The Center for Facial Plastic and Reconstructive Surgery
About the Mount Sinai Medical Center

The Mount Sinai Medical Center, located on Manhattan’s Upper East Side, consists of the Mount Sinai Hospital and Mount Sinai School of Medicine. The Mount Sinai Hospital, founded in 1852, is one of the nation’s oldest, largest and most respected hospitals. With the addition of the medical school in 1963, Mount Sinai Medical Center has been at the forefront of medical research and patient care with internationally recognized departments encompassing all areas of medicine. The Department of Otolaryngology has consistently been recognized among the nation’s best by U.S. News & World Report in “America’s Best Hospitals”.

About the Center for Facial Plastic and Reconstructive Surgery

Mount Sinai’s Department of Otolaryngology, one of the oldest in the United States, ranks among the nation’s top ear, nose, and throat centers. The Center for Facial Plastic and Reconstructive Surgery, a division of the Department of Otolaryngology, has long been recognized as a pioneer in both cosmetic and reconstructive surgery of the face, head and neck. The Department has been home to nationally and internationally recognized leaders in functional and aesthetic nasal surgery for over half a century. In 1955, Dr. Irving Goldman instituted a course in Rhinoplasty which became a requisite for resident and attending surgeons throughout the world. This course continued for 50 years. In 1974, the first course in the United States on facelift surgery and the treatment of the aging face was given by the Otolaryngology Department at Mount Sinai School of Medicine. Throughout the world today, many of the most widely used techniques in head and neck reconstructive surgery were pioneered at Mount Sinai. The Department is also home to a long-standing fellowship in facial plastic and reconstructive surgery.

Today our facial plastic and reconstructive surgeons, certified by the American Board of Otolaryngology and the American Board of Facial Plastic and Reconstructive Surgery, strive to continue a tradition of academic scholarship and clinical
excellence. Our faculty specializes in all aspects of facial cosmetic and reconstructive surgery. We work closely with Mount Sinai’s Multidisciplinary Head and Neck Surgery Center and many other departments, including Dermatology and Ophthalmology, to ensure our patients the best possible outcomes whether they are in need of reconstructive surgery or are seeking desired aesthetic improvements. Our mission is to provide patients with a full range of state-of-the-art facial reconstructive and aesthetic services in a comfortable, safe environment.

**Services Provided**

**Reconstructive**
- Skin cancer repair/Moh's surgery reconstruction
- Evaluation and treatment of Facial Nerve Paralysis
- Microsurgical repair of surgical defects
- Facial Trauma
- Treatment of Hemangioma’s and Vascular Malformations
- Scar Revision

**Cosmetic**
- Aesthetic and Functional Nasal Surgery (Rhinoplasty)
- Upper and Lower Eyelid Surgery (Blepharoplasty)
- Face and Neck Lifting (Rhytidectomy)
- Brow Lifting
- Midface/Cheek Lift
- Chin Augmentation
- Cheek Augmentation
- Wrinkle Treatment
  - Botox®
  - Dysport®
  - Juvederm™
  - Restalyne®
  - Radiesse™
- Laser Peels
- Chemical Peels
- Latisse

**Skin Cancer Reconstruction**

Skin cancer is the most common form of cancer in the United States affecting more than two million people annually. Approximately 40 to 50 percent of Americans who live to age 65 will have some form of skin cancer at least once. Basal cell carcinoma (BCC) is the most common form of skin cancer; an estimated 2.8 million are diagnosed annually in the US. BCCs are rarely fatal, but can be highly disfiguring if allowed to grow. Squamous cell carcinoma (SCC) is the second most common form of skin cancer. An estimated 700,000 cases are diagnosed each year in the US resulting in approximately 2,500 deaths. Melanoma represents a smaller portion of skin cancer cases.
cancers but is one of the most common malignancies affecting young adults. Surgical treatment, either by wide local excision or Moh's surgery (a technique used by specially trained dermatologists), remains an important part of skin cancer therapy. The loss of skin and tissue can be quite disfiguring, especially in the head and neck. Reconstructive surgery in these areas focuses on repairing facial defects after skin cancer removal to maximize functional and aesthetic results. Often repair of facial defects can be performed with a single procedure. Sometimes, however, multiple procedures are planned to achieve the best aesthetic and functional outcome.

**Scar Revision**

Scar tissue forms as skin heals after an injury or surgery. On the face and neck, scars that remain long after any wound or surgical procedure can be unsightly and sometimes disfiguring. Unsightly scarring may result from poor wound healing, infection or simply age and innate skin characteristics such as pigmentation. The location and orientation of scars may also result in an undesirable appearance. A number of techniques may be employed to improve the quality and appearance of scars:

- Simple topical treatments
- Minimally invasive procedures
- Surgical revision with advanced wound closure techniques

Although, once a scar forms, it is permanent; appropriate treatment may make it less visible and improve facial appearance.

