

Thailand4Healthcare

Cosmetic Surgery for Men



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Men and cosmetic surgery

The popularity of the Extreme Makeover television show has resulted in men taking a much closer interest in cosmetic surgery – in



particular, the thought of going away for two or three weeks and returning home to family and friends with a whole new look and a much more confident outlook on life.

Thailand4Healthcare is making this dream come true for men from all walks of life (not just those lucky few in the TV program), with really affordable cosmetic and dental procedures combined with the holiday of a lifetime in exotic Thailand.

Our society places a high value on looking young and fit. Today, men of all ages and all walks of life are requesting plastic surgery for cosmetic reasons. Men's goals include a more balanced nose, a rejuvenated face, a trimmer waistline, a more contoured chest area and a pleasing smile.

This booklet reviews some of the special considerations for men contemplating a cosmetic procedure. It won't answer all of your questions, since a lot depends on your individual circumstances so be sure to ask your doctor if there is anything you don't understand about the procedure you plan to have. Your experienced Doctors and Surgeons at the Bangkok Hospital Group are much more available and approachable that is probably the case in your home Country. Rather than rushing from one patient to the next, your doctor in Thailand will make it a point to give you all the time that you need – and you will find this to be the case with all of our healthcare professionals and the consultants at Thailand4Healthcare.

Thailand can provide some of the best healthcare available anywhere in the world at a price that will pleasantly surprise you. And the expertise, friendliness and caring support provided by the doctors and nurses is world renowned. However, just as in your home Country, you must do the research to make sure you select the top doctor's and hospitals **for your particular medical procedure**. Wouldn't it be nice to know who the local medical professionals would choose if one of their family needed treatment?

And that is where our Company, Thailand4Healthcare (or T4H) can help, because we have done the research for you and continually check and update our database of fine doctors and medical facilities. Not only by peer review, but also by recommendations and testimonials from patients.

Thailand4Healthcare has taken a different approach from many overseas healthcare providers – one that ensures the very best outcome and value for service in the **particular procedure in which you are interested.**

For instance, while Bumrungrad Hospital in Bangkok has a fine reputation for cosmetic surgery, are you getting the top doctor in the field whether you need a tummy tuck or a face lift? Similarly, we would have no hesitation in recommending Dr Somchai, at the Bangkok Hospital in Pattaya, for SuperSight® surgery, but is BPH the very top hospital for Lasik procedures? And where would you find the very best service on hearing difficulties and the best value on hearing aids?

T4H takes the guesswork out of selecting the very best hospital and doctor for you, at the best possible price. We are right here in Thailand and we will be with you every step of the way; from your initial enquiry through your return home.

You relax and rejuvenate in luxurious accommodation in the fabulous resorts of Pattaya or Phuket, or exciting Bangkok or up Country in Chiangmai where professional care at the **Bangkok Hospital** Group combined with personal beauty and spa treatments, and the world renowned friendliness of the people of Thailand, ensures that you return home with an inner sparkle and renewed energy for life

This is a fantastic opportunity to combine your treatment with an invigorating and refreshing visit to the tropical land of smiles - one of the most popular tourist destinations in the world.

PLANNING YOUR SURGERY

Good communication between you and your plastic surgeon is essential when planning your surgery. In your initial consultation, you'll be asked to explain in detail why you want the procedure and how you hope to look and feel afterward. It's important to set aside any awkwardness you might feel, and speak candidly about the

changes you'd like to see. You should feel completely assured that you and your surgeon understand one another.

Your doctor will also evaluate your health, conduct a physical exam, take pre-operative photographs, and explain which surgical techniques are most appropriate for you. You'll discuss the type of anesthesia to be used, the type of facility where the surgery will be performed, the possible risks, and the costs involved. Note that all procedures through Healthcare-Holidays are performed at the award winning Bangkok Pattaya Hospital so all of the facilities are available in house should the need arise.

Tell your surgeon if any part of the consultation makes you uncomfortable, or if you have any special privacy requests. Above all, it's important to have realistic expectations about your surgery. Remember, your doctor can offer significant improvement, but not perfection. Keep in mind that your age and health may play a role in the quality of the outcome.

THE SURGERY

Extensive information about the particular procedure you plan to have is included in this booklet and will be provided both before you travel and during your consultation at the hospital. While going over the steps of the procedure, your doctor will discuss a number of issues that may influence your surgery. Make sure you fully understand these considerations.

Facial surgery: If you are planning facial surgery or neck surgery, your doctor will evaluate your entire head-face-neck region. Is the hairline receding? How full are the sideburns? Does the beard-growing skin extend up the cheeks or down the neck? Are there facial scars? Is the skin sun-damaged? Is the neck skin loose or drooping?

In general, it's known that male facial skin has a richer blood supply than female facial skin. Male faces bleed more during surgery and are at greater risk for forming a temporary collection or pooling of blood under the skin, called a hematoma, after surgery.

Also, any scarring that may result from surgery may be more difficult for men to hide, since they don't wear make-up or style their hair toward their faces, as many women do.

Hair growth and beard growth may play a major role in the outcome of a facelift. If you are balding or have thinning hair, surgical artistry may be required to hide the facelift incision, especially in the temple area. If the hair-bearing skin of your upper neck is pulled behind your ears during surgery, you may find that you must shave behind your ears or the back of your neck. However, sometimes electrolysis can correct this problem. Be sure to discuss these possibilities with your surgeon.

A fatty or "jowly" area beneath the chin is also a concern for many men. In younger patients, liposuction alone may be sufficient to correct the problem. Older patients may require a full facelift and necklift, which may include the removal of excess skin and tightening the platysma muscles, which run down each side of the neck. These muscles are usually thicker in men than they are in women, but do not pose a greater challenge for your plastic surgeon.

"Refinishing" treatments for facial skin: Shaving must be postponed for about 3 weeks after a skin-smoothing treatment such as chemical peel or dermabrasion. Because these procedures strip away the surface layers of skin, you can expect your face to remain sensitive, swollen, and bright pink for several weeks after surgery.

Some men are happy that the beard growth helps conceal the pinkness of their recovering skin -- especially if they feel uncomfortable using camouflage make-up.

Men who feel self-conscious about their condition are also advised to give up alcoholic drinks for about 4 weeks. Alcohol causes the areas of treated facial skin to become noticeably red and flushed.

Changing the facial features: Cosmetic procedures such as eyelid surgery, nose surgery, and facial-implant surgery are performed essentially the same way for men and women. However, it's important to let your surgeon know if you are seeking a more masculine look to your facial features -- a chin with better projection, more prominent cheekbones, a stronger nose.

Hair replacement: The primary consideration for men contemplating hair-replacement surgery is the time involved. Natural-appearing hair replacement usually requires multiple surgical procedures, with long recovery intervals. A full regimen of hair transplants may last anywhere from 18 months to 2 years or more.

You should be aware that incisions or transplant sites may be noticeable to others, especially in the early stages of the hair transplant process. If your work or lifestyle isn't compatible with a long treatment period, ask your surgeon about alternatives to hair-transplant options, such as flap surgery or scalp reduction.

Liposuction/body contouring: The ideal male body shape is considered to be trim and athletic-looking, with broad shoulders and chest, a flat abdomen, and a narrow hip-thigh area. However, as men age, areas of fat tend to accumulate around the abdomen, the flanks ("love handles"), the breast area (a condition called gynecomastia), and along the chin and neck. Men sometimes seek liposuction to remove these fatty areas that are resistant to diet and exercise.

In many cases, liposuction alone can effectively correct these problem areas. Men retain their skin elasticity longer than women do, and the areas of fat beneath the skin tend to be firmer and more vascular than those in women. Because of these and other factors, liposuction in men is usually very effective.

Men who have some loose, hanging skin as well as areas of excess fat may opt for a traditional excision procedure (surgical skin removal) in addition to liposuction. An excision may also be performed on gynecomastia patients whose breast enlargement is made up of mostly glandular tissue, rather than fat.

Abdomen reduction: A full abdominoplasty or "tummy tuck" may be chosen by men who have hanging abdominal skin (usually the result of massive weight loss), loose abdominal muscles, and/or neglected hernias. It is a major surgical procedure that removes excess fat, tightens the muscles of the abdominal wall, and trims the waistline. Men who have a full abdominoplasty are often surprised at the long recovery period. Some patients aren't able to return to work up to 4 weeks after surgery.

Men with good skin elasticity who have only a moderate amount of excess abdominal fat may benefit from liposuction alone.

Muscle-enhancing surgery: In recent years, plastic surgeons have developed ways of improving muscle contour with cosmetic implants and "sculpting" techniques.

Calf implants, which were originally developed to restore leg contour in accident or polio victims, are now sometimes used to create cosmetic

fullness in the lower leg. Similarly, pectoral implants, which are used to build the chests of men with Poland's syndrome, can also be used to "bulk out" the existing pectoral muscles of healthy men.

A small number of doctors have begun offering their male patients abdominal etching, a new liposuction technique that creates a muscular, rippled appearance in the abdominal area.

Men who consider cosmetic muscle enhancement should keep in mind that these procedures are still relatively new. It is best to seek out an experienced plastic surgeon who has received adequate training in these methods and has performed many similar procedures.

AFTER YOUR SURGERY

The days and weeks immediately following your surgery are critical to obtaining a good final result. Therefore, it's essential that you follow your doctor's orders to the letter. Following orders may mean taking adequate time off work; wearing bandages or tight compression garments; getting enough rest; staying out of the sun; saying no to alcohol and cigarettes; and avoiding strenuous activity, exercise, sports, and even sex. Staying at your resort hotel with spa, thai massage and swimming facilities etc., goes a long way towards a comfortable, relaxing recovery period.

To avoid post-operative problems, it's important that you arrange to have a support person available to help you -- both physically and emotionally -- for about a week after surgery. If you get the help and rest you need, you'll improve your chances of a quicker recovery, and you may see your results a lot sooner. Healthcare-Holidays consultants in Pattaya will provide all of the pre and post procedure help that you may need, and there is no extra charge if you would like a friend to share your hotel room or hospital room.

Cosmetic and Dental Surgery overview

This booklet offers a general overview of cosmetic surgery and dental procedures at the Bangkok Pattaya Hospital. For more in-depth information on these procedures, please consult the individual cosmetic surgery and dental sections in this publication of Healthcare-Holidays.

- If you're considering cosmetic plastic surgery, please ask your plastic surgeon for further information about the particular procedure and what to expect. The doctors and international staff at the Bangkok Pattaya Hospital are readily available to answer your questions while you are in your home Country and when you are enjoying life in the resort city of Pattaya, Thailand.
- Please note that all surgery carries some uncertainty and risk, including the possibility of infection, bleeding, blood clots, and adverse reactions to the anesthesia. You can reduce your risks by choosing a seasoned, qualified plastic surgeon at BPH and closely following his or her advice, both before and after surgery.

