



PLASTIC SURGERY UPDATE: TOTAL BODY LIFT

WORDS BY STEVEN BLOCH, M.D.

Patients who've had massive weight loss due to dieting or gastric bypass often are left with massive amounts of excess skin that will not shrink on its own. This manifests itself as an abdominal apron, laxity of the buttocks and thighs with folds of skin, drooping and deflation of the breasts, and hanging skin on the upper arms. These areas can be approached as separate operations or can now be combined using one surgical event in a total body lift.

A lower body lift combines an abdominoplasty (tummy tuck) with a thigh and buttock lift. The incision is placed in the waistband area and runs around the body, lifting the buttocks and lateral thighs, tightening the abdomen, and defining the waist. The lift is combined with liposuction to remove excess skin and fat. This used to be considered a major operation, but with recent advances and a team approach, the operating time has been cut in half. This has several advantages: With a shorter operation, patients have less bleeding, less chance of infection, and lower complication rates. With these savings, additional procedures can be done safely at the same time, such as arm, medial thigh, and breast lifts.

In the case of a medial thigh lift, an incision is hidden in the groin and under the buttocks. The excess skin is removed and often liposuction is employed to reshape the area. In the case of a breast lift or mastopexy, the nipple is raised and the excess skin is removed. The remaining breast tissue is reshaped into a more conical, youthful appearance. Often, a breast implant is used for additional enhancement.

Recent advances in post-operative pain management and the use of "pain pumps," which slowly infuse long-acting local anesthetics into the wound and numb it up, allow the patient to be up and walking within an hour of surgery. What used to require a lengthy hospital stay can now be done safely on a semi-outpatient basis. The point of a consultation is to address individual needs and come up with a feasible game plan. The important thing to understand is that each patient is unique.



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PLASTIC SURGERY UPDATE: BREAST REDUCTION

WORDS BY STEVEN BLOCH, M.D.

Women with large breasts experience more than dissatisfaction with body image. Overly large breasts contribute to physical discomfort and impair their ability to lead a normal life. Women who undergo breast reductions are some of the most grateful patients that I have encountered. There is not only a significant cosmetic improvement but physically and medically these patients experience a new lease on life.

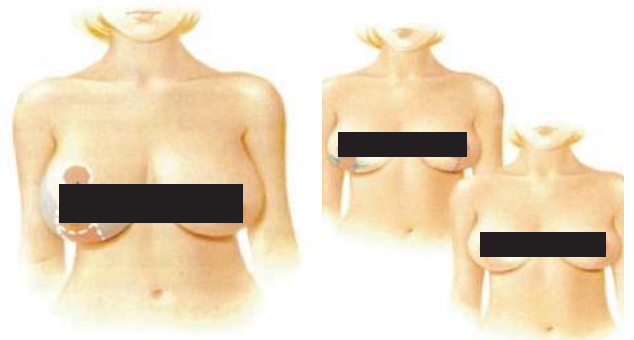
Breast reduction is a surgical procedure to reduce the size of large pendulous breasts that are disproportionate to a woman's body and can cause physical pain. Breast reduction mammoplasty improves breast size and shape.

Associated conditions that are improved:

- Back, neck, and shoulder pain due to excess breast weight
- Indentation of shoulder straps
- Skin irritation under the breasts
- Sagging, stretched skin of the breast
- Enlarged areola can be reduced in conjunction with the areola

The procedure can be performed on an outpatient basis. With modern pain management, post-op discomfort is very manageable.

Under certain criteria, this operation is sometimes covered by insurance.



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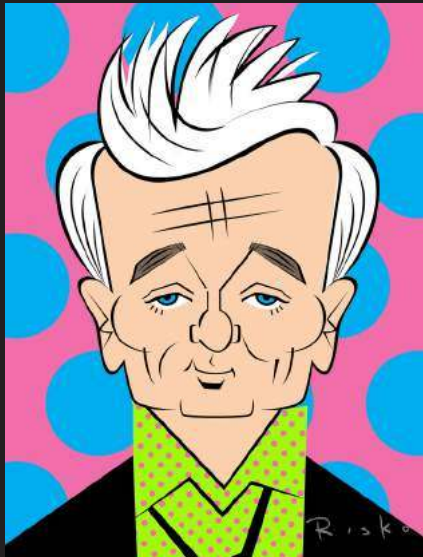
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PLASTIC SURGERY UPDATE: BREAST ENHANCEMENT

WORDS BY STEVEN BLOCH, M.D.

The appearance of a woman's breasts is often intimately tied to her sense of femininity, yet many women find themselves dissatisfied with what nature has dealt them. For some, it is their breast size, while for others, it is their position or shape. Fortunately, these issues can be addressed.

Breast surgery and enhancement is diverse and complex. Results can vary, and no one standard fits or applies to all women. Small breasts can be enhanced or augmented. Large breasts can be reduced, sagging breasts can be lifted, and sometimes what's required is all of the above.

