighty with the face of youth and beauty and a man of forty who appeared older and bothered. The appearance of both had been shaped by their internal thoughts and lifestyles.

No doubt you know individuals at both ends of the age-spectrum whose external appearance reflects their inner feelings. So, the key to “youth and beauty” seems to have a mental basis, as well as an environmental, physical, and spiritual one. The ability to control negative thoughts and conditions, or find a way to release them, is a key to preventing avoidable stresses of life from contributing to the wear and tear on your body and mind. It is one of the gifts you can give yourself.²

The Benefits Of Stress Relief

The advantages of peace of mind therapy are both undeniable and far-reaching. Relaxation and a sense of caring from others lowers your heart rate and blood pressure. Throughout your body, a wellness-oriented lifestyle releases tension in muscles and tendons ... a major cause of pain and debilitation. Reduction of pain leads to more energy and the freedom to engage in activity. You might recall that in a previous chapter both stress and pain were identified as factors which accelerate the aging process.

In a future chapter, you will see how grief and loss contribute to the downhill

spiral of helplessness that tends to accompany “forth quarter of life” mind sets and conditions.

The release of worry, even for a short while, allows creative, healing, thought to return, and purely “survival-based” responses, to fade. The body’s chemical response to worry is accompanied by the pouring out of cortisol and adrenaline into the bloodstream, causing the blood pressure to rise and the heart to race. This response is wonderful, if you need to flee from danger or garner additional strength to assist someone else facing a dangerous or life-threatening incident. It is not good when those conditions are not eminent ... and for extended periods of time.

When worry levels are reduced, cortisol and adrenaline return to more normal levels ... and so do blood pressure and pulse rates allowing tension within the blood vessels to relax and the heart to rest between the beats of a slower rhythm. Your mind returns to creative healing thoughts and away from survival-type, anxiety-ridden thoughts,

Prolonged high intensity stress also causes the immune system to be less effective, and predisposes one to illness. Finally, excessive stress reduces one’s ability to perform his/her cognitive-based responsibilities effectively, and subtracts from a person’s QUALITY of life ... and productivity.

Identifying Stress Factors

It should be apparent that worry is a health/risk factor, which must not be ignored.

Once again, it is important to emphasize that our objective is not to interfere with the professional relationship between the patient and family ... but to supplement it.

² Ibid, *The Gift You Give Yourself*.

In many cases the dependence on prescription medications can be reduced. Anyone who questions whether worry ages the human body, only needs to observe the presidents of the United States as they take on the signs of aging before our eyes. Most presidents appear to age ten years during a four-year term of office.

Controlling The “Worry Factor”

As is the case with most activities, moderation is the key. That worry has both good and bad effects on the body and mind, is undeniable. Controlled worry often helps us achieve our goals and objectives, by keeping us alert and motivated. Uncontrolled anxieties have a negative effect on the body, mind and soul.

Reducing high worry levels can have a positive effect on slowing the aging process and creating an enhanced state of well-being.

Accordingly, as Dr. McCollough enters the next phase of his humanity-enhancement calling² he and a select team of visionaries are addressing solutions to these worrisome factors of life on the campus of The McCollough Institute.

² *One Face at a Time*, E. Gaylon McCollough, Compress Press, 2025

Knowing When to Say “When”

Dr. McCollough recognizes that each individual lives with a different set of circumstances and faces unique life challenges. Sometimes the strains of life rise to heights, which, negatively affect one’s mind and body’s performance.

In many cases, life challenges set the stage for depression, helplessness, irritability, poor decision-making, poor performance ... and illness.

As so aptly put by my previous Executive Assistant, “Sometimes one has to retreat ... in order to move forward.” The key to effective worry management and a balanced life-style is to know how to recognize when the scales are beginning to tilt toward the negative, to step back from the circumstances which are pulling you down, and to do whatever needs to be done in order to bring things back into a state of harmony and control.

“Retreating” to the right place—a safe haven—to become rejuvenated with the right professional staff can be a good way to regain control and move forward.



CHAPTER 16

DEALING WITH LOSS AND GRIEF:

How and When To Seek Help

By

E. Gaylon McCollough, MD and Susan B. Wilkie McHale, PhD

HEALING THE TRAUMATIZED MIND

Introduction

As physicians and counselors, our hope for anyone experiencing loss is for them not to just survive the loss; but to recover and fill the void with healthy thoughts and productive activities.

Just as from any injury (physical or mental), healing from a painful loss takes time and begins with a hopeful attitude. Emotional growth is a matter of accepting the small—yet positive—steps toward healing. An attitude of gratitude—even for little things—changes one's outlook, promotes health and well-being, and ultimately allows him/her to thrive and flourish.

It is toward such an outcome that the following is offered.

Healing the Mind

According to Dershimer (1990), Grief refers to “the emotional aspect of loss, the painful feelings experienced when a person faces a loss.” Bereavement is the time period during the recovery of loss. Whether grief involves the loss of a person, possession, expectation, opportunity, life stage, or a change in one's personal life role, it can be a difficult challenge dealing with life-altering events and circumstances.

As skill is required to help one heal from a physical wound, the emotional response to loss mends more swiftly when professional assistance helps individuals reflect and make sense of their feelings and attach meaning to the grief experience. Feelings are highly individualized and can include sorrow, disappointment, disbelief, chaos, and even a sense of betrayal and injustice.

A problem in America's health care system is that many people who need the service of a professional counselor

do not know that help is available ... and when and how to access it. The trend in helping deal with physical and emotional displacement is to take more a more positive approach. The concept of “Authentic Happiness” is being promoted by professional counselors and psychologists. In this approach, the objective is to help the individual not only heal from a loss, but to restore and transform a life rejuvenated by fulfillment and productivity.

Loss

Loss is a part of life. No one escapes it. The loss of youth, the loss of innocence, the loss of loved ones through divorce or when they age, the loss of pets who predecease us, the loss of ideal physical functioning and health are all examples of commonly experienced losses. Even positive changes like chosen job and physical moves involve losses as the positive aspects of the old job or neighborhood are left behind. It does not escape us that many people experience severe losses: a child to death, a parent at a young age, a marriage, a meaningful career, a sense of safety in the world following a mugging or rape, a home or community to a serious storm, a limb. None of us knows if a serious loss is in the future for us, but everyone knows people to whom traumatic events have happened, and many have such a loss in their own past.

Grief

Grieving is the only way to heal effectively from loss. The grief experience is not a linear process made up of predictable stages. Parkes (1998)

suggests that individuals first experience numb disbelief, then yearning for what was lost, disorganization and despair, and finally, acceptance of the new reality and reorganization. Dr. E. Gaylon McCollough has added a fifth stage to the list: "recovery." It is when balance is gained and healing begins. Like healing from a physical wound, healing from emotional wounds is a "process" which occurs over time. How quickly the process runs its course can be influenced with the guidance of an experienced professional in a facility designed to deal with such issues.

Although there is not total agreement among researchers on theories of grieving, they do concur that an evolving dual process is able to help us adjust over time. This model bears out the weaving of loss-oriented and restoration-oriented tasks (Worden, 1991) on any one day. Whereas "loss-oriented tasks are primarily emotional, and restoration-oriented tasks are more cognitive and behavioral" (Bauman, 2008), the integration of these two types of tasks help restore balance and move us from a total preoccupation of feelings to a focus on future adjustment and planning. The critical understanding here, is that grieving is a personal process and professionals "avoid a rigid idea of what is the 'right way' to grieve" (Bauman, 2008). New research also supports the idea of a new continuing bond (Klass et al., 1996) with the loss of a loved one that does not end it as much as a healthy grieving experience transforms it and shapes a new relationship with the deceased based on both positive and negative reconciled memories.

Grieving must occur in order to heal. When the feelings are not allowed to occur and are buried instead, what is left is much like a wound that heals over prematurely without proper scarring, allowing infection to develop. This infected wound can have a significant

effect on the general health of the person. So, too, emotional wounds can fester and poison a person's emotional life. The individual's energy is tied up in denying the continued sense of loss and is not available for the present. The person's emotional reactions to people and things in the present are influenced by these past losses, often on a level they cannot see. Others may see this when a person's reactions make no logical sense for the current situation. The person's unhealed feelings need to be expressed in a safe environment in order for emotional healing to occur and for renewed energy to be unpaired with past losses.

