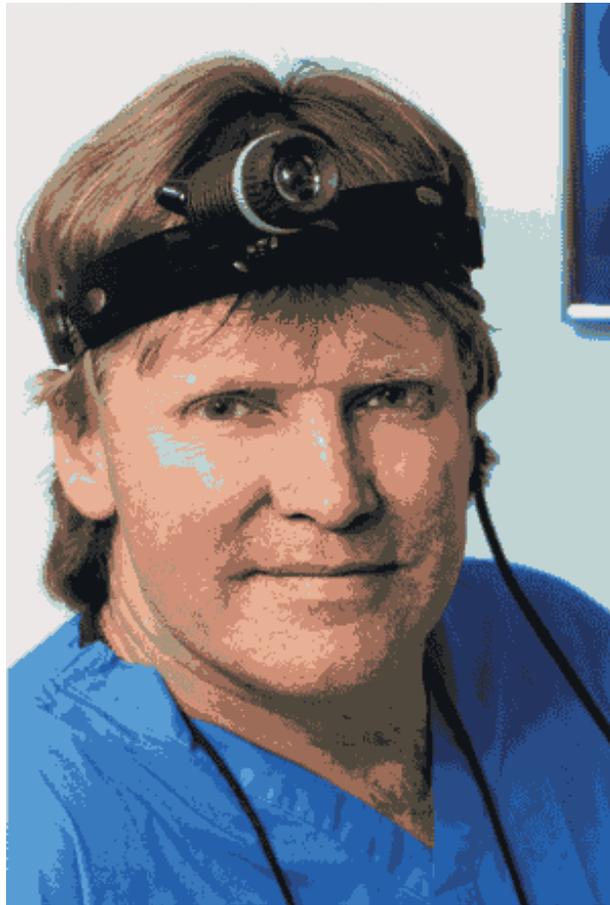




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Success Without Sticking the Knife in

Marie Loftus interviews Ireland's leading practitioner of cosmetic medicine Dr Patrick J Treacy, of the Ailesbury Clinic - May 2005



How did you first get into Cosmetic Medicine?

I'm still not sure at what point in time it happened, but somewhere amidst the interwoven tapestry of magical adventures that have now become the memories of my medical career, I pointed my sails of destiny towards the colourful, fast moving and wondrous world of cosmetic medicine. Maybe it was on that late summer evening in 1983 in Kiato, a small Mediterranean coastal town set amongst the olive groves and vegetable plots of the Greek northern Peloponese that I first found my true vocation. In that year the oracles dictated that the peaceful, serene town of Kiato should have an earthquake. Although only a few people died, silence hung like a shroud around the little town and I spent most of the day helping the local doctor to splint and suture some of the injuries.

Although in essence, still a medical student, I had some suturing

experience from attending to casualties at the old Jervis Street Hospital in Dublin. During the evening, I had to sew a girl, whose beautiful young face had been torn apart with two great lacerations that ran all the way from the corner of her mouth and nose to the bottom of her chin. I placed over one hundred sutures in her face.

After I had finished, her mother broke into tears, and cried a hundred thankful 'efcharistos, efcharistos'. The old doctor heard the commotion and entered the room. There, caught somewhere between the pride in the old doctor's eyes and the regained smile on the young girl's face, I knew my destiny. I wanted to return to medical school in the autumn of that year and try to apply my talents into restoration of facial features with plastic surgery or by keeping people retain their youthful features for as long as possible.

Why did you not follow a normal path into Cosmetic Surgery?

I suppose I have to blame the Church for that. I always wanted to travel, even from the earliest days of my childhood. In those magical days of primary school, after the missionary priest had visited, I would take down the school atlas and imagine the magical lands of those barefooted-African children whose mothers balanced wooden creels on their heads. From there, the journeys of boyhood imagination progressed to following the path of the Trans-Siberian Express across Russia from Moscow to Vladivostok on the east coast. As I grew older and started to travel, the images of African landscapes and setting red sunsets became a reality and these in turn cast long shadows across my career path. If you want to pursue a career in cosmetic surgery, you have to remain in the one place for many years. First and foremost, I wanted to travel.

What is the most interesting medical job that you have done?



I have been fortunate to have had many fascinating medical jobs. I loved my time with the Royal Flying Doctor Service in Broken Hill, Australia. We serviced some local Barkindji tribes, Aboriginal clans, who lived in a collection of tin shack

villages that nestled around the Darling riverbank. It was a great place to find yourself, practicing medicine far away from the hierarchical system of medicine and the blue-green patchwork foothills of Ireland that I was used to.

