

ALPHA SURGICAL GROUP

Physicians Update

Dr. David Alessi • Dr. Babak Azizzadeh • Dr. Babak Larian • Dr. Lance Wyatt • Dr. Kami Parsa

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Medical Missions for Children (MMFC) is a non-profit organization dedicated to treating impoverished children with craniofacial deformities. Since the early 1990s, our volunteers have donated their time and expertise to enhance the quality of life for thousands of children throughout the world. MMFC currently has 9-10 missions per year to Ecuador, Peru, Guatemala, India, El Salvador, Philippines and Ukraine. The surgeons at Alpha Surgical Group have been involved with MMFC for the past five years. We are most proud of our work with this organization and hope to continue our commitment to this amazing cause.

www.mmfc.org

The Alpha Surgical Group



The board-certified physicians of **Alpha Surgical Group** provide some of the nation's finest care in plastic & reconstructive surgery and otolaryngology. Our patient-focused approach seeks to provide each individual with the utmost compassion and skill. The unique strength of the practice lies in the collaboration as a team. The surgeons work very closely together,

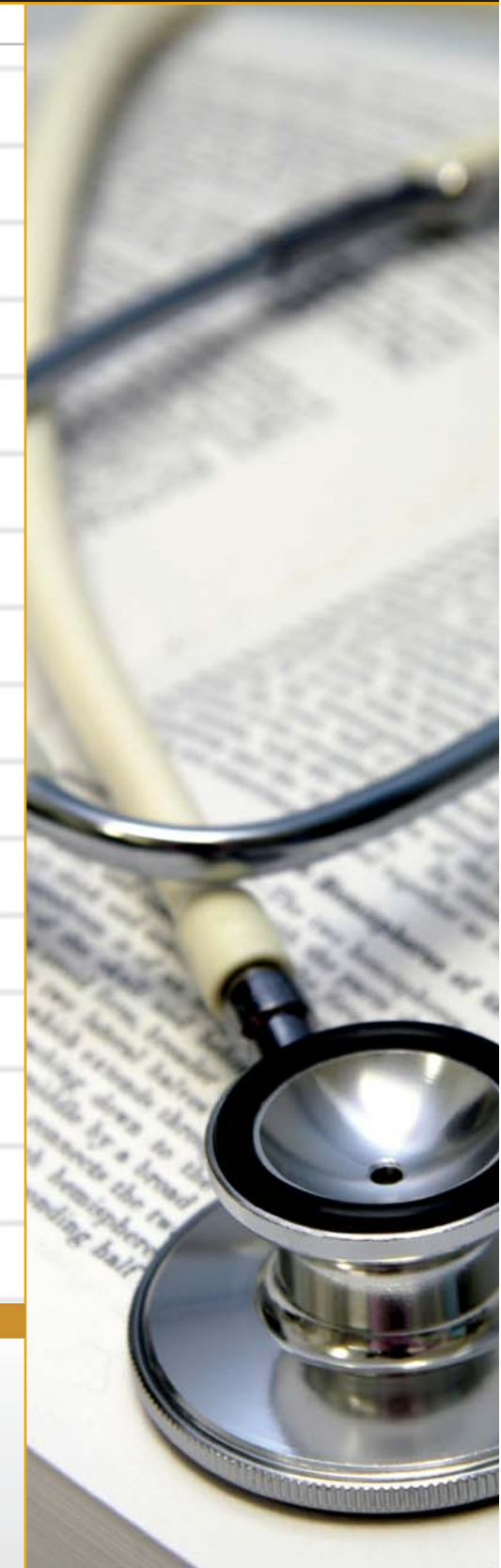
merging state-of-the-art training of all specialties to address each facet of every case. Our physicians understand the importance of coherence between aesthetic appearance and function, always attending to both aspects in the strategy of any treatment plan. The synergy created by our skillful and talented surgeons provide a standard of care that is second to none. ■

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ALPHA SURGICAL GROUP

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Dr. David Alessi



Dr. David Alessi is a board-certified UCLA trained surgeon who specializes in otolaryngology and facial plastic surgery. He is the founder of the Alessi Institute for Facial Plastic Surgery and the Center for Voice Medicine. His dual board-certification is through both the American Board of Otolaryngology and Forensic Examiners. Dr. Alessi has pioneered some of the most advanced techniques for treating voice disorders. His main goal is to perform vocal and facial plastic surgical procedures that correct the issue as well as obtain maximum functional results. After graduating from Wayne State University with high honors in biomedical research, he completed his surgical training in otolaryngology/head & neck surgery at Cedars-Sinai Medical center and UCLA.

