ON Facial Distortion: the fault of patients who nag their doctors to do more and more, or doctors who don’t know when it’s time to stop?

“I think the problem is twofold. The philosophy of many doctors is that if a little is good, a lot is better. So, they start by using a little filler and Botox, and the patient comes back and is not fully happy. So, they decide to do just two more of the same, instead of stopping and taking the time to analyze his or her face to see what really needs to be done. Fillers fill. Lasers laser. Chemical peels peel. Surgical and nonsurgical lifts-lift the skin. It may sound simplistic, but I think many practitioners fail to pay attention to this concept. Each of these modalities does a different thing and, you cannot substitute a filler where a laser or Botox is needed. I think not to generalize, but many doctors don’t really spend a lot of time planning a strategy. And, they don’t look at that very important photo of a patient from 10-15 years ago to see how that patient used to look. The process gets rushed, and in the end they create something that tends to look unrecognizable.”

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Publishing a magazine for almost 20-years, I get tons of plastic/cosmetic/dermatology before/after photos from doctors all over the city and beyond, BUT I've never received a photo of a face half done. Nobody in my office could stop looking, talking or trying to figure out the photo. I picked up the phone and called Dr. Rahimi. We hadn't spoken for a while, but after the normal “hi-how-are-you” pleasantries my inquest began. Is it a real photo? Has it been photo shopped? Who’s the woman? Why is only half of her face done? Why would she let you do half of her face? What treatment did you do? Where is she? Can I have her phone number so I can call her, and get the inside scoop? My conversation with Dr. Rahimi took place four days after Barbara had the first procedure. I called Barbara and invited her to my home for coffee the next day. I didn’t know what to expect when I opened the door, but there was Barbara standing with the exact face that appears on my front cover: half done/half not done.

ST: Women tend to be hard on themselves, especially as we age. When we look in a mirror it’s what we don’t like, that catches our eye, and makes us feel insecure about how we look.

BK: I was teased and bullied throughout my school years starting when I was 6-years old. I was always the tallest kid in my classes, and skinny (Barbara is 5’9”). I had buck teeth, freckles, red hair and my nose was shaped like a bird beak. Not a pretty picture to me, or to others, as they made fun of me because of it. I still remember some boys taunting me and calling me Howdy Doody, Jolly Green Giant and ugly skank. I went home crying and to tell my loving and understanding mother. She would say, “You are beautiful to me.” A lovely sentiment, but she was my mother, and supposed to love me unconditionally. In my mind, and throughout my elementary school years, I was never accepted for who I was as a person, but shunned for how I looked. In junior high I had two permanent teeth pulled to make room to correct my protruding bite with braces. A new name-calling and bullying followed. I was taunted with names like Bucky Beaver, wire mouth and robot girl. When I got to high school, I was ignored and treated like I didn’t exist. I had a flat chest until I was 17, and not invited to any of the social clubs limited to popular girls. It wasn’t until I developed rather large breasts, that some boys and girls began to notice me and become somewhat friendly. That’s when I realized how important appearance is to people. No matter the goodness one carries inside, we’re judged by how we look. It was only after I went to college that I began to realize that both are important. But that didn’t change the devastating memories I carried during my youth, feeling I was never good enough as I watched my younger sister dating at 14, while I stayed home lonely and feeling like the ugly duckling. All these things made it difficult to feel good about myself. I never liked what I saw in a mirror. The older I got… the worse it became as the aging process took its toll.

ST: What made you decide to do one half of Barbara’s face rather than the entire face at the same time?

DR: I have to start back at my post-graduate education after my fellowship in Newport Beach in 1999. In my fellowship I learned to do aggressive surgical procedures including eyelid surgery, facelift and browlift, also the new and evolving field of laser surgery, and non-invasive surgeries. In the back of my mind, when I’m doing a patient consultation, I consider options for a surgical treatment, or non-surgical/minimally invasive treatment. Some patients are impatient and want one drastic treatment that lasts 10 or 15 years. For them surgery that needs downtime is the option they are willing to go through. Most patients don’t have time in their busy lives to stay home for three or four weeks and don’t want cutting surgery, they want a treatment that gives them the best result with almost no downtime. Over the years I perfected, and trademarked a concept I refer to as, Quadrafecta. The idea is simple and basic. If I take four different modalities such as laser resurfacing of face and neck, lifting with ultrasound or radiofrequency, then fillers, Botox, combine them for one treatment, I get incredible results without cutting skin. This reduces complications because “cutting” carries a higher risk of infection, nerve damage and unsightly scars. After working on the concept for years using parts in my practice, the timing was right and Barbara agreed to do this living-face-art-project. I consider cosmetic treatment as “art” and, it’s important for me to show what cosmetic surgery can do in terms of sculpting, rejuvenating and restoring a more youthful appearance to the face without the need to “cut” skin.
ST: Did it cross your mind that the end result might be one face with two slightly different looks?

