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Interview with Dr Barry Lycka & Dr Adam Schaffner

Dr Barry Lycka cosmetic dermatologist from Edmonton, Alberta is talking today with

Dr Adam Schaffner triple board certified Plastic Surgeon from Midtown Manhattan, NYC.

This is your number one internet radio show on cosmetic surgery, in the world! We would like to thank all you listeners for supporting us – we get around 8000 downloads a week, and we are really very proud of this achievement and thank you for helping us develop the show. We bring you the newest and best, most interesting topics, and some of the best guests in the business. If you have any topics you would like us to feature, please email Dr Lycka on info@barrylyckamd.com.

We are talking today with our good friend Dr Adam Schaffner, about some of the new and exciting aspects of cosmetic surgery.

Welcome, Dr Schaffner!

So firstly, let's talk about how Liposuction has evolved over the years. The biggest advance has to be that we no longer put a person to sleep anymore to do liposuction!

Yes! Liposuction is something that 20 years ago, was only performed (with rarest exception) under general anesthesia, with potentially IV sedation. That meant patients had to be subjected to the risks associated with that. But nowadays, done in an accredited facility with a board certified surgeon, yes it is relatively safe, but there are still risks. If you can avoid those risks, then why not do so? By allowing a patient to have liposuction under local anesthesia, they can be kept very comfortable with the medications that we have available to us today. They are not only comfortable and safe, but they can also provide feedback & input so for example if the thighs are being treated, they can sit up, look at their thighs and say, hey why not take a little bit more. OR if the fat is being transferred into their breasts or hands, they can look down and ask for a bit more to be put in here or there. That type of interaction with the patient is very valuable to getting the best possible results for them.

Yes, when Dr Lycka is doing procedures like this he also finds that talking to the patients is an enjoyable part of the procedure. In the old days when we put everybody to sleep the thing that Dr Lycka detested the most was that he didn't get to know the patients, interact with them, and they didn't know what was being done either. Now we are able to chat with our patients and that is such a big thing as well.

It really helps to foster that patient/ physician relationship, and also helps them feel a sense of closeness and loyalty and when they are happy with the results, then it also enables them to feel confident about referring the doctor to their friends and family for similar types of procedures.

And by using these local anesthetic methods, we also limit the amount of blood loss. We can take off 2 or 3 liters of fat from a person, and see a 10cc blood loss in an average procedure. That is an amazingly small amount. In the old days with liposuction we used to take a lot of blood and a little bit of fat – now it's almost pure fat we are taking off.

Dr Schaffner completely agrees with that and part of the reason for that change is because when we put in the numbing medicine it contains adrenaline. That medication is allowed to sit because it takes time to take effect and so during that time the adrenaline is actually constricting those blood vessels and then when it is time to remove the fat then there is very little blood loss as a result.

There is another advantage of doing it this way as well. When we harvest the fat, remove it, then if we want to we can use it for other procedures. It is already pretty pure as we discussed, and the fat cells are still viable, they are not traumatized, so we can use that fat to 'fill in' other areas of the body which is another important benefit too.

Absolutely a few years ago we wouldn't even think of doing it without general anesthesia IV sedation but by doing it this way, it is actually safer to do it on an awake patient because if for whatever reason you are just slightly in the wrong place, you have a protective mechanism. For example, in the belly, the muscles will contract, or in the buttocks, the gluteal muscles will contract, and as a result it is actually in many ways safer to do this under local anesthesia and we are able to do so in such a way that the harvested fat is kept moist, and sterile, in a closed system, so we can then immediately transfer that fresh fat, hopefully the fat will take well and so 3,6,12 months later when the patient is looking at themselves, the vast majority of the fat that was put in has actually stayed.

Lastly, there is a bit of a disadvantage in this, when we put in the freezing local anesthetic then the area actually gets a little distorted. That is a bit of a problem in that an inexperienced physician might not be as aware as to how to take out the right amount of fat without leaving some behind. BUT, for an experienced physician, this is a benefit because when we put in the anesthetic in the area, the compartment gets bigger so we can target more fat cells and do a better job. Plus, we can use smaller cannulas which in Dr Lycka's mind is one of the biggest benefits because it causes less irregularities, and with them it is possible to do much better fine tuning work than was possible previously.

