



The *Town & Country* Guide to
Cosmetic Rejuvenation

What's new, what's noteworthy, what's sensible and, above all, what's safe.

Edited by *Janet Carlson Freed* Illustration by *Olaf Hajek*

You could grow old gracefully, accept your wrinkles as they appear and love what they convey about your experience and accumulated wisdom. Or you could obsess about your lines and sagging

jowls and go in for every new technique that comes along in the plastic surgeon's or dermatologist's office, in the vain hope of staving off the inevitable. If you're not in the former camp (and, granted, very few of us are), maybe you're fortunate enough not to be in the latter but to fall somewhere in between.

That means you know that Botox, a purified toxin injected to temporarily eliminate wrinkles, is a household word today. If you haven't tried it, you know someone who has. And you've probably learned about fillers—injectable substances (the latest ones are not from cows) designed to fill the hollows and lines of the face. You may also have heard about new surgical techniques like the short-scar face-lift, the thread lift, even the *body* lift. (Trying to imagine what that is? Better to stop right there.)

It's one thing to be up on shoe styles, hemline fashions and makeup trends. Cosmetic surgery is something to be taken far more seriously. And yet, alarmingly, it often isn't. People get swept up in the trendiness of Botox (more than three million injections were administered last year) or bigger breasts (more than 364,000 women had augmentations in 2005)—and, maybe next year, smaller breasts. A good doctor will steer a patient away from the trends and toward what makes sense for the patient's own needs. But many of us are understandably vulnerable to the seductive promise of surgery. "Women come in to see me clutching magazine photos, telling me, 'I want to look like this,'" says Dr. Steven Victor, a New York City dermatologist. "And I say, in jest, 'Well, let's put a photo of you in the computer and use Photoshop, the way magazines and advertisers do.'" It's important to remain realistic in the, ahem, face of cosmetic surgery. We're bombarded with idealized (meaning young) images everywhere: in the news, on billboards, in movies and TV shows, in our own minds. It takes a strong, mature woman to survive this youth-worshipping pressure with her self-respect unscathed. In 2005, Americans, mostly women, spent about \$12.4 billion on 11.5 million procedures.

Cosmetic surgery does offer the possibility of improving your appearance, and many of the new surgical options are relatively safe. But you need to be informed, to research your options and to choose procedures and doctors carefully, rather than act impulsively and dash toward that mirage, the Fountain of Youth. It pays to be sensible and cautious about cosmetic surgery to avoid winding up a guinea pig for an untested, ex-

pensive, potentially ineffective "new and improved" technique.

All cosmetic surgery brings risks: at the very least, a mild rash. Then there's the occasional downside—an unwanted lump, a change in pigmentation. At worst and most horrible: death. True, that's a rare outcome (usually related to complications from anesthesia), and in the hands of reputable specialists, most surgery by far turns out fine. Still, the author Olivia Goldsmith (*The First Wives Club*) surely thought she would be one of those satisfied customers heading home with a fresh new look. Instead, she slipped into a coma during a routine chin tuck in 2004 and died eight days later. A month after that, a Connecticut woman named Susan Malitz died after going into cardiac arrest during a face-lift. In light of these and other tragedies, it's imperative to think of the risks, think of what your expectations are and make the soundest decision you can. Then go forward, trust your chosen doctor, follow pre- and post-op instructions to a tee, and relish your good results.

To help ensure that you have the best outcome possible, we report here on the new procedures, trends and techniques that have arrived on the scene since we published our last cosmetic-surgery special section, in 1999. You will learn about two noteworthy trends. The first is that experts now focus less on taking away fat or skin from the face and more on restoring volume, because a youthful complexion is rounder and fuller, not hollow, gaunt or overstretched; the second is that doctors are combining procedures to get fine-tuned, more natural results with shorter recovery periods.

"The field of facial-rejuvenation surgery is a real mosaic today," says New York City plastic surgeon Dr. David Hidalgo. "We have more tools, more sophisticated techniques and more teamwork. I may treat a patient for an eyelid lift and recommend a dermatologist for fillers and Botox." Says Dr. Haideh Hirmand, another New York plastic surgeon, "This is a real paradigm shift. In the past, you did nothing until you were fifty-five or sixty; then you went and got your face-lift. Most of my patients now are in their forties and fifties; many people start earlier with smaller procedures. Often I'll recommend a short-scar face-lift supplemented by fillers, which enhance and help maintain the effects of the surgery." But, she warns, "don't try to have your face, eyes and breasts done all at the same time. It's too long to be under anesthesia, too risky. This is not a time to multitask. This is a time to be prudent."

