

No Flavors this week

The monthly NHMedical section takes the place of this week's Flavors section. Flavors, with Our Gourmet, returns next week.

Reconstruction after breast cancer is no longer one-size-fits-all

By Krysten Godfrey Maddocks
Union Leader Staff

After breast cancer surgery that requires partial or total removal of a breast, many women choose to consider reconstructive surgery as part of their treatment plan.

Reconstructive surgery is a subset of plastic surgery that aims to restore function and normal appearance to body parts affected by disease, birth defects, trauma or burns.

Today's patients have far more options than they did even a generation ago. Depending on their cancer type, surgery required and personal goals, breast reconstruction could include minor tissue rearrangement, implants, moving existing body tissue, or no reconstruction at all. Doctors work with patients to determine what option best meets a woman's medical needs, lifestyle and aesthetic preferences.

"Breast cancer treatment often comes in three parts," said Dr. Kimberly Ellis, an oncoplastic surgeon at Dartmouth Health. "The first part is often surgery. The second part is often radiation. And then the third part is often some sort of medicine."

Because tumor removal marks the first step in treatment, Ellis is usually the first surgeon patients meet after they receive a diagnosis. Those conversations can be overwhelming as patients learn about their cancer and reconstruction options.

"I give them a slew of options, as long as the tumor is the appropriate size," she said. "I can offer a lumpectomy, which is just a tumor removal. When the tumor is amenable to that, and I can leave the breast intact, sometimes I'll do a minor amount of tissue rearrangement so they're not left with a divot, or space where the tumor was."

When a mastectomy is necessary

For other patients, breast-conserving surgery isn't an option, and they may require a mastectomy, which removes all of the breast tissue. A simple mastectomy removes all of the breast tissue and skin without reconstruction. A skin-sparing mastectomy preserves enough skin to rebuild a breast mound later, either with the patient's own tissue or a breast implant. A nipple-sparing mastectomy preserves the skin, nipple and areola — the darker area surrounding the nipple — while removing the underlying breast tissue.

The surgical approach patients ultimately choose influences their reconstruction options, recovery and cosmetic outcomes. Ellis asks patients to bring along family members to take notes during this discussion. Most are surprised that reconstruction can begin at the same time as their tumor is removed.

Ellis works closely with plastic surgeons in the operating room, including Dr. Emese Kalnoki-Kis, a board-certified plastic surgeon at Elliot Hospital who specializes in breast reconstruction and also performs breast reduction surgery, body-contouring procedures after weight loss, wound care and facial skin cancer repair.

"Dr. Ellis is a breast surgeon; they are

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After the Weight Loss



MEGAFLOPP/GETTY

Plastic surgeons across New Hampshire say they are seeing an unprecedented increase in the number of patients seeking body-contouring procedures to address excess skin and other physical changes that remain after dramatic weight loss.

GLP-1 medications drive demand for body-contouring surgery

By Krysten Godfrey Maddocks
Union Leader Staff

Reaching your goal weight is supposed to mark the finish line of what's often a multi-year journey. However, a growing number of patients encounter a final hurdle: loose, hanging skin that no longer fits their new frame.

Plastic surgeons across New Hampshire say they are seeing an unprecedented increase in the number of patients seeking body-contouring procedures to address excess skin and other physical changes that remain after dramatic weight loss, mostly due to the popularity of GLP-1 medications like Wegovy and Zepbound.

