



SCULPT.REFINE.ENHANCE



CHRISTINE RODGERS^{M.D.}
DENVER PLASTIC SURGERY ASSOCIATES

OVERVIEW

Plastic Surgery

The term “plastic” in plastic surgery derives from the Greek word “plastikos,” which means to mold or give form. Plastic surgery does just that—it gives new form to the human body.

Whether reconstructive or cosmetic in nature, plastic surgery has the power to transform your appearance in highly positive ways; however, while plastic surgery deals primarily with exteriors—the visible, outward parts of the human body—patients should also consider their internal motivations—their emotional and psychological selves. It is important to understand why you seek plastic surgery and understand your true motivations. Identify your expectations by defining what you think plastic surgery will do for you personally.

Our Surgeon

Dr. Christine Rodgers has been a surgeon since 1978 and a plastic surgeon since 1984. She established her private practice in Denver in 1990. After earning her M.D. at Hahnemann Medical College, she completed residencies in general surgery at the Universities of Pennsylvania and Rochester and an additional residency in plastic surgery at Harvard Medical School. She has served as an Assistant Professor of plastic surgery at the New York Medical College and the University of Colorado. Dr. Rodgers has been recognized several times by 5280 Magazine as well as Channel 4 “Best Doc’s”. She has been honored with numerous awards from the Denver health community, local media, as well as her peers. Dr. Rodgers is Board Certified by the American Board of Plastic Surgeons.



Plastic Surgery

"If I were the patient, how would I want to be treated?" Dr. Rodgers and staff ask themselves this question daily. Our practice philosophy demands that we treat each patient with the best care and utmost respect we all deserve. Dr. Rodgers treats her patients as people, not as a body part to be corrected. Your safety and overall well being are of paramount importance in her philosophy of medical care. With this as our primary goal, our practice utilizes a very talented staff trained to provide exceptional patient care. Our warm and knowledgeable receptionist will greet you at your appointments. You will receive the information that you need regarding procedures, cost, and scheduling by our experienced and professional patient coordinator who assists you throughout the surgery process. You will be carefully supervised during your post-operative care by our thorough and experienced Nurse Practitioner. Dr. Rodgers is always available as well to answer your questions pre and post operatively to address any concerns that you may have.

A patient coordinator who will provide you with a consistent contact and resource for your questions, as mentioned above, will facilitate your surgery process. You are always welcome to call the coordinator and discuss procedures, but your first true step is to schedule a consultation with one of the surgeons. At the consultation, the surgeon will examine you, discuss the procedures he or she recommends, and answer any questions you have. You will then meet with your patient coordinator and receive a written estimate of the cost to take home and consider. Once surgery is scheduled, you will meet with your nurse, your surgeon, and your patient coordinator for a pre-operative appointment two weeks before surgery. After surgery is completed, you will have several post-operative appointments with the surgeon and nurses.

Dr. Christine Rodgers believes that it is vitally important to:

Be honest with a patient.

Take the time to discuss the risks and benefits of each procedure thoroughly.

Answer questions of each procedure thoroughly to your satisfaction.

Be physically and emotionally accessible in case of an emergency.

Give the patient the knowledge to make informed decisions for themselves.

Provide a safe operating room environment with the best anesthesiologist and nursing room staff.



Christine Rodgers, M.D.

Dr. Christine Rodgers earned her medical degree at Hahnemann Medical College in Philadelphia, Pennsylvania, and then completed her surgical residency at the Universities of Pennsylvania and Rochester. She did an additional residency in plastic surgery at Harvard Medical School/Brigham & Women's Hospital and Boston Children's Hospital. She also completed a Fellowship in Craniofacial Surgery at Hospital Necker des Enfants Malades in Paris, France. Dr. Rodgers has been a surgeon since 1978, has been performing plastic surgery since 1984, and has had her own private practice in plastic surgery since 1990.

