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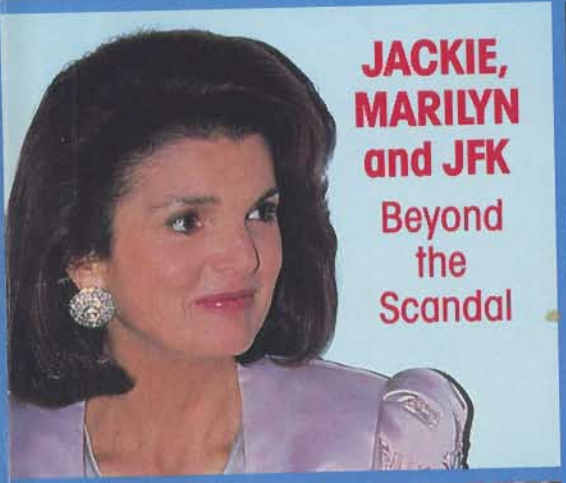
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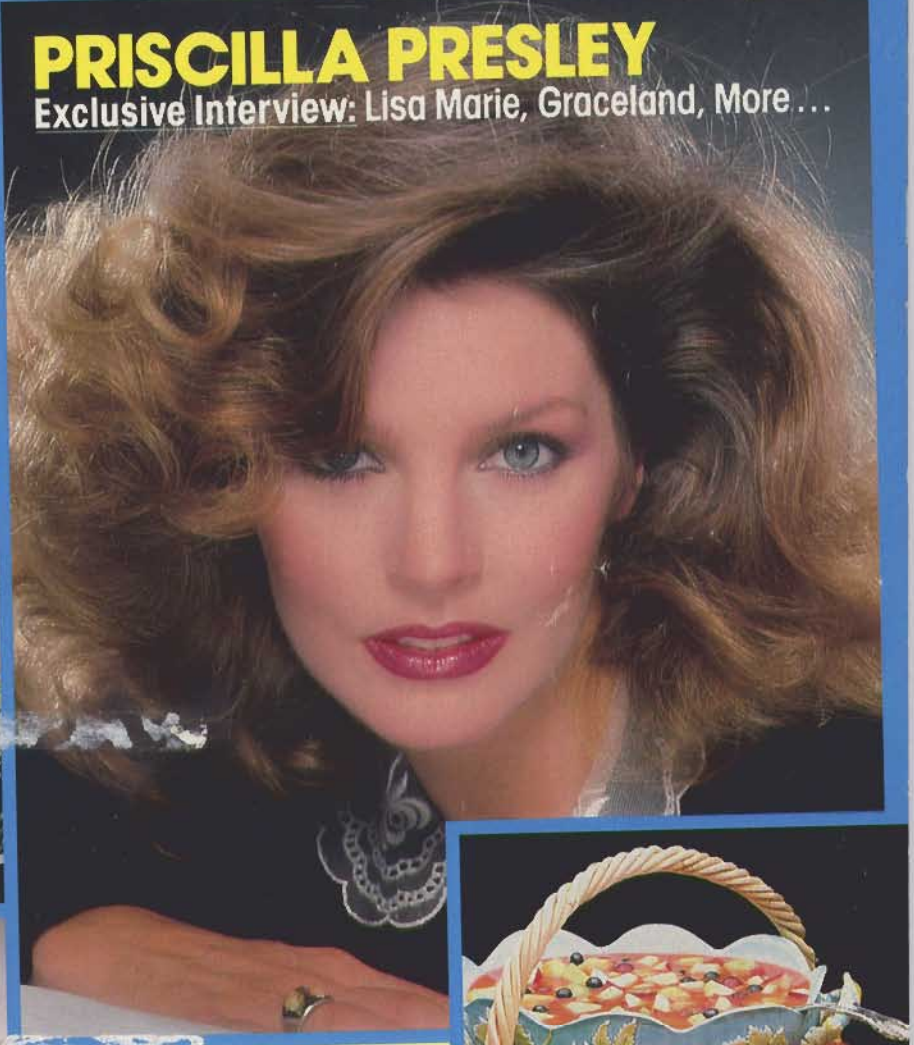
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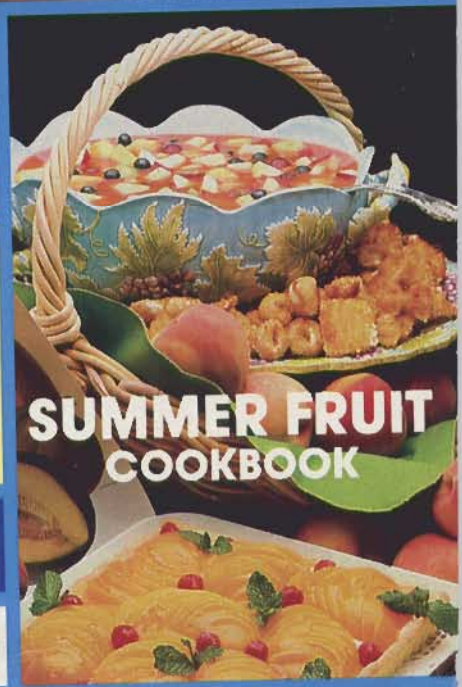


