



COLLECTIONS

Plastic Surgery

Trends and Caveats



FROM THE NEW YORK TIMES ARCHIVES

PLASTIC SURGERY: TRENDS AND CAVEATS

TBook Collections

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A Face From an Infomercial

By CATHERINE SAINT LOUIS

June 4, 2009

It used to be that a cosmetic surgery patient who was tired of sagging jowls would discreetly ask for names of reputable doctors who did face-lifts. A surgeon, building a practice as word of mouth about his skills spread, became, in effect, his own brand.

But now face-lifts themselves are being branded. Certain minimally invasive procedures are marketed directly to patients in a one-size-fits-most approach. Patients pick an operation — usually after seeing it touted online, on TV or in magazines — and are referred by a national organization to a doctor.

Two procedures sold this way are the Lifestyle Lift, which an ad in Family Circle describes as “revolutionary” and a way to “remove wrinkles, frown lines and sagging skin” in about an hour; and the QuickLift, which also benefits from nationwide marketing that promotes a short recovery and only local anesthesia.

Because these procedures, priced at \$4,000 and \$5,900, contrast with more extensive face-lifts requiring general anesthesia and usually costing more, they have become popular: More than 100,000 patients have received the Lifestyle Lift alone since 2001, according to the company.

But some surgeons think branded face-lifts are problematic. It is not the procedures themselves that disturb critics — many plastic surgeons and otolaryngologists (head and neck surgeons) offer their own quick-recovery face-lifts. But some doctors are concerned that patients may be so persuaded by advertising that they don’t seek a second opinion or investigate the full range of options. Consumers may pick a minimally invasive procedure when the results they seek may require more complex — and expensive — intervention.

“What’s new is this is plastic surgery being marketed to the public as a widget,” said Dr. Brian Reagan, a plastic surgeon in San Diego. “People are buying, so buyer beware.”

In this new landscape, patients are encouraged to seek an advertised procedure rather than work with a surgeon to select from a menu of options. What’s more, some patients are now “looking not for the best doctor, but the one who has the magic wand,” said Dr. Reagan, who has given a lecture titled “Invasion of the Mini-Lifts ... Coming to a Clinic Near You.”

Dr. David M. Kent, an osteopath and facial plastic surgeon who founded Lifestyle Lift, said he employs nearly 100 doctors in 31 offices who are trained to do Lifestyle

Lifts. (The company also has 10 doctors in private practice who license its brand.) “Every single patient gets the same basic face-lift,” he said, explaining that it consists of lifting underlying layers of muscle and connective tissue, and trimming skin. Patients also receive custom nips and tucks as needed.

The QuickLift, which roughly 10,000 patients have had since 2003, is sold differently. Doctors who offer it maintain their own practices and might also offer traditional face-lifts. A company, MDCommunications, helps those physicians market the QuickLift by placing television spots and optimizing how fast a doctor is found online.

Dr. Dominic A. Brandy, the developer of the QuickLift, coined the term to describe his adaptation of an S-lift, an operation that uses teardrop-shaped sutures to suspend sagging features. Dr. Brandy said he improved on the S-lift by pulling the face vertically instead of toward the ears.

Currently, 25 to 30 doctors receive patients through QuickLiftMd.com. The doctors attended a one-day workshop priced at \$1,950 (and sometimes a few other days of training) taught by Dr. Brandy, a cosmetic surgeon with a background in emergency medicine.

Teresa Bradley, 47, found her QuickLift surgeon on the company’s site. Even before meeting him, she had decided QuickLift was for her. “I researched the procedure,” she said. “It was excellent.” But she has agonized over the results. “He lifted one side very high and left the other side hanging,” she said.

Now Ms. Bradley said she realizes the QuickLift is only as good as the surgeon doing it.

In response, Dr. Brandy said, “When you teach somebody a procedure, even if they use the basic same procedure, skill levels are so different.”

The American Society of Plastic Surgeons hasn’t taken a stand on branded procedures. But its president, Dr. John W. Canady, advised, “Go get a second opinion from someone who doesn’t have a big ad.”

Patients should be presented with a range of options, said Dr. David S. Kung, a board-certified plastic surgeon in the Washington, D.C., area. He considers deeper-plane face-lifts “the gold standard,” because they “last the longest and they can effect the maximal change,” he said. But he sees a place for middle-of-the-spectrum face-lifts, which in his opinion, include the QuickLift, Lifestyle Lift and another (nonbranded) lift, the minimal access cranial suspension.

Dr. Kent said that before patients meet a Lifestyle Lift surgeon, they see a consultant and watch a video in which the company’s medical director explains its philosophy. Then they meet with a surgeon before deciding whether to proceed.

But three Lifestyle Lift patients and Dr. Mario S. Yco, a board-certified otolaryngologist who was an employee of the company for about a year, said that patients were urged to put down a deposit before they met with a surgeon.

“The consultant sold the surgery,” said Dr. Yco, who practices in Encinitas, Calif. Often by the time he saw patients, the surgery was booked. “There were many patients I had to cancel,” he said, explaining that he didn’t deem them appropriate candidates.

In response, Dr. Kent said, “It’s never a consultant that decides whether or not a patient should have surgery.” He described the company’s consultants as “people-friendly people.” They make sure patients “understand what they are getting into, explain the things we offer, talk about the doctor,” he said.

Dr. Yco said he was amazed at the power that advertising had over Lifestyle Lift patients. “They are sold by the concept, they are not sold by the surgeon’s credentials,” he said. “Unfortunately if they are not satisfied, it’s a big drop for them.” He added, “It’s like lemmings going down a cliff.”

In May, on the job site Monster.com, the Manhattan branch of Lifestyle Lift ran an ad seeking applicants to be plastic surgery consultants. “No medical experience needed,” it said, adding that the right candidate would have an “ability to match the offerings of Lifestyle Lift with the desires of Clients.”

Sharron Bryant, a manager for Lindt Chocolates in Dallas, who got a Lifestyle Lift in 2007, said she had a “high pressure” consultation and put down a deposit before meeting a surgeon. Ms. Bryant, then 59, paid \$6,100 for a Lifestyle Lift and chin liposuction. She never needed pain medication during her weeklong recovery, she said.

But she disliked the loose skin that remained on her jowls and neck. “I got nothing for the money,” she said. She later paid \$8,200 for a traditional face-lift from a different surgeon.

With “every plastic surgery procedure, there’s a certain number of people afterwards that are unhappy,” Dr. Kent said. “There’s nothing wrong with them medically. They are just dissatisfied.”

On Realself.com, a Web site where patients discuss cosmetic surgery, 37 percent of the 170 people who reviewed the Lifestyle Lift said the procedure was “worth it,” while 63 percent didn’t think so.

Leigh Floyd, 46, a technical writer in Houston, is an “extremely satisfied” customer of Lifestyle Lift, which she partly attributed to her realistic expectations. “You won’t look 20” afterward, she said, “because it’s still your 40-year-old skin.”

But she was most impressed by the skill of her surgeon, Dr. Kevin R. Smith, a Houston otolaryngologist. “His sutures were so tiny,” she said. “I just know I picked the

right doctor.”

Here’s some advice for those considering face-lifts.

- Check whether your surgeon is certified by one of the boards of the American Board of Medical Specialties at abms.org. They require physicians to complete residency training in a specialty and to pass rigorous oral and written exams.
- Before you schedule an operation, meet the surgeon to make sure you’re on the same page. “The best surgeons will give you their honest opinion whether they can achieve what you’re looking for,” said Dr. John W. Canady, the president of the American Society of Plastic Surgeons.
- Don’t settle for a hasty consultation. The downside as well as the upside of an operation should be covered, said Dr. Robert Singer, a plastic surgeon in La Jolla, Calif.
- You should never feel as if you’re being sold a procedure. “If you’re getting a high-pressure sales pitch for a procedure, personally that would worry me,” Dr. Canady said.
- It never hurts to get a second opinion.

When Plastic Surgery Calls for a Do-Over

By CATHERINE SAINT LOUIS

October 29, 2009

No face-lift stops time, so as aging continues, even a satisfied patient may choose to have another one a decade later. But what if your face-lift never pleased you, not because of complications or monstrous scars, but because of aesthetics pure and simple? Perhaps your first surgeon's technique resulted not only in a tighter jaw line, but also a flat wind-swept cheek and a stretched mouth. Or your nose no longer has an unsightly bump, but now, postsurgery, is asymmetrical.

These days, there's such a critical mass of plastic surgery patients dissatisfied with their results that many doctors market secondary surgeries, or re-dos. It's not hard to find surgeons' Web sites that describe in detail how an asymmetrical nose job or an unsatisfactory face-lift can be righted. Last month, Dr. Sam T. Hamra, a plastic surgeon in Dallas, published "The Facelift Letdown: When Results Don't Meet Expectations" to arm patients with information so they can better articulate their desires to their doctors and avoid postsurgery discontent.

No organization tracks how many procedures are done to correct cosmetic work. (Muddying the situation is the fact that some doctors tweak their own work if it falls short of the patient's goals and that some complications call for immediate reoperation, like a hematoma, or a collection of pooled blood, beneath a closed incision.)

In this still-shaky economy, cosmetic surgery is down, and revisions for unhappy patients are included in that slump. But doctors who do a lot of revision face-lifts and nose jobs (two common redos) say demand for those operations is still strong.

Reasons vary, depending on the procedure. Rhinoplasty, for instance, is tricky because surgeons can't control healing or how good the building materials are. Cartilage can be too thick or too flimsy; skin draped over a newly fashioned nose structure might not shrink to the shape the surgeon wants.

"It's a difficult operation with a lot of variables," said Dr. James C. Grotting, the editor of the textbook "Reoperative Aesthetic and Reconstructive Plastic Surgery." "So even in the best of hands, people who only do rhinoplasty," he said, there is still "a revision rate of up to 20 percent." Some of the best fix-it nose doctors are sober about the

limitations. Dr. Mark B. Constantian, a nose specialist in Nashua, N.H., whose practice is 75 percent revisions, said rhinoplasty is unique in that “you can lose ground every time.” With other kinds of plastic surgery, patients “are not worse off than when they started.”

Some doctors refuse to tackle secondary or tertiary rhinoplasties, and sometimes patients seeking these operations get unfairly labeled as “a fussy neurotic group,” Dr. Constantian said.

He pinpointed four reasons for dissatisfaction: breathing is worse, which can happen if a doctor doesn’t compensate for aesthetic changes; postoperative deformity that patients don’t like (perhaps removing a bump leaves the patient’s nose crooked); the patient never reached the original goal; and last, the patient got the requested change but now finds it unacceptable. “After, they feel they lost a familial or ethnic characteristic, and ask, ‘Can you do something to put my nose back to what it was?’ ” he said.

One of Dr. Constantian’s revision patients, a nurse in New Hampshire, got her first rhinoplasty in 2004 to fix her nose’s too-wide tip and a hanging columella, the tissue on the underside between the nostrils. As the post-operation swelling subsided, “Everyday I would look and wait for changes,” said the nurse, who asked to remain anonymous. But the nose tip “was still wide” and the columella didn’t look “touched at all.” She searched on Google for nose specialists and found Dr. Constantian. Today her profile is straight, her columella no longer hangs, and she breathes better. “My breathing was never a problem until after the first surgery,” the nurse said.

Sometimes earnest miscommunication between patient and doctor is at the heart of the matter. “What the patient is seeing in their mind is hard to describe to the doctor,” said Dr. Jack P. Gunter, who devotes 40 percent of his nasal-surgery practice in Dallas to redos. “Patients will say, ‘I just want a little taken off.’ How much is a little?” Other doctors sweet-talk patients into thinking the perfect nose or face-lift is within reach, leading to discontent. “People are marketing things they cannot achieve,” Dr. Gunter said.

These days advertising creates unrealistic expectations, said Dr. Grotting, whose practice is in Birmingham, Ala. The idea that a procedure can be quick, simple, painless, “all of these catchphrases are heavily marketed to plastic surgery patients,” he said.

When it comes to plastic surgery, Dr. Hamra said, the “customer is always right.” A gynecology patient isn’t the one to determine if she wishes to spend less money to remove fewer of her uterine fibroids. A plastic surgery patient, however, can choose a minimally invasive face-lift instead of a more complete one, said Dr. Hamra, who favors comprehensive face-lifts that address upper cheeks and foreheads. If one surgeon won’t give him what he wants, the patient finds one who will.

Celebrity cases of too many face-lifts overshadow a common problem these days:

paying thousands for small improvements that don't last.

"In face-lifts, you see undercorrections," said Dr. James M. Stuzin, a plastic surgeon who specializes in face-lifts in Miami and does a "big volume of redos." Mini face-lifts, he said, require "little recovery," but have "little longevity." He also cautions that some surgeons who do only occasional face-lifting "don't reconstruct the internal anatomy, and that has more longevity."

In other words, you get what you pay for. "I'm seeing more people who have gone to clinics where price is a major concern for them going there, and often they are dissatisfied with the result," said Dr. Stuzin, a past president of the American Society for Aesthetic Plastic Surgery. "Instead of muscle work, they are oversuctioning the neck, so the neck looks skeletal."

Furthermore, not every plastic surgeon tailors his work to each face, but instead "do it the same way every day, and that doesn't work for faces," said Dr. Mark E. Richards, a plastic surgeon in the Washington, D.C., area. Patients have sought out Dr. Richards for revision face-lifts ever since Linda Tripp announced on TV that he redid her botched face-lift in 2000.

Other experts caution to be wary of the doctor whose technique is stuck in the dark ages. "There are still a lot of surgeons who just redrape the skin — that's it," Dr. Grotting said.

For decades, doing face-lifts hasn't been about simply pulling the skin toward the ear. At the very least, underlying layers of tissue and fat should be repositioned; some doctors also try to restore the curves and volume lost to aging.

Lately, Dr. Richards says that he has found that many of his unhappy patients are missing "cheek curves." Pulling the connective and fatty tissue layers just below the skin "doesn't make an attractive face," he said. "It just makes a tight face."

Surgeons' philosophies vary widely, so it's crucial to meet with a few to ascertain which one will best achieve your goals. Some love a high full cheek or use transplanted fat to fill out that area. Others think a face-lift that doesn't address the eye area is incomplete. And some aim to deliver simply a tight neck and a defined jaw line. Dr. Hamra's guide advocates the composite face-lift, a fairly aggressive surgery that also addresses hollow eyes and lifts cheeks vertically. (If readers can get past the book's dollops of self-promotion, its descriptions of post face-lift issues prove useful.)

Dr. Constantian, for his part, wrote a new textbook "Rhinoplasty: Craft and Magic" because he feels the "basic ideas of how to fix a nose aren't correct." Two misconceptions get surgeons started on the wrong foot, he said. First, the mistaken notion

that if a surgeon fashions a good-looking skeletal shape, skin draped over it will “take on the nose shape.”

Not so. The skin of the lower nose “won’t necessarily shrink to the shape the surgeon wants,” Dr. Constantian said.

“We were taught if you just change one area in the nose, nothing else changes,” he added. But “if you reduce the tip cartilage to make it prettier, you can also weaken the ability of the cartilage to support the nostrils,” he said. So he compensates for that weakness.

But some surgeons think impaired breathing is an acceptable trade-off for aesthetic improvement. “Breathing worse after a rhinoplasty is so common that I’ve heard surgeons say on panels at meetings that they expect it to happen, they tell their patients it will happen,” Dr. Constantian said. “I don’t think it should ever happen.”

Dr. Joseph M. Gryskiewicz, the vice president of the Rhinoplasty Society, a nonprofit educational organization for surgeons, wrote in an e-mail message, “Only a sadist would say breathing compromise is O.K.”

Your Own Fat, Relocated

By CATHERINE SAINT LOUIS

December 3, 2009

The latest kind of recycling has nothing to do with soda bottles. It entails liposuctioning fat from, say, thighs or buttocks and injecting it into breasts to augment them. After being condemned in the early '90s, this procedure is generating newfound excitement among the handful of doctors nationwide who offer it and patients keen to enlarge their breasts without resorting to implants.

Almost 20 years ago, the association now known as the American Society of Plastic Surgeons issued a warning to its member doctors to not inject suctioned fat into patients' breasts, for fear that mammograms would be misread. Since some injected fat dies and calcifies, the thinking was that radiologists would not be able to distinguish between those calcifications (or calcium deposits) and suspicious ones that may indicate breast cancer.

A second concern was that too little injected fat survived being transplanted, because techniques for harvesting, refining and placing fat were not advanced enough. Even today, the success of fat grafting to the breast, as the procedure is also known, depends on the physician.

But this year, the plastic surgery society reversed its former position. A report from its task force reviewed the limited research on fat grafting to the breast and concluded that it "can be considered a safe method of augmentation." On the issue of mammography, the report said fat grafting "could potentially interfere with breast cancer detection; however no evidence was found that strongly suggests this interference." Thus, the task force's statement turned a red stoplight into a yellow one, signaling to plastic surgeons: Proceed with caution.

And so some have. "The best way to create a normal breast is to use your body's own tissue," said Dr. Sydney Coleman, a Manhattan plastic surgeon who is an advocate of fat grafting. So much so that he no longer offers breast implants.

Sarah, a petite 34-year-old woman from Miami who asked that only her first name be used, considered implants, but said she didn't want her breasts to "look hard or fake or extremely unnatural." So she had Dr. Roger K. Khouri, a plastic and reconstructive surgeon in charge of the Miami Breast Center, take fat from her thighs and buttocks to fill out her chest.

“I love that it’s just mine, my own fat,” she said. “I didn’t have to put anything foreign in my body.”

