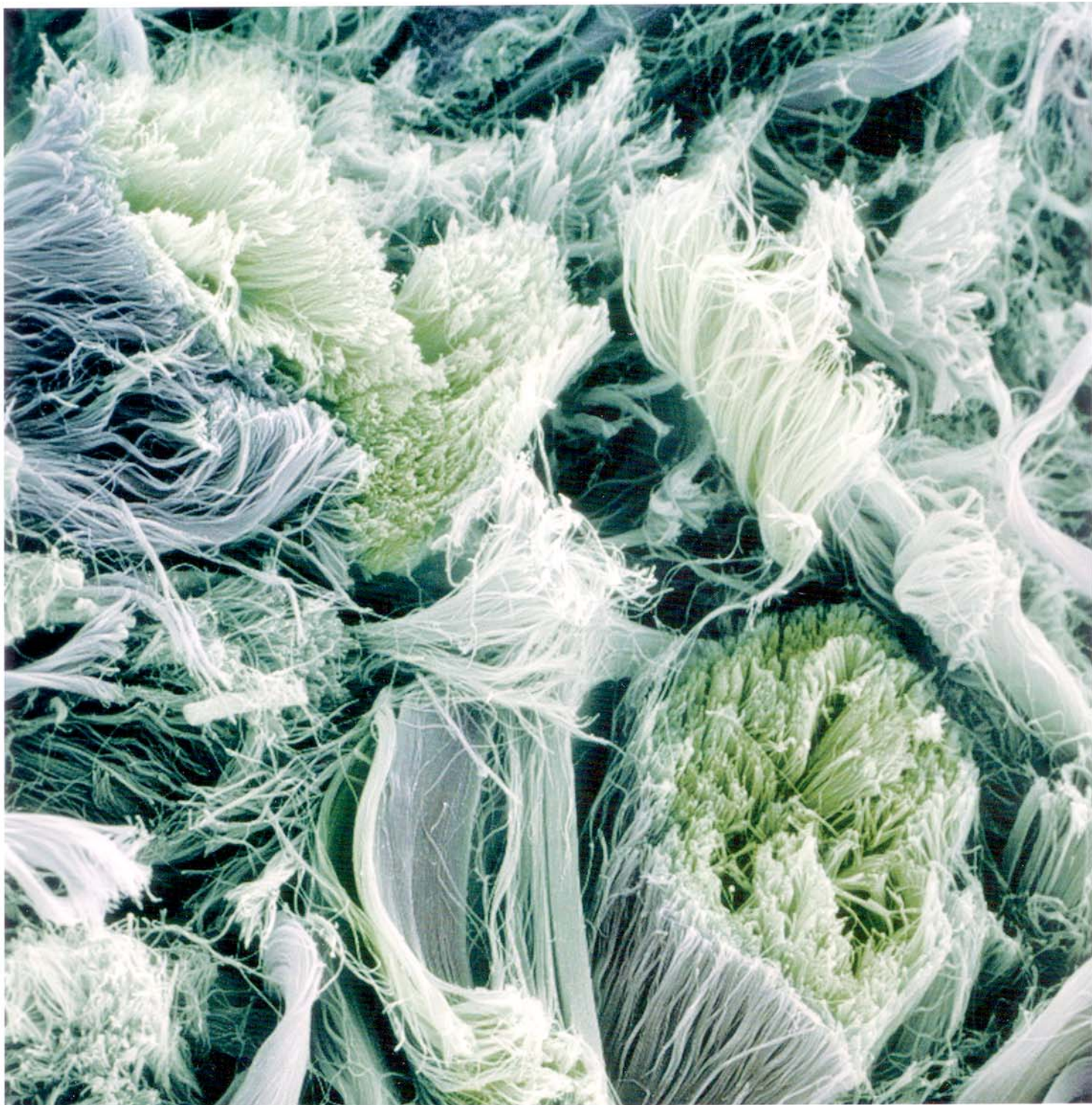


AESTHETIC MEDICINE

FEBRUARY 2006



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YOUR GUIDE TO THE EVENT OF THE YEAR

COOL CUSTOMERS

LASER COOLING SYSTEMS

NIP/TUCK TRENDS

PLASTIC SURGERY PREDICTIONS FOR 2006



Laurence Kirwan MD

FRCS trained in aesthetic plastic surgery in the USA and has had a successful practice in Connecticut for almost 20 years. He has been working in both Connecticut and London since 1998 and also has an office in New York City. He is director of The Kirwan Skin Clinic, the Kirwan Hair Transplant Centre and the Kirwan Vein Centre in Connecticut and last year launched the Kirwan Skin Program™ to correct skin changes due to ageing, pigmentation and acne. In 2004, his first book Cutting Edge, a definitive guide to cosmetic surgery, was published in the UK. He is currently writing a sequel and a series of eight monographs on different plastic surgery procedures.

Q&A

WE CHAT TO AESTHETIC PLASTIC SURGEON PROFESSOR LAURENCE KIRWAN

WHO OR WHAT INFLUENCED YOUR DECISION TO BECOME AN AESTHETIC PLASTIC SURGEON?