DR: I think that’s one of the challenges that made me want to do this project. As you can see in Barbara’s before pictures, her face is very asymmetrical. A skilled surgeon needs to have a lot of confidence, and trust in his or her abilities to do such a project. Doing only half of her face… I made certain the existing other half of her face that needed to be done, would come out even. Lasers are very precise tools, and if used correctly you can do incredible things with them. Over the past 17-years, I’ve performed more than 1,000 laser and light source, and other cosmetic procedures. I felt confident I could do one side, then go back two weeks later and restore the symmetry. I’m delighted I was able to achieve my cosmetic goals, and fulfill Barbara’s dream. But this was part of the challenge. This treatment done in this way, is something that has not been done before. I wanted to show that it’s possible to achieve, and I wanted to be the first to do it.

ST: What made you decide to seek out an anti-aging treatment program? Had you been thinking about it for a long time?

BK: Dr. Rahimi and his medical partner have been my dermatologists for more than 30-years. I totally trust them. Deciding to have Dr. Rahimi do a non-surgical facelift was not about me trying to regain my beautiful youthful face, because in my mind I’ve never had a beautiful face at any age. But when Dr. Rahimi suggested his non-surgical facelift, I thought… if I can, with Dr. Rahimi’s help, do something that makes me feel better about myself, why not give it a try so I can feel better about the aging process, instead of just bitter about it? I had the non-surgical facelift a little over a month ago, and no matter where I go, I hear how beautiful I am. This is new for me. It’s made the world of difference to me at 67-years of age. (Barbara turned 67 the week before Dr. Rahimi did the remaining half of her face. Because she missed going out on her birthday, I took her, and a couple of my staff members out for a birthday lunch to La Scala four days after her final treatment. Although she was still a tiny bit pinkish, and a little puffy in a couple of places, not one person would have guessed she had a cosmetic procedure, or what her half/half face looked like three days before).

ST: Did you have your own ideas about what you wanted, or did you rely on Dr. Rahimi to advise you on what you needed to do?

BK: I knew I wanted to get rid of plenty of wrinkles, and all the sun damage that happened over the years. Because I still work, I didn’t want to go through any kind plastic or cosmetic surgery that required cutting or stitches, or needed a lot of down time. When Dr. Rahimi said he would like to do one half of my face with laser, peels and fillers, and that it would take 20-years off my face — to me there wasn’t much to think about.

ST: Barbara’s results are remarkable! If I hadn’t have seen it with my own eyes I wouldn’t have believed such a transformation could take place in a matter of weeks. What criteria do you use to pair a patient with a treatment? Can the same formula you applied to Barbara be used on another patient?

DR: Thank you. In Barbara’s case, I chose to do her treatment on two separate occasions, because I wanted to document this specific living-face-art-project. But in most cases, I do all the procedures in one sitting. The entire treatment takes about one and a half to two hours to complete. I use light oral sedation with a little Valium and sometimes a shot of Demerol for pain control and light sedation. Procedures are performed in my operating room, and I monitor my patient’s heart rate, blood pressure and oxygenation, but they are awake and I’m actually talking with them while doing the procedure. Often, I have them move to a sitting position, so I can see how things look because as we know… things look different when we lie down compared to when we sit up. When I set up a consultation with a patient, I often ask him/her to bring me a photo(s) of themselves from 10-15 years ago. I think of what I do as reconstructive surgery. Patients want to look the way they did 10-15 years ago, they don’t want to look like a different person. I spend a lot of time communicating with my patient to make sure we are on the same page. Laser and non-invasive face and body surgery is not perfect. I make certain that my patients have realistic expectations, and understand the downtime and the recovery time that could be involved.

ST: Non-invasive cosmetic procedures/treatments have taken a giant leap in the last few years. What do you feel is behind this anti-aging method?

DR: Patients now have options. The last statistic I read showed only about 1% of women in the U.S. actually get a “cutting” facelift. Nevertheless, when you ask women how they feel about looking older, the majority want to look younger, have a tighter face and a perfect complexion — regardless of their age. Advancements in non-invasive laser and cosmetic surgery have opened options for those who don’t want “cutting” surgery, but want something to counter the aging process. Laser and non-cutting/non-invasive procedures can improve every face.

