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Center for Facial Appearances

# newsletter

## INNOVATION: Fat Transfer

By John McCann, MD, PhD

### DESCENT OF THE FACE

When the face ages there are two changes that occur simultaneously. The best known is descent of the face; all of the facial structures tend to descend with aging. For patients over 45 years old descent of the face is commonly treated either with surgery to lift the lower face, mid-face, and/or forehead. Alternatively, prior to the age of 55 many patients can achieve a lift using a nonsurgical, no recovery technique, called Ultherapy.

### DEFLATION OF THE FACE

In patients who are thin or maintain a normal weight throughout life a bigger problem than descent of the face may be deflation of the face. Deflation of the face can be treated with fat transfer. Deflation is caused by loss of facial fat and this causes the face to look older by at least two different mechanisms.

### MECHANISM 1: DEFLATION CONTRIBUTES TO DESCENT

When fat is lost the face tends to sag. Similar to when a beach ball goes from fully inflated to partially inflated it also droops, becoming flaccid and wrinkled. Loss of facial fat contributes to drooping, by adding volume to the face, it reduces this effect.



A natural improvement in the appearance when loss of facial volume is treated with fat transfer

### MECHANISM 2: DEFLATION CREATES SHADOWS

Loss of facial fat changes how light is reflected off of the face. A youthful full face is mostly convex (outwardly curved) and reflects light in those convex areas. A "baby face" is round and full so it reflects light, subconsciously we interpret it as being youthful. A deflated face has many concave (inwardly curved) sunken areas causing light to form shadows in those areas. As the aging face loses fat it acquires more and more shadows. Subconsciously, we interpret those shadows as belonging to an aged face.

### FILLER

One way to combat facial volume loss due to aging is through the use of fillers. When the degree of fat loss is small or localized this is very effective. However, sometimes the volume loss is just too great to be affordably replaced with filler.

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take a look  
**INSIDE:**

Skin  
Cancer

Giving  
Back

Stitches to  
Super Glue



# INNOVATION: Replacing Stitches with Super Glue



## HISTORY

The earliest reports of sutures date back to 3000 BC in ancient Egypt, with suture material found in a mummy dating back to 1100 BC. Hippocrates wrote about the different techniques of suturing in 400 BC and by the 10th Century they were manufacturing absorbable gut sutures much like those used today.

## MODERN SUTURES

Today we have access to all sorts of quality sterile suture materials on a plethora of needles. Most suture material used today is absorbable. Some is made of synthetic materials but eyelids are still commonly sutured with gut. These sutures are still manufactured from the purified collagen derived from the guts of sheep.

## SUTURES ARE AN ANCIENT BUT EFFECTIVE TECHNIQUE

The reason sutures have stayed a tool in the surgeon's armamentarium for thousands of years is because they work. I cannot foresee a day during my career as a surgeon when I will completely quit using sutures. There are too many situations where there is not a better alternative.

## SUTURE PROBLEMS

As versatile and effective as sutures are, and despite the fact that we have had thousands of years to come up with the perfect suture material, sutures still have flaws. For instance, the most common cause of an infection is an infection of a stitch. This occurs when the bacteria which normally live on your skin attach to a stitch causing a minor localized infection. This can slow down wound healing but resolves when the suture is removed. Non-absorbable sutures need to be removed which require an additional office visit and patients generally find suture removal unpleasant. Absorbable sutures do not require removal but sometimes absorb too slowly which can cause little bumps in the incision site, or worse yet, they can absorb too soon causing a wound to split open. Most of these problems are caused by the superficial sutures which are visible on the skin.

## SUPERGLUE AS A SUPERFICIAL SUTURE SUBSTITUTE

Superglue spray was first used to close wounds in 1966 during the Vietnam War. A major cause of death was soldiers bleeding out on the battle field while waiting to be transferred to a medical facility. Superglue spray was used by medics on the battlefield to save soldiers lives.

A chemically modified version of superglue which is strong but less irritating to the skin was approved by the FDA in 1998. Dermabond is the form of medical glue most used by surgeons today. Liquid bandage is an over the counter form of modified Superglue used to close small superficial cuts. Not only does Superglue bind the skin together it also acts as a barrier to bacteria.

## USE OF MEDICAL GLUE AT THE CENTER FOR FACIAL APPEARANCES

Studies have shown us that wounds generally heal best when deep absorbable sutures (not visible through the skin) are combined with superficial skin sutures. In many situations I still use deep absorbable sutures but I have replaced the superficial skin stitches with medical glue. The eyelid is too thin for deep sutures so I have combined absorbable skin sutures with glue. A benefit in both situations is that it is not necessary to remove the sutures which I find my patients appreciate, because the glue falls off just after the wound has healed. Not using skin stitches prevents nearly all stitch infections. Medical glue even acts as a barrier to bacteria, including bacteria that are resistant to antibiotics, making it unnecessary to use antibiotic ointment on the incision site. This saves our patients both time and money. The incision sites also seem to look better sooner when compared to the use of traditional skin stitches. Replacing skin stitches with glue has resulted in an increase in the rate and quality of wound healing. Replacing many skin sutures with glue is another step along the way toward perfecting surgery.