Whatever your age, whatever your aim, know that cosmetic surgery is not a panacea; it won't cure self-esteem problems, and if you're seventy, it won't make you look twenty-seven. It may, though, help you to look less tired or tense, more like a *slightly* younger version of yourself. And if that procedure you're looking into sounds too good to be true, it probably is.

The Lowdown, From Head to Thighs

Just because it can be done, is it a good idea? Before you submit to the scalpel or needle, make sure you're fully informed. *By Stephanie Johns*

Muscle Paralyzers

BOTOX (BOTULINUM TOXIN TYPE A)

What it does: Temporarily paralyzes muscles, thus relaxing wrinkles such as crow's-feet, smile lines, forehead creases, neck "strings" and upper-lip grooves.

Procedure: Botox is injected into muscles numbed by a cold pack or lidocaine cream. Takes effect within five to seven days.

Pain: Minor upon injection; tenderness may last a few days.

Lasting power: Three to four months. Some muscles treated with Botox can "learn" to relax on their own and therefore need less-frequent injections.

Pros: Inexpensive (compared with surgery); takes only minutes.

Cons: Must be repeated; the body can become immune over time; contraindicated for pregnant or breast-feeding women.

Risks: Slight bruising for a few days; headache; numbness; rarely, a droopy eyelid; overtreatment can result in mouth asymmetry and smile irregularities.

Average cost: \$382 per session or site.

MYOBLOC (BOTULINUM TOXIN TYPE B)

What it does: Same as Botox. Myobloc is not yet approved for cosmetic purposes, but some practices use it off-label (not for the FDA-approved use but still legally) to treat wrinkles.

Procedure: Same as for Botox.

Pain: Injections can sting more than Botox.

Lasting power: Less than three months.

Pros: Useful for patients who are resistant to Botox; kicks in sooner.

Con: Doesn't last as long as Botox.

Risks: Same as for Botox.

Average cost: Comparable to Botox.

Fillers

Until just a few years ago, bovine collagen and fat harvested from your buttocks or thighs were the only choices for filling facial wrinkles and grooves. Today many new fillers are available—and more keep coming. "The current thrust of development in the filler market is to produce nonanimal-sourced products," says Dr. Richard Glogau, a San Francisco-based dermatologist. The best known of the new products, like Restylane, are made

with hyaluronic acid (a natural sugar found in certain human cells that attracts water and makes it bond to skin cells, hydrating the skin and giving it volume). However, all injectable substances have the potential to cause a reaction such as allergy, bruising, infection or embolism. It's also possible, though rare, that an injectable will trigger connective-tissue or autoimmune disease.

Fillers are in the spotlight because they're minimally invasive and immediately effective, and they usually don't require skin testing, as collagen does. Their downside—that they don't last long—is also their chief upside because any dissatisfying effects are temporary. Many doctors like to use fillers in what's called a layered filling: "Restylane is great for lip augmentation," says New York dermatologist Dr. Patricia Wexler. "It gives volume when injected into the belly of the lip. But I also use CosmoPlast to outline the mouth's border because the substance is firmer

The Latest Word

Trends and new developments in the field.

- People now seek *gradual* improvements earlier. "The national median age for first procedures has dropped from forty-seven to thirty-eight," says Dr. Cap Lesesne, a New York City plastic surgeon. By opting for smaller procedures at younger ages, patients can avoid exaggerated changes in appearance.
- According to the American Academy of Facial Plastic and Reconstructive Surgery, men are doing it too. They tend to go in for skin resurfacing, Botox, rhinoplasty and face-lifts. A 2005 survey by the academy shows a 60 percent increase in cosmetic procedures for men since 2000.
- About half of all surgeons have seen patients who've gone abroad for surgery and come in with complications or for redos. Chicago-based plastic surgeon Dr. Julius Few recently saw a patient who had received a face-lift, breast implants *and* a tummy tuck all at once in South America. "She was oozing pus in multiple locations and had been told this was normal," he says. "It was definitely not. I removed the implants, and I am still trying to get her back to where she was before all that surgery."

and gives better structure.” Others use Botox and fillers around the mouth and eyes and between the brows.

COSMODERM, COSMOPLAST

What they do: These human-based forms of collagen (derived from cell cultures obtained from neonatal foreskin) treat fine lines and add fullness to the lips and cheeks.

