**URL: http://www.cosmeticsurgeryhospital.com/khuthaila.php**

The Cosmetic surgery Hospital is a fully licensed, private hospital specializing in plastic and cosmetic surgery, health and wellness, aesthetics, and clinical obesity. We are dedicated to providing all services associated with cosmetic enhancement inside and out, from aesthetics to injectables to surgical services to our Wellness Centre.

The Cosmetic Surgery Hospital is a dynamic, patient-focused organization that has been able to attract the most talented, in-demand physicians in today's society.   Over the last few years, several new young physicians have been added to this very select roster, bringing with them new energy, new skill and a new client following.

All of our surgeons here at the Cosmetic Surgery Hospital are specialists in their fields and are all members of the Royal College of Physicians and Surgeons of Canada, the Ontario College of Physicians and Surgeons and they are also associated with major hospitals in Ontario.

The Cosmetic Surgery Hospital has earned a reputation for clinical excellence for over thirty years under the direction of Dr. Lloyd N. Carlsen, one of Canada's most respected cosmetic plastic surgeons.

Accredited by the Canadian Association for Accreditation of Ambulatory Surgical Facilities (CAAASF), the Cosmetic Surgery Hospital offers a full range of cosmetic surgery procedures performed by qualified surgeons. Patient safety and satisfaction are hallmarks for the hospital, and are governed with exacting ethical and medical standards.   Our operating rooms offer the best technology and equipment under the strict supervision of highly qualified surgeons, anesthesiologists and nursing staff.

The eight acres setting for the Cosmetic Surgery Hospital is both idyllic and peaceful. Ambiance is one of friendliness and encouragement. Located in Woodbridge, Ontario on the outskirts of Toronto, the Manor offers a unique setting away from the hustle and bustle of downtown Toronto yet is still easily accessible to major modes of transportation.   The Manor grounds are tranquil and reminiscent of a traditional English garden.

Patients are assured of the highest standards of medical care while staying at the Cosmetic Surgery Hospital. We have the same exemplary level of quality for surgical equipment, surgical staff and amenities found in operating rooms at the very best large public hospitals. Our facility is comprised of 20,000 square feet. Surgical procedures are performed in our state of the art operating rooms located on the top floor of the hospital. Overnight patients stay in our beautifully appointed private suites and are afforded 24-hour nursing care. Day surgery patients also receive constant nursing care from our experienced operating room nurses while staying in our spacious day surgery unit adjacent to the operating rooms.

**Mission:**

Our mission is to provide the highest quality of care and outcome for you before, during and after your surgical procedures. Our entire staff and facility have been developed with that goal in mind.

Our facility is fully accredited by the [Canadian Association for the Accreditation of Ambulatory Surgical Facilities](http://www.caaasf.org) an organization started by Dr Lloyd Carlsen in 1990, and we are proud to be the first facility to receive that recognition. Because of his concerns for patient safety, Dr Carlsen started the Canadian Association for the Accreditation of Ambulatory Surgical Facilities to ensure that member organizations had the proper equipment for day to day operations and emergency situations. Member facilities are inspected on a regular basis to ensure that these safety standards are upheld.

All physicians on staff have privileges to admit patients to a hospital in the unlikely event of an emergency.

The nurses looking after you at the Cosmetic Surgery Hospital are all fully registered nurses. They are extensively trained to look after patients and recognize the special needs that may be associated with cosmetic surgery procedures. Unfortunately, in busy community hospitals, cosmetic surgery patients because of the nature of their surgery are not always treated as nicely as they should be. We want this surgical experience to be as pleasant for you as possible.

For many procedures an overnight stay may be deemed appropriate by your surgeon. This can make the postoperative course easier for both the patient and the patient’s family. You might wish to discuss with your surgeon whether an overnight stay would be appropriate.

## 

**Procedures**

**Surgical procedures**

1. **Facial Rejuvenation**
2. **Breast Enlargement**
3. **Body countering**
4. **Bariatric Weightloss**
5. **Skin rejuvenation**

# Facial Rejuvenation Surgery

Most often, facial rejuvenation procedures can be combined. Although the operating time is somewhat longer, it does not generally lead to a longer recovery time for patients. There may be a financial benefit to doing more than one procedure at a time. Sometimes patients are concerned only with one area. If that is corrected, other facial features may seem out of synch, so remember to consider the face as a whole. You may wish to discuss this with the surgeon at the time of your consultation

### Facial Rejuvenation Surgery at CSH

[Face Lift](http://www.cosmeticsurgeryhospital.com/facial_rejuvenation.php#full)[Forehead Lift](http://www.cosmeticsurgeryhospital.com/facial_rejuvenation.php#forehead)  
[Eyelid Surgery (Blepharoplasty)](http://www.cosmeticsurgeryhospital.com/facial_rejuvenation.php#eyelid)[Ears (Otoplasty)](http://www.cosmeticsurgeryhospital.com/facial_rejuvenation.php#ears)[Lip Enhancement](http://www.cosmeticsurgeryhospital.com/facial_rejuvenation.php#lip)[Nasal Surgery (Rhinoplasty)](http://www.cosmeticsurgeryhospital.com/facial_rejuvenation.php#rhinoplasty)  
[Chin Surgery](http://www.cosmeticsurgeryhospital.com/facial_rejuvenation.php#chin)  
[Cheek Procedure](http://www.cosmeticsurgeryhospital.com/facial_rejuvenation.php#cheek)[Threadlift](http://www.cosmeticsurgeryhospital.com/facial_rejuvenation.php#thread)

## Face Lift (Rhytidectomy)

**The facelift** is done to eliminate sagging jowls, restore cheek contours, soften harsh, deep folds above the mouth and tighten the neck area. If the neck contour is good, a more limited procedure known as temporal or mini lift is done to improve the jaw line and cheek area. However, tightening of the neck cannot be achieved without doing a complete facelift.

The degree of improvement is determined by physical factors and personal habits. Physical factors include age, heredity, bone structure and individual characteristics of the skin. Personal habits include alcohol intake, nutrition, and smoking. Surgery is not an exact science and some of the factors involved in producing the final result, such as the healing process, are not entirely within control of either the patient or the surgeon. Therefore, it is impossible to guarantee results. Surgery will not eliminate all evidence of aging, but will help restore a more youthful contour to the face and neck.

Facial surgery should not be undertaken when one is undergoing difficult times emotionally. An improved appearance is not the solution to one's life problems, but it can enhance one's appearance and help restore self-confidence.

