

Complementary and Integrative Treatments Facial Cosmetic Enhancement

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KEYWORDS

- Complementary and integrative medicine • Alternative medicine • CAM • CIM
- Facial cosmetic surgery • Aesthetic surgery • Herbal medicine • Phytomedicine

KEY POINTS

- Complementary and integrative medicine is particularly common among patients undergoing facial cosmetic enhancement.
- Most patients undergoing facial aesthetic surgery who practice integrative therapies do so for their purported wound-healing, antimicrobial, and analgesic properties.
- Well-controlled scientific trials regarding the efficacy of integrative therapies are extremely limited.
- The existing evidence regarding the efficacy of these therapies is contradictory.
- The inherent properties of many of these products have been reported to put patients at risk of increased bleeding, excessive sedation, and dermatitis.
- Many of these products have the potential to interact with conventional pharmacologic therapies that patients may be prescribed.

OVERVIEW

Over the last decade, the US public has shown a steady and substantial use of complementary and alternative medicine (CAM), with 2007 estimates placing the overall prevalence of use at 38.3% of adults (83 million persons) and 11.8% of children (8.5 million children less than 18 years old).¹ This CAM includes herbal remedies, massage, self-help groups, folk remedies, chiropractic manipulation, relaxation techniques, megavitamins, and others.² In 2007, adults in the United States spent \$33.9 billion out of pocket on visits to CAM practitioners and purchases of CAM products, classes, and materials. Annual visits to alternative practitioners have been estimated at \$629 million, higher than that of primary care visits.¹

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The use of Complementary and Integrative Medicine (CIM) is common among patients undergoing surgery. Reports have estimated its prevalence at 22% to 60% among certain adult surgical populations.³ In a 2000 study of patients presenting for preoperative clinic evaluation surveyed by Tsen and colleagues,⁴ 22% of presurgical patients reported the use of herbal remedies and 51% used vitamins. Another study from 2000 by Kaye and colleagues⁵ surveyed 1017 patients presenting for preanesthetic evaluation before outpatient surgery and found that 32% reported using herbal medications. In 2004, Norred⁶ surveyed 500 Denver patients about integrative medicine use in the 2 weeks before surgery and found that 67% disclosed the use of all types of CIM; 27% consumed herbs, 39% used dietary supplements, 54% took vitamins, and 1% reported the use of homeopathics.⁶ In another study, 57% of the 2186 patients undergoing elective surgery polled by Adusumilli and colleagues,³ in 2004, responded positively on a survey to have used herbal medicine at some point in their lives.

CIM seems to be especially popular among patients who undergo cosmetic surgery. Heller and colleagues⁷ compared the results of a survey regarding the use of herbal medication given to cosmetic surgery patients with the results of the same survey given to randomly chosen members of the general public. Fifty-five percent of the cosmetic surgery patients used herbal medications versus 24% of the general population.⁷ A 2011 UK study of 100 elective plastic surgery patients found that 44% were taking a dietary supplement, of which 17% were taking an herbal or homeopathic remedy.⁸ It has also been shown that the use of herbs, vitamins, and dietary supplements is more prevalent among white, educated, and wealthy individuals. Tsen and colleagues⁴ also reported that female patients use herbs more frequently than male patients (23.6% vs 19.2%). This description characterizes most aesthetic surgery patients.⁹

The risk of unforeseen morbidity and mortality in the perioperative period may be increased in patients using CIM not only because of the physiologic alterations that can occur secondary to the intrinsic properties of these supplements but also because of the drug interactions made more likely by polypharmacy.¹⁰ The main concerns of the plastic surgeon are cardiovascular effects, alteration of coagulations, sedative effects, and interaction with other medications.¹¹ Here, the authors review the most common modalities of CIM and their potential benefit to patients undergoing facial cosmetic enhancement procedures as well as the potential adverse reactions stemming from their use.

INTEGRATIVE TREATMENT APPROACHES AND OUTCOMES

Herbal, Homeopathic, and Dietary Supplements

The reported effects of herbal therapies and natural dietary supplements, used for generations as antiinflammatory, antimicrobial, and wound-healing treatment, have played an important role in medicine. Although a lack of standardization and paucity of well-controlled scientific trials has made it difficult to determine their efficacy, which many attribute to the lack of financial support for the study of nonpatentable natural treatments, proponents and users argue that the lack of double-blind randomized controlled trials (RCTs) does not exclude the possibility of a therapeutic effect.¹²

Herbal

Aloe (*Aloe vera*, *Aloe barbadensis*) is a cactuslike perennial plant belonging to the Liliaceae family that is native to southern Africa and commonly grown in tropical climates.¹³ Popular in traditional Chinese and Ayurvedic medicine, it has been used for thousands of years to treat wounds, skin infections, burns, and numerous other dermatologic conditions.¹⁴ More recently, aloe has been reported to

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