Procedure: Both are formulated with the anesthetic lidocaine, but a topical numbing cream is also applied.

Pain: Minimal upon injection; site may be tender for a few days.

Lasting power: Three to four months.

Pros: Immediate results; no skin testing required.

Cons: Must be repeated; cannot use if allergic to lidocaine.

Risks: Temporary puffiness, bruising, redness.

Average cost: \$488.

RESTYLANE, CAPTIQUE

What they do: Both are clear gels made of hyaluronic acid derived from bacteria and are used for moderate to severe facial wrinkles and folds around the nose and mouth, in the tear trough of the lower-eye area and in the cheeks and lips.

Procedure: Injected after topical anesthetics numb the area.

Pain: Restylane injections cause mild to moderate pain; tenderness and swelling can last up to one week. Captique, a thinner substance, may be less painful.

Lasting power: Restylane, six months; Captique, three to four.

Pros: Relatively inexpensive; require no skin testing; procedures take only minutes; immediate results. It’s wise to start with these fillers and, if you want the results to last, move on to longer-lasting substances as desired.

Cons: The injections must be repeated regularly.

Risks: Redness and itching; temporary lumpiness and reactions reported in about 1 in every 2,000 patients; hives. If used in the eye area, can in rare cases occlude vision or cause blindness.

Average cost: \$527.

HYLAFORM, HYLAFORM PLUS

What they do: Both of these clear gels are made from hyaluronic acid extracted from rooster combs (a source of avian protein). Hylaform is a lighter form of the acid, used for minor wrinkles and minimal lip plumping. The larger particles of Hylaform Plus are best for moderate to severe wrinkles and folds.

Procedure: Same as for Restylane.

Pain: Same as for Captique.

Lasting power: Hylaform, six months; Hylaform Plus, twelve.

Pros: Inexpensive (compared with surgery); no skin test required.

Cons: Must be repeated every three to six months; contraindicated for pregnant or breast-feeding women or anyone with a

history of autoimmune disease or an allergy to avian products.

Risks: Redness and itching; raised bumps; allergic reactions.

Average cost: \$527.

SCULPTRA

What it does: This poly-L-lactic acid in a clear gel was approved by the FDA in 2004 for the correction of facial fat loss in HIV patients, who tend to have sunken cheeks and hollow eyes. Now used off-label cosmetically to restore volume in cheeks.

Procedure: Injected below the surface of the skin in the area of fat loss, it thickens skin and gradually fills folds and hollows. Not for lines and wrinkles.

Pain: Soreness and swelling may last three to seventeen days.

Lasting power: Up to two years.

Pros: Requires no skin testing; longer lasting than other fillers.

Cons: Time-intensive; can require three or more visits one month apart and frequent self-massage for five days; results are not immediate; more expensive than other fillers.

Risks: Bleeding, tenderness, redness, bruising or swelling at injection site; possibility of uneven results or too little volume; delayed appearance of small bumps under the skin.

Average cost: \$1,022 per session.

RADIESSE (FORMERLY CALLED RADIANCE)

What it does: This clear gel, made of calcium and hydroxyapatite, is FDA approved for use in craniofacial surgery. Used off-label cosmetically as a filler. May stimulate collagen production.

Procedure: Injected into the deeper layers of the skin to fill lines, nasolabial folds and sunken areas around cheeks.

Pain: Moderate to severe pain upon injection; can be prevented with a nerve block. Tenderness lasts a few days to a week.

Lasting power: Up to two years.

Pros: Combines the benefits of hyaluronic-acid fillers and Sculptra (see above); longer lasting than many other fillers.

Con: Any unsatisfactory results last longer too.

Risks: Redness and swelling. Substance can migrate and form small bumps, especially if injected in the lips or at crow’s-feet.

Average cost: \$900.

Lasers

Laser treatments range from fairly minor ones that target broken capillaries and sun spots to the intense CO₂ procedure, which burns off the outer layer of skin. The CO₂ procedure is still the gold standard for generating new skin but is used less often because of its lengthy recovery period, with oozing, crusting wounds for seven to ten days followed by redness for up to six months. More people are turning to gentler lasers (which leave skin intact), particularly Fraxel, to diminish wrinkles.

Mixed Reviews

The following treatments are endorsed by some doctors and criticized by others.

