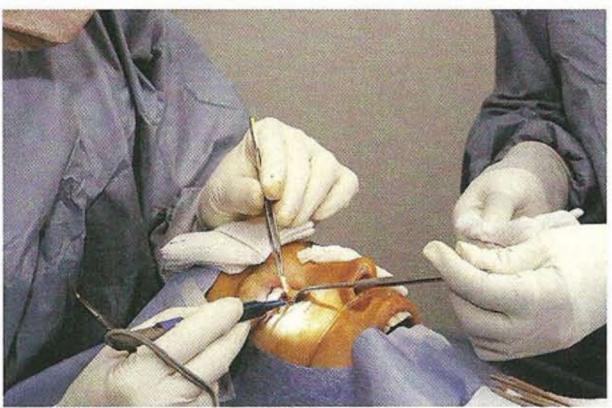
the frontlines









From top: Photos of Holly Onofrio's beforeand after-surgery (right). Dr. Jonathan
Pontell, a facial plastic surgeon, performs
upper- and lower-eyelid surgery on Onofrio
in his Wilmington office. During the
lower-eyelid procedure, an operating-room
technician (right) helps to protect the
eye while Pontell cauterizes the blood
vessels to minimize bleeding. Thanks to
short-acting anesthesia, Onofrio is wide
awake 30 minutes after the surgery.
She'll be back for follow up in one week,
and the stitches will take about four
weeks to heal.

Not many people would be willing to have two writers and a photographer watch them undergo surgery. Holly Onofrio didn't mind an audience when she had eyelid surgery in Dr. Jonathan Pontell's Wilmington office. In fact, she seemed to welcome the company. by Patricia Lake

p.m. Holly Onofrio chats happily about the latest marathon she ran the day before. Even without the assistance of anti-anxiety medication, Onofrio seems relaxed and happy, as if she's on her way to a cocktail party.

Actually, she's about to undergo upper- and lower-eyelid surgery (blepharoplasty) in the Wilmington office of Dr. Jonathan Pontell, a facial plastic surgeon.

The doctor starts the procedure by drawing a blue line in Onofrio's natural eyelid crease, then a second line a short distance above.

1:30 p.m. Dr. Meena Desai, an anesthesiologist, arrives to sedate Onofrio, who has opted for short-acting IV sedation rather than general anesthesia. Desai says she is going to put a tube in Onofrio's nose in case she needs oxygen at any point. The anesthesiologist remains by the bedside during the entire procedure, along with Pontell's patient-care coordinator Jill Gallogly and two operating-room technicians.

2 p.m. Onofrio is fully sedated, and Pontell adjusts the overhead lights. "Holly, there's going to be a little stick here and some burning," Pontell warns his patient. Pontell begins to inject Lidocaine and Epinephrine. Lidocaine is an injectable anesthetic; Epinephrine helps to minimize bleeding by shrinking the blood vessels. One set of injections will last throughout the entire surgery, Pontell says.

After the injection series, the doctor puts drops of Tetracaine solution into the eyes for further numbing. After a few minutes, Pontell sterilizes the external skin area with Betadine, applying it from the hairline, over the nose, to the area around the mouth.

The doctor puts on a sterile gown and a pair of sterile gloves. He then unfolds a blue split-sheet (full-body drape) and secures the drape to the patient with Steri-Strip tape, exposing little more than the immediate eye area.

2:20 p.m. Gallogly remembers that she promised Onofrio some relaxing music during the surgery, and she leaves the room to put on a CD. Moments later, the soothing voice of Diana Krall floods the operating room, accompanied by the beeping of the heart- and blood-pressure monitor.

Gallogly then plugs in the cauterizing device and the headlight the doctor will wear throughout the procedure.

At this point, Pontell uses a small scalpel to cut along the two blue lines on Onofrio's right upper eye. With a sound-less snip, he takes out the skin and a little strip of muscle in between the lines, placing the worm-like sliver onto a gauze pad held by one of the technicians. He then zaps the blood vessels with the cauterizer to stop the bleeding, which will minimize Onofrio's bruising. Pontell says no excess fat has to be taken out from Onofrio's upper lid, so he sews together the two sections that were marked for cutting. Pontell repeats the procedure with the left upper eye.

3:10 p.m. For the lower lid, Pontell injects more Lidocaine and Epinephrine into Onofrio's face. As Pontell pulls down the lower lid, he protects the eyeball by pulling the upper lid over the globe with a double-pronged sharp hook, which one of the attendants holds in place.