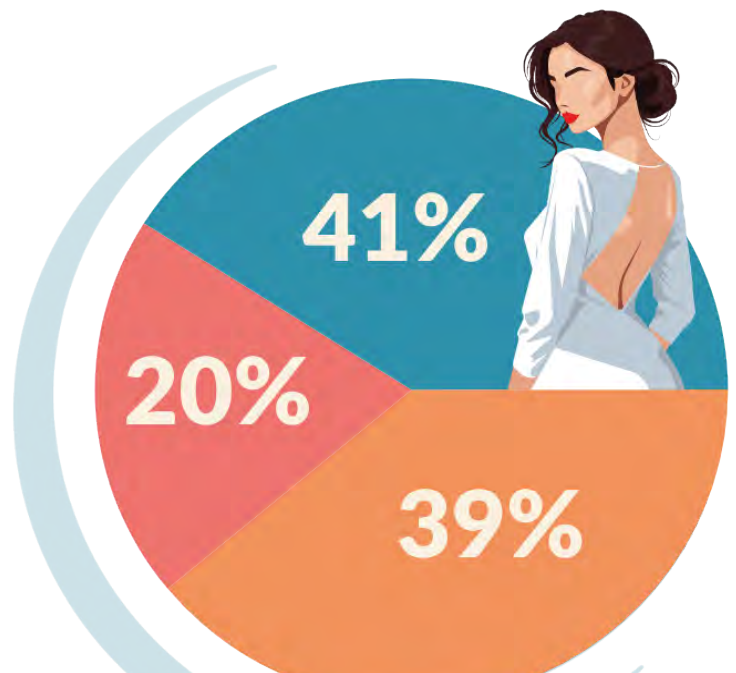


Dr. John Nigriny

"I've never seen anything like this," said Dr. John Nigriny, a board-certified plastic surgeon at Dartmouth Health. "And I've been doing this for 20-plus years."

When Nigriny began practicing, most patients requesting body contouring procedures had undergone bariatric surgery. Today, that population looks dramatically different.

"The referrals aren't coming as much from the bariatric surgery programs. Most of the referrals now are coming independently from the patients, some from their primary care doctors, and others from kind of this weight and wellness phenomenon," Nigriny said. "I'd say 80-plus percent of the patients



- GLP-1/GIP patients already undergone plastic surgery procedure as a result of GLP-1/GIP use
- GLP-1/GIP patients considering plastic surgery procedure
- GLP-1/GIP patients considering non-surgical procedure

Courtesy of the American Society of Plastic Surgeons

I see have been on GLP-1 medications. I'm literally seeing people that have lost 150 to 200 pounds on these medications."

Dr. Kimberly Marble, a board-certified plastic surgeon with Beth Israel Lahey Health and Core Physicians in Exeter, said she sees the same trend in

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MARIO ARANGO/GETTY

Men are increasingly considering plastic surgery because there is less stigma around it, and perhaps more social pressure to present a certain way, according to Dr. Michael Matthew, a board-certified plastic surgeon at Dartmouth Health.

Not just for women: Surgeons see more men pursuing plastic surgery

By Krysten Godfrey Maddocks
Union Leader Staff

Although women make up the majority of patients who undergo elective plastic surgery, the number of men looking for cosmetic procedures is slowly but steadily increasing, according to the American Society of Plastic Surgeons.

The organization's most recent statistical report, from 2024, suggests that 7% of all plastic surgery patients were men, a modest 1% increase since 2023. Popular

procedures among men include male breast reduction, eyelid surgery and liposuction after weight loss.

Men are increasingly considering plastic surgery because there is less stigma around it, and perhaps more social pressure to present a certain way, according to Dr. Michael Matthew, a board-



Dr. Michael Matthew

certified plastic surgeon at Dartmouth Health.

"I think there is a change," he said. "Society is becoming more egalitarian. For a long time, women have been held to a beauty standard that has been very high and men have not. And for better or for worse, men are being held to a higher standard now to match women's."

While men are increasingly interested in cosmetic procedures, their goals are

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her practice.

“People are losing a lot of weight, but they’re not losing any skin,” she said. “So, they end up with redundant tissue and cosmetically, removal gets them back to their new normal.”



Dr. Kimberly Marble

New Hampshire reflects the most recent statistics from the American Society of Plastic Surgeons, which reported in 2024 that 20% of GLP-1 patients had already undergone a plastic surgery procedure as a result of their GLP-1 use. Of those surveyed, another 39% of GLP-1 users said they were considering a plastic surgery procedure, and 41% said they were considering a noninvasive procedure.

More than a cosmetic issue

Significant weight loss can leave skin hanging from the abdomen, arms, thighs and breasts. That extra tissue not only obscures a patient’s progress but can create chronic irritation, interfere with exercise, and lead to skin problems or infection.

“When patients have loose skin touching loose skin, they get lots of rashes and have functional limitations,” Nigriny said.