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MARK HAMILTON

A Change for the Better

Joan Kowal, a busy New York City wife and grandmother, decided to improve her looks with cosmetic surgery. "I just felt I could look better, not younger," Joan explains. So two years ago, in July, 1987, at the New York Eye & Ear Infirmary in New York City, Joan had a face-lift (with liposuction), eyelid surgery to remove the bags above and below her eyes and rhinoplasty to reshape her nose.

Her family was very supportive. "My three kids said, 'Go for it, Mom—you only live once,'" says Joan. Yet making other people happy was not her reason for having the surgery. "You do it for yourself—it's between you and your mirror. And it isn't even a matter of being vain—it's a matter of having a healthy, forward outlook."

After consulting with several plastic surgeons, Joan selected Michael E. Sachs, M.D., P.C., director of research in the division of facial plastic and reconstructive surgery at the New York Eye & Ear Infirmary. "You have to have confidence in your

surgeon. A friend had used Dr. Sachs, but I also wanted to go with someone who was young—not so much in age, but up-to-date with the newest methods," says Joan.

Although Joan chose to have the surgery in the hospital, the three-and-a-half-hour operation could have been done in her doctor's office, which has an ambulatory surgical suite. Recalling her state of mind the



COURTESY DR. MICHAEL E. SACHS

Joan Kowal (left), shown before having cosmetic surgery to eliminate sagging skin on eyelids, face and neck and to refine her nose; and today (far left).

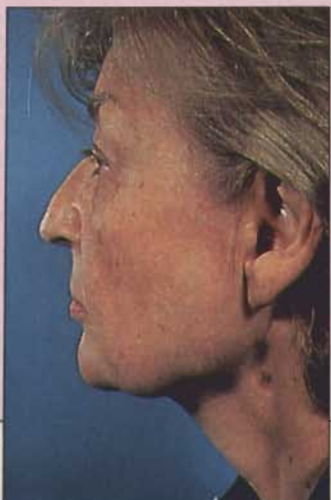
morning before surgery, Joan says, "I wasn't nervous. I met other people who were having things done. . . . It was very pleasant."

Joan doesn't remember feeling any pain during or after surgery. After the operation, a bandage was wrapped around her head and chin and was removed the next day, before Joan was discharged from the hospital. "I was a little black and blue near my mouth and around my eyes, and it lasted a couple of weeks," she says.

After two weeks of healing, Joan began to see the changes in her face. "I was happy with the result, and my family flipped when they saw me—they loved it," she says. During two follow-up visits, Dr. Sachs removed stitches around her hairline, under the lower eyelashes and in front of and behind her ears. Two years later the scars are barely visible.

Joan works part-time in her son Richard's chiropractic office and was employed there at the time of her surgery. "When I came back, patients

Although she wanted her nose reshaped (right), Joan didn't want it to look unnatural. The result (far right): a nose that suits her facial contours.



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COSMETIC SURGERY

asked me if I'd been on vacation—I looked so rested," she recalls. Joan has no regrets about having cosmetic surgery. "I felt very good that I did what I wanted to do," she says.

