

The Aesthetic Artist

Marc S. Zimbler, MD,
FACS, discusses
the intersection of
surgery and art

By Rich Smith

You can't hurry your way through a plastic surgery procedure and expect a good result" says Marc S. Zimbler MD, FACS, a Manhattan-based reconstructive and cosmetic plastic surgeon who also serves as director of facial plastic and reconstructive surgery for the Department of Head and Neck Surgery at nearby Beth Israel Hospital. He also is the hospital's director of residency education.

"Good results require that you take your time and work your way through the surgery in a deliberate, meticulous manner," he adds.

That is precisely the message Zimbler gave to one of his residents during a reconstructive procedure on a Russian-born former fashion model whose nose had collapsed when she accidentally walked into a closed door.

Zimbler's presurgical examination of the patient revealed an enormous perforation of the septum along with mottling (a condition



consistent with repeated heavy use of cocaine).

"The support structures of her nose had been eaten away," Zimbler says. "When the nose collapsed, she was unable even to so much as breathe through it."

A further complication: the woman previously had a rhinoplasty that left significant scar tissue in her nose.

"Often in nasal reconstruction, it's possible to utilize nose or ear cartilage to build the nose back up," he explains. "However, because the nasal collapse in this patient was so significant, it was necessary to procure the cartilage from her rib. The option to use nonhuman materials for the buildup existed, but I felt they would not give the best result for this particular patient."

All goals of the reconstruction were achieved, thanks to Zimbler's refusal to muscle his way through the surgery.

"There were junctures where things were not coming together as smoothly as

I would have liked. The temptation was to plow ahead and force the rib graft into place. But I took the extra time to carefully finesse the section." Doing so minimized the risk of cracking the graft, a misfortune that would have necessitated going back for a new piece of rib.

A HOLE TO FILL

Difficult reconstructive cases are typical in Zimbler's work at Beth Israel Hospital.

However, there is another dimension to Zimbler's work.

It can be found in his New York City-based private practice, which is devoted largely to facial aesthetic plastic surgeries, including endoscopic forehead lifts, short-scar facelifts, blepharoplasties, rhinoplasties, mentoplasties, otoplasties, neck liposuction, scar revisions, and more.

A commonality between these two spheres—hospital and private practice—is cancer reconstruction.

"I find that cancer reconstruction and

PRACTICE AT A GLANCE

Name: Marc S. Zimbler, MD, FACS
Location: New York City
Specialty: Reconstructive and aesthetic facial plastic surgery
Years in practice: 8
Days worked per week: 5
Days surgery performed per week: 2
Patients seen per day: 20
New patients added annually: 1,500
Number of employees in practice: 2
Office square footage: 1,100

its cosmetic component parallel and complement one another. I'm glad to be in a position where I can perform both," he says.

This duality of practice makes smart economic sense, too, he claims.

"If the economy does poorly, the cosmetic side of my practice might see a decline in case volume, whereas the cancer reconstruction side won't because people develop cancers no matter how the economy fares. They will continue to need treatment and reconstruction work."

Zimbler regularly sees the squamous cell carcinoma patients who have undergone Mohs surgery to remove the cancerous tissue.

As Zimbler outlines it, Mohs is a safe procedure that promises 5-year cure rates in the range of 90% to 97%, depending on the nature of the patient's cancer.

In addition, it is a cost-effective intervention, customarily conducted on an outpatient basis in multiple stages during a single day in the operating room.

The dermatologist who performs the procedure is able to achieve microscopic margin control and tissue sparing, which often produces only minor disfigurement.

Nonetheless, a hole is left where the cancer was, and this is where Zimbler enters the picture. "My job is to fill that hole in such a way that no one will suspect [it] was ever there," he says.

Mohs reconstructions can be performed by taking a textbook approach, Zimbler notes.

While that textbook method will satisfy a board certification examiner, it may not do the same for the patient.

"You have to be willing to invest in



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these surgeries the additional time and effort it takes to apply some finesse to your work," he says.

At some point, he must make a choice between two possible surgical strategies: to cover the hole by using either skin flaps or skin grafts.

Skin flaps are the most commonly selected option but, alas, they are not always appropriate, he adds.

For instance, they do not deliver a good result in the reconstruction of large defects. For those, a skin graft is the more appropriate option.