Dr. Rodgers has been selected by her peers for Channel 4 "Best Docs" of plastic surgery. She has also been chosen as one of Denver's "Top Doctors" by 5280 Magazine several times. In 1998, Dr. Rodgers received the Bea Romer Women's Health Leadership Award from the Colorado Women's Health Campaign for her work with breast cancer patients. Dr. Rodgers has been interviewed extensively by Channels 4, 9, and 7 on various topics regarding plastic surgery. She was also a board member of the Komen Foundation from 1998 to 2000 and currently serves as a board member of the Colorado Ballet. Dr. Rodgers' hobbies include dance, figure skating, writing, travel and learning foreign languages.

1984-1986	Assistant Professor of Plastic Surgery at New York Medical College
1984-1986	Chief of Plastic Surgery at Lincoln Hospital, Bronx, NY
1986-1990	Chief of Plastic Surgery at Denver General Hospital
1986-1990	Assistant Professor of Plastic, Hand, and Reconstructive Surgery at the University of Colorado Health & Science Center.
1990-PRESENT	Private Practice at Rose Medical Center, with privileges at Littleton Hospital, Porter Hospital, Swedish Medical Center, Presbyterian St. Lukes and Sky Ridge Medical System.

BOARD CERTIFICATION BY THE AMERICAN BOARD OF PLASTIC SURGERY



Professional Affiliations:

- American Society of Plastic Surgeons
- American Society for Aesthetic Plastic Surgery
- American Society of Maxillofacial Surgery
- American Medical Association
- American College of Surgeons
- American Cleft Palate and Craniofacial Association



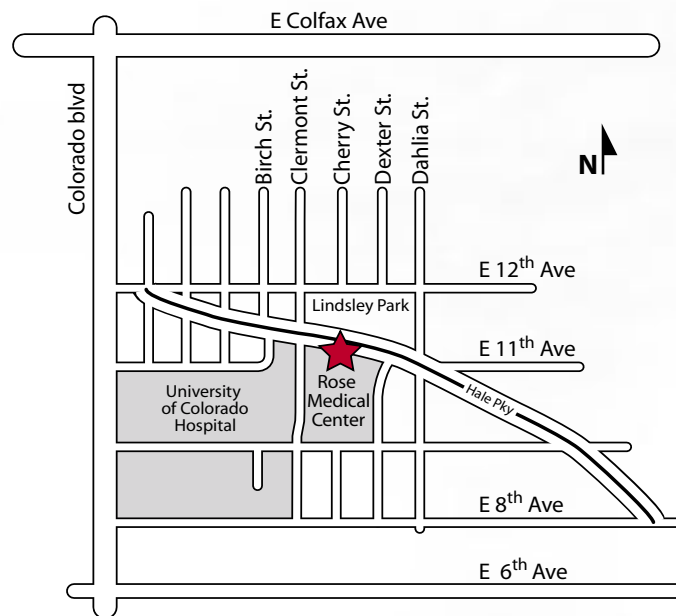
Our office is conveniently located at Rose Medical Center just a few minutes from midtown Denver and the Cherry Creek area. Although credentialed at multiple hospitals throughout the state, Dr. Rodgers performs the majority of surgery cases in Rose Medical Center's main and ambulatory operating rooms. Rose Medical Center is an excellent, well-established hospital; the staff and facility provide exceptional patient care.

Our offices are located in the Wolf Medical Office Building on Hale Parkway, just north of the main Rose Hospital complex.

If coming from the south on I-25, exit Colorado Blvd. going north (Exit 204) and continue on Colorado Blvd. until 12th Ave.

If coming from the north on I-25, exit east on 6th Ave. (Exit 209A) and continue on east 6th Ave. until you reach Colorado Blvd. Turn north on Colorado Blvd. and continue until 12th Ave.

Turn east on 12th Ave. from Colorado Blvd; the street will veer right and become Hale Pkwy. Continue on Hale for several blocks past the first light (Clermont). The Wolf Building is on the south side of Hale Pkwy immediately east of the light. Valet parking is available at the entrance of the building. Proceed to the 3rd floor to suite 330.