Two of the techniques performed on Joan were developed by Dr. Sachs. The first, known as Fat Melting Blepharoplasty, was used to get rid of her puffy lids and the bags underneath her eyes. Instead of the traditional method of blepharoplasty, in which the fat is cut from the lids, a heated needlelike instrument is used to evaporate the fat. "When you melt the fat, you have more control, and it leaves a smooth, natural contour to the eye. Plus, healing is better," says Dr. Sachs. The second technique is Finesse Sculpting Rhinoplasty, in which the bone of the nose is thinned and sculpted. Since the bone is not broken, there's less swelling, and less healing time is needed. In addition to the eyelid and nose surgery, Dr. Sachs used liposuction to remove fat from Joan's face and neck. "Liposuction during a face-lift produces a smoother skin foundation," says Dr. Sachs. After this procedure, Joan had a face-lift in which the underlying muscular structure in her neck and face was tightened.

According to Dr. Sachs, current Manhattan prices for the procedures Joan had done are approximately as follows: face-lift, \$10,000; eyelid surgery, \$5,000; Finesse Sculpting Rhinoplasty, \$5,000. Surgeons often give patients a lower "package" price if they're having more than one type of cosmetic surgery done at once, says Dr. Sachs. "What you're paying for is the surgeon's time, and it would be more costly for him to do one of the three surgical techniques on three different people than to do all of them on one person."

Joan offers some final words of advice for other women who are thinking of surgically improving their looks. "Don't expect a completely new face—that could be devastating," she says. "After the surgery, it's still your face, only better. Remember to set realistic goals." —Karen Burke

Here's an update on common procedures as well as a look at the latest, more controversial techniques. Plus, what you need to know about finding the right surgeon

Have you ever looked in the mirror and wished your nose were smaller or that the bags under your eyes would disappear? If the answer is yes, you're not alone. In fact, hundreds of thousands of men, women and teenagers have turned to cosmetic surgeons to improve their looks. According to the American Academy of Cosmetic Surgery, more than three million cosmetic surgical procedures were performed in the United States in 1986 and '87—including 325,000 nose surgeries, 310,000 liposuction procedures and 295,000 eyelid surgeries.

Cosmetic surgery is no longer an option only for the wealthy. The American Academy of Facial Plastic and Reconstructive Surgery reports that 45 percent of facial plastic surgery patients had household incomes of less than \$25,000 a year, although the procedures are often not covered by medical insurance and can cost thousands of dollars. To help you decide if cosmetic surgery is right for you, we've listed some of the most common procedures, along with the risks and benefits of each.

Reasons for a New You

When you contemplate cosmetic surgery, the most important question to ask yourself is, Why do I want this done? Having unrealistic expectations will almost certainly leave you disappointed. Here's what surgery *won't* do for you: change your life, win you acceptance or love or solve a temporary problem.

Who is the best candidate for cosmetic surgery? Although the reasons vary with each individual, there are several characteristics of the well-motivated cosmetic-surgery candidate. According to medical experts, it's someone who isn't unreasonably concerned about physical flaws, has realistic expectations, is educated about the procedure under consideration and is in good health.

The Most Common Procedures Liposuction

If diet and exercise aren't helping you lose the bulges on your hips or thighs, you might want to consider liposuction. "My average liposuction patient is of normal or near-normal weight, with fat in localized areas she can't get rid of," says Gerald H. Pitman, M.D., a plastic surgeon in New York City. "But the patient must have realistic expectations. If someone is obese, I recommend diet and exercise. Liposuction is not a substitute for these." Women often request liposuction for saddlebags on the thighs, or excess fat deposits on the buttocks, hips and abdomen, while men opt to remove "love handles" above the waist.

The procedure: The surgeon inserts a tube called a cannula through a small incision and uses the instrument to suction the fat out.

After surgery, a snug garment is worn for several weeks to several months to reduce swelling and help the skin conform to the body's new shape. Discomfort during the first several days can usually be controlled by medication, and swelling and skin discoloration generally subside within six to eight weeks. Infection or internal bleeding are rare.

