Surgery and Diabetes: Proceed With Caution

Elizabeth is an attractive, 44-year-old woman who prefers to use an assumed name as she describes her successful search for a more relaxed, youthful look. She achieved her goal, in spades, as the result of surgery with Dr. Cynthia Gregg, one of the area’s leading facial plastic surgeons.

“The tipping point for me came when I was walking through a department store and caught a reflection of myself in a mirror and saw my grandmother’s face looking back at me,” she recalls.

“For years I tried Botox and every eye cream and every type of concealer there is to soften and/or reduce the visual impact of the bulging bags under my eyes—with no real success (see photo). Over a ten-year period, these growing bags of fat simply made me look older and tired. And when I looked in a mirror, those bags of fat actually made me feel tired!

“I’ve known Dr. Gregg for years, so I asked her if she thought she could help overcome and correct this problem and she said absolutely—with conditions. Because Dr. Gregg knew that I have both diabetes and lupus.”

PROTECTIVE PROCEDURES

“Of course we would never ask a patient to do an elective procedure that will affect them in a negative way,” says Dr. Gregg, “so we designed, step by step, exactly how we would proceed to protect Elizabeth’s health. We carefully coordinate a patient’s medicine—whether it be insulin or an oral medication—with surgery and intravenous fluids.

“I always ask patients with diabetes to bring their own glucometer with them, to measure their sugar levels, because it’s calibrated to them. We also have a glucometer here and keep dextrose and all emergency supplies we may need. The goal of course is to maintain safe blood sugar levels.

“Elizabeth was highly motivated to do this procedure in a safe way. We made sure that Elizabeth, like all diabetics, was the first case in the morning.

“We check their glucose level before we begin the procedure, during the surgery, and again in recovery—and if we need to give them anything through their IV to optimize their glucose level we can do that. Of course we would never ask a patient to do an elective procedure that will affect them in a negative way,” says Dr. Gregg, “so we designed, step by step, exactly how we would proceed to protect Elizabeth’s health. We carefully coordinate a patient’s medicine—whether it be insulin or an oral medication—with surgery and intravenous fluids.

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He was aware of his expertise in facial plastic and reconstructive surgery through his work at Stanford University. He completed a five-year residency in Otolaryngology-Head and Neck Surgery at UNC-Chapel Hill, and was awarded the William Shockley Silver Owl Award for excellence in teaching. He then completed his fellowship in facial plastic and reconstructive surgery at Stanford University in Palo Alto, California.

His clinical interests include aesthetic and reconstructive surgery of the aging face, neck, and eyes, including face lift, brow lift, rhinoplasty, septoplasty, facial fat transfer, facial liposuction, as well as reconstruction of Mohs surgery and skin cancer defects. He also has additional training in hair restoration.
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DR. GREGG

Dr. Gregg is herself double board-certified by the American Board of Facial Plastic and Reconstructive Surgery and the American Board of Otolaryngology—Head and Neck Surgery, a Fellow of the American Academy of Facial Plastic and Reconstructive Surgery, the American Academy of Otolaryngology—Head and Neck Surgery, American College of Surgeons, and the North Carolina Medical Society.

Before opening her private practice in Cary in 1999, she was an Assistant Professor of Facial Plastic and Reconstructive Surgery at Duke University Medical Center.

Dr. Gregg performs the full range of facial plastic surgery procedures, including forehead and brow-lift surgery, facial scar treatment, otoplasty (to correct protruding ears), rhinoplasty nasal surgery, blepharoplasty eyelid surgery, rhinodectomy facelift surgery, and mid-face lift.

THE PROCEDURE

“My hair restoration cases,” says Dr. Surowitz, “are done under local anesthesia, with oral sedation. Generally a full hair restoration will take five to seven hours. I employ a team of highly skilled hair technicians with many years of experience in hair restoration.”

There are two different ways that Dr. Surowitz harvests the hair for transplantation. **Follicular unit grafting** (also known as follicular unit transplantation) is performed by initially harvesting a strip of hair-bearing scalp from the back of the head, an area unaffected by the balding process. The strip is then given to his team of hair technicians, who then process the hair into individual follicular units (groupings of generally one to five hairs) under microscopic dissection. Dr. Surowitz then sutures together the wound from where the donor tissue was removed.

A second approach is called **follicular unit extraction** (known as FUE for short), which is performed by individually harvesting follicular units using a very small specialized punch. Hair is harvested from the back and sides of the scalp, areas unaffected by the balding process.

“And then there is the critical process of designing the hairline, making recipient sites, and placement of grafts. While my technicians carefully dissect the hair follicles under the microscope, I design the hairline and make recipient site incisions for the individual grafts.”

Dr. Surowitz approaches this with the eye of an artist, taking care to design the hairline and each individual recipient site in a way that is natural in appearance. Once recipient site incisions have been made, individual grafts are placed. At the conclusion of the case, the patient’s scalp and hair are gently cleansed and dressed. Patients are able to go home on the day of their surgery after Dr. Surowitz’s attentive staff has gone over all post-procedural instructions. Patients are seen on the day after surgery for a follow up appointment and to have their hair and scalp gently cleansed.

Once the hair is implanted, it generally takes four to six months to have full growth of the implanted hair follicles. Dr. Surowitz notes that it is normal to shed the hair shaft after transplantation, however this is merely the hair shaft—the hair follicle still remains safely below the skin surface “right where it was implanted, doing exactly what it was designed to do—growing!”

ACHIEVING A NEW LOOK

What are reasonable expectations for a new look with hair restoration procedures?

Dr. Surowitz strives to create a natural appearance, tailoring hair restoration to meet each patient’s unique needs and anatomy.

“Among important considerations are the degree of hair loss and how much hair can be harvested from the donor area. The patient may want to think of the donor area like a bank account,” explains Dr. Surowitz. “There are a certain number of hairs in the ‘bank’ that we have from the donor area that can be harvested as grafts.

“And it’s also important to determine whether the hair loss is stable, or is continuing to evolve. If it is continuing to evolve, it is very important for the patient to understand that we cannot stop further hair loss from susceptible areas.” Dr. Surowitz notes that further loss “can be slowed down with medical management, but that may not completely halt the process.

“The beauty of hair restoration is that those follicular unit grafts which are transplanted are essentially immune to the balding process,” says Dr. Surowitz. “This means that patients may continue to lose their native hair in the frontal, frontotemporal, and crown regions, but the transplanted hairs are there to stay. With current techniques for hair restoration, we can significantly improve hair density, while providing natural and long-lasting results.”