A confidential and trusted source where healthy coping skills can be learned, may indeed ease the pain and promote the healing. Many people see counseling or psychotherapy as a useless dredging up of the past. McCollough Plastic Surgery operates on the time-tested axiom that once a problem is identified resolution is right around the corner. Looking at the past is only helpful in counseling when it is clear that old reactions from the past are complicating reactions in the present. Once these old losses have been healed and properly scarred over, lost energy can be reclaimed for today and for the future. Doing the work needed to reclaim the emotional energy from the past is not particularly hard. It means allowing all of the feelings about the past loss to be felt to their fullest, as gradually as necessary, and in a safe place. Once the feelings are felt, they no longer need to be contained. And it is this containment that requires so much energy that unless it is expressed (in a safe place) continues to drain energy from the present. In short, bringing grief to the surface tends to free the individual from its hold on him/her.

We know intuitively that the mind and body are closely linked. We finally understand much about the physical

nature of this connection as well. When the emotions are strong and held in, the brain along with the rest of the nervous system which is a limbic system of the brain, and has a strong effect on emotions, and the endocrine system which is also strongly affected by emotional stress are preoccupied physically with this process. Thus, the resources for other functions such as healing or maintaining good health are not as complete. The immune system is taxed and other diseases may emerge. So, one can readily see why healing from loss is important in maintain one's good health. It may be clearer to think of a clogged cardiovascular system inhibiting the ability of all of the other organs to function well by limiting the flow of nutrients to all of the cells that comprise them.

It is therefore easy to see that the emotions involved in the normal occurrences of life can affect our health and well-being. On the plus side, we have also learned about many of the positive physical changes that come with laughter. So think of that with every funny movie, every good joke, and every good belly laugh you have, you are doing your body good.

Trauma: Physical and Emotional

Traumatic events differ from other losses because they involve a single or recurrent jarring of the nervous system caused by the perceived threat of death or severe bodily harm: a car accident, a devastating storm, fighting in a war, a mugging, childhood abuse, etc. That jarring overstimulates the nervous system and lays down physical memories the nervous system will often rely on to insure safety in a similar situation. Those unpleasant memories become ingrained so that no thought is required for the body to respond in a fight or flight manner when a similar situation reoccurs. This is adaptive when you are fighting in

a war or having to walk dangerous streets. It is not helpful when driving after a single accident or walking down a street in your own neighborhood.

Post traumatic stress disorder (PTSD) is given its name because the traumatic event(s) are over (post means after an event has occurred). For many people, including all of the victims of Hurricane Ivan along the Gulf Coast, some symptoms will follow the event; however, they should diminish with time. It is when the symptoms are severe, cause discomfort, interfere with everyday life, or extend for an inordinate amount of time, that professional help is indicated.

For many people, understanding what the trauma has done to activate their nervous system and how that over activation maintains itself, enables them to work to soothe themselves through the more uncomfortable times and to work on deactivating those connections. They are also able to learn the triggers that are most troublesome, avoiding those that can be avoided and anticipating those that can't so responses are personally monitored and self-directed.

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Do not discount the value of exercise in stress and grief therapy. (See Pages 330-334)

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The McCollough Institute For Appearance & Health

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...where Nature and Science meet to help people look, feel, and perform better...longer.

CHAPTER 17

HEALTHY NUTRITION

REJUVENATE THE INSIDE ...

Renovate the Outside

Over the past several decades, scientists have attempted to figure out the “causative factors” of diseases. Unlike infectious diseases, which have an obvious “causative agent,” other diseases are more complex. The first issue is that the body as a biochemical factory has substances it requires to complete its manufacturing process. We can regard these substances as the ingredients of life and consist of both macro-nutrients (protein, fat, and carbohydrates) as well as micro-nutrients (vitamins, minerals and anti-oxidants) in addition to enzymes and probiotics. Things that have a negative impact on the factors that control aging are substances which have a toxic or detrimental effect on the “chemistry of life”. The main culprits from within are oxidation and inflammation. Both contribute to the aging process. And are influenced by the foods, supplements and liquids we ingest.

Hence the ability to control oxidative stress and inhibit inflammation is vital to the long-term health of the cell. Recognition of the roles that oxidative stress and inflammation processes play in the manifestation of disease and aging is the first step to health restoration and wellness.

What to Measure; When to Measure; How to Measure the Change?

Annual blood work, or “complete metabolic examinations” should measure blood sugar, liver enzymes, immune proteins, white and red cell count, lipid levels (cholesterol and triglycerides), thyroid function, PSA (prostate cancer), intracellular micro nutrient analysis, and C-reactive protein (a marker of blood vessel and cellular

inflammation). Changes in these tests over time signal abnormal metabolism long before the signs and symptoms of premature aging develop. By the time symptoms are present, treatment is expensive and, sadly, often too late to make a meaningful difference.

It is not until bones become brittle that many people recognize the importance of calcium metabolism. A critical—yet little known fact—is that 90% of people who break a hip after the age of 70 as a result of osteoporosis (brittle bones) die within 12 months of the injury.

And on the aesthetic side of the equation, posture is as important to appearance as any factor. Nothing makes a person appear old and feeble than a bent-over posture, coupled with a shuffling gait.

As devastating as the condition may be, osteoporosis is preventable and treatable, assuming that the proper hormone replacement or medications are administered by a qualified medical professional. Nutritional testing for calcium and Vitamin D levels, coupled with bone density screening every two years in men and women over 40 is recommended to detect and treat bone loss.

I recommend everyone take a posture picture with both a front and side view every two years (with the bone density exam). Posture may be improved with the awareness that one is becoming stooped. Exercise, especially that aimed at a strong core (abdominal and back strength) combined with effective stretching such as pilates, yoga, or exercise balls can go a long way in correcting the posture of aging.

Gravity is relentless. Shrinking and bent posture is assured with weak bones and weak muscles. Hormone replacement therapy and calcium

supplementation may be necessary to maintain good muscle strength in men and women.

Using Foods to Promote Healing

*“From nature comes the disease and from nature will come the cure”
[Paracelus (1493-1541)]*

As previously mentioned, meals containing excess calories (above energy expended) and diets high in simple sugar and saturated fat hasten aging and disease. However, certain foods actually have healing potential.

Amino acids in specific ratios and amounts may improve insulin and sugar metabolism (diabetes and pre-diabetes), lower blood pressure and cholesterol, and improve fat cell cytokine balance. Proteins combined with food strategies to control symptoms and produce weight loss are effective.. Foods high in omega fatty acids such as fish and nuts, reduce inflammation and oxidative stress. Vegetable oils (such as olive or

canola oil) also reduce oxidative stress. These health-promoting oils may also be taken in high doses in pill form (such as Max-A-Life's Bio-Synergy Formulation,) which is available at McCollough Plastic Surgery.

Fruit and vegetables are high in protective antioxidants, micro-nutrients (necessary in the process of controlling inflammation,) and provide fiber for gut (stomach and intestinal) bacteria that produce protective anti-cancer and anti-inflammatory proteins.

Whole fruits and vegetables provide the complete package of fiber and micro-nutrients, whereas processed juices and extracts may not. Some fruit juices, in particular, may add to the sugar burden and promote inflammation.

There are many myths surrounding foods. It is best to trust a qualified nutrition counselor. The Internet is a good place to gather questions for your counselor or health provider. Do not make treatment decisions from Internet information alone. A good starting point is the USDA site www.mypyramid.gov.



Scientific Micronutrient Testing

Spectracell's Micro nutrient Testing, offered at McCollough Plastic Surgery, is an exclusive, patented test used to measure the function of selected vitamins, minerals, antioxidants, and other essential micronutrients within your white blood cells. With a more meaningful measurement of nutritional status than all other nutritional testing, it is the only test that takes into account an individual's

- Biochemical Individuality
- Absorption
- Chronic Illness
- Aging
- Lifestyle
- and many others

With this information, specific deficiencies that could negatively influence your health may be corrected.

INTELLIGENT NUTRITION

Dietary Choice and Supplementation Based on Science

In the last two decades, the science of nutrition and the study of obesity have revealed a whole new science explaining medical disease and aging.

Micronutrients:

Vitamins, Minerals, Antioxidants, and Amino Acids

High doses of vitamins, minerals, and nutritional supplements are often used as pharmacologic agents or “medication” to treat certain medical conditions. In these high doses, these compounds are not considered “vitamins” that promote normal function but actually act like medication.

Whether being used for replacement of deficiency or as “medication,” the use of vitamins, minerals, or nutritional supplements should be prescribed by a medical professional who understands their physiology and pharmacology. This professional should also understand the disease state being treated as well as any interaction with usually prescribed medications.