Results: Dr. Pitman cautions patients that all scars are permanent. The outcome of liposuction "depends on the resilience of the skin and how well it contracts and reshapes to the body's new contours," says Simon Fredricks, M.D., clinical professor of plastic surgery at Baylor College of Medicine in Houston. The skin in the treated area might have a rippled appearance.

Choosing a doctor: Liposuction is performed by doctors in many different medical specialties, including plastic surgeons, dermatologic surgeons and gynecologists. Dr. Pitman recommends that liposuction be performed by a doctor certified by the American Board of Plastic Surgery. "Liposuction requires a

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great deal of finesse and surgical judgment to get consistent, safe results," he says. "You need a doctor who has a broad background in handling tissues, aesthetics and surgery."

"We do the same procedure as plastic surgeons," counters John Skouge, M.D., a dermatologic surgeon with the department of dermatology and otolaryngology at Johns Hopkins Hospital in Baltimore. In fact, he points out that dermatologic surgeons were instrumental in making liposuction available on an outpatient basis, an option many plastic surgeons now offer as well. "Using local anesthesia instead of general takes it out of the hospital operating room, reducing the cost by fifteen hundred dollars to two thousand dollars," says Dr. Skouge.

Face-lift

"Today a 'face-lift' actually means a

face-and-neck lift," says Eugene H. Courtiss, M.D., assistant clinical professor of plastic surgery at Harvard Medical School in Boston.

The procedure: The surgeon separates the skin from the underlying fat and muscle, pulls it up and snips off the excess skin. He also tightens sagging muscles and connective tissue, then closes the incisions with sutures along the natural hairlines. Most scars fade and become barely visible. Serious complications such as infection or excessive scarring are rare in nonsmoking patients. If the patient has a significant amount of fat in the neck or jowls, the doctor may use liposuction to remove it at the beginning of the procedure.

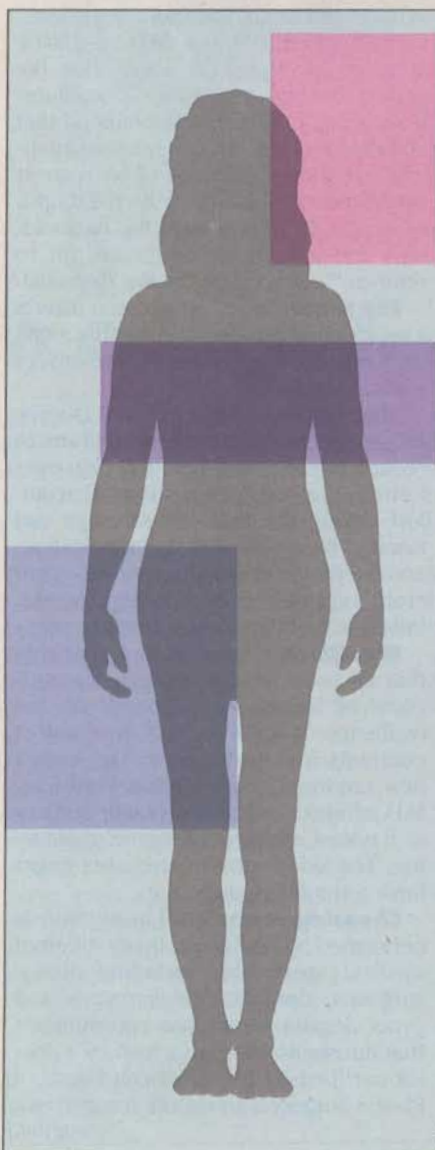
Results: Although a face-lift is permanent, the skin continues to age, and the patient may choose to have the procedure repeated. This second face-lift

poses no more risk than does the first and is generally not needed before five to eight years later.

Nose Surgery

This technique, known as rhinoplasty, can reduce the size of the nose, reshape the tip, improve the angle or remove a bump. The American Society of Plastic and Reconstructive Surgeons does not recommend surgery before the middle teenage years, when the nose has attained 90 percent of its growth.