Dr. Michael Matthew, a board-certified plastic surgeon at Dartmouth Health, said many patients undergo skin removal and other body contouring procedures as a final step after accomplishing what once felt impossible.

“I think it’s very disappointing for people to spend years, sometimes decades even, getting to their goal weight and then at the end be faced with something in the mirror



MGSTUDIO/GETTY

The popularity of GLP-1 medications like Wegovy and Zepbound is causing a spike in the number of patients seeking body-contouring procedures to address excess skin after significant weight loss.

that doesn’t match their body image in their mind,” Matthew said.

Who is the ideal candidate?

Despite the growing demand, surgeons caution that not everyone who loses a significant amount of weight is ready for skin or fat removal. Patients must first reach a healthy, sustainable weight for six to 12 months before undergoing procedures designed to reshape the body.

“We look for patients to reach their weight-loss goals, either their medical weight-loss goals or their personal weight-loss goals, and be stable at that weight for usually at least six months,” Nigriny said.

Matthew said it’s important for patients to have stabilized their weight by

following a healthy diet, particularly if they lost the weight using a GLP-1 medication. While the medications help patients eat less, they may also cause a deficiency in particular nutrients — particularly protein.

“We want to be sure patients are still eating a balanced diet, even though it may be less,” he said.

Ideal candidates should also understand the recovery process, have realistic expectations of possible outcomes and be committed to maintaining their weight over the long term, Marble said.

“We look at the whole patient and plan early,” Marble said. “They might not have met their goal weight, but we can meet and talk about it and generate a plan.”

Patients who have lost more than 100 pounds are often concerned with the appearance of their breasts or stomachs and may consider more than one surgery.

“We don’t do everything at once, but we start with what’s bothering them most and make sure they have their condition optimized,” she said.

The most common procedures

The excess skin left on the abdomen, breasts, arms and thighs tends to be most bothersome for patients, but insurance carriers are most likely to pay for abdominal skin removal, known as panniculectomy. To get that procedure covered, patients must meet strict requirements and show that their extra

skin is causing physical harm.

“Does it cover the genitalia; does it go all the way to the thigh? There are different requirements that different insurance carriers have, but they also want to see consequences,” Matthew said. “So, you have to show that you’ve got rashes and wounds that you need prescriptions for to take care of it.”

Patients can opt to pay out of pocket for surgeries that remove extra skin or pockets of fat. They can elect to get an abdominoplasty, commonly known as a tummy tuck, which is not covered by insurance. Breast lifts and reshaping procedures, arm lifts known as brachioplasty, and thigh lifts are also typically not covered by insurance.

However, even if a surgery isn’t deemed medically necessary by an insurance company, that doesn’t mean a patient wouldn’t benefit from the procedure, Marble said.

“There are a lot of procedures that overlap; they’re medically necessary but they’re also cosmetic,” she said. “Don’t always assume you’re going to have to pay out of pocket for a procedure. Have a consultation. Try to get prior authorization by your health insurance.”

Managing expectations

For patients who’ve lost significant weight and wish to address several body parts, slow and steady always wins the race, according to Dr. Alex Slocum, a board-certified plastic surgeon and owner of Seacoast Plastic Surgery in Portsmouth.

While people may want to speed up the process or see dramatic results right away, they shouldn’t try to do it all at once.

“What I tell patients is, depending on the number of procedures that they are interested in and that they are committed to, I can remove on average 4 to 8 pounds per surgery, depending on the patient and their anatomy,” he said.

One of the most important parts of any consultation is helping patients understand what surgery can and cannot accomplish. Many patients expect cosmetic surgery to complete their transformation, but the reality is more nuanced.

Nigriny said patients who don’t have realistic expectations may be dissatisfied with their appearance even if their surgery was technically successful. That challenge has grown in recent years as patients often

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Weight Loss

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see heavily filtered social media images that aren't attainable in real life.

"We have a scalpel, we don't have a magic wand," Nigriny said. "People on the internet don't know what's real and what's not. Images are altered all the time."

Sometimes patients bring in pictures of people they want to look like, or may even have body dysmorphism — a condition in which there is nothing about their body that they like — which poses a serious challenge, Marble said. "And there's nothing we can do for these patients that they're going to be satisfied with because they are perfectly normal and often quite attractive now, and they're not happy about that," she said.