RHINOPLASTY

Rhinoplasty, cosmetic surgery of the nose, is a procedure that can reduce or increase the size of a patient's nose, modify the shape of the tip or the bridge, change the span of the nostrils, and change the angle between the nose and the lip. It is one of the most common of plastic surgery procedures, and can increase one's confidence and self-esteem.

CANDIDATES

Candidates for rhinoplasty include both men and women ranging in age between sixteen and sixty. It is important for young men and women who are considering the procedure to be fully-grown or his or her surgical results may change as their face continues to develop. Candidates for rhinoplasty seek improvement for the appearance of his or her nose, but rhinoplasty patients must also have reasonable expectations. A consultation with the surgeon is necessary to evaluate your individual case; use this time to clearly define your expectations to the surgeon.

APPROACH

There are two different approaches to performing rhinoplasty. Depending on your individual case, the surgeon may perform either an open rhinoplasty or a closed rhinoplasty. During an open rhinoplasty procedure, required for more complicated cases, the surgeon makes a small incision across the columella, the narrow strip of skin separating your nostrils. After the incision is made, the surgeon will mold the cartilage and bone into the new, desired form. Small stitches seal the incision on the columella and a splint is placed over the nose to control swelling, help mold the new shape, and protect the nose during healing. In ten days the splint and sutures are removed. When possible, the surgeon will perform a closed rhinoplasty instead of an open procedure. The closed rhinoplasty is performed in much of the same manner as the open procedure, but no incision is made across the columella. Instead, incisions are made along the inside of the nostrils. This leaves no visible incision, and all healing is internal.

RESULTS

Some patients will bruise around the eyes with rhinoplasty. The majority of this bruising will disappear after two to four weeks. The majority of the swelling will dissipate by six weeks post-operatively, but total swelling and tissue softening takes up to a year to completely disappear. Although your post-operative nose will almost immediately be an improvement over your pre-operative nose, it will take three months to see a semi-final result, and up to a year to see your final result. As the facial appearance is largely affected by the relationship between your nose and chin, chin augmentation is often performed along with rhinoplasty as a complementary surgery.

ANESTHESIA

Rhinoplasty can be performed either under IV sedation or under general anesthesia, administered by an M.D. anesthesiologist in the operating room of a hospital or accredited surgery center. The majority of our rhinoplasty patients have the procedure performed as an outpatient surgery and go home the same day as surgery.



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ABDOMINOPLASTY

Abdominoplasty (also known as a tummy tuck) is a procedure designed for those who wish to have a flat and contoured abdominal profile. The procedure removes sagging skin that exercise and a healthy diet often cannot erase. Additionally, it tightens muscles often stretched during pregnancy.

CANDIDATES

Abdominoplasty is best suited for relatively healthy women and men who desire a significant tightening of the abdominal area. Candidates may have excess sagging abdominal skin, an inappropriately proportioned abdomen, abdominal muscles that were weakened by pregnancy or aging, or excess fat in the abdominal area. As significant weight change and pregnancy will affect your results, we suggest individuals reach a stable weight and complete childbearing prior to the surgery. Existing scars from a previous surgery, such as a Caesarean section incision, may possibly be used for the abdominoplasty incision. However, some patients have existing scars that may limit the success of the tummy tuck. At your consultation the surgeon will examine you and discuss whether you are a candidate for the procedure and what results you can expect for your individual case.

APPROACH

The procedure is performed with a horizontal incision just within or above the pubic area within the swimsuit line. The length and placement of the incision will be dependent upon the amount of skin to be removed. The surgeon utilizes the incision to tighten the underlying muscles by pulling them together and stitching them back into proper alignment. Excess skin from the lower abdomen is then removed before the incision is closed over a now, more smooth and flat, abdomen. In addition, some stretch marks contained in excess abdominal skin will be removed during the procedure.