Thousands of facial surgeries are performed successfully each year. Nevertheless, you should be aware of the potential risks of surgery and specific complications associated with facelift and eyelift surgery. The most common complications are small, localized collection of blood, delayed healing or minor infections. Poor healing is often related to drug and alcohol intake. Smoking and poor nutrition may increase scarring and occasionally necessitate a second operation. Vitamin E and aspirin should not be taken 2 weeks before the operation. Nerve paralysis, skin ulceration and scar over-growth (Keloid) are rare.

Surgery to improve sagging skin or wrinkles leaves scars. While such scars are permanent, they are rarely noticeable or cause any trouble. The job of the plastic surgeon is to place scars in natural lines of the face and eyelids, where they are least noticeable and can be more easily camouflaged by makeup or hairstyles.

The surgery can be done under either local anaesthesia, with sedation, or completely asleep (general anaesthesia). Inconspicuous incisions are made around the ear, both in front and behind. The extent of these incisions varies, according to the amount of correction required. The skin and deeper tissues of the face are repositioned in a more attractive and youthful position, and secured in place. The excess skin is removed, and the area of surgery is meticulously closed, resulting in scars that are usually imperceptible.

## The Forehead Lift

The forehead lift is a surgical procedure designed to smooth out the frown lines between the eyebrows, improve horizontal wrinkles, and restore the brows to a higher more youthful position. This elevation of the brows helps to restore a more youthful, pleasing contour to the upper eyelid. The forehead lift can be done either with a small telescope (endoscope) inserted through small incisions in the hairline, or with a more complete incision that extends across the top of your scalp. The choice of technique, and the placement of scars are dependent on several factors, including the severity of the brow sag, and the pattern of your hair. The decision as to which approach would be best for a given individual would be determined at the time of your consultation. Whichever method is chosen, the scars are generally inconspicuous and the results are pleasing and natural looking.

The forehead lift may be done at the same time as other facial rejuvenation surgery. It will not increase your recovery time, and can enhance the rest of the facial rejuvenation

## Eyelid Surgery (Blepharoplasty)

Puffiness of the upper and lower lids can be corrected by removing excess skin and/or fat the lid area. The incision in the lower lid is placed just below the eyelashes, and result in a scar that is all but invisible. Sometimes the incision is made on the inner surface of the eyelid (the conjunctiva) if there is only fat to be removed. This means there are no visible external scars. The upper lid incision is placed in the natural fold crease of the upper lid.Age related changes of the muscle and fat are dealt with through these incisions.

When you are assessed with regards to you upper lids, the doctor will also assess the position of the eyebrows. Often with time and gravity, the eyebrow sits lower than it did when one was younger. This can leave a patient looking sad or angry. Correction of poor position is not part of the eyelid procedures, but is treated by a forehead lift.

Blepharoplasty procedures are well tolerated by most patients. However, if you have had any eye or visual problems, such as glaucoma, or suffer from dry itchy eyes, excessive tearing you should let your doctor know.

Most people recover from eyelid surgery in about ten to fourteen days. Makeup and mascara cannot be worn for fourteen days, as it could cause discoloration of the scar line. Bending over, and heavy lifting must be minimized for the first 3 to 4 weeks after surgery.

## Surgery for Outstanding Ears (Otoplasty)

Otoplasty is a surgical procedure to correct the outstanding ear. It does not make the ear smaller, but does reposition the ear closer to the skull, making it appear smaller. An elipse of skin is removed from the underside of the ear, allowing the surgeon access to reshape the cartilage, or framework of the ear. In most instances, a portion of the cartilage is removed or softened with small surgical incisions. Permanent sutures are then put into place to help the ear retain its new shape. The dressing is usually removed after one week. A ski band or headband is worn at night for six weeks to protect the ears during sleep.

At the present time, this surgical procedure is covered by the Ontario Health Insurance Plan (OHIP) through the age of 17. The surgery is considered a cosmetic procedure for an adult, and would not receive any coverage, unless there is a co-existing birth defect of the ear.

Otoplasty is usually performed under a general anaesthetic in children. The ideal time to operate on a child’s ear is generally considered to be at 5 or 6 years of age. Most of the growth of the ear has been obtained by that age. With modern anaesthetic techniques, there is little cause for concern about the effects of a general anaesthetic on a child of that age.

Adults are usually operated on under local anaesthetic with intravenous sedation to help relieve tension and anxiety. The surgery is done on an outpatient basis, and the patient may go home the same day.

## Cheiloplasty (Lip Enhancement)

The commonest method of aesthetically enhancing the lips of course, is by applying lipstick. Some ladies will have a line tattooed at the junction of the pink and white line of the lips.   
Lip augmentation creates a fuller, more plump looking lips and can also reduce the fine lines around the mouth.

Increasing the volume of lip is done with fat grafting but in the majority of patients, however this tends not to be permanent. The insertion of a dermis graft (lower component of skin) is more permanent. The use of foreign materials is not advised in such a mobile structure as is the lip.

Frequently, filling substances can be injected at the mucoustaneous junction - that is where the pink part of the lip meets the white skin of the lip. This can be done through our [Aesthetics](http://www.cosmeticsurgeryhospital.com/aesthetic_procedures.php) department.

Cheiloplasty is a surgical procedure where a portion of the white of the lip just above the mucutaneous junction is excised. The vermillion is advanced in the closure and this increases vermillion show and thereby makes the lip look bigger but does not increase the volume of the lip. Cheiloplasty is especially advantageous in ladies in whom the vermillion tends to lessen with time, the white part tends to sag down. While the procedure does leave a scar, it looks like the liner that some ladies place on their lips. Moreover, the older the patient, the better the scar.

## Nasal Surgery (Rhinoplasty)

Rhinoplasty is one of the most requested cosmetic surgical procedures. The change in appearance can be profound or subtle, depending on the type and magnitude of deformity. Aesthetically speaking, the nose must balance the face, and when you are seen for your consultation, the surgeon will be looking at the balance between the nose and chin, and how they relate to the face. A small underdeveloped chin will make a nose seem larger than it really is. (link to chin surgery?)

Rhinoplasty can be performed once the nose has reached its adult size and shape, usually after the age of sixteen, although if the deformity is severe, consideration could be given to younger patients

**Chin Surgery**Some people seeking an improvement in their appearance will benefit by a surgical procedure to the chin. Unfair though it is, character traits are sometimes attributed to a person based not on their personality but on the size of their chin. If the chin is small and underdeveloped, the person may be considered to be weak and passive. If however they have an excessively prominent chin, they are seen to be strong, assertive and masculine. Although surgery to the chin won’t alter one’s personality, it may help restore balance and beauty to the face.

