

# Preface

Over the past 30 years we have witnessed dramatic changes in aesthetic surgery. When we first began practice, a face lift involved little more than tightening cheek and neck skin without reelevating facial fat, tightening cervical muscles, or removing facial or cervical fat. Blepharoplasty entailed skin resection or fat removal with little attention paid to brow position, canthal support, or supratarsal crease definition. Facial wrinkling was considered untreatable; wrinkles were thought to be well earned and thus to be endured with dignity.

The present revolution in aesthetic surgery has forever changed our concept of aging. With current techniques, the aging face can be rejuvenated without the traditional sequelae that deterred many would-be candidates from seeking treatment. A youthful appearance can now be recaptured without the stigmata of the “surprised, operated look” so often associated with earlier surgical procedures. We can also offer patients resurfacing procedures that produce smooth, unblemished, youthful-appearing skin for a truly rejuvenated face. Current resurfacing techniques have made a major contribution in this regard, permitting improvement in the quality of the overlying skin cover to enhance the recontoured and anatomically repositioned underlying structures.

Our initial clinical investigations using phenol for treating sun-damaged skin convinced us that chemical peeling could reverse photoaging. Patients were delighted with the results, but our medical colleagues remained skeptical. Concurrently, others were successful in their initial trials using dermabrasion and TCA peeling to reverse the effects of actinic radiation and aging. However, it took almost a decade to convince the medical community of the efficacy of resurfacing. The advantages and limitations of these approaches became obvious with greater clinical experience. It was soon learned that patient selection and precise technique had a major impact on the success of these procedures.

Superficial peeling agents were first introduced in the late 1980s in response to the growing public demand for skin care regimens to improve sun-damaged skin. Today the availability of many different peeling agents and the technologic advances afforded by the pulsed CO<sub>2</sub> laser permit application in a broad spectrum of patients as well as patients with difficult clinical problems once considered intransigent to treatment.

*Facial Skin Resurfacing* evolved from lessons learned during our 50 years of combined experience with the various modalities for treating facial skin to eradicate the vestiges of aging and sun exposure and ameliorate pathologic skin conditions such as acne scarring and dyschromias. In view of the current media attention and public interest in laser surgery, the latest resurfacing tool, this book is particularly timely and is the first to address all the available options. As we reflect on the advances made in recent decades, it becomes increasingly apparent that no one solution is appropriate for all patients or problems. With so many options now available, physicians must become familiar with superficial, medium-depth, and deep peeling agents and become well versed in using all the current techniques to serve our patients' best interests.

Our writing is based on our personal experience, which has yielded consistent results with a high level of patient satisfaction. These approaches have worked best for us, and we hope that others will benefit from our learning curve. This text should help physicians just starting to treat patients with sun-damaged skin to avoid some of the common pitfalls and develop their own techniques to ensure optimal patient satisfaction.

Starting with the fundamentals that guide the decision-making process, the initial chapters focus on histology and patient consultation and evaluation. A thorough understanding of the histologic changes produced by actinic exposure and the application of the various treatment agents is key to developing a rational treatment plan for photoaging. Before selecting a treatment strategy, consultation and assessment based on skin type and complexion, skin thickness and texture, and degree and level of pathology are requisite. Appropriate clinical decision making depends on these factors as well as an understanding of the patient's needs, lifestyle, and goals. Only then can the best approach be selected for each individual problem area.

The remaining chapters present skin care regimens and specific applications for the three types of resurfacing: chemical, mechanical, and laser. Options, planning decisions, step-by-step procedures, results, and management of complications are discussed in detail. The range of skin care agents and superficial to deep resurfacing techniques is fully explored.

Laser surgery, the newest modality for facial resurfacing, has made it possible to treat patients who were not previously candidates for resurfacing. The final two chapters are devoted to this important topic. As with any new technology, experience is required if consistent results are to be obtained and complications avoided.

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Writing a book is both an exciting and intimidating adventure. One cannot compensate adequately for the time diverted from family and patients. However, the response of those who came to observe our technique and those who

attended our courses demonstrates the need to share our clinical experience. As the book progressed, we have been able to put our experience into perspective and gain a greater awareness of how the developmental milestones have influenced the art and science of facial resurfacing. We sincerely hope that the information included in this work will be beneficial to our colleagues and their patients.

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