ABDOMINOPLASTY

(Tummy Tuck)

Procedure:	Flatten abdomen by removing excess fat and skin and tightening muscles of abdominal wall.
Length:	2 to 5 hours.
Anesthesia:	General, or local with sedation.
In/Outpatient:	Inpatient at the Bangkok Pattaya Hospital
Side Effects:	Temporary pain. Swelling, soreness, numbness of abdominal skin, bruising, tiredness for several weeks or months.
Risks:	Blood clots. Infection. Bleeding under the skin flap. Poor healing resulting in conspicuous scarring or skin loss. Need for a second operation.
Recovery:	<i>Back to work:</i> 2 to 4 weeks. <i>More strenuous activity:</i> 4 to 6 weeks or more. <i>Fading and flattening of scars:</i> 3 months to 2 years.

EAR SURGERY

(Otoplasty)

- Procedure:** Set prominent ears back closer to the head, or reduce the size of large ears. Most often done on children between the ages of 4 and 14 years. (Occasionally covered by insurance.)
- Length:** 2 to 3 hours.
- Anesthesia:** Young children: usually general. Older children or adults: general or local, with sedation.
- In/Outpatient:** Inpatient at the Bangkok Pattaya Hospital
- Side Effects:** Temporary throbbing, aching, swelling, redness, numbness.
- Risks:** Infection of cartilage. Excessive scarring. Blood clot that may need to be drained. Mismatched or artificial- looking ears. Recurrence of the protrusion, requiring repeat surgery.
- Recovery:** *Back to work or school:* 5 to 7 days.
Strenuous activity, contact sports: 1 to 2 months.
- Duration of Results:** Usually permanent.

EYELID SURGERY

(Blepharoplasty)

- Procedure:** Correct drooping upper eyelids and puffy bags below the eyes by removing excess fat, skin, and muscle. (*Upper-eyelid surgery may be covered by insurance if used to correct visual field defects*)
- Length:** 1 to 3 hours.
- Anesthesia:** Usually locally with sedation or general.
- In/Outpatient:** Inpatient at the Bangkok Pattaya Hospital
- Side Effects:** Temporary discomfort, tightness of lids, swelling, bruising. Temporary dryness, burning, itching of eyes. Excessive tearing, sensitivity to light for first few weeks.
- Risks:** Temporary blurred or double vision. Infection, bleeding. Swelling at the corners of the eyelids. Dry eyes. Formation of whiteheads. Slight asymmetry in healing or scarring. Difficulty in closing eyes completely (rarely permanent). Pulling down of the lower lids (may require further surgery). Blindness (extremely rare).
- Recovery:** *Reading:* 2 or 3 days. *Back to work:* 7 to 10 days. *Contact lenses:* two weeks or more. *Strenuous activities, alcohol:* about 3 weeks. *Bruising and swelling gone:* several weeks.
- Duration of Results:** Several years. Sometimes permanent.

FACELIFT

(Rhytidectomy)

- Procedure:** Improving sagging facial skin, jowls, and loose neck skin by removing excess fat, tightening muscles, redraping skin. Most often done on men and women over 40.
- Length:** Several hours.
- Anesthesia:** Local with sedation, or general.
- In/Outpatient:** Inpatient at the Bangkok Pattaya Hospital
- Side Effects:** Temporary bruising, swelling, numbness and tenderness of skin; tight feeling, dry skin. For men, permanent need to shave behind ears, where beard-growing skin is repositioned.
- Risks:** Injury to the nerves that control facial muscles or feeling (usually temporary but may be permanent). Infection, bleeding. Poor healing; excessive scarring. Asymmetry or change in hairline.
- Recovery:** Back to work: 10 to 14 days. *More strenuous activity:* 2 weeks or more. Bruising: 2 to 3 weeks. Must limit exposure to sun for several months.
- Duration of Results:** Usually 5 to 10 years.

FACIAL IMPLANTS

- Procedure:** Change the basic shape and balance of the face using carefully shaped implants to build up a receding chin, add prominence to cheekbones, or reshape the jawline.
- Length:** 30 minutes to 2 hours.
- Anesthesia:** Local with sedation, or general.
- In/Outpatient:** Inpatient at the Bangkok Pattaya Hospital
- Side Effects:** Temporary discomfort, swelling, bruising, numbness and/or stiffness. In jaw surgery, inability to open mouth fully for several weeks.
- Risks:** Shifting or imprecise positioning of implant, or infection around it, requiring a second operation or removal. Excess tightening and hardening of scar tissue around an artificial implant ("capsular contracture"), causing unnatural shape.
- Recovery:** Back to work: about 1 week. Normal appearance: 2 to 4 weeks. Activity that could jar or bump face: 6 weeks or more.
- Duration of Results:** Permanent.

FOREHEAD LIFT (Browlift)

- Procedure:** Minimize forehead creases, drooping eyebrows, hooding over eyes, furrowed forehead and frown lines by removing excess tissue, altering muscles and tightening the forehead skin. May be done using the traditional technique, with an incision across the top of the head just behind the hairline; or with the use of an *endoscope*, which requires 3 to 5 short incisions. Most often done on people over 40.
- Length:** 1 to 2 hours.
- Anesthesia:** Local with sedation, or general.
- In/Outpatient:** Inpatient at the Bangkok Pattaya Hospital
- Side Effects:** Temporary swelling, numbness, headaches, bruising. *Traditional method:* Possible itching and hair loss.
- Risks:** Injury to facial nerve, causing loss of motion, muscle weakness, or asymmetrical look. Infection. Broad or excessive scarring.
- Recovery:** *Back to work:* 7 to 10 days, usually sooner for endoscopic forehead lift. *More strenuous activity:* several weeks. *Full recovery from bruising:* 2 to 3 weeks. Limit sun exposure for several months.
- Duration of Results:** Usually 5 to 10 years.

HAIR REPLACEMENT SURGERY

- Procedure:** Fill in balding areas with a patient's own hair using a variety of techniques including scalp reduction, tissue expansion, strip grafts, scalp flaps, or clusters of punch grafts (plugs, miniplugs and microplugs). Works best on men with male pattern baldness after hair loss has stopped.
- Length:** 1 to 3 hours. Some techniques may require multiple procedures over 18 months or more.
- Anesthesia:** Usually local with sedation. Flaps and tissue expansion may be done with general anesthesia.
- In/Outpatient:** Inpatient at the Bangkok Pattaya Hospital
- Side Effects:** Temporary achy, tight scalp. Unnatural look in early stages.
- Risks:** Unnatural look. Infection. Excessive scarring. Failure to "take." Loss of scalp tissue and/or transplanted hair.
- Recovery:** Back to work: usually 2 to 5 days. *More strenuous activities:* 10 days to 3 weeks. *Final look:* may be 18 months or more, depending on procedure.
- Duration of Results:** Permanent.

LIPOSUCTION

(Suction-Assisted Lipectomy)

- Procedure:** Improve body shape by removing exercise-resistant fat deposits with a tube and vacuum device. Can be performed using the *tumescent technique*, in which targeted fat cells are infused with saline containing solution with a local anesthetic before liposuction to reduce post-operative bruising and swelling. Common locations for liposuction include chin, cheeks, neck, upper arms, above breasts, abdomen, buttocks, hips, thighs, knees, calves, ankles.
- For larger volumes of fat or for fibrous body areas, *ultrasound-assisted lipoplasty (UAL)* may be used. UAL is a new technique in which a ultrasound probe is inserted beneath the skin to "liquify" the fat before it is suctioned.
- Length:** 1 to 2 hours or more. *UAL*: 20-40 percent longer than traditional liposuction.
- Anesthesia:** Local, epidural, or general.
- In/Outpatient:** Inpatient at the Bangkok Pattaya Hospital
- Side Effects:** Temporary bruising, swelling, numbness, soreness, burning sensation. *Tumescent*: Temporary fluid drainage from incision sites. *UAL*: Larger incisions for cannula.
- Risks:** Asymmetry. Rippling or bagginess of skin. Pigmentation changes. Skin injury. Fluid retention. Excessive fluid loss leading to shock. Infection. *UAL*: thermal burn injury caused by the heat from the ultrasound device.
- Recovery:** Back to work: 1 to 2 weeks. More strenuous activity: 2 to 4 weeks. Full recovery from swelling and bruising: 1 to 6 months or more. Use of tumescent technique or UAL may decrease post-operative bruising and swelling.
- Duration of Results:** Permanent, with sensible diet and exercise.

MALE BREAST REDUCTION

(Gynecomastia)

- Procedure:** Reduce enlarged, female-like breast in men using liposuction and/or cutting out excess glandular tissue. (Sometimes covered by medical insurance.)
- Length:** 1 hour or more.
- Anesthesia:** General or local.
- In/Outpatient:** Inpatient at the Bangkok Pattaya Hospital
- Side Effects:** Temporary bruising, swelling, numbness, soreness, burning sensation.
- Risks:** Infection. Fluid accumulation. Injury to the skin. Rippling or bagginess of skin. Asymmetry. Pigmentation changes (may become permanent if exposed to sun). Excessive scarring if tissue was cut away. Need for second procedure to remove additional tissue.
- Recovery:** Back to work: 3 to 7 days. *More strenuous activity:* 2 to 3 weeks. *Swelling and bruising:* 3 to 6 months.
- Duration of Results:** permanent

NOSE SURGERY

(Rhinoplasty)

- Procedure:** Reshape nose by reducing or increasing size, removing hump, changing shape of tip or bridge, narrowing span of nostrils, or changing angle between nose and upper lip. May also relieve some breathing problems. (May be covered by insurance.)
- Length:** 1 to 2 hours or more.
- Anesthesia:** Local with sedation, or general.
- In/Outpatient:** Inpatient at the Bangkok Pattaya Hospital
- Side Effects:** Temporary swelling, bruising around eyes, nose and headaches. Some bleeding and stiffness.
- Risks:** Infection. Small burst blood vessels resulting in tiny, permanent red spots. Incomplete improvement, requiring additional surgery.
- Recovery:** Back to work: 1 to 2 weeks. *More strenuous activities:* 2 to 3 weeks. *Avoid hitting nose or sunburn:* 8 weeks. Final appearance: 1 year or more.
- Duration of Results:** Permanent.

Abdominoplasty or tummy tuck

If you're considering abdominoplasty...

Abdominoplasty, known more commonly as a "tummy tuck," is a major surgical procedure to remove excess skin and fat from the middle and lower abdomen and to tighten the muscles of the abdominal wall. The procedure can dramatically reduce the appearance of a protruding abdomen. But bear in mind, it does produce a permanent scar, which, depending on the extent of the original problem and the surgery required to correct it, can extend from hip to hip.

This section will give you a basic understanding of the procedure-when it can help, how it's performed, and what results you can expect. It can't answer all of your questions, since a lot depends on the individual patient and the surgeon. Please ask your surgeon at the Bangkok Pattaya Hospital if there is anything you don't understand about the procedure. He is very approachable both from your home Country or once you arrive in Thailand, and you will have all of the time that you need to get your questions answered.

THE BEST CANDIDATES FOR ABDOMINOPLASTY

The best candidates for abdominoplasty are men or women who are in relatively good shape but are bothered by a large fat deposit or loose abdominal skin that won't respond to diet or exercise. The surgery is particularly helpful to women who, through multiple pregnancies, have stretched their abdominal muscles and skin beyond the point where they can return to normal. Loss of skin elasticity in older patients, which frequently occurs with slight obesity, can also be improved.