In some individuals, the chin will be underdeveloped and out of balance with the rest of their face. They may benefit by building the chin up, most commonly by the use of a small chin implant or prosthesis, rarely by advancing or moving the bone. The implants used are a smooth rubber-like material that is contoured to hug the bony contours of the jaw. Its edges should be undetectable when properly positioned. It can make a dramatic improvement in ones appearance, considering that it is a relatively minor procedure.

**Aesthetic nasal surgery**Aesthetic nasal surgery, or rhinoplasty, is reshaping the nose to improve its appearance. This type of surgery is typically performed to reduce the overall size of the nose, reshape a tip, remove a nasal hump or improve a poor angle between the nose and the upper lip. In some patients, it is necessary to add tissue in order to improve contour.   One or all of these changes can be made during a single operation.

Reconstructive rhinoplasty is performed to correct birth defects and disfigurement resulting from injury.   It may also be done in conjunction with an operation performed to relieve nasal obstruction due to an internal deformity.

In certain cases where the nose requires building up for definition, some cartilage is taken from the ear.   This does not distort or change the appearance of the ear.   The nose is one of the main balancing features of the face and sometimes an alteration of the size and shape of the nose should also be accompanied by appropriate changes in other facial structures to obtain the best results.   The chin is often augmented or altered along with the nose, particularly if it is recessed or small in size. During examination, your facial structure will be evaluated and other appropriate recommendations made.

Surgery is altogether not an exact science. Because some of the factors involved in producing the final result, such as the healing process, are not entirely within the control of either the surgeon or patient, it is impossible to guarantee results. Results from surgery on the nose however, are more predictable in some patients than in others.   This is determined by a number of factors, such as thickness and shape of the bone and cartilage, the shape of the face, heredity, age, and the thickness and condition of the skin. The skin is highly important factor influencing the result of nasal surgery, for thick skin precludes a delicate nasal tip. Every nose has certain combinations of these anatomical features, which influence the outcome of the surgery and the predictability of the results.

## Chinplasty (Chin Enhancement)

Facial implants are designed for augmentative, reconstructive or rejuvenative purposes. Implants are available in a wide range of sizes and styles and the most appropriate size and type can be discussed with your surgeon during your consultation. Some people have a very large dominant chin. This can be reduced through an incision that is placed underneath the chin. This will establish harmony with the face. Other patients, have a recessive or small chin and this can be built up with a silicone rubber implant. The incision is below the chin. A wrap around implant is used. This is placed on the apex of the chin but the sides of the implants are placed along the front boarder of the mandible. This gives a more angular jaw. Implants add or restore contour and /or proportion to the face. The procedure generally takes 1-2 hours usually under a general anaesthetic. The incision is dressed with a bandage or tape and these are removed in approximatey 5-7 days.

## Malar Augmentation (Cheek Enhancement)

Facial implants are designed for augmentative, reconstructive or rejuvenative purposes. Implants are available in a wide range of sizes and styles and the most appropriate size and type can be discussed with your surgeon during your consultation. People who have a narrow face with under developed cheek bones can be improved upon by malar (cheek) implantation. Most commonly, silicone rubber implants are used for this purpose. Sometimes fat grafting will also suffice. This type of procedure will establish harmony with the face. Implants add or restore contour and /or proportion to the face. The procedure generally takes 1-2 hours usually under a general anaesthetic. The incision is dressed with a bandage or tape and these are removed in approximatey 5-7 days. These procedures allow balancing of the facial harmony.

### Breast Procedures at CSH

[Breast Augmentation](http://www.cosmeticsurgeryhospital.com/breast_enhancement.php#brest)  
[Breast Lift](http://www.cosmeticsurgeryhospital.com/breast_enhancement.php#lift)  
[Mastopexy](http://www.cosmeticsurgeryhospital.com/breast_enhancement.php#mastopexy)  
[Breast Reduction](http://www.cosmeticsurgeryhospital.com/breast_enhancement.php#reduction)[Male Breast Correction](http://www.cosmeticsurgeryhospital.com/breast_enhancement.php#male)  
[Saline vs.Silcone](http://www.cosmeticsurgeryhospital.com/breast_enhancement.php#vs)

## ****Bilateral Augmentation Mammoplasty****

Breast augmentation or augmentation mammoplasty, is a surgical procedure to increase the size of the breasts by insertion of an implant or prostheses behind the breast.   The implant may be placed either directly behind the breast (subglandular) or underneath the breast and the pectoralis major chest wall muscle (submuscular).   At the time of your consultation, your doctor will discuss with you, which is the appropriate placement for you.

**Reasons for Breast Augmentation**

Most commonly, breast augmentation is done to increase the size of the breast.   This may be desired for women who have never developed what they feel is an adequate size of breast, or to restore the volume of the breast after weight loss, pregnancy, and/or breast-feeding.   Augmentation of the breast can be done to one side only, in order to correct asymmetry or unevenness of the breasts.   The appropriately selected breast implant can make the breast appear to have a nicer contour, or look less "saggy". Some times the breast has an abnormal shape. With a very large nipple, and a very small breast.   This deformity is called a "tuberous breast" and there can be dramatic improvement in appearance by doing a breast augmentation.   Some time a breast augmentation can camouflage deformities of the rib cage, or breastbone.

In Canada today, there is a wide choice of implants available.   Saline filled or "salt water" implants are a silicone envelope that is filled by the surgeon with IV fluid normal saline after it is inserted into the pocket or space created at the time of surgery.   These implants are readily available to the surgeon and have been used for many years with excellent results in many patients

Some patients, however, will benefit from the use of silicone implants.   The silicone implants used today are called "cohesive", meaning that the silicone gel used to fill the implant tends to stay together, much like a gummy bear, even if the envelope becomes disrupted over time.   Patients who are very thin, or who need some correction in the shape of the breast may be candidates for silicone implants.   This will be discussed with you at the time of your consultation.

**For more information, go to Saline vs. Silicone**

Any surgery that requires an incision leaves a permanent scar.   The goal of plastic surgery is to keep these scars to a minimum.   The incisions used for breast augmentation can be placed in the crease or fold underneath the breast, in the lower half of the colored skin around the nipple (the areola), or in the armpit (axillary approach).   The size of the incision varies, depending on the type and size of implant used (smaller for saline implants which are inserted mostly empty) and the patient's physique.

