



PLASTIC SURGERY SECRETS

*From Board Certified Plastic Surgeon
Dr. Barry M. Weintraub*

**“What I know,
that you don’t!”**



This transition, which took place over several years, shows the patient having had various procedures with Dr. Weintraub such as: rhinoplasty, chin implant, liposuction, blepharoplasty (eyelid lift), laser skin resurfacing, and fat transplantation.

WHEN ARRIVING AT DR. BARRY WEINTRAUB'S OFFICE — whether in East Hampton or on the Upper East Side of Manhattan — the first thing you notice is detail and natural beauty. It's not surprising, since the most discerning people rely on him to help them look their best “but never overdone,” he adds. “Less is more.” In the city, delicate chandeliers hang above his treatment chairs giving patients something pretty to look at while waiting for surgery or injectables. At his East Hampton office, patients relax “Hampton’s style” on an outdoor veranda overlooking his gardens and pool.

NASAL SCULPTURE

One nose doesn't fit every face! Because the nose sits in the middle of the face, a one-millimeter change in any direction can make an enormous difference between a good result and a great result. The nose should begin at the bridge – the point horizontal with the blink crease – and should end at the highest point, the tip, with either a straight line or an ever-so-slight concavity between these points.

PROBLEM: “A” Shaped Shadow On Frontal View Of Nose

SECRET: The nose is comprised of half bone (the upper half), and half cartilage (the lower half). I ensure the avoidance of the “A” appearance by seamlessly aligning the bone and cartilage so that the overlying skin is smooth, without an “A” shaped indentation

PROBLEM: Skeletonized, “Fake Looking” Nasal Tip

SECRET: Tip elements should reflect precision and detail but should not be over skeletonized. The tip should have a slight retroussé (extremely subtle recess) just before the tip, or so-called “pretip” area. The tip tripod should stand on its own, with excellent definition and a three-point light reflex showing off its natural qualities. It should never be too small, upturned, or skeletonized.

PROBLEM: Hooked Nose That Plunges Upon Smiling

SECRET: The tip should not be bulbous, globular, ill-defined or downturned upon smiling. This is achieved with precise surgery: whenever possible, I avoid breaking the bones but rather employ the gentle process of filing until the desired result is achieved.

MOST REWARDING CASE: A princess from the Middle East presented after having had four prior rhinoplasties in France, the U.S., and two in the UAE. Her nose was still bulky and was now asymmetric. She had promised her family this was her last surgery. According to her parents, she had become quite self-conscious and introverted. The case was extremely difficult due to her own anatomical limitations, the other surgeons’ aesthetics, and scar tissue that resembled dried glue. Patience, precision and attention to detail produced a most pleasing, understated and natural cosmetic result. In the end, both patient and family returned home satisfied and happy.

“Great cosmetic surgery should never shout.”

—DR. BARRY M. WEINTRAUB, M.D., F.A.C.S.



This patient appeared older than her stated age. She did not like the heaviness of her eyes, the laxity of her mid-face, her jowls, the texture of her skin, or the way her downturned nose aged her. Dr. Weintraub performed a blepharoplasty (eyelid lift), a mid-face suspension, sharpening of her jawline, elimination of her jowls, a comprehensive neck lift, laser resurfacing to her face, and a conservative rhinoplasty, taking many years off her appearance.

NECK LIFT

Necks are unwanted indicators of age. They can reveal much more than we'd like, as they are one of the first things to go as time marches on.

PROBLEM: Residual Jowls and Chunkiness Under Chin

SECRET: A neck lift's best friend is the careful removal of fat and lax skin. Done together, I create a sharp, smooth, elegant neck and jawline reminiscent of youth. In addition, with the assistance of a state-of-the-art, automated operating-room table, the patient is put into a sitting position during surgery to observe how the neck and under-chin areas respond to gravity.

PROBLEM: Residual Neck Cords

SECRET: These cords (or "platysmal bands") look like two ropes. I tailor them during surgery, manipulating them in a way that resembles a corset to keep them from protruding and interfering with the smooth and natural hammock effect of a graceful neck. It's fine for women to wear scarves when they want to – but not because they have to.

MOST DIFFICULT SURGERY: A television and film actress had a very thin neck, having had prior liposuction which removed any subcutaneous fat, and her skin had been compromised by an unsuccessful TCA peel with a prior plastic surgeon. She complained of platysmal bands that showed on camera. I did a platysmal plication, with a very small incision under the chin. The patient healed beautifully and the camera loves her result.

FACE LIFT

Many of my face-lift patients during our first consultation express concern about looking operated upon. Great cosmetic surgery should never shout.

PROBLEM: Unnatural Pull

SECRET: The skin and the underlying layers must be suspended separately. This allows the skin to never look pulled because the support is coming from the deeper layer (SMAS). The skin should be gently laid down without undue traction to appear smooth and youthful, and never too tight.

PROBLEM: Satyr Ears/No Earlobes

SECRET: During a face lift, the ear-lobe's curve should never be destroyed by sewing the earlobe to the face. The curve is protected by placing an under-the-skin suture to set the earlobe at a higher point, allowing for the natural curve of the ear's lobule to descend slightly. Beautiful earrings should be framed by beautiful earlobes!

MOST REWARDING CASE: A well-known socialite came to me in tears: she'd just been fitted with new contact lenses and had seen her latest photos. I performed a face lift, neck lift, eyelid lift, and laser brightening of the skin, sharpening of jawline and removal of jowls. After she healed from her surgery, she returned in tears again – but happy tears, because her latest photo looked very similar to one taken fifteen years before.



As result of the gravitational descent of facial skin and fat as we age, this patient had excess skin around her eyes, jowl formation, excess skin of the neck, and loss of facial volume. While the patient was under comfortable anesthesia, Dr. Weintraub performed an eyelid lift, mid-face suspension, removal of jowls and a comprehensive neck lift. In addition, fat was transplanted from the tummy into needed areas of the face for re-volumization. In addition, the skin was smoothed with the newest Sciton laser.

EYE LIFT

Puffy eyes, baggy eyes, and hooded eyes do us no favors in helping us to look attractive. It is just as problematic if the eyes are robbed of their natural fat pads by overzealous surgery.

PROBLEM: Puffy Bags Under Eyes

SECRET: During an eye lift, puffy under-eye bags should always be removed. It is important to know exactly how much fat to remove because a sunken appearance can result from taking away too much fat. A telltale sign of lower eyelid surgery is an incision under the lashes. I prefer to remove the fat pads from the back side of the lid and improving the skin with a gentle, high precision laser to eliminate the fine, crepe-like, crinkly wrinkles.

PROBLEM: High Eyelid Incision

SECRET: When I do my upper-eye lifts, I always place the incision below the blink crease so that no visible signs of surgery show. In addition, I like to use a gentle laser over the incision to meld the skin together and minimize the visibility of any surgery.

MOST REWARDING CASE: An executive sought me out having been given my name by one of his colleagues. He was the subject of a feature article in Forbes and wanted to look his best. I performed an upper-eyelid lift and a removal of his lower fat pads. When the article came out, he told me that Photoshop hadn't been necessary.

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