The Subliminal Difference: A New Treatment Philosophy

Steven H. Dayan MD<sup>abc</sup> and John P. Arkins BS<sup>d</sup>
<sup>abc</sup>Chicago Center for Facial Plastic Surgery, Chicago, IL
<sup>d</sup>Department of Otolaryngology, University of Illinois at Chicago, Chicago, IL
<sup>c</sup>School of New Learning, DePaul University, Chicago, IL
<sup>d</sup>DeNova Research, Chicago, IL

ABSTRACT

The female face of youth is exemplified by a petite lower one-third of the face as opposed to the aging face that is evident by jowling and a squaring of the jaw more representative of a masculine appearance. By placing fillers in the cheeks and infraorbital areas, it deemphasizes the lower one-third and allows unimpeded attention to the eyes, which are the first facial feature to be evaluated during impression construction. We present the case of a 37-year-old female desiring a more youthful appearance through non-surgical intervention.


INTRODUCTION

For the last two decades, we have targeted wrinkles and folds with minimal regard to the context within which those characterizing features are gained. Perhaps we should set our sights more globally on shaping a face based upon the evolutionary forces that compose beauty and attraction. As a female ages, her cheeks descend, forming deep hollows around the eyes. Jowling occurs as the cheek fat pad falls over the jawline, causing the chin to become square-like, and the aging female face masculinizes. It is these physical traits that the human mind interprets as aging, infertile, and of diminished attractiveness. By placing fillers in the cheeks and infraorbital areas, it deemphasizes the lower one-third of the face and allows unimpeded attention to the eyes, which are the first facial feature to be evaluated.1

CASE VIGNETTE

We present the case of a 37-year-old Caucasian female desiring a more youthful appearance. Her past medical history was non-contributory. Upon physical examination, moderate rhytids of the forehead, glabella, and periorbital area were noted, as well as mild malar volume loss.

We performed a minimally-invasive approach to pedestal the eyes, deemphasize the lower third of the face to convey a more youthful appearance (Figure 1a). The area was cleansed with alcohol and betadine, and no topical or injectable anesthetics were given. After informed written consent was obtained, onabotulinumtoxinA (Botox Cosmetic) was reconstituted with 3.3 cc of saline to create a final dilution of 3U per 0.1 cc. Ninety units were injected into the procerus, frontalis, corrugators, orbicularis oculi, and masseters. Additionally, 2 mL of a 1 mL hyaluronic acid (HA) (Restylane), 0.1 cc of saline and 0.1 cc of 1% lidocaine preparation was injected into the temple area using a 22-gauge, 70 mm blunt-tip cannula. The malar areas were treated with 2 mL of a mixture of 1 mL HA, 0.2 cc saline, and 0.1 cc 1% lidocaine using blunt-tip cannula. After the filler was injected, the HA was manually molded to ensure proper placement.

The patient tolerated the procedure well with minimal to no edema or bruising based on patient report and seven-day video diary. At a two-week follow-up appointment, there was improvement in facial volume loss and a decrease in facial rhytids of the upper third (Figure 1b). The patient stated that immediately following the treatment, she was able to return to her daily activities and did not experience any bruising or pain as previously noted with other cosmetic procedures.

CONCLUSIONS

In its most basic form, beauty serves as a subconscious form of communication, signaling our health and vitality. It is the less than one millimeter change in the corner of the mouth,
eyebrow position, eyelid aperture, and homogeneity of the skin that stimulates, attracts, and influences mood—not overtly obvious augmentations. These visceral calling signals have been instilled into our brains and bodies through the emotionless process of natural selection. Understanding the subtleties of beauty through the evolutionary lens in which it was shaped is paramount to successful outcomes. It is imperative that we understand the different rheological properties inherent to the various fillers. By mixing the product with lidocaine or saline, we can thin the filler, thereby reducing its viscosity and further modifying its properties to exploit its unique advantages similar to an artist working to create a specifically desired texture, tone, and depth of a color.

Incorporating this philosophy to widen the eyes, treat the temples, strengthen the jawline, and narrow the cheeks de-emphasizes the lower third, draws attention to the eyes, and follows an evolutionary strategy of beauty. Using blunt tip cannulae, reducing viscosity of the fillers and bimanual molding allows a facial makeover in minutes with immediate results, minimal discomfort and virtually no bruising. Patient satisfaction is maximized.

REFERENCES

I applaud Dr. Dayan on this subtle yet significant example of natural cosmetic surgery. The word “subliminal” is clever and bold. It is true that we are accustomed to dramatic changes between pre and post cosmetic surgery pictures. Here we need to look back and forth to appreciate the well chosen enhancements. Once you see how the brow is lifted, the corners of the lips are uplifted, the cheeks are fuller yet high, and the quality of her skin is tighter and smoother—then it becomes obvious which is pre and which is post. She looks happier, healthier, more approachable. From a Darwinian psychology or evolutionary biology perspective, she wins. There are several fields of academia focused on the role of aesthetics in the animal world. Game theory suggests that the more beautiful specimen wins the better mate and ensures the survival of its DNA. This example provides us with a new face of subtle yet subliminal cosmetic surgery using the newest techniques (i.e., cannula to reduce bruising) while utilizing a judicious amount of product to achieve a lovely effect.

Ellen Marmur MD
Mount Sinai Medical Center, New York, NY