



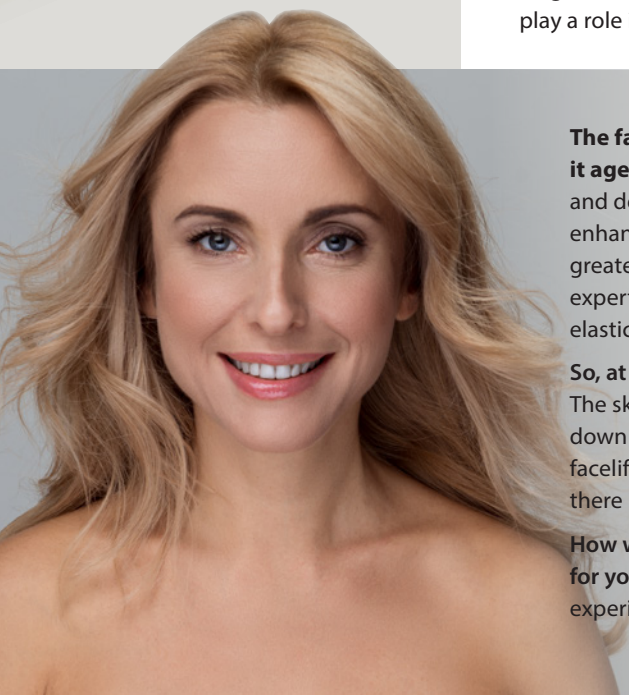
Welcome *Rachel*



OUR NEW NURSE

A lifelong interest in biology and a drive to work in a people-centric environment, drew Rachel to the medical field. After graduating, Rachel pursued roles in public and private hospitals – in New Zealand and Canada – in predominantly surgical settings. Her specific areas of expertise include pre, peri and post-operative surgical care, and she relishes the opportunity to play a role in patients' medical journeys.

- Face facts -
TIMELESS
*never goes out
of fashion ...*



The facelift turned 100 in 2016 – and hasn't it aged well! Whilst non-surgicals like Botox® and dermal fillers have certainly earned their enhancement badges, ultimately there's no greater way to curb the creases than with an expertly performed facelift – especially as elasticity is a battle unto its own.

So, at what age should you opt for a facelift? The skin's elasticity begins to steadily break down from early-40s onwards. Undergoing a facelift earlier – as opposed to later – means there is greater elasticity for better results.

How will you know which facelift is best for you? This is where the expertise and experience of the surgeon is essential.

Two decades ago, those surgeons who performed the 'tightest' facelifts may have been considered the best. Nowadays, significant advances in this procedure allows surgeons to achieve far more natural-looking results and minimise scarring and downtime. Instead of simply pulling back and cutting away lax skin, surgeons now lift and reposition underlying muscles. They have also mastered the nuances of replicating facial anatomy, gauging exactly how much skin is needed to lift up and which specific tether points (of the musculature) to snip to ensure optimal results.

Emerge *this Season*

SPRING FORWARD AND RECHARGE MIND, BODY AND SKIN

It's official Spring has arrived hallmarking the best time to embrace the new, challenge the old and engage a little refreshment. This issue we hone in on recent measures to reduce the risk of breast implant-associated anaplastic large cell lymphoma, we skin the surface and spotlight dermatitis – peeling back the layers of this common condition, we talk timeless in the face department, and with warmer temperatures wafting our way we touch on an ever-popular body procedure to ensure you're summer ready – plus, we dish up the latest on melanoma breakthroughs. **Enjoy!**

face-facts



Implanting change for the greater good



Pharmaceutical giant, Allergan, recently announced a voluntary recall of all biocell-textured breast implants and tissue expanders in circulation worldwide.

This global move is in direct response – and an act of precaution – due to growing concerns of breast implant-associated anaplastic large cell lymphoma. A close up of this rare type of non-Hodgkin's lymphoma, reveals its origins – a cancer of the cells of the immune system. It commonly causes swelling of the breast – due to an accumulation of fluid – and may take the form of a lump in the breast or armpit.

"Discussion about BIA-ALCL has formed part of my standard consultation for breast implant patients since 2009," says Da Vinci Clinic cosmetic and plastic surgeon, Adam Bialostocki. "Over the last few years, it has become evident that it may be related to implants with an exaggerated textured surface. Smooth-surfaced breast implants and tissue expanders do not seem to be impacted."

For those fearful of their textured implants – there's no need to ring the alarm until you have sought the best steps forward.

"This recall only affects devices still in the supply-chain – not those already used," explains Adam. "The FDA and other health authorities have not recommended removal or replacement of textured breast implants or tissue expanders in patients without symptoms."

Keeping yourself update to date with the facts and staying abreast of any changes is the best thing you can do when it comes to honing in on BIA-ALCL:

- BIA-ALCL can occur with both saline- and silicone gel-filled implants. In New Zealand all cases of BIA-ALCL have occurred in women who have had textured or polyurethane implants.
- BIA-ALCL has been known to occur within one-year post breast operation and as late as 37 years after surgery – the average time for cases to appear is eight years.
- Women who have no symptoms have no cause for concern.
- **Cure for BIA-ALCL?** Most cases are cured by removal of the implant and the capsule surrounding the implant – both implants will typically be removed.



CLICK THE COOL BUTTON ON YOUR BOD

Forget freezing on the outside, it's time to target those unwanted fat cells once and for all. Spring into FDA-approved non-invasive **CoolSculpting®** before summer arrives and target those high-density fat receptors – the ones lurking in your thighs, abdomen, upper arms and hips. With no downtime following procedures, and fat permanently removed – there'll be no welcome back party come Christmas.



FAT CHANCE IT'S CANCER

MELANOMA is the world's deadliest cancer, and one of its biggest allies is fat! Recent co-culture experiments of fat cells and melanoma cells revealed that fat cells secrete two cytokines that trigger a metastatic switch – causing tumours to become more aggressive and violent. Melanoma spreads and grows more quickly than any other cancer – don't shelve your skin, schedule regular check-ups with our team.



We also accept Visa and MasterCard

BEYOND THE ITCH

It's allergy season and skin conditions like atopic dermatitis, more commonly known as eczema, can be brought on or worsened at this time of year. So, if you're experiencing skin changes – itching, redness, rashes – it's important to arm yourself with some sound advice before seeking treatment. Here we close in on two types of dermatitis that both share a name but travel two different pathways.

Allergic Dermatitis – The key word is 'allergic'. This condition is caused by an allergic reaction, for example, nickel – think wedding rings, or pollen proteins, or acrylate allergy – think cosmetics. Any age or sex can have an allergic flair up. Your skin may flair within 48 – 72hrs or you may suddenly develop an allergy

after years of having none. Fortunately, it is treatable – in most cases by identifying the allergy and avoiding it – but for some people it does require lifelong management.

Atopic Dermatitis – Inflammatory, constant and chronic are the key words here. It often begins in childhood and can remain unwanted lifelong companion. Although there is no single cause, research suggests genetics may play a large role in determining atopic sufferers. What can make atopic dermatitis worse? Bacterial, viral and fungal infections can all worsen dermatitis. Treating children comes with its challenges, but good management of eczema can be life changing for families.



Dr Amy Stanway

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