The procedure: The surgeon generally makes an incision on the inside of the nostrils, through which he cuts, trims and manipulates the cartilage and bone to reshape the nose. After surgery, the doctor tapes a plaster or plastic splint onto the nose to maintain its new shape. Bruising around the eyes will begin to fade in several days, and swelling of the



Plastic Surgery Procedures

PROCEDURE

COST

Cheekbone: Implant is inserted to make cheekbone more prominent.	\$1,500-\$2,500
Chin augmentation: Implant on bone in front of chin improves profile.	\$1,000-\$2,000
Eyelids (upper/lower): Excess skin and fat are removed from eyelids, eliminating bags and folds.	\$1,000-\$5,000
Face-lift: Excess skin is removed, and underlying muscles and tissues are tightened.	\$2,000-\$10,000
Nose correction: Nose can be narrowed or straightened; nostril width can be reduced or tip reshaped.	\$1,500-\$6,000
Breast augmentation: Implant is used to enlarge breast or change its shape.	\$1,800-\$4,000
Breast lift: Sagging breast skin is removed; nipple is raised.	\$1,000-\$4,000
Breast reduction: Excess breast tissue is removed to make large breasts smaller and firmer.	\$3,000-\$6,000
Liposuction: Fat is removed from localized areas such as thighs, hips or abdomen, using suction.	\$1,000-\$6,000
Tummy tuck: Skin is tightened; excess is removed from abdominal area.	\$2,000-\$6,000

Prices may vary depending on geographic location and/or the severity of the condition.

nose will gradually subside.

"The risks of bleeding or infection in rhinoplasty are low," says Norman Pastorek, M.D., director of the division of facial plastic surgery at The New York Hospital-Cornell Medical Center in New York City. In 3 to 5 percent of cases, a second operation may be required if the nose does not heal properly and scar tissue forms.

Eyelid Surgery

People with a perpetually tired look caused by wrinkled folds of skin on their upper eyelids or bags under their eyes can be helped by blepharoplasty.

The procedure: The doctor uses a scalpel and scissors to separate the skin from underlying fatty tissue and muscle and to remove excess skin and fat on the upper and lower lids. The result is a younger, rested look.

"Blepharoplasty is the most meticulous operation in the field of plastic surgery," says Dr. Pastorek. "It's very difficult to reoperate—it has to be right the first time."

Dr. Pastorek teaches surgeons to be careful not to take too much skin from the lids or else the upper lid might not

close completely, exposing the eye. "It can lead to drying of the cornea and a burning sensation, which can be cared for with eyedrops—vision is not affected," he says. After about a year, the lid will stretch enough to allow the eyes to close properly.

Using lasers to make the incisions during blepharoplasty is a new development in the field of eye surgery. "The laser does away with bleeding, which causes swelling and bruising—it seals blood vessels as it works," says Laurence M. David, M.D., a dermatologic surgeon in Hermosa Beach, California, who has been performing laser blepharoplasty for several years. The laser reduces operating time, he says, and patients have no discomfort after the operation. His charge for the procedure, which is starting to be performed in other parts of the country, is \$2,500 for upper or lower lids, \$3,500 for both.

Dr. David cautions anyone considering the procedure to choose a surgeon with a great deal of training and experience in laser surgery.

Not all surgeons feel that the benefits of using a laser are worth the risks. "Lasers can be hazardous to the eye if

they strike the wrong part," says Richard O. Gregory, M.D., clinical instructor of plastic surgery at the University of Central Florida in Orlando. "They can injure the cornea or lens and can even cause blindness."

Breast Implants

Late last year, a possible link between silicone-gel breast implants and cancer was announced, based on the findings of a study conducted by a major manufacturer of silicone, Dow Corning Corporation of Michigan. In the study, more than 23 percent of the rats given implants of silicone gel similar to those used in breast implants developed a type of malignant tumor known as fibrosarcoma. At the time the results were published, an estimated two million women had implants.

But leading breast-augmentation experts say the implants do not cause cancer in humans. Garry Brody, M.D., clinical professor of plastic surgery at the University of Southern California at Los Angeles, has been following more than 3,100 women who have had breast implants for an average of 11½ years. "We found no more incidence of breast cancer in these women than in the rest of the population," Dr. Brody says.