## ****Mastopexy or Breast Lift****

Many women may request improvement in the shape or contour of the breast.   This may be due to the effects of pregnancy, nursing, weight loss or gravity.   For some women, the breast has never developed with an attractive shape.   Others have a large nipple that they feel is disproportionate. A breast lift or mastopexy is a surgical procedure that can lift and/or reshape the breasts.   At the same time, the size of the nipple skin (the areola) can be reduced.   This procedure may be combined with the insertion of an implant to restore lost volume to the breast. Because this operation involves the removal skin there will be scars as a result of this operation. Depending on the amount of skin to be removed, and whether or not an implant is being used, scars and techniques will vary. Your surgeon will discuss this with you at the time of the consultation.

**Preparing for Surgery**

Instructions will be provided to you with regards to preparing for surgery. If you are taking any medications, please bring this to the doctor's attention at the time of the consultation. Many herbal preparations may interfere with clotting, and these need to be discontinues prior to surgery. Depending on your age and family history, a mammogram may be required prior to the surgery. You will have pre-operative blood work done, and patients over forty are required to have an EKG.

Most of the time the surgery is done on an outpatient basis. If you are from a long distance, or are having any other procedures done you may be kept over night. This should be discussed with your surgeon.

Most commonly the operation is done under a general anesthetic, or local anesthetic with sedation. Either way you will not be able to drive yourself home. Recovery is a gradual process and you will need to plan to take one to two weeks off work. If your job is very physical, you may require a longer time off work. You should not make any travel arrangements for at least a month after surgery.

**After Surgery**

After surgery, you will have either a tape dressing or a surgical bra and gauze dressing.   There may be some small tubes inserted into the breast at the time of surgery to take away any build up of blood or fluid.   These are usually removed the day after surgery.

A bra with dressings inside is worn night and day for the first 2 - 3 weeks.   There is a considerable amount of swelling and some bruising after surgery and it takes time for the shape to "settle".   Some techniques of breast surgery are designed to have shorter scars and this may mean that there is some gathering or puckering along the incision line, which can take several weeks to smoothen out.   The quality of the scars will improve over a period of several months,

**Potential Complications**

As with any surgical procedure, there is a may be localized collection of blood (hematoma) or build up of fluid in the area of surgery.   Infection is very unlikely but can occur.   There may be problems with the wound healing, although if you are a non-smoker, this is not very likely.   Decreased sensitivity of the nipple can occur, but is usually temporary.   Occasionally, patients will develop a thick ropey scar that may need some special care.   There is no increased incidence of breast cancer after breast surgery.   Should you have another pregnancy, you would likely be able to breast feed although the benefits of the procedure may be lost.

The information contained in this brochure is background information to help you prepare for your consultation with a surgeon.   Because of individual variations, some of the information given to you at the time your consultation may differ from what is provided here and your doctor's information should be considered more correct.   There is an inherent risk with any surgical procedure, and the result of any surgical procedure cannot be guaranteed.

## Breast Reduction

Women with very large heavy breasts often experience medical problems related to the size and weight of their breasts. These problems include back and shoulder pain, rashes underneath or between the breasts and painful depressions across the shoulder from the brassiere straps cutting in. A surgical procedure known as a breast reduction or reduction mammoplasty can alleviate many of these problems and at the same time improve the size and the appearance of the breast. In most cases where the breasts are large, there is also some degree of ptosis or droopiness of the breasts. This is also corrected at the same time. This operation is designed to remove breast tissue and excess skin and elevate the nipple complex to an appropriate position, but leaves no scars above the nipple itself.

If the breast size is appropriate for an individuals height and weight, but the breasts have become loose and fallen, an operation known as mastopexy or breast tightening can be done to improve the shape and appearance of the breast.

Because of the problems large breasts can cause the breast reduction is usually covered by the provincial health insurance plans. Thus, these procedures are done in a public hospital.  
Breast tightening, or mastopexy is considered cosmetic and would be done at the Cosmetic Surgery Hospital.

Thousands of breast surgeries are performed successfully each year. Nevertheless, post operative complications such as infection or a localized collection of blood ( hematoma) can occur, although rarely. To decrease the risk of a hematoma vitamin E and aspirin containing drugs should be discontinued at least three weeks before and after surgery.

Most women have some degree of difference between the breasts prior to surgery and they are often unaware of it. Asymmetry, or both breasts not appearing alike, can occur after the surgery despite all the measures that are taken before and during surgery to prevent this. A second minor surgery can easily correct any significant occurrence. Poor healing may necessitate subsequent scar revision. Smokers should be aware that nicotine could delay healing.

### Body Contouring at CSH

[Liposuction](http://www.cosmeticsurgeryhospital.com/body_contouring.php#full)  
[Adominoplasty (tummy tuck)](http://www.cosmeticsurgeryhospital.com/body_contouring.php#mini)   
[Belt Lipectomy](http://www.cosmeticsurgeryhospital.com/body_contouring.php#fat)  
[Brachioplasty](http://www.cosmeticsurgeryhospital.com/body_contouring.php#mole)[Thighplasty](http://www.cosmeticsurgeryhospital.com/body_contouring.php#thigh)[Chest Redundacy](http://www.cosmeticsurgeryhospital.com/body_contouring.php#chest)

## Liposuction

Liposuction is a surgical procedure whereby localized fatty deposits that are resistant to dieting and exercise can be removed with minimal scarring. A narrow, hollow instrument, called a cannula, is inserted under the skin through a very small incision. A powerful vacuum then removes the fat cells as the cannula is moved back and forth underneath the skin. The ideal patient for a liposuction procedure is a person at their ideal body weight, firm skin tone, and with one or two regions of their body that need reducing. In women, these areas most commonly are the upper lateral aspect of the thigh ("saddle bag" area), and just below the waist ("love handles"). Men most commonly complain of excess fatty tissue around their midriff ("spare-tire"). Other areas that can be treated with liposuction are the medial thigh, knee area, abdomen, calves and the chin area. Some cases of excess breast development in men can be treated with liposuction. Less common areas that can be treated with varying degrees of success are the ankles, arms, and cheeks.

Once the fatty tissue is removed, the skin must shrink down to accommodate the smaller and altered contours. In people with loose skin tone, this contraction of the skin may be incomplete. People tend to develop loose skin with age, but heredity is perhaps the most important factor. Some people at age 45 have excellent skin tone; others at 20 are borderline candidates for liposuction. If the skin tone is less than ideal, the benefit of a smoother contour will still be achieved, but there may be some rippling of the skin. Some patients are prepared to accept this; others may opt for an excision of the excess skin at the time of surgery, or as a second operation. These alternatives will be discussed with you at the time of your consultation.