“BARBARA TOLD ME THAT ONE OF HER FRIENDS SAW HER AND TOLD HER SHE LOOKS 20-YEARS YOUNGER. I FEEL GOOD THAT I’VE HELPED HER ACHIEVE SOMETHING SHE HAS WANTED HER ENTIRE LIFE… TO BE ACKNOWLEDGED AS THE BEAUTIFUL WOMAN SHE IS — INSIDE AND OUT. BARBARA’S RESULTS CAN BE ACHIEVED BY ANYONE WHO IS WILLING TO UNDERGO MY TRADEMARKED QUADRAFECTA APPROACH. BUT KEEP IN MIND THAT EVERYONE AGES DIFFERENTLY. SOME HAVE SAGGING IN THEIR NECK AND JOWL AREA; SOME HAVE SAGGING IN THE EYE AREA. OTHERS HAVE DEEP WRINKLES, BROWN SPOTS AND KERATOSIS. WHILE SOME PARTS OF THIS TREATMENT, AND OTHER TREATMENTS I PERFORM ARE THE SAME, EACH PERSON IS DIFFERENT, SO I SIT DOWN WITH EVERY PATIENT, AND PUT A PLAN TOGETHER TO ADDRESS ALL OF THESE ISSUES FOR A REMARKABLE RESULT. PERSONALIZED ATTENTION TO EVERY DETAIL MAKES A HUGE DIFFERENCE.”

— DR. DAVID RAHIMI
ST: When we think of face rejuvenation what comes to mind is swelling, downtime and being miserable. What was your experience like?

BK: I had no previous cosmetic surgery on my face, so I had no expectations, but thought it would hurt more than it did. Dr. Rahimi prepared me by saying the first week my face could be red or very pink. I had no pain during the treatment because numbing cream was used and lasted many hours after the treatment. After it wore off, it was a little uncomfortable, not pain, discomfort. I expected redness and puffiness the day of the treatment, but none showed up until the following day, and lasted two days like a heavy sunburn and began to peel. Dr. Rahimi told me to wash my face four times a day with a gentle soap he gave me, and apply Aquaphor all day and through the night. He said it was critical to keep my face moist. I was amazed at how quickly I healed. I went with you four days after the procedure for my birthday at La Scala. Nobody stared at me.

ST: I've followed this facial rebirth on Barbara and, seen her at every stage. It's remarkable that without surgery and in a matter of a couple of weeks you gave her back 20-years of her youth. Care to talk about the process you did on her?

DR: When you see Barbara's before pictures you notice she had much sun damage causing collagen to lose its elasticity. In addition to brown spots, fine lines and deep wrinkles, she had irregular pigmentation and drooping of the skin partially caused by sun damage, and partially by the fact she is 67-years old. Lines around her mouth were mainly attributed to drinking out of straws and as we age, the bone around the teeth resorbs, and makes everything sag. Barbara was the ideal person for my living-face-art project. She had every level of aging of the skin including lost tissue in her temple and cheek area and sagging in her neck. I started the procedure by lifting her face, neck and eyes with Ultherapy ultrasound machine, and Radiofrequency machine called Venus Viva. This was followed by an aggressive fractional Mixto CO2 laser resurfacing. I finished by replacing lost volume in her temple, cheeks and jowl line with the fillers Voluma and Juvederm. Filling the temple area not only filled in hollowness, but helped raise her eyebrows. The lines around her eyes were treated with Botox to help soften her expression. I used Botox around her mouth to eliminate deep lines. As you can see in the photo where she is half healed, the Botox worked a little too well, and caused the lip to droop on the left side. But this was temporary and two weeks later, the over-correction of Botox went back to normal. Putting Botox around the mouth is a delicate procedure, that requires intense detailing by the surgeon because every patient is different, and so requires different quantity of product to achieve desired results. It doesn’t matter if you are 40, 50, 60, or in your 80s, anyone can benefit from this procedure. Some people have medical conditions that preclude them from “cutting” surgery, or people who have had prior surgery, but need a little touch-up and are not interested in “cutting” surgery or long recovery — this is for them. This is a terrific time in the cosmetic/anti-aging industry because the technology is better than ever,. Results are more consistent, last longer, and they are less expensive.

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ST: This is a mind-blowing experience you volunteered for. I don’t know many women in L.A. brave enough to do a half/half face treatment.

BK: I knew about laser and peels, but wasn’t sure what the process would do. I focused on going in “looking old” and coming out looking fresh, younger and feeling better about myself. Everyone I know can’t believe how much of an improvement I got from the treatment. Two of my friends already went to see Dr. Rahimi for a consultation. Listen to what he recommends. You can trust him because he wants the results as perfect as is possible. He is very conservative in his outlook and doesn’t over-do treatments like we see in many faces around town. Even from the first day, the only concern I had was doing half my face one time and the other half another time. I never doubted his ability to get the job done. He has been my doctor for years, and I trust his instinct for not doing too much of anything on my face. I didn’t tell many of my friends or family I was doing this because I wanted to look better for myself. If others noticed... great. Dr. Rahimi asked me to send him selfie-photos daily by text so he could see how I was improving, and to ask questions I had. Not only is he a perfectionist, but during the process, he gave positive feedback, assuring me every day that I was looking better and better.