Pontell makes a small incision, using a retractor to hold the eyelid in position. After he determines that Onofrio needs only a little excess skin (no extra muscle) extracted, he injects into the lower lid Wydase, an enzyme that helps separate skin from muscle. Then he is able to make a small skin pinch and take out the excess skin and a little fatty tissue.

As he cauterizes the blood vessels, tiny puffs rise from the patient's face and the smell of burned flesh permeates the surgical masks every person in the room is required to wear.

He then proceeds to the other eye.

After the doctor finishes, Onofrio remains in the room for about 30 minutes with cold compresses on her eyes.

She's given an antibiotic ointment specially formulated for the eye area to apply to her stitches and to the eye interior. The ointment prevents infection, keeps the stitches moist and reduces scabbing.

The short-acting sedative worn off, Onofrio walks out of the office with cold compresses on her eyes, ready to greet the driver she's arranged to pick her up. She stays in bed for the rest of the day, able to watch television and eat normally. Onofrio is planning to take three days off from work, but she may take up to one week. Pontell says most patients only need two to three days, unless their job requires strenuous activity. Some patients are uncomfortable going to work with the stitches and may opt for a (CONTINUED ON PAGE 157)

face value

Turn back time or change your appearance with facial cosmetic surgery, which includes facelifts, brow lifts, eyelid surgery and nose reshaping. by Patricia Lake

Sue Welsh, a 59-year-old Wilmington research technician, started to feel that she was "looking more and more like a bulldog because of the way my jaw went down," she says. "I'd wanted a facelift since I was 42, but I couldn't afford it then." Last May, Welsh decided that prices had gone down enough. "The procedure was so much easier than I thought. I am thrilled and it's not that I look that great, it's just that I look so much better than I did."

Welsh says she felt a little self-conscious about having the surgery at first. "You feel a little vain, but I've never been happier with anything I've had done."

The traditional facelift tightens the skin of the face and the neck and gives the patient a more youthful and rested appearance. This procedure may include tightening of the muscles and removal of excess fat in the neck, done through a small incision made beneath the chin.

Usually performed under general anesthesia, a facelift may be done under local anesthesia with intravenous sedation, as outpatient surgery or with an overnight hospital stay. The operation is performed through incisions that begin on the scalp and continue around and behind the ear, curving into the hairline. The skin of the face is lifted off the facial muscles, then pulled back in a tighter position. The surgery can last a few hours, and the stitches are usually removed in stages over the next five to 10 days.

Micki Altschuler of Centreville, 60, had a facelift about 10 years ago and a browlift about three years ago. Altschuler, a jewelry designer, says she had an "easy time" with her facelift and with the browlift. "I believe the 50s is the best age for cosmetic surgery," she says. Altschuler doesn't understand why anyone would be secretive about it. "It's 2003 and this is routine now. It's only skin. It's no big deal." The facelift surgery left her swollen, but she says she (CONTINUED ON PAGE 66)

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week of recovery time.

Onofrio is instructed to come to the office for a follow-up visit in one week, when most of the swelling is down, "though there will still be some discoloration," Gallogly says.

Three weeks later: "I never got bruised," Onofrio says, "The doctor was surprised." She says she's amazed at how quickly she's healing. "In two days I was up and about," she says. "My lids were puffy, but by the following Sunday I wore sunglasses and went out. I never needed any pain medicine, not even right after surgery." Onofrio says her vision was a little blurred at first, but that was probably due to the ointment. She applied cold gel packs to her eyes for two days and had to refrain from running for two weeks.

Most patients have some bruising, Pontell says, but others have a strong clotting mechanism. "Plus, she was probably compliant with (post-operative) instructions," he says. Surgical skill may be another factor that determines the amount of bruising.

"I'm very pleased," Onofrio says. "At first I wasn't going to do my bottom lids, but I must have had bags and didn't notice them — because the difference is amazing."

One month after surgery:

Onofrio arrives for a follow-up appointment. Red ridges have appeared in the creases of Onofrio's eyes, remnants of the stitches. No traces of the lower-lid surgery exist.

Pontell says he performs three to seven blepharoplastics every month. He says Onofrio was a good candidate for the procedure for several reasons: "She was aging in the tissue around the eyes, she is in general good health and has no major problems with her eyes."

Most patients who have this procedure are in their 40s and 50s, but age is only one factor, Pontell says. "It's totally individualized."

Patricia Lake is senior editor. Write to her at plake@delawaretoday.com.

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