At the October meeting of the American Society of Plastic Surgeons, Dr. Khouri presented a long-term study that suggested liposuctioned fat was now a “viable alternative to breast implants.” It tracked 50 women, ages 17 to 63, for an average follow-up of 3.5 years. (For weeks, participants wore a cumbersome bra-like tissue expander at night that was created by Dr. Khouri to create a scaffolding for their fat.) The study, which Dr. Khouri plans to publish in a peer-reviewed journal, found that the procedure does not impede the reading of mammograms and that on average, 85 percent of transplanted fat survived to give patients natural-feeling larger breasts.

This kind of breast augmentation is a two-fer: trim fat where you don’t want it and put it where you do. Another advantage is not having to worry about an implant breaking or hardening.

But the disadvantages cannot be discounted. It’s usually more expensive than implants, it takes a year to see how much fat survived, and breast volume can fluctuate with weight. Dr. Scott L. Spear, the chairman of the plastic surgery department at Georgetown University Hospital, has enlarged a patient’s breasts only to have the patient undo his handiwork by losing weight. “They decide to run a marathon and their breasts go away,” he said.

But a far worse scenario is that a doctor’s technique is so wanting that much of the transplanted fat dies and complications ensue. “Anyone can take fat and inject it into the breast, and the patient will look good immediately afterwards,” Dr. Khouri said, but a few months later, the fat injected by a doctor with sub-par skills may result in “oil cysts, masses, nodules and scarring.”

To some, this kind of fat recycling seems simple. But Dr. Michael F. McGuire, the president of the American Society of Plastic Surgeons, cautioned: “How you take the fat, how you process it, how you inject it are all factors in how successful fat survival is going to be.”

In some cases, radiologists can distinguish between innocuous and suspicious calcifications, said Dr. Sameer A. Patel, a plastic and reconstructive surgeon at Fox Chase Cancer Center in Philadelphia. But when they can’t, biopsies may be done. So he fears that fat injections for breast enlargement could increase unnecessary biopsies.

Last month, new guidelines from the United States Preventive Services Task Force recommended that most women should start mammograms at 50, instead of 40, to try to reduce the number of tests, including biopsies for false positives.

But a baseline mammogram for a woman considering breast augmentation (or

reduction) is a must, said Dr. Emily F. Conant, a radiology professor and the chief of breast imaging at the University of Pennsylvania Medical Center.

In recent years, fat injections have been used to correct irregularities from reconstructive breast surgery after a mastectomy or a lumpectomy. Because much smaller volumes of fat are used, some plastic surgeons felt comfortable, for example, filling in a dent in the cleavage area.

But Dr. Stephen F. Sener, a professor of surgery at the Keck School of Medicine at the University of Southern California, wrote in an e-mail message: "I've seen enough injections of fat after mastectomies to tell you that fat necrosis is a real problem." It can result in a "palpable mass" that needs to be biopsied to establish malignancy or infection, wrote Dr. Sener, the former president of the American Cancer Society.

It's a pivotal time to set the record straight on fat grafting to the breast. Recently, television news segments have featured doctors touting "natural breast augmentation." In one segment available on YouTube.com, from an ABC station in Phoenix, a patient said she grew two cup sizes after injections. Most doctors injecting fat for breast augmentation say implants are a better choice for such an increase.

The pleased mother of three in the news clip said her breasts grew "overnight," which is misleading. Typically, doctors wait months to assess whether transplanted fat is there to stay. Others wait longer. "Unless you go a year, you can't say 'we succeeded,' " Dr. Spear said.

Yet, marketing for fat-enhanced breasts has ramped up. The Web site naturalaugmentation.com lists several doctors, mostly ob-gyns and family medicine physicians, not plastic surgeons, who offer coupons for "natural augmentation" and even something called "stem-cell breast augmentation."

A company called Cytori Therapeutics makes a machine used in Europe that concentrates the cells within fat tissue that aren't strictly fat cells, including stem cells. The company hopes that its Celution 800 system can "double the cells that act as fertilizer, so it's possible to achieve a more predictable graft," said Tom Baker, the director of investor relations.

But Cytori's machine hasn't been approved by the Food and Drug Administration. Nor has "concentrating" cells in fat been proved to make a difference in controlled studies, said Dr. Karol A. Gutowski, chairman of the plastic-surgery society's task force.

That hasn't stopped Dr. Todd Malan, a board-certified ob-gyn in Scottsdale, Ariz., who is the surgeon in the ABC news clip, from anointing himself the "First in U.S. to perform Stem Cell Enhanced Breast Augmentation!" on his Web site.

Dr. Coleman, who was part of the task force, said, "it's easy to kill fat," and worried

that Johnny-come-latelies won't be meticulous. "Suddenly everyone is claiming to have 10 years of experience," said Dr. Coleman, who is a paid adviser to Cytori.

Dr. Coleman has that experience. In 1998, when augmenting breasts with fat was "unheard of," Linda Francipane, a hairdresser in Manhattan, had her modest chest filled out by him. "The best part is I'm in my 40s and I have these nice perky breasts," she said. "They look like teenager breasts."

Houston, We Have Face-Lift

By **DAPHNE MERKIN**

March 8, 2010

Here is a question I've been pondering for some time now: Is there any moral high road to be taken when it comes to plastic surgery? Does one get any points for not yielding to the unforgiving demands of our culture and its disdain for the stigmata of age by letting one's DNA play itself out? Does it make one a better — a more profound — person? Would we love Catherine Deneuve more if she had consented to letting us see her age onscreen? Do we love her less for trading in her fragile beauty for a plumped-up, smoothed-out visage that tells us little about the content of her character? And what has happened to the whole category of aesthetics that once went by the name of ravaged beauty? Women like Simone Signoret and Melina Mercouri, who wore the wreckage of their former glory — their nasolabial folds, lined foreheads and slack jawlines — proudly. Then again, perhaps you are one of the lucky ones, someone destined to age with a complex grandeur, like Georgia O'Keeffe; how will you ever know if you run for the scalpel the minute you spot a crow's-foot around your eyes or a marionette line above your lips?

As every woman past the first blush of youth knows, the days of growing old gracefully (if they ever existed) are all but over. Our faces are no longer narratives, inscribed with experience; they are now permanently arrested at the opening paragraphs, just as the story is beginning. The interesting thing is that having “work” done — freezing one's face in a guise of eternal youthfulness — has its own downside, its own potential for embarrassment. What if, for instance, you get stopped looking preternaturally wide-eyed with wonder? (I know of one aging writer whose baby blues have been surgically prodded into such a degree of openness that one aches for her stricken lids.) Then there are the casualties masquerading as successes, like Joan Rivers, and the actresses who look not better but different, like Jessica Lange. Nicole Kidman seems to have had so much work done, subtle and not so subtle, that she looks like a marmorealized version of herself — an avatar. Coming upon her as I did one night in “Dead Calm,” an early movie, is to get a shock at the vivid prettiness that's been lost. Perhaps plastic surgery is every bit as much a roll of the dice as one's natural appearance: a matter of timing, fate and, most crucially, the practitioner's skill.

Meanwhile, time waits for no woman. Over the last five years, while I've been tentatively debating the pros and cons of face-lifts — wondering whether I would look restored to my younger self if I opted to go under the knife or whether I'd look like an overstretched canvas with misplaced details — a quiet revolution has been taking place in facial cosmetic surgery. Noninvasive face-lifts, also known as “lunchtime” or “liquid” face-lifts, have gradually been invading the territory of the operating table, promising to rejuvenate without aid of cutting or sutures. These procedures are usually done with some combination of Botox and dermal fillers (hyaluronic acids, collagen and Radiesse) and are given various names according to who's doing them. Their advantage is the minimal amount of scarring and downtime; their disadvantage is that the results usually last no longer than a year to a year and a half. They have become popular not only because they don't involve surgery and are relatively less expensive but also because they're based on a newer understanding of the way the face ages, which focuses on a loss of volume rather than a slackening of skin. “As we grow older, we don't grow extra skin,” says Dr. Yan Trokel, the creator of the Y Lift, which uses a method he describes as “structural volumizing.” He goes on to explain: “Everything — muscle, bone, fat — starts to deflate. Aging is a process of losing volume, not gravity. What we associate with youth is fullness, not tautness.”

Curious to see if this new generation of face-lifts was more than a public relations gimmick or a shrewd concession to consumer anxiety with little to show for it, I made my way to Dr. Trokel's offices in a brownstone on East 67th Street on the Wednesday afternoon before New Year's to watch a 45-year-old woman undergo a Y-Lift. It has taken Trokel, a trained maxillofacial surgeon who teaches cosmetic surgery at Mount Sinai, four years to develop this innovative approach, which relies on little more than a tiny titanium device that looks like a round, blunt needle and his expert knowledge of the face's structure. Inspired by his reconstructive and trauma work to try and find a way around the knife — “Why would you get cut?” he asks, “Why would anyone want to have a scar from an elective procedure?” — he also wanted to get away from the “wind-tunnel look” that often goes with plastic surgery.

Cathy, who does marketing for a shipyard and doesn't want to have her last name used, is a single mother of two very pretty identical 15-year-old twin daughters who have accompanied her and look like — what else? — younger versions of herself. She seems totally at ease as she waits for Trokel to begin. She has sought him out because a friend of hers had gone to him with an excellent outcome and because, as she puts it, “there's a look you get with a face-lift that I'm afraid of having.” Then, too, there is the absence of

telltale evidence that noninvasive face-lifts offer: “I have to be back at work on Monday without bruises.”

The first step involves the laserlike device ReFirme, which makes use of radio frequency and optical light and tightens the skin in the neck area. After this, Trokel begins by quickly drawing what look like grid patterns on Cathy’s face with a black marking pencil, tracing out the cheekbones with cheek molds, creating a map of the face that will help guide him. “The face is built on certain structures,” he explains, “like a house. The cheek and jawbone are the two major foundations.” His nurse then swabs the entire surface of Cathy’s face and under the jaw with Betadine, a sterilizing scrub. While Trokel waits for the application to dry, he twiddles a radio dial until he finds his favorite station, one that plays Russian music. (He was born in the Republic of Georgia, although he grew up in the United States.)

As Trokel proceeds to administer four shots of Novocain on one side of Cathy’s face, she continues to stoically exhibit no signs of distress — “I went through therapeutic amnio,” she says, “pregnancy is pain” — but by this time I feel tense enough for two. The doctor picks up the needlelike device and creates two “ports” — in actuality, tiny holes — on the side of the face that has been anesthetized, one by the ear and the other in the middle of the jawline. Then, in what looks to me like sleight of hand, he inserts the needle in front of the ear, maneuvering the instrument inward and creating a plane underneath the tissues, which is then simultaneously injected. Depending on the anatomical area, the plane is created either on top of the bone, on the muscle, inside the muscle or within the fat layer itself. After the filler is placed, he molds it by hand to give it an optimal shape, working first on the cheek and then on the jawline. When he is done with the first side, he repeats the exact same procedure on the other side of Cathy’s face. Once the upper region has been lifted, Trokel begins to work on the jawline, following a similar method. Molding and shaping like a sculptor, he gives Cathy higher cheekbones, a crisper jawline and some strategic fullness. The result is subtle but effective: you can’t quite put your finger on what’s different, but she looks rested and rejuvenated.

Less than an hour after he began, Trokel puts an antibiotic on the nearly invisible holes and holds a mirror up to Cathy’s face. She is delighted with what she sees and calls her girls in to view the doctor’s handiwork. Aside from some redness, her face looks unbruised. Talk about no downtime! The results will last from one to two years, with touch-ups, costing about \$2,000, usually done sometime in between. (The Y Lift itself costs anywhere from \$4,000 to \$8,400, depending on how large an area of the face you do and how much filler is required.) Interestingly, it is Trokel himself who throws in a

few caveats. “Some people will still need face-lifts,” he notes. “This isn’t supposed to take their place. But it’s a great tool to have.”

No cutting, no blood, no ugly bruises, no obvious or lasting signs that you have been worked on. Instead you get to look naturally restored, as if your God-given face were resistant to aging all on its own. In this sense, the Y Lift aims to be nothing less than cosmetic enhancement at its most Platonic. It promises to even the proverbial score in a way that traditional plastic surgery often fails to, allowing you to trade in hard, cold cash for that which no amount of money could previously help you acquire: a face that doesn’t look like it has been bought and paid for. With Dr. Trokel’s help you can now pass yourself off as one of the Lucky People, a member of the elite set of genetic lottery winners who will never have to resort to plastic surgery — never have to suffer through an overarched eyebrow or a mouth that just won’t quite smile right anymore — because they will age becomingly all on their own.

Which is what we, the plastic-surgery-buying clientele, have been promised all along. If this isn’t a procedure for the scalpel-phobic to embrace, then I don’t know what is. It might even inspire me to get over my own fear of face-lifts, leading me to hurl myself into Dr. Trokel’s chair and call upon some true grit as he does his transformational thing. After all, there is nothing to be afraid of — except, perhaps, that when all is said and done, no one will notice the difference.

Can We Feel Good About Our Necks?



Dr. Matthew White, a facial plastic surgeon, demonstrates how the new noninvasive tightening procedure Ulthera would work. (Elizabeth Lippman for The New York Times)

By CATHERINE SAINT LOUIS

December 22, 2010

Necks don't lie. Sagging there betrays age like the rings on a tree, and now-common Botox and fillers in the face make neck imperfections stand out in stark relief. In her 2006 best-seller, "I Feel Bad About My Neck," Nora Ephron, by then 65 and a resolved turtleneck wearer, raged against the injustice of having no remedy for her slackening throat skin, short of surgery.

But it turns out that isn't true. These days, less-invasive options exist to improve the appearance of one's neck, provided it isn't a full-blown turkey wattle. Like a romance, a neck can go wrong in many ways. Weight gain or genetics may lead to a double chin. Loose skin can be compounded by underlying lax muscle. A neck-lift (on its own or with a face lift) remains the best bet for a striking, lasting fix.

But careful liposuctioning of excess fat can also help streamline the full necked, especially those who still have relatively youthful elastic skin that can bounce back after

the procedure. The trick is not to be suctioned to the point of looking skeletal (one should watch for underlying loose bands of muscle, which become more obvious after).

If the issue is these isolated bands, injecting Botox into the neck muscle can make them less conspicuous in a patient with great skin tone, said Dr. Rod J. Rohrich, chairman of the plastic surgery department at the University of Texas Southwestern Medical Center in Dallas. But the fix lasts only three to four months.

Promoted during the last year on “The Rachael Ray Show,” Ulthera is a new skin-lifting procedure using focused ultrasound to spur collagen growth deep under the epidermis. A single treatment may improve the contours of under-chin laxity in patients roughly 40 to 55 years old who feel they aren’t ready for surgery or amenable to it, several doctors said, including Dr. Matthew White, a facial plastic surgeon at NYU Langone Medical Center. The Ulthera handpiece pressed to skin allows doctors to see underlying layers on a screen (as with gynecological ultrasounds) before they start treatment, a first for noninvasive dermatological procedures. “We deposit energy to a precise depth below the surface of the skin without affecting the intervening tissue,” said Matthew Likens, chief executive of Ulthera, the Mesa, Ariz., company behind it.

Patients may feel pain during treatment. Prospective candidates should also be aware that peer-reviewed published studies have yet to quantify just how much tightening can be expected in the neck and lower face. “That’s true,” Mr. Likens confirmed. (Such research is continuing, he said.)

That didn’t stop Dr. Mehmet Oz, a cardiologist, from proclaiming on his television show last month that Ulthera was a “revolutionary nonsurgical face-lift” and promising to get rid of a viewer’s sagging neck live onstage. In the segment, Dr. Haideh Hirmand, a plastic surgeon in Manhattan, said it was the first time she was “really excited” about a noninvasive technology for tissue-lifting. She emphasized that Ulthera is no substitute for surgery, if neck skin is too loose. (In a later interview, she recommended a pain medication like Percocet and an antianxiety drug like Valium before treatment, which she said was worthwhile for minimal neck looseness.)

“The company will tell you it doesn’t hurt — it does,” said Dr. Tina Alster, a dermatologist in Washington, who has made a pain and an antianxiety drug mandatory for her Ulthera patients. That said, Dr. Alster, who will get a research stipend from Ulthera to study the device’s effect on off-face areas, is seeing results in the eyebrow area, cheeks and necks of middle-aged patients.

The “Dr. Oz” segment left the impression that the Ulthera device has been cleared by the Food and Drug Administration to be used for the neck and lower face as well as for the eyebrow area.

Not so. “The company can only promote the device for eyebrow-lift,” although the treatment regimen included cheeks and neck, too, Karen Riley, a spokeswoman for the agency, wrote in an e-mail. “But they can make no claims regarding these areas and cannot promote their device for treating specific conditions within these areas.” (As with other procedures, however, doctors can treat other body parts at their discretion.)

Nina Meyerhof, who runs Children of the Earth, a peace organization, was willing to chance it when she met with Dr. White this month for Ulthera to firm up her neck and jawline. “I wanted everything to look fresh and tight,” she said.

At 68, Ms. Meyerhof, of South Burlington, Vt., is a decade or two older than Dr. White’s typical candidate, someone who is just starting to notice under-chin skin laxity. But Dr. White, who has researched focused ultrasound, felt her skin was still so elastic that it would tighten. (How rapidly skin ages varies with factors like sun exposure, genetics and smoking — which may be why your older pal’s neck skin is taut while yours gave way at 47.)

