



consider the doctor is like a man with a tranquilliser gun looking at a tug-of-war team. If he shoots some of the players in Team A, then Team B will fall over the line without even trying. It is exactly the same with Botox® or Dysport®. Your brows will end up in a final position dependent on the doctor with the needle. Now there are a few variations on that theme. If you are short sighted and squinting for years then you will have beefed up the muscles that pull the eye down. Let's call them the 'Orbies' because you better get to know the muscles if you want to get ahead in this game. They are actually called the Orbicularis oculi but leave that to the young student doctors trying to impress their anatomy teachers. The 'Orbies' pull down and cause wrinkles, crows feet to be exact. They are like Team A pulling away at the brow to bring it down and make you look tired. Now, I hear you think.. if I do look tired and want to look more awake could the doctor tranquillise these and waken me up?

You see, you are getting the hang of it already. If the doctor is heavy handed on the orbies or else does not inject the muscle above it, then the eyebrow will rise. Let's



Botox® Basics by Dr. Patrick Treacy

Botox® is now so widely accepted that both doctors and their patients have reached the stage where a face can be altered to suit a particular individual. This means the doctor and patient should agree before treatment what they are really trying to achieve. Of course, the eventual outcome is totally dependent on the skill of the doctor performing the procedure. If a doctor is not comfortable with raising your eyebrows or changing your 'gummy' smile he should let you know at the outset and not leave someone else to clear up the problem.

The first thing a doctor must understand is beauty or the perception thereof. If you take away a patient's crow's feet they may look fresher but not more beautiful. If you change the position of a patient's brow they may become more beautiful as there is a correct aesthetic level for the brow to remain at within the facial structure. In fact, flattening a patient's brow or upturning a patient's lips are both amongst the earlier use of Botox® to enhance appearance. This is because both of these conditions are associated with sadness, anger, ill health: all negative emotions. There was a now famous study done on American car salesmen

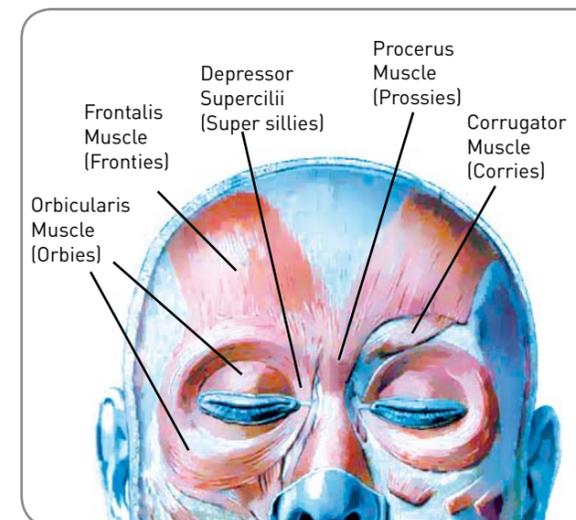
that showed the use of Botox® into the frown area of a selected angry looking group. The results showed a 33% increase in car sales. No wonder the garage owners offered them free Botox® for life! Note also crow's feet are often associated with laughter, so doctors should not go too heavy on the syringe if you want to achieve good facial aesthetics. We should also remember that men and women should never get the same BBN..."Botox® by numbers."

The male brow is typically flatter than a woman's, which has a natural middle arch. Knowing good brows is the key to knowing good Botox®. Trends also change but facial beauty remains the same over the centuries.

From a doctor's point of view it is always better to begin the procedure in the middle of the upper face. It's a bit like a teacher in front of a class, weighing things up, thinking ahead, waiting to place your next question, or in this case needle. A doctor should always ask the leading question "what way do you want your brows to look next week?" From a patient's point of view

get to know the muscles above the brow. These muscles are called the 'Fronties' or frontalis and they are responsible for the expression of surprise whenever we open up our eyes in amazement. Of course, you see the problem whenever Hollywood actresses lose this movement: no expression, blank stare etc etc. They are also responsible for causing the 'Vulcan' look whenever the outer edge of the brows goes up in true Star Trek fashion. But don't panic, this is easily corrected by giving a little more tranquilliser to the outer 'Fronties'.

The outer side! Just when you were getting the hang of it, there I go and spoil things. Well yes, the brow has an inner and an outer side and we actually have control of both. Thankfully the new fresh wide-open eye can easily be achieved by giving Botox® to the outer 'Orbie' and a little to the inner 'Orbie'. Beware, you cannot put Botox® or Dysport® underneath the eye or the bottom eyelid will droop. These lines are better left to the bigger doctors with expensive laser toys to sort out. By the way, the inner brow muscles have two main players: the 'Super Sillies' and the 'Corries'. No, not Beth Lynch from Coronation Street but from the medical student word corrugators.



The 'Super sillies' and the 'Corries' are very important muscles and hold the key to a good aesthetic effect. The 'Super sillies' are named after the Depressor supercillii but enough of that medical student jargon for now. Just, let it be known they are on Team B and they pull your brow downwards. The other group the 'Corries' are much more interesting as they lie at a forty five degree angle and the outer bit is really difficult to know where it is and the doctor without a special piece of electronic equipment has to find its location. Now, remember, no self-respecting Botox® doctor worth his business salt in this day and age is going to starting wiring up his Botox® patients (but they once did!) to find the 'corries' so the eventual position of your brows (or your eyelid) is dependent on his or her skill at figuring out where the end of the muscles are. You see, just when you thought this was getting easy.

This frown area has in fact six injection points, the 'Corries', the 'Super sillies' and the 'Prossies'. The 'Prossies' are called after the procerus muscle group and this is why it takes the doctor a bit longer to do your frown area when he can quickly speed through the muscles on your forehead. Oh, and the reason it's sore is that two little nerves run right through the area he is targeting.

Your doctor will now move into your forehead to look at Team B. In general this is much easier as the whole muscle involved: the 'Frontie', is large and flat and covers all of your forehead. It spends its life holding up your eyebrows and making you look surprised. Your doctor should know never to treat it on its own as everything will fall. This look is known as the FRED: forehead right eyebrows down.

In general the 'Fronties' are easy to treat as long as the doctor stays at least 3 to 4 cm above the brow and goes all the way up to your hairline. If there are lines close to your brow this is a bit like sailing a ship too close to a rocky shoreline and it is advisable to leave them alone rather than chance sinking the ship. If the doctor needs to go a little closer to shore, he can compensate by keeping his ship in safe waters by giving a little more Botox® or Dysport® to the 'Prossies', which are located at the top of your nose in the centre of your forehead.

When treating the crow's feet area, you have to be careful of puffiness underneath your eyes. These 'Orbies' hold in your fat pads as well as letting you wink at strangers. If your doctor is heavy handed in this region you may find out quickly that you have acquired a new look, the PENAL: puffy eyes, no adjacent lines. It would be no use winking if a stranger sees those tired looking eyes.



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For further information log onto www.ailesburyclinic.ie



Men generally need more Botox® or Dysport® than women.

Now, a few golden rules for doctors and patients

- Men generally need more Botox® or Dysport® than women.
- Women with strong muscles may require more Botox® or Dysport® than men.
- Women with arched brows need a little extra 'Corrie' Botox® or Dysport® to avoid flattening the brow.
- Men need a little more Botox® or Dysport® in the 'Super sillies' and 'Corries' than women but the same in the 'Prossies'.
- Never treat the 'Fronties' on their own as this is akin to shooting all of Team A and everything including your brows will fall down.