"Silicone objects such as artificial joints and prostheses have been implanted in the body for forty to fifty years, and none have been shown to cause cancer," points out John B. Tebbets, M.D., of the University of Texas Southwestern Medical School in Dallas.

The procedure: There are different types and sizes of silicone implants to choose from; they can be implanted either under the breast tissue or under the chest muscle.

"Some doctors prefer to place the implant under the breast tissue, because the procedure is a bit simpler and can be done using only a local anesthetic," says Diane Gerber, M.D., a plastic surgeon in private practice near Chicago. She prefers to place the implants under the chest muscle, where there is slightly less chance of capsular contracture. This painful hardening and contraction of the scar tissue around the implant occurs in 5 to 15 percent of cases where smooth-surface silicone implants are used. The condition can cause the implant to feel like a firm ball against the chest when it is pressed. To treat the problem, doctors either apply pressure to crack the scar tissue or remove the implant and surrounding scar tissue and replace it with a polyurethane-coated implant—which has been shown to reduce the likelihood

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Choosing the Right Surgeon

Finding a qualified practitioner of cosmetic plastic surgery can be confusing. Any physician, regardless of training, may practice cosmetic surgery. In fact, some surgeons report that between 5 and 10 percent of the procedures they perform are "repair work," correcting a less able surgeon's work. "There are as many ill-trained surgeons attempting to perform plastic surgery as there are well-trained ones," says Simon Fredricks, M.D. Here are key points to keep in mind when selecting a surgeon.

Board certification: Certification by some recognized medical boards—of otolaryngology or dermatology, for example—ensures that the physician has been trained in plastic-surgery procedures within that specialty. One doctors' group urges consumers to choose a surgeon who has received even more rigorous training. "Plastic surgery should be performed by a doctor who is board certified by the American Board of Plastic Surgery," says Cathleen Coyne, spokesperson for the American Society of Plastic and Reconstructive Surgeons. "They have three to five years of training in

general surgery, plus two to three years of additional training in plastic surgery."

You should be certain that your surgeon is board certified in a specialty appropriate to the procedure you want done. Ask the physician about his or her training or consult the Directory of Medical Specialists in your local library, which lists board-certified specialists by specialty and state.

Experience: Ask the doctor how often he performs procedures similar to yours and request to see "before" and "after" photos. Contact his former patients to learn about their experience. If your physician is a member of a professional organization, you can obtain a list of the surgical procedures he has done.

Your relationship with the doctor is also an important factor. Does he or she answer your questions satisfactorily? "I always tell people to think of the doctor they would feel most comfortable with if something didn't go right," says Howard B. Tobin, M.D., director of the Facial Plastic and Cosmetic Surgical Center in Abilene, Texas.

of capsular contracture—or a textured implant.

After breast-implant surgery, the doctor applies a dressing, and the patient begins wearing a surgical bra. "We encourage women to return to normal activity two to three days after surgery," Dr. Tebbetts says, adding that the implants are very durable. "Even vigorous activity can't break them."

The implants have been criticized for impeding a doctor's ability to detect breast cancer through mammography, because the breast tissue surrounding the implant can become compressed and denser. However, "cancer can be detected if the mammography is done by a doctor who's had experience with women who have implants," says Dr. Tebbetts. "They will know how to pull the breast tissue away from the implants and may take additional views of the breast."

Filling in Wrinkles

Physicians use a variety of injection treatments to fill in facial scars and smooth wrinkles.

Bovine collagen: There are two types of this product, which is made from the protein material in cow skin: Zyplast (for deep grooves) and Zyderm (for shallow wrinkles and scars). They are injected into the affected area with a fine needle. But these injections last only from several months to two years, and a small percentage of people are allergic to the substance. Several sessions may be needed at an average cost of \$200 to \$350 per visit.

Fat: For people who are allergic to collagen, some doctors gather fat from the patient's abdomen, thighs or beneath the chin, usually with a syringe, and inject it into facial wrinkles or scars. "An advantage of fat injections is that the patient isn't allergic to his own fat," says Thomas Alt, M.D., of the University of Minnesota and president-elect of the American Academy of Cosmetic Surgery. You don't have to be allergic to collagen, however, to receive this type of treatment.