His achievements are extensive and include serving as the Chief of the Division of Otolaryngology at Cedars-Sinai Medical Center, President of the Cedars-Sinai Alumni Association, President of the Paul Ward Society and Senate Appointee to the Medico Legal Advisory Committee, to name just a few.

He holds dual Assistant Clinical Professorships at UCLA and CSLA. Many professional singers have sought him out for his unparalleled skills. He has been featured on *Discovery Health*

Channel, 20/20, Larry King and in several other media outlets such as the *Los Angeles Times*.

His resume includes hundreds of scientific articles, textbook chapters and many presentations on his specialty. He developed and owns two patents on laryngeal endotracheal tubes.

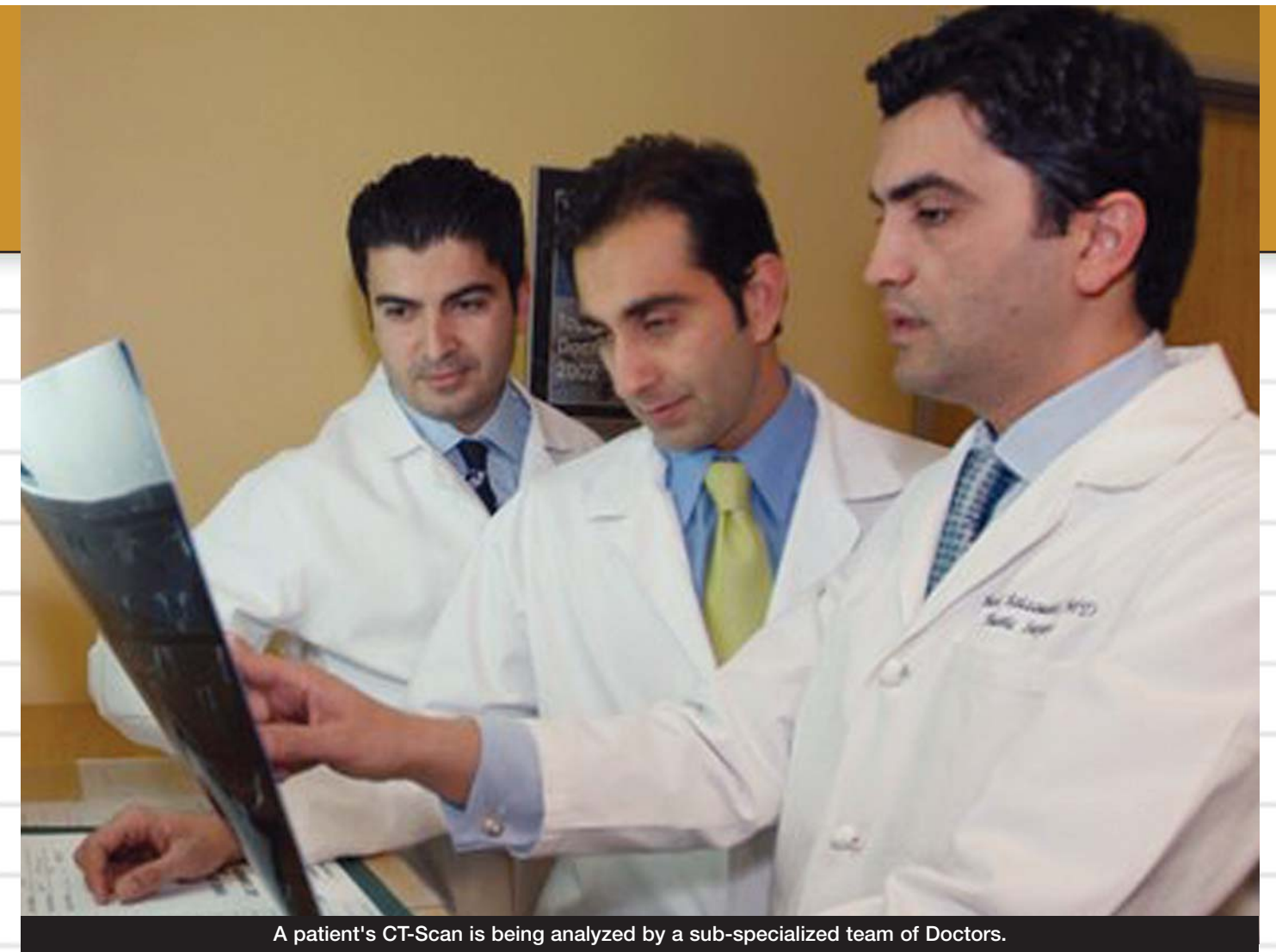
Functional and Aesthetic Rhinoplasty

Everyone has heard the story of the famous singer who refuses to have anything done about her crooked or less than satisfactory nose because of fear that it might change her voice. Most of these fears are unwarranted if the nasal surgery is done correctly.

With nasal surgery, there are typically two things that are done. The first is the rhinoplasty, which is reshaping the external appearance of the nose, and second is the septoplasty with the correction of the nasal airway inside. If the cosmetic part is done without any attention to the function of the nose, disaster (especially for a singer) can result. For example, an older form of thinning of the nasal tip was to remove the cartilage from along the nostril and from the nostrils further back. This leads to a lot of collapse of the nostril with a very pinched appearance that can lead to poor nasal breathing. The modern day techniques involve removing the cartilage further out in front to improve the aesthetic appearance without collapsing the nasal airway. The same thing is true for the bridge of the nose where often the bones had been over-collapsed, leaving many patients with a very small-to-nonexistent nasal dorsum. This can affect the airway as well. Nowadays, it is felt important to keep the nasal bridge but just to refine it so that it is more aesthetically pleasing.

Many patients who have a deviated septum also elect to have a cosmetic surgery done at the same time. This is because the incisions used to perform the septoplasty are very easily blended into the rhinoplasty portion of the surgery. In addition, "cartilage graft, sometimes removed at the time of the surgery is important to adequately reshape the external nose".