ST: Let’s talk about permanent vs non-permanent filler. There are women walking around with less than ideal results who wish they hadn’t gotten permanent filler in their faces. In Barbara’s case, what criteria did you use to choose which filler to use? Which permanent fillers do you use, and for which areas? Which non-permanent fillers do you use, and for which areas?

DR: I stay away from things such as silicone and Bioscalmid, as these permanent fillers can sometimes migrate, cause sickness, or bumps underneath the skin called granulomas. Our faces are continually changing, and if you inject a permanent filler today, it may not look good 5, 10 or 15 years from now. I strongly discourage patients from using these types of permanent fillers. I use a combination of fillers such as Restylane and Juvederm, Perlane, Voluma and Radiesse. What I ultimately use, depends on how long the patient expects the results to last, what kind of skin texture and thickness they have, and where the filler needs to go. Recently, a new filler was FDA approved in the U.S. called Bellafill. It’s a permanent filler designed for deep acne scars, and not free of risk, but I do use it in patients with severe acne scarring who do not want to have their own fat injected.

ST: Ultherapy is turning into a miracle treatment in the war on lifting and tightening skin. What can one expect during/after a treatment (pain, downtime, redness), how long does it last?

DR: Ultherapy can last 2-3 years, and is incredible. Nothing is perfect, and I tell patients it takes 4-6 months to see final results, and multiple treatments may be needed. What I see in my practice is someone comes in and says they’ve already tried Ultherapy with little or no results. Once we talk about details, I often find they had the treatment done by an inexperienced provider, and the energy level of the machine was dialed down after they complained of pain. I tell patients that aspirin is a correct treatment for a headache, but if you take one fourth of an aspirin your headache isn’t going to go away. There is a definite art to administering Ultherapy. The provider must have a good sense of anatomy, patient’s skin, color, texture, and any illness involved. I give patients a light oral sedation to make them extremely comfortable. Ultherapy is a wonderful tool. I use it in combination with other non-surgical lifts such as a Venus Viva and Thermacool CPT.

ST: Post treatment requirements?

BK: Dr. Rahimi told me not to use makeup because it can affect healing and cause bacterial infections and I had to stay out of the sun. I still use Aquaphor around my eyes because he had to go a little deeper with laser to get rid of extensive sun damage I had. I’m back to my normal skin care, and wear makeup. I used to wear heavy bangs to hide deep wrinkles in my forehead, but since my treatment, I don’t have a line in sight. Now I wear light bangs because I think they’re sexy. I never thought at 67-years old, I’d be happy with the way I look. This is the first time in my life I’ve felt this secure about my appearance. I love it.

ST: You have one of the most long-standing cosmetic medical practices in Los Angeles. What is the key to ongoing success in the anti-aging industry?

DR: I love what I do, and am passionate about my work. Every surgery patient gets my personal cell number, and I’m available 24/7. I remind myself that “less” is “more” and patients should look like their best self” not someone else. As patients can attest, sometimes I try to talk them out of cutting surgery, and offer a less invasive, more conservative approach first. Another key component to being in the business for many years: I’ve kept my head in a cool place, remembering that my first obligation is to patients. In an operating room there is no room for ego, only precise, dedicated and detailed work. I’ve been in the same office for the past 17-years. I tell patients that I don’t have marble floors and a golden fountain in the middle of my reception area, but I do have the most current and cutting-edge technology available to anyone, anywhere. And most important, I personally perform all the procedures, and between myself and my staff, we give the best care possible.

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In addition to a busy medical practice, David, his lovely wife Neda and their children Madelyn (10), Lauryn (8) and Aaron (6) are loving L.A. life. The couple teach their children the importance of “giving back” by helping others, and they are extremely involved in their kids school (especially Neda who works tirelessly with student/school activities) and, the entire family participates in community events. “I’m very proud of our kids. They are excellent students at school, and we are active at our local synagogue. As a family, we support the community by donating to organizations such as SOVA and PATH which assist the less fortunate who need food, clothes, etc... It’s very important to us that our children grow up with a good value system and understand Judeo-Christian values,” says Neda. On the importance of parents involvement in their children’s education she states, “I see it firsthand at our children’s school where educators and parents supplement an array of opportunities where children get exposed to many facets of education in an enjoyable manner. My kids can’t wait to go to school everyday, and their summer is packed with computer, art, science, drama, field trips, technology... Los Angeles offers exciting things for kids to enjoy and learn. But, it takes a lot of support from teachers, school districts, and parents to make it happen. Learning from books is just one part of education; experiencing the art of science, math, etc. with different tools and mediums, enhances a child’s education and creates a stronger foundation for an educational future. Parent and teacher teamwork is the key.”