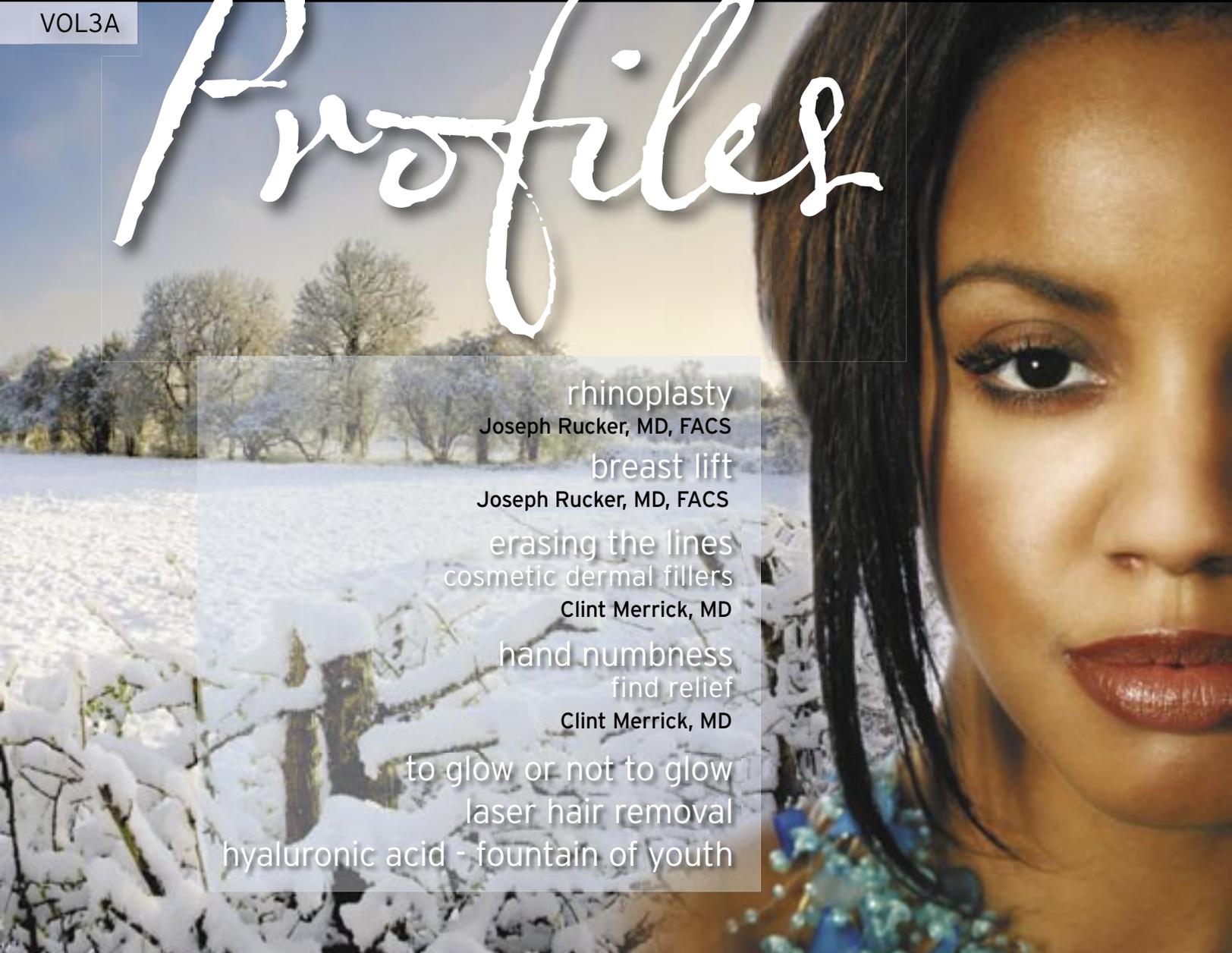


VOL3A

# Profiles



rhinoplasty

Joseph Rucker, MD, FACS

breast lift

Joseph Rucker, MD, FACS

erasing the lines  
cosmetic dermal fillers

Clint Merrick, MD

hand numbness

find relief

Clint Merrick, MD

to glow or not to glow

laser hair removal

hyaluronic acid - fountain of youth



# Rucker & Merrick Plastic Surgery Clinic



JOSEPH RUCKER, MD, FACS



CLINT MERRICK, MD

Plastic surgeons assist people with making life-changing choices. We're called upon to reconstruct a breast after cancer, rescue a smile from disfigurement or reinforce a foundation of self confidence.