What patients should look for

Surgeons encourage patients to research both the procedures they are interested in and their doctors carefully before going under the knife.

"If you're looking for a procedure, it's totally reasonable to go out and meet with multiple surgeons," Slocum said. "Show up with questions and don't be afraid to ask them."

It's critical that the operating doctor be board-certified in plastic surgery rather than another specialty such as gynecology or ENT. Patients should seek out experienced surgeons who specialize in the procedures they are interested in. All surgery carries the risk of complications, and patients should understand the risks and recovery associated with each procedure, Marble said.

"In the process of interviewing surgeons, you should have a good fit, and it should be someone you can have a relationship with," she said. "Oftentimes

it's a long-term relationship because we sometimes do multiple procedures in sequence."

Slocum agrees that trust is key to a positive result. "I get asked this question a lot, not just by patients of mine, but also by friends and family members: What do I look for in a surgeon? The number one thing is that you are comfortable with the surgeon as a person. Because at the end of the day, if you're not comfortable with them as a person, it's going to be hard for you to trust them," he said.

If you meet a surgeon who promises a quick fix or a deep discount, think twice about working with them, Nigriny said. Some patients travel outside the United States because of perceived lower costs and return with poor results or infections.

"Then we are tasked with taking care of these problems because they can't get in touch with the surgeon in another country," he said. "Maybe it was cheap to go and have it done, but they're paying on the back end to cover the expense of managing the complications."

The tradeoffs

Body-contouring surgery can boost confidence and help patients enjoy a more active lifestyle, but doctors stress it is still major surgery. Patients also need to understand that scarring is an unavoidable part of the process.

"We're skin and fat tailors, but there's a tradeoff, and the tradeoff is scars," Nigriny said. "We try to hide or camouflage things as best as we can."

In an abdominoplasty, for example, patients can expect scars along the bikini line. Those who get skin removed from their arms have a seam of scars on the underside. Breast

incisions are usually made underneath, or in the lower pole of the breast. Panniculectomies leave a single, long horizontal scar spanning the lower abdomen.

"Depending on the patient, it's really hard to predict what kind of scar you're going to get," he said.

Recovery may also require an overnight hospital stay and follow-up visits, as well as weeks of restricted activity, compression garments and drains. Patients should carefully follow instructions regarding rest and wound care.

Slocum stresses that doctors set guidelines to keep patients from developing infections or other complications that can compromise their results, regardless of the type of surgery.

Patients who have a physically demanding job or active lifestyle will need to rest, even if they're concerned about maintaining their weight. For highly active individuals, slowing down can be one of the most difficult aspects of recovery, Nigriny said.

"It's really hard to get them to take a step back and not go to the gym, not be on the treadmill, or not be jogging or running for six to eight weeks," he said.

Completing the journey

For patients who have spent years prioritizing their health, body contouring surgery is an emotional final step in a transformation that began long before they entered a plastic surgeon's office. Choosing to sculpt the body with surgery is a personal decision that carries both risk and reward.

"There is a cost to the surgery," Matthew said. "There's a cost to time and energy and pain and drains and body-contouring garments. I think once people are prepared for it, it's beneficial for them."



STUDIO C/J/GETTY

"For the most part in women, it's softening edges and rounding corners," said Dr. Michael Matthew, a board-certified plastic surgeon at Dartmouth Health. "For men, it's about maintaining a sharp edge, a sharp jawline."

Men

From Page B1

often different from those of their female counterparts.

"For the most part in women, it's softening edges and rounding corners," Matthew said. "For men, it's about maintaining a sharp edge, a sharp jawline."

Dr. Emese Kalnoki-Kis, a board-certified plastic surgeon at Elliot Hospital, performs breast reconstruction and body surgery primarily on women but does see men for blepharoplasty — repair of sagging eyelids or puffy under-eye bags — or gynecomastia correction surgery, a procedure that removes excess male breast tissue and reshapes the chest.

"Gynecomastia is a natural development of men as they tend to age," she said. "As they age, their testosterone levels go down and they do get some breast formation."

To treat the condition, Kalnoki-Kis said doctors can excise breast tissue and use liposuction to contour the chest and improve its overall appearance.

