

A Comprehensive Guide to Aesthetic Plastic Surgery

BE YOUR BEST

written by the experts®

A surgeon's approach to aesthetic change helps you "Be Your Best."

Commentary and insights from the book

"Be Your Best"

about plastic surgery offers patients a true understanding of the aesthetic surgery process and illustrates the importance a particular surgeon's approach plays in achieving the best results possible for any body part.

Face Lift

"It must be the goal of every face lift to conceal each and every incision, because what has this procedure truly accomplished if a patient becomes burdened by unsightly, visible scars. I tell patients during the consultation, as a matter of record, that they will be able to wear their hair in a ponytail or any style they choose, without any evidence that they have undergone facial rejuvenation surgery. Toward this end, incisions are placed along the margin of the ear, as opposed to in front of the ear, and attention given to re-creating the ear's normal architecture as well as to the location of the sideburn, the incision behind the ear, and the quality of the line of closure."

Jonathan H. Sherwyn, MD, FACS

Breast Lift and Augmentation

"While some surgeons prefer to perform mastopexy and augmentation in two stages, citing a possible loss of accuracy due to the manipulation of two independent variables during the same procedure, I believe that accuracy need not be sacrificed. I accomplish this through the use of a technique referred to as 'tailor-tack.' With this technique, the augmentation is performed first. Next, the operating table is brought to a fully upright position, and temporary sutures are placed to provide the uplift, such as a tailor altering a garment. In this way, the breast mound is brought into harmony with the underlying implant. Should the temporary sutures prove satisfactory, they are delineated, the lift is definitively performed and permanent sutures placed."

Jonathan H. Sherwyn, MD, FACS

Breast Reduction

"The vertical mammoplasty, or Lejour technique as it is often called, entails an incision around the areola with a vertical limb only. It eliminates the traditional horizontal incision that traces along the inframammary fold, and there is no incision beneath the breast mound. This distinguishing feature, as well as the creation of a final breast shape that is consistently conical, make this technique preferable, in my opinion, to the traditional approach. Many plastic surgeons do not perform this procedure, possibly due to the relatively steep learning curve; familiarity with the nuances inherent in this technique is essential to achieve optimal results."

Jonathan H. Sherwyn, MD, FACS

Jonathan Hilton Sherwyn, MD, FACS
Certified, American Board of Plastic Surgery

50 East 79th Street, New York, NY 10075 • Tel: 212-517-2700 • Fax 212-517-2828 • EMail: jhsherwynmd@aol.com • www.drsherwyn.com