

# Taking Risks

I don't do a cookie cutter facelift. I don't do one type of facelift or rhinoplasty. I don't have a signature procedure," says Samieh Sam Rizk, MD, FACS, and director of Manhattan Facial Plastic Surgery. "I customize my facelifts to the patient's degree of aging and my rhinoplasties to create a natural, balanced result."

This is one Park Avenue facial plastic surgeon who claims his practice is unaffected by the economic downturn because he has carved out this specific niche. He says this is because he has pioneered modifications in his rhytidectomies, neck lifts, and rhinoplasties, and tailors each procedure to each patient's needs.

"My patients look good in a week," Rizk says. "In New York, people can't afford to take a lot of time to recover. That's why I have figured out how to do these operations with minimal swelling and bruising in deeper planes with fewer blood vessels. Otherwise, I would lose referrals," he adds.

With 80% of his business coming via word-of-mouth referrals, Rizk sees about 100 new patients each month and turns away 10% of them—these are situations in which he thinks the result he's aiming for and the patient's expectations don't match up. Half of his practice consists of

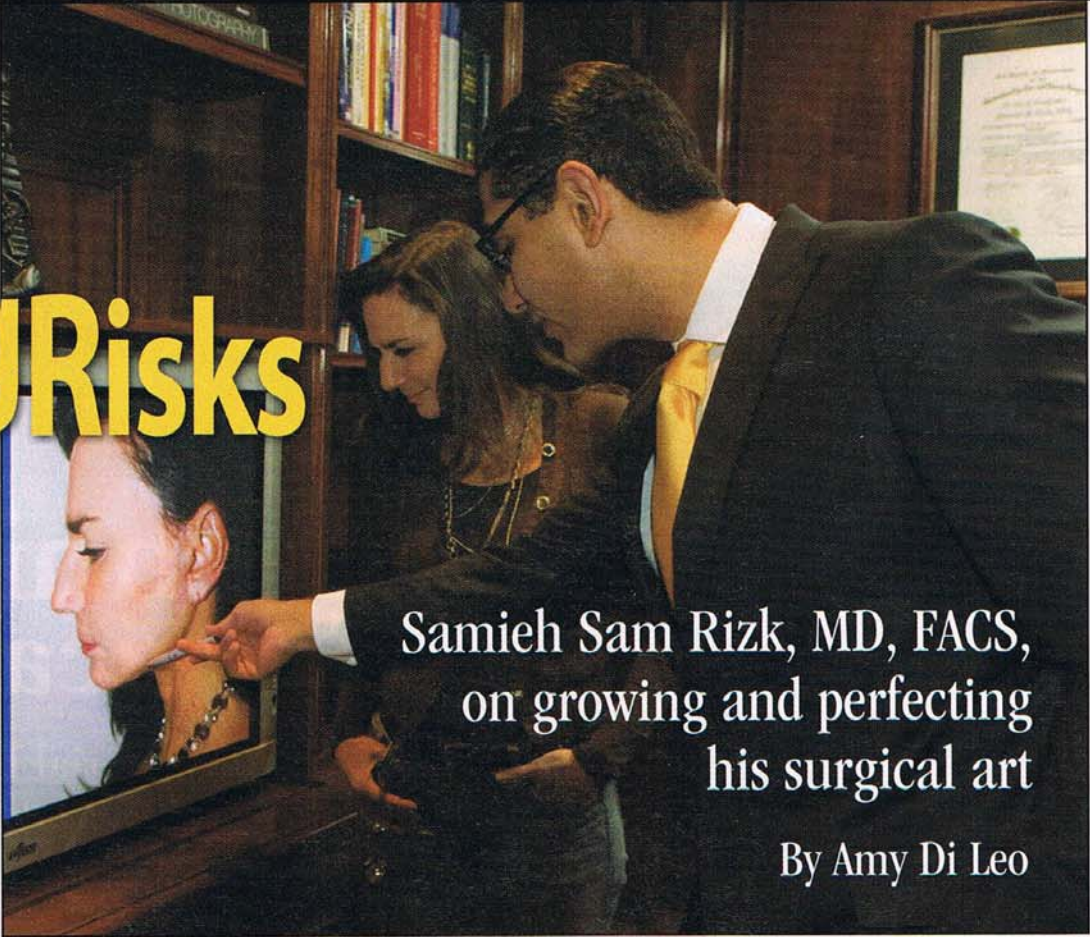
revision work, he says, especially rhinoplasties. He is "not intimidated by ethnic noses."