Dr. Steven Brown, a board-certified plastic surgeon in Bedford, offers breast reductions, abdom-

inoplasties and some facial procedures. He also performs specialized hand surgery to treat fractures, torn ligaments, carpal tunnel syndrome and other overuse injuries. Most of his male patients come to him for hand surgery, but more are looking to tighten skin on their neck or get calf implants. A larger number have undergone significant weight loss and are looking to contour their chests.

"It responds nicely to liposuction and then a limited resection of some breast tissue," Brown said. "That's probably the biggest thing of a cosmetic nature that we might see men come in for."

Although men and women may be looking for similar surgeries, they aren't necessarily looking for the same results. When undergoing facial surgery, most men aren't looking for drastic changes — they are looking to correct structural defects or make



Dr. Emese Kalnoki-Kis

subtle tweaks that can help them appear more youthful.

Dr. Alexander Slocum, a board-certified plastic surgeon and owner of Seacoast Plastic Surgery in Portsmouth, said about 30% of the facelifts he performs are on men. However, treating men requires a skilled surgeon with a strong understanding of anatomy.

"The anatomy is completely different. A lot of baseline education focuses on the 'ideal' female face or female nasal profile," he said. "In men, it's the same maneuvers, but there's different aesthetic ideals."

When men seek a rhinoplasty — plastic surgery on the nose — Slocum encourages them to bring in photos and focus on one or two things they'd like to improve.

"But really we address those two things and that's it," he said. "Because if you do too many things, you can feminize the nose — and a lot of guys don't want a feminized nose. Being conservative as a surgeon is important when you're trying to maintain natural-appearing results that aren't fake."

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Reconstruction

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there to remove tumor and disease. And my job is to fill in the hole that is left behind," Kalnoki-Kis said. "People think we make people prettier, but we fill in wounds and are able to manipulate tissue from one place to another to help make a person feel whole again."

Kalnoki-Kis said she prefers to work closely with oncologists to understand the type of surgery patients are undergoing and their aesthetic goals.

"Because we communicate very well together, and because I know the way that Dr. Ellis works — and Dr. Brett Schiffman and Dr. Jessica Ryan at the Elliot — I can set that patient up for success," she said. "If you're working in two different silos and your breast surgeon is doing one thing and you're working differently, the outcomes aren't going to be the best."

Many women don't realize that breast reconstruction after cancer can involve more than one operation, which is why patients should feel comfortable with their plastic surgeon and understand all of their options.

"Breast reconstruction is not a one and done deal," Kalnoki-Kis said. "It typically takes two or three surgeries."

For women who opt for reconstructive surgery, surgeons place a tissue expander during the first procedure, which they gradually expand during office visits until the pocket reaches the desired size.

The second surgery replaces the tissue expander with a breast implant. Women can also choose additional procedures to reconstruct the nipple-areola area or improve the overall appearance of the breast.

In the United States, 85% to 90% of women choose implant-based reconstruction, Ellis said. Implants are filled with either silicone or saline and can offer some benefits. The surgery is shorter, recovery tends to be faster, and women can avoid additional surgical scars elsewhere on the body, she said.

However, implants do come with risks. They are foreign objects and sometimes rupture or need to be replaced over time.



HISPANOLISTIC/GETTY

Today's patients have far more options for reconstructive surgery than they did even a generation ago. Doctors work with patients to determine which option best meets a woman's medical needs, lifestyle and aesthetic preferences.

For some women, that tradeoff is worthwhile.

Using your own tissue

Other women prefer a form of reconstruction that uses tissue from their own body. Known as flap reconstruction, these procedures create a breast mound using tissue from another area. Although this might seem like a more natural solution, flap reconstruction does come with serious risks.

"Tissue from your own body means longer surgery and potentially double the recovery time," Kalnoki-Kis said.

One of the more complex flap procedures is the DIEP (deep inferior epigastric perforator) flap procedure, which takes skin and fat from the lower belly. Surgeons remove skin, fat and blood vessels from the lower abdomen and transfer them to the chest. Using

microsurgical techniques, they reconnect tiny blood vessels to establish blood flow.

The surgery and recovery take much longer than implant reconstruction, but some women do not want to risk introducing a foreign body into their breast tissue.

