

What's Hot



TOTAL BODY REJUVENATION: A NEW DIRECTION FOR OUR PATIENTS AND FOR OUR SPECIALTY

Gregory A. Buford, MD, FACS

President, Beauty by Buford/Core Aesthetics, Englewood, Colorado

Over the last several decades, rising obesity¹ and a lack of consumer education regarding proper nutrition has challenged the American health care system. While this challenge has hit specific geographic and socioeconomic segments of the country hardest, as the years progressed it is being seen now in even the “healthiest” states. For the last several years, Colorado, thought to be a marker for good nutrition and healthy lifestyle, was identified as being a state with one of the lowest obesity levels.^{2,3} But at an alarming number of just over 20%, this designation can hardly be seen as positive; it’s just less horrible than the rest of the nation. And while several factors have been blamed for this sad state of affairs, we simply need to look to the dizzying amount of information available to consumers regarding “proper nutrition” and fad diets to realize that there is really no one single way to eat right and to maintain proper nutrition.

Another issue we are seeing more increasingly is the rise of the “skinny fat,” or, as it is designated by the medical profession, the “metabolically obese normal overweight” individual. This person, while seemingly healthy on the outside, is disproportionately balanced towards low levels of lean muscle mass and higher levels of visceral body fat. These people may seem healthy but, in reality, they are anything but. According to Dr. Mark Hyman,⁴ Chairman of the Institute for Functional Medicine at the Cleveland Clinic Foundation, this imbalance is being seen on a more frequent basis and is thought to be a contributing factor to the growing frequency of insulin resistance and, ultimately, the rising incidence of metabolic syndrome. The practice of functional medicine has been gaining in popularity as a means to better engage patients in their own health and the care of their health. Functional medicine addresses the underlying causes of disease, using a systems-oriented approach to look at the patient’s entire body and various lifestyle factors through a more holistic and whole body-centered approach. It differs from conventional methodology in that it favors a more comprehensive and causative factors-related thinking as opposed to one that simply looks at and treats symptoms of disease.

Add to this crisis the rising demand for elective plastic surgery procedures (both invasive and noninvasive) and the ever-growing interest in looking young, and we effectively have the perfect storm. Our clients want to look younger and more fit on the outside, but many of them are simply not taking the proper steps to address changes on the inside—and therein lies an opportunity.

As physicians, we are taught from day one the basics of medicine and functions of the human body, and then we separate to choose our specific trades. Those of us who entered plastic

visit us online at: www.plasticsurgerypulsenews.com

surgery were lucky enough to learn not only the science of medicine but the art as well. However, we were never taught the basics of something so seemingly basic that it rarely, if ever, played a role in our training: the essentials of proper nutrition and their effects on our surgical patients. In researching my forthcoming book on surgical nutrition, I reviewed an exhaustive list of studies aimed at reviewing the effects of nutrition on wound healing and surgical outcomes only to find that a majority (if not all) of them focused predominantly on extremes. These studies compared “healthy” patients with grossly malnourished patients and concluded that grossly malnourished patients stood to benefit from nutritional resuscitation both before and after surgery, and that seemingly healthy patients did fine. While these studies are undoubtedly important, they lacked foresight and relevance for the changing environment of surgery itself and what we do as modern-day plastic surgeons.

Our surgeries are now increasingly being performed on an out-patient basis on patients who seek our talents for bodily changes, which have been wrought not only from the ravages of time and aging but also pregnancy, extreme weight loss, and genetic dispositions. What we have failed to grasp is that many of these same patients are also seeking our services for solutions to problems resulting from specific lifestyle choices they have made, and choices they will continue to make long after their experience with us—and, again, therein lies an opportunity for our profession.

A few years ago after having competed in a men’s physique competition and drastically changing the way I ate, it dawned on me that we were focusing exclusively on technology and ignoring the simple fact that how we eat may play a role in how we heal, and that is when I made the change. I did something that seems so obvious but that few plastic surgeons are doing. I began checking the nutritional health of my patients both before and after surgery to see how finely tuned they really were, and I found some very interesting things.