Where else have you worked and what was the saddest medical job that you have done?

I have worked on almost every continent and every English speaking country as a doctor. The saddest time must have been in East Africa in the early nineties. I began to notice the empty villages and vacant huts that were to become a testament to the destructive power of the HIV plague whose path I followed. There was deadly eeriness about these deserted hamlets.

You certainly have had a varied and interesting career and it is also very obvious that you are very passionate about what you do. Have you any other passions?

In a few weeks, I will be in Monaco. I have been passionate about Ferrari and Formula 1 racing for over twenty years.

I notice a picture of Bono along with you on the wall. Are you an ardent fan?



U2 are another passion of mine, I'm afraid. I know the lads from the early days in the Pink Elephant.

Where was the picture taken? That picture was taken at the United Nations Humanitarian Awards in 2003 when Bono presented Dr. Alex Godwin Coutinho, Executive Director of the AIDS Support Organization (TASO), the 2003 UN Global Leadership and Humanitarian Action Award. The other hand drawn signed picture was given to



us when we opened the Aillesbury clinic.

What in your opinion makes a woman physically beautiful?

Despite this altruistic definition, it appears that physical beauty still plays a large factor in reproductive success. A recent book by an American psychologist, David Buss, called the 'The Evolution of Desire: Strategies of Human Mating,' monitored the mating preferences of more than 10,000 people across 37 cultures. It followed the attitudes of men across all economic and geographic boundaries including those who would not be influenced by Western media. The study found that a woman's physical attractiveness came top or near top of every man's list. Personally, I think that a man finds the features that echo those of a child the most beautiful. It may be the symmetrical rounded features, the bulbous lips, the cherubic cheekbones, the arched eyebrows, the open blue eyes, the lack of wrinkles, or the lack of marionette and nasolabial lines. In fact, most of the things we try to achieve in the cosmetic clinic. Extend this to the subliminally portrayed helplessness of babies, the high-pitched Marilyn-esque voice, the goo-goo speak, the ease of shedding tears, etc. You know Napoleon once said, "The two most powerful forces that a woman can use against men are make up and tears". I conclude that men must be thankful to God that she cannot use them both at the same time.

What are the most popular procedures that women use to become physically more beautiful?

Last year, about 9.4m cosmetic procedures were performed in America alone. This was more than four times the number in 1997, according to the American Society for Aesthetic Plastic Surgery. The most popular treatments were the non-invasive procedures now favoured as Cosmetic Medicine. These included Botox (3.2 million), Dermal fillers (1.8 million), Chemical Peels (1.1 million), Microdermabrasion (860,000), Laser Hair removal (575,000), and Sclerotherapy (545,000). The invasive procedures included Liposuction (325,000), Nose reshaping (305,000), Breast augmentation (265,000), Eyelid Surgery (235,000), and Facelift (115,000). The American Society of Plastic Surgeons (ASPS) report shows the number of surgical cosmetic procedures has dropped by 8% from 2000 to 2004, while the number of nonsurgical cosmetic procedures has risen by 36% during the same time period. The drop in Cosmetic Surgery procedures is surprising with all the recent Reality Television shows in the United States portraying these procedures.

There is little doubt that Reality TV shows are creating a greater public awareness of cosmetic surgery and may attribute to the rapid growth in non-invasive procedures. The facts actually show that surgical cosmetic procedures remained relatively stable in 2004, with more than 1.7 million procedures performed. This is actually down 2% from 2003. Minimally invasive procedures increased 37% to nearly 8.0 million procedures performed in 2004. The rapid growth in minimally invasive procedures in the United States can be attributed, in part, to new European injectable dermal fillers entering this market.

More and more consumers are now considering dermal fillers to prolong or avoid facelifts, forehead lifts, and eyelid surgeries. Patients also realise that these procedures are much safer, much cheaper and they can usually be done during a coffee break. In fact, the demand for European hyaluronic acid injectable fillers like Restylane® and Hylaform® alone jumped nearly 1000% after they were introduced to the United States in 2004. On the other hand, Botox® injections are reaching some level of saturation. They only increased 4% in America in 2004 but nearly 300% since 2000. The figures for Ireland shows a large increase in this market as we train more and more doctors to be fully versatile with the techniques.

Why are these Hyaluronic Acid fillers so popular, what are they used for and how much do they cost?