For the most part, these supplements should not be used as an adjunctive (in addition to) traditional medical care, unless their use is equal to—or superior to—scientifically proven treatments. Often these supplements are used in conjunction with standard medical therapy in order to achieve “optimal” (better than “normal”) cellular levels of a given vitamin, mineral, or amino acid. In many cases, marked enhancement of standard medical treatment may occur.

It is unwise to use vitamins, minerals, or nutritional supplements in doses above levels found in a healthy diet without consulting a skilled and

educated practitioner. This is especially true of agents found on the internet or other “self-treatment” programs.

AVOID THE URGE TO TREAT YOURSELF!

Some nutritional deficiencies are easily measured with a blood test. Other deficiencies are measured by symptoms or physical abnormalities. Any and all symptoms or conditions being treated with nutritional supplements should have a scientifically-obtained “measurement” that can be followed to improvement or deterioration, from which point the supplement can be adjusted or changed.

An adequate amount of scientific evidence should exist for use of a vitamin or supplement treatment, preferably from credible, peer reviewed journals and literature.

What is Rejuvenative Medicine?

Rejuvenation Medicine involves a broad-based understanding of the cause, prevention, and treatment of complex, chronic disease. It is an integrative, science-based healthcare approach that treats illness and promotes wellness by focusing on the unique biological make-up of each patient, and then individually tailoring prescriptive interventions to restore physiological, psychological, and structural balance.

Genetic predisposition is not an unavoidable outcome for your life; your genes may be influenced by everything in your environment, plus your experiences, attitudes, and beliefs. That means it is possible to change the way genes are expressed (activated

and experienced) by the choices that one makes.

A variety of physiological processes keep us alive. Each involves nourishing the cells that—collectively—make up the body's organ systems.

Virtually every complex, chronic disease (and the aging process, in general) is preceded by long-term disturbances in mind/body balance that need to be identified and effectively managed—the earlier the better.

Rejuvenation-oriented healthcare professionals assess the patient's fundamental clinical imbalances, beginning with careful history-taking and extending through the methodical process of physical examination, and laboratory testing.

Once an assessment has been made, the functional medicine professional examines a wide array of treatment alternatives and selects those with the most impact on restoring total body balance. Changing how the system(s) function can have a major impact on the patient's health.

Lifestyle is a big factor in total body balance—a very big factor. Research estimates that 70-90% of the risk of chronic disease is attributable to unhealthy lifestyle choices. That means what one eats; how—and how much—one exercises; what are one's spiritual practices; how much stress one lives with (and how one handles it) are all elements that must be addressed.

Working in partnership with a team of rejuvenation specialists, patients make dietary and activity changes that, when combined with nutrients targeted to specific functional needs, allow them to really be in charge of improving their own health and changing the outcome of disease. Within the scope of practice of their own particular disciplines, rejuvenation specialists may also prescribe drugs or botanical medicines or other nutritional supplements; or a stress-management program. The

good news is: when you look at the total rejuvenation process, you uncover many different ways of attacking conditions that lead to premature aging and poor health.

It is now possible to analyze deficiency within the cell by testing the nutritional content of each cell in body. Nutrient testing is available from several reference labs. Levels of amino acids, vitamins, minerals, and trace toxins are available with blood cell analysis. Nutrient testing is not inexpensive but may be wise considering the money spent, often inaccurately, on vitamins and other supplements.

“Prescription” Vitamins, Minerals, and Supplements

Dietary intake is often insufficient for increased demand (healing from surgery) or when normal body production is impaired (illness and/or medication).

Dr. McCollough's concept described as Rejuvenology™ is a break-through approach to helping people from all walks of life look better, feel better, perform better, and live a longer, more productive life. Our MAX-A-LIFE™ products and programs are available for anyone interested in knowing more about his/her body ... and the biologic parameters, which indicate health ... or illness.

“Wellness” may best be defined as a state in which all body systems are in biologic and emotional balance. However, experts agree that there are degrees of wellness—or illness.

Many times how one “feels” is subjective ... and based upon a variety of factors, some of which cannot be measured by laboratory testing. The good news is that some can be measured and corrected. That they can is the basis of the life-enhancing MAX-A-LIFE™ programs, Developed by internationally renowned health

and appearance expert, Dr. E. Gaylon McCollough, the program has been more than thirty (30) years in the making.

The fundamental principle that early detection of any imbalance in the body's systems, is the key to establishing a physical basis for good health and long term well-being. If irregularities or troublesome trends are detected, counseling and supplements can be prescribed.

Another distinctive feature of the emerging specialty Dr. McCollough coined as Rejuvenology™ is that, once identified, missing nutrients are prescribed on an individual basis ... and only those nutrients which are found to be deficient are added to the diet. The "dose" and combination of supplements are determined by laboratory measurements of the current levels of essential nutrients within one's system. This, we believe, is the most scientific method of helping an individual achieve a state of biologic balance, which seems to be a fundamental element of longevity.

With McCollough Plastic Surgery patients, our objective is to help determine your own state of "balance"—or, perhaps, the lack thereof—prior to surgery. The tests we recommend for our surgery patients are essentially the same as those we have used for many years. The difference is, that the lab values can now be analyzed by a computer program. The results of the tests, along with the screening analysis, can assist us in prescribing and administering medications or anesthetics, and in evaluating certain risk factors inherent with any surgery, and the healing process, which follows.

At McCollough Plastic Surgery, our objective is not to treat "disease". Our protocols and programs are intended to help well people feel better ... and, hopefully, live longer, more productive lives. We stress that no program, by

and unto itself, can achieve this lofty goal. It requires the full cooperation of the client/ patient. Supplementation is only a part of a healthy lifestyle.

The right amount of exercise, avoidance of known health risks, and proper diet, work hand-in-hand with one's mind-set regarding health. And, a positive mind-set is necessary to achieve a state of "well-being."

And, for those interested in a more in-depth analysis, we offer more advanced testing.

At McCollough Plastic Surgery, we offer Advanced Intracellular Analysis, which, in addition to checking traditional blood and urine chemistries, and immune system building blocks, examines for individual vitamin and mineral levels.

With these added tests, some information about more than eighty (80) nutrients (vitamins, minerals, and collagen building blocks) is obtained, allowing us to formulate a supplement and nutritional program for each person.

This type of advanced medical testing is important, not only for trained athletes and performers, but for anyone who wants to do what he/she can to help maintain biologic and emotional balance, increase performance and endurance, and live a happier, healthier, and hopefully, a longer life.

Advanced Intracellular Nutritional Analysis also allows us to offer different levels of testing that can also include virtually all of the essential biologic nutrients, including most hormones, and the building blocks of protein, fat, and carbohydrate metabolism. Some testing levels also include many of the catalysts needed to convert the things we ingest into energy ... and promote health.

After the results of any of these tests are analyzed, you are provided with a written report of the results, including a statistical analysis of your current state of health. When considered in

And, when your body's current levels of essential nutrients are known through appropriate testing, medical science can assist you in getting them into better balance (if indicated) through an individualized supplement program, such as MAX-A-LIFE™.

For additional information, call
McCollough Plastic Surgery (251-967-
7600).

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VITAMINS MINERALS, AND HERBS

Until now, there has been no affordable and scientific way to measure or monitor the blood levels of vitamins and supplements. SpectraCell micro nutrient testing offered through McCollough Plastic Surgery filled that void. The vast majority of vitamins/supplements are not stored by the body. The portions not needed are excreted by the kidneys. The fact that they are not retained provides an element of safety. "Overdosing" on these "water soluble" products is unlikely.

Some vitamins (A, D, E, and K), however, are "fat soluble" and are stored throughout any part of the body where fat exists. As more and more of the "fat soluble" product is taken in, more builds up. A number of documented problems are associated with high body levels of some of these vitamins, leading to medical conditions which are potentially dangerous. The same is true with many "natural" products.

Vitamins and minerals are substances often classified as "micro-nutrients." They combine with the body's enzymes to assist in the metabolism and utilization of foods, or macro-nutrients. Foods fall into one of three major categories: carbohydrates, proteins and fats. Each can be converted into energy.

The important thing to remember is that vitamins and minerals are not a substitute for food. They help to metabolize the foods we ingest. In general, vitamins have no calories, supply no energy, and require the presence of food in order to be effective as supplements.

Minerals are another category of supplements. In order for vitamins to be effective, the body must also contain the essential make-up and amounts of the essential minerals. The body produces

no minerals. They must be supplied through the foods and products we ingest. Like vitamins, minerals contain no calories, are not foods, and supply no energy. Although minerals are necessary ingredients of the metabolic process, food is still required. Many "processed" foods are depleted of some of the minerals they once contained. In a society such as ours, there may be a need for supplements. What is in question, however, is what needs to be by how much?