"If it works well, then often you don't need to do anything else to it for the rest of your life," Kalnoki-Kis said. "Because if you gain weight, it gains weight. If you lose weight, it loses weight. It acts like your own tissue."

Making the best choice

There are tradeoffs to lumpectomies vs. mastectomies, and pros and cons to the reconstructive surgeries that follow each. Patients have to weigh the risks and benefits and decide what's best for them.

"If you have a mastectomy,

you don't always need radiation afterward. The tumor has to be really big or in a bunch of lymph nodes to warrant radiation after mastectomy," Ellis said. "So, some people will want nothing to do with radiation and choose a mastectomy. Sometimes that's not an option, but sometimes it is."

Patients don't necessarily face more favorable odds by electing to undergo a mastectomy, Ellis said.

"At the end of the day, most of the time, it's about a 2% difference whether we do breast conservation or whether we remove your breast. From that perspective, more surgery is not always better," she said.

This is because providers are finding tumors smaller — at a pea size versus blueberry size — and radiation has improved, according to Ellis.

Some women choose not to

undergo reconstructive surgery right away but still have the option to pursue plastic surgery later, although their tissue may not be as viable after radiation.

"I do warn them that surgery comes with a lot more risk because your tissue is mostly scar. Your risk of infection is a little bit more," she said. "In general, with insurance companies now, as long as I'm kind of involved, it is often not billed as cosmetic."

A cancer diagnosis can feel overwhelming, but Ellis encourages women to work with their medical team and plan ahead.

"Everyone, when they get a cancer diagnosis, says I want this out yesterday. Get it out. I don't care how it looks," she said. "I always tell women to take a deep breath. This is not going anywhere fast. It is better to do the planning up front."



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The new rhinoplasty: Small changes, big appeal

By Alina Dizik
Bloomberg

Slimmed or lifted noses were once easy to spot — and gossip about. Today's newer offerings are better at flying under the radar.

People are increasingly opting for discreet plastic surgery that focuses on the tip of the nose, or minimizes it without changing the front view. They're also using filler — gel-like substances injected into the nose — that can obscure humps or refine the nose's tip.

These patients, many in their 40s and older, realize that their nose has aged along with the rest of their face, doctors say. They want subtle adjustments to address drooping or widening noses, along with shrinking enlarged tips. What they're avoiding is extensive surgery, or the chatter that comes with it.

"They don't want to go into a room and get asked, 'Who did your nose?'" says Babak Azizzadeh, a Los Angeles facial plastic surgeon and incoming president of the American Academy of Facial Plastic and Reconstructive Surgery.

All types of nose-shaping, or rhinoplasty, remain among the most popular facial cosmetic procedures, with only eyelid surgery and face-lifts more popular, according to the American Society of Plastic Surgeons.

Members of the trade group performed about 48,423 rhinoplasties in 2024, compared with 32,484 in 2019. More than 5.3 million procedures done with hyaluronic filler to the face took place in 2024. Nose-filler procedures, also known as liquid rhinoplasties, aren't



Doctors say people are increasingly opting for discreet plastic surgery that focuses on the tip of the nose, or minimizes it without changing the front view.

KINOMASTERSKAYA/GETTY

tracked as a standalone category, according to the latest data.

The Food and Drug Administration has not approved using fillers in the nose — it's considered off-label use. Still, the market is growing due to greater access and the fact that it costs thousands of dollars less than full surgery, says Ivona Percec, director of cosmetic surgery at the University of Pennsylvania Perelman School of Medicine.

Medspas that offer filler injections say they are seeing growing interest

because of social media. Before-and-after profile photos attract plenty of likes after the speedy procedure.

Fillers are often done by licensed medical professionals other than doctors, including nurse practitioners and registered nurses. That makes them cheaper and more available, and subject to less regulation.

Rhinoplasty and other types of plastic surgery exploded in the years after the COVID outbreak, when more people could see their own reflections via

video calls, Azizzadeh says. Some of his patients now consider plastic surgery a status symbol, akin to a pricey handbag.

Phone cameras also tend to distort the nose, making it look wider or longer. "We're now seeing people who have always not loved their nose come see us," he says. "Subtlety is a big part of it."

