

Tone and Tighten

Your Jaw, Chin and Neck

By Dr. Andrew B. Denton

In 2010, a commonly heard phrase in the context of an age-related conversation is: “70 is the new 50.” But what exactly does this mean? And is it, in fact, true? Without a doubt, over the past several decades medical and technological advancements have made the prevention, diagnosis, treatment and cure of illness much more effective. Combined with a greater emphasis on healthy lifestyle choices, this has led not only to an increase of more than five years in the average Canadian lifespan since 1970, but also to a generally healthier aging population.

Unfortunately, the skin, soft tissue and muscles of the face and neck have not followed this new “axiom of aging,” as I like to call it. In fact, the opposite may in some ways be true. There is no denying that as we age, a thin face appears older than a full face. Likewise, increased levels of fitness throughout the population – in particular in such enviable geographic locales as our own – translate into more time spent outside and, thus, more sun damaged skin as time goes on.

The Factors That Make Us Age

Why exactly does 50-year-old skin look so much different than 20-year-old skin? The answer to this question can be broken down into “intrinsic factors” and “extrinsic factors.” Generally speaking, intrinsic factors are changes that occur within the skin itself, independent of other influence. This includes degenerative changes to the two main structural proteins of the skin – collagen and elastin, thinning of the skin and loss of fat under the surface of the skin, as well as lines and creases that result from repetitive muscular contractions. These processes occur in all individuals at varying speeds and to varying degrees and little can be done to prevent them from occurring.

Extrinsic factors, on the other hand, are the external factors that contribute to the aging face and neck. One of the most important – gravity – is impossible for most of us to avoid. Others, such as sun exposure and exposure to tobacco smoke, are more easily avoided. As you can imagine, extrinsic factors exacerbate intrinsic

factors. An analogy would be the process of converting a plum to a prune. Sitting in your countertop fruit bowl, a plum will naturally shrivel and shrink over a number of days as water is slowly lost and the skin of the fruit thickens. However, set the plum outside on a warm summer day and the process is complete in a matter of hours.

Medical Prevention Remains Elusive

Whereas we have been quite successful at preventing and managing systemic illnesses such as high blood pressure, diabetes and cardiovascular disease, the prevention of age related changes to the face and neck remain elusive. Thinking back to our plum analogy, it really doesn't matter how carefully you tend to the plum, it will still eventually turn into a prune. The process can be delayed by keeping it out of the sun and in a cool environment – but not prevented. The intrinsic factors in this example eventually rule. Likewise, treatment for the aging face and neck – in particular surgical treatment – remains reversible, not preventative.

Needless to say, the importance of a regular and high-quality skincare program cannot be overstated. Daily moisturizing, cleansing and sun protection are the absolute minimum. The addition of a daily Retin A containing cream prescribed by your physician will improve skin color and texture as well as help reduce fine lines and wrinkles. Beyond these basics, the choices are mind boggling and able to confuse even the most erudite scholar of skincare. The key is to start with the basics and make it a habit. Considering that more than twenty-four billion dollars are spent worldwide each year on skincare products, additional products should be considered strategically, on an individual basis and only after your basic skincare program is in place.

Treatment for Aging Skin

The next step in aging skincare moves more toward treatment than prevention. “Office based” or “minimally invasive” procedures, performed with little or no down time, have become ex-

tremely popular over the past decade to camouflage or reverse the effects of aging. These include the soft tissue fillers (e.g., Restylane and Juvederm) and the neurotoxins (e.g., Botox and Dysport) as well as the wide range of light-based therapies. With the possible exception of the neurotoxins which, if started early, can prevent certain facial lines from forming, these treatments work by filling or softening lines that have already formed, by replacing volume that has already been lost, or by tightening skin that has already become loose.

Without question, surgery remains the most powerful tool in the battle against age-related changes to the face and neck. For lax skin of the jaw, chin and neck, surgical options focus primarily on face and neck lifting procedures. The exact type depends on many factors, including the severity of skin laxity, the amount of subcutaneous fat present and the recovery time available to the patient.

As a surgeon, I am commonly asked by my patients, “What's new in facial plastic surgery?” Because the science behind soft tissue fillers, injections and lasers is rapidly expanding and relatively young, new products are being introduced at a rapid pace – each claiming to have specific advantages over its predecessor. Surgical procedures, on the other hand, evolve in a more nuanced and gradual way. Entirely new procedures are rare and should be met with a healthy dose of skepticism until proven effective.

A surgeon will develop his or her technique over years, both by experience in the operating room and by the sharing of ideas with colleagues. A “traditional” procedure may seem on the surface to be outdated or old-fashioned. Consider, however, that a procedure becomes “traditional” only after being around for a long time, which, in this field, typically means it works.

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