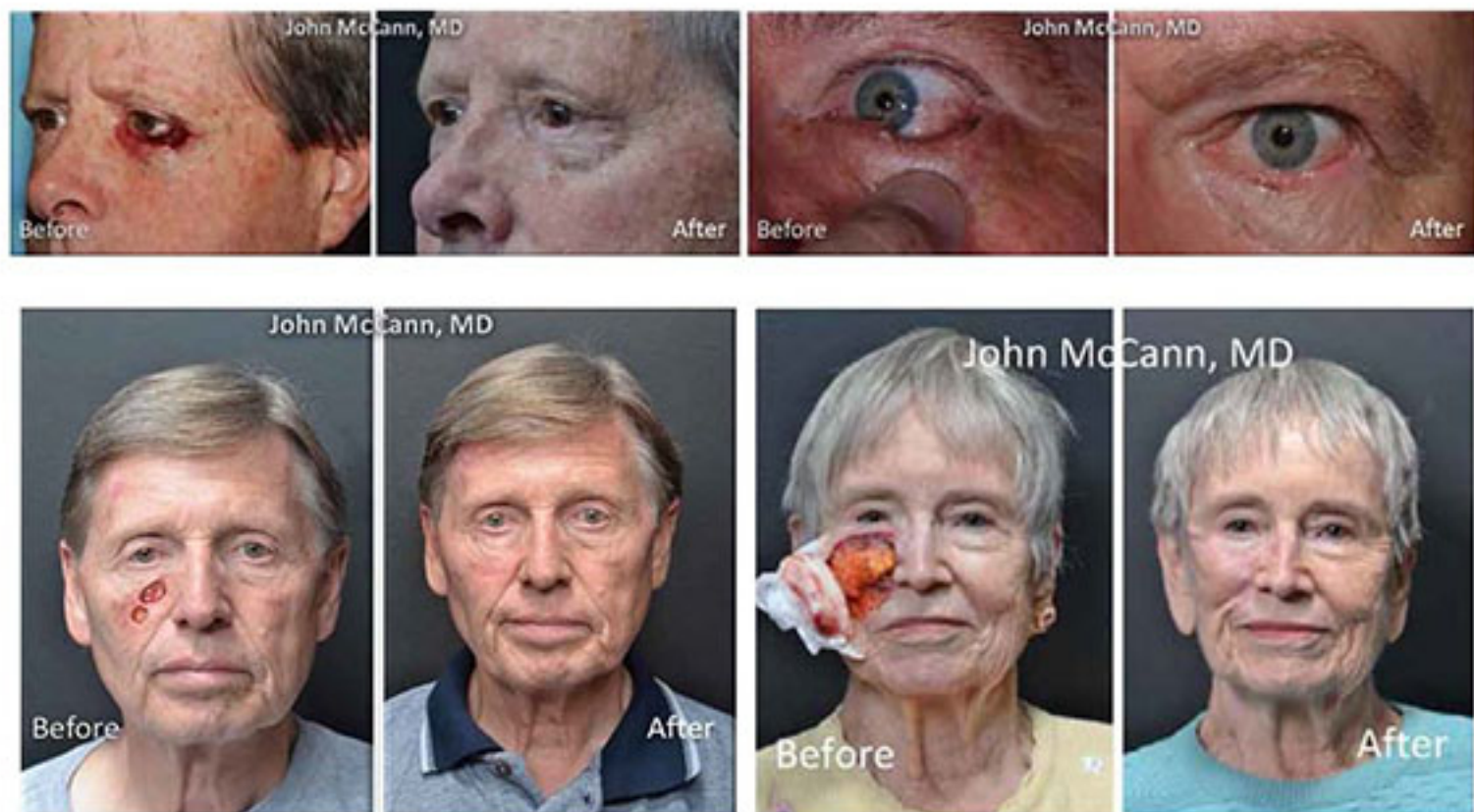


By John McCann, MD, PhD

# Skin Cancer: Prevention and Reconstruction

Most skin cancer occurs on the face so one of the important areas of emphasis at the Center for Facial Appearance is skin cancer reconstruction. We coordinate care with Mohs surgeons who are experts in removing skin cancer while we are experts in reconstruction after removal.

Skin cancer is best prevented so as summer approaches remember: sun screen, hats, and sunglasses. Most people receive 80% of their lifetime exposure to sun before the age of 20 and this early exposure to sun can later cause skin cancer. It is particularly important for parents and grandparents to protect their children's skin.