Patients who intend to lose a lot of weight should postpone the surgery. Also, women who plan future pregnancies should wait, as vertical muscles in the abdomen that are tightened during surgery can separate again during pregnancy. If you have scarring from previous abdominal surgery, your doctor may recommend against abdominoplasty or may caution you that scars could be unusually prominent.

Abdominoplasty can enhance your appearance and your self-confidence, but it won't necessarily change your looks to match your ideal, or cause other people to treat you differently. Before you decide

to have surgery, think carefully about your expectations and discuss them with your surgeon.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

Thousands of abdominoplasties are performed successfully each year. When done by a qualified plastic surgeon who is trained in body contouring, the results are generally quite positive. Nevertheless, there are always risks associated with surgery and specific complications associated with this procedure.

Post-operative complications such as infection and blood clots are rare, but can occur. Infection can be treated with drainage and antibiotics, but will prolong your hospital stay. You can minimize the risk of blood clots by moving around as soon after the surgery as possible.

Poor healing, which results in conspicuous scars, may necessitate a second operation. Smokers should be advised to stop, as smoking may increase the risk of complications and delay healing.

You can reduce your risk of complications by closely following your surgeon's instructions before and after the surgery, especially with regard to when and how you should resume physical activity.

PLANNING YOUR SURGERY

In your initial consultation at the Bangkok Pattaya Hospital, your surgeon will evaluate your health, determine the extent of fat deposits in your abdominal region, and carefully assess your skin tone. Be sure to tell your surgeon if you smoke, and if you're taking any medications, vitamins, or other drugs.

Be frank in discussing your expectations with your surgeon. He or she will be equally frank with you, describing your alternatives and the risks and limitations of each.

If, for example, your fat deposits are limited to the area below the navel, you may require a less complex procedure called a partial abdominoplasty, also known as a mini-tummy tuck. You may, on the other hand, benefit more from partial or complete abdominoplasty done in conjunction with liposuction to remove fat deposits from the hips, for a better body contour. Or maybe liposuction alone would create the best result.

In any case, your surgeon should work with you to recommend the procedure that is right for you and will come closest to producing the desired body contour.

During the consultation, your surgeon should also explain the anesthesia he or she will use, the type of facility where the surgery will be performed, and the costs involved.

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins, and medications.

If you smoke, plan to quit at least one to two weeks before your surgery and not to resume for at least two weeks after your surgery. Avoid overexposure to the sun before surgery, especially to your abdomen, and do not go on a stringent diet, as both can inhibit your ability to heal. If you develop a cold or infection of any kind, your surgery will probably be postponed.

You should arrange for someone to drive you back to your hotel after your surgery (Healthcare-Holidays takes care of this), and to help you out for a day or two after you leave the hospital, if needed.

WHERE YOUR SURGERY WILL BE PERFORMED

Many surgeons perform both partial and complete abdominoplasties in an outpatient surgical center or an office-based facility. Others prefer the hospital, where their patients can stay for several days. **All cosmetic surgery through Thailand4Healthcare is in the hospital setting.**

TYPES OF ANESTHESIA

Your doctor may select general anesthesia, so you'll sleep through the operation.

Other surgeons use local anesthesia, combined with a sedative to make you drowsy. You'll be awake but relaxed, and your abdominal region will be insensitive to pain. (However, you may feel some tugging or occasional discomfort.)

THE SURGERY



Complete abdominoplasty usually takes two to five hours, depending on the extent of work required. Partial abdominoplasty may take an hour or two.

Most commonly, the surgeon will make a long incision from hipbone to hipbone, just above the pubic area. A second incision is made to free the navel from surrounding tissue. With partial abdominoplasty, the incision is much shorter and the navel may not be moved, although it may be pulled into an unnatural shape as the skin is tightened and stitched.

Next, the surgeon separates the skin from the abdominal wall all the way up to your ribs and lifts a large skin flap to reveal the vertical muscles in your abdomen. These muscles are tightened by pulling them close together and stitching them into their new position. This provides a firmer abdominal wall and narrows the waistline.

The skin flap is then stretched down and the extra skin is removed. A new hole is cut for your navel, which is then stitched in place. Finally, the incisions will be stitched, dressings will be applied, and a temporary tube may be inserted to drain excess fluid from the surgical site.

In partial abdominoplasty, the skin is separated only between the incision line and the navel. This skin flap is stretched down, the excess is removed, and the flap is stitched back into place.

AFTER YOUR SURGERY

For the first few days, your abdomen will probably be swollen and you're likely to feel some pain and discomfort which can be controlled by medication. Depending on the extent of the surgery, you may be released within a few hours or you may have to remain hospitalized for two to three days.

Your doctor will give you instructions for showering and changing your dressings. And though you may not be able to stand straight at first, you should start walking as soon as possible.

Surface stitches will be removed in five to seven days, and deeper sutures, with ends that protrude through the skin, will come out in two to three weeks. The dressing on your incision may be replaced by a support garment.

GETTING BACK TO NORMAL

After surgery, the patient has a flatter, trimmer abdomen. Scars are permanent, but will fade with time.

It may take you weeks or months to feel like your old self again. If you start out in top physical condition with strong abdominal muscles, recovery from abdominoplasty will be much faster. Some people return to work after two weeks, while others take three or four weeks to rest and recuperate.

Exercise will help you heal better. Even people who have never exercised before should begin an exercise program to reduce swelling, lower the chance of blood clots, and tone muscles. Vigorous exercise, however, should be avoided until you can do it comfortably.

Your scars may actually appear to worsen during the first three to six months as they heal, but this is normal. Expect it to take nine months to a year before your scars flatten out and lighten in color. While they'll never disappear completely, abdominal scars will not show under most clothing, even under bathing suits.

YOUR NEW LOOK

Abdominoplasty, whether partial or complete, produces excellent results for patients with weakened abdominal muscles or excess skin.

And in most cases, the results are long lasting, if you follow a balanced diet and exercise regularly.

If you're realistic in your expectations and prepared for the consequences of a permanent scar and a lengthy recovery period, abdominoplasty may be just the answer for you.

Rhytidectomy or Face Lift

If you're considering a facelift...

BEFORE



As people age, the effects of gravity, exposure to the sun, and the stresses of daily life can be seen in their faces. Deep creases form between the nose and mouth; the jawline grows slack and jowly; folds and fat deposits appear around the neck.

A facelift (technically known as rhytidectomy) can't stop this aging process. What it can do is "set back the clock," improving the most visible signs of aging by removing excess fat, tightening underlying muscles, and redraping the skin of your face and neck.

A facelift can be done alone, or in conjunction with other procedures such as a forehead lift, eyelid surgery, or nose reshaping.

AFTER



If you're considering a facelift, this brochure will give you a basic understanding of the procedure when it can help, how it's performed, and what results you can expect. It can't answer all of your questions, since a lot depends on the individual patient and the surgeon. Please ask your surgeon about anything you don't understand.

THE BEST CANDIDATES FOR A FACELIFT

The best candidate for a facelift is a man or woman whose face and neck have begun to sag, but whose skin still has some elasticity and whose bone structure is strong and well-defined. Most patients are in their forties to sixties, but facelifts can be done successfully on people in their seventies or eighties as well.

A facelift can make you look younger and fresher, and it may enhance your self-confidence in the process. But it can't give you a totally different look, nor can it restore the health and vitality of your youth. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

When a facelift is performed by a qualified plastic surgeon, complications are infrequent and usually minor. Still, individuals vary greatly in their anatomy, their physical reactions, and their healing abilities, and the outcome is never completely predictable.

Complications that can occur include hematoma (a collection of blood under the skin that must be removed by the surgeon), injury to the nerves that control facial muscles (usually temporary), infection, and reactions to the anesthesia. Poor healing of the skin is most likely to affect smokers.

You can reduce your risks by closely following your surgeon's advice both before and after surgery.

PLANNING YOUR SURGERY

Facelifts are very individualized procedures. In your initial consultation the surgeon will evaluate your face, including the skin and underlying bone, and discuss your goals for the surgery.

Your surgeon should check for medical conditions that could cause problems during or after surgery, such as uncontrolled high blood pressure, blood clotting problems, or the tendency to form excessive scars. Be sure to tell your surgeon if you smoke or are taking any drugs or medications, especially aspirin or other drugs that affect clotting.

If you decide to have a facelift, your surgeon will explain the techniques and anesthesia he or she will use, the type of facility where the surgery will be performed, and the risks and costs involved. Don't hesitate to ask your doctor any questions you may have, especially those regarding your expectations and concerns about the results.

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins and medications. Carefully following these instructions will help your surgery go more smoothly. If you smoke, it's especially important to stop at least a week or two before and after surgery; smoking inhibits blood flow to the skin, and can interfere with the healing of your incision areas.

If your hair is very short, you might want to let it grow out before surgery, so that it's long enough to hide the scars while they heal.

Whether your facelift is being done on an outpatient or inpatient basis, you should arrange for someone to drive you home after your surgery, and to help you out for a day or two if needed.

WHERE YOUR SURGERY WILL BE PERFORMED

A facelift may be performed in a surgeon's office-based facility, an outpatient surgery center, or a hospital. It's usually done on an outpatient basis, but some surgeons may hospitalize patients for a day when using general anesthesia. Certain conditions such as diabetes or high blood pressure should be monitored after surgery, and may also require a short inpatient stay. **All cosmetic surgery through Thailand4Healthcare is in the hospital setting.**

TYPES OF ANESTHESIA

Most facelifts are performed under local anesthesia, combined with a sedative to make you drowsy. You'll be awake but relaxed, and your face will be insensitive to pain. (However, you may feel some tugging or occasional discomfort.)

Some surgeons prefer a general anesthesia. In that case, you'll sleep through the operation.

THE SURGERY

Most of the scars will be hidden within your hair and in the normal creases of your skin.

A facelift usually takes several hours-or somewhat longer if you're having more than one procedure done. For extensive procedures, some surgeons may schedule two separate sessions.

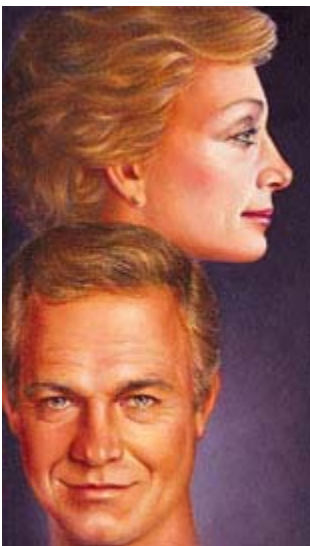
Every surgeon approaches the procedure in his or her own way. Some complete one side of the face at a time, and others move back and forth between the sides. The exact placement of incisions and the sequence of events depends on your facial structure and your surgeon's technique.

Incisions usually begin above the hairline at the temples, extend in a natural line in front of the ear (or just inside the cartilage at the front of the ear), and continue behind the earlobe to the lower scalp. If the neck needs work, a small incision may also be made under the chin.