Through *Profiles* we wish to educate readers to the possibilities of plastic and cosmetic surgery, as well as non-invasive options. We hope that *Profiles* will encourage you to develop a life plan for looking and feeling your best. Your feedback and suggestions are always welcome.

Regards,

**Dr. Joseph Rucker**

Cosmetic, Reconstructive  
Plastic Surgeon

**Dr. Clint Merrick**

Plastic, Reconstructive,  
Hand & Upper Extremity Surgeon

Barb Bridell-Thorpe  
Dorothy Fouts  
Vicky Spalding

Office Manager  
Surgical Technician  
Medical Assistant

Carol Dzienkowski | Registered Nurse  
Chris Devlin | Surgical Technician

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DEB MARKHAM

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Happy New Year!

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Rucker & Merrick Plastic Surgery Clinic  
Enza Medispa

Karen Anderson | Aesthetician | Certified and Licensed Massage Therapist  
Jane Iredale Consultant

Joy Koller | Skin Care Clinician | Jane Iredale Consultant



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Visit our website for in-depth information:



Procedure descriptions, before and after photos and illustrations, explanation of problems and symptoms, recovery times and results. Learn more about BOTOX®, laser, skin rejuvenation treatments, or breast cosmetic and reconstructive options.

The 'Restorative Breast Center' can be a valuable resource, explaining breast augmentation, breast reduction and breast reconstruction after mastectomy.

Our website is designed to provide the information you are seeking when contemplating plastic, cosmetic or reconstructive surgery.

[www.rucker-merrick.com](http://www.rucker-merrick.com)



715.833.2116 | 800.456.8222

This publication provides general health related information and is not intended to be a substitute for professional medical care. If you have questions or concerns, contact your physician or healthcare professional.

*Profiles* is published by Rucker & Merrick Plastic Surgery Clinic and Enza Medispa, 3221 Stein Blvd., Eau Claire, WI 54701



# rhinoplasty

## (nasal surgery)

Joseph W. Rucker, MD, FACS

*I hate my profile  
My nose is too large for my face  
I hate this hump on my nose  
The tip of my nose is too large*

These are the most common patient complaints regarding the appearance of their nose.

Nasal surgery has become more popular in recent years because the nose is the most noticeable facial feature. We can often disguise protruding ears with various hairstyles and soften the appearance of our eyes with makeup, but our unwanted nasal features can't be hidden or disguised. In the 500 Rhinoplasty procedures that I have performed, I have employed a conservative approach. This method avoids the dreaded "operated on" or "done" appearance.

There are two types of Rhinoplasty procedures. The first is a reconstruction of the nose that has been disfigured by injury or has become damaged from disease, such as skin cancer. I like to categorize this type of procedure as a **functional Rhinoplasty**. The procedure is performed to relieve such symptoms as a complaint of the inability to breathe through one or both nostrils and the associated complaints of excessive mouth breathing or headaches.

The disfigurement of the nose is most commonly caused by some traumatic event such as a sports injury. This can result in a displacement of the partition inside the nose that

separates one nostril from the other (nasal septum). The external framework can also be affected leaving the condition commonly called a twisted nose. The functional Rhinoplasty is often covered by insurance.

The second type of Rhinoplasty is cosmetic, with the ultimate goal to produce a better appearance of the nose. I refer to this second type as an **aesthetic Rhinoplasty**. Because this is a purely cosmetic procedure, it is not covered by insurance.

If a functional Rhinoplasty is to be performed, a preoperative evaluation and detailed history of any injury is taken and the nose is examined to determine the degree of nasal airflow impairment. The internal nasal partition (nasal septum) is examined for any signs of displacement. The external framework is also examined to determine any displacement of the nasal bones, which can often happen after a nasal fracture.

In the case of an aesthetic Rhinoplasty, I feel the most important aspect of the initial consultation is to determine whether the results of the procedure can realistically meet the patient's expectations. Difficulties can arise when a patient states, "I want my nose to look exactly like this" and presents me with a picture of a celebrity. This type of result is often not realistic because other facial features contribute to the nasal appearance and the nasal framework may not allow a specific result. However, certain characteristics of someone else's nose may be incorporated into each individualized Rhinoplasty.