SILICONE AND ARTEFILL Artefill has not yet been FDA approved. Both of these fillers are permanent. The glaring downside: any lumps or defects are also permanent, and corrective surgery is difficult and possibly disfiguring.

THERMAGE Billed as an alternative to the face-lift, this device, introduced in 2002, tightens skin by heating its inner layer with radio-frequency waves. Many of the patients who had the treatment, including one *T&C* editor, saw minimal results, and a few were burned. Thermage's new protocol advises using less heat and more passes over the skin.

A topical anesthetic is applied, and the patient takes Percocet or Valium to control the pain. The procedure does not require a recovery period. If you already have injectable fillers in your skin, the heat from Thermage may alter them. A number of dermatologists have decided not to offer the service at all.

GALAXY This device combines radio-frequency and laser technology. Like Thermage, it tightens skin, but it uses less heat and requires at least three sessions. If you have fillers, this procedure may adversely affect them. It simultaneously addresses dark spots, acne and excess hair. New York dermatologist Dr. Paul Frank says, "Galaxy promises to be the jack-of-all-trades, but it isn't particularly good at any one thing."

TITAN This device uses infrared light to tighten skin and promises Thermage-like results. At least two treatments are required, spaced over three or four weeks; again, be cautious if you already have fillers in your skin. Dr. Macrene Alexiades, a New York dermatologist, says she has seen very good results. Dr. Moy, of Los Angeles, notes that it works better on the body (arms, thighs and stomach) than on the face. Titan, however, has never attained Thermage's original popularity, and the bulk of the doctors we interviewed do not use it.

THREAD LIFT In this face-lift alternative, "threads," which are similar to surgical sutures, are inserted under the skin. Each thread has barbs on it, and when the doctor tugs on the thread, the barbs catch the tissue underneath and pull it up. The procedure requires only a local anesthetic and entails little downtime. Boston-based dermatologist Dr. Jeffrey Dover advises proceeding cautiously and waiting at least six months before trying it: "It's too early to tell the long-term benefits."

MESOTHERAPY In this treatment, chemicals are injected into the body to melt fat; it is not FDA approved. Dr. Hirmand warns, "Since not all the risks are known, don't try it." NINA J. JUDAR

FRAXEL

What it does: This mildly ablative laser creates microscopic wounds, damaging 15 to 20 percent of the skin's surface. Skin begins to regenerate within twenty-four hours. Dr. Ronald Moy, a dermatologist and plastic surgeon in Los Angeles, says, "Fraxel treatments give results comparable to a moderate chemical peel, and patients appreciate being able to return to work quickly." Washington, D.C., dermatologist Dr. Tina Alster says, "Fraxel blows the CO₂ laser out of the water. For moderate wrinkles, three to five sessions are significantly easier on you and your skin than one CO₂ laser treatment and cost about the same."

Procedure: A topical anesthetic and a blue, water-soluble dye are applied to the face. After a wand has been passed over the treatment area, the dye is washed off. Usually requires three to five sessions spaced two to four weeks apart.

Pain: A mild sunburn sensation; swelling can last a few days.

Lasting power: For acne scars, permanent; for moderate wrinkles, up to ten years.

Pro: No recovery period.

Cons: Results not immediate—requires repeated visits; redness for up to a week after treatment; flaking as skin regenerates.

Risks: Rarely, infections or scarring.

Average cost: \$888 per session.

Intense Pulse Light

Using intense pulse light (which is technically not a laser) to treat hyperpigmentation, veins or other skin conditions is not new, but the latest devices can treat delicate areas (such as the chest, neck and hands) and darker skin tones, which were all subject to burning with the older models. Be sure to see a reputable dermatologist seasoned in treating your skin tone and particular area of concern.

ELLIPSE, PROLITE

What they do: Even out skin tone; diminish broken capillaries, sun-damage spots, diffuse redness and unwanted hair.

Procedure: A wand delivering light is passed across the skin. Your dermatologist will choose a device and light frequency geared toward your problem areas. Two to three treatments are usually necessary, spaced three to four weeks apart.

Pain: Pulses feel like the snapping of a rubber band.

Lasting power: Generally permanent; red, dilated capillaries usually return; hair removal requires touch-ups.

Pro: No recovery period.

Cons: Redness may last twenty-four hours; patients do not respond equally to treatment; spots may only lighten.

Risks: Burning or scarring.

Average cost: \$347 per session.