RESULTS

Some candidates suffer from sagging skin, some from excess fat, some from loose muscle, and some with a combination of the three. Thus, there are different types of abdominoplasty designed to address each case appropriately. A standard abdominoplasty tightens all of the abdominal wall skin and muscles and requires a horizontal incision that extends across the lower abdomen. A High Lateral Tension Abdominoplasty tightens the skin and muscles of the abdomen and the flanks (or sides) and requires the longest incision that extends across the abdomen, high across the flanks, and allows one to safely liposuction other areas of the trunk. An added benefit is some tightening of the lateral thighs. The Mini Abdominoplasty tightens the muscle and skin of the lower abdominal wall skin only and requires the shortest incision immediately above the pubic area. At your consultation, the surgeon will examine you and describe which procedure he or she recommends for your case. The majority of our abdominoplasty patients may have their results enhanced by including breast enhancement, liposuction (especially of the hips), and thigh lifts.

ANESTHESIA

Abdominoplasty is performed under general anesthesia administered by an M.D. anesthesiologist in the operating room of a hospital or accredited surgery center. We require the majority of our abdominoplasty patients to stay overnight in the hospital for optimal care and safety.



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BLEPHAROPLASTY

Blepharoplasty, better known as eyelid surgery, is a procedure that removes excess skin and fat from both the lower and upper eyelids. Upper blepharoplasty restores an alert and youthful appearance to the eyes by removing excess skin and fat that create a “hooding” over the eyelid. Lower blepharoplasty smooths puffiness under the eyes by removing excess skin and fat.

CANDIDATES

Men and women of any age are candidates for blepharoplasty. Ideal candidates for blepharoplasty have excess skin and puffiness (fat) around the eyes. As individuals age, the eyelid skin stretches, the muscles weaken, and fat accumulates around the eye creating the puffiness that makes the eye look tired and aged. Some blepharoplasty candidates might even have so much excess skin that it interferes with his or her vision.

APPROACH

Upper lid blepharoplasty is performed by making an incision along the natural crease (fold) of your upper eyelid. The surgeon then carefully removes excess fat deposits and skin, and closes the incision with small, fine sutures. When healed, the incision is hidden with the eyes open, and is nearly invisible with the eyelids closed. The incision heals to a fine white line and appears to be a natural fold in the eyelid skin.

Lower lid blepharoplasty begins with an incision directly below the lash line of the patient’s eye and extends from the inner corner of the eye to the crow’s feet. As with the upper lids, the surgeon removes excess fat deposits and skin, and closes the incision with small, fine sutures. This incision heals to a fine white line and appears to be a natural fold in the eyelid skin. In addition, the lashes break up the incision line and help camouflage it. Once healed, the incision is nearly invisible. However, patients commonly have additional procedures at the same time as blepharoplasty such as laser resurfacing, brow lift, facelift, and fat transfers to augment their surgical result. These additional procedures may require an overnight stay at the hospital.

If a patient has relatively good skin tone, but an excessive amount of fat in the lower eyelids, the surgeon may elect to do the eyelid incisions from “inside” the eye. The patient will then not have any external scar. This is called a transconjunctival blepharoplasty.

ANESTHESIA

Blepharoplasty can be performed either under IV sedation or under general anesthesia, administered by an M.D. anesthesiologist in the operating room of a hospital or accredited surgery center. The majority of our blepharoplasty patients have the procedure performed as an outpatient surgery and go home the same day as surgery.



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BODY CONTOURING

Ultrasonic assisted liposuction is the newest and most effective technique for surgically removing large fat deposits from underneath the skin. The ultrasonic tip liquefies the fat on contact, thus making it easier for the liposuction machine to suction the fat evenly from underneath the skin.

CANDIDATES

Liposuction is the most common plastic surgery procedure performed in the United States. Men and women desiring to remove diet and exercise resistant fat have found liposuction to be the answer for the fat that no amount of sit-ups or time on the stair-master will cure. The ideal candidates are relatively healthy individuals that have pockets of resistant fat that need contouring. Liposuction is a contouring technique, not a weight loss program. Patients with reasonable expectations will be very pleased with the ability of ultrasonic liposuction to contour his or her body to a new, slimmer shape.