## rhinoplasty continued

The procedure is often done in our office operating suite with a local sedation anesthetic. It is an outpatient procedure and takes about two hours. Most patients rate the pain as a 5 on a scale of 1 to 10. The vast majority of incisions are hidden inside the nose and a nasal splint is left in place for one week. Recovery time is reasonable and most patients are socially presentable in 8 to 10 days. Eighty percent of the swelling has resolved within 10 days, with the remainder reducing over a 2-month period. Complications are rare, but may arise. The more common ones are infection, asymmetry, scarring and bleeding.

The Rhinoplasty procedure can be a positive method to address a twisted nose or concerns about one's nasal appearance. It is my recommendation that a less aggressive approach is better and patient expectations must be fully evaluated.

Please visit [/www.ruckermd.com/cosmetic\\_rhino.php](http://www.ruckermd.com/cosmetic_rhino.php) for detailed information about Rhinoplasty.

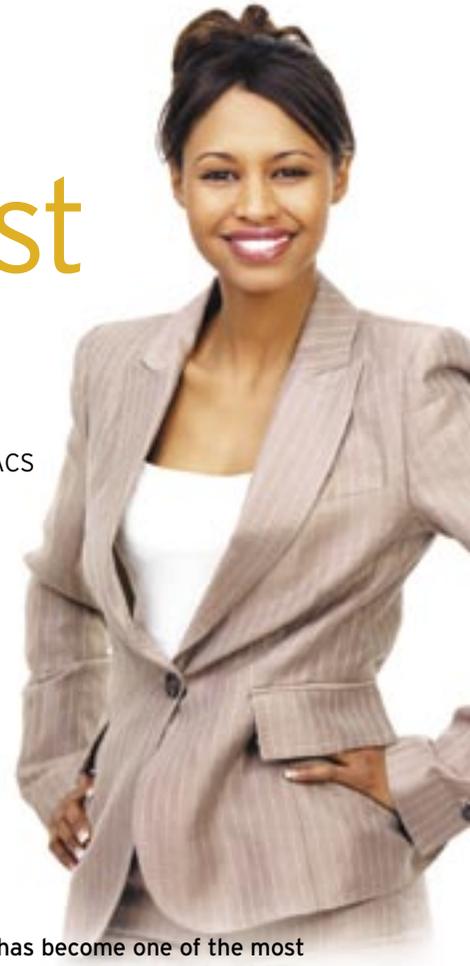
To schedule an appointment with Dr. Rucker call 715.833.2116 or 800.456.8222.

### Before and after images of Rhinoplasty (Nasal Surgery)



# breast lift

Joseph W. Rucker, MD, FACS



The Breast Lift (Mastopexy) has become one of the most requested procedures in plastic surgery today. In 2007, approximately 100,000 Breast Lift procedures were performed in the U.S. I feel this trend is in response to an increase in the performance of other body contouring procedures, such as Tummy Tuck and Liposuction.

The causes of breast sagging are multiple. Over time, a woman's breast can change, with a loss of their youthful shape and fullness. These changes may be the result of expansion of the breast during pregnancy, breast-feeding, weight fluctuations, aging and gravity. Heredity factors also contribute to breast sagging. Many women are born with poor skin elasticity resulting in a loss of breast firmness.

What is a Breast Lift? A breast lift raises and firms the breast by removing excess skin and tightening the surrounding breast to reshape and support the new breast contour. The nipple areola may become enlarged over time, and a breast lift will reduce the areola to place it in a better proportion with the newly shaped breast. The goals of the breast lift are to improve the shape of a female breast that:

- . Sags or is pendulous, but is proportionate with the body.
- . Has lost its firmness and skin elasticity
- . Has a flatter elongated shape
- . Has a nipple and areola that is enlarged and points downward

## Consultation

All patients will need a pre-operative consultation before surgery. We review your medical history and perform a physical examination to ascertain if you are indeed a candidate for the mastopexy procedure. A detailed examination is then done to determine the degree of breast sagging (ptosis) that each patient desires to be improved. During your initial consultation, the procedure, recovery, expected outcome and the risk of possible complications is discussed.

