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Editorial Perspective

Extreme medicine?

As master jugglers of responsibilities, surgeons work with great intensity; may not notice signs of burnout

Workplace "burnout" is a term that we usually save for describing other people and their careers. Interestingly, a significant number of physicians — and, yes, even cosmetic surgeons — are on the verge or have full-blown symptoms of this destructive problem.

If you feel that you cannot listen to another set of patients' complaints about your last surgical procedure or you don't want to walk into an exam room anymore, this may be just one sign of this problem affecting you. If your schedule is always overwhelming and you don't have enough time to talk to your patients or run your office, or you left out the correct ICD9 or CPT Codes, then the next event in your life may be the onset of burnout.

Early warning signs include chronic fatigue, anger or flare-ups at those making demands on your time; self-criticism for constantly putting up with the demands that you are unable to meet; cynicism and negativity; chronic irritability, sleeplessness and depression; and psychosomatic disorders such as headache or GI disturbances. Weight loss or gain, irregular diet, loss of appetite or binge eating can also be signs of burnout.

If burnout becomes a true problem, as physicians we tend to in engage in denial. By speaking with a counselor skilled in treating stress-related problems in physicians, we can effect a plan. Books and counseling services can help us to better accommodate our stressful lives.

For those who practice plastic surgery, life can be difficult. We have to balance giving the very best care to our patients, while at the same time, we have to perform a full workload within a reasonable period of time — and then have enough free time for our families and other activities. Since most cosmetic surgeons also have a practice that includes reconstructive work, we know that problems of reimbursement and loss of autonomy in our practices are significant sources of frustration.

Often, just making the effort to "book yourself out" a certain amount of time each week to spend as quiet time or to organize some of your activities outside of the practice can be quite effective in reducing stress. Certainly, we have to take care of ourselves with good nutrition, exercise and sleep habits. Physicians are probably the worst group in regard to taking care of themselves.

Ways to overcome stress can include: looking for the cause, clearing or uncluttering your life from extra obligations, setting goals, seeking counseling, learning to say 'no' to requests, establishing a realistic workweek, and turning off your cell phone, computer and beeper for periods of time.

If there is a strong concern about privacy, consider going online to look at the many references and books. Many current journals also have excellent articles.

Certainly, the many physicians who have fought burnout in a constructive and intelligent manner have been able to counsel others on how to improve their situation and their sense of self-esteem while achieving a better direction in their lives. Don't let burnout even begin to get to you; be proactive in your awareness and prevention of it.

James H. Carraway, M.D.
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Editor's Note: See our page 1 story for more ways to avoid burnout.

Perioral laserabrasion outcomes supply more than just 'lip service'

Procedure results in 95 percent wrinkle clearance in perioral area

By **ROCHELLE NATALONI**
STAFF CORRESPONDENT

San Diego — Perioral rejuvenation responds better to a combination of CO₂ laser and dermasanding than to laser alone, according to facial plastic surgeon John P. Fezza, M.D., Sarasota, Fla.



Dr. Fezza

Dr. Fezza performed the combination procedure known as laserabrasion on more than 90 patients over three years and found that laserabrasion results in

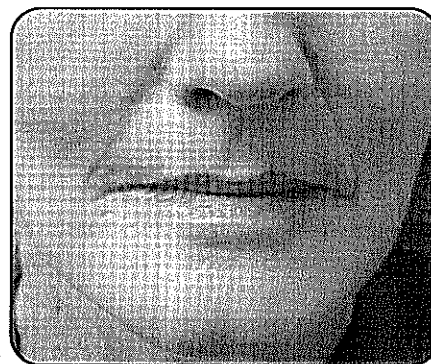
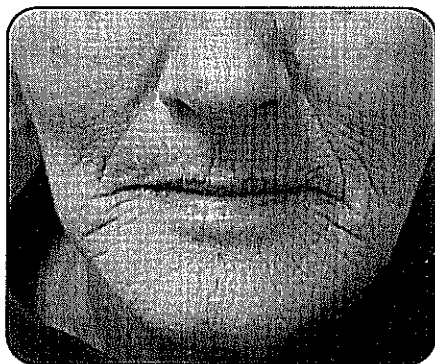
95 percent wrinkle clearance in the perioral area as compared to 75 percent clearance with laser alone.