One of the first questions I ask a prospective patient is "What is your fantasy?" It should be *their* fantasy, as it is *their* body and *their* decision. My role is to assess whether their fantasy is realistic and to inform them of what the risks and limitations may be. Breast augmentation involves multiple choices. Size is obviously important, but patients should realize that there are limitations based on their anatomy, such as chest width and size of their existing breast tissue. Fortunately, many sizes and shapes of implants are available to choose from. Placement is important, as it can be subglandular or submuscular. My personal preference in most cases is submuscular because they tend to stay softer with less scar tissue and have a more natural look. There is also less wrinkling in the long-term. The additional discomfort with this approach can be mitigated with the use of a pain pump. The approach can either be periareola, inframammary, or axillary. The decision as to which approach depends on the type of implants and size, as well as the patient's individual anatomy.

Most patients' breasts are not even to begin with. Usually this is not significant, but if it is, then adjustments in implant size need to be taken into account, as well as placement. We will be starting a clinical trial with a new implant that has the ability to be modified once it is inserted by injecting saline into the gel to increase the size and adjust for any asymmetries. Candidates will be limited to the first 10 patients.

Breast reductions usually involve repositioning the nipple areola complex, reducing the excess breast tissue, and removing the excess skin. Obviously, the scarring involved is more extensive but usually very acceptable. Insurance will often pay for this for non-cosmetic reasons. Sagging breasts can often be corrected with an implant alone. The critical factor is the position of the nipple areola complex. If it is truly too low, then it will have to be repositioned with an incision around the nipple and down the breast and sometimes underneath as well. Often, an implant is also inserted for additional improvement and to maintain superior fullness.



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PLASTIC SURGERY UPDATE: REVISION BREAST SURGERY

WORDS BY STEVEN BLOCH, M.D.

Many women have undergone some type of breast surgery, either for cosmetic or reconstructive purposes.

Most of these surgeries are very successful but unfortunately for some either the initial outcome fell short of their desire or over time the breast becomes distorted or hard.

In the case of breast augmentation, the body forms scar tissue around the implants which is normal. But sometimes the scar tissue contracts making the implant feel firmer. This is referred to as a capsule. The appearance also becomes distorted. Other complications include bottoming out, fold malposition, wrinkling and rippling, and symmastia. With time sagging of the overlying breast tissue is not uncommon creating a disconnect with the underlying implant. And of course a woman's breast naturally will change shape and contour as the body ages.

Natural conditions such as lax skin elasticity, thin tissue and multiple corrective procedures often pose technical and special challenges.

If you are unhappy with the outcome of a prior surgery a revision surgery may be in order. Patients need to understand that revision surgery is complex and technically demanding. There are limitations based on one's anatomy and what can be achieved.

Technologies have evolved over the years to help correct the described complications and deformities that can occur. The use of **Strattice** is a soft, natural product that is designed to reinforce weak tissue and to support growth of your own tissue. Derived from porcine dermis, it's strong and sterile product.

Strattice when used for revision breast surgery acts as an "internal bra" to support and hold the implant in the desired location.

Advantages provided by this internal support are:

- Provides coverage and support of the implant
- Significantly reduces the rate of capsular contracture
- Acts as an "internal bra" to give better support and control implant location
- Provides an additional layer to mask visibility of rippling and wrinkles
- Becomes viable tissue without scarring or fibrosis

The one drawback of Strattice is that it is expensive, but in my experience it is well worth the cost if it significantly cuts down on the need for future revisions.

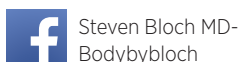


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PLASTIC SURGERY UPDATE: BESPOKE FACELIFT

WORDS BY STEVEN BLOCH, M.D.

Aging is inevitable. Looking fabulous takes work. From that first gray hair to the lines around the mouth and laxity of skin around the jaw and neck, at some point we can't ignore it any longer. Either we accept the inevitable or seek the help of a Plastic Surgeon.

A Bespoke Facelift is a customized procedure to fit the individual's specific needs. Most patients like who they are. They just want to look refreshed and "not plastic."

Every face ages somewhat differently. Factors to be assessed and addressed include:

1. Laxity of skin
2. Loss of volume
3. Underlying bone structure
4. Skin texture and wrinkles
5. Position of eyebrows
6. Status of neck, jowls, buccal fat
7. Appearance of eyes.

All of the above should be considered and addressed. A bespoke facelift does not rely just on the skin. What you do beneath the skin is just as important. This includes muscle tightening and repositioning. Fat reduction or addition. Sometimes cheek or jaw augmentation. The surface of the skin might be lasered or addressed with Fractora (micro needling and radio-frequency) to promote collagen production.

As part of a consultation, all of these concerns are addressed. Costs have to be considered and risk assessed.

I also recognize that not everyone wants to be operated on. As part of the consultation, non-invasive alternatives are discussed. If patients start early we can truly slow the aging process and put off the time before a facelift is needed.

So if you think the "wax is beginning to melt" maybe you owe it to yourself to have a consultation.



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