## Procedure

A breast lift is done on an outpatient basis, under a general anesthetic or with a mild sedation. The operative time is usually one and a half hours. In general, the greater the sagging of the breast, the longer the incision will be. The nipple is not detached; in an attempt to avoid any loss in sensation to the breast. The skin envelope is redraped around the newly formed breast mound to give a more rounded and perky appearance. All patients are discharged home on the same day of surgery with a support bra in place.

## Recovery

Most patients rate the pain level as a 5 on a scale of 1 to 10. Patients are given detailed written postoperative instructions and prescriptions for antibiotics and pain control. Light activity is tolerated well in the first week. Most patients are never so incapacitated that they can't take care of their own basic needs. An office visit is scheduled one week after your procedure, when all of your dressings and your sutures are

carefully removed. Your postoperative recovery and activity levels are again discussed, as well as an anticipated date for your return to work. Light employment is tolerated after two weeks, with heavy lifting and regular activity in 3 to 5 weeks. You are also given detailed instructions for care of your suture lines to help prevent excessive scarring. Your final consultation usually occurs 5 months after your procedure. More descriptive illustrations of the procedure and photographs of actual cases can be viewed at [www.ruckermd.com](http://www.ruckermd.com).

I hope that this information will be of help, if you are considering breast lift surgery. Our staff has gained considerable experience and knowledge helping over 1,000 patients during the preoperative, operative and postoperative periods of reconstructive breast surgeries. Of course, there are risks with any procedure and a complete list and description of possible complications can be viewed on my webpage. Please feel free to contact our office with any concerns or questions that you might have.

For an appointment with **Dr. Joseph Rucker** call **715.833.2116** or **800.456.8222**.

for images and more in-depth information visit [www.restorativebreastcenter.com](http://www.restorativebreastcenter.com) or [www.rucker-merrick.com](http://www.rucker-merrick.com)

## when choosing a surgeon

Did you know that Plastic and Cosmetic Surgeons undertake 9 years of in-depth medical education and training before they begin their practice?

**4 yrs Bachelors degree • 4 yrs Medical Degree**  
**1 yr Internship • 4yrs General Surgery Residency**

For a surgeon to add Board Certified to their credentials, they must pass rigorous written and oral examinations. Many surgeons continue their education and training, completing fellowships in areas of specialized interest.

**Dr. Rucker and Dr. Merrick are both Board Certified by the American Board of Plastic Surgery.** Dr. Rucker has a fellowship in Breast Reconstruction and has been in private practice for more than 25 years. Dr. Merrick has a fellowship in Hand Surgery and has been in practice for four years.

**Both are members of the American Society of Plastic Surgeons.**



**Joseph Rucker, MD,** has announced that he will be providing breast reconstruction services to qualifying **post-mastectomy candidates.** Dr. Rucker has been working with women

confronting the physical and emotional challenges of breast cancer for 25 years. He developed the service, called Breast Reconstruction Aid, because "there are women who fall through the cracks during a very critical time in their lives. Unfortunately, many women in our society don't have the opportunity to choose post-mastectomy breast reconstruction because of financial or insurance issues," said Dr. Rucker. "For that reason, I am offering my reconstruction services to qualifying patients for no fee, to assist them in returning to a normal way of life."

**Prospective candidates** can obtain information about the **Breast Reconstruction Aid** Program by contacting Rucker & Merrick Plastic Surgery Clinic.

**715.833.2116** or **800.456.8222, Ext. 103**  
or [www.rucker-merrick.com](http://www.rucker-merrick.com)

# erasing the lines

## cosmetic dermal fillers

Clint Merrick, MD

**N**ow more than ever, people are seeking ways to stretch their dollars further. This is especially true in the realm of cosmetic surgery. While facelift, browlift and necklift procedures remain the gold standard for facial rejuvenation, many non-surgical options are now available for some patients. Among these options, dermal fillers have excelled in terms of cost efficacy and patient satisfaction. But with so many products on the market, it is often difficult for patients to determine which to choose. Furthermore, certain patients are ideal for fillers while others may benefit from different procedures.