In general, the surgeon separates the skin from the fat and muscle below. Fat may be trimmed or suctioned from around the neck and chin to improve the contour. The surgeon then tightens the underlying muscle and membrane, pulls the skin back, and removes the excess. Stitches secure the layers of tissue and close the incisions; metal clips may be used on the scalp.

Following surgery, a small, thin tube may be temporarily placed under the skin behind your ear to drain any blood that might collect there. The surgeon may also wrap your head loosely in bandages to minimize bruising and swelling.

AFTER YOUR SURGERY



There isn't usually significant discomfort after surgery; if there is, it can be lessened with the pain medication prescribed by your surgeon. (Severe or persistent pain or a sudden swelling of your face should be reported to your surgeon immediately.) Some numbness of the skin is quite normal; it will disappear in a few weeks or months.

Your doctor may tell you to keep your head elevated and as still as possible for a couple of days after surgery, to keep the swelling down.

If you've had a drainage tube inserted, it will be removed one or two days after surgery. Bandages, when used, are

usually removed after one to five days. Don't be surprised at the pale, bruised, and puffy face you see. Just keep in mind that in a few weeks you'll be looking normal.

Most of your stitches will be removed after about five days. Your scalp may take longer to heal, and the stitches or metal clips in your hairline could be left in a few days longer.

GETTING BACK TO NORMAL

You should be up and about in a day or two, but plan on taking it easy for the first week after surgery. Be especially gentle with your face and hair, since your skin will be both tender and numb, and may not respond normally at first.

Your surgeon will give more specific guidelines for gradually resuming your normal activities. They're likely to include these suggestions: Avoid strenuous activity, including sex and heavy housework for instance, for at least two weeks (walking and mild stretching are fine); avoid alcohol, steam baths, and saunas for several months. Above all, get plenty of rest and allow your body to spend its energy on healing.

At the beginning, your face may look and feel rather strange. Your features may be distorted from the swelling, your facial movements may be slightly stiff and you'll probably be self-conscious about your scars. Some bruising may persist for two or three weeks, and you may tire easily. It's not surprising that some patients are disappointed and depressed at first.

By the third week, you'll look and feel much better. Most patients are back at work about ten days to two weeks after surgery. If you need it, special camouflage makeup can mask most bruising that remains.

YOUR NEW LOOK

The chances are excellent that you'll be happy with your facelift- especially if you realize that the results may not be immediately apparent. Even after the swelling and bruises are gone, the hair around your temples may be thin and your skin may feel dry and rough for several months. Men may find they have to shave in new places-behind the neck and ears-where areas of beard- growing skin have been repositioned.

You'll have some scars from your facelift, but they're usually hidden by your hair or in the natural creases of your face and ears. In any case, they'll fade within time and should be scarcely visible.

Having a facelift doesn't stop the clock. Your face will continue to age with time, and you may want to repeat the procedure one or more times-perhaps five or ten years down the line. But in another sense, the effects of even one facelift are lasting; years later, you'll continue to look better than if you'd never had a facelift at all.

Genioplasty or Chin Implant

If you're considering a chin implant...



Many people have a chin that is just too small for their face. When one has a lack of chin projection, the face is weakened. It can also make the nose look longer than it really is. For this reason, many patients will seek surgery to improve the appearance of the chin. This is accomplished by an

osteotomy or by inserting a small synthetic implant over the natural bone. The operation can also greatly enhance the results of a face lift, since loss of chin projection may occur with aging. Chin augmentation is also commonly combined with facial liposuction, where fat is removed from under the chin and from the neck.

A small incision is made either underneath the chin or inside the mouth. A sterile implant, similar to the consistency of a normal chin, is placed in front of the bone to increase the projection of the chin. The implant is secured and the incision is sutured closed. Alternatively, a bony osteotomy may be performed and the chin and soft tissues are advanced to create facial balance and a natural, improved appearance.

Some swelling and bruising can be expected and usually subsides within the first two weeks. A tape of elastic dressing may be recommended for a period of time. Mild discomfort is usually easily controlled with medications prescribed by your surgeon.

After healing, the skin drapes smoothly over the implants. The implants themselves conform to the bone and are usually undetectable. The added projection of the chin results in significant improvement which is especially apparent in profile.

All cosmetic surgery through Thailand4Healthcare is in the hospital setting.

Brow Lift or Forehead Lift

Note that this procedure at the Bangkok Pattaya Hospital is performed using endoscopy.

Advantages of endoscopy

All surgery carries risks and every incision leaves a scar. However, with endoscopic surgery, your scars are likely to be hidden, much smaller and some of the after effects of surgery may be minimized.

In a typical endoscopic procedure, only a few small incisions, each less than one inch long, are needed to insert the endoscope probe and other instruments. For some procedures, such as breast augmentation, only two incisions may be necessary. For others, such as a forehead lift, three or more short incisions may be needed. The tiny "eye" of the endoscope's camera allows a surgeon to view the surgical site almost clearly as if the skin were opened from a long incision.

Because the incisions are shorter with endoscopy, the risk of sensory loss from nerve damage is decreased. Also, bleeding, bruising and swelling may be significantly reduced. With the endoscopic approach, you may recover more quickly and return to work earlier than if you had undergone open surgery.

Endoscopic surgery may also allow you to avoid an overnight hospital stay. Many endoscopic procedures can be performed on an outpatient basis under local anesthesia with sedation. Be sure to discuss this possibility with your doctor.

If you're considering a forehead lift...

A forehead lift or "browlift" is a procedure that restores a more youthful, refreshed look to the area above the eyes. The procedure corrects drooping brows and improves the horizontal lines and furrows that can make a person appear angry, sad or tired.

In a forehead lift, the muscles and tissues that cause the furrowing or drooping are removed or altered to smooth the forehead, raise the eyebrows and minimize frown lines. Your surgeon may use the conventional surgical method, in which the incision is hidden just behind the hairline; or it may be performed with the use of an endoscope, a viewing instrument that allows the procedure to be

performed with minimal incisions. Both techniques yield similar results -- smoother forehead skin and a more animated appearance.

If you're considering a forehead lift, this brochure will provide a basic understanding of the procedure -- when it can help, how it's performed and what results you can expect. It won't answer all of your questions, since a lot depends on your individual circumstances. Be sure to ask your doctor if there is anything you don't understand about the procedure.

THE BEST CANDIDATES FOR A FOREHEAD LIFT

BEFORE



A forehead lift is most commonly performed in the 40-60 age range to minimize the visible effects of aging. However, it can also help people of any age who have developed furrows or frown lines due to stress or muscle activity. Individuals with inherited conditions, such as a low, heavy brow or furrowed lines above the nose can

achieve a more alert and refreshed look with this procedure.

AFTER



Forehead lift is often performed in conjunction with a facelift to provide a smoother overall look to the face. Eyelid surgery (blepharoplasty) may also be performed at the same time as a forehead lift, especially if a patient has significant skin overhang in the upper eyelids. Sometimes, patients who believe they need upper-eyelid surgery

find that a forehead lift better meets their surgical goals.

Patients who are bald, who have a receding hairline, or who have had previous upper-eyelid surgery may still be good candidates for forehead lift. The surgeon will simply alter the incision location or perform a more conservative operation.

Remember, a forehead lift can enhance your appearance and your self-confidence, but it won't necessarily change your looks to match your ideal or cause other people to treat you differently. Before you

decide to have surgery, think carefully about your expectations and discuss them in detail with your doctor.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

Complications are rare and usually minor when a forehead lift is performed by a qualified plastic surgeon. Yet, the possibility of complications must be considered.

In rare cases, the nerves that control eyebrow movement may be injured on one or both sides, resulting in a loss of ability to raise the eyebrows or wrinkle the forehead. Additional surgery may be required to correct the problem.

Formation of a broad scar is also a rare complication. This may be treated surgically by removing the wide scar tissue so a new, thinner scar may result. Also, in some patients, hair loss may occur along the scar edges.

Loss of sensation along or just beyond the incision line is common, especially with the classic forehead lift procedure. It is usually temporary, but may be permanent in some patients.

Infection and bleeding are very rare, but are possibilities.

If a complication should occur during an endoscopic forehead lift, your surgeon may have to abandon the endoscopic approach and switch to the conventional, open procedure, which will result in a more extensive scar and a longer recovery period. To date, such complications are rare -- estimated at less than 1 percent of all endoscopy procedures.

You can reduce your risk of complications by closely following your surgeon's instructions both before and after surgery.

PLANNING YOUR SURGERY

For a better understanding of how a forehead lift might change your appearance, look into a mirror and place the palms of your hands at the outer edges of your eyes, above your eyebrows. Gently draw the skin up to raise the brow and the forehead area. That is approximately what a forehead lift would do for you.

If you decide to consult a plastic surgeon, he or she will first evaluate your face, including the skin and underlying bone.

During your consultation, the surgeon will discuss your goals for the surgery and ask you about certain medical conditions that could cause problems during or after the procedure, such as uncontrolled high blood pressure, blood-clotting problems, or the tendency to develop large scars. Be sure to tell the surgeon if you have had previous facial surgery, if you smoke, or if you take any drugs or medications -- including aspirin or other drugs that affect clotting.

If you decide to proceed with a forehead lift, your surgeon will explain the surgical technique, the recommended type of anesthesia, the type of facility where the surgery will be performed, the risks and the costs involved. Don't hesitate to ask your doctor any questions you may have, especially those regarding your expectations and concerns about the results of surgery.

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions to prepare for the procedure, including guidelines on eating and drinking, smoking, and taking and avoiding certain vitamins and medications. Carefully following these instructions will help your surgery and your recovery proceed more smoothly.

If your hair is very short, you may wish to let it grow out before surgery, so that it's long enough to hide the scars while they heal.

Whether your forehead lift is done in an outpatient facility or in the hospital, you should arrange for someone to drive you home after your surgery, and to help you out for a day or two.

WHERE YOUR SURGERY WILL BE PERFORMED

A forehead lift is usually done in a surgeon's office-based facility or an outpatient surgery center. However, it is occasionally done in the hospital. **All cosmetic surgery through Thailand4Healthcare is in the hospital setting.**

ANESTHESIA USED FOR THE PROCEDURE

Most forehead lifts are performed under local anesthesia, combined with a sedative to make you drowsy. You'll be awake but relaxed, and although you may feel some tugging and mild discomfort, your forehead will be insensitive to pain.

Some surgeons prefer to use general anesthesia, in which case you'll sleep through the entire operation.

THE SURGERY

Your surgeon will help you decide which surgical approach will best achieve your cosmetic goals: the classic or "open" method, or the endoscopic forehead lift. Make sure you understand the technique that your surgeon recommends and why he or she feels it is best for you.

The classic forehead lift: Before the operation begins, your hair will be tied with rubber bands on either side of the incision line. Your head will not be shaved, but hair that is growing directly in front of the incision line may need to be trimmed.

For most patients, a coronal incision will be used. It follows a headphone-like pattern, starting at about ear level and running across the top of the forehead and down the other side of the head. The incision is usually made well behind the hairline so that the scar won't be visible.

