

# Revisional Aesthetic Surgery



The unfortunate, often avoidable sequel to cosmetic enhancement

an **interview** with Dr. Andrew Kornstein by Isabel Stoltzman

To see, and to see what others do not see. That is true vision. — Chinese Proverb

There exists a spirit of constant improvement for those who are students of the game. This can be said for every profession, but is particularly important in the arena of cosmetic surgery where the difference between good and great is measured in millimeters. The “great” approach their patients with the attitude of a problem solver. They can determine the impact of any change and predict exactly how a person will age. That is called vision. They will correct things patients didn’t know to ask about, and leave other things alone. That is called judgment. They do it with techniques so as not to be obvious. That is called skill. Only one of these attributes can be learned. The other two are instinctive. While every surgery demands expertise, at no time are the stakes higher than in the case of revisional surgery from both a psychological as well as anatomical standpoint. Here, Dr. Kornstein shares his philosophy and approach for patients seeking a revision.

*the physician from the surgeon. In my office, we focus on taking care of the entire patient. Patients facing revisional surgery are often emotionally debilitated. The procedure they envisioned improving their state of being has instead moved them progressively into a deeper and deeper physical and psychological hole. They are understandably leery about the prospect of any additional surgery and it takes an enormous amount of effort to gain their confidence. As a doctor it is one of the most fulfilling callings of my specialty because I find these patients to be incredibly brave taking yet another chance to get their lives back on track.”* Extra time is allotted in consultation where Dr. Kornstein shares how certain techniques have turned around other patients in similar situations.

*“Whether primary or revisional surgery, unintended consequences can and do occur. Part of being a good doctor is staying close to the patient to determine if the healing issue is medical or surgical in nature and delivering the proper solution.”* Once Dr. Kornstein is sure that what he has in mind will be successful from an anatomical as well as aesthetic perspective, he has no problem being forthright with the patients and planning small incremental steps that will give him information on how the patient heals and/or can tolerate further aesthetic adjustments.

Is there any situation that just cannot be made better? The answer is, “it depends.” Some patients who have requested an evaluation of surgeries performed elsewhere may be asked to wait awhile to allow the results of their surgery to resolve. Dr. Kornstein suggests it is rare that a situation cannot be improved but patients must understand that there are certain aspects of healing that must occur in order for any surgeon to have enough clues to determine an appropriate next step. And that “next step” can be quite a puzzle.

## CREATIVE PROBLEM SOLVING

A self described “creative problem solver” Dr. Kornstein believes some clinical situations warrant operations that are simply not written anywhere in medical literature. He explains this is especially important in revisional surgery where the normal anatomy has been altered by the prior surgeon or surgeons. *“Simply redoing or attempting to redo what prior practitioners have done will often lead to a result that is not*

“The biggest fear most patients share with me is looking unnatural or “done.” It’s difficult to dismiss their apprehension because bad results are everywhere. Even celebrities are not immune to less-than-desired aesthetics. In addition to looking obvious, the fact is, poorly conceived and performed cosmetic surgery can actually make the patient look older. And in some cases they might not have needed the procedure to begin with.”

### Some of the most common revisions include...

- An over exaggerated expression
- An appearance that has obviously been altered
- Over-correction of the eyes
- Ignoring ethnicity or gender
- Apparent scars
- Treating areas in isolation without respect for harmony and balance

## CARING FOR THE WHOLE PATIENT

Dr. Kornstein rejects the narrow definition under which some surgeons practice, saying, *“For me, it is impossible to separate*



**Before:** Surgical Browlift with over elevation of the eyebrow



**After:** Revision of brow positioning and shape

significantly better than what the patient already has. When a patient is displeased with a post operative outcome, changes measured in microscopic increments are insufficient to make the patient feel psychologically rehabilitated or whole. Furthermore, putting the patient in the best aesthetic light requires an amalgamation of procedures – not one operation – to address all the anatomic issues and features that represent the heart of the patient’s displeasure.”

Whether patients are seeking a primary or secondary surgery they are often surprised at how different Dr. Kornstein’s recommendations are when compared with other surgeons. Some are known to perform what amounts to a standard menu of procedures on any given body part e.g. face, nose or breast. “It is important to anatomically analyze the patient’s strengths and weaknesses. Bringing aesthetic focus to the weakest features so they are in harmony with the patient’s aesthetic strengths not only improves their overall aesthetic but delivers what amounts to more even handed aging going forward.”

#### ATTENTION TO DETAIL

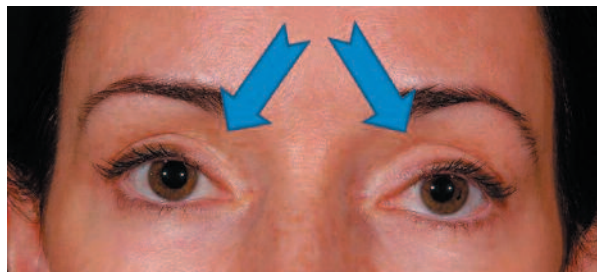
Dr. Kornstein sees both “sins of omission” and “sins of commission” in prospective revision patients. “In the simplest of terms, sins of omission are best explained by lack of attention to detail and completeness. It may be best exemplified as a

beautiful vase devoid of flowers. Something is clearly missing. Sins of commission again stem from lack of attention to detail. The basic premise is all patients and all anatomic features are NOT the same and should not be treated the same. Flowers must be cut to fit the vase. You wouldn’t put long stemmed roses in a short vase.”