APPROACH

To perform the surgery, the surgeon injects fluid containing sodium bicarbonate and adrenaline into the area that will be treated. A small incision is then made and the ultrasonic cannula wand is inserted under the skin. The ultrasonic vibrations cause the walls of the fat cells to collapse, allowing the fat to flow out of each cell. The liquefied fat combines with the injected fluid and creates an emulsion that is then removed from under the skin with a gentle vacuum pressure. The surgeon carefully maneuvers the cannula in order to evenly create the new contour. Multiple tiny incisions might be required in order to reach various areas of the body. Once the surgeon has removed the fat, the incisions are sutured closed, dressings are applied, and the patient is placed in a compression garment that will be worn for the next six weeks. The compression garment is important for recovery as it helps adhere the skin into its new shape and decreases swelling.

ANESTHESIA

The procedure can be performed under IV sedation; however, most patients have the liposuction performed under general anesthesia. The procedure is performed in an operating room at an accredited hospital or accredited surgery center and the anesthesia is administered by an M.D. anesthesiologist. The majority of our liposuction patients have the procedure performed as an outpatient surgery and go home the same day as the surgery. However, patients who have a longer procedure may be required to stay overnight at the hospital for observation. Patients having liposuction also commonly have an abdominoplasty (tummy tuck) and/or breast augmentation to compliment their new shape.



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BREAST AUGMENTATION

Breast augmentation, technically known as augmentation mammoplasty, is a cosmetic procedure that uses implants to enlarge and shape the breasts. Women who are self-conscious regarding their current breast size or shape often gain considerable improvement of their self-image following the surgery.

CANDIDATES

Breast augmentation is one of the most common cosmetic surgeries performed. Candidates for breast augmentation choose the procedure for a variety of reasons. Many patients wish to increase their natural breast size; others experience weight loss that changes the size and shape of the breasts; some patients, after having children, lose volume and firmness; and some patients have asymmetrically sized breasts. Candidates for the procedure must also be old enough for the breasts to be fully developed. The patient must be emotionally mature and understand her own motivations, and she must have realistic expectations regarding the procedure.

APPROACH

The procedure is performed with one of three possible small incision sites: underneath the breast in the crease, around the outer edge of the areola, or through the armpit. The most common incision site is underneath the breast in the crease. The incision gives the surgeon the ability to accurately place the implant and the incision is well hidden in the crease created by the bottom curve of the breast. The surgeon can place the implant either under or on top of the pectoral muscle; surgeons most often prefer to place the implant under the muscle as this position lowers the “capsular contraction” or hardening rate, provides better imaging for future mammograms, and generally provides a more natural aesthetic appearance. When inserting the implant behind the muscle, the surgeon creates a pocket between the muscle and the chest wall for the implant placement. Once the implant is placed, the incision is closed with small stitches. The incision eventually fades to a thin, white line. For five weeks following the surgery, the patient cannot lift anything over 15 pounds, should not lift her arms suddenly over her head, and will need to wear a specialized surgical bra. Patients can experience soreness, swelling, or bruising for several weeks, but generally feel better within a few days after surgery.

ANESTHESIA

We perform breast augmentation under IV sedation or general anesthesia, with an M.D. anesthesiologist in the operating room of an accredited hospital or surgery center. We perform the majority of our breast augmentations as an outpatient procedure and the patient goes home the same day as surgery. Patients commonly have an abdominoplasty (tummy tuck) or liposuction at the same time as their breast augmentation to compliment their new shape. Additional procedures such as these would require an overnight stay at the hospital.



FACELIFT / BROWLIFT

The facelift is a highly common and widely accepted procedure. As we age, sun exposure and the stresses endured in our everyday lives can take their toll on our once taut and youthful faces. We can develop deep creases between the nose and mouth, jowls along our jaw lines, and folds and fat deposits around our necks.