Whilst training as a surgeon in the UK, I did a rotation in a plastic surgery department and enjoyed the camaraderie and the skill, as well as the flair of the surgeons. It was like joining a private club that nobody else knew about – a secret that was tightly held. Surgery didn't just have to be formulaic, it could also be creative. My dad was a senior police surgeon with the Merseyside Police and I watched and admired him and, most of all, admired the way other people respected him. A doctor has the ability to touch so many lives in his career and his work lives on long after his retirement and even his death.

HOW WOULD YOU DESCRIBE YOUR WORK?

Plastic surgery is like fine art. It uses the same 'material' and the same 'hammer and chisel' as other surgeries but requires a creative flair because no two operations are the same. There is no right way – although there may be wrong ways to do a plastic procedure. A plastic surgeon not only has to design his operation to fit the patient but also, in order to solve aesthetic and surgical problems, he has to be able to think laterally and choose – even invent – techniques as he goes along. It is a very complex process that takes a great deal of time in terms of co-ordinating the mind and hands and educating the brain in the aesthetics of the human body.

DO YOU FEEL THAT YOUR TRAINING IN THE USA GIVES YOU AN EDGE OVER BRITISH-TRAINED COSMETIC SURGEONS?

Aesthetic cosmetic surgery is an integral part of surgical training in the USA, as is the know-how of running a private practice. The National Health Service is – and rightly so – devoted to reconstructive cases. However, training through the NHS provides limited exposure to cosmetic surgery and only recently has it started a three-month fellowship in cosmetic surgery at just one UK centre.

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I was fortunate enough to train in the USA with busy plastic surgeons, who had considerable reconstructive and aesthetic experience and who also ran large private practices dedicated to cosmetic surgery. Being a successful cosmetic surgeon is not just about learning how to do an operation correctly, although that is certainly one of the most important elements. It is also about managing a private practice that provides quality of care and a high standard of service to its patients. I think that aesthetic cosmetic surgeons in the USA understand the level of service and quality of care required by the private self-paying patient better than their counterparts in the UK.

YOU ARE REGULARLY INVITED TO GIVE TEACHING WORKSHOPS ON YOUR SAMBA (SIMULTANEOUS AREOLAR MASTOPEXY/ BREAST AUGMENTATION) BREAST-LIFTING TECHNIQUE. WHAT OTHER UNIQUE PROCEDURES HAVE YOU DEVELOPED?

I have just submitted a paper to the *Aesthetic Surgery Journal* on Breast Auto-augmentation. This publication is the official journal of the American Society for Aesthetic Plastic Surgery, of which I am a member. Breast Auto-augmentation involves lifting the breast and using the patient's own breast tissue to recreate fullness in the upper breast. The result is rather like having a push-up bra – but without the bra! Providing she has adequate breast tissue, it is a procedure suitable for any woman with ptotic breasts as a result of breastfeeding and/or severe weight loss.

ARE BRITISH AND AMERICAN PATIENTS DIFFERENT IN ANY WAY – AND DO YOU ALSO TREAT PATIENTS FROM ELSEWHERE WHEN OPERATING IN THE UK?

To answer the last first: I see a tremendous number of patients from Continental Europe and the Middle-East in London and, occasionally, from Hong Kong. The UK patient is very different to the American. In general terms, UK patients are more excited about cosmetic surgery whereas US patients tend to take it for granted. In the UK, patients are still wrestling with philosophical and ethical questions as to whether they should have surgery and, if they do, how on earth are they going to keep it secret? These two thoughts never occur to the American patient, who mainly considers the choice of the surgeon and the cost.

On the other hand, English men are, on the whole, far more willing to consider non-surgical and surgical cosmetic procedures than American males and seem to be more in touch with their feminine side.

YOU SAID RECENTLY THAT YOU ARE FOCUSING MORE ON FACES THAN ON OTHER BODY PARTS. WHY IS THIS?

After dedicating many years to making breasts more beautiful, and having aged a little myself

“AFTER A RHINOPLASTY OR AN OTOPLASTY YOU CAN SEE THE DIFFERENCE IN SELF-CONFIDENCE THAT IT INSPIRES IN A YOUNG WOMAN OR MAN”

during the process, I now find that my patient population is also older and that I am more experienced. Faces are, in a way, more satisfying because the resulting changes in the patient's psyche are extraordinary – and often immediate. After a rhinoplasty or an otoplasty you can see the difference in self-confidence that it inspires in a young woman or man.

WHAT DO YOU FEEL HAS BEEN THE MOST SIGNIFICANT DEVELOPMENT IN AESTHETIC COSMETIC SURGERY IN THE PAST 20 YEARS, AND WHAT DO YOU THINK WILL BE A LANDMARK GOING FORWARD?

Safer surgery, without a doubt, with quicker recovery. The other change is that instead of facelifts being for the over 65s, we now look on them as a maintenance procedure so the threshold for rejuvenation has ratcheted down to the early 40s and, like the stock market, the level is still dropping.

Obviously there have been many other developments: in liposuction, the introduction of tissue fillers and botulinum toxin; absorbable fixation devices to keep the eyebrows up after keyhole surgery; and, most recently, suspensory threads as well as good methods of skin rejuvenation – including my own Skin Program™; plus various kinds of chemical peels and lasers to rejuvenate the skin.

In the future, we shall see refinements in all of these treatments and procedures. Additionally, we will hopefully have pills to keep our weight down, our muscles toned and our skin in better shape, as well as a better understanding of how to refine our diet and pursue daily activities that will optimise our longevity. 