## THE NO-INJECTABLE ZONE

What Rizk doesn't do is load up his day with "injectable patients" and does not offer fillers or Botox at all. At a time when physicians fill their office hours by filling in patients' faces with Restylane, Botox, Sculptra, and the like, Rizk has gone a different route. Instead, he refers those injectable patients to dermatologists who, in turn, send referrals back to him when the time is right for the more invasive procedures.

"I look at aging as a graded approach," Rizk says. "In the 40s, the first thing that does not improve with fillers and Botox is the neck. So, the women come in in their 40s and they want the neck lift; maybe a partial lower face. It then progresses into a partial lower face and neck. Then it progresses into a complete modified deep plane, which addresses the nasolabial fold, jowl, and neck."

Rizk says his facelifts are very different from the bulk of what is being offered in the marketplace and that he is constantly learning, growing, and perfecting. One could respond that a lot of surgeons make the same claim, but Rizk has some muscle behind his own claims of, "Hey, I'm different."



Samieh Sam Rizk, MD, FACS,  
on growing and perfecting  
his surgical art

By Amy Di Leo

He performs modified deep plane facelifts for 75% of his female facelift patients. However, depending on the patient he draws from a compendium of a dozen different lifts that he modifies. Additionally, his modified facelifts do not address the orbicularis muscle as originally described for doing a deep plane facelift, as that would cause prolonged bruising and swelling. Again, he wants to speed his patients' recovery time. He also lifts back the layer of skin, blood vessels, muscle, and jowl fat as a unit and works completely in the deep plane, modifying his incisions to preserve the hairline.

The key to his facelifts, however, is the process by which he undermines under the jowl to redefine the chin and neck, rather than stretch and pull it. As he drapes this jowl up, the cheeks gain their youthful fullness and definition—one of the keys to a more youthful face.

## HEIGHT, WIDTH, DEPTH

Rizk was the first to use a 3D high-definition telescope in rhinoplasty and neck lift surgery (see Rizk feature article on Page 22). The 3D telescope enables him to view a live, fully dimensional color view of the interior area in which he is working. He uses the telescope in rhinoplasty, facelift, and neck lift cases.

For neck lifts, Rizk inserts the telescope in a tiny incision under the chin. In a

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## PRACTICE AT A GLANCE

**Name:** Samieh Sam Rizk, MD, FACS  
**Location:** New York City  
**Specialty:** Rhinoplasty and facelifts  
**Years in practice:** 11  
**Days worked per week:** 5-6  
**Days surgery performed per week:** 3  
**Number of employees in practice:** 8  
**Office square footage:** 2,200



heavy neck, which tends to have a lot of fat under the platysma muscle, he removes fat from under that muscle—under the chin—all the way down to the suprasternal notch. He then closes the platysma muscle very far down on the neck, all the way up to under the chin. This approach, he says, “makes it much safer and more precise with the high-definition telescope on a high-definition screen, and helps me avoid blood vessels and nerves, which can cause bruising and bleeding.”

For a facelift around the ear and under the muscle and jowl of the face, Rizk uses the telescope in his dissection to help him see everything in the neck. In some of his modified deep plane facelifts, he uses the Endotine ribbon but flips it so the hooks go up, not down. And he claims to be the first surgeon to use this absorbable fixation device in the deep plane, so that it remains nonpalpable.

“Endotine was originally designed to be used under the skin with hooks down, but there it remains palpable for several months until it absorbs,” he explains. “Its advantage over stitch fixation is lifting a region of tissue in deep plane rather than lifting points, so the lift looks very natural. Endotines dissolve in 3 months, like a PDS suture, which means at that point the face is fixed into its new position by scar tissue.”

