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## The “Retro” Look: Is Less More?

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In case you have not noticed, there is a new trend in aesthetic surgery. I call it the “minimalist” approach, but you can characterize it with three words: less is more. This new “retro” look is evident in almost every aesthetic procedure we perform, from brow lift to blepharoplasty, from face lift to breast lift.

For example, the brow lift went from the coronal approach, with corrugator resection and aggressive scalp excision-pull, to an endoscopic approach, with shorter scars and more conservative traction. A very qualified group from New York has even gone further, stating that brows do not need to be lifted at all.

The upper blepharoplasty is another example of going retro: from just skin excision to more aggressive skin excision, muscle resection, fat removal, and corrugator resection to less and skin excision only.

The lower blepharoplasty is even more noticeable, due in part to the bad rap given to the midcheek lift: skin only first, skin-muscle-fat later, transconjunctival with fat removal, transconjunctival with fat reposition, and maybe, later, a small skin excision.

The midface has also backtracked from aggressive undermining and suspension to less undermining and different suspension. Face lifting is following the trend, from small scars and skin-only dissection to SMAS and wider dissection to subperiosteal, composite, and midface combination, and back to short scars and threads with no incision at all.

Even for cosmetic breast surgery, the word is conservatism: in breast augmentation, from subglandular to subpectoral, from small to big and back to small, and in breast lifting, from small scars to inverted-T scars to all kind of scars, and back to minimal scars.

Liposuction is not an exception: from big cannula and small volume to big volume to small cannula, from internal ultrasonic to external ultrasonic liposuction, and back to small volume

and small cannula, and only if you have purchased the machine, a tiny bit of internal ultrasonic liposuction.

Fat grafting is the same: a little, a lot, and back to a little. If for cars the retro look means a look of the past but a technologically more advanced engine, is it the same for aesthetic surgery? Is this minimalist approach an evolution or an involution? If we are going back to a blepharoplasty technique of 40 years ago, have we made any progress?

I think what has happened is an evolution in concepts that has led us to rethink our results. The concept of rejuvenation has changed. We realize that aging is deflation and we talk about volume restoration, and every technique now claims it is going to restore volume, no matter how it is done, from SMAS to subperiosteal, from fat grafting to cheek implants. If you listen to the first part of every lecture, they are almost interchangeable: the same concept, different operation.

Have we realized that, as Val Lambros states, we can lift a face but it is always going to look like an old face that has been lifted, so we might as well do as little as possible? Did our older colleagues not realize that when they were conservative (maybe because they just did not know) they were giving better and more natural results? Did we just find out that a more aggressive skin excision in blepharoplasty is going to change the shape of the eye from oval to round and that round just does not look good?

So, is the “minimalist” approach dictated by patients who do not want a prolonged down time or to pay the consequences of a too drastic change, or is it driven by our dermatology colleagues afflicted by scalp idiosyncrasies, whose new, rather catchy motto is “the syringe is the scalpel of the twenty-first century”? Does a major facial rejuvenation make you look less weird than multiple, inconspicuous, little mini lifts spread out over time?

And let’s face it. Wouldn’t you want to be praised by the celebrity hair stylist down the street because, by putting less tension on the skin flaps, your “signature” scar goes undetected

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by the ultimate and most severe form of scrutiny—the beauty salon test?

What is interesting is the orchestrated public relations behind each of these new operations going old. In reading the articles, the concepts are well explained, they make sense, and they seem to lead to all different and new, technologically more advanced techniques, but then the operation very closely resembles one from the past. It may not be exactly the same, but it is damned close.

So, is aesthetic surgery really evolving, or is just our appreciation of beauty and rejuvenation changing? Are we tired of seeing overdone techniques produce overdone results?

Judging from the results, recycling may work in aesthetic surgery too, but let's call it by its real name and not fool ourselves.

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