Some of the more common examples include breast augmentation where the woman doesn’t like her new breast size or shape. Facelift patients who might have had their skin tightened and lifted without commensurate volume restoration. Those who undergo abdominoplasty only to find their belly button looks so obviously altered that they are self conscious in swimwear. And the new nose that is out of balance with existing facial features or simply not the profile the patient desired. These are all popular, garden variety surgeries. Why so many reasonable yet unmet expectations? Is it strictly technique dependent or something else?

#### SKILLED DIAGNOSIS

According to Dr. Kornstein, guarding against revisions starts with the appropriate diagnosis. This is not as straightforward a proposition as it might seem. Consider a visit to the cardiologist where you are presenting with chest pain. The cardiologist will no doubt suggest multiple objective tests to help him focus on the exact anatomic nature of the problem.



**Before:** Over-correction of the eyelid resulting in a skeletonized look



**After:** Revision of soft tissue with fat grafting

**CONSUMER ALERT**

PLASTIC SURGERY SPECIALISTS

## How to Avoid the Temptation of **CHEAP** Cosmetic Enhancement

Consumers are savvy. Whether out of necessity or with an eye for opportunity, the stalled economy has provided terrific bargains in everything from housing to technology to designer clothing. The obsession with discounts has permeated every area of our lives but can become a dangerous paradigm when shopping for a cosmetic surgeon. How should you define quality and value when considering aesthetic procedures? Dr. Andrew Kornstein elaborates on the top seven guidelines to use if you really want the most for your money.

1. Understand all providers are not created equal .
2. Don’t assume experience and training guarantee aesthetic skill and judgment.
3. Know exactly what and who you are seeking.
4. Use chemistry to make the right decision.
5. Recognize the importance of restoring natural anatomy.
6. Don’t depend upon the proverbial silver bullet.
7. Wait to do what’s right vs. going with the least expensive quote.

“Only after cosmetic surgery can a patient truly determine if they got what they paid for. Even popular semi-permanent treatments last for months. Think of it this way; you cannot try it on, you can’t return it, you’ll wear it every day. Great results begin with your ability to evaluate practitioners. Making a choice based primarily on price may be one you regret for years.”

– Andrew Kornstein, M.D., F.A.C.S.

For the full article above, visit [www.kornstein.com](http://www.kornstein.com)





**Before:** Ultra projecting tip results in an overly stylized, feminine profile for a man



**After:** Revision nose reshaping including functional rhinoplasty for breathing issues

In plastic surgery one has only their eyes and creative mind to help diagnose the medical issue at hand. *“Only when an appropriate diagnosis is made can one begin to formulate the proper surgical or non surgical plan. The very first step is landing on the correct diagnosis and a surgical plan that encompasses and optimizes all anatomic features and anti aging aspects. Only after the plan is in place does the technical ability of the surgeon come in to play. The surgical plan must be carried out in meticulous fashion which takes time and attention. We typically schedule one or two surgeries per day so that there are no external pressures to conclude the*

### How can a patient lessen the chance they will need revisional or additional surgery?

While much of the responsibility lies with the surgeon’s technique and judgment, the patient is not necessarily an innocent bystander when it comes to their results. Surprising as it may seem many patients keep secrets. Failing to disclose prior surgery, recreational and medicinal drug use, supplements, smoking, or chronic medical conditions such as high blood pressure can lead to major complications. Being careless during the post operative recovery period is also dangerous. Any bending, lifting or exercising can increase blood pressure and potentially cause internal bleeding, compromising the surgical result.

*surgery before it is done to the best of our ability.”*

### CAVEAT EMPTOR: Avoiding Secondary Procedures

It is an unfortunate fact that plastic surgery practices are businesses. That means that overhead is an essential component of that business. While most physicians are true to their calling, some doctors may be forced to operate on candidates that should not be operated on or patients for whom they do not have the most appropriate procedures. In addition, many offices run on a greatly pared down staff where the quality and devotion of the medical staff is not at its optimal level. Therefore when looking at the fee for plastic surgery, pause to consider that you often get what you pay for—and short cuts can be costly. *(See sidebar)* Patients are put in a difficult position when “shopping” for surgery. They don’t know if they are paying for a name brand or paying for a heightened degree of quality, safety and expertise.

*“The moral of the story is that revisions can be successful in the right hands, but do all you can to avoid a secondary procedure. Even positive changes come with a measure of anxiety when it involves your appearance. And unlike the ensembles in the window on Madison Avenue, you cannot simply return a less than desirable fit.” ❖*

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