Anesthesia Update

In the 1970s, 1 in 5,000 surgical patients died because of complications from powerful anesthesia drugs. Today that rate has dropped to 1 in 250,000 patients. The drugs are now faster acting and faster metabolizing, making ambulatory surgery more common. General anesthesia with a breathing tube is the better choice for certain cosmetic surgeries. Despite what many of us think, "local with sedation isn't necessarily safer than general," says Dr. Gerald H. Pitman, a plastic surgeon in New York, "particularly in a procedure like breast reduction. To use local with IV sedation in this case would be a dangerous compromise because you'd need to be sedated so deeply. Only general provides protection of the airway."

Your own good sense can contribute to a safer surgery. An article in a recent issue of the *Journal of Dermatologic Surgery* reviewed incident reports for Florida from 2000 to 2003 and detailed seven deaths during in-office cosmetic procedures, five of which were performed under general anesthesia and two under IV sedation. The findings prompted the American Society for Dermatologic Surgery to warn patients against extensive cosmetic surgery involving multiple procedures at a single time and to encourage patients undergoing surgery in a doctor's office to choose procedures that can sensibly be performed with local anesthesia.

For surgeries that work well with sedation, like the short-scar face-lift, the drugs of choice are Propofol (a hypnotic agent) and Versed (a tranquilizer like Valium). Anybody who's had a colonoscopy with sedation in recent years will know that this combination is a dream. You go out in an instant and wake up with no grogginess or headache.

What can you do to make your anesthesia experience as safe as possible?

- Avoid marathon surgery.
- Decide whether you want a board-certified anesthesiologist or a nurse anesthetist to administer the drugs (because it's elective surgery, you do have a choice). In either case, ask about qualifications and training, including years of experience and familiarity with the procedure you'll be undergoing.
- Choose your anesthesia. When asking about your surgeon's qualifications and experience, find out what type of anesthesia is available, what side effects to expect and what plans are in place in case of an emergency.
- Disclose all medications you are taking, including herbal remedies or diet pills, to your surgeon and your anesthesiologist. They may interact with the anesthesia, and some (like the herb ginkgo biloba) act as blood thinners, which impede clotting.

Surgery With a Scalpel

"There are two separate issues in the aging process: the quality and the quantity of your skin," says Dr. Darrick Antell, a New York plastic surgeon. "Skin-quality issues can be addressed with creams and lasers, but quantity-of-skin problems such as sagging jowls require surgery. No cream or laser can remove excess skin." Instead of full face-lifts, more patients today are choosing ponytail-friendly operations that result in smaller scars. Dr. Antell says, "Aside from the shorter scar, there's no wind-tunnel look because we work on the deeper layers and reposition the fat and muscles, so the result is more natural." The midface-lift is another less invasive technique, but because it is often done through lower-eyelid incisions, it can cause a noticeable change in eye shape. Our sources recommend against it.

SHORT-SCAR FACE-LIFT

What it does: Elevates and supports skin and underlying fat and muscles of the midface and jowls.

Procedure: The surgeon makes incisions at the hairline and around the ears and lifts (more vertically than in the traditional lift) the fat, muscles and skin.

Pain: Mild discomfort for about one day; treatable with Tylenol.

Lasting power: Five to ten years.

Pros: Compared with the traditional face-lift, involves less scarring; can almost always be performed with local anesthesia and sedation; shorter surgery time (one and a half hours).

Cons: Bruising and swelling.

Risks: Severe hematoma (blood collecting under the skin); injury to facial nerves (usually temporary); change in hairline.

Average cost: \$6,298.

RHINOPLASTY IMPLANT

A recent advance in rhinoplasty is the use of a synthetic implant. Made of porous material, it becomes integrated with your tissues. "Your scar tissue grows into it," says Dr. Robert Guida, a plastic surgeon in New York. "It has replaced the use of rib cartilage, which was painful to extract and can warp and collapse."

What it does: Polyethylene (Medpor) and hydroxyapatite implants reshape and straighten the nose; often used in revision rhinoplasty (repairing a botched surgery), in which there can be a need for replacing or adding tissue.

Procedure: There are two types of nose surgery: open and closed. In open surgery, an incision is made at the base of the nose between the nostrils. In closed, which is more common today, all incisions are hidden inside the nostrils.

Pain: Aching nose and dull headache for a day.

Lasting power: Permanent.

Pros: Doesn't warp the way cartilage from a donor site on the body can; less likely to extrude (come through the skin).