As mentioned in the previous section of this chapter, the MAX-A-LIFE™ program offered through McCollough Plastic Surgery can answer this question. We have the ability to measure the body levels of both vitamins and minerals, so that we can help determine what the needs are for each individual who enters the program.

Herbs are also classified as part of the nutritional supplement family. A number of herbs contain the same or similar ingredients as the "manufactured" pharmaceuticals prescribed by the so called "mainstream" medical community for the treatment of various diseases and ailments. The fact that some herbs contain some of these same ingredients is both good and bad. One problem is that herbs and other supplements are available to anyone who wishes to purchase them, in whatever quantity one wishes to take them, and as often as one wishes to try them ... without a scientific monitoring system to determine their safety in that particular individual.

The manner in which any single person responds to a drug or treatment is different. Some people experience severe allergic reactions to foods, products, and drugs that have no

detrimental effect on others. While all this seems rather obvious, these principles have not generally been applied to the practice of recommending ... or taking nutritional supplements and vitamins.

Virtually any drug, vitamin, or nutrient has some beneficial effects when taken for the right reasons ... and in the proper doses. Conversely, most every drug, whether “natural” or manufactured, whether recommended as part of “mainstream” medical protocol or as part of an “alternative” medicine regimen, has some undesirable side effects and carries some risks ... in some individuals.

The point to remember is that just because it is a “natural” product does not make it safe. Some herbals have anticoagulant properties; that is, they adversely alter the clotting system in the blood. Taken with other blood thinners, (including aspirin, ibuprofen, Vitamin E, etc.) they could cause internal bleeding or increase the chance of complications during and after surgery.

Vitamin E and Selenium, when taken together, and in higher doses, cause inflammation around some of the joints in the legs and ankles in both humans and animals.

Although, the next series of examples may be considered extreme, they affirm our previous cautions about safety and adverse interactions of the things we ingest ... or recommend.

Digitalis is a naturally occurring leaf derived from a plant. In the appropriate doses, and when taken in the right circumstances it can prove extremely beneficial for certain heart conditions. It is also lethal in the wrong doses and when taken for the wrong conditions.

Marijuana and nicotine are also “natural” drugs, which come from the leaf of a plant. Cocaine and many other narcotics are derived from the poppy plant. Numerous other examples of “natural” products could be presented, however, the point is probably made.

Our objective is to attempt to bring attention to some of the misinformation flooding the health markets, and to dispel some of the many myths, which exist in the vitamin and health food industry. While we strongly support the intent to make people aware of eating more healthy foods, replacing missing elements from faulty diets, and providing the body with every advantage it needs to combat disease and aging, we feel an obligation to put things in perspective. We recommend that people who supplement their diets look carefully at labels, not only for contents and dosage, but also for purity and standardization. These two indicators mean the manufacturer has tested and measured the active ingredients. It's your body—your health—your life—that's what's at risk. Be bold ... be smart. Ask a pharmacist or certified nutritionist about the reputations of companies whose products you are considering purchasing.

Take the time. Do your homework. Check with a medical library or reputable reference source and obtain as much information as you can about products you are contemplating adding to your diet. What works for one person may not work for you. Know what a given product's side effects are ... and how to detect them early. For additional information, call McCollough Plastic Surgery. (251-967-7600)

CHAPTER 18

THE PHYSICAL FITNESS FACTOR: Balance, Symmetry, and Movement

THE PHYSICAL FITNESS FACTOR:

Balance, Symmetry, and Movement

Defining Your Goals—Balance, Symmetry, Movement

People often embark on fitness programs like they embark on a diet—not sure where they are going, precisely why, or when they will get there. It is an absolute fact that people view and judge other people by their facial appearance and grooming. They also judge equally by balance, symmetry of shape, and movement. These three physical attributes are also signs of health. Face the fact. *A healthy, vital appearance is more attractive.*

Balance, Symmetry, and Movement

Balance is complicated. Balance has to do with right moves with left, top moves with bottom, front is equal to back, posture is strong and stable. When you scan another person you are looking for balance. Balance is more important with aging since balance predicts ability to function. High level function is absolutely the single most important physical desire in those over forty.

Symmetry is complicated. Biceps equals triceps. Hamstrings equal quads. Buttocks are proportioned with abs. Shoulders and hips “fit” a triangle. Symmetry predicts balance because balance requires symmetry. Symmetry and balance predict movement ability.

Movement is complicated. Walking with a gentle side to side sway verses a “falling forward” cadence. Standing, without rocking forward, out of a chair. Accelerating smoothly into a walk or run. Turning and bending with control via core strength and balance. Maintaining stamina and endurance. Movement predicts function and high level function predicts social, economic, and spiritual enhancement—life enhancement.

Writing Your Fitness Road Map: Balance, Symmetry, Movement

If you are an experienced exerciser you may be able to consider BSM on your own. If you are not, get some help and tell your help you want to achieve BSM. An experienced and well trained exercise professional will figure it out! Balance requires exceptional core strength—abs, abs, abs. It requires strengthening all muscles: top and bottom, front and back, right and left. Symmetry is similar: top and bottom, front and back, and right/left. Symmetry may also require losing the stomach (dieting) and gaining some muscle (body building). Muscle is good. Movement requires strength and balance: strong core muscles (abs) and strong limbs. Movement also requires endurance and stamina: aerobic capacity and muscle endurance.

As you can see, an optimal exercise program requires planning and strategy, just like a diet plan. Visualize what you want, write it down, plan the necessary techniques, hire help if needed, then implement relentlessly. It may not take much time but it does take planning. Planning results in less time spent toward achieving those goals.

Measuring Results:

As with nutrition therapy, measuring results reinforces the mission. Just as you look in the mirror after cosmetic surgery and expect to see improvement, so should you look in the mirror, at photographs, or with measuring devices, and see the benefits.

Balance is measured with just that—balance. The simplest measure is standing on one foot. Time yourself to when the other foot touches. Measure three times and take the average. Measure this average monthly when you start your exercise program.

Symmetry is measured with a picture or photograph. Stand in front of something that allows a background measure: a door frame, bricks along the wall of the house, something with symmetry itself against which you can compare with a future photograph. Get a frontal and side view to evaluate your posture. Re-photograph every 6 months.

Movement is measured by stride and distance. Look at your foot prints. How straight is the stride? What is the maximum stride length at maximal walking speed? How far can you walk or run without stopping to rest? Simple measures work but you will forget unless you write them down. If you are exercising in a gym, ask the trainer to file your picture with your workout regimen to compare as your exercise prescription progresses.

An appearance enhancement surgeon rarely operates without before and after pictures. If you are committed, why would you diet and exercise for an intended goal without a point of reference from which to measure your progress?



Aerobic exercise is a vital part of heart and mental health.

The Personalized Exercise Prescription—Get Real, Get Focused

Every human body is slightly different from the next. Every human body is different from young to old—we

constantly change with age. Every human mind has a range of education and understanding of the human body. Therefore, every exercise program must, ideally, be customized to your specific body and exercise skills for your available time and situation. Your customized exercise program should be reassessed as the program progresses, when (not if) injury occurs, and as the natural aging process evolves. Before embarking on your “new” fitness adventure, really ask yourself: what is this new body going to do for me?

- ☐ Interact more with those I love?
- ☐ Allow me to gain more professional/income advancement?
- ☐ Allow me to attract a mate?

Write down your answers. It will take only a few minutes. Think how that important those minutes will be compared to hours, days, weeks, and months of exercise. Will that exercise achieve your written goals?

Get Professional Instruction

Once your goals are specifically outlined, review these with a professional exercise instructor. Set up an hour to review your goals, health limitations, exercise knowledge, time lines, and cost. The time and money spent will be the best health expenditure you will ever make. Imagine going to the airport without a ticket then deciding, on the spot, whether you are going to Europe or Asia? Buy a ticket for London then decide after you land where you will go, how you will travel, or what you want to see after you have landed? It might work but it is real risky.

Don't be like most people who show up at the gym and just start exercising. Get professional guidance and coaching until you are able plan and implement your own program via the skills you were taught.

CARING FOR THE GREATEST “MACHINE” EVER CREATED

Your Personalized Exercise Prescription:

Experts agree that the lifestyle you choose plays a major role in bringing your genetic predisposition toward certain disease states to the surface at an earlier age than might have otherwise been expressed, contributing to premature aging.

