

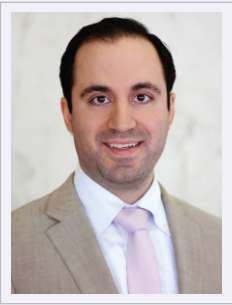


TABAN MD
OCULOPLASTIC SURGERY

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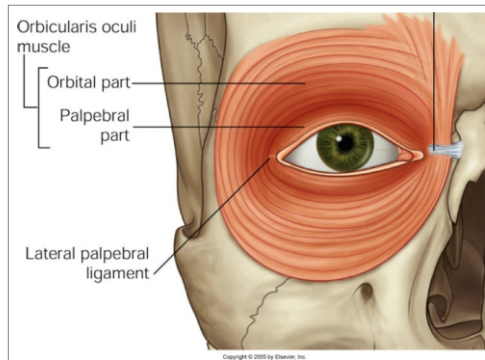
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A Close Look at Blinking After Facial Transplantation

Recovery of blinking function is a critical but easily overlooked outcome after facial transplantation, according to a report in the January issue of *Plastic and Reconstructive Surgery*. The study included detailed assessments of blinking function in a patient who underwent “facial vascularized composite tissue allotransplantation” in 2012 after a devastating injury to the central and lower face caused by an accidental gunshot. The operation was one of the most extensive facial transplants to date, including total face, double jaw, and tongue transplantation.



Vision and blinking function were evaluated before facial transplantation and up to several months afterward. Assessments included slow-motion video analysis of blinking – particularly involuntary for “reflex” blinking, which is essential to protect the eye. Before transplantation, the patient had 100 percent voluntary blinking function (complete eyelid closure) in both eyes. But reflex blinking was

significantly impaired immediately following the surgery, with only 40 percent reflex blinking on the right side. On the left side, the patient had 90 percent reflex blinking function. Six months following the transplantation, visual acuity and eye movement remained normal on both sides. Meanwhile, involuntary reflex blinking improved substantially: 70 percent in the right eye and 100 percent in the left eye. Revisional surgery caused further temporary worsening of blink function, which recovered about 7.5 months later.

This study highlights the need for careful surgical planning and technique to achieve optimal voluntary and reflex blinking – essential to protect long-term visual outcomes – in facial transplant recipients.





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Nip, Tuck, Click: Demand for U.S. Plastic Surgery Rises in Selfie Era

There are a growing number of people who have turned to plastic surgeons to enhance their image, in part because of how they look on selfies. Others are hiring specialized make-up artists in what may be an emerging selfie economy. Selfies, or self portraits, rose in popularity along with smart-phones and social media sites such as Facebook and Instagram as a mostly young adult crowd posted images of themselves. Now everyone from Hollywood stars (i.e. Ellen DeGeneres selfie at the Oscars, which became most retweeted of all time) to politicians.



For mere mortals, going under the scalpel to create a better selfie may not seem so extreme. Plastic surgeons in United States have seen a surge in demand for procedures ranging from blepharoplasty to rhinoplasty from patients seeking to improve their image in selfies and on social media. A poll by the American Academy of Facial Plastic and Reconstructive Surgery of 2,700 of its members showed that one in three had seen an increase in requests for procedures due to patients being more aware of their image in social media.

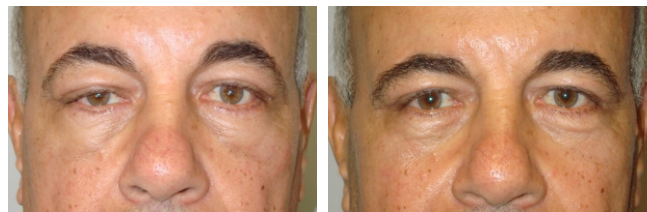
For some, non-surgical techniques can prove to be useful. Internet is full of tips and advice on selfies. There are apps that apply filters to your face that smooth out wrinkles...or put artificial make up. There is a sub-economy of tools and advice that have built up around this.

As a plastic surgeon, it is important to understand the patient's motive about any cosmetic surgery. A distorted image on a selfie may not represent how a person really looks. Patients with unrealistic or unreasonable expectations should be turned away from having cosmetic plastic surgery.

Nip, Tuck, Click: Demand for U.S. Plastic Surgery Rises in Selfie Era. Medscape. Dec. 01, 2014.

Revisional Upper Eyelid Ptosis Surgery

Upper eyelid ptosis (droopy eyelid) surgery is one of the most unpredictable eyelid operations with fairly high reoperation rate, even by the most experienced surgeon. Presence of scar from prior eyelid adds to the difficulty and unpredictability. In this report, I report my experience in utilizing "full-thickness eyelid resection" blepharoptosis surgery in previously operated eyelids using the existing scar to surgeon's advantage.



Middle-aged man who underwent revisional right upper eyelid Ptosis Surgery

Surgical technique involves full-thickness upper eyelid resection, using upper eyelid crease incision incorporating tarsus and full-thickness eyelid scar in 1-2:1 ratio in accordance to the amount to preoperative ptosis. Operation is performed under local anesthesia, with or without sedation.

In the study, total of 18 patients/eyelids (mean age 51 years old) underwent "revisional" blepharoptosis surgery using full-thickness eyelid resection approach. Minimum follow up time was 6 months. Average preoperative MRD¹ was 1.5mm and average postoperative MRD¹ was 3mm, without lagophthalmos. All patients were satisfied with the outcome and no needed reoperation.

In conclusion, inherently difficult revisional upper eyelid ptosis surgery can be simplified using the proposed method (full-thickness upper eyelid resection) with better accuracy and predictably and overall results.