Cons: Temporary swelling and bruising around eyes and nose; feels and looks slightly less natural than a cartilage graft.

Risks: On rare occasions, the possibility of infection and shifting of implant; those with thin skin may feel the implant's edge.

Average cost: \$4,188.

ENDOSCOPIC BROW LIFT

What it does: Raises the eyebrows and smooths the forehead.

Procedure: Instead of a long incision across the top of your forehead (the open approach), in this less invasive lift, three to five small incisions are hidden under the hair. An endoscope (like a minicamera) helps the surgeon work. Absorbable hooks rather than screws secure the skin in its new position.

Pain: Minimal pain at the incision sites for the first few days.

Lasting power: Up to ten years.

Pros: Faster healing; no visual scarring; minimal hair loss; works under the skin, eliminating risks of permanent numbness and higher forehead associated with the traditional open brow lift.

Cons: Temporary numbness, bruising and swelling; lift begins to relax slightly in six to nine months.

Risk: If overdone, a permanently surprised-looking face.

Average cost: \$3,148.

EYELID LIFT

The news here is in combining techniques. Dr. Hirmand, who uses a blunt cannula (a needlelike implement) to inject Restylane safely, and often without bruising, in the lower-eye area to fill hollows (see "Restylane," page 120), will sometimes do a subtle eyelid lift along with other procedures. "Take a hooded eyelid, for example," she says. "If you just remove the excess skin above the eye and make it tight, it will then pull down the brow, especially if the brow is loose. So I'd do an endoscopic brow lift as well to raise the brow slightly."

BREAST AUGMENTATION

What it does: Enlarges breasts with the use of saline-filled implants. (Silicone is approved for reconstructive and special cases only. For news on silicone implants for cosmetic use, see "New and on the Horizon," page 124.) As for implant-shape options, the Mentor brand now offers a Moderate Plus model, which "has good width and projection and fits nicely on the rib cage," says New York surgeon Dr. Alan Engler. "I am using it in 80 percent of the augmentations that I perform. It just looks better."

Procedure: Incisions are often made in the creases of the breasts but can also be made around the areolae or in the armpits. Most

surgeons prefer to put the implant behind the chest muscles; others put it directly under the breast tissue.

Pain: Soreness for a few days after surgery; more pain associated with implants placed under the chest muscles.

Lasting power: Studies showed removal rates of 8 percent at three years and 12 to 14 percent at five years because of ruptures or other complications, but these rates have declined in recent years.

Pros: Increases breast size; can enhance symmetry.

Cons: Fading of scars takes several months to a year; scar tissue forms around implants; mammography requires extra views.

Risks: Reports of immune-disorder symptoms. If implants are removed, dimpling, puckering and wrinkling may occur.

Average cost: \$3,583.

BREAST REDUCTION

What it does: Decreases size of breasts; can enhance symmetry.

Procedure: Although the traditional anchor-shaped incision (vertical from nipple downward, and horizontal at the bottom of each breast) is still being used, more doctors are using a lollipop-shaped incision instead. A few reductions can be done with liposuction alone, which minimizes the incision.

Pain: Soreness for several days after surgery.

Lasting power: Permanent.

Pros: No horizontal scars; shape of the new breasts allows for longer-lasting fullness of the upper half of the breasts.

Cons: Noticeable scars circle the nipples and extend to the crease of the breasts; not for women with breasts larger than DDD or those with low nipples; breasts initially appear too high.

Risks: Infection; bleeding; loss of nipple sensitivity due to tissue removal; discrepancy in breast sizes; breasts may produce less milk after childbirth; there can be puckering of the skin near incisions for several months; may require surgery if skin puckering doesn't resolve on its own.

Average cost: \$5,550.

TUMMY TUCK (ABDOMINOPLASTY)

What it does: Tightens loose skin and muscles in a stretched abdomen caused by pregnancy or dramatic weight loss. (With the rise in the number of gastric-bypass surgeries performed each year—an estimated 171,000 in 2005—many patients lose a striking amount of weight, but "it's a shock for them to have a lot of extra skin," says Dr. Hidalgo. "It doesn't fit their body anymore, nor will it without surgery." For this reason, they also seek arm and body lifts; see next page.)

Procedure: Two incisions are made: one, at the bottom of the abdomen, extending horizontally between the hip bones; the other, to free the navel from the surrounding area. Excess abdominal skin is removed, and muscles are tightened.

