



# Face facts

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## HELPING IN HAITI BY ALLISON HEINRICH

This past April, my dad and I had the opportunity to travel to Haiti as part of a medical mission trip. A family friend, Dave Brodsky, works with an organization called Chanje Movement that frequently travels to Haiti to provide sustainable service to the community. My dad got involved several months ago and I was able to tag along at the last moment, a quick weekend away from nursing school at Emory University. We were a part of the medical service team, focused on meeting basic healthcare needs of the community. Haiti, devastated by the earthquake in 2010, is still rebuilding

and their healthcare system is not able to meet the demands of the community, constantly overwhelmed by the needs of their densely populated country.

We arrived in Haiti on Saturday and visited one of the children's shelters that is sponsored by the Chanje movement in Port-au-Prince, the capital of Haiti. Here my dad and a pediatrician saw all the children and began paper charts, enabling the shelter to track growth and development, vaccines, and other important health issues. Now, when future groups come they will be able to have a history on the children and see how they are meeting developmental milestones. I was so touched by these children, who are so happy and hopeful thanks to their life in the Chanje Lakay shelter.

Sunday and Monday were our two full days of outreach clinics. Sunday we set up at a church that the Chanje movement is connected with, while Monday we set up on a large field and saw members of the local community. Many were referred from a clinic run by Haitian nurses that the Chanje movement is also associated with. This community is in desperate need of all types of medical care, but we specifically provided a primary care focus. We saw everything from the common cold to AIDS, in all ages. It was heart-breaking to see young children with HIV, .....continued on page 2



# Ask Dr. Heinrich



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**Q:** *I am not happy with my neck; it appears way older than the rest of my face. What are my options to decrease the sagging skin and bands that go from my chin to my chest?*

**A:** If you are displeased with the appearance of neck cords or banding, neurotoxins such as Botox or Dysport, can be injected to help relax these muscles for a smoothing effect. The treatment is noninvasive and lasts three to four months. Another noninvasive option is ultrasound therapy, which triggers the wound-healing response in your skin to stimulate collagen. These options will smooth the banding, but not dramatically improve the sagging skin.

If the drooping skin is quite extensive, you may want to consider a lift procedure. They vary in invasiveness and the areas that they address. The ponytail lift is a modified facelift procedure that addresses the lower face and jowls with small incisions hidden around the ears to remove a small amount of sagging skin. During a neck lift, small incisions are placed along the lower hairline and beneath the chin. The skin is lifted and repositioned. The neck muscles can be tightened, excess fat cells removed, and excess skin trimmed. The neck lift procedure targets the lower one-third of the face, creating a well-defined chin and jawline, smoothing out any skin folds and wrinkles.

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## HELPING IN HAITI CONTINUED FROM PAGE 1

knowing that they will likely be unable to receive the proper treatment they need, however we did what we could to help. The community was so grateful for any type of medical care they received and their kindness was overwhelming. Our medical outreach was made possible with the help of a large team, including physicians, nurses, a pharmacist, high school students and other adult volunteers.

We had an intake table where the patients chief complaints were identified, then the patients were brought back to the physicians and nurses and their plan of treatment was identified. The high school students on the trip played soccer, danced, and just hung out with the children and we also had a prayer tent set up for those wanting to spend time there. Serving this impoverished, yet resilient community was a unique experience as many of their healthcare problems are a result of malnutrition, not suitable drinking water, and lack of resources. It was heartbreaking to see these preventable conditions so prevalent in the community, however this gave me a new perspective on the healthcare needs in a third world country.

Tuesday, our last day in Haiti, we visited a clinic run by a Haitian nurse in Port-au-Prince. It was amazing to see her passion for healthcare within her local community. It was an incredible learning experience for me and I am very grateful to have spent time serving the community, alongside my dad. We hope to return in the future.

Learn more about our trip and other projects at: [www.chanje.org](http://www.chanje.org).





## Facial plastic surgery trends: Shaping the future of aesthetics

Each year, the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) surveys its membership of facial plastic surgeons to find out what procedures and treatments have trended over the past year, in addition to their predictions for the coming year. In 2016, noninvasive options, treatment combinations, and rejuvenation have all been on the rise.

One new trend discovered is the return of the chemical peel. Celebrities, social media, and staying competitive in the workplace are top drivers for seeking cosmetic services. And on the horizon for 2017 are new fillers, novel uses for existing fillers, and increasing numbers of men and educated patients seeking treatment.