Changing the shape of the nose with surgery requires weeks of initial recovery time. More patients have tried simpler approaches in the past five years, says Jason Roostae-

ian, clinical professor of plastic surgery at UCLA's David Geffen School of Medicine.

Newer options include one that employs ultrasonic techniques using more precise vibrating bone-cutting instruments. Others are using fillers to tweak their noses, especially at the bridge. The fillers last about a year.

"People remember overdone plastic surgery in a negative way," Roostaeian says.

Azizzadeh has also started offering what he calls nose lifts, or tip

rhinoplasty, which does not touch the hump of the nose, instead focusing on the front cartilage. In the past, he saw younger patients who wanted brand-new noses. A new cohort of older patients are turning to the nose lift to reduce downtime.

"The skin has aged, and the nose becomes droopy," he says.

New York facial plastic surgeon Sean Alemi estimates that 15% of his patients now opt for small tweaks to their nose, sometimes referred to as a finesse rhinoplasty, while doing a full face-lift. It doesn't impact the recovery time and saves operating-room fees. The number of his patients doing a minor rhinoplasty to the tip during a face-lift has doubled since 2024.

"I'm looking at photos from their 30s and 40s to re-create the nose they already have," Alemi says.

In Chicago, facial plastic surgeon Steven Dayan starts by educating his patients about the complications of filler in the nose, which are real, if rare.

Some research shows injecting it can lead to blindness or skin necrosis, he says.

Repeated injections can thin the skin on the nose, contributing to complications like scar tissue, which can make surgery more difficult.

Many patients still choose the quicker and cheaper filler route, Dayan says. In his practice, it's now evenly split between surgery and injections. "There are too many people out there doing this without telling patients the risks," he says.

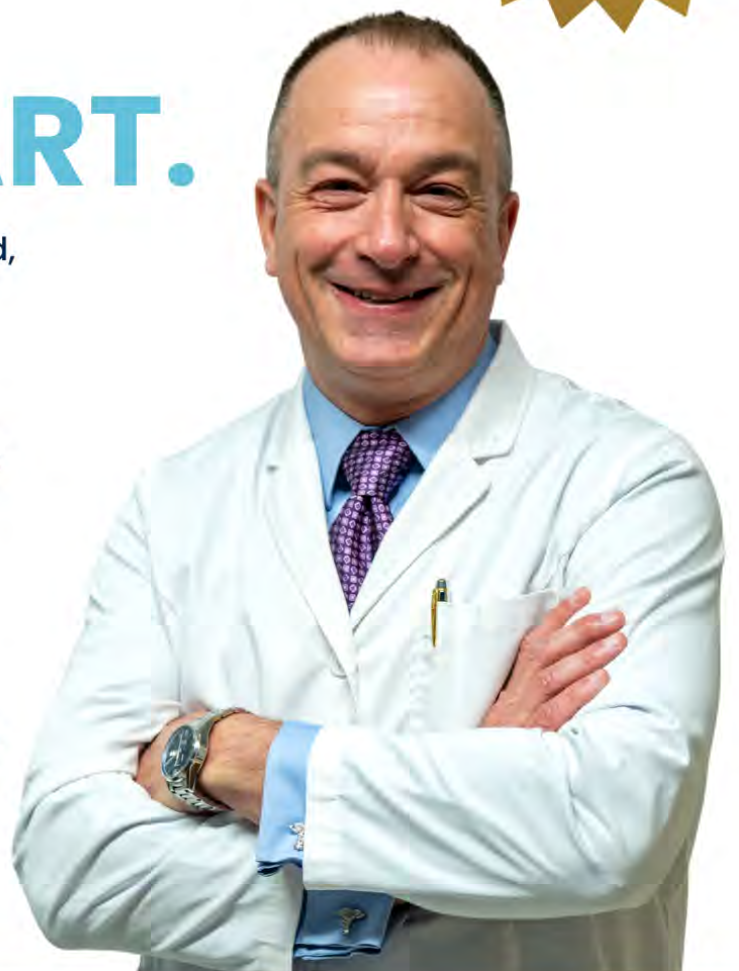
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Nose Shaping

From Page B5

Ilana Mechoullam, a nurse and injector, charges \$1,899 for fillers in the nose. She says she's transparent about complications and explains that the office has an emergency protocol in place, including ways to quickly dissolve filler.