The Aerobic Factor

Physical activity has also been shown to reduce stress, and lower blood pressure, blood sugar, cholesterol and triglycerides. Burning calories can also help you lose weight, if you need to. Yet, not all-physical activity is the same. In order to obtain the cardiovascular benefits of exercise, the activity must be that of an “aerobic” nature, which means that the pulse rate must be raised to almost two times the resting rate and maintained at that pace for at least twenty minutes. Some recent studies are recommending longer sessions.

For decades it has been believed that three twenty-minute sessions per week are adequate to keep your heart and blood vessels “in shape.” More recently, some experts are recommending sessions, lasting twice that long. With conflicting reports, it is difficult for you to know who to believe.

Examples of “aerobic exercises” include walking, jogging, swimming, and biking; and, because it is not always necessary to have equipment readily available, there is little reason for excuses NOT to do some aerobic exercise several times per week.

Non-Aerobic Exercise

Physical activities, which cause you to produce bursts of energy in relatively short periods of time, are known as “non-aerobic” exercise. Examples of



Example of Aerobic Exercise

non- aerobic exercise include lifting heavy weights, push-ups, sit-ups, sprinting, etc. Non-aerobic exercises are designed to build and strengthen muscles, but do not have the positive effect on your heart and cardiovascular system that “aerobic” exercise seems to have.

It is not always necessary to use equipment to strengthen and condition your muscles. Sit-ups, push-ups, knee bends, and isometric exercises can be performed anywhere in the world. It is even possible to perform isometric exercises sitting in your car at stoplights and in traffic ... or at work, sitting at your desk. Once again, the key is in knowing what to do and how to do it, and that’s why professional counseling and instruction are crucial to desirable outcomes.

Knowing how—and how much—to exercise is the key to achieving the desired results. One-on-one personalized training leads to better results and provides on-going motivation and instruction.



Example of “Non-Aerobic” Exercise

The “ideal” personalized exercise program should include both aerobic and non-aerobic components. For best results, you should consult with a trained exercise specialist.

Advantages of Personalization

As was discussed in previous chapters, when it comes to an exercise program, one size does not fit all, either. The amount, nature, and intensity of the activity should be based on a mutually agreed upon objective—an objective determined by you, your “health coach,” and your doctor.

Make sure you tell your trainer if you have angina or any health condition which might be affected by stressful and excessive exercise.

Measuring and monitoring the strength of your muscles and your endurance is the best way to “keep score.” Without accurate documentation, it is impossible to measure the successes, or lack thereof, that you garner from the time and effort invested in a physical fitness program.

In a previous chapter, it was explained how a successful weight-management program requires a life-long commitment. The same is true

with exercise and physical activity. For your muscles, heart and cardiovascular system to maintain their improved conditions as a result of exercise and lifestyle modification, the process must be ongoing.

As is the case with nutritional needs, your “Personalized Physical Activity Prescription” must be individualized to meet your physical and medical limitations, as well as your desired effect of feeling more in control of your life ... and health.

It is important to note that as your physical condition changes, so must your exercise program. This is another reason why a long-term professional relationship with a nutritional and fitness instructor is important.

For example, an individual who may have contracted back or joint problems needs a different set of exercises from one without those conditions. A person with documented coronary and heart disease might need to begin with a less strenuous series of activities and “work up” to a more aggressive exercise program.

There are many reasons why (like nutrition) a one size exercise program does not fit all. So, the axiom “self treatment is often poor treatment” applies to exercise, as well, as to vitamin and dietary therapy.

You should avoid adopting someone else’s regimen as your own. First, be evaluated by the professionals.

Reaching Your Potential

Once your own personalized exercise and activity prescription has been determined and as your strength, endurance, and capacity increases, so does the amount of activity, until an optimal level for you is reached.

As in the case of other types of “therapy,” physical activity may have to be adjusted from time to time. Common conditions, such as colds, flu, strains, and soreness, should be made known

to your exercise “coach” so that your program can be adjusted, accordingly.

When, and if, the conditions mentioned in the preceding paragraph are no longer a problem, your fitness instructor can begin to bring you back to your previous level of participation ... or beyond.

As is the case with the various components of MAX-A-LIFE™, an initial evaluation lets us know what your body needs. Periodic follow-up

and testing provides the best long-term results.

Sometimes, follow-up counseling sessions can be conducted by phone or interactive Email.

In any respect shaping your body through exercise and strength conditioning is just one way you can become involved in your life-enhancement objective of looking, feeling, and performing better ... longer.



... physical activity not only burns calories, it has been shown to reduce stress and lower blood pressure, blood sugar, cholesterol and triglycerides.

*... when it comes to an exercise program, one size does not fit all.
A personalized exercise program developed by a trainer is best.*

• • • • •

Above all, remember:
Your body is merely the servant of your mind.
Positive thoughts lead to positive actions ... and outcomes,
and you—along—are the determinant of the *attitude*
by which you face the world.

CHAPTER 19

THE SUSAN N. McCOLLOUGH, GALLERY AND ART STUDIO A Joint Venture Into The World of Art

Because so many of our patients have enjoyed the Susan Nomberg Gallery while visiting The McCollough Institute or recovering from surgery, I inform you of a recent change in venue. The SNMcG is now located at MacLand Ramch, 21635 Cotton Creek Drive, Gulf Shores, AL 36542. Call (251) 948-9696 or (225) 504-2468 (cell) for additional information or for an appointment.

*The Susan N. McCollough
Fine Art Studio*

"Artist of the Year, 2017" Art Tour International Magazine

Susan N. McCollough
International Abstract Artist

SELECTED BIOGRAPHY

MacLand Ranch
21635 Cotton Creek Drive
Gulf Shores, Alabama 36542
Phone: 251-948-9696



Susan Nomberg McCollough, Ph.D.hc

At a ceremony in Florence, Italy, Susan Nomberg McCollough, was honored as Art Tour International's 2017's "Artist of the Year." The publication enjoys the largest circulation of any art publication in the world. The same year she was selected as one of the "Top 60 Contemporary Masters" by the same publication. But the accolades didn't stop there. In 2020 ATI recognized her as one of its *ART TITANS* – Masters of the New Era documentary series. She received the award in New York in 2023. The documentary, "Art Titans – Susan N. McCollough, A Journey of Inspiration," is available on Vivid Arts Network and Roku.

Susan was born in Bronx, New York at the age of six, her family relocated to in Dothan, Alabama. She is a graduate of Dothan High School, where she was crowned Miss Dothan High School, Class Beauty, School Beauty, Homecoming Queen, Dothan High Key Club Sweetheart and a majorette for DHS Marching Band, and Outstanding Twirler at Florida State University Twirling Camp. She was also honored as

Alabama's State Key Club Sweetheart.

While at the University of Alabama she was twice selected as "Miss University of Alabama" and UA's Million Dollar Band Sponsor. Other accolades included, Corolla Beauty, Lambda Chi Sweetheart – Crescent Girl, and R.O.T.C Sponsor.

She also participated in the Miss America's, Miss Alabama State Pageant and emerged in the top five. As the State of Alabama's entry in the Miss Alabama International Beauty Congress, Long Beach, California (which became the Miss Universe Pageant), Susan finished in the top 15 (???) and won an acting scholarship to Playhouse "90", located in Los Angeles, California.

She received her B.S. in Theater and Art from The University of Alabama studying with Alvin C. Sella, Frank Engel, and later continued to study with many accomplished artists and teachers, including Max Hellman at the Birmingham Museum of Art, Professor Gary Sussman at Students Arts League of New York, Vytlačil Campus (sculpture), Sonia De Franceschi at the Accademia D'Arte in Florence, Italy where she engaged in the Old Masters technique of painting and gold leafing and studied with Michael Mentler, Master Artist in figurative drawing and Renaissance Tradition.

McCollough has produced numerous paintings, many on commission, and she has exhibited in many solo and group exhibitions across four continents.

The University of Alabama commissioned her to create a painting to honor her late professor and life-long mentor, Al Sella. The painting is an impressionistic portrait of the iconic artist and his emblematic bicycle. This large portrait now hangs in the art building, Clark Hall, and it is slated to do so in perpetuity.

