

Cutting edge – without the knife

Of course, it sounds too good to be true, but minimally invasive treatment is the biggest growth area in aesthetic medicine.

Like much in the cosmetic world, one person's necessity is another's excess; for some, a chemical peel is no more tolerable than a full eye-lift – and no knife does not necessarily mean no pain.

But minimally invasive treatments demand a lighter anaesthetic, take less time and leave fewer scars. Treatments for the face range from laser therapy to “smooth and brighten” and from fillers to “plump and shape” and peels to resurface the skin, while body-contouring involves targeting specific problem areas, commonly with laser therapy or fillers.

Macrolane is a new product related to the facial dermal filler Restylane, which has been used to treat facial lines and wrinkles for the past 12 years, and consists of hyaluronic acid, a synthetic version of a natural substance that the body normally produces.

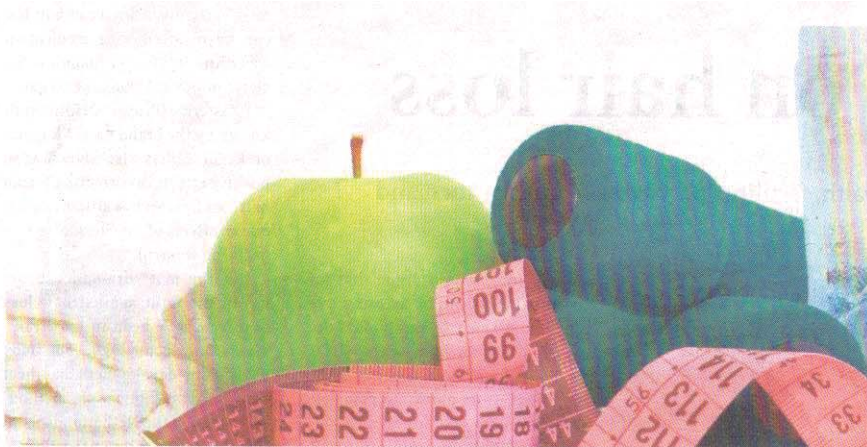
It can be used to reshape the breast,

though Dr Rajiv Grover, secretary of the British Association of Aesthetic Plastic Surgeons, says that a dramatically noticeable increase in cup size will not be achieved.

“It’s the equivalent of a wearing a gel bra,” he says, and typically adds approximately half a cup size. The effect of Macrolane lasts about a year although it can cost around two-thirds the price of a full breast-augmentation operation.

“Macrolane is particularly good for lifting after breastfeeding,” says Dr Bowler of the British Association of Cosmetic Doctors. Macrolane can also be used for enhancing the calves and the buttocks to plump skin and give shape.

Advanced laser lipolysis, also known as Smartlipo, uses an advanced laser under local anaesthetic to remove excess fatty tissue via a small cannula from stubborn areas of the body that have been resistant to diet and exercise.



“It is for otherwise-slim people having trouble removing certain points of fat. It is not for making the overweight slim,” says Dr Bowler. It can be used on cheeks, the chin, the neck, upper arms, the waist (farewell “love handles”), thighs, hips, buttocks and knees. It boasts a recovery “down-time” of only two days and little scarring and bruising.

Dr Christine Hoffmann, a cosmetic dermatologist who practises in London and Vienna, recommends minimally invasive procedures

to her clients above simple topical treatment but before they consider surgery. “If someone really wants to see results, cosmetic products alone will not be enough,” she says.

“A typical treatment schedule for a patient of mine in their 40s or 50s would be Botox and fillers for deep wrinkles every three to four months. In-between he or she would see me either for a medical facial, which can incorporate a soft peel, or a treatment to supply hormones, hyaluronic acid, collagen and vitamins to the skin, depending

on its needs; or laser treatment for skin-resurfacing or to treat pigment

lesions or broken blood vessels.”

It is important to remember that no treatment, however minimally invasive, is not one-off but part of a routine. It will require maintenance, from every few months to every year.

And while no knives might mean a less dramatic procedure, minimally invasive treatment should not be undertaken lightly.

“There are a lot of pushy sales people out there, not to mention cowboys,” cautions Dr Bowler of the BACD. “Ask questions, ask to see case studies and pictures of results achieved.

“And never go for a permanent filler – if you don’t like the effect, you’re stuck with it.”

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