Dermal fillers are some of the most exhaustively studied substances in medical use today. They have been used for decades and are very safe. Dermal fillers can be made from a variety of substances. Some of the very first fillers were made from collagen, which is a substance found in every part of our bodies. Initially, collagen derived from cows (Zyplast and Zyderm) was used, but problems related to patient allergy and the short duration led to the development of newer agents. Engineered human collagen (cosmoderm and Cosmoplast) showed decreased allergic reaction and longer period of effect, but at a price. The bioengineering of this substance is expensive. In general, newer, non-collagen products have replaced these in most practices.

The most commonly used injectable fillers today contain either hyaluronic acid (Restylane, Perlane, Juvaderm), polylactic acid (Sculptra), or calcium hydroxylapatite (Radiesse). Hyaluronic acid binds to water and has a volumizing effect beneath the skin. Because it is found throughout our bodies, the risk for allergic reaction is minimal and it is extremely safe. Polylactic acid differs from other fillers because it is thought to stimulate the cells in our skin to produce more collagen. Calcium hydroxylapatite fillers are the newest addition to our menu of options. These fillers contain small particles of a bone-like substance in a gel carrier and may have the longest period of efficacy.



Nasolabial folds before and after Restylane treatment



Fillers are injected to correct depressed facial scars, to fill deep wrinkles, to volumize various parts of the face including the lips, and in some cases, to create the effect of a lift in the face. Among the most common reasons patients seek treatment is to correct deep lines in the face. The most commonly treated places are the nasolabial folds (lines extending from the nose to the jaw on both sides), Marionette lines (the 'parentheses' lines on either side of the mouth) and the lips for augmentation.

Dermal fillers are excellent options for the treatment of specific areas in the face. The overall degree of facial aging, the indications for alternative treatments, the risks and expectations are thoroughly discussed by your cosmetic surgeon. Be sure to seek advice from a board certified plastic surgeon who plans on performing these injections him or herself. See the table below for more information on the longevity, indications and differences between the fillers commonly used in my practice.

Although cost varies depending on the type of filler used, talk with the office staff about our discount office days for even more cost savings.

Ask about our  
**monthly discount  
 days program!**  
 FOR DERMAL FILLERS & BOTOX

Results of Juvederm treatment at different stages



BEFORE ANY TREATMENT



**6 MONTHS AFTER  
 INITIAL TREATMENT**



**9 MONTHS AFTER  
 INITIAL TREATMENT**



**1 YEAR AFTER  
 INITIAL TREATMENT**

DERMAL FILLER	PRODUCT CONTENTS	HOW IT WORKS	TREATMENT USE	DURATION OF ACTION
<b>Restylane</b>	Stabilized hyaluronic acid	Adds volume to the dermal matrix and attracts water to plump the skin under wrinkles	Facial scarring, lip enhancement, facial wrinkling, particularly nasolabial folds	Approximately 6 months
<b>Juvederm ultra plus</b>	Cross-linked hyaluronic acid	Adds volume to the dermal matrix and attracts water	Facial scarring, lip enhancement, facial wrinkles	9-12 months
<b>Radiesse</b>	Calcium hydroxylapatite spheres in a gel carrier	May add to the volume of the skin over time by stimulating collagen production	For moderate to severe wrinkling, augmentation of the cheeks and jawline	Approximately 1 year

To schedule an appointment with Dr. Clint Merrick call 715.833.2116 or 800.456.8222.

# hand numbness find relief

Clint Merrick, MD

**N**umbness and tingling in the hand is one of the most common reasons to seek the advice of a hand and upper extremity surgeon. Although many people believe that their symptoms are related to carpal tunnel syndrome, other conditions can give the same symptoms.

There are three principle nerves of the hand and arm. Other nerves exist, but only three nerves are responsible for controlling the muscles and giving sensation in the hand. Because these nerves arise from the spinal cord in the neck, compression at any point may produce symptoms in the hand. The three principle nerves are the Ulnar, Radial and Median nerves.

In this article we are focusing on nerve compression or pinching. Many medical conditions such as diabetes, multiple sclerosis, Lou Gehrig's disease and Guillan-Barre can also affect the nerves and result in numbness and tingling.

The complex anatomy of the neck lends itself to injury and degeneration that can result in symptoms in our hands.

**Cervical disc disease** may cause a pinching of the nerves to the hand as they exit the spine, with a variety of symptoms from pain to weakness. Numbness may involve any part of the arm or hand depending on which disc is involved. **Thoracic outlet syndrome** is a disorder in which bones, muscles or blood vessels cause compression of the nerves in the neck. Symptoms usually begin with arm pain and numbness in the small finger.

