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PLASTIC SURGERY

I specialise in the field of aesthetic facial and breast surgery. This is a demanding field, requiring proper training, sustained dedication and an eye for beauty. I was privileged to be trained by many master plastic surgeons both locally and abroad. I spent a year in Taiwan focusing on Asian aesthetic surgery. This was followed by a second fellowship in Melbourne under my mentor Dr Bryan Mendelson. In 2010, I was honored to be awarded the first International Fellowship of the American Society for Aesthetic Plastic Surgery (ASAPS). As a visiting fellow of ASAPS, I was given the opportunity to learn first hand the most advanced techniques from the best plastic surgeons in the US.

Plastic surgery is rapidly evolving and constantly changing. For instance, two of my most requested procedures, breast augmentation and rhinoplasty (nose jobs) have changed significantly over the past few years. For breast augmentations, the use of silicone implants are currently the most

popular technique. But using the patients' own fat (called fat grafting) has been steadily increasing in popularity. In this procedure, fat is harvested from the patient's abdomen or thighs, processed, enriched and then re-injected into the breast to enlarge it. A new development is the use of breast implants with fat grafting, called composite breast augmentation. This technique is particularly useful for very flat-chested Asian patients who desire a significant breast augmentation. In this group of patients, the use of implants alone would result in visibility of the implant, a suboptimal outcome. This is where structural fat grafting comes in. The use of fat grafting around the edges of the implant will reduce its visibility, particularly in the cleavage area, giving a softer and more natural look.

In Asia, the majority of rhinoplasty is done with silicone implants. While this works for some patients, many develop both short and long term complications. Furthermore, patients do not like the visibility of the implant on their nose, which develops in a significant proportion of patients. I see a lot of patients, either first timer or those who have already had artificial nasal implants, who requesting nose jobs with their own tissues. This can be done with the septum (available inside the nose), ear cartilage or in more severe cases a small piece of rib cartilage. This results in a nose that is natural and the result is permanent. At the same time, the rhinoplasty can correct breathing problems that the patients may have. More and more plastic surgeons are moving to the use of the patients' own tissues for Asian rhinoplasty today.

It is crucial that as plastic surgeons, we continue to advance the science of aesthetic plastic surgery through rigorous scientific research. My research interest is in surgical anatomy and the application of this knowledge to design the most effective surgical procedures.

There are profound anatomical differences between the Asian and Caucasian faces, especially in the nose and the upper eyelids. Accordingly, while the surgical techniques for each group remains fundamentally the same, significant modifications need to be made to cater to these differences.

Finally, it is crucial that a doctor be experienced and versatile enough in the many procedures, both surgical and non-surgical techniques, to meet the needs of different patients. Plastic surgery is a unique specialty that embraces both science and art. The appreciation of the aesthetics that best suit the individual patient is something cultivated over the years in practice and this is the insight offered by the experienced plastic surgeon. ■