Ulthera’s results take a few months to appear, since creating collagen takes time. But Ms. Meyerhof, who felt discomfort along her jaw during the procedure, said the slight hanging bit under her chin no longer sags, and her face is “tighter around the jawline.” (Heating collagen to a certain temperature can cause immediate contraction, Dr. White explained.)

Mr. Likens, of Ulthera, said patients can expect results to last “a year or longer.” But the peer-reviewed clinical trial of 35 patients submitted to the F.D.A. tracked patients for only 90 days.

Ms. Meyerhof is thrilled with her results but said she would remain so only if they last. “I feel like I paid a whole lot of money for it,” she said, declining to say how much. (Ulthera can cost \$1,000 to \$4,000 depending on areas treated.) But she put it this way: “If it only works for a year, I will not be happy. I took that gamble.”

Many doctors won’t offer Ulthera until more research is done. Dr. Rohrich, the editor of the journal *Plastic and Reconstructive Surgery*, said he can’t always differentiate between the photographs of the neck taken before and after the Ulthera. The tightening is “very minimal,” he said, adding that long-term multicenter studies are needed. “Hope springs eternal, and hope springs incredible revenue based on hype,” he said.

Many people who “hate” their necks conclude that tightening the neck requires tightening the face, since, as Ms. Ephron put it, “it’s all one big ball of wax.”

Not necessarily. Granted, “all necks are difficult,” and it’s the hardest part of a face-lift, said Dr. James Stuzin, a plastic surgeon in Miami.

But he and some other surgeons have long offered a so-called “isolated neck-lift.”

Some surgeons don't do neck-lifts, since patients might return complaining that they cannot live with their imperfect jowls once their neck is tight.

Perhaps surprisingly, men get more isolated neck-lifts than women, plastic surgeons say. "Usually with women, they are getting a face- and neck-lift," said Dr. Felmont Eaves, the president of the American Society for Aesthetic Plastic Surgery, who practices in Charlotte, N.C. "In men, we don't have exact statistics, but it's pretty common to see them come in just for the neck."

After a 50th reunion for business school made him "very neck-conscious," Douglas Weil, 74, signed up for an isolated neck-lift in November with Dr. William Y. Hoffman, the chief of the plastic surgery division at the University of California, San Francisco. "It was one of the last things I ever thought I'd do," Mr. Weil said, adding he hasn't thought twice about his baldness. But now he's thrilled with his sleek neckline, he said, and even told his rabbi about the surgery.

The rabbi's retort? "What men do to please their women!"

A man's face may age gracefully, but "there's no way a man's neck, with all that tissue hanging down, can be graceful," said Dr. Phil Haeck, the president of the American Society of Plastic Surgeons, who has done two neck-only-lifts for every three face-lifts in his practice in Seattle this year.

"That was the only part that made me look old," said Walter Dowgiallo, 73, the chief executive of a label-printing company, referring to what he used to call a "rooster thing" under his chin. That was five years ago, before he was operated on by Dr. Joel Feldman, a plastic surgeon in Cambridge, Mass., who wrote a 2006 book, "Neck Lift."

"You're out a week, but, boy, I tell you, I've got 20 years of looking great," Mr. Dowgiallo said. Two decades may be an exaggeration, and two-week recovery is more common. But, Dr. Feldman said, "The way I put the muscle together lasts years and years, and usually patients have a better-looking neck for the rest of their life."

‘Vampire Face-Lifts’: Smooth at First Bite

By CATHERINE SAINT LOUIS

March 2, 2011

In this anti-aging age, perhaps it’s unsurprising that vampires — ancient, but with forever-young skin — are a cultural obsession. Now a cosmetic treatment to fill in wrinkles or to plump up hollow cheeks is being marketed as a “vampire filler” or a “vampire face-lift.”

In fact, it’s not surgery, but an in-office procedure that entails having blood drawn from your arm, then spun in a centrifuge to separate out the platelets. They are then injected into your face, with the hope of stimulating new collagen production. Selphyl, as the system is called, arrived on the booming facial-rejuvenation market in 2009, and is now used by roughly 300 doctors nationwide in the name of beauty, said Sanjay Batra, the chief executive of Aesthetic Factors, which manufactures the Selphyl system.

This year, the “vampire face-lift” has been promoted on “The Rachael Ray Show” and “The Doctors.” It’s also gotten air time on more than a dozen local news programs, some of which presented unproved claims that results will last two years.

Dr. Drew Ordon, one of the hosts of “The Doctors” and a board-certified plastic surgeon, gushed on air, “Vampires have moved into plastic surgery, too, and I’m one of them.” The patient in his segment had also recently had her own fat injected into her face to plump it, so it wasn’t clear that platelets had anything to do with her fresher appearance. (Not that that stopped audience applause.)

Ghoulish as the procedure sounds, some patients prefer the idea of using their own blood rather than a neurotoxin or synthetic filler to rejuvenate their faces. “We all want to look better,” said Joan Sarlo, 56, who underwent a Selphyl “vamp-lift” performed by Dr. Lisa A. Zdinak, a Manhattan-based doctor whose specialty is ophthalmic plastic surgery. But the “less unnatural the better,” Ms. Sarlo said. “What could be better than your own blood?”

Some doctors say that fillers taken from one’s body are less likely to cause irregularities and bumps in thin-skinned areas than synthetic ones like Sculptra Aesthetic. But at this point, it’s hard to tell whether “platelet-rich fibrin matrix,” or P.R.F.M. (the

medical term for the golden-hued platelets that Selphyl extracts), is an effective filler for hollowed-out cheeks and wrinkles.

Dr. Anthony P. Sclafani, the director of facial plastic surgery at the New York Eye and Ear Infirmary, said he's seen the revivifying effects of P.R.F.M. on cosmetic patients last for more than a year — sometimes 18 to 24 months. (Dr. Sclafani is a paid consultant for Aesthetic Factors, and most of his research on Selphyl has been financed by the company.)

But no national clinical trial has been done to prove such claims. "There simply isn't any objective data out there supporting the claim of two years," Dr. Jeffrey M. Kenkel, a board-certified plastic surgeon and a spokesman for Physicians Coalition for Injectable Safety, wrote in an e-mail.

Dr. Phil Haeck, the president of the American Society of Plastic Surgeons, is troubled by the lack of research proving the efficacy of Selphyl, which costs \$900 to \$1,500 for a procedure that takes less than a half-hour. "There are no scientific studies, only personal attestations," he said, adding that he thinks the "creepy" concept is as antiquated as bloodletting to cure disease. "This is another gimmick that people are using to make themselves stand out on the Internet in a real dog-eat-dog part of medicine."

What's more, doctors and consumers aren't clear on where Selphyl stands with the F.D.A. In a YouTube video featuring Dr. John Argerson, a board-certified family medicine doctor who works out of Refine MediSpa in Johnson City, Tenn., tells consumers that Selphyl is a "newly F.D.A.-approved filler" for nose-to-lip folds. And in a December 2009 article in *Dermatology Times*, a trade publication, Dr. Ranella Hirsch, a board-certified dermatologist, said Selphyl is "a new F.D.A. approved dermal filler." This week, Dr. Hirsch, who doesn't use Selphyl in her practice, said that she couldn't explain why she misspoke, adding in an e-mail that "the lack of clarity between F.D.A. approval versus F.D.A. clearance to market is a key point."

Indeed. The F.D.A. has not approved or cleared P.R.F.M. derived in a Selphyl centrifuge to be marketed for facial rejuvenation. In 2002, the agency cleared a blood-collection system called Fibrinet, whose platelet-rich byproducts orthopedic doctors then used to speed tissue repair. In 2009, this same machine was born again as Selphyl, and since then, the company promoted it as a way to "reverse the natural aging process." This week, Shelly Burgess, an F.D.A. spokeswoman, said that Selphyl's maker would have to file an amendment to get clearance to market its blood collection system in a new way, and no such amendment could be found at this writing.

Asked whether Aesthetic Factors' marketing of Selphyl for cosmetic rejuvenation violated any F.D.A. policy, Ms. Burgess simply wrote, "As a regulatory agency we would

not discuss whether a firm's claims violate our regulations.”

Dr. Anthony Youn, a board-certified plastic surgeon who introduced the vampire face-lift to viewers of “Rachael Ray” this year, admitted in an interview, “There’s very little data behind Selphyl” and that he’s injected just a half dozen patients with P.R.F.M. “Patients tolerate it beautifully, but I haven’t seen any dramatic results yet,” said Dr. Youn, based in Troy, Mich.

Dr. Sclafani, who has injected roughly 150 patients, wrote in an e-mail that Selphyl can correct early signs of aging like crow’s feet, loss of facial volume and under-eye hollows “in a progressive, natural way and rejuvenate a person’s appearance in a subtle but distinct way.”

Dr. Joseph M. Gryskiewicz, the chairman of the emerging trends committee for the American Society of Plastic Surgeons, said he was impressed by Dr. Sclafani’s before and after photos, some taken with appropriate lag time to test longevity. “They look as good as any filler out there,” he wrote in an e-mail. Dr. Gryskiewicz, a board-certified plastic surgeon in Edina, Minn., who doesn’t offer the “vampire filler,” doesn’t feel P.R.F.M. derived from Selphyl can be compared with Botox, because, he wrote, “one fills a space, the other inhibits muscle action.” But he sees the point of using Selphyl’s P.R.F.M. as a volumizer, considering the alternatives. “Lots of patients are freaked out about the lumps with Sculptra, and lots of patients don’t want to do surgery that is fat transfer, but they want their hollow cheeks fixed.”

Last week, a retrospective no-placebo study of 50 of Dr. Sclafani’s patients injected with their own platelet-rich fibrin matrix one to five times and then assessed on average 9.9 months later was published online in the Archives of Facial Plastic Surgery. It didn’t prove that P.R.F.M. is an effective filler, but Dr. Kenneth R. Beer, a dermatologist in West Palm Beach, Fla., said it did suggest that it was generally safe to use to treat nasiolabial folds or sunken cheeks. That said, Dr. Beer, who is a paid consultant and investigator for Medicis and Allergan, the makers of Restylane and Juvéderm respectively, wrote of Selphyl in an e-mail: “The major risk, in my estimation, will be from people that don’t understand the anatomy or the procedure injecting this into veins or arteries.”

Since last March, Dr. Ali Vafa, a board-certified internist who now injects fillers at New York Medical Aesthetics in SoHo, has offered Selphyl to patients afraid to use Botox or synthetic injectables — thus far about 35, some in conjunction with other fillers. But there isn’t a lot of “good clinical research behind” the procedure, he said. “You sort of go by what other doctors have seen who have been doing it for a period of time.”

Ann, a 39-year-old preschool teacher from Brooklyn who wanted to use only her

first name for privacy's sake, had her hollow cheeks treated by Dr. Vafa last August. "As part of the aging process, all our faces will thin out," Ann said. She saw a gradual improvement after Selphyl, and liked that she didn't have any palpable bumps as she had after using Perlane, a hyaluronic acid filler approved by the F.D.A.

"When they come to me, I don't promise it will improve everything," said Dr. Vafa, who charges \$1,000 to \$1,200 to inject P.R.F.M. "I say it's for prevention, it will improve skin quality and volume." He calls the procedure a "vampire face-lift" on one of his Web sites, though with some squeamishness about its sensationalism.

But Dr. Charles Runels, a cosmetic doctor in Fairhope, Ala., liked the term so much he trademarked it. Dr. Runels, who used to be a board-certified internist, said this was to standardize the offering so patients know what to expect. His vampire face-lift entails first volumizing the face with Juvéderm, a hyaluronic acid filler that lasts up to a year, then "using Selphyl to polish off under the eyes, and thinner-skin areas," he said.

Now any doctors who want to promote the vampire face-lift must pay Dr. Runels \$47 a month to follow his protocol, posted online. (So far, 10 have signed up.) Asked what he intends to do about all the doctors already using vampire face-lifts, he said, "I don't know how I'm going to rein it back in but I will." Maybe Dracula could help.

With Liposuction, the Belly Finds What the Thighs Lose

By GINA KOLATA

April 30, 2011

The woman's hips bulged in unsightly saddlebags. Then she had liposuction and, presto, those saddlebags disappeared.

Photo after photo on plastic surgery Web sites make liposuction look easy, its results transformative. It has become the most popular plastic surgery, with more than 450,000 operations a year, each costing a few thousand dollars.

But does the fat come back? And if it does, where does it show up?

Until now, no one knew for sure. But a new study, led by Drs. Teri L. Hernandez and Robert H. Eckel of the University of Colorado, has answered those questions. And what he found is not good news.

In the study, the researchers randomly assigned nonobese women to have liposuction on their protuberant thighs and lower abdomen or to refrain from having the procedure, serving as controls. As compensation, the women who were control subjects were told that when the study was over, after they learned the results, they could get liposuction if they still wanted it. For them, the price would also be reduced from the going rate.

The result, published in the latest issue of *Obesity*, was that fat came back after it was suctioned out. It took a year, but it all returned. But it did not reappear in the women's thighs. Instead, Dr. Eckel said, "it was redistributed upstairs," mostly in the upper abdomen, but also around the shoulders and triceps of the arms.

Dr. Felmont Eaves III, a plastic surgeon in Charlotte, N.C., and president of the American Society for Aesthetic Plastic Surgery, said the study was "very well done," and the results were surprising. He said he would mention it to his patients in the context of other information on liposuction.

The finding raises questions about plastic surgery. Liposuction has been around since 1974 and is heavily advertised. Why did it take so long for anyone to do this study?

Maybe it's because such a study is very difficult, said Dr. Samuel Klein, director of the Center for Human Nutrition at the Washington University School of Medicine. It takes a team of researchers, and money. Fat must be measured precisely, with scans.

And surgery, said Jonathan Moreno, an ethicist at the University of Pennsylvania who has studied the field, is not like other areas of medicine.

“A lot of it has to do with the culture of surgery, which is literally hands-on,” he said. Surgeons, he added, often feel a deep connection to their patients that makes it difficult for them to agree to clinical trials that involve randomizing patients.

Another problem, Dr. Moreno said, is that different surgeons have different skills and different techniques. Surgery is not like taking a drug, where one pill is just like every other.

So instead of doing rigorous studies, surgeons tend to innovate, inventing their own procedures and publishing anecdotes about patients, a practice that can be misleading.

But in this case, the outcome did not depend on the surgeon. It depended on the biology of fat. And obesity researchers say they are not surprised that the women’s fat came back. The body, they say “defends” its fat. If you lose weight, even by dieting, it comes back. And, the study showed, if you suck out the fat with liposuction, even if it’s only a few pounds — it was about 5.8 pounds for subjects in the study — it still comes back.

“It’s another chapter in the ‘You can’t fool Mother Nature’ story,” said Dr. Rudolph Leibel, an obesity researcher at Columbia University.

Some researchers have their own anecdotes. Dr. George Bray, a professor of medicine at Louisiana State University, once saw a young woman who was so distraught by her protruding abdomen that she had an operation to slice off some of her abdominal fat.

“Her lower abdomen was considerably thinner,” Dr. Bray said. “But the areas above it picked up the extra fat.”

Then there are the studies with laboratory rodents that had fat surgically removed. The fat always came back. And, like the women in the new study, the rodents got their fat back in places other than the place where it was removed, Dr. Klein reported. They grow new fat cells to replace the ones that were lost.

The same thing happened to the women who had liposuction. It turns out, Dr. Leibel said, that the body controls the number of its fat cells as carefully as it controls the amount of its fat. Fat cells die and new ones are born throughout life. Scientists have found that fat cells live for only about seven years and that every time a fat cell dies, another is formed to take its place.

But why wouldn’t the women grow new fat cells in their thighs? The answer, Dr. Klein said, may be that liposuction violently destroys the fishnet structure under the skin where fat cells live.

Nonetheless, the women in the study who had liposuction were happy, Dr. Eckel said. They had hated their hips and thighs and just wanted that fat gone.

As for the women in the control group, when the study ended and they knew the results, more than half still chose to have liposuction.

The Golden Years, Polished With Surgery

By **ABBY ELLIN**

August 8, 2011

At age 83, Marie Kolstad has a rich life. She works full time as a property manager and keeps an active social calendar, busying herself with 12 grandchildren and 13 great-grandchildren.

But one thing needed improvement, she decided: her figure. At her age, she said, “your breasts go in one direction and your brain goes in another.” So on July 22, Ms. Kolstad, a widow who lives in Orange County, Calif., underwent a three-hour breast lift with implants, which costs about \$8,000.

“Physically, I’m in good health, and I just feel like, why not take advantage of it?” said Ms. Kolstad. “My mother lived a long time, and I’m just taking it for granted that that will happen to me. And I want my children to be proud of what I look like.”

Ms. Kolstad is one of many septuagenarians, octogenarians and even nonagenarians who are burnishing their golden years with help from the plastic surgeon. According to the American Society for Aesthetic Plastic Surgery, in 2010 there were 84,685 surgical procedures among patients age 65 and older. They included 26,635 face-lifts; 24,783 cosmetic eyelid operations; 6,469 liposuctions; 5,874 breast reductions; 3,875 forehead lifts; 3,339 breast lifts and 2,414 breast augmentations.

Except for a brief turndown during the recession, those numbers have been rising for years now, and experts say the trend seems likely to accelerate as baby boomers begin to pass age 65. But the increase also has raised concerns about safety and the propriety of performing invasive elective surgery on older patients, who may suffer unintended physical and psychological consequences.

There are as many reasons for getting plastic surgery as there are older patients, experts say. Some people are living longer and remaining healthier, and they want their physiques to align with their psyches. Some are preening for potential mates and want their feathers to look their freshest. Some are still working or looking for jobs and want to be seen as more youthful contenders.

