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Profile in proportion: Innovative combination of procedures provides facial balance for Asian patients

By Rochelle Nataloni



35-year-old female patient (left) before facial contouring and (right) four months post-operative. Patient received small, hand-carved facial implants inserted into the chin and mid-face region to add dimension to the profile and balance a dominant mouth. (Photo credit: Edmund Kwan, M.D.)

NEW YORK — Most Asian patients seeking cosmetic surgery want to improve their appearance with subtle changes while retaining their ethnic identity.

For Manhattan-based plastic surgeon Edmund Kwan, M.D., who specializes in cosmetic surgery in ethnic patients, this goal is the driving force behind his innovative "profileplasty," which is a combination of procedures that together address a number of complaints regularly voiced by his Asian patients.

Dr. Kwan offers two general tips for performing facial cosmetic surgery procedures in the Asian population.

Dr. Kwan

The first is the sensitivity that many patients — Asian women especially — have concerning the size of their face. As a result, many do not want anything done that will make it larger. Secondly, he has found that the simple solution to many complaints of disproportion is the insertion of small silicone implants to balance out the facial features without enlarging the face.

"I often find that a number of my Asian patients are unhappy with their profile," Dr. Kwan tells *Cosmetic Surgery Times*.

"They see their profile as flattened, with the mouth as the dominant feature. This facial imbalance can be corrected by inserting small facial implants in the mid-face and chin. It's relatively simple, but offers dramatic results."

CUSTOM CARVING Dr. Kwan eschews using the patient's own bone to augment the imbalance and relies instead on custom-carved silicone implants.

"With the profileplasty, we are mainly augmenting the central portion of the face. In order to make the eyes more pleasing on a profile, I build a bridge by placing an implant right across the bridge of the nose," he explains.

"I don't like to use bone because you can have a donor site problem and because bone has variable resorption rates. Instead, I use a silicone implant that I carve for each individual, and I place it through a small incision inside the nose, similar to a rhinoplasty incision," he explains.

Making the nasal bridge taller improves the profile markedly, notes Dr. Kwan, because "you don't see past their bridge to the other eye on profile."

AESTHETIC PROPORTIONS The profileplasty also entails intraorally-placed, mid-face implants that are situated next to the alar base on both sides.

"By pushing that out, the upper part of the mouth actually recedes. Then, I put a chin implant in and a maxillary spine implant right under the columella of the nose. That really shifts the whole mouth into place," Dr. Kwan says.

"There are options; you could do one of two things. You could either shave the nose down and bring it back down to the proportion of the chin, or you could bring the chin out. It's an aesthetic proportionality issue," he explains.

CONTOURING APPROACHES Facial contouring of the cheekbone, jawbone and forehead are also frequently-employed options with Dr. Kwan's Asian patients. Of these, jawbone contouring is the most popular.

"Many Asians have a fairly prominent mandible, and a thick masseter muscle. My approach to that is to examine the patient and see if it's mainly a masseter muscle hypertrophy or if there's also bony enlargement or flaring of the bone that's contributing to this," Dr. Kwan says.

"If it's mainly a muscle problem, my approach is a little different than if it's a bone and a muscle problem."

INJECTION OPTION Up to 80 percent of the time, the problem is due to a larger-than-usual masseter muscle. Dr. Kwan uses and recommends Botox (botulinum toxin type A; Allergan, Irvine, Calif.) for these cases of muscle hypertrophy.

"If they just have a muscle problem, patients could actually benefit from Botox injection alone. When I inject, I try to inject about 40 to 50 units per side. When I do that, the muscle becomes flaccid during the following week and then the patient experiences a good result at about one month because the muscle isn't being used and it atrophies."

Patients who don't want surgery are amenable to this even though it needs to be redone every six to seven months, according to Dr. Kwan.

For facial contouring that requires reduction of bone and muscle, Dr. Kwan uses intraoral incisions and general anesthesia. He debulks the muscle from the undersurface of the masseter muscle and lifts the masseter muscle completely off the mandible.

"At this point, if I need to do a little bony reduction, I rasp it down by hand," he says. "I don't believe in a huge amount of bone reduction with power tools because of the risk of facial nerve injury. I like to file it down much like when I file down a nose. This produces a more natural look in comparison to when you actually cut a portion of the mandible bone," Dr. Kwan elaborates.

"Then I carefully debulk part of the muscle. As with any other part of the body, there's a small amount of bleeding, which I control as I go along."

PATIENT TIPS To further complicate matters, Dr. Kwan points out that Asian patients tend to develop more prominent scars because the more pigmented the skin, the more prominent the scar. To counter this tendency, he says he makes every effort to hide the incision or place it in an area that can camouflage the resulting scar, such as where there is already a wrinkle.

"Even if they don't get a prominent scar, they tend to get a hyperpigmented and thicker scar, because ethnic skin is thicker, so the body's reaction is to respond with a thicker scar," he says.

"Once you make an incision, you can't avoid a scar, so I make my incisions in the areas where they will be most concealed. I tell my patients, 'I don't make the scar. Your body makes the scar.'"

For more information

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