In summary, an excellent cosmetic result can be achieved if one is conscious of the internal working of the nose as well. "Not only should the nose look good, it must function well also." ■



A patient's CT-Scan is being analyzed by a sub-specialized team of Doctors.

blink dynamics. The patient usually complains of tearing or dry eyes. This problem can be reversed by a special surgical technique on an outpatient basis.

The most important measurement is a preventative one. Today with the popularity of cosmetic surgery, a lot of physicians are performing procedures without adequate training and experience. When planning cosmetic eyelid surgery,

make sure your physician has both the experience and training in this field. For more information about Dr. Parsa and his specialty visit his personal website at www.oculoplastic.info. ■

The Universal Children's Fund

The Universal Children's Fund was founded by our group in order to help children around the world who do not have access to adequate medical care.

Our goal is to connect with children and communities in health impoverished regions to provide necessary medical care and education.

Through our surgical and medical services, we provide our patients with the opportunity to rejoin their communities, continue their education, and fulfill their potential to the fullest.

By joining our fund you can enable a child to step beyond the limits of a restrictive medical condition.

For more information, visit www.oculoplastic.info

OUR FOCUS

1) To identify children most in need of surgical and medical intervention. We strive to work with other medical and non-medical foundations for a synergistic approach to reach patients.

Once contact is established, our fund will provide the transportation and finance necessary to bring these children to the United States for operative care and recovery.

2) Travel as a delegation with physicians, nurses, support staff, and medical students to provide operative services and medical education to regions lacking a sufficient health care infrastructure. We hope to establish long term working relationships with the communities we visit in order to sustain an improved health care delivery.