And some are simply sick of slackened jowls, jiggly underarms and saggy eyelids. Gilbert Meyer, a retired film producer in Boynton Beach, Fla., who gave his age only as

“over 75,” saw Dr. Jacob Steiger, a facial plastic surgeon in Boca Raton, Fla., for an eye and neck lift last year. He spent \$8,000.

“I was looking at myself in the mirror and didn’t like what I was starting to see and did something about it,” Mr. Meyer said. “Why not look as good as you can when you can?”

Mary Graham, a 77-year-old restaurant owner in Thomasville, Ga., got a face-lift and breast implants earlier this year. “The only time I go to the doctor is for plastic surgery,” she said.

Ms. Graham plans to open another restaurant in Tallahassee, Fla., in the fall. “I work seven days a week,” she said. “I wanted to look as young as I feel.”

Her plastic surgeon, Dr. Daniel Man of Boca Raton, Fla., who said he is seeing increasing numbers of patients over age 70, said, “These people are healthy and want to be an active part of society.”

Any operation poses risks, but surprisingly few studies have focused on older patients and cosmetic enhancements. One report, published in the journal *Plastic and Reconstructive Surgery* in June, found that the hazards in people over age 65 are no greater than in the younger population.

Researchers from the Cleveland Clinic reviewed the medical records of 216 face-lift patients over the course of three years. The researchers found no significant difference in the instances of minor or major complications between one group of patients whose average age was 70 and another group whose average age was 57.6.

“We’re saying it’s not chronologic age that’s so important, but it really is physiologic,” said Dr. James E. Zins, the senior author of the study and chairman of the department of plastic surgery at the Cleveland Clinic.

All patients in his study were screened for such health problems as lung and heart disease, diabetes and high blood pressure, as well as use of medications, like anticoagulants, that could have complicated the operations. But not all older patients may be so thoroughly screened, so his findings don’t necessarily mean the risks are minimal in an older population.

“Is there a theoretical age upon which complications do become more likely?” he mused. “Does that mean that patients 70 and 75 years and over can safely undergo a face-lift with the same complication rate as young patients? We didn’t have enough numbers to answer that question.”

While face-lifts can be performed under “conscious sedation,” other reconstructive procedures typically require general anesthesia, which may be risky for an elderly patient. Older patients may take longer to heal, and the results of plastic surgery may not last as

long as in younger patients, said Dr. Michael Niccole, a plastic surgeon in Newport Beach, Calif.

Some critics questions whether the benefits are worth the risks, which may be underestimated.

“You know there are biases because of the underreporting of negative findings,” said James Hughes, executive director of the Institute for Ethics and Emerging Technologies, a nonprofit research group in Hartford. “The doctors have more or less financial incentives to do these procedures, and that often leads them to understate alternative kinds of treatments or medical advice.”

Harriet A. Washington, author of two books about medical ethics issues, asks how older patients can give informed consent to plastic surgery when so little is known of its risks to them, especially to those with chronic conditions like diabetes, osteoporosis and heart disease.

“It’s one of those things that has crept up on us, and I think, as usual, we’ve embraced the technology before we’ve really embraced the ethical questions and dimensions,” she said.

And while most research indicates that people benefit psychologically from cosmetic procedures, reporting improvements in their appearance and in body image, a minority experience some kind of emotional “turbulence,” said David Sarwer, an associate professor of psychology at the University of Pennsylvania School of Medicine.

“There are truly psychological repercussions to these procedures, which often aren’t covered in the informed consent process,” he said.

And yet: Assuming a patient is healthy, meets all of the presurgical criteria and understands that there are risks, why is it people often are squeamish about seniors going under the knife?

Nancy Etcoff, an assistant clinical professor at Harvard Medical School who studies biology and social beliefs about beauty, believes the double takes arise from our culture’s mixed feelings about old people actively on the prowl. “Part of our stereotype of old people is that they are social, warm and likeable, but powerless and sexless,” she said. “Here we are in the age of Viagra, which is very well accepted, but suddenly the idea of older people, mostly women, wanting to be sexually attractive at that age makes us uncomfortable.

“If an older woman wants to regain eyelids or wants a breast that she doesn’t have to tuck into a waistband, then why not?”

Ms. Kolstad asked herself much the same question. “In my day, no one ever thought about breast enhancement or anything,” she said. “But nowadays women go out and they

would never get a second look if they show their age. I find that you have to keep up your appearance physically, even if you just want a companion or someone to ask you to dinner.

“That’s not going to happen if you don’t have a figure that these geezers are looking for.”

Ear Doctors Performing Face-Lifts? It Happens

By **KATE MURPHY**

January 30, 2012

After moving from New York to Los Angeles in 2010 to take a job with a financial services firm, Joan, now 59, believed she needed to freshen her look. So she got a face-lift and tummy tuck from a board-certified doctor in Beverly Hills.

What she did not realize was that his certification was in otolaryngology — ear, nose and throat — not plastic surgery. The outcome was less than ideal: thick scars on her temples and a wavy abdomen.

“I had to use all my savings to get a real plastic surgeon to fix what he did to me,” said Joan, who asked that her last name be withheld to protect her privacy. “I have an M.B.A. I’m not stupid. But when the doctor has a nice clinic and all those diplomas and certifications on the wall, you think he knows what he’s doing.”

With declining insurance reimbursements, more doctors, regardless of specialty, are expanding their practices to include lucrative cosmetic procedures paid for out of pocket by patients. It’s now common to find gynecologists offering breast augmentation, ophthalmologists doing liposuction, even family practice physicians giving Botox injections.

The result, according to certified plastic surgeons, is an increasing number of dissatisfied, even disfigured, patients.

“The public needs to be protected from doctors who are not upfront about what board certifications they have,” said Dr. Malcolm Z. Roth, chief of plastic surgery at the Albany Medical Center in Albany and president of the American Society of Plastic Surgeons.

Members of the society claim there has been a surge in patients requesting revisionary surgery — operations to undo damage caused by botched procedures. “I’m seeing cases like this on a weekly basis now, when a few years ago I hardly saw any,” said Dr. Patti Flint, a plastic surgeon in Mesa, Ariz.

But many of these new alternate practitioners say that traditional plastic surgeons are simply trying to protect their lucrative trade. “For a certain group to wage a turf battle and say for financial reasons that they are the only ones who can safely perform cosmetic

procedures is hypocritical and grossly untrue,” said Dr. Angelo Cuzalina, the president of the rival American Academy of Cosmetic Surgery, composed primarily of doctors who are not board-certified plastic surgeons.

About 80 percent of licensed doctors get a specialty certification by one of 24 boards approved by the American Board of Medical Specialties. This requires a minimum three-year residency in the chosen area of concentration, plus extensive oral and written exams.

There are no laws in the United States that require doctors to practice only within the specialty fields in which they were trained. Dr. Cuzalina, for example, was first board-certified as an oral and maxillofacial surgeon and then completed a yearlong fellowship at a cosmetic surgery clinic.

“With my experience, I don’t think of myself as an oral surgeon anymore,” he said.

Only Texas, California, Louisiana and Florida mandate that doctors be specific in their advertising about which specialty board certifications they have. Elsewhere they may say just that they are “board-certified.”

No one knows how many doctors are practicing outside their specialty; they don’t have to report to any oversight authority that they are doing so. And doctors performing cosmetic procedures are not required to report complications.

Still, the unregulated nature of cosmetic surgery is raising concern. Michael Freedland, a medical malpractice lawyer in Weston, Fla., said that since 2008 he had seen a steady rise in the number of patients incapacitated or even fatally injured by cosmetic surgery performed by unqualified doctors.

“Not only are the doctors not properly trained in plastic surgery, but they are also operating in facilities, like tanning salons and med spas, that are not equipped to handle a medical emergency,” he said. “The best they can do for you if things go wrong is call 911, and sometimes they don’t even do that.”

State medical authorities don’t tally deaths or injuries by the type of doctor involved. In any event, many plastic surgery patients are, like Joan, too embarrassed to file formal complaints.

“A doctor may be good and well trained in his or her specialty, but it takes more than a weekend seminar to achieve mastery in plastic surgery,” said Dr. Joel Aronowitz, a plastic surgeon in Los Angeles who is also a clinical assistant professor at the University of Southern California.

He noted that aspiring cosmetic surgeons may attend weekend continuing medical education courses, some held aboard cruise ships, in which they are taught to perform Botox and filler injections, liposuction and breast augmentation. The courses are often

taught by physicians who themselves are not certified by the American Board of Plastic Surgery, he said.

Many such physicians claim certification by boards that have names similar to the American Board of Plastic Surgery but are not endorsed by the American Board of Medical Specialties. “They have lower requirements and are not as rigorous,” Dr. Aronowitz said. “There’s a reason they are not recognized boards.”

Dr. Cuzalina said that lobbying by plastic surgeons prevented groups like his from joining the medical specialties board.

Dr. John Santa, an internist and director of Consumer Reports’ Health Ratings Center, which rates hospitals and gives advice on choosing doctors, advised that prospective patients check state medical boards for any disciplinary actions, and also to see whether a doctor has full operating, privileges at a given hospital.

“Above all, I think common sense is in order,” he said. “I would be suspicious of anyone who is operating way outside his or her specialty area, and always get a second opinion.

“When there’s no insurance involved,” he added, “it’s really the Wild West and there’s no sheriff in town.”

Her Story, Give or Take a Few Lines



Joan Kron, an editor-at-large for Allure magazine, in her Upper East Side apartment. (Joshua Bright for The New York Times)

By CHRISTINE HAUGHNEY

December 26, 2012

In her modernist Upper East Side co-op, Joan Kron talks enthusiastically about new ideas she has for Allure magazine, where she is an editor-at-large covering her chosen subject, plastic surgery. She wants to turn a couple into documentaries, a storytelling technique she picked up after recently auditing a film class. After a recent knee surgery, she looks forward to regularly climbing back into her favorite pair of black kitten-heeled Jimmy Choo's.

And then there are the preparations for her birthday; she'll be 85 in January. "I am the oldest journalist alive," Ms. Kron giggled as she hobbled slightly as she headed into her living room. "And I cover plastic surgery."

Her upcoming birthday is purely another marker of time. She has outlived two husbands, a daughter and dozens of friends from the journalism and art worlds, including her friend Andy Warhol. Her mother subscribed to Allure until she died at 106.

“I never lie about my age. I tell everybody about my age because I don’t think women have enough role models,” Ms. Kron said as she leaned back into her living room couch. “Maybe, because I’m getting like these old ladies who just don’t care and tell the truth.”

It’s not just Ms. Kron’s age that makes her stand out along the supple-skinned halls of Condé Nast, where few reporters, editors or executives — except perhaps for 85-year-old Si Newhouse and the 92-year-old New Yorker contributor Roger Angell — appear to have passed the threshold of midlife. Ms. Kron has chronicled how the plastic surgery industry has grown up over the last two decades from a cottage industry to a \$10 billion one last year. “The field has exploded,” said Linda Wells, Allure’s editor in chief. “It’s an area that both fascinates and confuses readers.”

In the last two decades, Ms. Kron, a former reporter for New York Magazine, The New York Times and The Wall Street Journal, has written frank investigative stories about the latest research on breast regeneration following mastectomies, the benefits, costs and hazards of liposuction and abdominoplasty and the risks of butt lifts (they’re painful and can shift or sag). She can often describe in stomach-churning detail the painful risks these surgeries carry, like the burns and nerve injuries that come with liposuction or the scarring that follow abdominoplasties.

While television programs and the print media may mock the celebrities who have had too much work done or the dangers of disreputable doctors, Ms. Kron knows plenty of women who still want it. She cites in her book how even Queen Elizabeth I banned looking glasses in her court so visitors could not clearly see the signs of aging.

There is something dark about the articles she has written. Doctors are murdered by patients addicted to plastic surgery. Actors stick to a strict schedule of treatments during Oscar season and friends steadily die on operating tables.

Her sources have not been kind to her for her coverage. In 1993, Ms. Kron said she was locked in a room by officers of a society who did not want her to write about the argument on fat removal that Dr. Steven M. Hoefflin and Dr. Wallace A. Goodstein, both plastic surgeons, had at a conference. She survived a two-year legal battle after writing about Dr. Wesley Harline, a general surgeon in Utah with an expertise in cosmetic surgery known for his breast implants, who greeted Ms. Kron splattered in blood and let her tour facilities where recuperating patients had to share beds.

But plastic surgeons and dermatologists seem to have developed a grudging

fondness for Ms. Kron. “She’s met with a little bit of awe, a little bit of fear and a whole lot of love,” said Adeena Babbitt, public relations director for the American Society for Aesthetic Plastic Surgery, who has known Ms. Kron on stories for the last decade. “She tries to make a point of respecting that the doctors are doctors. They went to school for this. They don’t think it is a joke.”

The catalog of procedures Ms. Kron personally had done includes three face lifts (she chronicled the first two surgeries in her book “Lift: Wanting, Fearing and Having a Face-Lift”) as well as Botox, Reloxin, Restylane and Juvéderm treatments. She paid for all the procedures and said that she does not accept free trial treatments of devices. If she thinks that a surgeon or dermatologist discounted a procedure for her, she sends expensive ties and once even custom-made alligator boots. Sometimes she uses her pacemaker as a polite excuse.

“I never want to be seen as an advocate for or against it,” said Ms. Kron, though she added she doesn’t think women should keep wrinkles because they earned them. “That is totally ridiculous.”

Her knowledge of plastic surgery has made her an increasingly coveted source to the wrinkling readership of *Allure*. The median age of its readers rose to 34, from 27.9, over the last decade. While the magazine’s circulation has grown steadily to 1.1 million in recent years, its newsstand sales, like many magazines, have shrunk in half over the last five years, according to the Alliance for Audited Media, but the magazine’s advertising pages grew by 25 percent in the past year while most magazines were struggling, according to data tracked by the Publisher’s Information Bureau.

Plastic surgery reporter is a third act of sorts for Ms. Kron. Her first life began when the Yale graduate who studied costume design left New York City in 1950 to marry a Philadelphia surgeon named Sam Kron. Her parents introduced her to Dr. Kron while at the Grossinger’s Catskill Resort to help forget about Jerry Marder, her high school sweetheart from the Fieldston School. Ms. Kron settled into their Philadelphia town house, raised their son and daughter, ran her husband’s surgical practice and worked in design. But Ms. Kron and her friends describe an aching dissatisfaction.

“We married fairly young and we had children and we were saddled with a lot of responsibility,” said Judy Lieb, a friend of Ms. Kron’s who worked with her on the Philadelphia Arts Council.

The Arts Council led to Ms. Kron’s first rebirth. As chairwoman of the council from the fall of 1966 to the spring of 1967, she dreamed up arts events to bring to Philadelphia. She also became a fan of Mr. Warhol even though her friend Audrey Sabol, a fellow committee member, called him “a flash in the pan.” During her time as chairwoman, Ms.

Kron organized a series of events including the exhibit called the Museum of Merchandise, which Mr. Warhol designed a perfume called You're In (Ms. Kron still giggles when she says to say the perfume's title fast) and presented it in a Coke bottle. There also was the two-day event where the Velvet Underground performed at the Y.W.H.A. Auditorium and Mr. Warhol presented his films. The music upset some committee members so much that they called for Ms. Kron's impeachment.

Her home became a salon of sorts for artists, architects and some actors and musicians. Her son Daniel Kron, who then was 11, recalls the Velvet Underground having a sleepover in their living room. He and his sister Leslie tried to figure out the gender of Moe Tucker, the band's drummer. He remembers Mr. Warhol asking him about what he thought he should put on a poster he was designing for a Lincoln Center event and telling Mr. Warhol how much he liked the previous poster designed by another family friend, Roy Lichtenstein. And Mr. Kron still recalls how his father could not believe Ms. Kron would spend \$100 on a Claes Oldenburg watercolor of a sandwich. (She recently lent it to the Whitney.)

"There were always parties," Mr. Kron said. "The whole art world was there."

But that life for Ms. Kron came to an end in 1968. That year, Ms. Kron, her son and daughter followed her husband to what is now Sri Lanka to help him do medical work. Her daughter, who was 16, picked up a deadly infection while scrubbing walls in a leper colony and died within four days. (Mr. Warhol gave her a perfume bottle from the Museum of Merchandise as a gift as an expression of sympathy.) Shortly afterward, Ms. Kron moved back to New York City and reunited with Mr. Marder, her high school sweetheart, who was a senior account executive at Grey Advertising and who eventually would become executive vice president. Daniel Kron said even though he was 13 when his sister died, he considers it a dividing point.

"It was a very sad chapter in my mother's life," Mr. Kron said, "But typical of my mother, she turned my sister's death into a new beginning for her." He added, "She's always inventing something out of nothing."

Living in New York with a suddenly larger family — she has three stepchildren — she worked as a journalist writing about design and death including grief therapy, the hospice movement, suicide and identifying military remains. By the early 1990s, she shifted to beauty. When she heard that Ms. Wells, the Allure editor, had assigned a younger reporter to cover a story about face lifts, Ms. Kron stressed that she felt she was better qualified for such an assignment. She started visiting celebrity plastic surgeons her friends referred her to and chronicled her experience for the magazine and ultimately for a book.

Plastic surgeons and dermatologists seem grateful to have her attending their meetings and reading their studies. Dr. Michael McGuire, a plastic surgeon in Santa Monica, Calif., and a past president of the American Society of Plastic Surgeons, said that plastic surgery has struggled to attract credible journalists to cover it.