Dr Schaffner totally agrees. Over the years he has adjusted his technique to the extent that he is using a smaller 3mm cannula to harvest almost all fat with rare exception, and then for fine tuning, using a smaller one with finer holes. Think of the analogy of course sandpaper and fine sandpaper when doing woodwork, we use course sandpaper to remove lumps and bumps, and finish with fine sandpaper to make the finished result as smooth as possible. It's the same with liposuction.

And as Dr Lycka adds, to prevent doctor fatigue, many are using powered instruments, they help to decrease the trauma to the surgeon. Certainly people who do a lot of liposuction get injuries. A lot of surgeons that Dr Lycka knows who have done liposuction for 5, 10 years get elbow problems, shoulder problems, just from doing this procedure over and over again. They get repetitive stress injuries, as they are called. Yes, they are common whether they are in sports or surgery! Dr Schaffner certainly uses power assisted liposuction and finds that it is not only easier on himself, but it is also easier on the patient. The amount of fat that is removed in every stroke is greater and therefore it is more efficient, with less tissue trauma, less bruising, less swelling, less discomfort, and an overall faster harvest so a shorter time on the operating table which means better patient safety.

And when there is less trauma to the patient there is faster healing. Dr Lycka finds it totally amazing even these days that we do the procedure on a Friday and on Saturday patients are typically doing most of their regular activities. It is beyond belief for a procedure that previously was potentially life threatening, and is now something that is fairly easy. Obviously that is in qualified experienced hands, with a qualified and experienced doctor doing it but it has really paid off for our patients!

Dr Schaffner highlights that the point to stress as important is that the physician should be not only qualified but also experienced. There are a lot of excellent surgeons that are out there who may perform excellent liposuction or other types of cosmetic surgery but they are not experienced in performing liposuction under local anesthesia on an awake patient. It takes a different 'set of tools in the toolbox' to be able to do that successfully, ensuring that the patient is comfortable, safe and that they get a very good result. As you know, Dr Lycka there are differences in the techniques – amount of fluid used, types of cannulas and so forth - so if a patient is considering having liposuction while awake under local anesthesia, it is critically important they go to someone who is experienced in doing exactly that.

That is the key! All of these things sound as if they are marvelous procedures but again they depend upon the choice of an excellent doctor who knows what they are doing. They should have done hundreds of procedures, done this way and they should be an expert, an advocate for this. Yes, and they should be Board Certified and with good before and after photos, and speak to patients who have already had the procedure. Have they been happy? See the photos, meet the doctor, check them out, and check for anything that 'doesn't feel right', then it's safe to proceed.

So moving to breast surgery, now.

Adam, what's new in breast surgery?

Well the biggest thing that is new in breast surgery is fat grafting. It goes under different names. Auto-augmentation, breast enhancement using one's own fat, but previously we have used implants that were either silicone shell filled with saline (salt water) or with silicone gel. But nowadays we are able to enhance the size of the breast using one's own fat. Sometimes we will use both an implant and fat. It was once thought that it may not be safe to transfer fat to

the breast but multiple studies have been performed and the large plastic surgery societies, breast societies, radiology societies have all concluded that in fact it is safe to transplant fat into human breasts and if anyone still has questions or concerns about that then probably the fact that one of the most common ways in which we help breast cancer patients is by reconstructing their breasts with their own fat, should help ease their concerns. And for breast cancer patients who have undergone radiation, to help them reverse some of those signs of radiation therapy we also use fat to do that.

We have high rates of patient satisfaction with fat grafting to the breast but it does have to be performed properly. It is very technique dependent, and the fat has to be put into the right layers in the breast. It must not go into the breast glandular tissue, the tissue that produces milk, it is put into the fat and into the area underneath the glands but above the muscle where one might put an implant that goes above the muscle. This gives a very nice soft breast and it feels and looks natural and patients provide direct feedback whilst on the table by being able to sit up and look straight ahead at a mirror to see themselves and their new shape and size and decide whether they want to be bigger or are happy at that point.