If your hairline is high or receding, the incision may be placed just at the hairline, to avoid adding even more height to the forehead. In patients who are bald or losing hair, a mid-scalp incision that follows the natural pattern of the skull bones is sometimes recommended. By wearing your hair down on your forehead, most such scars become relatively inconspicuous. Special planning is sometimes necessary for concealing the scar in male patients, whose hairstyles often don't lend themselves as well to incision coverage.

If you are bald or have thinning hair, your surgeon may recommend a mid-scalp incision so the resulting scar follows the natural junction of two bones in your skull and is less conspicuous.

Working through the incision, the skin of the forehead is carefully lifted so that the underlying tissue can be removed and the muscles of the forehead can be altered or released. The eyebrows may also be

elevated and excess skin at the incision point will be trimmed away to help create a smoother, more youthful appearance.

The incision is then closed with stitches or clips. Your face and hair will be washed to prevent irritation and the rubber bands will be removed from your hair. Although some plastic surgeons do not use any dressings, your doctor may choose to cover the incision with gauze padding and wrap the head in an elastic bandage.

The endoscopic forehead lift: Typically, an endoscopic forehead lift requires the same preparation steps as the traditional procedure: the hair is tied back and trimmed behind the hairline where the incisions will be made.

However, rather than making one long coronal incision, your surgeon will make three, four or five short scalp incisions, each less than an inch in length. An endoscope, which is a pencil-like camera device connected to a television monitor, is inserted through one of the incisions, allowing the surgeon to have a clear view of the muscles and tissues beneath the skin. Using another instrument inserted through a different incision, the forehead skin is lifted and the muscles and underlying tissues are removed or altered to produce a smoother appearance. The eyebrows may also be lifted and secured into their higher position by sutures beneath the skin's surface or by temporary fixation screws placed behind the hairline.

When the lift is complete, the scalp incisions will be closed with stitches or clips and the area will be washed. Gauze and an elastic bandage may also be used, depending on your surgeon's preference.

AFTER YOUR SURGERY

The immediate post-operative experience for a patient who has had a classic forehead lift may differ significantly from a patient who had the procedure performed endoscopically.

Classic forehead lift patients may experience some numbness and temporary discomfort around the incision, which can be controlled with prescription medication. Patients who are prone to headaches may be treated with an additional longer-acting local anesthesia during surgery as a preventive measure.

You may be told to keep your head elevated for two to three days following surgery to keep the swelling down. Swelling may also affect

the cheeks and eyes-- however; this should begin to disappear in a week or so.

As the nerves heal, numbness on the top of your scalp may be replaced by itching. These sensations may take as long as six months to fully disappear. If bandages were used, they will be removed a day or two after surgery. Most stitches or clips will be removed within two weeks, sometimes in two stages.

Some of your hair around the incision may fall out and may temporarily be a bit thinner. Normal growth will usually resume within a few weeks or months. Permanent hair loss is rare.

Endoscopic forehead lift patients may experience some numbness, incision discomfort and mild swelling.

Incision site pain is usually minimal, but can be controlled with medication, if necessary. Endoscopic forehead lift patients usually experience less of the itching sensation felt by patients who have had the classic forehead lift.

The stitches or staples used to close the incisions are usually removed within a week and the temporary fixation screws within two weeks.

GETTING BACK TO NORMAL

Although you should be up and about in a day or two, plan on taking it easy for at least the first week after surgery. You should be able to shower and shampoo your hair within two days, or as soon as the bandage is removed.

Most patients are back to work or school in a week to 10 days. Endoscopic patients may feel ready to return even sooner. Vigorous physical activity should be limited for several weeks, including jogging, bending, heavy housework, sex, or any activity that increases your blood pressure. Prolonged exposure to heat or sun should be limited for several months.

Most of the visible signs of surgery should fade completely within about three weeks. Minor swelling and bruising can be concealed with special camouflage makeup. You may feel a bit tired and let down at first, but your energy level will increase as you begin to look and feel better.

YOUR NEW LOOK

Most patients are pleased with the results of a forehead lift, no matter which surgical method was used. Often, patients don't realize how much their sagging forehead contributed to the signs of aging until they see how much younger and more rested they appear after the lift.

Although a forehead lift does not stop the clock, it can minimize the appearance of aging for years. As time passes, you may want to repeat the procedure.

Hair Replacement Surgery

If you're considering hair replacement...

Hair loss is primarily caused by a combination of aging, a change in hormones, and a family history of baldness. As a rule, the earlier hair loss begins, the more severe the baldness will become. Hair loss can also be caused by burns or trauma, in which case hair replacement surgery is considered a reconstructive treatment, and may be covered by health insurance.

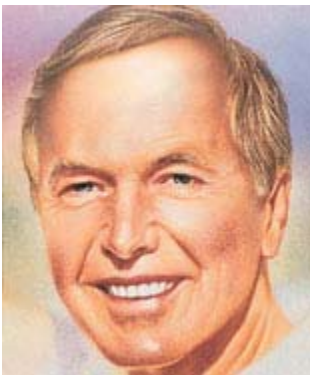
If you and your doctor have determined that hair transplants are the best option for you, you can feel comfortable knowing that board-certified plastic surgeons have been successfully performing this type of procedure for more than thirty years.

If you're considering hair replacement surgery, this brochure will give you a basic understanding of the variety of procedures involved. It can't answer all of your questions, since a lot depends on your individual circumstances. Ask your surgeon if there is anything you don't understand about the procedure you plan to have.

THE TRUTH ABOUT HAIR LOSS

Baldness is often blamed on poor circulation to the scalp, vitamin deficiencies, dandruff, and even excessive hat-wearing. All of these theories have been disproved. It's also untrue that hair loss can be determined by looking at your maternal grandfather, or that 40-year-old men who haven't lost their hair will never lose it.

THE BEST CANDIDATES FOR HAIR REPLACEMENT



Hair replacement surgery can enhance your appearance and your self-confidence, but the results won't necessarily match your ideal. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

It's important to understand that all hair replacement techniques use your existing hair. The goal of surgery is to find the most efficient uses for existing hair.

Hair replacement candidates must have healthy hair growth at the back and sides of the head to serve as donor areas. Donor areas are the places on the head from which grafts and flaps are taken. Other factors, such as hair color, texture and waviness or curliness may also affect the cosmetic result. There are a number of techniques used in hair replacement surgery. Sometimes, two or more techniques are used to achieve the best results.

Transplant techniques, such as punch grafts, mini-grafts, micro-grafts, slit grafts, and strip grafts are generally performed on patients who desire a more modest change in hair fullness. Flaps, tissue-expansion and scalp-reduction are procedures that are usually more appropriate for patients who desire a more dramatic change.

Remember, there are limits to what can be accomplished. An individual with very little hair might not be advised to undergo hair replacement surgery.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

Hair replacement surgery is normally safe when performed by a qualified, experienced physician. Still, individuals vary greatly in their physical reactions and healing abilities, and the outcome is never completely predictable.

As in any surgical procedure, infection may occur. Excessive bleeding and/or wide scars, sometimes called "stretch-back" scars caused by tension may result from some scalp-reduction procedures.

In transplant procedures, there is a risk that some of the grafts won't "take." Although it is normal for the hair contained within the plugs to fall out before establishing re growth in its new location, sometimes the skin plug dies and surgery must be repeated. At times, patients with plug grafts will notice small bumps on the scalp that form at the transplant sites. These areas can usually be camouflaged with surrounding hair.

When hair loss progresses after surgery, an unnatural, "patchy" look may result-especially if the newly-placed hair lies next to patches of hair that continue to thin out. If this happens, additional surgery may be required.

PLANNING YOUR SURGERY

Hair replacement surgery is an individualized treatment. To make sure that every surgical option is available to you, find a doctor who has experience performing all types of replacement techniques-flaps and tissue expansion as well as transplants. Look elsewhere if your doctor tells you that he or she has perfected one technique that can "do it all."

In your initial consultation, your surgeon will evaluate your hair growth and loss, review your family history of hair loss, and find out if you've had any previous hair replacement surgery. Your surgeon will also ask you about your lifestyle and discuss your expectations and goals for surgery.

Medical conditions that could cause problems during or after surgery, such as uncontrolled high blood pressure, blood-clotting problems, or the tendency to form excessive scars, should also be checked by your doctor. Be sure to tell your surgeon if you smoke or are taking any drugs or medications, especially aspirin or other drugs that affect clotting.

If you decide to have hair replacement surgery, your surgeon will explain anesthesia, the type of facility where the surgery will be performed, and the risks and cost involved. Don't hesitate to ask your doctor any questions.

Make sure you understand your surgeon's plan-which procedures will be used and how long each will take. Ask your doctor to give you an idea of what you will look like after the procedure or, in the case of grafts, after each stage of treatment.

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking and avoiding certain vitamins and medications. Carefully following these instructions will help your surgery go more smoothly. If you smoke, it's especially important to stop at least a week or two before surgery; smoking inhibits blood flow to the skin, and can interfere with healing.

You should arrange for someone to drive you home after your surgery. Plan to take it easy for a day or two after the procedure and arrange for assistance if you think you'll need it.

WHERE YOUR SURGERY WILL BE PERFORMED

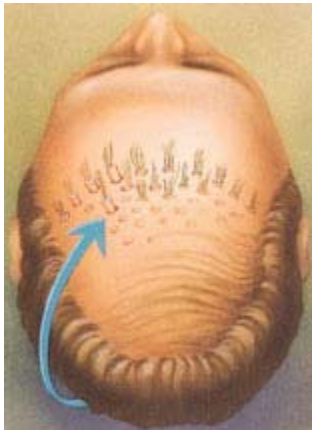
Hair replacement surgery is usually performed in a physician's office-based facility or in an outpatient surgery center. Rarely does it require a hospital stay. All cosmetic surgery through Thailand4Healthcare is in the hospital setting.

TYPES OF ANESTHESIA

Hair replacement surgery, no matter what technique is used, is usually performed using a local anesthesia along with sedation to make you relaxed and comfortable. Your scalp will be insensitive to pain, but you may be aware of some tugging or pressure.

General anesthesia may be used for more complex cases involving tissue expansion or flaps. If general anesthesia is used, you'll sleep through the procedure.

THE SURGERY



Hair transplantation involves removing small pieces of hair-bearing scalp grafts from a donor site and relocating them to a bald or thinning area. Grafts differ by size and shape. Round-shaped punch grafts usually contain about 10-15 hairs. The much smaller mini-graft contains about two to four hairs; and the micro-graft, one to two hairs. Slit grafts, which are inserted into slits created in the scalp, contain about four to 10 hairs each; strip grafts are long and thin and contain 30-40 hairs.

Generally, several surgical sessions may be needed to achieve satisfactory fullness-and a healing interval of several months is usually recommended between each session. It may take up to two years before you see the final result with a full transplant series. The amount of coverage you'll need is partly dependent upon the color and texture of your hair. Coarse, gray or light-colored hair affords better coverage than fine, dark-colored hair. The number of large plugs transplanted in

the first session varies with each individual, but the average is about 50. For mini-grafts or micro-grafts, the number can be up to 700 per session.