**Facial Nerve Paralysis**

Facial nerve paralysis may result from a variety of causes. The resulting disfigurement and functional impairment can have immense consequences for patients. Patients may experience difficulty closing and protecting their eye on the affected side thereby increasing the risk of eye injuries and possible blindness. They may have trouble with speech, drooling and eating. The inability to smile and accurately communicate with their face can lead to a progressive sense of social isolation. Regardless of the cause or degree of paralysis, numerous treatment options exist. Through the use of the most advanced non-surgical techniques and surgical procedures, patients can experience significant improvements in their function and appearance.

**Hemangiomas and Vascular Malformations**

Hemangiomas and vascular malformations, the most common vascular lesions of the face, head and neck, can affect both adults and children. While hemangiomas and vascular malformations are related, they are very different in many
important aspects. In the past, these lesions were commonly referred to simply as “hemangiomas” and often treated by “watching and waiting”. Today an increased understanding of the biology and natural progression of these lesions has led to significant advances in their treatment. While some of these lesions may regress, the regression may be limited. Some may continue to grow. Appropriate diagnosis and treatment can have an important impact on the long-term cosmetic and functional outcomes of affected patients.

**Nasal Surgery (Rhinoplasty)**

Rhinoplasty, or nose surgery, or a “nose-job”, is one of the most common aesthetic surgeries performed in the United States. Patients typically seek a rhinoplasty consultation when they have trouble breathing, have injured their nose, or are simply unhappy with its appearance. The goal of rhinoplasty is to improve nasal breathing and/or appearance by creating a more balanced relationship between the nose and face. The surgery itself often takes one to two hours to complete. General anesthesia or a combination of local anesthesia and sedation may be used. Incisions are usually confined to the inside of the nose, referred to as closed rhinoplasty. On occasion specific cases may require an additional small incision under the tip of nose to allow for wider exposure. This is referred to as open rhinoplasty. After surgery, patients are given antibiotics and a mild analgesic as some moderate discomfort may persist for the first few days. The majority of swelling typically subsides over two to three weeks, although it can take up to one year for all swelling to fully fade. Patients can usually return to work and social situations within one to two weeks of surgery. We recommend that patients avoid strenuous activities for a full two weeks after surgery.

**Eyelid Surgery (Blepharoplasty)**

Eyelid surgery (blepharoplasty) is intended to improve the appearance of the eyes and/or improve visual impairment. Puffiness, drooping and fine lines around the eyes are often caused by excess fat or skin in the orbital area, around the eye sockets. This results in a tired appearance and possibly even difficulty seeing as excess skin creates “hooding” over the eyes. The goal of blepharoplasty is to improve eyelid contour, tighten the skin and create a smoother, more refreshed appearance. The most common form of blepharoplasty uses a camouflaged incision in the crease of the upper eyelid and another just below the lash line of the lower eyelid. In certain instances, an incision can be completely hidden inside the lower eyelid, in what is known as the transconjunctival approach. Some mild discomfort, bruising and dry eyes may occur after surgery. Patients can typically return to work and social situations within one to two weeks.
Face and Neck Lift (Rhytidectomy)

Of all facial cosmetic surgery procedures, facelift surgery (rhytidectomy) has the most dramatic capacity to improve and rejuvenate the aging face. As face lifting addresses the typical results of aging, patients concerned about the aged appearance of their cheeks, jowls, jaw line, and neck are the best candidates for surgery. The popularity of face lifting and its evolution have resulted in the development of a variety of different incisions and techniques, including the “Mini Lift”. Regardless of the technique employed, the operation involves four stages: the incision, the elevation of the skin, the repositioning of the facial muscles and fat, and closure. Incisions that minimize the movement of any facial hair (especially in the temple region) and meticulous closure techniques leave an imperceptible scar. The goal is to ensure a long-lasting, natural-looking and rejuvenated appearance. Adjunctive procedures may be employed in addition to rhytidectomy in order to achieve an optimal outcome including Brow Lifting, Mid-face Lifting and Chin and Cheek Augmentation.

Wrinkle Treatments

People with frown lines, forehead lines, neck muscle “bands”, crow's feet, and smile lines around their eyes who wish to appear more relaxed, calmer and less tired are good candidates for the injection of BOTOX® Cosmetic or DYSPORT®, BOTOX® and DYSPORT® are based on naturally occurring proteins that relax muscles and improve wrinkles in specific areas of the face and neck. The relaxation of specific muscles of the face can reduce the appearance of facial lines and help prevent others from forming. BOTOX® Cosmetic and DYSPORT® offer results with no downtime, no scarring, and a short treatment time. Treatment can easily be undergone during a patient’s lunch hour. Since a BOTOX® Cosmetic and DYSPORT® treatment typically last three to six months, a patient unhappy with the results can simply discontinue injections.