CANDIDATES

Both men and women choose to restore a more youthful appearance by having a facelift. Many patients are between the ages of 40 and 60, but there are patients, both younger and older, that choose to have the procedure done. The ideal candidate has sagging skin along the face, jowls, and neck area, but still has some elasticity to the skin; good elasticity allows for better healing and re-suspension. Smokers wishing a facelift must stop smoking prior to the surgery and for a lengthy time post-operatively. Cigarette smoking highly interferes with the patient's ability to heal following a facelift.

APPROACH

A facelift/browlift is performed by removing excess skin and fat, and tightening the underlying muscle structure of the face. The surgeon begins by making an incision in the hairline above the ear then extends it down around the earlobe and ends it in or below the hairline behind the ear. A small incision is also commonly made under the chin in order to tighten and flatten the neck area. Once the incisions are made, the surgeon separates the skin from the fat and muscle. Excess fat is removed from below the skin and the surgeon then tightens the underlying muscle, pulls the skin back into place, and removes the excess skin. Sutures are then used to close the incision. The patient may go home with their head and neck wrapped in dressings that are removed within several days. Patients may experience bruising and swelling in the face and neck; this usually subsides to "socially acceptable" levels within 10-14 days. Some numbness of the skin is normal due to swelling which generally disappears between a few weeks to several months. Patients usually return to work after about 2 weeks.

A browlift may be performed via incisions across the forehead or via a very small incision in the scalp. Your surgeon will discuss with you which browlift is best for your needs.

ANESTHESIA

We perform facelifts/browlifts under general anesthesia, with an M.D. anesthesiologist in the operating room at an accredited hospital or surgery Center. The majority of our facelift patients spend one to two nights at the hospital for recovery which provides a safe and comfortable means of recuperation. Patients commonly have additional procedures at the same time as the facelift such as blepharoplasty (eyelid lift), laser resurfacing, brow lift, and fat transfers to enhance their surgical result.



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BOTOX

Botox is the non-surgical solution for crowsfeet, horizontal forehead lines, and persistent frown lines. FDA approved, Botox is used to relieve the lines and wrinkles that contribute to a tired or angry expression.

ENHANCE

Injected into the localized muscle, Botox temporarily relaxes the area leaving a smooth, youthful appearing result. The procedure is done quickly and comfortably. The Botox serum takes effect in just a few days and lasts three to six months.

Repeated treatments are required for maximum benefit.

DERMAL FILLERS

Dermal Fillers are the non-surgical means to plump or fill specific skin areas to erase wrinkles and enhance lips. Dermal Fillers are injected into lines or wrinkles through a delicate needle. The wrinkle in the skin immediately plumps and becomes even with the surrounding surface of the skin. This erases the appearance of the wrinkle and gives the face a more youthful appearance. Lips can also be made fuller with the injection of dermal fillers. The product may also be used for facial sculpting or filling acne scars. The procedure takes only a few minutes and there is no down time involved. Ongoing treatment is recommended for optimal results.

ENHANCE

Aesthetic Origins, our medical skin care facility supervised by Dr. Christine Rodgers, offers patients a variety of dermal filler options such as (but not limited to): Collagen, Restylane, Sculptura, Perlane, CosmoDerm, Radiance Hylaform and CosmoPlast. A consultation is necessary for our Nurse Aesthetician to evaluate your concerns and discuss the best suited dermal filler for your individual case.

For more information, call Carrie Ireland, R.N. at 303-320-8618. Your initial skin care consultation is complimentary.



IPL/PHOTOFACIAL

PhotoFacial procedures are non-invasive solutions for correcting a variety of skin conditions. PhotoFacial procedures use Intense Pulse Light to improve and effectively correct the visible signs of sun damage and aging. Specifically, the procedure improves irregular pigmentation, broken capillaries, and minimizes fine lines.