Just before surgery, the "donor area" will be trimmed short so that the grafts can be easily accessed and removed. For punch grafts, your doctor may use a special tube-like instrument made of sharp carbon steel that punches the round graft out of the donor site so it can be replaced in the area to be covered-generally the frontal hairline. For other types of grafts, your doctor will use a scalpel to remove small sections of hair-bearing scalp, which will be divided into tiny sections and transplanted into tiny holes or slits within the scalp. When grafts are taken, your doctor may periodically inject small amounts of saline solution into the scalp to maintain proper skin strength. The donor site holes may be closed with stitches-for punch grafts, a single stitch may close each punch site; for other types of grafts, a small, straight-line scar will result. The stitches are usually concealed with the surrounding hair.

To maintain healthy circulation in the scalp, the grafts are placed about one-eighth of an inch apart. In later sessions, the spaces between the plugs will be filled in with additional grafts. Your doctor will take great care in removing and placement of grafts to ensure that the transplanted hair will grow in a natural direction and that hair growth at the donor site is not adversely affected.

After the grafting session is complete, the scalp will be cleansed and covered with gauze. You may have to wear a pressure bandage for a day or two. Some doctors allow their patients to recover bandage-free.

Plastic surgeons are the leaders in tissue expansion, a procedure commonly used in reconstructive surgery to repair burn wounds and injuries with significant skin loss. Its application in hair replacement surgery has yielded dramatic results-significant coverage in a relatively short amount of time.

In this technique, a balloon-like device called a tissue expander is inserted beneath hair-bearing scalp that lies next to a bald area. The device is gradually inflated with salt water over a period of weeks, causing the skin to expand and grow new skin cells. This causes a bulge beneath the hair-bearing scalp, especially after several weeks.

When the skin beneath the hair has stretched enough-usually about two months after the first operation-another procedure is performed to

bring the expanded skin over to cover the adjacent bald area. For more information about tissue expansion, ask your plastic surgeon for the American Society of Plastic Surgeons, Inc. brochure entitled, Tissue Expansion: Creating New Skin from Old.

Flap surgery: Flap surgery on the scalp has been performed successfully for more than 20 years. This procedure is capable of quickly covering large areas of baldness and is customized for each individual patient. The size of the flap and its placement are largely dependent upon the patient's goals and needs. One flap can do the work of 350 or more punch grafts.

A section of bald scalp is cut out and a flap of hair-bearing skin is lifted off the surface while still attached at one end. The hair-bearing flap is brought into its new position and sewn into place, while remaining "tethered" to its original blood supply.

As you heal, you'll notice that the scar is camouflaged-or at least obscured-by relocated hair, which grows to the very edge of the incision.

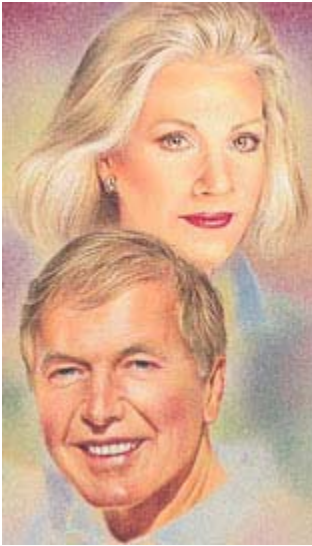
In recent years, plastic surgeons have made significant advances in flap techniques, combining flap surgery and scalp reduction for better coverage of the crown; or with tissue expansion, to provide better frontal coverage and a more natural hairline.

Scalp reduction: This technique is sometimes referred to as advancement flap surgery because sections of hair-bearing scalp are pulled forward or "advanced" to fill in a bald crown.

Scalp reduction is for coverage of bald areas at the top and back of the head. It's not beneficial for coverage of the frontal hairline. After the scalp is injected with a local anesthetic, a segment of bald scalp is removed. The pattern of the section of removed scalp varies widely, depending on the patient's goals. If a large amount of coverage is needed, doctors commonly remove a segment of scalp in an inverted Y-shape. Excisions may also be shaped like a U, a pointed oval, or some other figure.

The skin surrounding the cut-out area is loosened and pulled, so that the sections of hair-bearing scalp can be brought together and closed with stitches. It's likely that you'll feel a strong tugging at this point, and occasional pain.

AFTER YOUR SURGERY



How you feel after surgery depends on the extent and complexity of the procedure. Any aching, excessive tightness, or throbbing can be controlled with pain medication prescribed by your physician.

If bandages are used, they will usually be removed one day later. You may gently wash your hair within two days following surgery. Any stitches will be removed in a week to 10 days. Be sure to discuss the possibility of swelling, bruising, and drainage with your surgeon.

Because strenuous activity increases blood flow to the scalp and may cause your transplants or incisions to bleed, you may be instructed to avoid vigorous exercise and contact sports for at least three weeks. Some doctors also advise that sexual activity be avoided for at least 10 days after surgery.

To make sure that your incisions are healing properly, your doctor will probably want to see you several times during the first month after surgery. It's important that you carefully follow any advice you receive at these follow-up visits.

GETTING BACK TO NORMAL

How soon you resume your normal routine depends on the length, complexity and type of surgery you've had. You may feel well enough to go back to work and resume normal, light activity after several days.

Many patients who have had transplants (plugs or other grafts) are dismayed to find that their "new" hair falls out within six weeks after surgery. Remember, this condition is normal and almost always temporary. After hair falls out, it will take another five to six weeks before hair growth resumes. You can expect about a half-inch of growth per month.

FOLLOW-UP PROCEDURES

You may need a surgical "touch-up" procedure to create more natural-looking results after your incisions have healed. Sometimes, this involves blending, a filling-in of the hairline using a combination of mini-grafts, micro-grafts, or slit grafts. Or, if you've had a flap procedure, a small bump called a "dog ear" may remain visible on the scalp. Your doctor can surgically remove this after complete healing has occurred.

In general, it's best to anticipate that you will need a touch-up procedure. Your surgeon can usually predict how extensive your follow-up surgery is likely to be.

Liposuction or Lipoplasty

If you're considering liposuction...

For men, common sites include under the chin and around the waist. Liposuction may also be used in the reduction of enlarged male breasts, a condition known as gynecomastia.

BEFORE



Liposuction is a procedure that can help sculpt the body by removing unwanted fat from specific areas, including the abdomen, hips, buttocks, thighs, knees, upper arms, chin, cheeks and neck. During the past decade, liposuction, which is also known as "lipoplasty" or "suction lipectomy," has benefited from several new refinements. Today, a number of new techniques, including ultrasound-assisted lipoplasty (UAL), the tumescent technique, and the super-wet technique, are helping many plastic surgeons to provide selected patients with

more precise results and quicker recovery times. Although no type of liposuction is a substitute for dieting and exercise, liposuction can.

AFTER



Exercise will help you heal better. Even people who have never exercised before should begin an exercise program to reduce swelling, lower the chance of blood clots, and tone muscles. Vigorous exercise, however, should be avoided until you can do it comfortably.

Although no type of liposuction is a substitute for dieting and exercise, liposuction can remove stubborn areas of fat that don't respond to traditional weight-loss methods.

If you're considering liposuction, this brochure will give you a basic understanding of the procedure -- when it can help, how it is performed and how you might look and feel after surgery. It won't answer all of your questions, since much depends on your individual circumstances. Please ask your doctor if there is anything about the procedure you don't understand.

THE BEST CANDIDATES FOR LIPOSUCTION

To be a good candidate for liposuction, you must have realistic expectations about what the procedure can do for you. It's important to understand that liposuction can enhance your appearance and self confidence, but it won't necessarily change your looks to match your ideal or cause other people to treat you differently. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

The best candidates for liposuction are normal-weight people with firm, elastic skin who have pockets of excess fat in certain areas. You should be physically healthy, psychologically stable and realistic in your expectations. Your age is not a major consideration; however, older patients may have diminished skin elasticity and may not achieve the same results as a younger patient with tighter skin.

Liposuction carries greater risk for individuals with medical problems such as diabetes, significant heart or lung disease, poor blood circulation, or those who have recently had surgery near the area to be contoured.

PLANNING YOUR SURGERY

In your initial consultation, your surgeon will evaluate your health, determine where your fat deposits lie and assess the condition of your skin. Your surgeon will explain the body-contouring methods that may be most appropriate for you. For example, if you believe you want liposuction in the abdominal area, you may learn that an abdominoplasty or "tummy tuck" may more effectively meet your goals; or that a combination of traditional liposuction and UAL would be the best choice for you.

Be frank in discussing your expectations with your surgeon. He or she should be equally frank with you, describing the procedure in detail and explaining its risks and limitations.

GETTING THE ANSWERS YOU NEED

Individuals considering liposuction often feel a bit overwhelmed by the number of options and techniques being promoted today. However, your plastic surgeon can help. In deciding which is the right treatment approach for you, your doctor will consider effectiveness, safety, cost and appropriateness for your needs. This is called surgical judgment, a

skill that is developed through surgical training and experience. Your doctor also uses this judgment to prevent complications; to handle unexpected occurrences during surgery; and to treat complications when they occur.

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding vitamins, iron tablets and certain medications. If you develop a cold or an infection of any kind, especially a skin infection, your surgery may have to be postponed.

Though it is rarely necessary, your doctor may recommend that you have blood drawn ahead of time in case it is needed during surgery.

Also, while you are making preparations, be sure to arrange for someone to drive you home after the procedure and, if needed, to help you at home for a day or two.

WHERE YOUR SURGERY WILL BE PERFORMED

Liposuction may be performed in a surgeon's office-based facility, in an outpatient surgery center, or in a hospital. Smaller-volume liposuction is usually done on an outpatient basis for reasons of cost and convenience. However, if a large volume of fat will be removed, or if the liposuction is being performed in conjunction with other procedures, a stay in a hospital or overnight nursing facility may be required. **All cosmetic surgery through Thailand4Healthcare is in the hospital setting.**

ANESTHESIA FOR LIPOSUCTION

Various types of anesthesia can be used for liposuction procedures. Together, you and your surgeon will select the type of anesthesia that provides the most safe and effective level of comfort for your surgery.

If only a small amount of fat and a limited number of body sites are involved, liposuction can be performed under local anesthesia, which numbs only the affected areas. However, if you prefer, the local is usually used along with intravenous sedation to keep you more relaxed during the procedure. Regional anesthesia can be a good choice for more extensive procedures. One type of regional anesthesia is the

epidural block, the same type of anesthesia commonly used in childbirth.

However, some patients prefer general anesthesia, particularly if a large volume of fat is being removed. If this is the case, a nurse anesthetist or anesthesiologist will be called in to make sure you are completely asleep during the procedure.

THE SURGERY

The time required to perform liposuction may vary considerably, depending on the size of the area, the amount of fat being removed, the type of anesthesia and the technique used.

There are several liposuction techniques that can be used to improve the ease of the procedure and to enhance outcome.

Liposuction is a procedure in which localized deposits of fat are removed to recontour one or more areas of the body. Through a tiny incision, a narrow tube or cannula is inserted and used to vacuum the fat layer that lies deep beneath the skin. The cannula is pushed then pulled through the fat layer, breaking up the fat cells and suctioning them out. The suction action is provided by a vacuum pump or a large syringe, depending on the surgeon's preference. If many sites are being treated, your surgeon will then move on to the next area, working to keep the incisions as inconspicuous as possible.