Dr. Kami Parsa



www.oculoplastic.info

Dr. Kami Parsa is an oculoplastic & reconstructive surgeon who specializes exclusively in reconstructive, revisional and cosmetic surgery of the eyes. After graduating with honors from the University of Southern California School of Medicine, Dr. Parsa completed a residency in ophthalmology at USC's prestigious Doheny Eye Institute. He then completed a two-year sub-specialty fellowship in Oculoplastic & Reconstructive Surgery at the University of Miami's Bascom Palmer Eye Institute. This fellowship has been ranked by *U.S. News and World Report* as the number one program in the country for the past several years.

Dr. Parsa is a member of the American Academy of Ophthalmology and is an Assistant Clinical Professor at USC School of Medicine. He has appeared on numerous media outlets around the world, including *CNN*, *ABC*, *NBC*, *CBS*, *The New York Times* and *The Miami Herald*.

Revisional Eyelid Surgery

Some of the most dreaded complications of facial plastic surgery are those associated with the eyelids. The eyes and eyelids are very sensitive structures and not forgiving. As an oculoplastic surgeon with expertise in plastic surgery around the eyes, a majority of my referrals are patients who have had previous complications with eyelid surgery and now require cosmetic and functional correction. Depending on the specific problem, the necessary correction may involve a simple procedure or a complex eyelid reconstruction. The goal is to regain normal function while maintaining aesthetic outcome. Here are some common problems I see:

Inability to Close the Eyes

This is probably the most common complaint that is referred to me for surgical correction. These patients are very unhappy because not only they don't look normal but they are miserable from constant eye irritation. The problem usually happens when during the previous surgery excess tissue and skin was removed. Depending on the severity of the case there are several procedures which can be done or combined to achieve the desired functional and cosmetic outcome. For example skin from behind the ear, which very closely matches the texture of eyelid skin can be harvested and used to raise the eyelid. The mid-face can also be elevated by suspension sutures to raise the lower eyelid. The conjunctiva (the clear tissue on the inside of the eyelid) can be elevated by borrowing mucosal tissue from the mouth.

Asymmetric Eyelid Crease

Many plastic surgeons perform the blepharoplasty procedure in the same manner for all patients. This is like visiting a hairstylist who can only cut your hair in one way. The unwanted result of asymmetric eyelid crease or contour is a result of non individualized eyelid surgery. This problem can be reversed by carefully planned revisional surgery.

Rounding at the Corners of the Eye

The rounded corner of the eyelids after cosmetic eyelid surgery is an artificial "operated appearance". Although subtle, the natural youthful eyelid is V-shaped at the corners. The rounded corners of the eyelids are not only a cosmetic problem for the patient, but they also can interfere with normal

Dr. Babak Azizzadeh



www.facialplastics.info
www.facialparalysisinstitute.com

Dr. Babak Azizzadeh is the Director of The Center for Facial and Nasal Plastic Surgery and an assistant clinical professor of surgery at the David Geffen School of Medicine at UCLA. Dr. Azizzadeh is board certified by both the American Board of Facial Plastic and Reconstructive Surgery and the American Board of Otolaryngology. His expertise in cosmetic and reconstructive plastic surgery has made him one of the most sought after surgeons in the country. He has been featured on the *Oprah Winfrey Show*, *The New York Times*, *Discovery Health* and numerous other media outlets for his expertise in facial plastic surgery.

Actively engaged in clinical and basic science research, Dr. Azizzadeh has participated in various research studies at Harvard Medical School and UCLA. He is the author of the medical textbook *Master Techniques in Facial Rejuvenation* and is a frequent presenter and speaker at national and international conferences. He has published numerous articles in such peer-reviewed journals as *Plastic & Reconstructive Surgery* and *Archives of Facial Plastic Surgery*. After earning bachelor and medical degrees at the David Geffen School of Medicine at UCLA, Dr. Azizzadeh received general surgery training and head and neck surgery/facial plastic surgery at that insti-

tution. At Harvard Medical School, he completed training in facial plastic and reconstructive surgery.

Advances in Facial Paralysis Reconstruction

The facial nerve controls the movement and expression of the facial muscles. Facial nerve paralysis is physically, aesthetically and emotionally devastating to an individual. Bell's Palsy is by far the most common cause of facial paralysis. Other common causes of facial paralysis include: acoustic neuromas, temporal bone fractures, ear & parotid tumors, and iatrogenic congenital etiology.