The most popular minimally invasive procedures for both men and women remains Botox, along with Dysport, followed by hyaluronic acid fillers. For surgical procedures, nose surgery led the

way again, followed by revision surgery, eyelid surgery and facelifts.

The top trend reported by 66 percent of surgeons is combined non-surgical procedures. The availability of more advanced and less invasive technologies is providing patients with the opportunity to combine treatments, such as injectable fillers and lasers; to receive highly individualized therapies; and to get the most out of every visit.

This past year, the focus has shifted from correction to prevention, i.e., rejuvenation. Men and women in their 20s and 30s are opting for preventative measures to forestall major procedures later, reported by 51 percent of AAFPRS members. Advanced skin care, sun protection, and injectable fillers are among the top choices. Fifty-six percent of surgeons saw an increase in cosmetic or injectable fillers with patients under 30. The demand for chemical peels is strong, with 52 percent reporting an increasing trend. The new formulations and options to treat sun damage, brown spots, wrinkles, acne, and improve lackluster skin tone and texture are increasing the attraction of this treatment.

The motivating factors for patients are still highly influenced by celebrities, as nearly all (99 percent) of members reported. Additional influences are the desire to remain viable in the workplace (49 percent) and the impact of social media (42 percent). Patients continue their quest to look better in selfies on Instagram, Facebook, Snapchat, and more.

The predictions for this year include new hyaluronic acid fillers and more novel uses for botulinum toxins and topical agents. You may see more of Volbella, recently approved for lips, and Restylane Refyne and Defyne for marionette lines and deep set wrinkles. The trend of men having more treatments will continue, particularly with Botox and chin fat reduction treatments. Patients will continue to come in educated regarding options and will share images to convey their wants and wishes.

For more information or to discuss what opportunities may be optimal for you, schedule a consultation with Dr. Heinrich.



# 90s BEAUTY IS BACK! CHEMICAL PEELS ON THE RISE

History tends to repeat itself, and what goes around usually comes around when it comes to trends. With dark lips, visible roots, and even modified French tips all over our Instagram feeds, beauty cult classics from this era are making a comeback in a big way.

The treatment most synonymous with the 1990s is the chemical peel. Even though they have been around for many years, chemical peels had their heyday in the 90s when physicians widely tapped into their power for addressing a multitude of skin issues.

Long ago, deep chemical peels were a force to be reckoned with and often left the area of skin red and raw. As time progressed, however, formulas improved. Today, modern peel techniques have been modified to produce less post-treatment irritation, while still improving fine lines, freckles, melasma, sun damage, scars, and more. And, thanks to the reduced reactions and downtime, growing numbers of facial plastic surgeons are recommending chemical peels to their patients.

## What is a chemical peel?

A chemical peel is applied to the skin to remove the damaged, outer layers so that new, regenerated skin can replace it. Your skin has two layers, the epidermis and the dermis. The epidermis is on the surface. Underneath is the dermis, composed of long fibers called collagen that stretch and relax with age and sun damage. The dermis also has two layers, the papillary layer (upper) and the reticular layer (lower). The papillary layer can heal from injuries without scarring. When the reticular layer is damaged, scars may result.

The active ingredient and concentration will determine how deep the peel permeates. After the damaged layers have been eradicated, the skin works to rebuild the lower collagen and elastin layers of the skin to produce smoother, rejuvenated skin.

## Types of peels

A mild chemical solution, such as alphahydroxy, glycolic, lactic, or salicylic acid, gently peels the epidermis and potentially a portion of the papillary dermis as well. It reduces rough, dry skin and produces fresher, smoother skin. These light peels are not a permanent solution and may be repeated on a regular basis.

A moderate peel, e.g., trichloroacetic acid (TCA), infiltrates the epidermis and into the papillary dermis; the results are longer-lasting than a light solution peel. This peel treats sun damage, fine lines, weathered skin, and pigment problems. The chemical may be applied along with a sedative; there may be



mild swelling for about a week. The TCA peel is often repeated over a period of weeks and effects smoother, fresher looking skin.

A deep chemical peel, such as carbolic acid (phenol), can reduce extensive wrinkling, marked discoloration, scarring, and pre-cancerous growths. It is the strongest of the chemical solutions and causes a deep peel. The treatment requires sedation; application may take one to two hours. The recovery period is approximately two weeks of redness and mild discomfort.

Make a consultation appointment with Dr. Heinrich to discuss if a chemical peel would be right for you.



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