She is honored to have her sculptured bust of *Coach Nick Saban* placed in three museums and the Donor Hall of Bryant-Denny Stadium in Tuscaloosa,

Alabama. The first sculpture was gifted to the Saban's and is temporarily on display at Bryant-Denny Stadium in the Donor's Hall which will eventually find its new home at The Saban Complex. The second sculpture is at The Susan N. McCollough Fine Art Studio in Gulf Shores, Alabama. The third sculpture is in a private collection belonging to Holland and Carolyn Powell in Tuscaloosa, Alabama. The fourth sculpture is at the Paul W. Bryant Museum in the Saban section in Tuscaloosa, Alabama. The fifth sculpture is at The United States Sports Academy Museum in Daphne, Alabama. The sixth sculpture is at the Alabama Sports Hall of Fame Museum in Birmingham, Alabama.

Susan served on the Art Committee and as a member of the Board of Trustees at the United States Sports Academy for more than 16 years. The USSA attracts and honors artists from around the world and is solely responsible for selecting featured artists for the Artist of the Year Award. She now serves on the committee as Artist Emeritus and on the Academy's Board of Trustees as Board of Trustees Emeritus. In June 2024, Susan received an Honorary Ph.D. from the esteemed United States Sports Academy for her work in the arts and as a member of the Board of Trustees.

In 2023, Susan became co-benefactor of the University of Alabama's "The Susan Nomberg McCollough Fine Arts Initiative". The Initiative is an international contemporary art exhibition and conclave that will be held every two years on the campus of and at galleries affiliated with The University of Alabama. It is supported by Mrs. Susan Nomberg McCollough and Dr. E. Gaylon McCollough for the sole purpose of creating a venue by which to feature University of Alabama art and artists. The initiative will showcase artists and provide them with a platform to exhibit

their work, connect with potential buyers and collectors, and interact with fellow alumni and leading art professionals on a regional, national, and international scale for years to come.

Susan and Dr. McCollough are also co-benefactors of the University of Alabama's "McCollough Institute for Pre-Medical Scholars," a one-of-a-kind academic initiative designed to prepare "tomorrow's phenomenal physicians" for the road ahead.

She is a member of the Women's Art World organization in Marrakech, Morocco. The WAW's mission is to bring together and promote Women's art in a world of different cultures, languages, and art. Today, there are 20 countries, and 35 artists represented in Women's Art World. Susan is also a member of ICAF (International Culture and Arts Federation) in Seoul, South Korea; NOMA (New Orleans Museum of Art) in New Orleans, Louisiana (USA); BMOA (Birmingham Museum of Art) in Birmingham, Alabama (USA); MMofA (Mobile Museum of Art) in Mobile, Alabama (USA); Metropolitan Museum of Las Vegas in Las Vegas, Nevada (USA); MOMA (Museum of Modern Art) New York City, New York (USA), MMOA (Metropolitan Museum of Art) in New York City, New York (USA) and DMA (Dallas Museum of Art) Dallas, Texas (USA).

Susan paints primarily on large canvases, sometimes working on as many as three or four paintings at a time. Her works are Abstract Expressionism with freedom of movement and vibrant, or sometimes, monochromatic colors. She sculpts using water-based clay as well as paints in oils. Susan also paints with acrylics, as well as using charcoal and ink, pastels, watercolors, and mixed media.

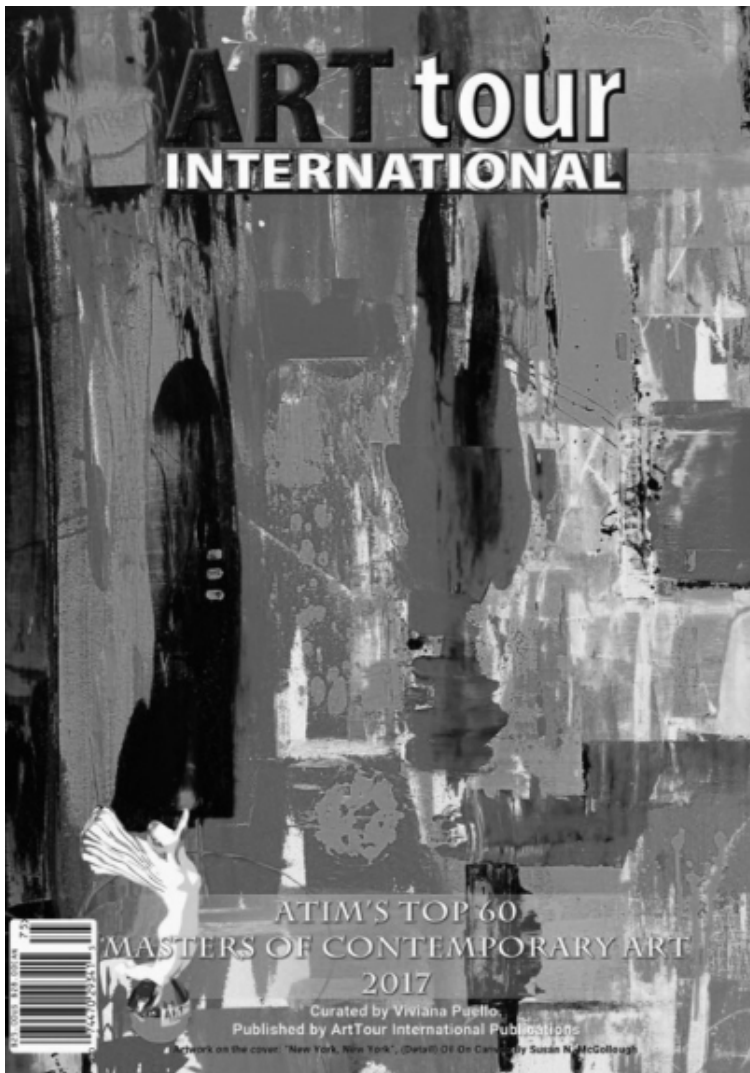
In 2024, Susan N. McCollough celebrated her eleventh year in her Gallery and Studio which housed more than 50 representative examples of her

work. The theme of her Grand Opening was: "Past and Present." Now, after years of painting, she says she can paint everyday "For the love of it." I paint from the excitement of the blank canvas. I paint with freedom of inner feelings, movement, lighting, connection of space, combination of colors, playing with positive and negative space until it all speaks to me."

Starting a new year in 2025, she has recently closed her Gallery/Studio and has moved from The McCollough Institute. Her new studio is still located in Gulf Shores, Alabama and is located at the MacLand Ranch. She looks forward

to having clients view new work there as well by appointment. Most days you will find her working in the studio, where she continues to sculpt, paint, and exhibit her art.

Susan N. McCollough, Ph.D.hc
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CHAPTER 20

Addendum and Credits **(Patient's Bill of Rights and References and Credits)**

A PATIENT'S BILL OF RIGHTS

The McCollough Plastic Surgery publishes the following Patient's Bill of Rights to affirm its dedication to the deliverance of quality medical care. It further affirms that patients are entitled to such rights regardless of sex, cultural, economic, educational or religious background, or the source of payment for their care, and states that all such rights also apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

Accordingly, all patients of McCollough Plastic Surgery have the right:

- To considerate and respectful medical care and dignity.
- To know the name of the physician who has the primary responsibility for one's care, the name of the person, or persons, who will carry out the procedure or treatment requested, and the professional relationship of other physicians who will see him/her.
- To actively participate in decisions regarding one's care and to receive as much information as is necessary to give informed consent. This includes one's right to be told before an operation, in language one can reasonably be expected to understand, the diagnosis of one's condition and the treatment being recommended, with a description thereof, the object of the operation or treatment, its risks and limitations, the morbidity that usually ensues, and alternative methods of treatment, including the consequences thereof. In addition, one should be given an opportunity to ask questions and have one's questions answered in a direct and straightforward manner. If it is not medically advisable to give such information to patients, the information will be made available to appropriate others in their behalf.
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences of that action.
- To expect privacy, discreteness and confidentiality relative to all dealings with the Network*, its employees and the records thereof; also, to be advised as to the reason for the presence of any individual during any phase of care.
- To receive pertinent instructions regarding post-operative care and appointments.
- To receive reasonable responses in a timely fashion to any reasonable request one makes for service.
- To reasonable continuity of care by the doctor and/or the doctor's staff and to be informed in advance of the time and location of that care and the name of the doctor(s) who will be providing that care.
- To be advised if a Network physician proposes to engage in or perform medical research which may affect one's care or treatment and a right to participate in such research projects.
- To leave Network facilities or any hospital to which they have been admitted even against the advice of his/her treating physician.
- To examine and receive an explanation of charges and insurance reimbursements regardless of the source of payment.
- To express grievances and suggestions, preferably in writing, to the Administrator.
- To be informed that one may change physicians, if other qualified physicians are available.