Most liposuction is done under a general anaesthetic, which means the patient is asleep during the entire operation. Small areas, such as the chin, can be done under a local anaesthetic with sedation to help the patient relax. Most surgery is done on an outpatient basis, but some patients having large areas treated may be kept overnight. Very extensive liposuction may necessitate a blood transfusion. Under these rare circumstances, arrangements are made for you to donate your own blood prior to surgery.

After surgery compression garment (a special type of girdle) or supportive tapes will be used. These must be maintained for six weeks after the surgery to allow the skin the best opportunity to contract down and achieve a good result. The areas treated by liposuction will be bruised and tender, but most people experience very little pain. Any routine postoperative pain can easily be relieved with mild pain medication. Depending on the type of work you do and the number of areas being treated, you may return to work 3-7 days after surgery. Mild exercises and sports may be resumed after three weeks.

However, more strenuous exercises should not be started before six weeks.

## Adominoplasty (tummy tuck)

Frequently following weight loss, the abdomen sags and in some   cases the skin hangs down over the thighs. This causes discomfort and hygienic problems.   There is also an embarrassment as far as dressing is concerned.   This component is dealt with by freeing the skin up to the mid portion of the chest and bringing it down, excising all the skin from the umbilicus to the mons pubis. Sometimes the skin cannot come all the way down and the patient will have a little vertical closure in the midline above the mons pubis as well as the transverse scar.

  Because of the laxity of the abdominal wall, most commonly the surgeon will tighten up the muscle container and give the patient a flatter tummy.

## Belt Lipectomy

Most weight loss patients have a sag of the skin above and including the upper part of the buttocks.   This loose skin can be removed at the same time as the abdominoplasty.   This is referred to as a belt lipectomy.

For this procedure, the patient requires to wear a garment support for a period of five weeks after the surgery.

## Brachioplasty

Following massive weight loss, there is a gross redundancy of the upper arm and sometimes the upper portion of the forearm.   While suction can remove some of the remaining fat, nevertheless, the skin needs to be removed by excision.   Here the surgeon carefully measures the skin so that the same amount is removed on both sides.   It is important that the arm not be excessively tightened for if it is, it will interfer with emphatic drainage of the forearm and the hand leaving to swelling in these areas.

[> back to top](http://www.cosmeticsurgeryhospital.com/body_contouring.php#top)

## Thighplasty

Following massive weight loss, the thighs become loose especially on the inside.   It is generally always some residual fat around the thighs which can be removed at surgery.   Here the surgeon makes an incision in the groin posteriorly and carries it along the inside and then up onto the anterior aspect of the thigh sometimes joining the scars from the belt lipectomy.   After removing the excess fat, the surgeon then removes the excess skin which commences on the posterior aspect of the thighs, on the inside of the thigh and up onto the anterior thigh.

This skin flap is then carefully sutures up into the groin area, securing it to the deeper structures, so that the scar will not migrate down the thigh.   In this procedure, the patients will need to wear a garment support for period of five weeks.

The wearing of garments following this aspect of surgery is to hold the skin and the skin flaps into position of election so that the cells can grow together.

Occasionally, the skin is so loose on the inside of the thigh that a vertical incision is required in order to remove the redundant skin. Your surgeon will discuss this aspect with you.

## Chest Redundancy

Mastopexy, in massive weight loss, the breast have lost a great deal of weight and hang down. They can be tightened by a procedure called a mastopexy. In this procedure, the breast remains the same volume but in tightening it, it will stand up more on the chest wall.

On the sides of the chest and sometimes on the front of the chest, a fold of skin hangs down which is referred to the thoracic fold.   This can be disturbing and bothersome to a patient.   It can be excised but does leave a scar across the chest.   However, most patients prefer to have the scar rather than having a fold of skin.   In some men, the nipple/areolar complex hangs so low that it needs to be repositioned higher up onto the chest to reach normalcy.

How many of these various procedures that can be done at one time varies according to what needs to be done and the general physical condition of the patient.    Generally, two or three of them can be done at the same time.   If a lot of surgery is done at the same time, it will generally be done by a team of plastic surgeons and done at a General Hospital where blood is available for transfusion.   However, if the surgery is less involved, most commonly it is done at a free standing surgical facilities.

### Skin Rejuvenation Treatments at CSH

[Dermabrasion](http://www.cosmeticsurgeryhospital.com/skin_rejuvination.php#full)  
[Chemical Peels](http://www.cosmeticsurgeryhospital.com/skin_rejuvination.php#mini)   
[Laser Resurfacing](http://www.cosmeticsurgeryhospital.com/skin_rejuvination.php#fat)

## ****Dermabrasion****

**Dermabrasion** was started by surgeons in the early 1950's for the treatment of acne scarring.   It was then advanced for the treatment of wrinkled skin.   Dermabrasion involves removing the top layer of skin with a high speed rotary drum.   Following treatment a thick scab forms and this falls off in seven to ten days.   During this period of time, mineral oil is applied to the scabs as it dries to keep it soft.   Dermabrasion is not a substitute for a facelift but rather a complimentary procedure and certain areas are treated at the same time as doing a facelift.    This is particularly true in the lines around the mouth.

Dermabrasion to the entire face is generally done under a full anaesthesia.   Frequently, the lip areas are treated at the same time as doing a facelift.   Many women find that they have fine lines only around the mouth area.   They complain that their lipstick tends to "bleed" up into these cracks.

## ****Chemical Peels.****

There are two types of chemical solutions that are commonly used for chemical peels. One type is a phenol solution and the other is a trichloroacetic acid (TCA) solution.   Commonly prior to the utilization of TCA, the skin is pretreated for some weeks before with various chemicals.

The scab that forms after treatment with a TCA peel, is much less than that formed by either the dermabrasion of the phenol peel, but the depth of wrinkles that can be treated is less.

TCA peels are considered to be fine tuning peels and several superficial peels can be done to treat specific problem areas.   Which procedure is most appropriate for you would be discussed with you during your consultation.

Chemical peels are most frequently done under sedation.

## ****Laser Resurfacing****

Laser has been used in surgery for decades. Firstly, in Sweden for brain surgery and this was followed by the use of the technology to replace the detached retina of the eyeball. Carbon dioxide lasers have been used for decades to treat rare skin conditions. However recently it has been used for facial rejuvenation surgery and other skin modalities.