Two primary conditions in the elbow can lead to symptoms in the arms and hands. The first is **cubital tunnel syndrome** or compression of the ulnar nerve at the elbow. This often results in numbness in the small and ring finger and weakness throughout the hand. **Radial tunnel syndrome** or compression of the radial nerve in the forearm often results in elbow pain and numbness over the back of the thumb, hand and index finger. Radial tunnel syndrome is often related to lateral epicondylitis or tennis elbow.

The most common nerve compression disorder in the hand is **carpal tunnel syndrome**. This results from compression of the median nerve at the wrist and can result in hand pain, weakness, and numbness of the thumb, index and long finger.

There may be pain extending up the arm. Another condition is **Guyon's syndrome**, a compression of the ulnar nerve at the wrist. This usually causes weakness of the hand, but can result in numbness in the little finger and half of the ring finger.

Evaluation of numbness and tingling of the hand should be done by a specialist in hand surgery. Seek out a doctor who is fellowship-trained in hand and upper extremity surgery. Patient evaluation begins with an office exam. A neurologist may be asked to test the nerves in the arm, identifying specific locations of nerve compression and providing information about the severity of the nerve disorder. Other studies such as x-rays or MRIs may be used. Treatment can be conservative, particularly in the early phases of the disease. This includes modification of activities, splint wearing and anti-inflammatories. Injection of a very small amount of steroid may help relieve symptoms, as well as help in making the diagnosis.

Finally, surgical intervention may be necessary if problems continue. Surgery is usually very well tolerated and is performed by numbing the arm and making small incisions directly at the site of compression to release the nerves. Often the effect is immediate, with most patients feeling better the night of surgery.

Nerve compression disorders in the upper extremity are common. However, delay in treatment may result in permanent numbness, tingling or weakness. If treated early, surgery can be avoided. In cases where surgery is necessary, the small procedure is highly effective and permanent.

For an appointment with Dr. Clint Merrick  
call 715.833.2116 or 800.456.8222.



# to glow or not to glow

Steven D. Stenzel, MD



**E**strogen is a powerful hormone. Produced by the ovary, it influences women's lives in many ways: breast development, menstruation, fertility, bone health, emotional changes, heart health, skin quality and thermal regulation .

Aging of the ovary causes fluctuation in estrogen production leading to a variety of symptoms. It is believed that the brain regulates temperature. This discussion will focus on vasomotor instability, often referred to as **hot flashes** during the day or **night sweats** while sleeping. These symptoms, along with mood changes, may begin in the mid 40's, intensify at the time of the last period (menopause) and gradually diminish after the last period. Duration of these symptoms varies, but may last for several years. There is no reliable test to determine where a woman is on this time line. Usually the intensity, duration and frequency of symptoms are the reason to seek information about treatment alternatives.

A good place to start is with a women's health care specialist. This could be a Nurse Practitioner, Mid-Wife, Primary Care physician with a women's health care interest or a Gynecologist who specializes in women's health. Most often a general physical with pelvic examination and Pap smear should be completed.

The most effective treatment for hot flashes and night sweats is supplementation or replacement with estrogen (the depleted or fluctuating hormone). The types of hormone replacement, dosage and duration of therapy, must be individualized with the benefits and risk discussed in detail.

For those women who cannot or choose not to consider estrogen replacement therapy what can be done? Lifestyle changes including: layering of clothing, avoiding drafts, stress

reduction, avoiding triggers (caffeine, foods that are hot in temperature or spiced, and alcohol), yoga, meditation, paced breathing and relaxation techniques have also been shown to be helpful in diminishing symptoms.

The next level of therapy is plant-based supplements. Phyto-estrogens are plants that have "estrogen-like" properties. Soy, as foods or supplements, and red clover are the most popular. Isoflavone and Red clover have been shown to be helpful in decreasing the number and intensity of hot flashes. Black cohosh has been helpful in 4 of 10 women treated. These supplements require a minimum of 2-3 months before a significant effect may be noted.

Other herbal supplements that have been used include Dong-Quai, Evening Primrose oil, ginseng, licorice root (not licorice candy), Vitamin D and topical progesterone creams (derived from soy beans or yams). Occasionally these are effective and often combined with Vitamin E and other oils. A word of caution, when checking the ingredients on a label, beware of the term "other selected herbs," as an informed consumer will not ingest unknown ingredients.