## THE AESTHETIC MIX

Rizk, who has a large male patient base, has seen it double in the past 18 months. He says these aren't the metrosexual and homosexual men he had been seeing in his practice. They are in their 40s and 50s, are married with children, and had held high-level executive positions until they lost their jobs. Now ready to go on the job hunt, they're concerned about bags under their eyes and thick necks and they want to make some aesthetic changes before hitting the interview trail.

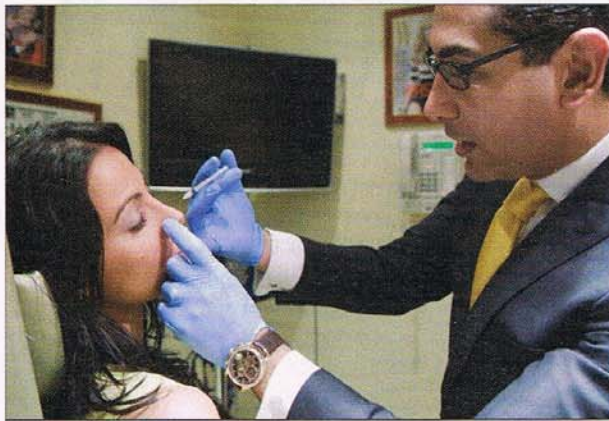
Sixty percent of Rizk's patients are from New York City, but another 25% come from New Jersey, Connecticut, Pennsylvania, Florida, Texas, Washington, and California. He prides himself on his global patient base, however, and claims that 15% of his patient population comes from Brazil, Argentina, China, Japan, Saudi Arabia, Egypt, Italy, and France.

In addition to his facelift and revision work, Rizk performs a fair number of chin implants, eyelifts, and browlifts. With

rhinoplasties, where millimeters make a big difference, he uses the 3D high-definition approach as well, which increases precision and results in what he refers to as a “very natural-looking nose with minimal trauma.

“In nose jobs,” he continues, “it is very critical that you get a natural result. No upturned noses, no pointy tips. No scooped-out noses,” Rizk says. “Instead of rasping over soft tissue, muscle, and blood vessels and getting bruising, I am specifically reducing cartilage and bone under direct visualization with a high-def 3D telescope system,” he adds.

Using the telescope system, Rizk is able



When doing rhinoplasties, Rizk often uses a cartilage grafting technique rather than a cartilage excision to achieve definition in noses.

to stay away from the soft-tissue envelope. By avoiding the muscle and blood vessels, there is minimal to zero percent bruising and less swelling. Prolonged swelling can lead to permanent scar tissue, he adds, which compromises long-term results. In addition, he does not use packing; only tissue glue.

How is it that his results are so smooth? The edges of all of his cartilage grafts are refined with a micropowered diamond machine. In addition, he uses ribs, ears, and other body parts or Medpor implants to form the nose (if necessary).

For many of his rhinoplasties, Rizk uses a cartilage grafting technique rather than a cartilage excision to achieve definition in noses, making them structurally stronger while not compromising breathing.

For primary nose jobs, he also looks at the breathing component. “I use a lot of cartilage sculpting stitches,” he says, “which allow me to reduce the amount of cartilage I remove. I also have a special way of bringing bones in that makes it look natural.”

In performing revision rhinoplasty, he says, “it's not just

cosmesis. There is a functional component to most of what I do. A lot of these people can't breathe. Their noses have been collapsed. It is both the functional and the cosmetic approach, combined.”

## SOMETIMES, JUST SAY NO

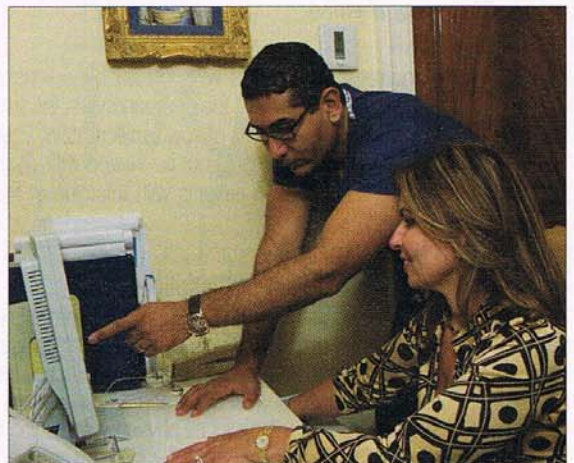
Rizk is not afraid to say no to potential patients. He says he will never operate on a diabetic or a smoker. For example, he says that any former smoker must have quit for at least 2 years—and if he smells smoke, he will refuse them.