The laser (light amplification by stimulated emission of radiation) is increasingly replacing other techniques for facial rejuvenation. However this does not mean that there is not a place for the micro peel with various agents orthereis not a place for the TCA peel especially the Obagi technique. Dermabrasion also has its role in selective cases.

It is important to realize what can be achieved by laser resurfacing of the face and that which can not be. Obviously, if there is a lot of lose skin with dominant jowls and neck sag rejuvenation can not be achieved without a standard face-lift. In these patients the laser can be useful to get rid of wrinkles around the mouth or eyelids. The very precise technique of laser resurfacing appears to be ideal for the treatment of wrinkles and photoaged skin.

The laser has also been very helpful in lower eyelid surgery. The fat which causes the bagginess of the eyelid can be removed from inside the eyelid (conjunctival) and then laser resurfacing of the eyelid and crows feet area is carried out. This results in a smoother rejuvenated-looking eyelid in selected cases.

Various kinds of laser are available today. The Q Switch Lasers are excellent for tattoo removal, as is the Ruby 964. Some lasers are good for removing certain coloured pigments while others can deal with another colour. The Argon and YAG lasers are good machines for removing vascular lesions. The Candella is used for removal of port wine stains.

The Pulse Dye laser has been used for treating fine veins - spider nevi of face, hands and lower extremities. However, the efficiency of lower extremity treatments is in question.

There are several lasers on the market today.   Pros and cons of laser surgery and which is appropriate for you will be discussed with you at the time of your consultation with the doctor.

**Aesthetic procedures:**

1. **Botox**
2. **Dermal filters**
3. **IPL Palomar starlux**
4. **Microdermabrasion**
5. **Facial peels**
6. **Varicose and spider veins**
7. **Cosmelan depigmentation**
8. **Skin care products**
9. **Glominerals make up**

**Photos**

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**Doctor’s profile or credentials**

## ABDOLLAH BEHZADI

M.D., M.B.A., F.R.C.S.(C)  
Thoracic & Foregut Surgery

Dr. Behzadi obtained his Doctor of Medicine from McGill University in 1995. He completed his general and bariatric surgery training at McGill University Health Center and obtained certification in surgery from the Royal College of Physicians and Surgeons of Canada and the American Board of Surgery in 2000 and 2001 respectively. He then completed a fellowship in Thoracic Surgery at the University of Manitoba where he also received a master in administration. He then went to the Mayo Clinic in Minnesota for an advanced fellowship in minimally invasive gastro-esophageal and thoracic surgery. He is also certified in Thoracic Surgery by the Royal College of Physicians and Surgeons of Canada.

He is a member of many prestigious societies including the Society of Thoracic Surgeons, the Canadian Associations of Thoracic Surgeons, the American College of Surgeons, the Royal College of Physicians and Surgeons of Canada, and the Ontario Medical Association.

He is an attending thoracic Surgeon at the Scarborough Hospital in Toronto.

**Background**  
McGill University, Montreal, PQ - MD (1995)  
McGill University, Montreal, PQ - General Surgery (1995 - 2000)  
University of Manitoba, Winnipeg, MB - Thoracic Surgery (2000 - 2002)  
University of Manitoba, Winnipeg, MB - MBA (2003)  
Mayo Clinic, Rochester, MN - Advanced Thoracic Fellowship (2003 - 2004)  
The Scarborough Hospital, Toronto, ON - Attending Surgeon (2004 - )

**Interests**  
Thoracic Oncology  
Minimally Invasive Surgery  
Resource Management & Technology Assessment

## PAUL BRAUDE

M.D., M.B. Ch.B.

Dr. Paul Braude is medical director of Ageless in Toronto. His interests are in preventive medicine, nutrition, excercise, fitness and internal medicine.He is responsible for overseeing the Wellness Clinic team.

He has over twenty-five years experience in primary care medicine and has also worked as a researcher in the areas of arthritis, urology, hypertension, diabetes and asthma.

## LLOYD N. CARLSEN

M.D., C.M., F.R.C.S.(C), F.A.C.S.  
Cosmetic & Plastic Surgery

Lloyd N. Carlsen, Medical Doctor, Fellow of the Royal College of Physicians and Surgeons, Plastic Surgery, Fellow of the American College of Surgeons.

Dr. Carlsen, shortly after he started his plastic surgery practice at the Scarborough General Hospital, it became apparent to him that public hospitals did not provide the appropriate setting and care for cosmetic patients. He therefore, established the first private hospital in Canada devoted exclusively to cosmetic surgery. Today the Cosmetic Surgery Hospital is still the only licensed private hospital which provides the facility for several plastic surgeons to accomplish their cosmetic plastic surgery.

The hospital has now expanded to include bariatric (weight loss) surgical procedures carried out by two highly qualified general surgeons, Dr. Abdollah Behzadi and Dr. Lancelot Tin. Also the department of Ageless in Toronto - Wellness Centre - has been established under the direction of Dr. Paul Braude.

Dr. Carlsen is an extremely experienced, well respected plastic and cosmetic surgeon.

Dr. Carlsen has been an innovative surgeon. Dr. Carlsen pioneered a procedure to build up the underdeveloped inner calf (calf augmentation). This is performed for both cosmetic purposes as well as reconstructive purposes in people who have a deformity of the lower leg such as club foot or post polio. This has given him world wide acclaim. He developed a technique for a reduction mammoplasty. This increases the longevity of the lift. This technique has been utilized by plastic surgeons around the world. He has lectured extensive on techniques using deeper tissues to support and maintain a better contour of the neck and facelift procedures. In addition, he has also written and devised procedures for aesthetic and reconstructive surgeries of the breast.

Dr. Carlsen was the founding member of The Canadian Society of Aesthetic (Cosmetic) Plastic Surgery. This organization now numbers 160 members and is devoted to the education of all plastic surgeons with a significant interest in cosmetic procedures. Its membership is limited strictly to plastic surgeons. <http://www.csaps.ca>

Because Dr. Carlsen was concerned about safety standards in free ion for the safety of their patients. Dr. Carlsen has been an extremely prolific reconstructive surgeon as well. The first burn unit in Canada was organized by him at the Scarborough General Hospital. He is on staff at the Scarborough General Hospital. He is an Assistant Clinical Professor for the Department of Surgery at McMaster University University and a Professor of International Postgraduate Education in Aesthetic Plastic Surgery. He is internationally renowned and has been invited to lecture and demonstrate surgery in many countries of the world.