## Women On The Move Champagne Luncheon and Fashion Show



The Seventeenth Annual Women on the Move Champagne Luncheon and Fashion Show was held February 20, 2016 at the Grand America Hotel to benefit the National Multiple Sclerosis Society Utah-Southern Idaho Chapter. Dr. McCann and his wife Rachel generously donated their time and talents, as well as product and procedures from Center for Facial Appearances. As a result, the event was able to set another fundraising record. A special thank you for their support and for helping make a difference in the lives of people living with MS was extended to the McCann's by Brooke Hathaway, Development Manager, for the Utah-Southern Idaho MS Chapter.





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## SYNERGY

Facial rejuvenation procedures are like any other surgery; you have to address the proper problem to get a good result. You cannot fix a bad ankle by operating on the knee. Similarly, you cannot solve the problem of facial aging in a thin face by simply lifting the deflated face. Facial lifting procedures and fat transfer are typically done together in a single procedure each addresses the major causes of facial aging. We call this a synergistic effect because the combined result of lifting and transferring fat is typically greater than when the procedures are performed in isolation.

## THE FAT TRANSFER PROCEDURE

Fat transfer can be performed alone but is most commonly performed with a surgical lifting procedure. It may be performed in the office operating room under local anesthesia or in an outpatient surgical center. Fat is first harvested using a standard liposuction procedure. Often this fat is harvested from the stomach or inner thighs. Blood and other unwanted ingredients are extracted from the harvested fat, leaving the pure fat tissue. Next, the fat tissue is injected into a desired area of the face to instantly add volume. The liposuction and the injections are performed through very small incisions that do not require stitching.

## WHERE IS THE FAT INJECTED?

The fat transfer procedure can be used to add volume to all areas of the face. The most important areas to treat are around the eyes, over the temples, over the cheekbones, under the corner of the mouth, and in the hollow areas some people have between the cheekbone and the corner of the mouth. Fat can also be added around the mouth and along the jaw line. Prior to the procedure Dr. McCann goes over a photograph of your face and with your assistance maps out where the fat will be injected.

## RESULTS

The results look natural and require very little recovery. The incisions are small and do not typically create visible scars. Adding facial volume instantly creates a more youthful appearance by reducing the sagging of the face caused by deflation and by filling in shadows so that the skin looks more reflective and youthful. Though your body will digest some of the fat in the first few months after the procedure the majority will sustain for years. In many cases the improvement is permanent.

## DO I NEED A FAT TRANSFER OR A SURGICAL LIFT?

It is not a debate of surgical lifting versus fat transfer as most thin faces need both lifting and the addition of volume. A simple way to evaluate this in yourself is to first look at your face in a mirror while standing,

then lie on your back and look at your face again. The change you see between the upright position and laying down demonstrates what can be achieved with a lifting procedure. If you have a thin face and still have many signs of facial aging when lying on your back, you may benefit from fat transfer at the time of surgical lift. It is common to address both concerns with one procedure that lifts and adds volume. Fat transfer adds very little to the recovery from a surgical lift.

## FAT TRANSFER VERSUS FILLER

Fat transfer and fillers can both be used to address loss of volume and in my opinion it is largely matter of degree. Many thin faces will lose as much as 40% of the facial fat by 55 years of age. This is a lot of fat to attempt to replace with filler. A volume equal to as much as 40 syringes of filler may be injected during a fat transfer procedure. Some of this fat will not take but when large volumes of fat replacement are required fat transfer is a superior procedure. There are synthetic permanent fillers but I do not advocate the use of any of them. Virtually every permanent synthetic filler has shown the tendency to create problems years after it is placed. The best-tolerated permanent filler is your own fat, it makes sense to replace the fat that has been lost with your body's own fat. Fat takes better in some places than others, for instance it often does not take as well around the mouth as filler. In these cases patients may still want filler injections after fat transfer.

## MICRO FAT

A criticism of fat transfer is that it can create unnatural lumps and bumps beneath the skin. This is caused when a large clump of fat becomes visible when it settles near the surface of the skin. I use micro fat, which consist of very small pieces of fat, I believe this results in the most natural appearances. It is also safe to inject micro fat near the surface of the skin which in my experience can even help with texture changes of the skin (wrinkles).

## WHO IS A CANDIDATE FOR FAT TRANSFER?

If you have experienced facial volume loss, and have some excess of fat that can be harvested by liposuction you may be a good candidate for fat transfer. The fat that is transferred to your face will remember where it came from, if your weight fluctuates significantly then so will the size of the fat transferred to your face. The best candidates have normal and stable weight for their height.

For more information about Fat Transfer, call Dr. McCann's office at 801-997-9999.



# CELEBRATING STAR WARS STYLE



To ring in the new year Dr. John McCann invited both colleagues and friends to join him, his wife Rachel and the staff at Center for Facial Appearances to enjoy a viewing of Star Wars: Episode VII - The Force Awakens. The response was overwhelming, hosting over 400 to a wonderful evening of celebrating, food, conversation, and a much anticipated movie. Thank you to everyone whom attended, making this a special evening.



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