“She has brought a perspective to plastic surgery when there is a lot of sensationalism,” Dr. McGuire said. “They’re always trying to dig up the dirt that somehow we are trying to do plastic surgery on unsuspecting teens.”

Ms. Kron has plenty of theories on how best to stay young beyond surgery. She limits time with friends who are the same age “because they talk about ailments.” She didn’t let her age ever keep her from missing a deadline. Ms. Kron also doesn’t seem to ever stifle emotions. She is a liberal giggler when she talks about her reporting and generous weeper when she describes her daughter’s death. She also has reached a point where she believes she no longer needs plastic surgery.

“I’ve heard of women having their noses done at 90,” Ms. Kron said. “One doctor once told me a woman said she didn’t want to die with that nose.” She added, “I’m not really interested in having more.”

Ms. Kron realizes she has plenty of living ahead. When her mother reached 103 and moved into a nursing home, she experienced a reinvention that carried its own joys and complications.

“The minute she got there, some guy who couldn’t even remember his own name proposed to her,” Ms. Kron said. “One day she said, ‘Don’t let me marry him.’ I said, ‘Mom, I won’t let you get married. Don’t worry.’ ”

The Debate Over Stem-Cell Face-Lifts



Eva Campbell-Morales had a stem-cell face-lift. (Jennifer Whitney for The New York Times)

By SALLY WADYKA

April 3, 2013

When Eva Campbell-Morales was in her early 40s, she noticed that her face, which was naturally thin, was suddenly starting to look gaunt and old. “Being thin meant I looked great in my jeans, but my face looked like the crypt keeper,” said Ms. Campbell-Morales, 51, an actress and Spanish translator. She saw several doctors in pursuit of a traditional face-lift, but no one would agree that was what she needed. Finally, she saw Dr. Nathan Newman, a Beverly Hills, Calif., dermatologist, who persuaded her to try a newer procedure called a “stem-cell face-lift.”

“The results were phenomenal,” Ms. Campbell-Morales said, who later posted a video on YouTube about the experience. “Afterward, my face had more structure and all of the hollow areas were filled in.”

The term “stem-cell face-lift” is something of a misnomer. A conventional face-lift requires surgically cutting, lifting and sewing sagging skin, while this procedure is typically nonsurgical, involving fat injections designed to plump up the skin and restore the face’s youthful volume.

The stem-cell face-lift starts with liposuction to harvest fat from a place that has extra (like the stomach or thighs) that can later be injected into a place that doesn’t have enough (like the hollows of the cheeks or around the eyes).

So where, exactly, do the stem cells come into play? That is the million-dollar question. Or more accurately, the \$5,000 to \$10,000 question, since that’s about how much people are paying for the procedure. And the answer very much depends on whom you ask.

“I’m convinced that 90 percent of the doctors promising this are just taking the fat, spinning it in a centrifuge a bit and injecting it into the face,” said Dr. Karol Gutowski, a plastic surgeon in Northbrook, Ill. “They’re essentially doing fat grafting, which has been around decades, and any stem cells that happen to be in that fat are just coming along for the ride.”

Proponents of stem-cell face-lifts, not surprisingly, have a very different take. Dr. Newman, who performed the procedure on Ms. Campbell-Morales, said he has been working on his stem-cell procedure for more than a decade, using what he described as a mechanical process that breaks up collagen and allows the stem cells to be separated out. He is convinced that adding extra stem cells to the injected fat is the ticket to better skin. “The youthful glow comes back to skin because of growth factors that are produced from the stem cells,” he said. And that, in his opinion, doesn’t happen by injecting fat alone.

Stem cells are found in many different tissues throughout the body. They are often referred to as “undifferentiated cells.” That means they are essentially biological blank slates that are capable of becoming another differentiated type of cell — like a skin cell, a fat cell or a muscle cell.

Researchers have been exploring the regenerative properties of adult stem cells (and the more controversial embryonic stem cells) for decades, experimenting with their potential to generate tissue that could help heal conditions from heart disease to spinal cord injury. For the increasingly popular aesthetic procedures like the stem-cell face-lift, the source of these stem cells is normally adipose (fat) tissue.

For critics of the stem-cell face-lift, the main problem isn’t necessarily the use of stem cells, but that claims like Dr. Newman’s are backed up mostly by anecdotal evidence. “You won’t find a bigger proponent of stem-cell technology than me,” said Dr. Peter Rubin, a director of the Adipose Stem Cell Center at the University of Pittsburgh.

“But I’m also a fan of something called evidence-based medicine. If doctors are making claims of better outcomes, we need hard data that supports that.”

In pursuit of that hard data, Dr. Rubin was a chairman of a joint task force with Dr. Gutowski to look into the scientific evidence assessing both the safety and efficacy of stem-cell use in aesthetic procedures.

And in May 2011, the task force (a collaboration between the American Society for Plastic Surgeons and the American Society for Aesthetic Plastic Surgery) issued a position statement on the topic. After going through thousands of peer-reviewed articles published in medical journals on the use of stem cells in aesthetic procedures, they found only about a dozen that provided any “real clinical data on aesthetic use,” Dr. Rubin said. “Very little of this research has been done in randomized controlled settings.”

That would involve doing experiments like treating one-half of the face with traditional fat injections and the other with stem-cell-enriched fat — and having ways to measure any qualitative skin changes accurately (as opposed to relying on before-and-after photos or patient feedback).

“We need studies that look at exactly how the skin tissue responds and whether more volume is retained if you use more stem cells,” Dr. Gutowski said. “We’re not seeing that research yet.”

For now, the task force is urging caution on all aesthetic stem-cell procedures, and a hearty dose of “let the buyer beware.” The report states “the marketing and promotion of stem cell procedures in aesthetic surgery is not adequately supported clinical by evidence at this time.”

But that is not to say that there isn’t potential here. “Stem cells in fat are very powerful releasers of growth factors that enhance tissue healing and can induce the growth of new blood vessels in the tissue,” Dr. Rubin said. His lab is in the midst of a clinical trial, financed by the National Institutes of Health, on the use of stem-cell-enhanced fat grafting versus nonenhanced fat grafting for treating facial deformities on wounded soldiers. When the trial is complete, the results will help either bolster or diminish the case for procedures like the stem-cell face-lift.

Google the term “stem-cell face-lift” and you’ll get dozens of pages of results — including several for doctors advertising their version of the procedure. For many surgeons, that sort of self-promotion is a giant red flag. Regardless of the future potential for these procedures, Dr. Gutowski takes issue with anyone trying to trademark their technique. “That’s a pure marketing gimmick,” he said. “That’s not medicine.”

Seeking a ‘Middle-Aged’ Look



Dr. Macrene Alexiades-Armenakas, a dermatologist, in her Park Avenue office. (Suzanne DeChillo/The New York Times)

By **KAREN SCHWARTZ**

July 31, 2013

In an age when the syringe has practically replaced the scalpel, the phrase “Park Avenue dermatologist” likely calls to mind *Real Housewives* with unmoving foreheads and plumped lips. But those are not the patients in the waiting room of Dr. Macrene Alexiades-Armenakas.

“I don’t do a lot of arm candy,” she said in a recent interview. “My patients aren’t in here because they’re trying to hold on to their husbands. If they’re trying to hang on to anything, it’s their jobs.”

A Fulbright scholar who holds three Harvard degrees, Dr. Alexiades-Armenakas, 45, like Dr. Patricia Wexler before her, has developed a devoted following among a well-heeled clientele. But Dr. Alexiades-Armenakas is also among the doctors serving a

relatively new niche: high-powered New York professional women of a certain age who do not want to be forced to downshift their careers because of a perception that they are too old.

“I get C.E.O.’s of huge companies who want to remain active well into their 60s,” she said.

Melanie Kusin, vice chairman at Korn/Ferry International, who leads searches for chief executives and corporate board members, has been seeing Dr. Alexiades-Armenakas for more than a decade.

“It’s a cruel world,” Ms. Kusin said. “It’s incredibly important to project the right image.”

She credits treatments from Dr. Alexiades-Armenakas, including peels and laser therapies, with helping her maintain her professional edge.

But the “right image” does not exactly mean looking young. Ms. Kusin and others like her are aiming for a cosmetic sweet spot: old enough to command respect, yet fresh enough to remain vital.

“People want to see energy,” she said.

What these women seek is not so much the fountain of youth as its corollary, eternal early middle age. And so Dr. Alexiades-Armenakas strives not to iron out too much of life’s ravages.

“If you leave a few wrinkles, it looks more authentic,” she said.

You might call Dr. Alexiades-Armenakas the Line In dermatologist.

The ideal, Ms. Kusin said, is to be “suspended at the 45 to 55 range.”

“You’re old enough to be taken seriously without being put in a different category,” she said.

Or, as another patient, a vice president at a luxury brand who asked not to be named for professional reasons, said: “I’m on an airplane to a different continent every other week. There’s no way they’d let me keep up this pace if I looked as exhausted as I am.”

It’s understandable why Dr. Alexiades-Armenakas appeals to such women; she could pass for a cousin of Julia Roberts, one who sat in the front row and got straight A’s. She does research in her own self-financed lab, which employs three chemists. In a move that is arguably as much status signifier as medical breakthrough, it was there that she developed her high-priced skin cream, 37 Extreme Actives (\$295 for 1.7 ounces) and cleanser (\$79 for 3.4 ounces), which she gently markets to patients and sells at a handful of retailers, including Neiman Marcus.

The doctor said that these products, plus sunscreen, are all she uses on herself.

She said she is “not at all opposed” to injections, which she gives to some of her

patients. “I just don’t think I’ve needed any yet.” As for makeup, “I’m not a glamour girl,” said Dr. Alexiades-Armenakas, a mother of two. “I have to remind myself to put on a little lipstick.”

Her office décor is similarly low-frills: beige carpeting and furniture with diplomas, press clippings and an antique map of ancient Greece adorning the walls. The doctor described her aesthetic sense as “classical.”

She grew up in Jamaica Estates, Queens, (as did Donald Trump and former Gov. Mario Cuomo, she pointed out) and studied fine arts as an undergraduate. A sculpture from a speed-sculpturing contest she won in college still sits on her desk (“My professor wanted to keep it,” she said). But she was dissuaded from pursuing a career as a sculptor by her mother.

“She didn’t want me to be a starving artist,” said Dr. Alexiades-Armenakas, who wound up getting her bachelor’s degree in biology and a doctorate in genetics along with attending medical school.

“I wanted to be a surgeon,” she said. But her husband, Noel Armenakas, a urologist, wasn’t having it.

“He was like: ‘You already have a Ph.D. You’re going to do a surgical rotation? When are we going to have kids?’ So I went into dermatology,” she said.

This was a time — the early 1990s — before the field of dermatology had been revolutionized by cosmetic procedures. Now that it has, Dr. Alexiades-Armenakas views her career choice as a happy accident.

“I get to see my art walking around on the street every day,” she said.

Her highest aspiration is to be the invisible hand that winds the clock back 10 years; and to do it in a way that patients don’t wind up looking “done.”

Arguably, no woman wants to look as if she has had work done. But such naturalism is even more prized among women striving for attractive gravitas rather than straight-up sex appeal. For them, looking “worked on” could actually backfire, leading them to look vain and therefore be taken less seriously.

In keeping with her less-is-more philosophy, Dr. Alexiades-Armenakas does not push procedures. She is known for telling patients, “I’m not doing that to your face!”

“Asking her things can almost be like fishing for a compliment,” said Annelise Peterson, director of client relations at Net-a-Porter. “You only say it because you want to hear you don’t need it.”

Some patients even seek her out to undo procedures they are unhappy with. Such was the case when an actress complained about her overinflated lips.

“Yeah,” the doctor said sorrowfully to the woman.

“I didn’t do them,” she said about the patient’s lips. “We’re working on dialing it back.” This involved dissolving the filler with the help of hyaluronidase, an enzyme, and treating the lips with a fractional radio-frequency device.

“The lips are a tough one,” Dr. Alexiades-Armenakas said later. “There are so many fine lines, it’s so easy to over-inject. That’s why you have so many people walking around with that duck-billed look.”

Considering the many women who go overboard with cosmetic procedures, she said: “It becomes like an artificial tree. The leaves are a brighter green and the browns are kind of perfect. But it doesn’t look like a real tree anymore.”

Like Face-Lifts, Facials to Turn Back the Clock



Dr. Debra Jaliman, standing, with a patient in her office. Dr. Jaliman offers a multistep procedure called “facial rejuvenation.” (Deidre Schoo for The New York Times)

By ALIX STRAUSS

August 21, 2013

The last time Lisa Marcus was at the Fifth Avenue office of her dermatologist, Dr. Debra Jaliman, she ran into someone she went to high school with.

“She asked if I’d had a face-lift,” said Ms. Marcus, 55, a recent retiree who had instead opted for a nonsurgical office procedure that some are calling a “facial face-lift”: a package of treatments that may include not just extractions but injections of neurotoxins like Botox and hyaluronic acid filler, as well as red light therapy.

“No one in New York can come back and forth for different treatments when you can do them all in one day and still find it result-oriented,” said Dr. Jaliman, who has

been offering such a multistep procedure, called “facial rejuvenation,” for about a year, at a cost of \$3,000. “This is a step-down face-lift,” Dr. Jaliman said, adding that a surgical lift only pulls skin away from the face and lessens the appearance of wrinkles but doesn’t add volume or contour.

Dr. Julius Few, owner of the Few Institute for Aesthetic Plastic Surgery in Chicago who also has an office in Manhattan, is offering another version of the facial face-lift, featuring “stackable” treatments including ultrasound and lasers, for \$5,000. “You’re not doing a massive overhaul like you would with a true face-lift, but rather strategic, controlled intervention that has been tailor-made for you,” he said. “The facial is no longer just a facial.”

The development of such packages might seem prescient considering the release of a study published earlier this month in the Journal of the American Medical Association showing that perceived attractiveness was only minimally increased after cosmetic surgery.

The field has suffered in recent years. According to the American Society for Aesthetic Plastic Surgery, cosmetic minimally invasive procedures increased more than 10 percent in 2012 from 2011, compared with 3 percent for cosmetic surgical procedures. “In the depths of the recession people were putting off plastic surgery, which aside from technology advancements is probably why these facials have become popular,” said Dr. Edwin F. Williams, the medical director and founder of the Williams Center for Plastic Surgery in Albany, with an office in Manhattan.

Technological advancements have also enabled amped-up facials in nonmedical settings like Dangene’s Institute of Skinovation, in the Core Club on East 55th Street, which offers a “skin rejuvenation treatment” involving 90 minutes of wet and dry microdermabrasion, ultrasound with serum, oxygen and LED light (it does not include injections, though the spa also offers them). The price: \$2,500. “Facials that are face-lift-like are what our first cellphones were,” said Dangene Enterprise, the institute’s founder and owner and an aesthetician. “They’re extremely pricey because the equipment is expensive. If they lower the cost of the equipment, we would lower the price of a facial.”

Since their results can last as long as three to four years, “stackable” treatments like Dr. Few’s might seem a better value than multiple facials from a high-end spa. But though Dr. Williams’s practice offers a nonsurgical “liquid face-lift” that involves multiple fillers customized to the individual patient, he doesn’t consider them a sound investment, relatively speaking. “If you see marginal results and you’ve spent \$10,000 on

it, it's not a good value when a brow, neck and jawline face-lift can cost \$25,000 to \$50,000 and last 7 to 10 or more years," he said.

One person's "marginal" is another's "subtle." "I don't have to spend \$30,000 or go into hiding for weeks," said Ms. Marcus, the patient who was pleased with her facial face-lift. "You can have the work done in the office, go home, look better and your husband or boyfriend will never know you've done anything."

Mannequins Give Shape to a Venezuelan Fantasy



In Venezuela, women are confronted with a culture of increasingly enhanced physiques fueled by beauty pageants and plastic surgery. (Meridith Kohut for The New York Times)

By WILLIAM NEUMAN

November 6, 2013

VALENCIA, Venezuela — Frustrated with the modest sales at his small mannequin factory, Eliezer Álvarez made a simple observation: Venezuelan women were increasingly using plastic surgery to transform their bodies, yet the mannequins in clothing stores did not reflect these new, often extreme proportions.

So he went back to his workshop and created the kind of woman he thought the public wanted — one with a bulging bosom and cantilevered buttocks, a wasp waist and long legs, a fiberglass fantasy, Venezuelan style.

The shape was augmented, and so were sales. Now his mannequins, and others like them, have become the standard in stores across Venezuela, serving as an exaggerated, sometimes polarizing, vision of the female form that calls out from the doorways of tiny

shops selling cheap clothes to working-class women and the display windows of fancy boutiques in multilevel shopping malls.

Mr. Álvarez's art may have been meant to imitate life. But in a culture saturated with such images, life is returning the compliment.

"You see a woman like this and you say, 'Wow, I want to look like her,' " said Reina Parada, as she sanded a mannequin torso in the workshop. Although she cannot afford it, she said, she would like to get implant surgery someday. "It gives you better self-esteem."

Cosmetic procedures are so fashionable here that a woman with implants is often casually referred to as "an operated woman." Women freely talk about their surgeries, and mannequin makers jokingly refer to the creations as being "operated" as well. Mr. Álvarez's wife and business partner, Nereida Corro, calls her best-selling mannequin, with its inflated proportions, the "normal" model.

The embrace of plastic surgery clashes with the government's socialist ideology and frequent talk of creating a society free of the taint of commercialism. Venezuela's longtime leader, Hugo Chávez, who died in March after 14 years in office, railed against the procedures, saying it was "monstrous" that poor women were spending money on breast surgeries when they had trouble making ends meet.