ENHANCE

A non-laser medical device is used to deliver a series of gentle pulses of light to the skin. The benefit of the PhotoFacial treatments is a remarkable visible improvement to the skin with minimal risk. PhotoFacial treatment will even out the complexion and improve both brown and red conditions such as flushing, rosacea and freckling. The treatments will also smooth texture, minimize pore size, and rejuvenate the skin tone of the jowl, forehead, and cheek areas, creating a more youthful appearance.

SCLEROTHERAPY

Spider veins are a very common problem but can be easily treated. Small, superficial red or purple veins can appear anywhere on the legs. They can be caused by a number of factors such as heredity, weight gain or weight loss, prolonged standing or sitting, hormone changes, pregnancy, or trauma. While spider veins do not pose a health risk, most people find them unsightly.

REFINE

A simple treatment of injecting a sclerosing solution into the veins can eradicate the vein by destroying the vessel wall. Several treatments may be necessary; however, good results are usually seen with one treatment. It takes approximately five to six weeks for the results to be evident as the body needs time to absorb the blood left behind from the old vein. This procedure has been used since the 1930's; it is safe and has few side effects. Occasionally, the injected areas can leave a dark area of pigmentation that fades with time. The procedure causes very minimal discomfort and can be done in just a few minutes with no down time involved.

For more information, call our Aesthetic Nurse for your initial complimentary skin care consultation.



LABIA REDUCTION

Labia reduction surgery can be performed on enlarged, labia minora. Some women feel that their labia (or vaginal lips) are unusually large. This enlargement can cause irritation, problems with personal hygiene, interference with sexual intercourse, or general discomfort when being active.

CANDIDATES

Candidates for labia reduction are women who experience discomfort, irritation, hygiene problems or problems with sexual function due to a large labia. Many candidates choose this procedure because they simply feel they are unusually large.

APPROACH

Reduction of the labia minora can be performed under general or local anesthetic. Great care is taken by the surgeon to avoid interference with the clitoris or urethral opening, in order to give the patient as natural a result as possible and to avoid complications with sexual or urinary function. Dissolving stitches are most often used, and a dressing similar to a feminine pad is worn throughout the healing process. Patients are asked to avoid strenuous activity and sexual intercourse for 2 - 3 weeks following the procedure.

ANESTHESIA

We perform labia reductions under general anesthesia, with an M.D. Anesthesiologist in the operating room at an accredited hospital or surgery Center.



LASER RESURFACING

Laser resurfacing is a very effective way of surgically removing fine lines, wrinkles, sun damage, and facial scars. The procedure corrects imperfections and restores a more youthful appearance.

CANDIDATES

Candidates for laser resurfacing include men and women who have unwanted facial lines, wrinkles, acne scars, or sun damage to the face. The laser is extremely effective in treating the fine lines around the mouth, eyes, and forehead. Patients with very dark skin may not be good candidates for this procedure. It is necessary for all prospective patients to meet with the surgeon to discuss their particular needs. We highly recommend that patients treat their skin prior to the procedure. Our experienced skin care professionals will guide you in your skin treatment program and will be able to prepare your skin properly to attain the most desirable surgical result.

APPROACH

Laser resurfacing uses an intense beam of light that vaporizes thin, controlled layers of skin. The undesirable skin is destroyed and the new, undamaged skin below heals and becomes the new surface of your face. The fine lines, wrinkles, rough skin, and brown spots disappear. A soothing gel wrap is applied to the new skin before the patient leaves the hospital. The patient must be careful to keep the new skin moist during healing; it will take several weeks for the new skin to heal enough for makeup application. The new skin will be pink until fully healed. It may take up to several months for the pinkness to completely subside; however, makeup can be an effective camouflage during the remainder of the healing period.

ANESTHESIA

The procedure is performed under general anesthesia in an operating room at an accredited hospital or surgery with an M.D. anesthesiologist. The majority of our laser resurfacing patients have the procedure performed as an outpatient surgery and go home the same day as surgery. Laser resurfacing compliments, and is often performed at the same time as, blepharoplasty (eyelid surgery), brow lifts (forehead lift), and facelifts.

