

► ■ **Breast reduction** to overcome both physical (e.g. back pain) and psychological burdens in teenage girls. In 2010, well over 4600 breast reductions were performed on patients aged 13-19 years in 2010

■ **Acne treatment and smoothing or 'refinishing' the skin** with a laser or via microdermabrasion. In 2010, almost 9100 microdermabrasion procedures were performed on US patients aged 13-19 years. Other treatments for acne-related skin problems include laser skin resurfacing, dermabrasion and chemical peels. In 2010, 19 500 laser skin resurfacing procedures, 5500 chemical peels and 3000 dermabrasions were performed on patients aged 13-19 years

■ **Gynaecomastia**, in which teenage boys with large breasts undergo plastic surgery. The procedure accounted for 17% of cosmetic surgeries in patients aged 13-19 years in 2010 (13 500 procedures)

■ **Breast augmentation**, where saline-filled implants can be used for breast augmentation in women 18 years or older, and for breast reconstruction. Silicone implants for breast augmentation are approved for use in women aged over 22 years. More than 8500 breast augmentations were performed on US 18-19-year-olds in 2010, up 3% on 2009 (and accounting for 3% of the US total).

## Growing awareness of otoplasty in the UK

In the UK, data revealed by the British Association of Aesthetic Plastic Surgery (BAAPS) show that otoplasty (also called pinnaplasty)—the surgery brought into the headlines by the plight of the 14-year-old US girl mentioned above—is considered by 1-2% of the UK population. This might be seen as the number of people who believe their ears to be too prominent.

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spells out the reasoning behind young people seeking to access otoplasty; prominent ears often lack a normal fold, and sometimes one ear is more prominent than the other.

Corrective surgery can in fact be undertaken within the first few weeks of life, when it is possible to reshape the ears by applying a small splint to the rim—the cartilage of a new-born's ear is easily remoulded. After a few weeks, a permanent correction can be achieved. By the age of 6 months, the cartilage is too hard to be remoulded and a surgical solution is required.

However, it is best to operate when the patient is 5 years or older, as, until then, the cartilage is very floppy and does not hold the stitches well. It is recommended that although parents may feel that their child's ears should be corrected to avoid teasing and stigmatisation, it is best to wait until the child recognises the problem and wants the ears corrected.

## US popularity of non-surgical procedures

The American Society for Aesthetic Plastic Surgery (ASAPS) notes that statistics gathered over recent years point to a decrease in the overall number of cosmetic (aesthetic) surgeries of teenagers (those 18 years and younger) having cosmetic surgery.

It notes that nonsurgical procedures, including laser hair removal and chemical peels, are the most popular procedures among teenagers (2010). The runs counter to the perception, based on claims in the media, for example, that teen cosmetic surgery is rising significantly.

'This is not supported by authoritative statistics compiled by ASAPS,' says the Association.

By way of proof, the Association claims that in 2010 in the 18-and-under age group, there were 125 397 procedures (representing 1.3% of the total).

This compares with 203 308 procedures in this age group in 2009 (2%) and 298 704 procedures in 2001 (3.5%).

While the most frequently-performed cosmetic surgical procedure for this age group

in 2010 was otoplasty, the number of US lipoplasty procedures performed has remained low (down by 28%, to 1798 procedures in 2010).

And as to breast surgery, ASAPS notes 4153 breast augmentation procedures were performed on women aged 18-19 years, for the following reasons:

- Cosmetic bilateral surgery **47%**
- Severe asymmetry **19%**
- Congenital absent breast, tubular deformity, and severe under-development: each accounting for **10-11%**.

## Sense of perspective

The recent US case, if anything, serves to show only that cosmetic surgery is more widely accessible to all age groups, who are increasingly better informed and tend to opt for surgery for the right reasons.

It may also be tempting to draw ill-founded conclusions about the incidence of emotionally-damaging bullying of schoolchildren and uncontrolled rises in cosmetic surgery. But neither theory holds water. And ASAPS says its figures clearly refute the latter assertion.

The clearer message to draw is that, in appropriately-selected teenage patients who have reached the accepted growth and physical maturity milestones, cosmetic plastic surgery can have a positive impact on physical and emotional development. Their duty—and that of their parents—is to view plastic surgery as the 'real surgery' that it is, and that, as such, it carries some risks.

Nevertheless, it is available for all, within the voluntary constraints applied by the surgeons themselves, and thus not just to adults. But it does call for a grown-up outlook, and a dispassionate review of what are the motivating factors for surgery.

The US schoolgirl's case (above) was doubtless distressing, but she was personally gratified by the outcome of her surgery (leaving aside the fully unwarranted source of such problems). The cosmetic surgery industry, too, can be pleased with how this particular episode was concluded, as it has allowed it another opportunity to show that it holds patients' interests uppermost in its aim to provide lasting benefit.



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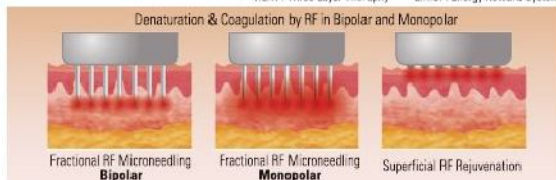
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