But the same resource that the government relies on — the world's largest estimated petroleum reserves — has long fed a culture of easy money and consumerism here, along with a penchant for the quick fix and instant gratification.

"Venezuela is known for its oil, and it's known for its beauty," said Lauren Gulbas, a feminist scholar and anthropologist at Dartmouth College, who has studied attitudes toward plastic surgery in Venezuela. "That ties into why it's perceived as so important to Venezuelans."

Beauty took on a particularly important role in the late 1970s and '80s when the country's beauty queens, already a national obsession, were crowned Miss Universe three times. Their success on the international stage took on special resonance. It came as the country was grappling with the frustrated expectations of the 1970s oil boom and the deep economic downturn that followed, bringing with it a crisis of national confidence.

And the beauty queens' fame helped fuel a fascination with cosmetic surgery and procedures like breast implants, tummy tucks, nose jobs and injections to firm the buttocks.

Osmel Sousa, the longtime head of the Miss Venezuela pageant, takes credit for the trend. He recommended a nose job for Venezuela's first Miss Universe, which he says made her victory possible more than three decades ago.

“When there is a defect, I correct it,” Mr. Sousa said. “If it can be easily fixed with surgery, then why not do it?”

For Mr. Sousa, beauty really is skin deep: “I say that inner beauty doesn’t exist. That’s something that unpretty women invented to justify themselves.”

Naturally, not everyone sees it that way. Several women’s groups protested against the Miss Venezuela beauty pageant last month, criticizing pressures on women to conform to the artificial aesthetic.

The little data available indicates that Venezuelan women do not get plastic surgery more than their counterparts in many other countries. But Ms. Gulbas, the anthropologist, said the surgeries take on an elevated status thanks to the importance of beauty here and a belief that cosmetic procedures will help project a successful image.

“There’s this notion in Venezuela of ‘buena presencia,’ ‘good presence,’ ” she said. “That communicates that you have certain aspects that say you are a hard worker, a good worker, an honest person.” She added, “There’s a virtue associated with looking a certain way.”

Each day, Yaritza Molina arranges several mannequins at the entrance to the small clothing shop she manages in Coro, a city in western Venezuela, always careful to place two ahead of the others. “These are the princesses,” she said, “because they have the best bust.”

“I have lots of clients that come here and say, ‘I want to look like that mannequin,’ ” Ms. Molina said. “I tell them, ‘O.K., then get an operation.’ ”

As in many countries, there are dangers to the obsession. Over the last two years, the local news media has reported several cases in which women died after receiving faulty injections meant to firm up their buttocks, often in unlicensed clinics.

The jump in sales provided by the large-busted mannequins allowed Ms. Corro and Mr. Álvarez to build a new workshop this year, where they are made by hand in a surprisingly low-tech process.

Dozens of partly finished mannequins stood in neat rows, like silent robots with overblown chests, taking the exaggerated female aesthetic that predominates here and pushing it to its furthest limits.

On a recent day, about a dozen people were at work. Some applied a thin coating of a brown pasty resin and fiberglass strips inside molds, left it to dry and then pried out the artificial torsos, arms, and the fronts and backs of plastic bodies. Others glued the mannequin parts together, spray-painted them or set finished mannequins ready for delivery in the back of a pickup truck, with the words “Jesus is my peace” written in large letters on the windshield.

Yucca and corn grew in small farm patches nearby. From a house across the street, the face of Mr. Chávez peered out from a poster left over from last year's election. It seemed to peep over the wall at the inflated female forms inside the workshop.

Ms. Corro, the co-owner, explained the changes in the mannequins over just a few years: bigger breasts, bigger buttocks, svelte waists. Until recently, "the mannequins were natural, just like the women were natural," she said. "The transformation has been both of the woman and of the mannequin."

Mary Angola, another mannequin maker in Valencia, said that older styles came from Europe or the United States, and hardly reflected the physiques of real women around her.

"They make them so skinny," she said.

A few miles from Ms. Corro's workshop, workers used a similar process to build mannequins in a small rooftop workshop run by Daniela Mieles, 25, and her family.

While Ms. Corro's mannequins took a quantum leap in body shape several years ago, Ms. Mieles said that the busts and buttocks of her family's mannequins had grown gradually to keep up with the trends in plastic surgery.

Now they have reached a shape that her husband, Trino Colmenarez, 32, calls "estrambótico," a word that may be best translated as "extravagant."

Sales are good, and Ms. Mieles said that she and her husband had started saving money so that she could get breast implants herself. An operation at a private clinic can cost about \$6,350, Ms. Mieles said, an amount equivalent to about three months of basic expenses for her household, including food, utilities and other living costs.

The goal is to look more like the artificial ideal projected by her family's mannequins.

"Beauty is perfection, to try to perfect yourself more and more every day," Ms. Mieles said. "That's how people see it here."

María Eugenia Díaz, Paula Ramón and Jimmy Chalk contributed reporting from Caracas, Venezuela.

That Nose, That Chin, Those Lips: A Makeover to Look Like a Celebrity



Deborah Davenport of Texas had plastic surgery so she could resemble the actress Kate Winslet. (Rex C. Curry for The New York Times)

By ABBY ELLIN

January 15, 2014

When Nino Dean looks in the mirror, the face staring back at him is eerily evocative of Vanessa Paradis, the French chanteuse and former paramour of Johnny Depp.

This is not a lucky roll of the genetic dice. Mr. Dean, a freelance fashion stylist in Manhattan, had surgery 13 years ago to have his visage molded to resemble, at the very least, Ms. Paradis's second cousin, if not her identical twin.

“I wanted her baby face,” said Mr. Dean, who is 37 but said most people guess he is in his mid-20s. “I still find her my favorite beauty of all.”

Magazines and websites routinely publish photographs of people who have altered their faces to look like a movie star, pop singer, Mattel product, Egyptian queen or, in the notorious and perhaps unintentional case of the socialite Jocelyn Wildenstein, a wild animal.

While requests for these sorts of utter transformations do not take place every day, doctors say they do happen regularly.

“About once a month, someone comes in who wants to look like a family member, friend or celebrity,” said Dr. Sam Lam, a facial plastic surgeon in Dallas. “One guy wanted to look like his cousin who was a model. Another guy wanted a chin implant to look like his older brother.”

Though a striking or jarring similarity can sometimes be achieved, it’s impossible to recreate another person’s image. Bone structure, facial proportions and ineffable characteristics all factor into people’s looks.

“We really cannot make someone ‘pass’ for someone else,” said Dr. Steven Teitelbaum, a plastic surgeon in Santa Monica, Calif., and a spokesman for the American Society for Aesthetic Plastic Surgery, a professional organization. “At most, we can try to mimic a feature, such as a nice nose, or even to put in a grossly disproportionate chin implant to mimic the nearly cartoonish visage of Jay Leno.”

It is possible, however, to repeat the same over-the-top procedure on different patients — say, “an overly high brow lift, excessive nasal reduction, excessively filled lips,” Dr. Teitelbaum said. “You can go much farther to mimic features of a Michael Jackson, who is himself a plastic surgical joke, than to create a resemblance to someone who has never had surgery.”

Paying homage to a specific body part is also an option. Patients often visit a surgeon’s office armed with a photograph of their favorite celebrity feature.

Stacy Shanahan’s fantasy doppelgänger is Heather Locklear, circa the Sammy Jo Carrington years. Ms. Shanahan, 49, an account executive for a packing company in Mission Viejo, Calif., would give her right cheekbone to acquire the luster of Ms. Locklear, with whom she shares the attributes of blond hair, blue-green eyes and delicate features.

“I know it sounds crazy, but I’d be happy being more like her,” Ms. Shanahan said. “I wouldn’t miss how I look. She’s beautiful.”

Ms. Shanahan was so determined that she asked Dr. Burr von Maur of Newport Beach, Calif., a plastic surgeon who had given her a breast lift, to help. Dr. von Maur

ended up performing a nose job on Ms. Shanahan (the cost: \$6,500) to evoke the “spirit” of Ms. Locklear.

“You can never duplicate something; you can’t clone somebody,” he said. “It’s best to enhance the patient’s own features, so we can unearth the beauty that lies underneath without radically altering their appearance.”

Doctors say that a significant part of their job is weeding out patients with a legitimate medical or aesthetic concern — arbitrary in itself — from those suffering from body dysmorphic disorder, an intense preoccupation with a minor or imagined flaw in one’s appearance.

“I had a patient who went from doctor to doctor trying to get surgery to look like Brad Pitt,” said Dr. Amy Wechsler, a dermatologist and psychiatrist on the Upper East Side. “There was this sense of, ‘My life will be so much better if I had this person’s X, Y or Z.’ It can become an obsession.”

Many doctors have ethical concerns about these sorts of queries. For example, what if a patient is deemed psychologically healthy and still wants to look like the devil? Should a doctor comply? Or what if a patient earns his living as a Michael Jackson impersonator, and wants surgery to enhance his career? A French artist, Orlan, after all, has used her face as a surgical canvas to question established notions of beauty.

“You respect a patient’s autonomy,” said Leonard Fleck, a professor of philosophy and medical ethics in the college of human medicine at Michigan State University. However, if a doctor thinks the patient’s choice is misguided, “he is not morally obligated to follow their wishes,” Dr. Fleck said. “He can say, ‘I feel that that’s a really bad idea.’ ”

Joan Kron, the author of “Lift: Wanting, Fearing and Having a Face-Lift” and the contributing editor at large for *Allure*, said she believed that it was a doctor’s responsibility to fulfill a patient’s wishes, within reason, without imposing his or her own opinion.

“Most doctors are trained to ask you why you’re there,” Ms. Kron said. “That’s usually the first question. If the doctor grabs you before you even open your mouth and says, ‘I’ve got to fix your nose,’ I would walk out.”

As for the more outlandish requests, she questioned whether they were any worse than other culturally accepted modes of body modification.

“Is it worse to look like a cat or worse to be decorated on every inch of your skin with tattoos?” she said. If you want to look like a cat, she added, “maybe you should be encouraged to have a dress rehearsal with makeup first, to see if you really want to live with that look.”

Liberace’s former boyfriend, Scott Thorson, said he thought patients should be able

to do as they wish. When Mr. Thorson was 20, Dr. Jack Startz performed rhinoplasty on him, gave him a chin implant and restructured his cheekbones to look similar to Liberace's.

Mr. Thorson, now 54, said that he was happy with his face, although he did remove the chin implant.

"I've gotten so used to it," he said. "People can do what they want to do. I don't think there's anything wrong with it."

Neither does Deborah Davenport, 41, who owns a real estate technology consulting firm in McKinney, Tex. For years, Ms. Davenport was told that she was a dead ringer for the actress Cameron Diaz, which did not please her.

"My nose just seems to get fatter and fatter every year, Ms. Davenport said. "I look at photos and I'm like, 'Oh my God, what's happening to me?'"

She asked herself whom she would want to look like, and after scouring magazines and movies, the answer arrived: Kate Winslet. She went to Dr. Lam in Dallas, who shaved cartilage from her nose, injected the dermal filler Sculptra to plump out her cheeks and squirted a little Botox into her forehead and around her eyes to make her more Winslettish. The bill was \$15,000.

Few things satisfy Ms. Davenport as much as when she is told she has a likeness to the Oscar-winning star. Never mind that Ms. Winslet has said she is opposed to plastic surgery.

The irony hasn't escaped Ms. Davenport.

"Here I am trying to have surgery to look like someone I think hasn't had surgery," she said.

Raise Your Hand for an Engagement Selfie

By **ABBY ELLIN**

May 23, 2014

It was the stuff of Marie Valencis' dreams: a 3.9-carat, princess-cut, platinum engagement ring with a diamond band — which her fiancé picked out by himself. But after the initial elation wore off, a seemingly more practical matter popped into her head: What about the selfies she would invariably post on Facebook, Instagram and elsewhere?

Never mind that she was a sprightly 30 years old. Despite the bauble shimmering on her finger, her hand looked scaly, she said, with a few sunspots dotting it. “When I saw a picture, I thought, ‘Oh, it doesn’t look very smooth, plump and youthful,’ ” said Ms. Valencis, a baker in Farmington, Conn. “I wanted a hand makeover.”

In the time that has passed since the Styles section last reported on hand-lift procedures (March 15, 2012), doctors are saying that they are seeing more newly engaged women come in specifically with the selfie in mind.

“Absolutely, the rise in social media is a reason people are getting a ton of stuff done, not just to their hands,” said Dr. David Bank, the director of the Center for Dermatology in Mount Kisco, N.Y., who has been offering hand lifts since 2005 and has conducted studies on hand injectables.

Dr. Matthew Schulman, a Manhattan plastic surgeon, said he sees about eight patients a month specifically for hand treatments. “Everyone wants to see pictures of engagement rings, whether it’s looking at their wish pic or sending photos to their friends to announce an engagement,” he said. “They are becoming more aware of what their hands look like, much more than getting a manicure.”

Age spots, veins or a bony appearance (or, horrors, all three) have become an obsession for some women. And as with all obsessions, there is a price to be exacted. In Ms. Valencis' quest for that perfect selfie of her diamond-adorned hand, she contracted for a series of six intense pulsed light (I.P.L.) and chemical-peel treatments and two syringes of an injected gel substance called Juvéderm Voluma XC for a total of \$3,000.

In Manhattan, a single microdermabrasion treatment can range from \$200 for one visit to \$1,000 for a package of six. I.P.L. treatments and hand chemical peels tend to start at \$300 for a single visit to \$1,500 for a package of six.

“Once you see what your hand looks like on your computer or phone, you start to notice things you didn’t think were a problem before,” said Dr. Schulman, who injects dermal fillers into the skin in the back of the hands to diminish that bony or veiny look. He also offers laser therapy, along with consultations with an aesthetician in his office.

Plastic surgery is up in general. According to the American Society for Aesthetic Plastic Surgery, from 2012 to 2013 there was a 6.5 percent increase in the total number of cosmetic surgical procedures (for men and women), and a 21 percent increase in injectables like Radiesse, Juvéderm and Sculptra Aesthetic. Though the Society does not break down the numbers by body part, injectables are used primarily in the face and hands, said Dr. Michael Edwards, a Las Vegas board certified plastic surgeon, who is the organization’s new president.

Dana Wood, the beauty director at Brides magazine, does not think hand lifts are money well spent. “Especially if they’re young, I think there are so many better ways to spend your money than that,” she said. “Like, do they have their eight months of Suze Orman living expenses? There are so many D.I.Y. things you can do for your hand, like mixing sugar with coconut oil to remove dead, flaky skin.”

Jennifer Skrip disagrees. After she got engaged in March, Ms. Skrip, a 35-year-old teacher in Manhattan, said she worried that her hands looked a little too bony, with a bit of sun damage. This week, she is starting treatments with an aesthetician in Dr. Schulman’s office, for a peel and some I.P.L. and possibly some injectables, that she expects will cost \$1,000 to \$2,000.

“I want my hands to look perfect for photos,” she said.

Happy Father's Day (and Lose Those Love Handles)

By ANN CARRNS

June 10, 2013

If plastic surgeons have their way, liposuction and Botox injections may replace ties and socks as the go-to gifts for Father's Day.

Plastic surgeons are eagerly marketing cosmetic treatments and surgeries, like chin implants, as the ideal gift for the family patriarch. After all, nothing says "I love you, Dad," like a present suggesting that he could look, well, a bit... younger.

In a news release, Stephen Greenberg, a New York-based physician, says he "has seen requests for procedures around Father's Day go up close to 50 percent among men; the highest level than any other time of year."

He cites a desire among men to improve their appearance, perhaps to gain a competitive advantage over younger colleagues in "a rough job market."

In a phone interview, Dr. Greenberg said women often ask what they can do for their spouses. He offers skin "rejuvenation" packages starting at about \$500 to \$1,000; more invasive (and expensive) options, including surgery, are available too — but he cautions that the recipient must undergo a medical evaluation for suitability, as any patient would.

Dr. Greenberg's missive follows a spate of news releases from other cosmetic surgeons last year, all of which lauded the idea of procedures as a gift for Daddy. Michael Fiorello, a plastic surgeon whose media experience includes appearing as a "breast specialist" on "The Real Housewives of New Jersey," noted the same "fascinating new trend" last spring. "It's no longer taboo for a male patient to come in for a plastic surgery consultation," he said in his own press release.

Dr. Robert Applebaum of Beverly Hills was even more direct. In a list of suggested Father's Day gifts posted on his Web site, he proposed a massage at the Four Seasons, an old-fashioned barber shop shave, or "A consultation with Dr. Applebaum."

Despite the professional enthusiasm, the purported Father's Day trend isn't confirmed by any national statistics. Jack Fisher, president of the American Society for Aesthetic Plastic Surgery, said in a phone interview that his organization has "no substantial data" to confirm a surge in cosmetic surgery around Father's Day.

But, he said, the society's statistics do indeed show that men generally are having more cosmetic treatments and procedures. According to statistics compiled by the society, roughly 10 percent of all cosmetic procedures were performed on men in 2012, up from about 8 percent in 2010.

The top five surgical procedures for men were liposuction (goodbye to those "love handles"); rhinoplasty (commonly known as a nose job); eyelid surgery; reduction of gynecomastia, or excess breast tissue; and ear shaping.

Treatment with Botulinum Toxin Type A (better known by names like Botox and Dysport), is also popular to reduce lines around the nose and the eyes, said Dr. Fisher. Chemical peels and laser treatments to rejuvenate skin are also sought-after options.

