

Plastic surgery without aid of major anesthesia an option

By Leslie Goldman

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After Chicagoan Carol, 55 (she asked that her last name not be used), underwent a neck-lift in late May, she was thrilled with the results. Not only did she see an instant difference, but she had minimal bruising and was able to walk out of the private practice of her facial plastic surgeon, Dr. Steven Dayan.

What? No operating room? No negative reactions from general anesthesia? Nope.

That's because Carol was awake during the operation, riding the growing wave of cosmetic surgery without major anesthesia.

"They had me lie down and listen to music," she recalled. "The idea was to feel like I'd had a couple of martinis. I was totally numb, yet awake, so I knew what was going on, and the doctor was constantly asking if I was OK."

The phrase "plastic surgery without anesthesia" is a bit misleading, in that anesthesia is used; it's just not the lights-out, count-down-from-10 kind typically associated with face-lifts. What happens is the fat under the skin in the face or neck is slowly injected with a mixture of saltwater, the painkiller lidocaine and adrenaline, or epinephrine, which stops the bleeding. Enough fluid is injected so that the skin is taut.

Dr. Edward Lack, a local dermatologic cosmetic surgeon and a resident-elect of the Chica-



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Doctors say avoiding the use of general anesthesia during plastic surgery can cut patient deaths in half.

go-based American Academy of Cosmetic Surgery, explained that the technique was first used in liposuction. Now tumescent anesthesia, as it is known, can be used for everything from face-lifts to breast augmentations.

By avoiding the use of general anesthesia, Lack said, the risk of death is cut in half. Additional benefits of tumescent cosmetic surgery include less potential for bleeding, faster recovery, less need for narcotics, and the ability to get up and move mere hours after surgery. In fact, "liposculpture patients can begin exercising faster—even the next day," he said.

Dayan added that by forgoing general surgery, there is a substantial cost savings to the patient, because the procedure now can be done in the office with local anesthetic and perhaps a Valium as opposed to in the operating room. (He emphasized that having a trained specialist monitoring the patient's vital signs remains crucial.)

But for a person who wants a more minor operation such as an upper-eyelid job or a neck-lift using the technique Carol had, this may be a great opportunity to avoid the anxiety of "going under."

Visit the American Academy of Facial Plastic and Reconstructive Surgery Web site at www.aafprc.org to find a qualified physician in your area.

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