Fluid is lost along with the fat, and it's crucial that this fluid be replaced during the procedure to prevent shock. For this reason, patients need to be carefully monitored and receive intravenous fluids during and immediately after surgery.

TECHNIQUE VARIATIONS

The basic technique of liposuction, as described above, is used in all patients undergoing this procedure. However, as the procedure has been developed and refined, several variations have been introduced.

Fluid Injection, a technique in which a medicated solution is injected into fatty areas before the fat is removed, is commonly used by plastic surgeons today. The fluid -- a mixture of intravenous salt solution, lidocaine (a local anesthetic) and epinephrine (a drug that contracts blood vessels) -- helps the fat be removed more easily, reduces blood

loss and provides anesthesia during and after surgery. Fluid injection also helps to reduce the amount of bruising after surgery.

The amount of fluid that is injected varies depending on the preference of the surgeon.

Large volumes of fluid -- sometimes as much as three times the amount of fat to be removed -- are injected in the tumescent technique. Tumescent liposuction, typically performed on patients who need only a local anesthetic, usually takes significantly longer than traditional liposuction (sometimes as long as 4 to 5 hours). However, because the injected fluid contains an adequate amount of anesthetic, additional anesthesia may not be necessary. The name of this technique refers to the swollen and firm or "tumesced" state of the fatty tissues when they are filled with solution.

The super-wet technique is similar to the tumescent technique, except that lesser amounts of fluid are used. Usually the amount of fluid injected is equal to the amount of fat to be removed. This technique often requires IV sedation or general anesthesia and typically takes one to two hours of surgery time.

Ultrasound-Assisted Lipoplasty (UAL). This technique requires the use of a special cannula that produces ultrasonic energy. As it passes through the areas of fat, the energy explodes the walls of the fat cells, liquefying the fat. The fat is then removed with the traditional liposuction technique.

UAL has been shown to improve the ease and effectiveness of liposuction in fibrous areas of the body, such as the upper back or the enlarged male breast. It is also commonly used in secondary procedures, when enhanced precision is needed. In general, UAL takes longer to perform than traditional liposuction.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

Liposuction is normally safe, as long as patients are carefully selected, the operating facility is properly equipped and the physician is adequately trained.

As a minimum, your surgeon should have basic (core) accredited surgical training with special training in body contouring. Also, even though many body-contouring procedures are performed outside the

hospital setting, be certain that your surgeon has been granted privileges to perform liposuction at an accredited hospital.

Your doctor must have advanced surgical skills to perform procedures that involve the removal of a large amount of fat (more than 5 liters or 5,000 ccs); ask your doctor about his or her other patients who have had similar procedures and what their results were. Also, more extensive liposuction procedures require attentive after-care. Find out how your surgeon plans to monitor your condition closely after the procedure.

However, it's important to keep in mind that even though a well-trained surgeon and a state-of-the art facility can improve your chance of having a good result, there are no guarantees. Though they are rare, complications can and do occur. Risks increase if a greater number of areas are treated at the same time, or if the operative sites are larger in size. Removal of a large amount of fat and fluid may require longer operating times than may be required for smaller operations.

The combination of these factors can create greater hazards for infection; delays in healing; the formation of fat clots or blood clots, which may migrate to the lungs and cause death; excessive fluid loss, which can lead to shock or fluid accumulation that must be drained; friction burns or other damage to the skin or nerves or perforation injury to the vital organs; and unfavorable drug reactions.

There are also points to consider with the newer techniques. For example, in UAL, the heat from the ultrasound device used to liquefy the fat cells may cause injury to the skin or deeper tissues. Also, you should be aware that even though UAL has been performed successfully on several thousand people worldwide, the long-term effects of ultrasound energy on the body are not yet known.

In the tumescent and super-wet techniques, the anesthetic fluid that is injected may cause lidocaine toxicity (if the solution's lidocaine content is too high), or the collection of fluid in the lungs (if too much fluid is administered).

The scars from liposuction are small and strategically placed to be hidden from view. However, imperfections in the final appearance are not uncommon after lipoplasty. The skin surface may be irregular, asymmetric or even "baggy," especially in the older patient. Numbness

and pigmentation changes may occur. Sometimes, additional surgery may be recommended.

AFTER YOUR SURGERY

As healing progresses, a more proportional look will emerge.

After surgery, you will likely experience some fluid drainage from the incisions. Occasionally, a small drainage tube may be inserted beneath the skin for a couple of days to prevent fluid build-up. To control swelling and to help your skin better fit its new contours, you may be fitted with a snug elastic garment to wear over the treated area for a few weeks. Your doctor may also prescribe antibiotics to prevent infection.

Don't expect to look or feel great right after surgery. Even though the newer techniques are believed to reduce some post-operative discomforts, you may still experience some pain, burning, swelling, bleeding and temporary numbness. Pain can be controlled with medications prescribed by your surgeon, though you may still feel stiff and sore for a few days.

It is normal to feel a bit anxious or depressed in the days or weeks following surgery. However, this feeling will subside as you begin to look and feel better.

GETTING BACK TO NORMAL

Healing is a gradual process. Your surgeon will probably tell you to start walking around as soon as possible to reduce swelling and to help prevent blood clots from forming in your legs. You will begin to feel better after about a week or two and you should be back at work within a few days following your surgery. The stitches are removed or dissolve on their own within the first week to 10 days.

Activity that is more strenuous should be avoided for about a month as your body continues to heal. Although most of the bruising and swelling usually disappears within three weeks, some swelling may remain for six months or more.

Your surgeon will schedule follow-up visits to monitor your progress and to see if any additional procedures are needed.

If you have any unusual symptoms between visits -- for example, heavy bleeding or a sudden increase in pain -- or any questions about what you can and can't do, call your doctor.

YOUR NEW LOOK

You will see a noticeable difference in the shape of your body quite soon after surgery. However, improvement will become even more apparent after about four to six weeks, when most of the swelling has subsided. After about three months, any persistent mild swelling usually disappears and the final contour will be visible.

If your expectations are realistic, you will probably be very pleased with the results of your surgery. You may find that you are more comfortable in a wide variety of clothes and more at ease with your body. And, by eating a healthy diet and getting regular exercise, you can help to maintain your new shape.

Male Breast Reduction

Gynecomastia is a medical term that comes from the Greek words for "woman - like breasts." Though this oddly named condition is rarely talked about, it is actually quite common. Gynecomastia affects an estimated 40% to 60% of men.

BEFORE

AFTER



It may affect only one breast or both. Though certain drugs and medical problems have been linked with male breast over development, there is no known cause in the vast majority of cases. The enlargement can be from excess glandular tissue or fat or both.

For men who feel self-conscious about their appearance, breast-reduction surgery can help. The procedure removes fat and or glandular tissue from the breasts, and in extreme cases removes excess skin, resulting in a chest that is flatter, firmer, and better contoured.

The best candidates for gynecomastia correction

Surgery to correct gynecomastia can be performed on healthy, emotionally stable men of any age. The best candidates for surgery have firm, elastic skin that will reshape to the body's new contours.

This is not the way to lose weight. Surgery may be discouraged for obese men, or for overweight men who have not first attempted to correct the problem with exercise or weight loss. Individuals who drink alcoholic beverages in excess or smoke a significant amount of marijuana are usually not considered good candidates for surgery. These drugs, along with anabolic steroids, may cause gynecomastia. Stopping these drugs may reverse the breast enlargement, and you may be able to avoid the surgery or at least require a smaller operation.

All surgery carries some uncertainty and risk

When male breast-reduction surgery is performed by a qualified plastic surgeon, complications are infrequent and usually minor. The selected hospitals have been resculpting male breasts for many years. Nevertheless, as with any surgery, there are risks. These include infection, skin injury, excessive bleeding, adverse reaction to anesthesia, and excessive fluid loss or accumulation. The procedure may also result in noticeable scars, permanent pigment changes in the breast area, or slightly mismatched breasts or nipples. If asymmetry is significant, a second procedure may be performed to remove additional tissue.

The temporary effects of breast reduction include loss of breast sensation or numbness, which may last up to a year.

Nose Reshaping or Rhinoplasty



Aesthetic nasal surgery, or rhinoplasty, involves reshaping the nose to improve its appearance. Typical steps include removing a nasal hump, reducing an enlarged tip or improving a poor angle between the nose and the upper lip. Reconstructive rhinoplasty is performed to correct birth defects and disfigurement resulting from injury. It may also be done in conjunction with techniques to relieve nasal obstruction due to an internal deformity such as a deviated septum. (The septum is the partition between the right and left nasal airways.)

The earliest recommended age for rhinoplasty is the mid-teenage years when the nose has attained its anticipated growth and form.



The degree of improvement depends upon the extent of the corrective work undertaken and the basic structure of your nose and skin. An obviously disfigured nose will show dramatic results following surgery. On the other hand, correction of a slight bump may offer more subtle results. It is common for relatives or friends to report that they don't see a major difference after surgery. Do not consider such reactions to be an indication of failure. The intention, after all, is not to create a nose that draws undue attention, but rather one that blends subtly into the overall appearance of

your face.

It is important that your nose fit in with the general configuration of your face and profile. It is for this reason that your surgeon may also advise an alteration of your chin at the time of nasal surgery.

Most nasal surgery incisions are made inside the nose to provide access to the cartilage and bone which will be altered to reshape the nose. Another approach, called the "open tip" technique, allows a direct view of these structures and will be advised if your situation warrants it. This requires a small additional external incision but the resulting scar is usually minor and considered a worthwhile exchange for the improved contour.

This procedure usually takes from one to two hours to perform, depending upon its extent. Following surgery, a small plaster splint is applied to the nose to secure the bones and cartilages in their new position. Nasal packs are often required for a short period of time.

Either an outpatient or inpatient approach is suitable for rhinoplasty. Which approach is most appropriate will be discussed with you at the time of your consultation. This procedure is most often carried out under general anesthesia.

Nasal surgery produces moderate discomfort which can be controlled by medication. You will be asked to keep your head elevated and apply cold compresses to your eyes to reduce postoperative bruising and swelling. After about one week, the splint is removed. Much of the swelling and discoloration will have disappeared by that time but the duration of these factors varies. The early results of this surgery are evident in two to three weeks and are usually quite gratifying. However, you will continue to notice an improvement in the contour and form of your nose for six to twelve months as the last remnants of the swelling disappear.

Eyelid Surgery or Blepharoplasty

If you're considering eyelid surgery...

BEFORE



Eyelid surgery (technically called blepharoplasty) is a procedure to remove fat--usually along with excess skin and muscle from the upper and lower eyelids. Eyelid surgery can correct drooping upper lids and puffy bags below your eyes - features that make you look older and more tired than you feel, and may even interfere with your vision. However, it won't remove crow's feet or other wrinkles, eliminate dark circles under your eyes, or lift sagging eyebrows. While it can add an upper eyelid crease to Asian eyes, it will not erase evidence of your ethnic or racial heritage. Blepharoplasty can be done alone, or in conjunction with other facial surgery procedures such as a facelift or browlift.