While the stigma of seeking cosmetic surgery may be fading for men, they still don't like to talk about it much, he said. "Women will talk about it with their friends," especially if they are pleased with the result, he said. "Men are incredibly reticent to admit they had anything done."

If you do decide to spring for some serious work for your Father's Day gift, be prepared to pay. According to the society, the average cost of a tummy tuck in 2012 was \$5,419, and cosmetic eyelid surgery was \$2,724.

Perhaps a Botox treatment (\$326) might be easier on the wallet.

What sort of gifts are you considering for June 16? If you are a father, would you welcome a gift of cosmetic treatments?

The Limits of Cosmetic Surgery



Allan Imbraguglio has had upper and lower eyelid surgery. (Drew Angerer for The New York Times)

By CATHERINE SAINT LOUIS

August 1, 2013

Patients who get facial plastic surgery often assume that they will look younger and more appealing afterward. But a new study, the first to try to quantify attractiveness after a face-lift, brow-lift or eyelid surgery, found only a tiny, insignificant increase in attractiveness. The study, published online in *JAMA Facial Plastic Surgery* on Thursday, also found that patients looked, on average, only three years younger, as judged by independent viewers who assessed photos of patients before and after cosmetic surgery.

The findings will probably provide scant comfort to the more than 120,000 American men and women who last year got face-lifts, a procedure that marketing efforts often claim can turn the clock back a decade.

Dr. A. Joshua Zimm, the lead author of the study and a facial plastic surgeon at Lenox Hill Hospital in Manhattan, said, “I don’t want people to think, ‘Oh, if I get a face-

lift, I'll only look three years younger.' This study includes people who just had an eyelift or a brow lift."

For the study, 50 raters looked at randomly assigned binders of 49 patients, ages 42 to 73, who had undergone cosmetic procedures with Dr. Peter A. Adamson, a surgeon in Toronto. No one rater saw pre-and postoperative shots of the same person, lest they deduce the study's aim, and at a six-month follow-up, patients were excluded if they had had a nose job or injections of anti-wrinkle medicines like Botox.

The raters estimated patients' ages to be about 2.1 years younger, on average, than their chronological age before surgery, and 5.2 years younger after surgery, an overall difference of 3.1 years, with minimal changes in attractiveness. A 2012 study of Dr. Adamson's patients had found, on average, a seven-year reduction in perceived age, but that study used less rigorous criteria.

Several plastic surgeons credited the researchers for the rigor of the current study, including the use of blinded raters.

"It's a big deal that a study is presenting a negative finding," said Dr. Eric Swanson, a plastic surgeon in Leawood, Kan., who was not involved in the current research. In 2011, he conducted the first of only a handful of studies that have sought to quantify apparent age change after facial surgery. "They are saying that patients didn't have a change in attractiveness."

Dr. Zimm, the lead author, said he was surprised by the "insignificant finding for attractiveness." He noted that 60 percent of raters scored patients between 4 and 6 on a scale of 1 to 10, with 10 being the most comely, so there was not much variation in overall attractiveness scores. He guessed that future research "will show a difference in attractiveness, if we have a larger sample size, and just analyze attractiveness alone."

The very nature of what we consider "old" today also played a role in the results, said Nancy Etcoff, a psychologist at Harvard Medical School and the author of "Survival of the Prettiest: The Science of Beauty." This study looked only at surgical results, and didn't use laser resurfacing to address brown splotches and or fat injections to add volume. But a loss of plumpness in a face reads old, as do wrinkles or age spots, she said.

"They're looking at a face that looks older in some ways, and younger in some ways," she said. "It's difficult for the raters, and confusing."

Dr. James M. Stuzin, a Miami plastic surgeon who specializes in face-lifts, thought the study's findings had limited generalizability. "A lot of patients show better improved perceived age and attractiveness than what was noted in this study," he said. The study did not include pictures and, without them, "we don't know what technique was utilized," he said. "Definitely technique and a surgeon's skill level influences results."

Dr. Val Lambros, a plastic surgeon in Newport Beach, Calif., lauded the researchers' conscientiousness and their good-faith effort to quantify perceived age improvement and attractiveness after surgery. 'It's remarkably hard to do a study like this,' he said.

However, he cautioned, "assigning numbers has an incredible potential to be misused." Imagine the competing advertisements, he said, with one surgeon saying, "My operation makes people look 4.2 years younger" and another crowing, "Mine makes patients look like Girl Scouts."

Allan Imbraguglio, a 55-year-old information technology specialist in Washington, got upper and lower eyelid surgery in April. He wasn't looking "to shave off five years or three years of my age," he said. "I just wanted to feel better about myself." He said that eliminating his "tired look" helped him project the image of someone "up for the work of a younger person."

That said, he hardly complained when a colleague told him he looked 50.

What a Difference a Day Makes

By **ABBY ELLIN**

August 20, 2014

Before a romantic Caribbean weekend with her new boyfriend, Amanda Sanders decided she needed a little lift. So she called her doctor, Dr. Norman M. Rowe, to help out.

Dr. Rowe, a plastic surgeon in Manhattan, offers a quick fix — temporary breast enlargement. Instead of surgery, he injects a saline solution into the breasts, which briefly expands them.

The procedure began as a way for women seeking breast enhancement to determine how they might look if they chose surgery. “We can take pictures and put them on computers, but those are sometimes unrealistic and can lead to false expectations,” Dr. Rowe said (giving new meaning, perhaps, to the term “falsies”). “So we said, if patients are unsure if they want implants, let’s put saline in the breast and let them live with it for 24 hours to see how they like it.”

It may not surprise that the injections were soon being requested as pick-me-ups for parties, weddings, bar mitzvahs, red-carpet events or, as with Ms. Sanders, a tropical vacation.

Ms. Sanders, 41, an image consultant in New York and a mother of two, had been toying with the idea of a breast lift to enhance her “very shallow C cup,” but she was a little reluctant. When she heard of the temporary saline option (cost: \$3,500), she leapt at the chance. Twice.

“It was worth it,” she said. “I could wear halter tops and a string bikini and feel really sexy. I’m in the business of vanity. As an image consultant, I have to look the part and be the part.”

While “lunchtime lifts” using injectable fillers similar to Restylane or Juvéderm are available in Europe, they are not F.D.A.-approved in the United States. Macrolane, another filler, was banned in Britain as a breast injectable because it was thought to cloud mammogram readings, among other complications. Saline is essentially saltwater that is absorbed into the bloodstream in about 24 hours.

Breast enhancement surgeries are decidedly popular in the United States. According to the American Society for Aesthetic Plastic Surgery, 313,327 breast augmentations and 137,233 breast lifts were performed in 2013. A noninvasive procedure like a saline injection would seem to be just what the doctor ordered.

But not every doctor. Few seem to condone the injections, which Dr. Rowe has been doing for about five years for presurgical patients. Over the last year, he has been flooded with requests for one-night use. He does three to five procedures a week, he said, with minor bruising the only complication.

Dr. Michael C. Edwards, a plastic surgeon in Las Vegas and the president of American Society for Aesthetic Plastic Surgery, called the practice “a party trick.”

“I can’t see that there’s a huge harm in it, but you’re stretching the skin out,” he said. “You’re altering the architecture of the breast. I would be concerned that you would be taking away some intrinsic support in the breast.”

Dr. Steven Teitelbaum, a plastic surgeon in Santa Monica, Calif., and an associate clinical professor of plastic surgery at the U.C.L.A. School of Medicine, called the saline solution unnecessary. “Between good bras and chicken cutlets, you can always look good in clothes,” he said.

As for its use in gauging implant size, he added: “The feel of saline is sharply dissimilar from an implant, and the appearance is different because the edges diffuse and feather, which an implant does not.” Three-dimensional imaging, which has become a viable option for projecting surgical outcomes, would be a more accurate prediction of size and shape, he said. (Indeed, a recent study published in the *Aesthetic Surgery Journal* found that 3-D imaging was more than 90 percent accurate in predicting postoperative breast volume and surface contour.)

Dr. Jennifer Capla, a plastic surgeon in New York, offers saline injections as part of her \$450 consultation for breast augmentation surgery. “If done by a board-certified plastic surgeon in a fashion that’s safe, I think it’s O.K.,” she said. “But is it safe to do three days in a row? Will it cause electrolyte imbalance? I’m a big fan of moderation.”

Courtney Daal, 27, of Brooklyn was married in June. Before her wedding, she paid a visit to Dr. Rowe. “I wanted to not be too enhanced but look my best,” said Ms. Daal, who went from an A cup to a C cup for the big day. To be sure her custom strapless gown would fit over her new additions, she advised her seamstress in advance, so she could plan accordingly.

Like Cinderella after midnight, her breasts returned to their natural state some 24 hours later. Still, it was enough time for the groom to notice: “He asked me if I was wearing something, and I said, ‘No, it’s all me!’ ”

As for Ms. Sanders, she didn’t tell her boyfriend where her extra padding came from. “But he was certainly very happy,” she said.

Alas, like her saline injections, the relationship was short-lived. The couple broke up soon after their trip.

Renée Zellweger and Me

By **STEVEN PETROW**

October 28, 2014

I plan to keep my nose. And I have you to thank, Renée Zellweger.

Your decision to do whatever you did to change your face is helping me accept my 57-year-old face as it is. More to the point, I have decided not to go under the knife after all to fix that slightly bent nose of mine. Even after being savaged in a recent online forum about my face.

Last year, I wrote an essay, “Bonfire of My Vanity,” mildly mocking myself for the myriad ways I have tried to turn back Father Time. I confessed to getting blond highlights to cover the gray, taking ice baths to maintain a “youthful vigor” and — drumroll, please — undergoing surgery to blast away my eye bags. My goal was to show that it is not just women who are held to untenable standards of youth and beauty in this culture. (Although I will be the first to admit it is still easier for us guys.) To this point, the American Society for Aesthetic Plastic Surgery reported last year that “The number of cosmetic procedures for men increased over 273 percent from 1997.”

A few days after the article was published, a friend in London sent me a link to a Daily Mail story all about me and my essay. The boldfaced headline was: “Self-confessed vain man...”

I paused in midsentence because my eye caught the two photos the Mail had chosen to run of me. One was a fairly current author photo, blown up so much that I could see right inside my nose; every facial flaw was magnified to the extreme for the paper’s voracious readers. The other photo was almost 15 years old; I guess the photo editor dug it up online. I’m quite sure it had been Photoshopped (tan deepened, teeth whitened) somewhere along its journey from the Google archives to front and center in The Daily Mail.

The story proved not nearly as painful to read as the comments, which were so numerous and vociferous that the webmaster quickly posted: “We are no longer accepting comments on this article.” I myself could only bear to read about a half-dozen, which included this little gem:

“That fake tan/Botox/colour contact lenses picture just looks so creepy and disturbing. I’m not sure that from now on he will age gracefully, though. He seems like a massive attention seeker.”

Presumably, this comment was about my “Before” photo — with Photoshop the only invasive procedure.

When Ms. Zellweger’s big reveal spread across the web last week, I both felt sorry for her and curious about what else had been said about me — and my face. Believe me when I say this was not an exercise for the faint of heart.

Herewith, a couple more:

“He should have spent the money on his teeth.”

“He looks horrible with all the enhancements.”

Then The Mail’s readers decided to let me know how old they really thought I looked. Some of my “favorites” included:

“56? No, more like 76”

“Not a hot man — he honestly looks to be 71”

“He looks at least 65!”

Well, make up your minds! Although, really, who asked your opinion?

Seemingly, no topic was off bounds. Others felt the need to comment on my sexual orientation (although I had come out in my story, noting a same-sex husband). Posted one reader:

“It’s tough for the older queens who are no longer the cats meow at the disco.”

Finally, the coup de grace: A laserlike focus on my nose. I have a deviated septum, with my nose tilting to the left. Its asymmetry has long been a sore point for this “self-confessed vain man.” And at times I snore worse than a horse. Yes, it’s true: I’ve twice consulted doctors about fixing it. Most of all I think my husband would appreciate it — for the additional zzzs he would get.

Daily Mail readers had a lot to say about that part of my face:

“All that work and his nose is making a left hand turn. Am I missing something?”

“Surprised he didn’t get his deviated septum straightened. Wonky nose looks weird on plastic face.”

“He forgot to do something with his nose. It’s going sideways. Tie it to the opposite ear, bend it back.”

Those comments finally pushed me over the edge, or should I say back from the brink of another surgery. While facial symmetry is often equated with classic beauty, I decided I am just fine embracing my lack of perfect balance, which is a good thing because I have one foot that’s smaller than the other and an off-center belly button thanks to an abdominal surgery.

For sure, Ms. Zellweger’s previously squinty eyes and chipmunk cheeks weren’t the quintessential definition of beauty either, but they certainly made her stand out in a world

of cookie-cutter actors. Debora L. Spar, the president of Barnard College and the author of “Wonder Women: Sex, Power and the Quest for Perfection,” said to another reporter: “The things that made her unique are now gone, and now she looks like a million other people.”

I plan to keep my nose just the way it is because my nose makes me look like me. This decision is made just a little bit easier by a rare supportive post among The Daily Mail’s commenters, who wrote of me:

“I think he looks great either way and would date him in a heartbeat. You go, guy!”
Alright, so I’m a little vain.

Jaw Makeovers for the Surgery-Averse, Superhero-Inspired Man

By COURTNEY RUBIN

December 3, 2014

When men in their 40s and 50s turn up in the doctor's office pinching sagging skin on their necks and gesturing feebly toward the lower half of their faces, the plastic surgeon Scot Glasberg knows, even if they don't, that what they really probably want is a jaw makeover.

"These men say things like, 'I think I'll do better at the office if my face looks more prominent,' " said Dr. Glasberg, who practices in Manhattan. Except for the one man who requested John Travolta's dimple, his patients rarely suspect that the jaw is the problem — until Dr. Glasberg shows them before-and-after photos of chin implants.

"You see the light bulb go off," he said.

According to the American Society of Plastic Surgeons, of which Dr. Glasberg is the president, chin augmentation for men was up just 7 percent from 2000 to 2013. But jaw makeovers now include minimally invasive procedures like ultrasound therapy and fillers, all of which hold huge appeal for those who are super-wary of looking as if they have had work done.

"As soon as you look operated on, like — who's that Kardashian guy? — Bruce Jenner, you lose masculinity," said Douglas Steinbrech, a plastic surgeon in Manhattan who says that half his patients are men.

The dermatologist Terrence Keaney, who founded a men's-focused cosmetic practice in Washington, said, "I get a lot of men coming in now for these treatments saying, 'It always bothered me, but I didn't want to do surgery.' "

Statistics for stitch-free procedures don't specify which part of the face they are used on. Anecdotally, though, doctors say that as options for jaw sculpting have increased, so has the demand — along with the rush for late Friday afternoon appointments, men's preferred time, so there's no explaining to do at the office.

Dr. Steinbrech said that, among his male patients, jawline procedures are now second in popularity to liposuction. He credits this in part to superhero films and the crop of granite-jawed actors (he named Chris Pratt of "Guardians of the Galaxy" specifically) who play them.

When people see a chiseled chin, Dr. Steinbrech noted, “they automatically assume that underneath that suit you have a Superman outfit on.”

A strong jaw also is a hallmark of chief executives, at least according to research done by Darrick Antell, a plastic surgeon in Manhattan who presented his findings to a world congress on cosmetic surgery in 2007. When he studied photos of the chief executives (women included) from the Top 50 Fortune 500 companies, he concluded that 90 percent had nonreceding to prominent chins, a trait found in less than half of the United States population.

Worries over weakening jaw lines, thanks to the bone reabsorption that’s part of the aging process, apparently keep men up at night: The Manhattan dermatologist Paul Jarrod Frank says that the bulk of traffic to the related parts of his website comes between midnight and 2 a.m.

“It’s about competition at work,” Dr. Frank said. “They feel like they’re getting aged out.”

To get a sharp jaw without surgery, possibilities include tightening skin on the neck through ultrasound, which makes the chin more prominent, and using fillers like Juvederm to widen the jawline or add projection to the chin.

Most such noninvasive procedures take an hour or less, including numbing time. (Minimally invasive does not necessarily mean minimally painful, though filler companies now put the anesthetic lidocaine in their products, which helps.) The cost for fillers starts at about \$800 per syringe, with most men requiring three to five.

Results from fillers are immediate, though men have a higher risk of bruising because they have more blood vessels than women in the lower face. Treatment also needs to be repeated yearly, sometimes sooner, since the filler — often made from hyaluronic acid, which occurs naturally in connective tissues — is absorbed by the body over time.

Men who choose treatments like Ultherapy, which uses heat through ultrasound, may not see a difference until three to six months later. That’s how long it takes for the skin to tighten in response to the (deliberate) thermal injury.

Doctors, and potential patients, are also anticipating what they hope will be the Food and Drug Administration’s approval in early 2015 of ATX-101, injections that dissolve chin fat. Dr. Keaney said that he has a friend with “jowly skin” who emails him monthly asking about the status. Fat freezing, currently available for only the body, is also on the way for the neck and face.

Still, because men have thicker skin, noninvasive solutions are often not as effective as they are for women. For that reason Dr. Frank developed, and three months ago

trademarked, a more aggressive procedure that he calls UltraTight. Instead of using ultrasound on the skin's surface, he treats the skin and the fat through two pencil-eraser-shaped holes that he makes under the chin. The holes don't require stitches.

To melt fat, Dr. Frank uses an ultrasonic wand. Then he essentially irons the skin from the inside, delivering heat to regenerate collagen. Patients need to wear a chin bandage for 24 hours — “almost like what people used to wear when they had their wisdom teeth pulled,” he said — so that the skin heals close to the muscle wall. (When skin separates from the muscle, that's a jowl.) Swelling is roughly in line with that of dental surgery, Dr. Frank said, and results appear when it subsides. The cost of the procedure: \$5,000.