Living in Colorado, it’s hard to *not* eat healthy since seemingly everyone around you is doing so, and the focus seems to continually be on staying in shape and eating the right food. But even in Colorado, many people are confused about healthy food choices, and are even more confused when you throw the trauma of surgery into the mix. Consider the average patient who is confused by the vast amount of information available to them and who is now thrust into planning for a surgical procedure. Even with elective procedures, our patients have some degree of stress, and planning healthy meals before and after surgery may simply not be a high priority. Add to that the slew of medications we prescribe that can increase nausea and decrease appetite, and we now have a patient who is uninformed, poorly prepared, nauseated, not hungry, and lacking the energy to prepare healthy food choices. The end result is that many of these patients either eat poorly after surgery or they eat very little to nothing at all. When their wounds take longer to heal or they experience increased swelling and discomfort, we turn

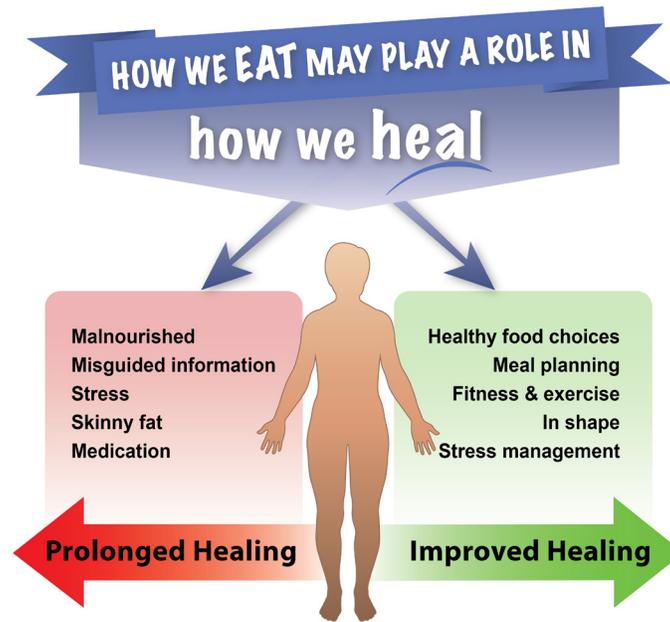


Fig. 1 Lifestyle choices, including diet and exercise, may affect how we heal after surgery.

back to our standard teachings and simply prescribe another medication to treat the symptom instead of looking at why that symptom actually occurred (Fig. 1).

So, what is considered to be healthy? While this topic will continue to be hotly debated by sides favoring the vegan lifestyle versus the Paleo diet versus the Mediterranean diet and so on, the simple truth is there is no one diet that is perfect for everyone. We are finding that multiple factors (including such variables as our individual gut biomes) can be critical in determining what foods are most appropriate for us individually, but eating healthy need not be complicated. In fact, if we simply think about the advice our mothers gave us (eat a balanced meal and eat your vegetables), most of us will do well. I would add to this advice to know the source and quality of your foods and to eat as simply as possible. If you can't pronounce the ingredients of a meal, then you probably shouldn't eat it. To eat healthy is to eat simply and, in this case, less is often better than more when it comes to what that meal actually contains.

I would also advise patients to watch out for hidden sugars and salt. The fast food industry absolutely loves these two ingredients and knows that you do, too. In the recent documentary "Fed Up," Katie Couric spoke with Dr. Hyman regarding our fast food choices and the power this industry has over us. When asked about the dangers of hidden sugars, Hyman mentioned a recent MRI study showing how the brain lights up "like a Christmas tree" following ingestion of sugar. The news gets worse when you realize this is the same area that responds to ingestion of the drug, cocaine.

We can do better. In the interests of our patients and with the desire to better establish the utility of our field of plastic

surgery, we need a massive paradigm shift in how we treat the elective patient. We need to look at the root causes for our patients' concerns and understand that while aging, weight loss, and/or pregnancy may have been contributing factors to their current state, these factors most likely did not occur alone. By addressing the nutritional status of our patients and addressing lifestyle choices head-on, we can position the field of plastic surgery as a true leader in whole body rejuvenation and not simply a myopic field focused only on a single complaint or concern. By incorporating some degree of functional medicine within our daily practice (or at least referring it out), we can provide not only better results to our patients on the outside but, more importantly, better overall health to them throughout.

I challenge you to make the change. Be well!

References

1. Ogden, CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA* 311:806-814, 2014. <http://www.ncbi.nlm.nih.gov/pubmed/24570244>
2. "The Most and Least Obese States in the U.S." *Huffington Post*. March 4, 2014. Available at http://www.huffingtonpost.com/2014/03/05/obese-states-most-least_n_4896517.html.
3. Witters D. Alaska leads US states in well-being for first time. *Gallup-Healthways Well-Being Index*, 2014. Available at <http://www.gallup.com/poll/181547/alaska-leads-states-first-time.aspx>.
4. Hyman M. Are you a skinny fat person? 10 steps to cure the skinny fat person. Available at <http://drhyman.com/blog/2012/08/17/are-you-a-skinny-fat-person-10-steps-to-cure-the-skinny-fat-syndrome/>.