



Body Contouring, Hair Replacement Options Evolving

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Despite a raft of newer body contouring modalities now available, tumescent liposuction remains the gold standard in this regard, according to an expert.

“In terms of body contouring, if one wants to see permanent, predictable results in a safe and cost effective manner, tumescent technique liposuction still remains the most effective method,” says David M. Zloty, MD, FRCP, clinical assistant professor of dermatology at the University of British Columbia.

Knowing how much fat to remove and leave behind, and how best to achieve a patient’s desired contour, are largely matters of experience, he says.

“The main tenets of tumescent liposuction are, first, one must choose patients very carefully, because safety should always be the prime consideration. In our facility, we only operate on American Society of Anesthesiologists (ASA) class 1 patients.”

Furthermore, he says that in his practice, “we do not accept any patients who want large volume or weight reductions. We don’t choose those patients any longer” in part because the established nature of his practice allows him to be more selective.

In addition to safety, Dr. Zloty says, “we strive for a very smooth, uniform final contour. We achieve that by using very tiny cannulas—averaging 2 to 4 mm outside diameter. And most of our suctioning is now done with 2 and 3 mm cannulas. Because we’re not doing the big volume reductions, we don’t need larger cannulas.”

To perform tumescent liposuction as efficiently and effectively as possible, he states, “one needs to have either a good assistant or oneself who is putting the tumescent mixture into the fat compartment very uniformly. One wants to make sure that the contour change the tumescent mixture causes occurs in a very uniform fashion. That means the tumescent mixture must be placed into the fat very carefully. One doesn’t want a large amount of anesthetic in one area and none in the next. Not only will this lead to patient discomfort, but because one may have changed the overall look of the contour, one might also have a problem with accurate fat extraction.”

In terms of assuring an excellent cosmetic result, says Dr. Zloty, “that’s mostly in the hands of the physician. How obsessive is he or she in ensuring very even fat removal? That’s done by both visually inspecting the site constantly, employing careful palpation of the treatment site using the non-dominant hand and accurately estimating the volume one had anticipated removing” as one nears the desired endpoint.

As for variations on tumescent liposuction, Dr. Zloty notes that powered, ultrasonic and laser-assisted liposuction are now available.

“All those variations, particularly the ultrasonic and powered, have come about either to increase the ease of fat extraction, to increase safety or to improve the final cosmetic result. But none of those modalities increase safety above and beyond the standard tumescent technique. They certainly do not improve on the final cosmetic result. And laser-



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assisted liposuction is an experimental device, so it doesn't have any practical applications for patients yet," he says.

However, Dr. Zloty says that where some newer options may provide benefits is in increasing the ease of fat extraction for the physician, especially in areas that are very fibrous, such as male breasts or male flanks, especially in bodybuilders, or areas that have been previously treated.

More controversial is mesotherapy, he says.

"Mesotherapy basically refers to the injection of any substance into the fat layer below the skin for either medical or cosmetic purposes. It started in France around 1952, and is actually recognized as a medical specialty there since about 1987. But French doctors are using mesotherapy to treat things like migraine headaches and chronic joint pain. They were not using it for aesthetic purposes initially," says Dr. Zloty.

However, he says that in North America, "most mesotherapy relates to body contouring. People are trying to reduce accumulations of fat through so-called flab jabs. The most common term North Americans may have heard of is the process called lipodissolve."

Dr. Zloty adds that the most common drug used in North American mesotherapy is phosphatidylcholine (Lipostabil, Aventis), which he says is not approved by the Food and Drug Administration for any medical purpose and has been banned for mesotherapy in Brazil due to concerns over its safety profile in that application.

Stateside, he says, "there are many different compounds that are being injected into the skin, as well as many different concentrations of these compounds. Those are some of the problems" with mesotherapy.

"We don't really know how it works," he adds. "And some recent research says that when people are using phosphatidylcholine, that may not even be the active agent. An associated biosalt called sodium deoxycholate may actually be the active ingredient. That tells us how little we know about the mechanism of mesotherapy for dissolving fat."

Dr. Zloty also questions the efficacy of the procedure, noting that experts frequently can't distinguish patient pictures taken before mesotherapy from those taken after.

"Results can be subtle and unpredictable, even in the best of hands," he cautions. "At this point in time, the results don't justify the so-called minimal costs. It runs between \$300 and \$500 per treatment session, usually for a minimum of 5 treatments."

Velasmooth (Syneron), on the other hand, uses a combination of infrared light, bipolar radiofrequency energy and vacuum tissue manipulation to achieve body contouring, he adds.

"We still do not know how it works," says Dr. Zloty. "The best study I've seen regarding Velasmooth shows that patients do respond to the device, not so much with a reduction in size, though there can be some of that, but there probably is an improvement in the appearance of cellulite (unpublished). But it requires multiple treatments, probably close to 10 to get a good response. And the results are certainly



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temporary. One unpublished study showed that after 16 treatments, the results would last 6 weeks. What I'm hearing from people here who use the device is that most patients do respond, but thin, younger patients respond best."

As for hair replacement, he says the Lasercomb (Hairmax) has captured much attention.

Dr. Zloty says, "My bottom line is that if patients insist on using the device, they can, because I believe it's safe. But if they ask for my recommendation, I say, 'right now, we don't have enough research to say it actually works effectively in enough patients.' More may be becoming, but at present we only have one article to that effect.

"Quite a few patients in my own practice have used the device," he adds, "and they have not had a positive response to it."

Dr. Zloty possesses no financial interests relevant to this article.