Elie Mamie, who runs his own business, said that he had always been self-conscious about the pocket of fat underneath his chin. He didn't want an invasive procedure, so he camouflaged with facial hair. But last month he had the UltraTight done, in part because he thought it would make his constant face-to-face meetings easier.

“Now I'm more chiseled, and I'm more defined,” said Mr. Mamie, who is in his 40s. “I look like an improved version of myself.”

Plastic Surgery Tourism Brings Chinese to South Korea



Nurses helped Lu Shujuan walk toward a recovery room at Oracle Clinic. South Korea is becoming a popular destination for medical tourists from China seeking body modifications. (Jean Chung for The New York Times)

By ALEXANDRA STEVENSON

December 23, 2014

SEOUL, South Korea — Liu Liping and two college friends recently toured Seoul on a monthlong vacation funded in part by their parents. They saw the sights. They went shopping.

One night, the three young Chinese women visited the latest hot spot: a plastic surgery clinic.

Ms. Liu, 24, wanted to have her jaw broken and restructured to get a V-shaped face. Dr. Kim Tae-gyu at Braun Plastic Surgery suggested something less drastic. “But look! I have huge bones, I need to do it,” Ms. Liu protested. They settled on removing several

millimeters of bone from her chin and cheekbones. Her friends, Wu Haiyan, 26, and Jin Meilan, 25, considered nose jobs.

Cosmetic surgery, pervasive in South Korea, is now the must-do activity for many Chinese visitors.

The lights stay on all night in the Gangnam district, where plastic surgery clinics line the streets. Signs in Chinese beckon visitors. Once they are inside, translators stand ready.

Seizing an opportunity to tap the steady and ubiquitous flow of China's newly rich who are traveling overseas, South Korea's government is promoting the country as a place to shop, eat, stay — and perhaps get a nip and a tuck.

And the Chinese, mainly women, are visiting in droves for body modifications, from the minor, like double eyelid surgery, to the extreme, like facial restructuring. While plastic surgery is common in China, South Korean hospitals are perceived to be safer and more hygienic, albeit pricier.

“When the Chinese come to the stores, they empty them,” said Kim Soo-jin, a representative at the medical tourism unit of the Korean tourism office. “If we can turn them into medical tourists, they are more likely to stay longer. They will eat one more meal, buy one more thing and go to another site.”

The South Korean government is setting aside as much as \$4 million a year to help promote the medical tourism industry, which is dominated by plastic surgeons. It expects one million medical tourists a year by 2020, up from 211,218 last year, with Chinese travelers representing the largest segment.

Tour operators sell travel deals that include shopping, sightseeing and plastic surgery. Premier packages include a stretch limo for the ride from the hotel to the clinic. Licensed brokers take a cut of the total surgery costs, up to 35 percent.

While prices for tourists vary widely, a basic double eyelid surgery can cost more than \$900. A plastic surgery trip, with hotel and other activities, can run around \$15,000. In general, it is more expensive than in China.

“I've seen them coming in with bags of money,” said Dr. Ro Young-woo, a founding partner of a South Korean franchise chain of clinics called Oracle Clinic.

Popular culture has had an influence. Korean television shows and movies are wildly successful in China. Patients often take magazine photos to their consultations.

“We see more assertiveness in Chinese patients than Korean patients,” Dr. Kim Eung-sam, a plastic surgeon and director at the Hershe clinic in Seoul. “They want to look like certain Korean celebrities.”

During their trip, Ms. Liu, Ms. Wu and Ms. Jin planned to see the sights featured in

their favorite Korean TV show, “My Love From the Star.” They bought clothes like those worn by the show’s female star, Jeon Ji-hyun. Ms. Jin asked for the same nose as another famous Korean actress, Han Ga-in.

South Korea is building on a tradition of cosmetic surgery. A recent study by the International Society of Aesthetic Plastic Surgery estimated that South Korea had the highest rate of cosmetic surgery per capita of any country in the world. Seoul TouchUp, a government-approved medical tourism agency, states in its marketing materials that “Korean women are arguably more objectified by their male counterparts than any other women in the world.”

“In terms of advertising it’s very much exaggerated,” says Dr. Cha Sang-myun, the chairman of the Korean Association of Plastic Surgeons, which is calling for tighter industry regulations. “You see it everywhere: on the subways, on the buses and even in the movie theaters.”

It has also become an attainable commodity for Chinese, particularly for young women who see plastic surgery as a way to enhance their personal or professional prospects.

“I did it now because I thought it would be harder to do later on,” said Wang Yue, a soft-spoken woman from Beijing who spoke days after a double eyelid procedure, a nose implant and facial contouring.

Ms. Wang, 24, said most of her friends had some form of plastic surgery “because we want to be more beautiful.” She rattled off the benefits, like the chances of making more money.

Besides, she added, “I think I’ll look better in different clothes.”

Some Korean doctors are voicing concern. The flood of demand has spawned a cluster of unlicensed hospitals, brokers and unqualified doctors, according to Dr. Cha of the plastic surgeon association. “If there are 10 plastic surgeons out there, there are another 100 who are not qualified,” he said.

And the procedures that many Chinese tourists seek come with the highest rate of complications. Some undergo several procedures at once. Dr. Kim at Braun described how one recent patient booked a series of surgeries — double jaw, facial contour, nose job, double eyelid, liposuction and a fat graft.

One of the most popular procedures is facial contouring, which involves altering the shape of the face by shaving and removing bone from the cheeks, jaw and chin. Double jaw surgery is a more radical and popular version that requires realigning the top and bottom jaws.

Chinese patients undergo these painful surgeries to alter their faces into a V-shape,

giving them highly coveted delicate features. They are also popular among Korean men and women.

“I think they have gone totally overboard,” said Dr. Walter Peters, a professor of surgery at the University of Toronto. Radical jaw surgery in the United States and Canada, he added, “could sometimes be done for cosmetic reasons but it is usually done for developmental or post-traumatic reasons.”

Ms. Jin had already had her nose done once in China. “The more I do it, the more I become interested in it,” she said.

“Many friends around me have gone under the knife,” she added. “Since my friends have become more beautiful, I think I should become more beautiful.”

Su-Hyun Lee contributed reporting.

Opinion: Great! Another Thing to Hate About Ourselves

By JENNIFER WEINER

February 14, 2015

A few years ago I got a Groupon for laser hair removal.

Sitting in the waiting room, I saw a couple: a pretty girl in the lap of an older, well-groomed, hair-gelled guy. When the nurse called the young woman's name they both stood up, the guy asking, shyly, if it would be O.K. if he came in, too.

I couldn't figure it out. Was watching your beloved get her chin or upper lip zapped some kind of erotic experience beyond the range of my imagination?

"What else do you guys do here?" I asked a nurse, who whispered, "Vaginal reconstruction."

Oh.

At 44, I am old enough to remember when reconstruction was something you read about in history class, when a muffin top was something delicious you ate at the bakery, a six-pack was how you bought your beer, camel toe was something one might glimpse at the zoo, a Brazilian was someone from the largest country in South America and terms like thigh gap and bikini bridge would be met with blank looks.

Now, each year brings a new term for an unruly bit of body that women are expected to subdue through diet and exercise.

This year, the hot new body part is the formerly unnoticed span of flesh between the top of one's panties and the labia majora, currently displayed on the cover of the Sports Illustrated Swimsuit Edition by the model Hannah Davis.

In the shot, Ms. Davis stands, thumbs hooked into the sides of her bikini bottom, pulling it down to reveal more of her tanned, toned, hairless on-ramp than you would typically see outside of a gynecologist's office. "It's the year of the torso," Ms. Davis told Matt Lauer on "Today," in a transparent attempt to win the award for Best Use of a Euphemism on Morning TV. Seriously, when you look at her picture, you do not think "torso," any more than viewers of Janet Jackson's Super Bowl nipple reveal thought "pecs."

It's shocking, and it's meant to be. With hard-core pornography available to anyone with a laptop and a credit card, Sports Illustrated has to raise the stakes if it wants to stay

relevant. (Disclosure: my gentleman caller edits books for Sports Illustrated and is the author of the oral history of the swimsuit issue that appears in “50 Years of Beautiful,” a coffee-table book of swimsuit shots. #Awkward.)

Some critics want merchants to cover the cover. Ms. Davis’s picture “borders obscenity, as the focus is specifically on the exposed pubic area,” said Dawn Hawkins, executive director of the National Center on Sexual Exploitation.

Obscene or not, I’m concerned that the shot has left women and girls with another raft of insecurities.

Women have always had plenty to worry about: stretch marks and eye bags, age spots and wrinkles, belly rolls and cellulite, butts and boobs that were too big, too small, too droopy, mismatched or asymmetrical or just plain wrong.

Feeling bad about your neck is practically a cliché.

But your ladyplace?

For a while, you could feel O.K. about it. At least, that’s what I’ve gleaned from 1980s-era novels and porn, back when the films had plots, the men were men and the women had pubic hair. These days, “Bush” might be ubiquitous in politics, but in pornography, and in real life, it’s increasingly hard to find: a special category on X-rated websites that index by fetish, listed alongside “spanking” and “pony play.”

Then there’s the matter of the mons pubis.

Back in the day, nobody worried what her m.p. looked like because nobody was seeing anyone else’s. One could go hours — days, even — without glimpsing another lady’s ladybusiness.

Now it’s all out there, right next to Good Housekeeping on the newsstands and the latest on Brian Williams on the Internet. Formerly among the most private of private parts, the mons pubis is now just another area to be pruned and policed; examined and improved, weighed in the balance and found wanting. It’s obvious, but, perhaps, worth pointing out that what regular, everyday women have in their panties does not much resemble what Ms. Davis so boldly displays. For starters, there’s occasionally hair. For another, there’s frequently a bit of padding.

There’s probably a biological reason for that. Imagine heterosexual intercourse, in the missionary position. Do men really want to thrust against something as firm and sculpted as a clenched fist?

Maybe not. But of course, there’s no profit in leaving things as they are.

Show me a body part, I’ll show you someone who’s making money by telling women that theirs looks wrong and they need to fix it. Tone it, work it out, tan it, bleach it, tattoo it, lipo it, remove all the hair, lose every bit of jiggle.

As surely as there's a Butts and Guts class at your local gym, probably right this moment some enterprising fitness guru is coming up with techniques to improve this new area of focus. Plastic surgeons are figuring out how to do in the operating room whatever can't be accomplished in the gym. And, somewhere, in a photographer's studio, a far-off beach or a nearby editing suite, a model and photographer and editor are colluding, purposefully or not, on what we'll be worrying about at this time next year. Trust me, there will be something else to obsess over; some new place that you never even noticed that you'll end up worried about.

Before you commence fretting, some questions:

Do you think Eleanor Roosevelt spent a lot of time worrying about her undercarriage?

Did your mom?

We all have to draw a line in the sand, and mine is underneath the waistband of my Hanes cotton boy shorts.

Girls' and women's lives matter. Their safety and health and their rights matter. Whether every inch of them looks like a magazine cover?

That, my sisters, does not matter at all.

Jennifer Weiner is a novelist whose books include "Good in Bed" and "All Fall Down."

Beliefs: Catholics, Plastic Surgery, and ‘the Truth of the Feminine Self’

By MARK OPPENHEIMER

March 13, 2015

May a good Roman Catholic get a nose job? What about a tummy tuck? Or a breast enhancement? Does the tradition of Pope Francis, which has been getting such enthusiastic attention lately, have wisdom to offer about cosmetic surgery?

The church’s official catechism cautions believers not to “idolize physical perfection,” but never specifically mentions such operations. At least two popes have, however, raised the issue of cosmetic surgery. In 1958, Pope Pius XII said the morality of such surgery “depends on the specific circumstances of each case,” and in 1989 Pope John Paul II praised the “noble mission” of dental and maxillofacial surgeons, some of whose work involves cosmetic procedures.

“Women’s Cultures: Equality and Difference,” a working paper issued before the recent Vatican plenary assembly on women, was written by an unidentified group of women for the Pontifical Council for Culture. It offers a glimpse of the latest Catholic thinking about cosmetic surgery, and it seems to raise yet another issue of gender and sexuality for the young papacy of Pope Francis — already in the news for statements about homosexuality, abortion, divorce and birth control.

The document places cosmetic surgery in the context of modern media, advertising and body-image issues, bringing a Catholic perspective to a bioethical issue that other religious groups, including Jews and Muslims, are also finding inescapable.

At one point, the document compares plastic surgery to the burqa, the full-body covering for women. The authors write that such surgery, in covering a woman’s natural appearance, is a betrayal of the “truth of the feminine self,” contributing to the culture’s “exploitation of the female body for commercial benefit.”

Cosmetic surgery is mentioned twice in the document’s 12 pages, the first time halfway through. “Plastic surgery that is not medico-therapeutic,” the authors write, “can be aggressive toward the feminine identity, showing a refusal of the body.” In other words, surgery for purely cosmetic reasons involves a rejection, rather than an embrace, of women’s natural, God-given bodies. (The same would presumably be true of men electing to have such surgery, although this paper is directed at women.)

Then, coming on the heels of a paragraph about domestic violence, the document invokes even bolder language, comparing procedures like face lifts to the burqa. “Plastic surgery is like a burqa made of flesh,” it reads. “One woman gave us this harsh and incisive description. Having been given freedom of choice for all, are we not under a new cultural yoke of a singular feminine model?”

Cristina L.H. Traina, who teaches Catholic social ethics at Northwestern, said she was happy to see that the document critiqued plastic surgery without blaming women. Society, not women themselves, are creating the “unrealistic physical standards” that leads to such operations, she said.

“If we talk about ‘the burqa of the flesh,’ it’s an outward appearance being forced upon women, demanded of them,” Professor Traina said.

She also noted the significance of placing a passage about cosmetic surgery near the section on violence against women.

“You can see it as part of an argument about devaluation of women in their bodies,” she said. “It is the prelude to what becomes a very meaty argument right after that about violence against women and women’s victimization, and women being reduced to producers of things, rather than nurturers of people.”

But feminist Catholic thinkers, while appreciating that conclusion, worry that the document relies on stereotypes about inborn differences between the sexes. At one point, for example, the document suggests that there is “a difference between the feminine and the masculine in techniques of problem-solving.”

Both Professor Traina and another Catholic ethicist, Lisa Sowle Cahill of Boston College, said that some of the document’s language about women, characteristic of an earlier papacy, undercuts its more progressive message. On one hand, the document wants to liberate women from unrealistic standards of beauty, which seems progressive. But on the other hand, it contains patriarchal language that devalues them, relative to men.

“The document reflects a very romanticized, idealized view of women’s special nature, as formulated in John Paul II’s ‘complementarity’ model of gender,” Professor Cahill wrote in an email. “How the ludicrous statement that the pinnacle of women’s physical embodiment is ‘the womb’ — not the brain, as with other human beings — could possibly have passed the scrutiny of any Pontifical Council members with the slightest degree of self-awareness, never mind interest in the welfare of women, is beyond me.”

(The passage Professor Cahill was referring to is as follows: “The physicality of women — which makes the world alive, long-living, able to extend itself — finds in the

womb its greatest expression.”)

“The document is trying to move toward contemporary concerns and address unjust inequality, while still hanging on to this model,” Professor Cahill said.

By bracketing, and implicitly condoning, plastic surgery that is “medico-therapeutic,” the document aligns Catholics with the advice of other religions. In Judaism, there is a general bias against surgery that is not medically necessary. Muslims, too, approve of surgery to correct deformations or to repair damage.

What’s more, all three traditions extend that reasoning to allow cosmetic surgery that is necessary for one’s emotional health.

“The mainstream opinion is to allow cosmetic surgery that a person feels very strongly is going to help them in some significant way in life,” said David Shabtai, a rabbi and doctor who has taught bioethics at Yeshiva University. “If a girl doesn’t think she is going to be able to find a husband because she is so ugly, the rabbis will end up saying, ‘If it really, really, really bothers her so much, it’ll be okay.’ ”

Suhaib Webb, an imam at MakeSpace, a Muslim community that meets around Washington, said that traditional Islam discourages, even bans, cosmetic surgery. But he is not unusual, he said, in allowing room for personal discretion.

“My question is, ‘How deeply rooted is this in your personal well-being?’ ” Imam Webb said. “My feeling is, if you talk to your physician and your physician says, ‘This is rooted in your well-being and personal health,’ that is up to you. But I wouldn’t say, ‘Hey, go get a new nose.’ ”

And he, like the authors of the Catholic document, said that cosmetic surgery must be viewed in the context of today’s artificial standards of beauty — which he said Islam must push against.

“The other side of this is,” he said, “is the construction of beauty in America, which I think is unhealthy, because it pushes women to do stuff rooted in marketing.”

The question for Catholics is whether “Women’s Cultures: Equality and Difference,” rejecting unrealistic norms of beauty for women, nevertheless, demeans them in other ways. The nonbinding document was comfortable with the antiquated language that “the feminine identity is the point of convergence of daily fragility, of vulnerability, mutability and multiplicity between emotive interior life and exterior physicality.”

So the document offers a confusing map of which way forward for women. As Professor Cahill pointed out, the writers who chose that language, with its talk of “fragility” and “vulnerability,” were women (“a group of Italian women,” according to

The National Catholic Reporter). “Which just goes to show,” she said, “that some women do embrace this whole ‘women as wombs’ worldview.”

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