Zimbler likes to follow-up his Mohs reconstructions with an evaluation of each patient at the sixth postoperative week, in order to determine whether or not the result can be refined by means of a dermabrasion treatment.

PRESTIGE ABOUNDING

By and large, Zimbler's reconstructive surgeries take place at Beth Israel Hospital. Aesthetic procedures, on the other hand, are performed at a Park Avenue outpatient facility called The Center for Specialty Care.

As befits its surroundings, the five-OR ambulatory surgical facility is a classically elegant specimen of midtown Manhattan architecture. "It's in a limestone building that once was a foreign embassy," Zimbler mentions.

His consultative office—located less than a mile away in the 900 block of Fifth Avenue and just across the street from the Metropolitan Museum of Art—is no less impressive.

Zimbler's office space consumes 1,100 square feet. His wife and office manager, Deborah, took care of the interior decorating—creating a calming yet indisputably posh sanctuary where patients can feel at ease.

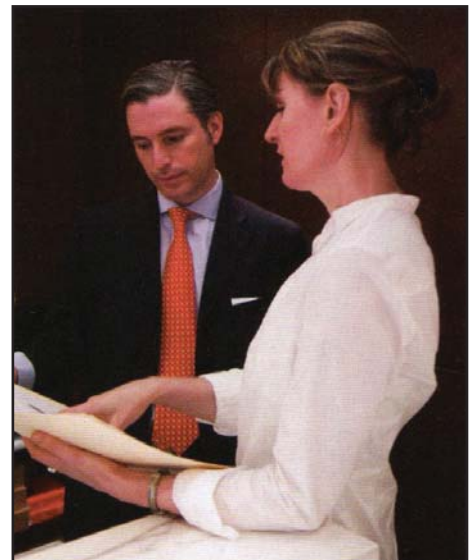
"I use this office purely for consultations," Zimbler says. It has no surgical facilities, which is not unusual in astronomically high-priced Manhattan

A second Zimbler consultative office can be found at Beth Israel Hospital.

His patient catchment area is mainly New York City and environs. Additionally, a contingent of patients come from the United Kingdom.

DEFINING BEAUTY

Research is a vital part of Zimbler's practice. "At any point, I'll have three or four research undertakings in the hopper, usually a mix of short- and long-term projects," he says. "I complete upward of 10 projects in an average year."



"I find that cancer reconstruction and its cosmetic component parallel and complement one another. I'm glad to be in a position where I can perform both," Zimbler says.

Zimbler's interest in research dates back to his final year at Mount Sinai School of Medicine, when he participated in a fellowship at Oxford University, and continued through training in general surgery and a residency in otolaryngology-head and neck surgery at NYU Medical Center.

"Much of the research in which I took part during those years involved basic science and bench research," he says.

One such project—among the last he completed prior to entering private practice—was published in a 1999 issue of the journal *Archives of Facial Plastic Surgery*.

The subject was how endoscopic equipment, specially designed elevators, and dissecting instruments for aesthetic forehead and browlifts might also prove useful in reconstructive forehead and scalp surgery.

Today, Zimbler's research is, for the most part, clinically oriented. A very recent endeavor took the form of a textbook chapter on aesthetic facial analysis.

"The purpose of the chapter is to help plastic surgeons not only identify attractive facial features but, more importantly, to understand why, from a purely technical perspective, those features are attractive," Zimbler says of his contribution to a soon-to-be-published tome on head-and-neck surgery and plastic surgery.

"I approached this project by seeking to answer the question, 'What makes a face beautiful?' " he says. "That's harder to answer than you might think, because when you try to teach aesthetics, you can't get away with saying, 'I know beauty when I see it.' You have to be able to categorize it

scientifically. However, scientific classification does not always hold true, because perceptions of beauty change over time. Think of Brooke Shields. Thirty years ago, her very straight eyebrows met the scientific criteria of beauty. Today, what meets the criteria are the very curved, high-arched eyebrows of a Penelope Cruz."

Lest anyone gets the wrong idea, Zimbler demurs that he is by no means the first to propose scientific categorization of the qualities of beauty

"It was done by artists back during the Renaissance period," he says. "Leonardo da Vinci was the first to categorize ideal sizes and shapes of facial features."