"This combination offers the benefit of tissue remodeling from the laser along with the sculpting, shaving and mechanical wounding of the dermasanding. The result is deeper penetration than laser alone without additional thermal damage," Dr. Fezza told attendees at the American Academy of Cosmetic Surgery (AACS) annual meeting.

"The technique is safe, effective and inexpensive with a greater clearance of wrinkles than laser alone," he adds.

Evaluation

When Dr. Fezza evaluates a patient for perioral rejuvenation he examines the oral cavity and the skin. Denture wear,



Above patient shown before (left) and after (right) full-face laser treatment.

Photos: John P. Fezza, M.D.

volume deficiency, thinning of the lips and wrinkles from muscle overaction all factor into the extent of the reconditioning, he points out.

"If there are heavy wrinkles, I usually consider laser or laserabrasion," he tells *Cosmetic Surgery Times*.

Laser alone

By themselves, lasers can produce dramatic results in reducing facial wrinkles, and they work especially well around the cheek area. However, although CO₂ laser alone produces excellent perioral rejuvenation results for moderate wrinkles in a majority of patients, Dr. Fezza found that the results of laser alone were often disappointing to elderly patients.

"Many older patients have a disproportionate amount of perioral wrinkles compared to the rest of the face," Dr. Fezza explains.

Better modality

He suggests that the perioral area in elderly patients has deeper, more resilient wrinkles, because it is more affected by constant muscle movement of the orbicularis oris muscle and/or the more direct effects of smoking and direct sun exposure. This discrepancy prompted him to seek a safe modality to achieve better results to satisfy these patients.

He evaluated the effects of dermasanding, dermabrasion and chemical peels, as well as various combinations of these treatments and concluded that the combination CO₂ laser with dermasanding provided superior, safe and reproducible results.

"The other methods had disadvantages," Dr. Fezza says. "Dermabrasion can be bloody and can cause hypopigmentation, and deep chemical peels also have the disadvantage of potential hypopigmentation along with the

possibility of perioperative cardiac arrhythmias," he says.

Laserabrasion technique

Dr. Fezza's five-step laserabrasion technique starts with tumescence and ends with postoperative Valtrex (Glaxo-Wellcome).

"First, I make the lips rigid and stretch the wrinkles with 20 cc of dilute local anesthesia comprising 10 cc of Marcaine 0.25 percent and 10 cc of sterile saline," Dr. Fezza says.

Step two entails an average of three to four passes with the CO₂ laser, which is followed by the third step of cleaning and evaluating the perioral region. Next he applies Frigiderm (Clarity Skincare, Inc.) to the lips to create a stiffer surface for dermasanding.

"This combination offers the benefit of tissue remodeling from the laser along with the sculpting, shaving, and mechanical wounding of the dermasanding."

—Dr. John P. Fezza
Sarasota, Fla.

"This also limits blood splatter," he explains.

He follows the Frigiderm application with dermasanding using sterile 220 grade silicone carbide sandpaper.

"The endpoint of dermasanding in the perioral area is achieved with uniform bleeding points indicating the capillary loops of the reticular dermis," Dr. Fezza says.

Patients begin using Valtrex one day prior to surgery and continue for one week postoperatively. Aquaphor (Aquaphor) or CU3 are used postoperatively for 10 days. Patients are instructed to use Physician's Choice Progesterone Cream (Physician's Choice) progressively tapering the application postoperatively from weeks two through five.

Advantages

Dr. Fezza points out the advantages of this combination technique are that it is easy, effective, safe and cost effective. Furthermore, he adds, dermasanding has an additional advantage.

"Sanding removes some of the lasered tissue and allows me to go deeper than just using the laser alone without having to put excessive thermal energy into the skin," he says. **CST**

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