

# Cosmetic Surgery® TIMES

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## Love for Plastic Surgery Had Serendipitous Start

By Karen Nash

Contributing Editor

Curiosity about how well he could do on the MCATs as an 18-year-old, led to a career as a plastic surgeon in New York and development of his own method of fat grafting.

Sydney R. Coleman, M.D., didn't plan to be a plastic surgeon, but said, now: "Plastic surgery is the most amazing thing to do. You get to be a scientist, an artist, and a therapist — so many things all at once. Every case is totally different, if you want it to be. It's really something I could continue doing for a long, long time."

Dr. Coleman had a rather unconventional upbringing leading to an unconventional admission to medical school.

He was born about 100 miles east of Amarillo, Texas, in the small town of Shamrock, in 1954. He comes from a long line of Texans.

"My grandfather's grandfather is buried on the family ranch, and my mother's side of the family settled the county to the north a little after the Civil War," he said. "It's about as isolated as you can get."

But Dr. Coleman's father was in the military, and the boy travelled with his parents, attending 14 different schools — from Kentucky to Germany — before high school, and spent summers on the ranch. He graduated from high school in El Paso, with no early indication medicine was in his future.

As a child, he remembers telling his grandmother that he wanted to be a doctor. "Of course, the next day I wanted to be an oceanographer — so part of it was just fortuitous."

The unorthodox schooling apparently didn't hurt Dr. Coleman's educa-

tion. After two semesters at the University of Texas, he was technically an upperclassman. "You could take the final exams for college courses, and if you got an A or a B you got credit. I placed out of so many class hours, at that point

I was almost a junior," he said. "I was good at taking tests."

He wanted to attend graduate school and was interested in biology. However, an advisor changed his direction.

"At 18, it's not like I had a passion to

### Introducing Sydney R. Coleman, M.D.



- **Born:** November, 1954, Shamrock, Texas
- **Education:** University of Texas, Austin; Plan II Honors Program, 1972
- **Medical School:** University of Texas Medical Branch, Galveston 1972-1974
- **Residency:** General Surgery, Ochsner Foundation Hospital, New Orleans, Louisiana. 1974-1978  
Plastic Surgery, St. Francis Hospital San Francisco, Calif., 1978-1981
- **Fellowship:** Aesthetic Surgery, Manhattan Eye, Ear, & Throat Hospital  
NYU Medical Center Institute of Reconstructive Plastic Surgery, 1985
- **Currently:** Private practice, New York City, lecturing on fat-grafting
- **Interests:** Skiing, weight-lifting, sailing

summary

go to medical school. I wasn't even planning on applying, I just wanted to see what sort of score I could make on the MCAT. Besides, it only cost \$25."

One of his advisors called, and said, "Do you know what kind of score you got — you could go to medical school next year."

Deciding to follow that path, Dr. Coleman benefitted from the trend of the time that included more liberal arts programs in medical school. He didn't take any science courses until he had to.

He read the physics and math textbooks, rather than taking those classes in college, yet despite lacking many prerequisites he made all As in medical school. His advisors helped determine the path he took from there.

"One was an anthropologist and the other was a plastic surgeon. I helped the anthropologist on a research project at Shriners' Burn Hospital, interviewing 13- to 16-year-olds who had disfiguring facial burns. When I started, I really and truly thought the kids should be allowed to die — I was 20 years old and that was my gut reaction."

Then he got to know his patients, got to know their families, and realized there were "really important people behind those masks. I got obsessed with the idea of the importance of the face in relating to the outside world."

He said his plastic surgeon advisor was director of the burn unit, and he allowed Dr. Coleman to operate with him. "Here I was, a sophomore medical student scrubbing, and they let me put stitches in. I remember the first incision I made — they put a scalpel in my hand and all of a sudden I was cutting into a burn scar on a little girl's breast."

Dr. Coleman added: "I really had some great guidance, and decided to go into pediatric or plastic surgery."

As a dyed-in-the-wool Texan, Dr. Coleman never thought he could live anywhere but the south. He took his general surgery residency at the Ochsner Foundation in New Orleans. "They were so nice, they treated you like family, whereas other programs couldn't care less about you. They gave me a lot of pediatric and plastic surgery rotations — and I moonlighted in pediatric and neonatal intensive care units."

He went to New York and fell in love

with the city. "I realized then I could live north of the Mason-Dixon line."

About that time, Dr. Coleman decided pediatric surgery "was great when you're 24, but I couldn't imagine doing it when I was 60. I saw a lot of kids die — and I just really didn't want to do that for the rest of my life. On the other hand, when you're dealing with plastic surgery patients — making them more productive people who can interface with the world in a way that they can express their emotions — to me that was more important than to keep people on chemotherapy for another three weeks."

After an interest in theater began during his third year of general surgery, Dr. Coleman started looking for a plastic surgery residency in cities with strong theater programs. He was accepted in San Francisco — but a complication arose. The school wanted him in a year, but the Ochsner Foundation said he had to leave after three years, or stay for five.

"I had done some professional dancing, so I took a year off to dance full-time with a ballet company, and worked in emergency rooms to make money."

At St. Francis Memorial in San Francisco, Dr. Coleman returned to the burn unit for a time. "There was an amazing group of doctors, basically the staff of the University of California at San Francisco and private plastic surgeons."

"I don't know what influenced me the most, but the best thing that happened was that residents were allowed to go see almost any procedure that was going on. When liposuction was forbidden, I saw the first liposuctions in San Francisco — nobody objected."

He was there when flaps were being done at the University of California, and "we would sit there and invent flaps, too. I spent a lot of time with cadavers trying to think up different flaps."

### Back to the Big Apple

In 1982, the opportunity arose for Dr. Coleman to return to the city he had fallen in love with — New York — for an aesthetic surgery fellowship. There, he became interested in fat grafting.

"What happened was that I wanted to fix some of the big dents my friends had in their thighs from liposuction. Very little had been written about fat grafting — so I went to the American

Society of Plastic Surgery meeting and made a survey to find out what everybody was doing. Then I decided not to do what they were doing. If they said it didn't work, why should I try it?"

"I knew what you did to make a skin graft work, a cartilage graft, and I tried to apply it to a fat graft — it worked the first time."

The key to Dr. Coleman's fat grafting success, is the how fat is harvested.

"With the cannula I used, harvested fat would fit through a smaller needle. It's harvested in a size that doesn't have to be altered to be put back in."

"You know how a practice just sort of plods along. When I figured out how to graft fat so that it lived, patients started coming to me to have it done."

He said he listened to them and found out what they wanted: their face widened or lengthened, or their eyelids or forehead filled in. "There was no conventional way to do those things, but then I found I could do it with fat."

Today, Dr. Coleman finds that fat grafting allows him to do the thing he likes best. "That is to sit down with someone and actually figure out how to make them look like they think they should look. One of the most important things we need to do as plastic surgeons is to spend more than 10 minutes with our patients before we operate on them."

"The second best thing is to sit down with them a year later, look at the pictures, and make sure we've done all the things we were supposed to do."

He explained that, what happens in cosmetic surgery, is physicians can perform a facelift, a forehead lift, or eyelid surgeries.

"We have lasers and a few tools, and a patient walks in and we figure which tool we're going to use on her rather than sitting down and finding out what she wants to have happen and what she wants to look like."

When not grafting fat, Dr. Coleman loves to ski, and he's into aerobics and weight lifting.

"The more I do structural fat grafting, the more I like it, the more I know about it, and the more things I can do with it. It's satisfying because you can see things happen right before your eyes." CST