AFTER

If you're considering eyelid surgery, this information will give you a basic understanding of the procedure-when it can help, how it's performed, and what results you can expect. It can't answer all of your questions, since a lot depends on the individual patient and the surgeon. Please ask your surgeon about anything you don't understand.

THE BEST CANDIDATES FOR EYELID SURGERY

Blepharoplasty can enhance your appearance and your self-confidence, but it won't necessarily change your looks to match your ideal, or cause other people to treat you differently. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

The best candidates for eyelid surgery are men and women who are physically healthy, psychologically stable, and realistic in their expectations. Most are 35 or older, but if droopy, baggy eyelids run in your family, you may decide to have eyelid surgery at a younger age.

A few medical conditions make blepharoplasty more risky. They include thyroid problems such as hypothyroidism and Graves' disease, dry eye or lack of sufficient tears, high blood pressure or other circulatory disorders, cardiovascular disease, and diabetes. A detached retina or glaucoma is also reason for caution; check with your ophthalmologist before you have surgery.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

When eyelid surgery is performed by a qualified plastic surgeon, complications are infrequent and usually minor. Nevertheless, there is always a possibility of complications, including infection or a reaction to the anesthesia. You can reduce your risks by closely following your surgeon's instructions both before and after surgery.

The minor complications that occasionally follow blepharoplasty include double or blurred vision for a few days; temporary swelling at the corner of the eyelids; and a slight asymmetry in healing or scarring. Tiny whiteheads may appear after your stitches are taken out; your surgeon can remove them easily with a very fine needle.

Following surgery, some patients may have difficulty closing their eyes when they sleep; in rare cases this condition may be permanent. Another very rare complication is ectropion, a pulling down of the lower lids. In this case, further surgery may be required.

PLANNING YOUR SURGERY

The initial consultation with your surgeon is very important. The surgeon will need your complete medical history, so check your own records ahead of time and be ready to provide this information. Be sure to inform your surgeon if you have any allergies; if you're taking any vitamins, medications (prescription or over-the-counter), or other drugs; and if you smoke.

In this consultation, your surgeon or a nurse will test your vision and assess your tear production. You should also provide any relevant information from your ophthalmologist or the record of your most recent eye exam. If you wear glasses or contact lenses, be sure to bring them along.

You and your surgeon should carefully discuss your goals and expectations for this surgery. You'll need to discuss whether to do all four eyelids or just the upper or lower ones, whether skin as well as fat will be removed, and whether any additional procedures are appropriate.

Your surgeon will explain the techniques and anesthesia he or she will use, the type of facility where the surgery will be performed, and the risks and costs involved. Don't hesitate to ask your doctor any questions you may have, especially those regarding your expectations and concerns about the results.

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins and medications. Carefully following these instructions will help your surgery go more smoothly.

While you're making preparations, be sure to arrange for someone to drive you home after your surgery, and to help you out for a few days if needed.

WHERE YOUR SURGERY WILL BE PERFORMED

Eyelid surgery may be performed in a surgeon's office-based facility, an outpatient surgery center, or a hospital. It's usually done on an outpatient basis; rarely does it require an inpatient stay. **All cosmetic surgery through Thailand4Healthcare is in the hospital setting.**

TYPES OF ANESTHESIA

Eyelid surgery is usually performed under local anesthesia--which numbs the area around your eyes--along with oral or intravenous sedatives. You'll be awake during the surgery, but relaxed and insensitive to pain. (However, you may feel some tugging or occasional discomfort.) Some surgeons prefer to use general anesthesia; in that case, you'll sleep through the operation.

THE SURGERY

Blepharoplasty usually takes one to three hours, depending on the extent of the surgery. If you're having all four eyelids done, the surgeon will probably work on the upper lids first, then the lower ones.

In a typical procedure, the surgeon makes incisions following the natural lines of your eyelids; in the creases of your upper lids, and just below the lashes in the lower lids. The incisions may extend into the crow's feet or laugh lines at the outer corners of your eyes. Working through these incisions, the surgeon separates the skin from underlying fatty tissue and muscle, removes excess fat, and often trims sagging skin and muscle. The incisions are then closed with very fine sutures.

If you have a pocket of fat beneath your lower eyelids but don't need to have any skin removed, your surgeon may perform a transconjunctival blepharoplasty. In this procedure the incision is made inside your lower eyelid, leaving no visible scar. It is usually performed on younger patients with thicker, more elastic skin.

AFTER YOUR SURGERY

After surgery, the surgeon will probably lubricate your eyes with ointment and may apply a bandage. Your eyelids may feel tight and sore as the anesthesia wears off, but you can control any discomfort with the pain medication prescribed by your surgeon. If you feel any severe pain, call your surgeon immediately.

Your surgeon will instruct you to keep your head elevated for several days, and to use cold compresses to reduce swelling and bruising. (Bruising varies from person to person: it reaches its peak during the first week, and generally lasts anywhere from two weeks to a month.) You'll be shown how to clean your eyes, which may be gummy for a week or so. Many doctors recommend eyedrops, since your eyelids may feel dry at first and your eyes may burn or itch. For the first few weeks you may also experience excessive tearing, sensitivity to light, and temporary changes in your eyesight, such as blurring or double vision.

Your surgeon will follow your progress very closely for the first week or two. The stitches will be removed two days to a week after surgery. Once they're out, the swelling and discoloration around your eyes will gradually subside, and you'll start to look and feel much better.

GETTING BACK TO NORMAL

You should be able to read or watch television after two or three days. However, you won't be able to wear contact lenses for about two weeks, and even then they may feel uncomfortable for a while.

Most people feel ready to go out in public (and back to work) in a week to 10 days. By then, depending on your rate of healing and your doctor's instructions, you'll probably be able to wear makeup to hide the bruising that remains. You may be sensitive to sunlight, wind, and other irritants for several weeks, so you should wear sunglasses and a special sunblock made for eyelids when you go out.

Your surgeon will probably tell you to keep your activities to a minimum for three to five days, and to avoid more strenuous activities for about three weeks. It's especially important to avoid activities that raise your blood pressure, including bending, lifting, and rigorous

sports. You may also be told to avoid alcohol, since it causes fluid retention.

YOUR NEW LOOK

Healing is a gradual process, and your scars may remain slightly pink for six months or more after surgery. Eventually, though, they'll fade to a thin, nearly invisible white line.

On the other hand, the positive results of your eyelid surgery-the more alert and youthful look-will last for years. For many people, these results are permanent.

Ear surgery or otoplasty

If you're considering ear surgery...

Ear surgery, or otoplasty, is usually done to set prominent ears back closer to the head or to reduce the size of large ears.



For the most part, the operation is done on children between the ages of four and 14. Ears are almost fully grown by age four, and the earlier the surgery, the less teasing and ridicule the child will have to endure. Ear surgery on adults is also possible, and there are generally no additional risks associated with ear surgery on an older patient.

If you're considering ear surgery for yourself or your child, this information will give you a basic understanding of the procedure-when it can help, how it's performed, and what results you can expect.



It can't answer all of your questions, since a lot depends on your individual circumstances. Please be sure to ask your doctor if there is anything you don't understand about the procedure.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

When ear surgery is performed by a qualified, experienced surgeon, complications are infrequent and usually minor. Nevertheless, as with any operation, there are risks associated with surgery and specific complications associated with this procedure.

A small percentage of patients may develop a blood clot on the ear. It may dissolve naturally or can be drawn out with a needle.

Occasionally, patients develop an infection in the cartilage, which can cause scar tissue to form. Such infections are usually treated with antibiotics; rarely, surgery may be required to drain the infected area.

PLANNING FOR SURGERY

Most surgeons recommend that parents stay alert to their child's feelings about protruding ears; don't insist on the surgery until your child wants the change. Children who feel uncomfortable about their ears and want the surgery are generally more cooperative during the process and happier with the outcome.

In the initial meeting, your surgeon will evaluate your child's condition, or yours if you are considering surgery for yourself, and recommend the most effective technique. He or she will also give you specific instructions on how to prepare for surgery.

WHERE THE SURGERY WILL BE PERFORMED

Ear surgery is usually performed as an outpatient procedure in a hospital, a doctor's office-based surgical facility, or a freestanding surgery center. Occasionally, your doctor may recommend that the procedure be done as an inpatient procedure, in which case you can plan on staying overnight in the hospital. **All cosmetic surgery through Thailand4Healthcare is in the hospital setting.**

TYPES OF ANESTHESIA

If your child is young, your surgeon may recommend general anesthesia, so the child will sleep through the operation. For older children or adults, the surgeon may prefer to use local anesthesia, combined with a sedative, so you or your child will be awake but relaxed.

THE SURGERY

Ear surgery usually takes about two to three hours, although complicated procedures may take longer. The technique will depend on the problem.

With one of the more common techniques, the surgeon makes a small incision in the back of the ear to expose the ear cartilage. He or she will then sculpt the cartilage and bend it back toward the head. Non-removable stitches may be used to help maintain the new shape. Occasionally, the surgeon will remove a larger piece of cartilage to provide a more natural-looking fold when the surgery is complete.

Another technique involves a similar incision in the back of the ear. Skin is removed and stitches are used to fold the cartilage back on itself to reshape the ear without removing cartilage.

In most cases, ear surgery will leave a faint scar in the back of the ear that will fade with time. Even when only one ear appears to protrude, surgery is usually performed on both ears for a better balance.

GETTING BACK TO NORMAL

Adults and children are usually up and around within a few hours of surgery, although you may prefer to stay overnight in the hospital with a child until all the effects of general anesthesia wear off.

The patient's head will be wrapped in a bulky bandage immediately following surgery to promote the best molding and healing. The ears may throb or ache a little for a few days, but this can be relieved by medication.

Within a few days, the bulky bandages will be replaced by a lighter head dressing similar to a headband. Be sure to follow your surgeon's directions for wearing this dressing, especially at night.

Stitches are usually removed, or will dissolve, in about a week.

Any activity in which the ear might be bent should be avoided for a month or so. Most adults can go back to work about five days after surgery. Children can go back to school after seven days or so, if they're careful about playground activity. You may want to ask your child's teacher to keep an eye on the child for a few weeks.

OTHER EAR PROBLEMS

Besides protruding ears, there are a variety of other ear problems that can be helped with surgery. These include: "lop ear," when the tip seems to fold down and forward; "cupped ear," which is usually a very small ear; and "shell ear," when the curve in the outer rim, as well as the natural folds and creases, are missing. Surgery can also improve large or stretched earlobes, or lobes with large creases and wrinkles. Surgeons can even build new ears for those who were born without them or who lost them through injury.

Sometimes, however, the correction can leave a scar that's worse than the original problem. Ask your surgeon about the effectiveness of surgery for your specific case.

MORE NATURAL-LOOKING EARS

Most patients, young and old alike, are thrilled with the results of ear surgery. But keep in mind, the goal is improvement, not perfection. Don't expect both ears to match perfectly-perfect symmetry is both unlikely and unnatural in ears. If you've discussed the procedure and

your expectations with the surgeon before the operation, chances are, you'll be quite pleased with the result.