The treatment factors that are most important in the medical and surgical management of patients with facial nerve paralysis include whether the patient has acute or chronic paralysis, partial or total paralysis, and the age of the individual. The most important treatment objective for individuals with facial paralysis is prevention of unwanted eye complications, restoration and reconstruction of facial movement, restoration of a dynamic smile, and improvement of facial aesthetics.

There have been significant strides in treatment of facial paralysis. In children and young adults, Dr. Azizzadeh has successfully employed a two-stage procedure to restore dynamic and spontaneous restoration of the smile mechanism. In the first stage, nerve grafts are attached to the normal facial nerve (cross facial nerve grafts). In the second stage, a gracilis muscle flap is transplanted to the face with microvascular anastomosis to restore the muscle activity. Facial nerve retraining is then utilized to enhance the outcome.

In individuals that are not candidates for cross facial nerve grafts, a three-zone approach is utilized to analyze and treat facial asymmetry and dysfunction. Aesthetic and functional issues need to be considered in order to obtain ideal results. Tendon transfers, rhytidectomy, static suspensions, endoscopic brow lifts in addition to non-surgical procedures are customized for each patient. Patient's who have Bell's Palsy often have uncoordinated facial movements (synkinesis) that will require physical therapy and BOTOX for correction. ■

Dr. Babak Larian



Dr. Babak Larian specializes in the treatment of diseases of the head and neck region, including: thyroid/parathyroid; cancer treatment and reconstruction and ear, nose & throat disorders.

He completed a residency in Head & Neck Surgery at UCLA Medical Center where he spent a year researching novel treatments for head, neck and thyroid tumors. He is a board certified diplomat of the American Board of Otolaryngology/ Head and Neck Surgery and as the Associate Director of Cedars-Sinai Head & Neck Cancer Center, he is at the forefront of this field, presenting clinical and research experiences at national and international meetings. An Assistant Clinical Professor of Surgery at UCLA School of Medicine, he offers presentations at professional symposia and academic meetings.

Dr. Larian's focus is on safe innovative treatment options. He continually combines the techniques of minimally invasive surgery and image guided surgery, used for benign ear/nose & throat disorders, to design oncologically sound surgical approaches for head and neck tumors. This directly results in less morbidity, optimal outcome with minimal hospital stay.

Minimally Invasive Parathyroidectomy

In primary hyperparathyroidism, increased secretion of PTH occurs because one or more of the glands have become enlarged and overactive. The effects of increased calcium are seen in several body systems including the skeletal (osteoporosis, bone pain, and fractures), gastrointestinal (ulcers), renal (kidney stones), and central nervous system (patient complain of feeling "foggy", inability to concentrate, frequent headaches, depression, and mood swings). Other symptoms include fatigue, forgetfulness, high blood pressure, poor sleep, heart palpitations and more.

The severity of symptoms does not correlate to the level of increase in calcium. Some patients with minimally elevated calcium will suffer from severe osteoporosis. All patients with hyperparathyroidism will develop osteoporosis if hypercalcemia goes unchecked. Prolonged increase in calcium is very hard on the body and has been proven to correlate with a decreased life expectancy.

The diagnosis is made often by keen clinicians who note the presence of a combination of signs and symptoms. But most often the diagnosis is made by the finding of elevated blood calcium, and/or PTH.

The Sestamibi scan is the preferred way to localize the abnormal parathyroid. Parathyroidectomy is the treatment of choice. Most patients feel an immediate improvement in many of the symptoms as soon as 72 hours after surgery. The technique of minimally invasive parathyroidectomy via a small incision, results in a much lower morbidity rate and a simpler recovery.

A great majority of cases are caused by an abnormality in one single gland (parathyroid adenoma), that causes the remaining three glands to become dormant. A parathyroid can often times localize this one gland, allowing us to take a minimally invasive approach to this disease by removing this one gland. In certain cases combining the Sestamibi scan with a CT scan of the neck improves the localization of the parathyroid adenoma. This is combined with Intra-operative Rapid PTH Hormonal Assay to confirm an appropriate decline in the level of PTH hormone and assures success of surgery immediately, in the operating room. ■

Dr. Lance Wyatt



Dr. Lance Wyatt is the Director of the Wyatt Center for Plastic Surgery and the Institut d'Esthetique. He was previously Clinical Fellow in surgery at the Harvard Medical School and was Chief Resident in the Harvard Combined Plastic Surgery Residency Training Program. From 1992-1999, he was a resident in the Division of General Surgery at the David Geffen School of Medicine at UCLA and received his medical degree from the same institution.