Wrinkle fillers are injectable compounds used to reduce the appearance of wrinkles and fine lines. The injection of wrinkle fillers is a time-tested treatment method that can be used alone or in conjunction with other facial plastic surgery procedures to achieve a smoother and more youthful appearance. There are many types of filler available now to suit each individual’s needs and goals. Restylane® and Juvederm™ are cosmetic dermal fillers made of non-animal based hyaluronic acid. They can be used to treat moderate to severe facial wrinkles and folds as well as lip volumizing and contouring. Perlane® is a cosmetic dermal filler, similar to Restylane® and Juvederm™, but is composed of larger gel particles of hyaluronic acid. It is ideal for deeper injection to provide volume, support, and a structural lift for facial creases and hollows. Radiesse™ is a synthetic compound comprised of calcium hydroxyapatite that has a cream-like texture. In some cases, it can prove to be longer-lasting than some of the other dermal fillers.
WILLIAM LAWSON, MD, DDS

Dr. Lawson’s talents as an Otolaryngologist, Facial Plastic surgeon and Maxillofacial surgeon have enhanced Mount Sinai’s reputation as a leader in these fields.

As a clinician, Dr. Lawson’s focus on primary and revision rhinoplasty, facial plastic and reconstructive surgery, and sinonasal and anterior skull base tumors, ensures that Mount Sinai remains a world-renowned institution in the treatment of head and neck disorders. As a surgeon, Dr. Lawson’s clinical acumen has significantly improved the lives of his patients.

Dr. Lawson is an elected fellow in ten highly respected professional societies, including the American College of Surgeons. Over the decades, Dr. Lawson has been repeatedly invited to lecture around the country on the latest scientific developments in the fields of otolaryngology and maxillofacial surgery. For more than 20 years, he was program chairman of internationally attended courses on facial plastic surgery and sinus surgery given at the Page & William Black Post Graduate School of Mount Sinai School of Medicine. He has authored 270 scientific publications, including five books and monographs, and has received numerous awards and honors including the Presidential Citation of the Trilogical Society, the senior academic society in Otolaryngology.

After earning a degree in dentistry at NYU College of Dentistry, Dr. Lawson came to Mount Sinai to pursue an internship in oral surgery. He went on to earn his MD at NYU College of Medicine and returned to Mount Sinai to complete an internship in medicine. After a general surgery residency at the Veterans Administration Medical Center in Bronx, NY and entering as a captain in the U.S. Army Medical Corps during the Vietnam War, Dr. Lawson pursued a research fellowship and residency in otolaryngology at Mount Sinai. For nearly three decades, he served as Chief of Otolaryngology at the Veterans Administration Medical Center. Currently, Dr. Lawson is Professor of Otolaryngology, Vice Chairman of the Department of Otolaryngology, and Director of the Facial Plastic Surgery Clinic and Co-Director of the Sinus Research Laboratory at Mount Sinai. He is the preceptor for a fellowship in facial plastic and reconstructive surgery.

JOSHUA D. ROSENBERG, MD

Dr. Rosenberg joined the faculty of Mount Sinai School of Medicine in 2012 as an Assistant Professor. He received his medical degree from the Albert Einstein College of Medicine where he also completed his internship in General Surgery and residency in Otolaryngology–Head and Neck Surgery. He completed his fellowship training in Facial Plastic and Reconstructive Surgery with Dr. Harry Mittelman affiliated with Stanford University and Microvascular Reconstruction and Head and Neck Surgery at the University of Miami.

A diplomate of the American Board of Otolaryngology and a member of the American Academy of Facial Plastic and Reconstructive Surgery, Dr. Rosenberg is an expert in facial plastic and reconstructive surgery and microvascular reconstruction. His clinical interests include facial rejuvenation, facelifts, functional and cosmetic rhinoplasty, facial reconstruction after Moh’s surgery/skin cancer and head and neck cancer, facial paralysis, BOTOX/Dysport and wrinkle treatments.

Throughout his career, Dr. Rosenberg has published articles for major U.S. journals and has authored textbook chapters related to plastic surgery of the face, head and neck. Dr. Rosenberg also maintains membership in several professional societies. He has been enthusiastically involved with charitable foundations traveling to South America to perform reconstructive surgery for children with cleft lips and palates along with other facial disfigurements.
How to Refer
To refer a patient or to learn more, please call our practice at (212) 241-9410 or (212) 241-9405.

For more information, please visit us at www.mountsinai.org

Physician Access Services
Physician Access Services offers referring doctors and their patients effortless access to the Mount Sinai Medical Center.
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