## DANA KHUTHAILA, MD

**EDUCATION**

**2007** Fellowship at the European Institute of Oncology, Milan, Italy for Breast Reconstruction  
**2006** Fellowship in Microsurgical Breast Reconstruction in Gent, Belgium   
**2005** Fellowship in Breast Reconstruction with Dr. Hammond in Grand Rapids, MI  
**2005** Michigan State Medical License  
**2005** ABPS (American Board of Plastic Surgery) Board Eligible  
**2005** ECFMG Certificate  
**2005** Clinical Fellow in Aesthetic Surgery in Toronto with Dr. Carlsen  
**2004** FRCS(C) in Plastic Surgery  
**2002** Medical Council of Canada-LMCC  
**2001** Principles of Surgery Exam   
**1997** MBBS, King Saud University School of Medicine   
Riyadh, Saudi Arabia

**INTERNSHIP AND RESIDENCY**

**1999-2004** Plastic Surgery Residency at McMaster University  
Hamilton, Ontario, Canada  
**1998-1999** Resident in General Surgery at King Faisal Specialist Hospital  
Riyadh, Saudi Arabia  
**1997-1998** Rotating Internship King Khalid University Hospital   
Riyadh, Saudi Arabia   
**1991-1997** MBBS, King Saud University School of Medicine   
Riyadh, Saudi Arabia

**MEMBERSHIPS**   
  
• ASPS Active member  
• ISAPS Active member  
• Saudi Council for Medical Specialties  
• Royal College of Physicians and Surgeons of Canada (RCPSC)  
• College of Physicians and Surgeons of Ontario, Canada (CPSO)  
• Canadian Society of Plastic Surgeons   
• Operation Rainbow Canada (private, all volunteer non-profit medical services organization which functions without paid staff and provides free reconstructive surgery and related health care for cleft lip and cleft palate deformities to needy children and young adults in developing countries)  
• Michigan State Medical Society- USA  
• Kent County Medical Society -USA

**PUBLICATIONS**

**1.** Hammond, D.C., Simon, A.M., Khuthaila, D.K., et al. Latissimus Dorsi Flap Salvage of the Partially Failed TRAM Flap Breast Reconstruction. Plast. Reconstr. Surg. 2007 Aug;120(2): 382-9.  
**2.** Hammond, D.C., Khuthaila, D.K., Kim, J. The Skate Flap Purse-String Technique for Nipple - Areola Complex Reconstruction. Plast. Reconstr. Surg. 2007 Aug;120(2):399-406.  
**3.** Martella S, Caliskan M, Rossetto F, De Oliveira HA, De Brito Lima LN, De Lorenzi F, Khuthaila DK, Petit JY, Luini A. Surgical closure of chest wall in non-inflammatory locally advanced breast carcinoma with ulceration of the skin. Poster presented at the 9th Milan Breast Cancer Conference in Milan, Italy. June 20 -22, 2007  
**4.** Hamdi, M., Khuthaila, D.K., et al. Double-Pedicle Abdominal Perforator Free Flaps for Unilateral Breast Reconstruction: New Horizons in Microsurgical Tissue Transfer to the Breast. J Plast, Reconstru. Aesthet. Surg. 2007;60(8):904-12  
**5.** Hammond, D.C., Alfonso, D.R., Khuthaila, D.K., et al. Mastopexy using the SPAIR technique. Plast. Reconstr. Surg. Accepted.  
**6.** Hammond, D.C., Khuthaila, D.K., Kim, J. The interlocking Gore-Tex suture for control of areolar diameter and shape. Plast. Reconstr. Surg.2007 Mar;119(3):804-9.   
**7.** Urbaniak, R.M., Khuthaila, D.K., Khalil, A.J., Hammond, D.C. Closure of Massive Abdominal Wall Defects: A Case Report Using the Abdominal Re-approximation anchor (ABRA) system. Ann. Plast. Surg. 2006 Nov;57(5):573-7.  
**8.** Hammond, D.C., Khuthaila, D.K. Augmentation Mammaplasty. Plastic Surgery Secrets. Second Edition, 2006.   
**9.** Simon, A., Khuthaila, D.K., Hammond, D.C. Pyoderma gangrenosum following reduction mammaplasty. Canadian Journal of Plast. Surg. Spring 2006, 14 (1): 37-40  
**10.** Hammond, D.C, Khalil, A. J., and Khuthaila, D.K. The interlocking Gore-Tex suture for control of areolar diameter and shape. Poster presented at the ASPS meeting in Chicago, September, 2005.  
**11.** Khuthaila, D.K., Hammond, D.C. Back to the Latissimus Dorsi. Plastic Surgery Products, August 2005.  
**12.** Thoma, A., Veltri, K., Khuthaila, D., et al. Comparison of the deep inferior epigastric perforator flap and free transverse rectus abdominis myocutaneous flap in postmastectomy reconstruction: a cost-effectiveness analysis. Plast. Reconstr. Surg. 2004 May;113(6):1650-61.  
**13.** Thoma, A., Khuthaila, D., Rockwell, G., Veltri, K. Cost-utility analysis comparing free and pedicled TRAM flap for breast reconstruction. Microsurgery. 2003;23(4):287-95.

**PRESENTATIONS**

**1.** Khuthaila, D.K., Javed, Khurram. The Use of VAC Therapy in Surgical Wounds. Presented at the 2nd V.A.C Therapy Symposium in Riyadh, Saudi Arabia, Nov. 17, 2007.  
**2.** Khuthaila, D.K., Hammond, D.C. The interlocking Gore-Tex suture for control of areolar diameter and shape. Presented to the Plastic Surgery Department at the European Institute of Oncology in Milan, Italy, July19th, 2007.  
**3.** Khuthaila, D.K., Introduction to Plastic Surgery. Presented at the Girls' School in Riyadh, Saudi Arabia. April, 9th, 2007  
4. Khuthaila, D.K., Hammond, D.C. The interlocking Gore-Tex suture for control of areolar diameter and shape. Presented at the 60th Annual Meeting of the CSPS in Quebec City. June 14-17, 2006.  
**5.** Khuthaila, D. Pedicled versus free TRAM flap for post –mastectomy reconstruction: A cost-utility analysis.  
Presented at the 55th Annual Meeting of the Canadian Society of Plastic Surgeons  
Jasper, Alberta. June 6-9, 2001   
And at the Annual Residents’ Research Conference in Hamilton Oct. 6th 2000  
**6.** Khuthaila,D , Thoma A. Comparison of Deep Inferior Epigastric Perforator (DIEP) flap and Free Rectus Abdominis Myocutaneous (TRAM ) flap in post –mastectomy reconstruction. A cost –effectiveness analysis.  
Sept. 27th 2002 in Hamilton and at the 18th Annual Meeting of American Society of Reconstructive Microsurgery. January 12th 2003 in Kauai, Hawaii  
**7.** Khuthaila, D, Bamehriz, F. Malignant Eccrine Poroma of the foot: A case Report and Review of the Literature. Presented at the Division of Plastic Surgery Residents Research Day, Sept. 27th , 2002 in Hamilton, Ontario  
**8.** Khuthaila, D Hong, Bendago. A Severe Inflammatory Reaction to Hands after Cosmetic Liquid Silicone Injection. A Case Report and Review of the Literature.  
Presented at the Division of Plastic Surgery Residents Research Day, Oct. 2003 in Hamilton, Ontario.