Even with those hard and fast rules, Rizk says his conversion rate is 80%. “My patients are savvy,” he says. “They understand SMAS versus deep plane, and they understand nuances of incisions. If they don't sign on, they are usually not mentally ready for the surgery.”

Rizk considers his practice to be a very high-end experience for clients. “When a patient walks into our office it is like walking into the Four Seasons hotel,” he says. “No stone is left unturned—from courteous staff to individual high-tech washrooms, to a refreshment and snack bar, to a personalized and detailed consultation, to an actual customized procedure.

“Additionally, we have our own concierge service for my out-of-town patients, in order to get [them] car service, salon appointments, restaurant reservations, or theater tickets. Patients can have specially trained private plastic surgery nurses to care for them after surgery at their homes or hotel rooms. I make a house call or hotel call the next morning. Our level of care is premier.”

In appearance, Rizk's Park Avenue office and surgical suite are state-of-the-art with soothing music playing and flat-screen televisions in the waiting room showing relaxation videos; germ-free bathrooms, subzero refrigerators and built-ins; fiber optic wiring; and all supplies and shelving



Rizk's Park Avenue office and surgical suite are state-of-the-art in all respects.



hidden behind pocket doors that look like the hallway walls. The patients have access to the Internet in the exam rooms and the operating room, the OR beds actually look like chairs, and everything is on wheels so that patients don't have to be moved from bed to chair or bed to bed. Not surprisingly, Rizk himself designed the office.

The surgical center is accredited by the Joint Commission on Accreditation of Healthcare Organizations. In keeping with the "maximum comfort" philosophy of Rizk's practice, patients can stay overnight, in the company of a nurse, if necessary.

How does Rizk unwind and break away from a very busy work schedule? In his free time, Rizk sculpts and paints—two hobbies he believes also inspire him in the operating room.

On the nature of applying artistic sensibilities in the operating room, Rizk says, "They don't really teach it to you in medical school. They only teach you proportion guidelines. You either have it or you don't. It's a quality that, I think, a plastic surgeon may possess and may differentiate him from other surgeons.

"It's the eye—what you see, what you are creating surgically, the eye-hand coordination, that's what makes my facelift and rhinoplasty mine versus anybody else's."

## CROSSING THE BARRIER

Samieh Sam Rizk, MD, FACS, was always slightly ahead of his time and finishing first. Early on, he knew exactly what he wanted to do with his life. After finishing required high school courses by the 10th grade, he skipped the last 2 years to do a yearlong research program at two hospitals in New Jersey. He then went on to a combined 6-year premedical/medical program at the University of Michigan undergraduate and Medical school in Ann Arbor.

From there, Rizk completed a 6-year residency that included 2 years of general surgery at Lenox Hill Hospital and 4 years in otolaryngology and facial plastic surgery at Cornell-New York Hospital and Manhattan Eye, Ear and Throat Hospital (MEETH), and Memorial Sloan Kettering Cancer Center. After that, he went to

California to complete a 1-year fellowship in facial plastic surgery.

While a resident at MEETH, he crossed over the plastic surgery barrier when he and plastic surgeon, Alan Matarasso, MD, FACS, published a paper in the journal *Plastic and Reconstructive Surgery*. The article on lower eyelid blepharoplasty presented an algorithm that surgeons could use when performing the procedure. In addition, Rizk was invited at the time to join a panel discussion with plastic surgeons on these techniques. Since then, Rizk has published additional papers in other plastic surgery journals. For example, to read about his use of a 3D high-definition telescope in rhinoplasty and neck lift surgery, see "Rhinoplasty in 3D" on Page 22.

—ADL

It's the elusive "x-factor," he says, that will ultimately separate the expert technicians from the true artists. ■

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