By her estimation, her office has done more than 7,000 liquid rhinoplasty procedures out of her offices in Boca Raton and Aventura, Florida, since starting her business in 2017.

Patients are interested because it's more affordable and requires no recovery time.

The average price of a traditional rhinoplasty is \$7,637, excluding anesthesia or operating-room fees, with weeks of healing, according to the American Society of Plastic Surgeons. Administering the filler takes under 10 minutes.

Patients travel from other states after finding her Instagram account, called the Nose Nurse, where she posts her work. Many of her clients have senior roles in tech and prefer the small tweaks, where the work isn't obvious once they're back in the office.

"They fly in and out the same day," she says.

Altering the nose can make other parts of the face appear more balanced, Mechoullam says: "Even subtle variations [of the nose] can shift how the eyes, lips and chin are perceived."

Anil Shah, a facial plastic surgeon in Chicago, says he now uses 3D modeling to project the final result for patients and cut down on post-surgery surprises.

The nose shape is a major factor in how the face looks, and today's patients feel they can customize their own procedure.

"Patients are ultra-de-

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"We're now seeing people who have always not loved their nose come see us. Subtlety is a big part of it."

BABAK AZIZZADEH
Los Angeles facial plastic surgeon

manding in how they want to look," he says.

Aryelle Berman, 28, lives in Delray Beach, Florida, and works in alcohol sales. She gets nose injections roughly once a year with Mechoullam. The resulting fillers, Berman says, have helped raise her nose tip to "have a better side profile." Berman didn't want surgery.

Mechoullam charges regular clients for a \$899 maintenance visit if they come back in about one year.

Berman first got the injections in 2020 and returned this January to get ready for her March wedding.

"I'm obsessed with it," she says.

Candice Jaremczuk, from Oak Park, Illinois, says the fillers she got in her nose camouflaged the slightly crooked shape.

It also addressed her nose's tip pointing downward, a casualty of aging, and lost volume on the nose's sides. The procedure took about 20 minutes and cost \$1,000. The change was instant.

"I had no idea what could be achieved," says Jaremczuk, a 56-year-old who works in retail and visited Dayan last month.



AL DIAZ FOR THE MIAMI HERALD

Dr. Julio F. Gallo performs a facelift at The Miami Institute for Age Management and Intervention. It is important to let a surgeon know before the procedure what medications you are taking.

Getting a facelift? Why you must tell the surgeon what meds you're taking

By Carlos Wolf, M.D.
Miami Herald

Q. I'm about to have a facelift, and I'm a tad concerned. My doctor wants me to tell him every drug I'm on. I'm on a few antidepressants and I don't really think it's that important or his business. What are your thoughts about this?

A. If you're preparing for a facelift and your surgeon asks for a complete list of medications, including antidepressants, it is extremely important that you take that request seriously.

It's not just routine; it's a key part of keeping you safe.

Many patients assume that certain medications, especially antidepressants, are not a "big deal" in the surgical setting.

The reality is that even commonly used drugs can affect how your body responds to anesthesia. The drugs you take may also influence bleeding, interact with other medications given during surgery, or impact your recovery afterward.

Your surgeon needs the full picture to anticipate and prevent any potential complications.

Everything you share with your doctor is strictly confidential. Physicians ask about your medical history, prior surgeries, underlying conditions and medications for one reason: your safety.

A successful facelift is not just about achieving a beautiful, natural result: It's about getting you through the procedure safely and ensuring a smooth, healthy recovery.

This is where trust becomes es-

sential. You should feel comfortable being completely open with your surgeon. If you trust your doctor, then you should disclose everything you are taking, without hesitation. Withholding information, even unintentionally, can increase your risk.

On the other hand, if you don't feel comfortable sharing this information, that's worth paying attention to. It may mean you don't fully trust your surgeon, and in that case, you should consider seeking care from someone with whom you feel completely at ease.

At the end of the day, honesty and trust are fundamental to a safe surgery and the best possible outcome.

Dr. Carlos Wolf is a partner in Miami Plastic Surgery and is board certified.



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