**COURSES**

• ATLS  
• ACLS  
• ABLS( Advanced Burn Life Support)  
• Laparoscopic Surgery course at CMAS ( Center for minimal access surgery ), Hamilton, Ontario- 2000  
• Microsurgery course at St. Joseph’s Healthcare, Hamilton, Ontario - 2001   
• Endoscopic Plastic Surgery course , CMAS, Hamilton, Ontario- 2002  
• Minimally Invasive Approaches to Today’s Aesthetic Patient, New York-2003  
• 21st Annual Dallas Rhinoplasty Symposium 2004

**AWARDS**

• Ted Thomas award in Plastic Surgery for Best Presentation-2000  
• Model Student King Saud University School of Medicine-1997

## SANJOY KUNDU

M.D., B.Sc., D.A.B.R., F.R.C.P.C., F.A.S.A.  
Interventional Radiologist  
Specializing in Leg Varicose & Spider Veins

Dr. Sanjoy Kundu BSc, MD, FRCPC, DABR. Dr. Kundu completed medical school and a residency in Diagnostic Imaging at the University of Toronto. Following this, he completed a Fellowship in Angiography and Interventional Radiology at the University Health Network in Toronto. He is a fellow of the Royal College of Physicians and Surgeons. Dr. Kundu has licenses to practice in Ontario, Arizona and Bermuda. He is board certified in the United States. Dr. Kundu is the only physician in Ontario to be sanctioned by the College of Physicians and Surgeons to perform Endovenous Laser Ablation for the treatment of varicose veins.

He is a member of the Radiological Society of North America, Society of Interventional Radiology, the American College of Phlebology, the American Society of Angiology, and the Cardiovascular and Interventional Radiological Society of Europe. Dr. Kundu is a member of the Technology Assessment Committee, Standards of Practise Committee and the Venous Forum at the Society of Interventional Radiology. He is also a member of the Public Education Committee at the American College of Phlebology. He has been awarded Fellowship in the American Society of Angiology for his contribution to Endovascular Medicine. Currently Dr. Kundu is involved in giving lectures worldwide on the technique and most recent advancements in Endovenous Laser Ablation. As an interventional radiologist he is specialized in endovascular procedures both in the venous and arterial systems using ultrasound or fluoroscopic guidance. Dr. Kundu utilizes a unique micropuncture technique to perform endovenous laser ablation and has had a 99% technical success to date.

Dr. Kundu has trained with Dr. Robert Min a world expert and founder of endovenous laser ablation of varicose veins. He has also trained with Dr. Robert Weiss, a world expert in the treatment of venous disorders including varicose veins and spider veins. In addition to his duties at The Vein Institute of Toronto, Dr. Kundu also practices at Scarborough Hospital-General Campus where he founded the uterine fibroid embolization program, carotid stenting program along with a number of new leading edge interventional radiological procedures. He is currently the medical director of the uterine fibroid embolization program, carotid stent program and co-medical director of the abdominal aneurysm endograft program at the Scarborough Hospital.

Dr. Kundu is currently involved in a number of research projects including evaluation of new agents for Uterine Artery Embolization; Determining the optimal angioplasty balloon for dialysis intervention; Determining the optimal protection device for renal artery stenting.

## SANDRA D. VOICE

M.D., F.R.C.S.(C)  
Cosmetic, Plastic & Reconstructive Surgery

Dr. Sandra Voice is one of Ontario's most prominent female plastic surgeons. Dr. Voice graduated from the University of Alberta in 1986. She did a fellowship in Glasgow Scotland specializing in hand surgery in 1987. She came to the Cosmetic Surgery Hospital in 1987 for a fellowship in cosmetic surgery. Following her fellowship in 1988, she was quickly invited come on as staff at the Cosmetic Surgery Hospital because of her expertise and skill. At the same time, she joined the Division of Plastic Surgery at Scarborough General Hospital where she quickly became renowned for her various breast surgery procedures and an integral part of Canada's first burn unit. Along with her cosmetic surgical technique, her empathetic, friendly nature is a personal trait that has given her recognition as one of Toronto's top breast reconstructive surgeons.

She is a dedicated surgeon, who, on several occasions has selflessly offered surgical services to those in need, living in underprivileged countries.

In improving her patients self esteem through her breast reconstruction surgery, it has become an endeavor of Dr. Voice to also improve on the self esteem of cosmetic patients through her facial rejuvenation and body contouring surgery.

She participates in scientific presentations and had multiple publications with regards to plastic, cosmetic and reconstructive surgery.

## Sarah Wong

M.D., F.R.C.S.(C),   
Cosmetic, Plastic & Reconstructive Surgery

Dr. Sarah Wong is a Plastic and Cosmetic Surgeon fully certified by the Royal College of Physicians and Surgeons of Canada.

Dr. Sarah Wong graduated from McMaster University Plastic Surgery Residency Program in 2007. She then completed a microvascular and reconstructive fellowship at the prestigious MD Anderson Cancer Center in Houston, Texas. She focused on further subspecialty training in advanced breast reconstruction techniques including muscle-sparing DIEP (deep inferior epigastric perforator) and SIEA (superficial inferior epigastric artery) flaps. Upon her return, she joined the Division of Plastic Surgery at Scarborough General Hospital to spearhead the reconstruction program.

Dr. Wong has been the recipient of many clinical and research accolades including the Greg Rische Memorial Endowment Award and Physicians’ Services Incorporated Foundation (PSI) Research Grant. In addition, she has authored numerous articles in reputable medical and surgical journals. Beyond publications, Dr. Wong gives presentations at national and international conferences. She continues to be an active member of the Canadian Society of Plastic Surgery.

Known for her caring and empathic approach, Dr. Wong believes in patient-focused care. She approaches each patient individually and customizes her s

**Contact us**

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