Hyaluronic Acid is actually a naturally occurring substance found in the spaces between the cells of body tissues in all animals. It has been known in medicine for some time and I frequently use it as an injection into osteoarthritic joints to provide a new lining. Ophthalmic surgeons also use it to perform cataract operations. It is estimated that over 30 million patients around the world have been treated with some form of hyaluronic acid with no evidence of any major problems. This compound has now largely replaced collagen as the favourite European filler and the same thing will soon happen in the United States. They are used mostly for lines around the mouth, vertical lines around the lips, and the development of deeper lines between the nose and corners of the mouth (nasolabial lines). It is also possible to contour the chin and increase the size and shape of lips, depending on the skill of the proceduralist.

Other hyaluronic acid fillers include Juvedem®, Matridex®, Matridur® and Hydracell®. Most clinics charge about €350 per syringe for the treatment.

Are you saying that Europe is ahead of the United States in their range of dermal fillers and other procedures?

Well, it probably has been for some time. Most of the problems in the United States relate to the regulations imposed by the FDA to different products. It is ironic that until quite recently, most of our American cousins could only get collagen as dermal filler. Many are aware that this comes from one of two sources, from either cattle or rooster's combs. In the age of BSE and Hong Kong avian flu, this product was quickly abandoned in Europe, especially as it only lasted 3 months. European companies like Q-Med have been using Restylane[®] here since 1996. Other European products like Dysport[®] from Ipsen have only reached the American market. Another example is Isolagen[®], although it is effectively an American technology, many US citizens have to fly to Ireland to get treated.

Do you have many American patients coming to Ireland for treatment?

We have patients from all over the world including America. Having said that most of the patients we get from overseas are British, Italian, or Spanish. American patients favour tried and tested European products that until recently they couldn't get in America. Many come on the recommendation of my colleagues in the United States who have heard me lecturing there. Sometimes, we also have American doctors coming to Ireland for training.

What do you think about this new trend?

In some ways, it is flattering but we have to be aware that the FDA impose their strict regulations for good reason. Many of the dermal fillers, which have been introduced to the European market in the past ten years, have been withdrawn again because of problems such as tissue granulomas. This is why compounds containing Hyaluronic Acid such as Restylane[®], Matridex[®], Juvederm[®] or Hyaladerm[®] are still considered the safest.

What are soft tissue granulomas?

The less biodegradable more inert a dermal filler is, the greater the risk of rejection by the body. Many short-term and ultimately safer dermal fillers will try to mimic the body's natural proteins. Other newer compounds that contain cross-linked synthetic collagen such as Evolence[®] should also be comparatively safe. Compounds that contain polyacrylamides, which technically mimic the inertness of contact lenses, lens implants or heart valves are less safe but run a problem rate of about 1 in 3,000. I personally find their problem rate for swelling post procedure is closer to 1 in 300. These compounds include Outline[®] and some less favoured ones. They have great advantages of low viscosity, ease of moulding and they last for periods of between 2 and 5 years. These compounds are favoured as they also contain a positive charge that attracts negatively charged pro-collagen around it to form new collagen.

Are patients made aware of these problems prior to the procedure?

A patient should be fully informed about possible side effects and alternatives to their treatment prior to any procedure. The amount of information that they receive is not mandatory or regulated and may vary from clinic to clinic. I am trying to get all the companies who make the dermal fillers to produce all their own consent forms. Some companies like Q-Med who make Restylane[®] or Inamed who make Juvederm[®] have good consent literature. This is also true for Outline[®]. Most patients should be made aware that transient erythema, swelling, pain, itching, discolouration or tenderness can occur at the implant site. They should also know that these side effects usually resolve within one or two days. Sometimes the patient may feel a temporary palpable lumpiness. In addition, in rare cases (in less than 1 in 15,000 treatments) granuloma, superficial necrosis and urticaria have been reported.

Are there any new fillers on the market?

Yes, there are many and they are used for different things. Radiesse[®] is a new filler that mimics bone tissue. It has already been safely used in the body for many reasons including dental applications or where bone build-up is needed for reconstruction. The compound is marketed as a long lasting dermal filler and facial sculpting agent where results can last for 2 years or longer.

What do you think about recent Reality Television shows concerning cosmetic procedures?

I must say I have some problems with programmes like 'The Swan' where we are asked to view this weekly ritual of self-professed ugly ducklings being surgically transformed into Cinderella type beauty pageant contestants strictly for their entertainment value to the television networks. In many ways, some of these shows should be revalidated because they tend to play on the many insecurities of their guinea pigs, our patients, as they try and make them into

another type of 'Pop Idol'.

There does not seem to be enough focus on the clinicians perspective to give a more realistic impression of cosmetic medicine -from the initial consultation to treatment and eventual follow up. It also increases the social pressures placed upon some people to undergo surgical procedures, which could end up eventually being dangerous.