"Fat lasts longer than collagen," Dr. Alt says. "The face retains thirty to forty percent of the fat, and for some people, even more than that. With collagen, in six months to two years it's gone." Edward Withers, M.D., clinical assistant professor at Baylor College of Medicine in Houston, contends that injected fat is not permanent. "Most of the fat is absorbed in three to six months and can create irregular, lumpy areas," he says.

Fibrel: A new substance used to fill in

facial grooves, Fibrel was approved by the Food and Drug Administration (FDA) in early 1988. It consists of a gelatinlike material mixed with the patient's own plasma. Sheldon K. Gottlieb, M.D., assistant clinical professor of dermatology at Georgetown University School of Medicine, was principal investigator of Fibrel for the FDA. "Studies show that almost eighty percent of scars treated with Fibrel were still filled in two years later," he says. "It appears to last longer than collagen products, without causing any apparent allergic reactions." The number of visits needed depends on the extent of the scar or wrinkles.

Dr. Alt disagrees. "Fibrel seems to offer no significant improvement over collagen in terms of permanence," he says. "The advantage is that since it contains the patient's own blood, there is a decreased chance of allergic reaction to the substance."

New Techniques Malar Augmentation

Traditionally, face-lifts have been used to tighten sagging cheeks and skin folds around the mouth. But some surgeons now use malar augmentation, a procedure that involves placing a solid silicone rubber implant in the upper-cheek or midcheek area. The price tag:

For More Information

The following organizations can provide you with information about procedures and physician referrals:

American Academy of Cosmetic Surgery

159 E. Live Oak Ave., Suite
204, Arcadia, CA 91006; 800-
221-9808.

American Academy of Facial Plastic and Reconstructive Surgery

1101 Vermont Ave., N.W., Dept.
B.C., Suite 404, Washington, DC
20005 (enclose self-
addressed, stamped envelope); 800-332-FACE (U.S.),
800-523-FACE (Canada).

The American Society of Plas- tic and Reconstructive Sur- geons/American Society for Aesthetic Plastic Surgery

444 E. Algonquin Road,
Arlington Heights, IL 60005;
800-635-0635.

about one third of the cost of a face-lift.

The submalar implant, recently introduced by William Binder, M.D., a Los Angeles surgeon, rests in the midcheek area rather than at the top of the cheekbone. According to Dr. Binder, it conforms to the shape of the cheek more accurately than does any previous model. About 75 to 100 surgeons use the implant, and the number is rising.

The procedure: The augmentation is frequently performed on an outpatient basis, in as little as half an hour. After a local anesthetic is given, the surgeon makes an incision through the mouth or the eyelids and inserts the implant into the soft tissue over the cheekbone.

However, there are drawbacks. Because the surgery is often done through the bacteria-laden mouth, the infection rate is fairly high—about 6 to 10 percent. And malar augmentation may not help people who do not lose facial soft tissue but who experience other effects of aging.

Lip Augmentation

As one ages, the lip becomes flatter and fine lines develop. To achieve a more youthful look and erase fine wrinkles, surgeons perform a procedure known as lip augmentation.

The procedure: A plastic surgeon injects a small amount of a substance—usually collagen or fat particles—along the edge of the lips. According to Bernard Kaye, M.D., past president of the American Society for Aesthetic Plastic Surgery, collagen offers the advantage of being more readily available; however, fat injections, usually suctioned from the patient's body, may last longer, though results so far have been varied. One injection of either substance is usually sufficient to produce the desired effect, but both fat and collagen are absorbed by the body within a year.

Silicone is also sometimes used to augment lips. It is the only substance that produces a permanent change, because the increase in lip size results from the person's own tissue, which forms around the small amount of injected material. Silicone is not approved for this purpose by the FDA, so patients must sign a release when they agree to its use. While some doctors report good results, others express doubts, noting that silicone tends to migrate to the skin's surface and may cause adverse reactions.

Costs for the procedure vary with the material used and the number of injections needed, ranging from \$150 to \$1,200. —Celia Slom and Susan Mahler