Accordingly, all patients of McCollough Plastic Surgery have the responsibility to:

- Give accurate and complete health information concerning your past and current illnesses, hospitalization, medications, allergies, and other pertinent items.
- Assist in maintaining a safe environment.
- Inform the physician or staff when one will not be able to keep a medical visit.
- Participate in the development and update of one's care.
- Adhere to your developed/updated care plan.
- Request further information concerning anything one does not understand.
- Give information regarding concerns and problems one has to the Administrator of the facility.
- Give the staff an opportunity to try to resolve any grievance which might arise as a result of treatment. Comply with recommendations for—and against—treatment (surgical, or otherwise) if in the opinion of the doctor or specialist the services requested could jeopardize the health, welfare and well-being of the patient (or prospective patient).

McCollough Plastic Surgery complies with Alabama Act 2013-288 regarding firearms and weapons. For more information contact: Baldwin County Sheriff's Office at www.sheriffobaldwin.com or Email hmack@baldwincountyal.gov or call 251-937-0202.

References and Credits

The editor wishes to give special recognition and credit to current and past members of the staff of McCollough Plastic Surgery and its associates (both current and past) who have contributed to the development of this publication.

E. Gaylon McCollough, M.D. FACS
 Jack R. Anderson, M.D. FACS**
 (deceased)
 Robert Bolling, M.D.**
 Stephen E. Metzinger, M.D.
 Aldo B. Guerra, M.D.**
 Gustavo A. Diaz, M.D.**
 Daniel E. Rousso, M.D. FACS**
 Peter W. Van Hoy, M.D.**
 George R. Duquette, M.D. FACS**

Brian P. Maloney, M.D. FACS**
 James C. Grotting, M.D. FACS**
 Grady B. Core, M.D. FACS**
 Paul S. Howard, M.D.**
 Darrell E. Wolfley, M.D.**
 Aldo Trovato, M.D.**
 William Cseh, M.D.**
 Rita Page, CIDESCO**
 Brentley R. Taylor, MD??

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**These professionals are no longer associated with Dr. McCollough or McCollough Plastic Surgery Clinic, LLC.
 ?? At the time of this printing, Dr. Taylor's future practice plans are pending.

INTERNET/WEB CORRESPONDENCE PRIVACY MECHANISMS

The following are mandated policies of the federal government of the United States of America and are, therefore, mandated of the physicians and staff of McCollough Plastic Surgery (MPS).

• • • • •

Using the Internet for correspondence has changed the face of the medical industry, especially since the COVID-19 Pandemic of 2020. In order to comply with federal regulations, the McCollough Network has implemented the following procedures to protect the privacy of our clients:

1. All patients will be informed of internet/web privacy issues, and anyone other than physicians that will process Email.
2. Paper copies of all Emails will be placed in the patient record.
3. Patients will be required to provide their name and birth date in Email correspondence in order to verify identity.
4. Every Email will have "Personal & Confidential" in the subject line.
5. Patients will be asked to use auto-reply features to acknowledge receipt of Email correspondence from The McCollough Network
6. The McCollough Network uses Microsoft Outlook for archival and retrieval of Email correspondence.
7. Each Email will include the following verbiage:

CONFIDENTIALITY NOTICE:
This Email message and any accompanying data or files is confidential and may contain privileged information intended only for the named recipient(s). If you are not the intended

recipient(s), you are hereby notified that the dissemination, distribution, and or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at the Email address above, delete this Email from your computer, and destroy any copies in any form immediately. Receipt by anyone other than the named recipient(s) is not a waiver of any attorney-client, work product, or other applicable privilege.

8. E. Gaylon McCollough MD, FACS
9. Patients will be asked to keep their messages clear and concise, to refrain from referring to third parties and to use alternative forms of communications for emergencies.
10. Patients who do not adhere to the guidelines set forth will be graciously asked to limit future communication to telephone and in person.
11. MPS will use a password-protected screen saver for all desktop workstations in the Clinic.
12. MPS will not forward patient-identifiable information to a third party without the patient's express written permission.
13. MPS will not use a patient's Email in a marketing scheme.
14. Patients Email addresses will not

be shared with anyone who is not employed by MPS.

15. MPS will not use unencrypted wireless communications with patient-identifiable information.
16. All "To" fields will be double checked prior to sending messages.
17. MPSC will perform weekly

backups of Email onto long-term storage. Long term storage is defined at the term applicable to paper records.

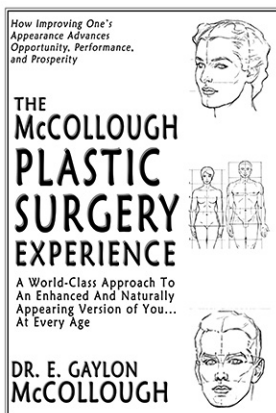
18. These policies will be accessible to all patients.
19. These policies will be applied to facsimile communication where applicable.

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*Anyone contemplating plastic surgery may mail or Email photographs of yourself to us prior to your visit to our office. Our surgeons can review the photographs and contact you to discuss your concerns. Doing so could provide you with valuable information you need in order to make better decisions. The Email is **drmccollough@mccolloughinstitute.com**. Send a copy of the Email and photographs to **medicalrecords@mccolloughinstitute.com**.*

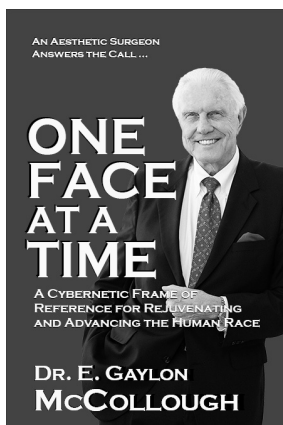
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OTHER BOOKS IN DR. McCOLLOUGH'S SERIES OF HUMAN ENLIGHTENMENT AND ENCOURAGEMENT



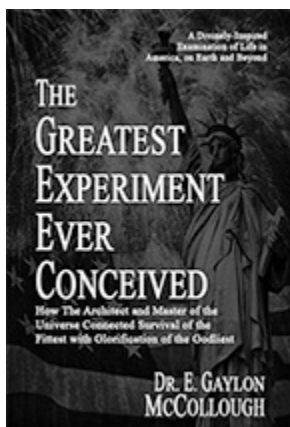
THE McCOLLOUGH PLASTIC SURGERY EXPERIENCE: The sequel to *THE APPEARANCE FACTOR*.

A World Class Approach To An Enhanced and Naturally Appearing Version of You... At Every Age



ONE FACE AT A TIME

Dr. McCollough shares a lifetime of connecting the things that, individually and collectively, we must think, say, and do to become the best version of ourselves as part of our role in enhancing our species... one face, body, mind, and soul at a time.

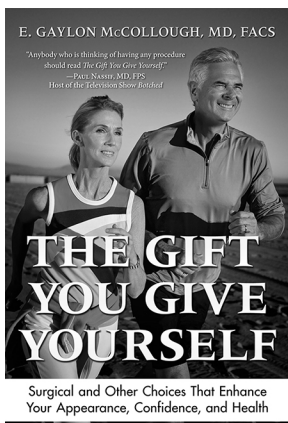


THE GREATEST EXPERIMENT EVER CONCEIVED

A divinely inspired examination of life in America, on Earth, and beyond.

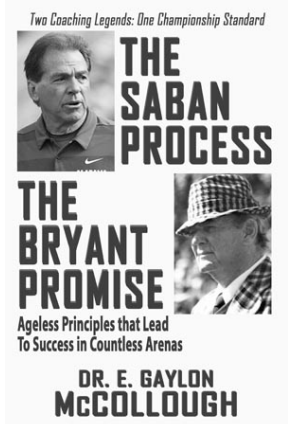
"A work of art—thoroughly researched, beautifully written, and incredibly insightful."

*Brianna Lapado
Author, Intuitive Healer, and Teacher,
State of Florida*



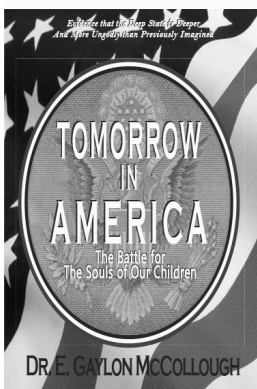
THE GIFT YOU GIVE YOURSELF

“... reveals how to cast off self-imposed restrictions, as well as the constraints imposed on you by society, develop your talents to their maximum potential, and become the person you were always intended to be.