I'm surprised to hear somebody in the cosmetic industry saying this?

Well, not really. After all, I practice cosmetic medicine, which is much less radical and does not involve the same risks. I am aware that it is the programme producers that plays on these patients insecurities and not the cosmetic surgeons.

In view of the recent death of an Irish person having a face lift in the United States, what are the risks involved in cosmetic surgery?

The recent untimely death of this patient points again to the dangers involved in having any surgical procedure, including cosmetic surgery. The mortality risk from having a face-lift (1/1,000) is much lower than general surgery (1/500) but this is because these patients are usually younger and healthier. The risk is related to many factors including the amount of time under the anaesthetic, the number of procedures performed at the same time and probably the skill of the anaesthetist, his machinery and the skill of the surgeon.

Are many men presenting for cosmetic procedures?

The number of surgical and nonsurgical cosmetic procedures amongst men is definitely increasing annually. I would say that about 10% of our practice are men. Initially it was mostly the gay community, trying to hold on to their looks and using mostly Botox and Dermal fillers. Now, these procedures are increasing in popularity with the metrosexual straight community. Some procedures such as hair removal by laser have always been popular with the male gender. There is no doubt that many men looking for a younger look choose Isolagen[®] as this is somehow not perceived to be a feminine thing to do. Cosmetic procedures for American men increased 44% percent in 2004 (to 12.0 million), according to statistics from the American Society for Aesthetic Plastic Surgery (ASAPS). The number of surgical procedures increased 17% and the number of nonsurgical procedures increased 51% from 2003. The most frequently performed procedure for men was Botox[®] injection and the most popular surgical procedure was liposuction.

How do you see the cosmetic market changing within the next five years?

The trend towards safer, cheaper procedures with less downtime will certainly continue. Attitudes in society will continue to soften and more males will come looking for procedures. There will be many advances, especially in the field of fibroblast transplants, melanocyte transplants, and embryonic stem cell technology. I am indeed privileged to have been invited to talk in Moscow next week at the World Congress for Biotechnology and Cosmetic Dermatology and it is exciting to see Ireland as a world leader in this emerging field. There will be more technology to destroy fat cells as the Western trend towards obesity continues. These will include ultrasonic destruction and the application of radiofrequency waves. Hopefully, the two technologies, Velasmoth[®] and Lipodissolve[®], which our clinic recently introduced to Ireland will also be well established as a means of reducing fat and cellulite.

Have you ever felt ultimately proud of a change you made to someone life through your work?

I suppose this happens quite frequently as many women may have stopped looking in a mirror for many years and start crying when they see their face again. I do not like recalling particular Irish cases for medical ethical reasons. One particular 72 year old American patient, whom I was invited by his doctor to treat in New York, contacted me recently. His particular pathology had devastated his social life as it made him look very ill and skeletal. He is now undertaking the early stages of a world cruise.

Have you ever advised a patient not to have a procedure done because you were not comfortable with their reasoning for having it done in the first place?

This scenario happens more often than people realise. There is a particular condition, which affects young adults equally in either gender called Body Dysmorphic Disorder. Patients with this condition tend to become obsessively pre-occupied with a non-existent or minimal cosmetic defect and they often go to great lengths to modify the body site or cover the feature with clothes. The condition often totally impairs their ability to function socially and hold down a normal job. These patients persistently seek medical attention in cosmetic clinics to fix the perceived defect surgically. It is also important for our staff to recognise the condition, as these patients often remain somewhat dissatisfied even after treatment.

What causes BDD? Are there factors that predispose a person to BDD?

Unfortunately, we still do not have a single clear cause for body dysmorphic disorder. Most authorities believe it is a variant of obsessive-compulsive disorder and like anorexia nervosa, biological, psychological and perhaps even social or cultural factors contribute to its origins. There is little definitive research on the causes or the factors that predispose a person to Body Dysmorphic Disorder. Most of the cases appear to begin to have symptoms in adolescence and there is some suspicion that previous sexual abuse or harassment may be a precipitant.

What is the ideal age to have cosmetic procedures done?

This is a complex question with no simple answer. There are certain cosmetic procedures such as face surgery, breast augmentation, or even liposuction that I would consider demonstrably inappropriate for teenagers. However, many other procedures are advantageous to this age group if they are used judiciously. There is little point in performing corrective ear surgery on a forty-year-old man who has suffered torment and abuse for most of his scholastic years. It is preferable to perform corrective nose surgery on a patient of at least 16 years as 90% of the nasal bone growth has occurred at this time.