The last treatment group is prescription drugs that have brain chemistry effects. As the "thermal regulator" is located in the brain, it follows that these medicines may have beneficial effect. Venlafaxine (Effexor) diminishes the number, duration and intensity of hot flashes. Other medications in this group include Paroxetine (Paxil) and Fluoxetine (Prozac). Gabapentin (Neurontin), primarily used for chronic pain syndromes, has also been significantly helpful in reducing symptoms. Dosages, adjustments and duration of therapy will need to be reviewed with the prescribing practitioner.

There is little, if any available information about "mixing" any of the treatment approaches, which is the reason it is discouraged.

Talk to your care provider for the best approach to your symptoms. Additional information is available at the Eau Claire Women's Care Clinic, (715) 834-9998. Or, visit [www.menopause.org](http://www.menopause.org).



Steven D. Stenzel, MD  
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# ultra firming peptide power facial

deb markham | paramedical aesthetician | Enza Medispa

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After your skin is cleansed and analyzed, a **unique peptide peel masque** is applied. This peel-off treatment forms a skin care restoration system that uses nature's own anti-aging ingredients to dramatically enhance the skin's tone, texture and overall appearance. As a bonus, this peel produces skin-firming peptides that stimulate your skin's cellular turnover. Results are evident after the first facial treatment.

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# hyaluronic acid

## fountain-of-youth for your skin

deb markham | paramedical aesthetician | Enza Medispa

Drenching your skin with products that contain hyaluronic acid provides more than just moisture... it may be an elixir of youth! Today's skincare clients understand that for a healthy complexion it is important to schedule routine visits to your skincare specialist - and just as important to include beneficial ingredients in your home regimen. **There's one ingredient that is found in both professional spa services and topical products used at home: hyaluronic acid.**

Hyaluronic acid is a component of connective tissue that is found throughout the body, mainly in joints and lower layers of the skin. Its key function is to cushion and lubricate cells. In the skin's dermis, it is found between skin cells, where it has a protective function and is involved in tissue repair. Hyaluronic acid is a key ingredient in anti-aging technology for skin care products. It is also the main ingredient in dermal fillers such as Restylane and Juvederm, which help plump and add volume to the skin, to fill in fine lines and wrinkles.



As we age, the body's natural reserve of hyaluronic acid is depleted. This is one reason why skin can look visibly parched and crepey in later years. Spa treatments that use products with hyaluronic acid and other protein powers (such as phyto-peptides) can leave complexions looking and feeling younger and firmer. **Hyaluronic acid plays a crucial role in the health of collagen, a protein that strengthens and supports the skin. This nutritious gel substance is needed to keep the collagen well lubricated and supported structurally in the dermis.**

When we introduce our skin to the best ingredients available to refresh and rejuvenate, it is stimulated to repair and replenish itself.

The **Power-Peptide Facial** incorporates the potent **Hydra Gel Serum** that contains the acid necessary to work with the collagen, creating a perfect environment for the growth of new cells.

See the back cover for specials on Enza Essentials products containing hyaluronic acid



*Tips for living well!*

*Make a few small adjustments  
in your approach to aging...  
Let each passing day present an opportunity  
to become happier and healthier.  
Growing old should increase, not decrease,  
the value of human life.  
As we change our attitude about aging,  
The way we age will change.*

~ Andrew Weil

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Locations in Eau Claire, Lake Hallie and Alma. Purveyors of gourmet foods, fine wines & spirits, teas, confections and, of course, coffee. We're more than just coffee.

**The Creamery** 715.664.8354 | [www.thenewcreamery.com](http://www.thenewcreamery.com)

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**Details** 800.686.1946 | [www.detailsdirect.com](http://www.detailsdirect.com)

A specialty store featuring clothing and accessories for women. We cater to this clientele by choosing fashions to create and maintain a working wardrobe to fit their lifestyle – for career, travel, friends and family.

**Highland Fitness** 715.833.2100 | [www.highlandfitness.com](http://www.highlandfitness.com)

Locations in Eastridge Center and Westridge Center, Eau Claire and Lake Hallie. Fitness options: machines, classes and services. Open Mon-Sun.

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