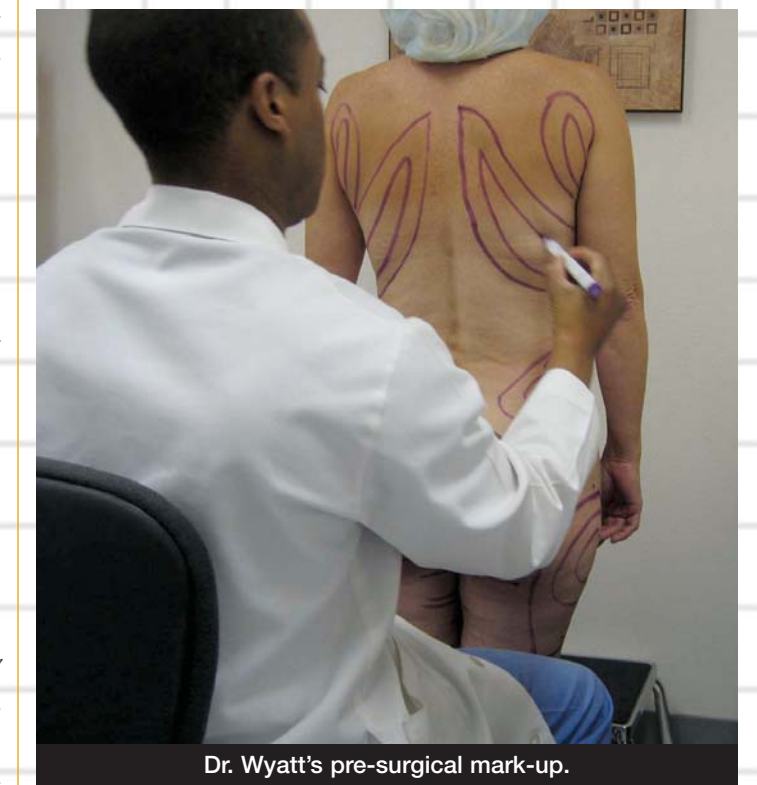
Author of six textbook chapters, Dr. Wyatt's abstracts and publications appear in peer-reviewed literature and have been presented at national and international forums. He is recipient of a Lyndon Peer Fellowship (1996), Ralph Goldman Basic Research Award (1996), Best Plastic Surgery Research (1996, UCLA), and was awarded an Individual National Research Service (NRSA) from the National Institutes of Health (1995).

Body Contouring and Breast Augmentation

Identified as one of 50 Leaders of Tomorrow by *EBONY Magazine*, Dr. Wyatt is internationally known and has developed a reputation among peers and patients for his skill, artistry and vision in body contouring and breast augmenta-

tion. His patients include heads of state, as well as members in the fashion, entertainment and motion picture industries. He is a respected source for the press, appearing in the *Los Angeles Times*, the *BBC*, and other media for his expertise in aesthetic, plastic and reconstructive surgery.

Dr. Lance Everett Wyatt was appointed in 1999 by President William Jefferson Clinton as a White House Fellow. Founded in 1964, the White House Fellows program is America's most prestigious program for leadership and public service. This once-in-a-lifetime opportunity allowed Dr. Wyatt to work side by side with influential government officials. White House Fellows attend informal meetings held with selected representatives from all over the world in business, the arts, science and technology, media and politics. Dr. Wyatt was chosen chairperson of the 2000 White House Fellows international mission to Sub-Saharan Africa. This delegation investigated and explored this continent's individual regional relations, debt- and poverty relief, HIV/AIDS tribulations and other public health pandemics that pose eminent danger to the local national security, economics, trade and human development. ■



Dr. Wyatt's pre-surgical mark-up.