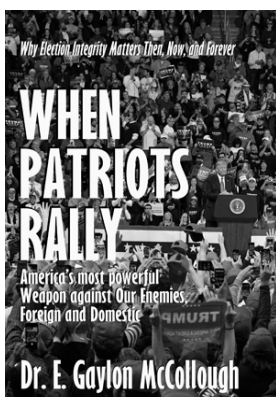
THE SABAN PROCESS: THE BRYANT PROMISE

This book demonstrates how the winning principles that allowed two legendary coaches, in separate generations, to win more national championships than another coach in history, can also be applied to anyone—or any venture—in any arena. Providing, that is, the competitor is self-motivated; and willing to focus their talents and efforts upon excellence—and, on a consistent basis.



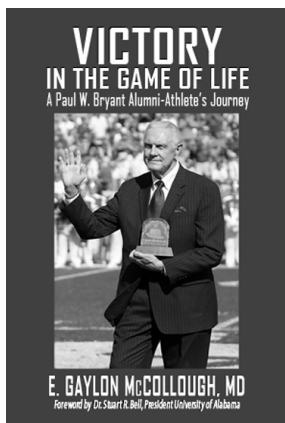
TOMORROW IN AMERICA: The Battle for the Souls of Our Children

A glimpse of the USA and the world our children will inherit unless godly patriots take America back from those who would subject our children and grandchildren to slavish conditions.



WHEN PATRIOTS RALLY America's Most Powerful Weapon against Our Enemies, Foreign and Domestic

A battle plan for restoring the USA to the good and great republic it once was; and can be again.



VICTORY IN THE GAME OF LIFE

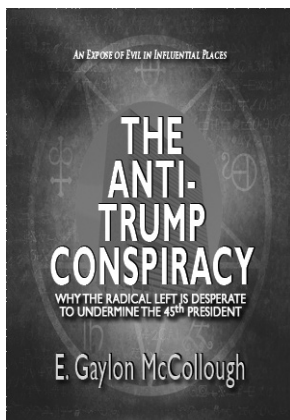
"You won't find many books that range from Elvis to Helen Keller to Bear Bryant to Sir Isaac Newton and more. And you won't find many that can change your life. This one could."

John Cochran
Former White House Correspondent,
ABC, and NBC television journalist



THE LONG SHADOW OF COACH PAUL "BEAR" BRYANT

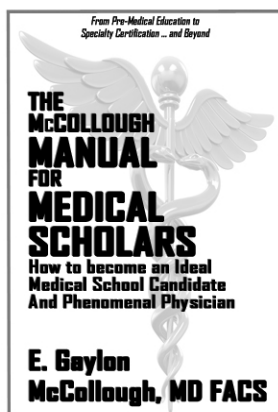
An up close and personal look at the patriarch of the Alabama Football Family, his decision to relinquish power, the turbulent years he predicted for Alabama football, and his bridge-building plan designed to create the Crimson Tide's next "larger than life" coach, Nick Saban.



THE ANTI-TRUMP CONSPIRACY

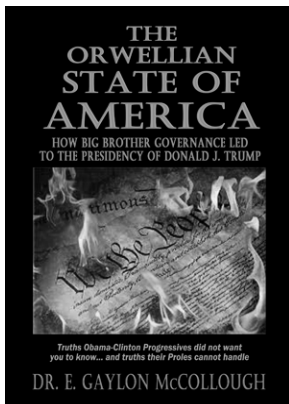
"... a soulfully assembled Dragnet of frightening facts from decades of deep planning by Anti-Trump forces that wish to destroy what so many have sacrificed to build..."

Holland Powell



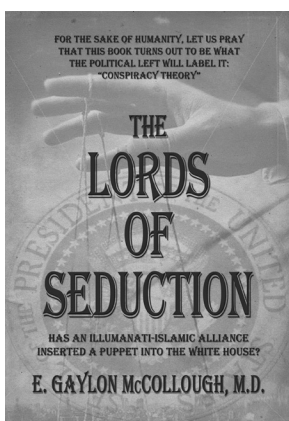
THE McCOLLOUGH MANUAL FOR MEDICAL SCHOLARS

"... guides and informs the reader of all essentials in selecting medicine as a career, from being admitted to medical schools, through specialty training, and the numerous challenges that come with conducting a medical practice."



THE ORWELLIAN STATE OF AMERICA

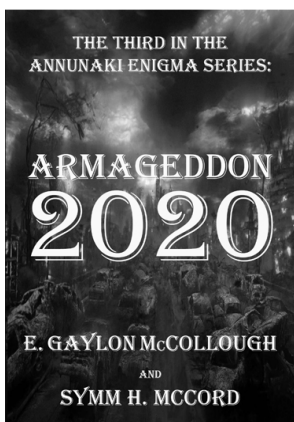
A sequel to George Orwell's novel, 1984... reveals the truth about the precarious state of America—truths Big Brother Government does not want Americans to know; .



THE LORDS OF SEDUCTION:

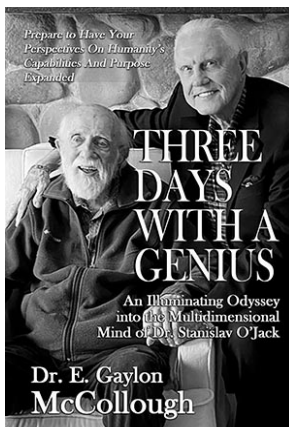
An Expose of the Man Who Became Barack Obama And the Mighty Men That Created and Control Him

"A patriot's guide to geopolitics," *The Lords of Seduction* is a riveting expose of the mighty men who methodically changed Barry Soetoro into Barack Hussein Obama II. Readers are shown the agenda that Obama was "bred and reared from early childhood" to execute... beyond his presidency.



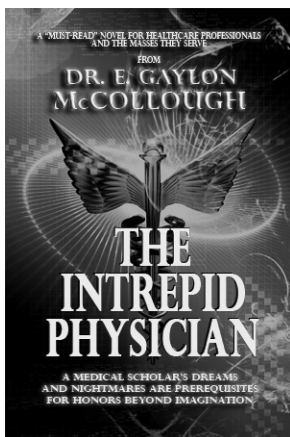
THE ANNUNAKI ENIGMA: ARMAGEDDON 2020:

Current events and the actions of today's globalist leaders fulfill the prognostications of the early writers of the Bible... including other-worldly being, the overseers of Planet Earth.



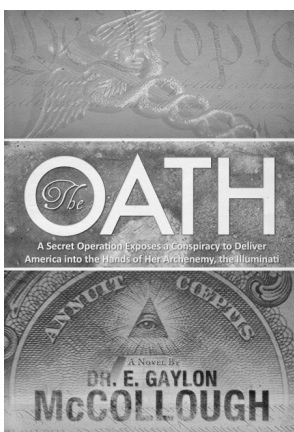
THREE DAYS WITH A GENIUS

A novelistic demonstration of just how far self-serving cabals of doctors, administrators, politicians, investors, and Mafiaso Mobsters will go to protect their own self-interest at the expense of sick and hurting people. This book's main character proves a time-honored truism: exceptionalism comes with a price--a dear price.



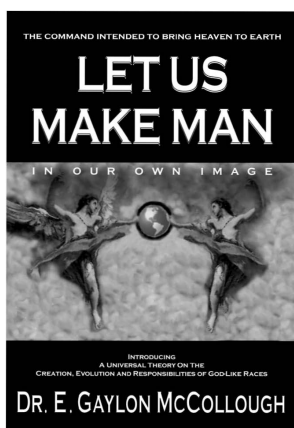
THE INTREPID PHYSICIAN

A novelistic demonstration of just how far self-serving cabals of doctors, administrators, politicians, investors, and Mafiaso Mobsters will go to protect their own self-interest at the expense of sick and hurting people. This book's main character proves a time-honored truism: exceptionalism comes with a price--a dear price.



THE OATH: A Novel that Mirrors Inconvenient Truths

A physician, who became president of the USA, sacrifices everything to save his beloved nation from falling into the hands of a Super Elite Ruling Class and the Global Deep State they created and manipulate.



LET US MAKE MAN:

A new paradigm, arising from the reexamination of *The Book of Genesis* and erases the division between Science and Theology

Obtain your copy of Dr. McCollough's books while visiting McCollough Plastic Surgery, at your local bookstore, or order online at www.mccolloughplasticsurgery.com, and remember that profits from Dr. McCollough's books are pledged to a charitable foundation dedicated to the education and enlightenment young people from all rases, religions, and backgrounds.

A CLOSING NOTE

The entire staff of McCollough Plastic Surgery wish to thank all our patients and friends for the confidence they've demonstrated during past years and look forward to caring for you and yours for years to come.

E. Gaylon McCollough, MD, PhDhc, FACS