Zimbler should know: art history was his major as an undergraduate at New York University.

HE CONNECTS AND SCORES

Noted for long-lasting, naturalistic results typified by fast healing and short

scars, Zimbler believes that aesthetic surgery must be applied properly to the situation at hand, especially if the patient is a man.

"It's easy to overdo plastic surgery on the male face or body," he says. "The usual result of overdone male plastic surgery is it comes out looking weird. For instance, if you take a 60-year-old man and give him the upper eyelids of a 20-year-old, that's going to look unnatural. You might think you're hitting a home run by taking out all the eyelid skin. But the better play is to just hit the run to third base by leaving behind a little of that skin so that the eyelid will look more natural."

A solid line-drive deep into center field is what Zimbler hopes to hit on behalf of his entire practice. He intends to do it by



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sticking with reconstructive plastic surgery as his preferred "bat."

Even so, Zimbler knows he will be swinging more frequently at his aesthetic work.

"That's the same career track taken by most of the senior Manhattan aesthetic plastic surgeons. They began with a practice centered almost entirely around reconstructive plastic surgeries which, over time, evolved into one dominated by cosmetic work," he says. "My practice is currently in that transition stage."

In thinking about the future, Zimbler detours for a moment into the past—the morning of September 11, 2001, the day the two World Trade Center towers were toppled in a terrorist attack.

That horrific event unfolded uncomfortably close to Beth Israel Hospital, where Zimbler was in the middle of performing a cancer reconstruction.

"The news of the Twin Towers coming down filtered into the operating room and everyone was growing really anxious, including the patient, who was only under local anesthesia and was awake," he says.

It took enormous restraint and dedication to suppress the impulse to panic.

"We continued doing our jobs—carefully, painstakingly—and saw the procedure through to the end," he says. "The result turned out excellently."

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He Hit the Ground Running

Marc S. Zimbler, MD, FACS, first entertained the notion of becoming a physician while in high school, even though he had made plans to major in art once he matriculated to college.

Things started moving in the direction of a career in medicine after he was introduced to a top physician in New York City. The physician took a liking to Zimbler and invited him to visit the office for a behind-the-scenes look at what medicine was all about. Before long, Zimbler was a frequent drop-by, especially during summer break.

He went to college at New York University, where he majored in art, but he remained fascinated by medicine. It was not long before

he entered the healing profession.

Zimbler will not look back. "I love what I do, and consider myself very fortunate to be able to do it," he notes. "What's more, I'm able to incorporate into my work many of the things I love, such as art—art being an integral element of plastic surgery."

After graduating summa cum laude from NYU, Zimbler went on to Mount Sinai School of Medicine in New York.

In his final year there, he was chosen to perform a senior clerkship in medical ethics at Oxford University, England.

Zimbler's subsequent internship and residency training both took place at NYU Medical Center, followed by a fellowship in facial plastic and reconstructive surgery under the tutelage of a renowned plastic surgeon at Washington University's Barnes Jewish Hospital in St Louis.

Zimbler entered private practice in 2000, the same year he was named director of facial plastic surgery at Beth Israel Hospital. This was "a fabulous opportunity for me," he says, "because I was able to come back to New York City and hit the ground running."

A return to Gotham was precisely what New York-bred Zimbler had envisioned for himself. "I couldn't see myself practicing in any other city," he confesses. "I grew up in Manhattan." So did his wife, Deborah, as well as his three children: Gabriel, 10; Marsha, 7; and Julius, 2.

Family is very important to Zimbler. He and his family enjoy trips to the snowy slopes of Vermont for their favorite family pastime, skiing. And Zimbler is a golf and tennis enthusiast.

Then there is his involvement with professional societies. He is particularly proud of his role with the American Academy of Facial Plastic and Reconstructive Surgery's (AAFPRS) Skin Cancer Foundation, as well as around a half-dozen AAFPRS executive committees.

"Three years ago, I was very involved with fund-raising for the Academy's 'Face to Face' program, and also helped bring in about \$50,000 for facial plastic surgery research."

In addition to his membership in the AAFPRS, Zimbler is a fellow of the American College of Surgeons. He is certified by both the American Board of Facial Plastic and Reconstructive Surgery and the American Board of Otolaryngology-Head and Neck Surgery.