Pain: In the first days after surgery, patients will feel some pain and discomfort, which is controlled with medication. Patients resume normal activity within two to four weeks.

Lasting power: Long-lasting; may even be permanent.

Pros: Eliminates stretch marks; creates a flat, smooth abdomen.

Cons: Scar below the belt line; abdominal muscles take about two months to regain strength; not for those planning to become pregnant.

Risks: Rare but serious: pulmonary embolism; risk of death is higher when combined with liposuction; tissue loss along portions of the incision; formation of seroma (fluid under the skin).

Average cost: \$5,232.

ARM LIFT (BRACHIOPLASTY)

What it does: Removes excess sagging skin from the upper arms.

Procedure: An incision is made from armpit to elbow on the inner arm, and excess skin and fat are removed.

Pain: Mild pain after the procedure can be controlled with medication. Normal activity can be resumed within two weeks.

Lasting power: Long-lasting; may even be permanent.

Pro: Improved contour of the arm.

Con: Visible, permanent scars.

Risks: Rarely, change in nerve sensation; very rarely, pulmonary embolism.

Average cost: \$3,610.

BODY LIFT

What it does: Eliminates excess skin and smooths entire torso.

Procedure: The surgeon makes an incision all the way around the body in order to pull up from below as well as pull down from above and removes all excess skin and fat.

Pain: Can be severe and extended. Controlled with medication for ten days or more. Patients usually resume normal activity six weeks after surgery.

Lasting power: May be permanent with proper diet and exercise.

Pros: Improved silhouette; dramatic elimination of loose skin.

Cons: Surgery lasts six hours or more and requires a two- to three-day inpatient stay and a very challenging recovery.

Risks: Can require blood transfusions; venous thrombosis (due to being stationary on the operating table for so long); pulmonary embolism; seroma formation; wound separation; lengthy scars; change in skin sensation; skin-contour irregularities at the ends of the incision; rarely, dead fatty tissue; lymphedema; injury to deeper structures, including nerves, blood vessels, muscles and lungs. This procedure, says Dr. Hidalgo, "produces the most dramatic improvement of all cosmetic surgeries but also has the highest risk of death."

Average cost: \$7,810. ❖

New and on the Horizon

These treatments may be available soon.

RELOXIN An injectable alternative to Botox, Reloxin has been used in Europe under the name Dysport for several years. An American company, Medicis, recently acquired the rights to distribute it Stateside and expects to receive FDA approval in about a year. Like Botox, Reloxin uses a toxin derived from the botulism bacterium to paralyze muscles that cause expression wrinkles; it simply uses a different strain. Studies that will determine whether Reloxin takes effect sooner or lasts longer than Botox are pending; we've heard mixed reports.

JUVADERM This hyaluronic-acid filler, currently used in Europe, is awaiting FDA approval. It will come in varying concentrations to fill wrinkles of different depths. Dr. Hirmand, of New York, says, "It looks very promising."

PERLANE Another hyaluronic-acid filler awaiting FDA approval, Perlane has larger molecules than Restylane. Dermatologists expect to inject Perlane into deeper wrinkles and then possibly layer Restylane above it.

PORTRAIT This FDA-approved laserlike device, known as a plasma-skin regenerator, shoots nitrogen gas, which heats the skin, to eliminate sun damage and wrinkles. It's marketed as an alternative to CO₂ laser resurfacing, a procedure that can dramatically improve the quality of the skin but is invasive, requiring two to three weeks of downtime and possibly leaving the skin looking white and waxy (CO₂ is not recommended for olive, brown or black complexions). Portrait entails only one week of downtime, during which the outer layer of skin peels off. New York's Dr. Frank says, "It makes the skin on your face as smooth as the skin on your butt. It literally takes twenty years off."

ACCENT The latest (or third-generation) radio-frequency device is still under trial but will likely hit doctors' offices in the coming months. Its radio-frequency waves penetrate deeper into the skin than Thermage's, but unlike Thermage, the treatment is painless and requires no numbing. Dr. Alexiades, who is running Accent's FDA trial, has been impressed with the results and says, "Accent provides an immediate tightening benefit as well as further tightening over a period of weeks. The results are expected to last one and a half years."

COHESIVE GEL BREAST IMPLANTS This new silicone gel is in trials for use in breast augmentation. It is "form stable," not liquefied, so if a rupture occurs, the implant stays put instead of leaking. The downside: it requires a slightly longer incision. No word on FDA approval yet.

N.J.J.