The particular time to operate has to be correlated with a period where the particular teenager has developed a sense of overall maturity and is supported in their emotional needs by family. I believe that some patients should be treated early as there is complex interplay between the body and the mind, between health and outlook, that may affect a patient's psychological outlook for the rest of their life.

Despite this, we should all be aware of the complex interaction that also exists between the social pressure enacted by media attention on fashion and sex appeal versus the changing physiology of the teenage years. We know that most teenagers have puppy fat, so it is inappropriate to offer liposuction in this age group. On the other hand, we know that botulinum toxin can prevent the onset of bad wrinkles on the forehead so when should we draw the limit as to what age society deems it is too young to have them. My impression is, if you are allowed to fight for your country at eighteen then it would seem ethically immoral to not allow the same subject the ability to make a decision that might affect their psychological outcome. The objective of some cosmetic procedures is somewhat analogous to a military campaign in that it is done to minimize or eliminate a problem area so a person can focus on life. Having said that, I personally would not treat a patient less than 23 years with botulinum toxin despite them having won the Purple Heart.

Have you ever had a procedure yourself? If not, would you consider one?

It is widely known in cosmetic circles that a good proceduralist never throws his out of date Dysport ® in the bin without first looking in the mirror!

Do you get couples coming to you for consultations - or is primarily led by females as their decision?

Yes, I get couples coming for consultations very often. Cosmetic medicine is unlike cosmetic surgery, in that it is very unusual for one partner not to be aware of the others actions. Amazingly, the one exception is the seventy-year old patient who is brought in by their daughters for treatment. They usually are at pains not to get any bruising so their partner will not notice that they had something done. It is also of interest to note that some procedures, especially Isolagen ®, are done by partners at the one time. I suppose it is a new variation on the marriage vows of growing young together rather than growing old together.

There are many Irish women out there on the verge of making a decision whether they should or should not get a cosmetic procedure done. In your opinion what should they prioritise?

The first thing to do is ask yourself why you need the procedure and are there any alternative treatments. Ask around, especially your own GP as the best advertisement that a good cosmetic doctor can have is from his colleagues or patients and not from the Golden Pages. Do your own research before going to the clinic and then you will know the relevant questions to ask. When you are there, don't be afraid to interview the doctor about his experience in the technique. It is not advisable to ask a European Doctor questions regarding his qualifications that appear to have come from an American website. European doctors do not have to be board qualified and the FDA has no authority in this jurisdiction. Your practitioner should make you aware of all the potential problems that you may experience, however minor. It is important to know the amount of time it will take you to recover. It is important to know exactly what support is available to you during the aftercare following a treatment or procedure.

I would also let my GP know about your intentions, possibly get a referral letter stating your previous medical history. Most important of all, find out how long will you be under an anaesthetic and how well is the clinic or hospital where you are getting the procedure done equipped to handle a cardiac arrest. On the other side, most cosmetic patients are in good health and this is why their risks are slightly less than other procedures. There is little doubt that patients are becoming increasingly aware of the fact that cosmetic medicine is making aesthetic procedures cheaper, safer and minimising downtime. There is also a growing divide between the knowledge that patients now have and that of their GP.

This leaves many patients vulnerable and consequently they feel defenceless with little more than a magazine article to make them cross the threshold into a cosmetic doctors office.

Despite this, these are the following guidelines I would suggest to any patient contemplating a cosmetic procedure.

1. Listen to your friends, the best advertisement that any cosmetic doctor can have is from his other patients by word of mouth.
2. Do not consider a procedure that has not been fully evaluated, always place safety as a priority, especially if you have not had anything done before.
3. Knowledge is power. You would not consider buying a house without first going around chatting to different estate agents about their opinion. Why would you not do the same with doctors for something concerning your face?
4. Always check out if there are alternative procedures to correct your problem.
5. You have to feel totally comfortable and trust the judgement of your doctor. Be aware that a procedure may be offered to you just because the doctor may not have the skills to do something else.
6. Respect the doctor who is strictly honest with you regarding your age, cosmetic problems, and eventual expectations. Respect the doctor who gives you a mirror and asks you what your problem is or the proceduralist who asks you to consider things and come back another day.
7. Do not try to find the answer to your problems in the Golden Pages, it is good for phone numbers, not evaluating a proceduralists qualifications.
8. Make sure your cosmetic surgeon has admission rights to a nearby hospital.

Quote: "I believe that some patients should be treated early as there is complex interplay between the body and the mind, between health and outlook, that may affect a psychological outlook for the rest of their life."



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