

Published on Wednesday, September 24, 2008.
Last modified on 9/24/2008 at 12:23 am

Plastic Surgery: Laser saga continues, and with fine results

By DR. ALAN MUSKETT
Plastic Surgery

The autumn cool inveigles its dissonant notes into the balmy requiem for summer. Our younger daughter leaves for college, desperate to be freed of colloquial and controlling parents, making it as far as the Denver airport before becoming homesick. The remaining son, with wistful resignation, sees his mother's attention, no longer diverted by obstreperous daughters, swinging toward him like the gun turret on a Panzer tank. And so, fraught with the poignancy of changing seasons and waning light, our thoughts return to lasers.

There are many, many types of lasers, but they fall in a few general categories. Ablative lasers remove tissue by thermal destruction. Nonablative lasers don't remove tissue, but they coagulate tissues and tighten skin through that mechanism. Ablative lasers tend to be more aggressive and involve more "down time" - facial redness and some degree of mucous-like crusting. Nonablative lasers have a shorter down time but often require several treatments.

Another, newer laser category is the fractionated versus the unfractionated. Although that sounds fancy, it is really very simple. If you imagine a little square of skin of about 3 millimeters, an unfractionated laser will cook the whole square, while a fractionated laser will drill many tiny holes in the skin but leave untreated skin between the holes to allow for quicker healing. In other words, a fraction of the skin is treated rather than the whole area. Age spots and pigment changes are removed by taking off the outer layers of

skin, and skin tightening is effected by "drilling" deeper holes in the skin to promote new collagen formation and contraction of loose skin.

We looked at a lot of lasers and learned a lot. Since we are surgeons - powerful, virile, muscle-bound cavemen types - we wanted a laser that would provide more striking results. There are many providers with lasers, so we felt we should provide a laser of a more aggressive nature. We also felt, after trying many lasers that the "minimal down time" lasers also seemed to have a fairly minimal result. What we settled on was an ablative carbon dioxide laser, an aggressive laser, but one that was fractionated - that is, it leaves areas of untreated skin between the drill holes to allow for more rapid healing.

One thing that drives me nuts is when I see national advertising for these lasers that makes people look 20 years younger. Lasers do not lift jowls, get rid of saggy necks or remove half an acre of extra skin. The ads rarely mention that the person in the picture also had a facelift and some eyelid work. Lasers are good for all those pleasant age spots, pigment changes, large pores, vertical lines on the upper lips and those fine wrinkles that we all love. They do tighten and smooth skin, and it seems to us that the guinea pigs (our employees) that we did with the fractionated carbon dioxide laser months ago keep getting smoother. Like with any procedure, realistic expectations are critical. Lasers are not a facelift or a fountain of youth, but they are a real opportunity to get ripped off.

Recovery is really dependent, we've found, on what type of settings and how aggressive we get. A person with very irregular skin from acne scarring will require a high-density, high-energy treatment and will likely be crusty for a week and red for a couple of weeks. None of our nurses missed work, but I guess our patients expect our nurses to look battered. Some patients have acne-like eruptions after laser treatment, which are treated with skin solutions. Pain seems to be fairly minimal. The complications of more aggressive older lasers, such as loss of pigment and scarring, seem to have been minimized by the fractional technology.

An entire face can be treated in about an hour and a half under sedation and local anesthesia. Powerful numbing creams are used in combination with some Valium-type sedation. Occasionally we will

supplement with some local nerve blocks. They told us initially that all you needed was the cream, and our nurse Tricia tried it that way and said it was definitely not OK, so we have used the combination since.

We've done a few folks with age spots on the hands, and it will be fun to see how that turns out. We've also been working on the fine crinkles on the neck. I am wondering if I turn the silly thing up high enough it will make hair grow on my head. I suspect the machine will blow up first.

Dr. Alan Muskett is a board-certified plastic surgeon at Billings Plastic Surgery. More information is available at www.billingsplasticsurgery.com.