Dr Lycka adds that it is very important to put in the right amount and use what he calls the 'micro droplet' method. If you put too much fat in one place, then it will not 'take' very well, the fat will die and there will be lumps and bumps. The fat cells are living structures remember, so we have to allow them space so a good blood supply develops around them. Yes, it is critically important to avoid the fat dying and getting reabsorbed. There are other problems if too much fat is clumped together. It has to be done properly to get that good blood supply and a good result.

It is very important the doctor has a 'good eye', and who also understands what is going on. They have to be both an artist and a scientist for this.

Dr Schaffner also adds that a good pre-operative analysis of the breast is also very important. There are some breasts that are not great candidates for fat grafting and if there is a very tight envelope, constricted, or tuberous breasts then those types of breast, while you can fat graft them, they are maybe not as stretchy & compliant and as a result, maybe better served using an implant or possibly an implant with fat.

Please tell us about what gets done when you are trying to stretch the breast tissue before injecting the fat into it.

What we are trying to do is create space for that fat to be able to live when it is transferred. We are trying to maximize what is called the surface area to volume ratio. When a fat cell goes in there has to be room around it for blood cells to grow onto it. If the breast tissue is not very stretchy then we only have the ability to put in so much fat. So we try to get some degree of expansion.

Both the fat harvesting and the fat injecting can be done under local anaesthesia.

Yes, absolutely. They can be done at the same session. We have freshly harvested, sterile fat and we are able to separate out the fluid that we don't want, those oils, we just want the high density fat right from the center, and transfer that quality fat. In the past, we hadn't really thought about doing that. 20 years ago we were just throwing that fat away. But now it's 'liquid gold' and we can go ahead and enhance buttocks, breasts, hands, faces, cheeks, nasal labial folds etc. If people are having HA fillers repeated every 6,9,12 months and are happy with the results, then they should consider fat grafting instead. One key point that people need to know is that the fat behaves as the region from which it came. This means that if it came from the belly, and it went into the face, then it will still expand or contract the way it did when it was in the belly. So make sure that you have a good diet and exercise and maintain stable weight!

Are there particular areas that you like to harvest the fat from that are better than others?

Well for fat transfer, absolutely – Dr Schaffner likes to transfer from the belly but anywhere where there is enough fat to suction and where the patient wants it removing, will be gratifying. There are patients who come in thinking they have a lot of fat but it may in fact be extra skin, or muscle, so it is important to have a doctor's experience to help understand in advance whether or not there is enough fat worth suctioning.

This is a marvelous topic, and one that both doctors should talk about again.

It is a marvelous day for both the physicians and the patients in terms of cosmetic surgery. We have techniques that are simpler to do for the patient, less traumatic, with less risk, and at the same time, with higher benefits and higher levels of satisfaction. Dr Schaffner also adds that using the energy based devices has also made a difference. Whether

it's using a laser, ultrasound, or radio frequency, we have the ability to help minimize tissue trauma, help with collagen formation, skin tightening, fat melting, and not only using some of those internally for liposuction, but using them afterwards with the external devices that help with skin quality as well.

One of the other benefits of cosmetic surgery these days is that even if you have seen a cosmetic doctor before and decided not to go ahead, or what you wanted wasn't possible – then you should go see them again. There are things that can be done now that were previously 'science fiction'. Things that hadn't been thought about are now pretty commonplace. Totally – doctors are constantly learning new technologies, new techniques, and it it's a doctor that you have seen before who is keeping up with the times, they should be able to offer the latest techniques and therapies and of course if it is something that that doctor doesn't specialize in, then it's reasonable to get a second opinion from another doctor who may be concentrating on the area that you are interested in.

Thank you, again, Adam. Dr Lycka really appreciates you taking the time to be on the show tonight, but despite technical difficulties, it is always worthwhile because the listeners always glean so much benefit.

It's always a pleasure – thank you so very much!

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