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Is this face FOR YOU?

Forget that major COSMETIC SURGERY overhaul. Forty subtle techniques and advanced technology promise fewer wrinkles and a natural appearance.

by Judith Newman
photographs by Peter Arnell

YOU DON'T NEED TO WORRY ANYMORE THAT COSMETIC SURGERY will leave you with a rubber face. Today, a nose job or eye tweak is designed to look natural, to create the impression of "I've been on a lo-o-o-ng vacation" or "I'm just doing my hair differently." Not, as in past years, "I've just blown thousands of dollars on my face—don't you love it?"

Cosmetic surgery no longer needs to be an extravaganza. Now, with about 40 subtly different procedures available for the face alone, a patient can have a nip here and a tuck there. Sophisticated changes in technique, new instruments and advanced facial implants have given surgeons a keener respect for facial idiosyncrasies. That means less of the old cookie-cutter approach to surgery.

The attitudes of patients have also changed dramatically. Women are not waiting until their late fifties or their sixties for a major overhaul. They're making minor improvements beginning in their late thirties and early forties—wrinkle blasting now, a forehead-lift with maybe some chin recontouring a bit later. "Patients achieve better, longer-lasting results when they do procedures at the beginning of the aging process, while the skin still has considerable elasticity," says Pamela Lipkin, M.D., P.C., a facial plastic surgeon from New York City.

Whether from misplaced anxiety, faulty body image or just a whim, no one should have surgery too soon. But if you're certain plastic surgery is for you, you could consider having it done earlier rather than later, when a real problem grows serious. Here's what's new.

CHIN AND CHEEKS

Perhaps the biggest change during the past few years has been the use of mid-face implants. Until recently, the only implants widely available were for chins (to get rid of that weak look) and cheeks. Now mid-facial implants are used most frequently for patients in their thirties and forties who look haggard but are not ready for full face-lifts. These implants can also help those who have already had a face-lift and want to get rid of the mask effect produced when a clumsy surgeon stretches the facial skin too tightly.

Submalar and malar implants, as they're called, are triangular curved pieces of silicone rubber that are shaped to conform with the bones of the face. Don't confuse them with the liquid silicone used in

" No fewer than 15 procedures are available for the eyes alone. "

FOREHEAD-LIFT
Endoscopic-assisted surgery, which eliminates the need for long incisions, may be the next big thing in forehead-lifts.
EYE-LIFT
With more than 15 procedures available, subtle changes can be had—like lifting the outer corner to create an almond shape.
THE "UN-NOSE" JOB
Rhinoplasty now takes two to three hours and can be done under general anesthesia with dramatically reduced bruising.
UNDEREYE BAGS
The newest laser techniques eliminate incisions, so there's less swelling and bruising.
LIP LINES
Longer-lasting fat injections to plump wrinkles are becoming more popular than collagen.
NASOLABIAL FOLDS
A new technique that repositions the "malar fat pad" can smooth facial furrows around the mouth.
CHIN IMPLANT
Anatomically designed prosthetics can resculpt a jawline or correct a weak chin.

How many of us DO IT?

Here are the most common facial plastic surgery procedures and how many were performed in 1993.*

Face-lifts 68,040 | Dermabrasion 33,930 | Blepharoplasty (eye tucks) 111,011

breast implants: These implants are made of the same nonreactive material used to coat cardiac pacemakers.

Inserted through a tiny incision in the mouth underneath the cheekbone, submalar implants plump up the hollows and depressions below the cheeks. "You're elevating the soft tissues in the middle of the face and creating the illusion of increased soft tissue bulk," says William Binder, M.D., a facial plastic surgeon from Beverly Hills who invented the implant. Submalar implants can be inserted alone, or they can be combined with a traditional face-lift to hoist wrinkles and folds around the mouth that traditional face-lifts might miss.

The new anatomically designed malar implants offer significant improvements over the "one shape fits all" implants of the past. Placed on the cheekbone, the oval malar implants of the Eighties gave women an eerie cyborg look. (Think Brigitte Nielsen.) Today's cheek implants are shaped more like the actual cheekbone, with tapered edges that make the projection look far more natural. Chin implants are also much better. These prosthetics used to be fit on the tip of the receding chin. Now surgeons are using "wraparound" implants that can resculpt almost the entire jawline. Used with liposuction, moderate jowl fat can be sucked away while the wraparound chin implant is used to support skin and tissue.

For those who worry that their face is too flat or moonlike, George Brennan, M.D., director of the American Academy of Facial Plastic and Reconstructive Surgery, has invented a brow implant to give the brow more definition. Dr. Brennan, who also designed the first anatomical malar implant, now says, "We can literally augment any area of the facial skeleton."

Many of the new facial implants require no more than a local anesthetic with heavy sedation—"twilight sleep"—and two hours of surgery. One to two weeks later you'll still have a bit of swelling. Cost: about $2,000 for the chin implants, $3,000 to $4,000 for the cheek implants, about $2,000 for the brow implant.

As an alternative to the more expensive cheek implants, some doctors are offering to remove the "buccal fat" underneath the cheekbone. The theory is that once the fat is gone, the cheekbones will look more prominent. Not everyone agrees. "It's very aging," says Dr. Lipkin. "That cadaverous look is ugly, and the fat does not come back." Sniped another: "Who's buccal fat removal indicated for? Well, maybe a 400-pound person with alligator skin and chipmunk cheeks." In other words, be very careful. With buccal fat removal, your cheekbones will, quite likely, look more prominent. But the natural process of aging removes mid-face fat anyway. So unless you have very full cheeks it may be better to spring for cheek implants—and leave the fat below your cheekbones alone.

Computer-imaged implants now offer plastic surgeons a new technological edge. At the moment, mass-produced implants come in standard sizes. But according to Dr. Binder, within the next few years the customized compu-built implants currently used for major reconstructive surgery will be available—though expensive—for elective surgery. The precision results are based on three-dimensional computer images.

FOREHEAD

Endoscopic-assisted cosmetic procedures are the next big thing. An endoscope is a tiny camera on a flexible tube. Inserted into the body, this tool allows the surgeon to look around without making a wide incision. Surgeons are using endoscopy for two facial procedures: the forehead-lift and the face-lift. The purported advantage? No brow-to-brow incision. "Endoscopic forehead-lifts aren't for patients with serious wrinkles, because you're not removing excess skin to smooth them," says Lawrence S. Reed, M.D., a New York City plastic surgeon. "They're just for patients who are beginning to show the signs of age. Or they're for patients who have already had face-lifts but need a 'touch-up.'"

Dr. Reed (Joan Rivers once called him her "favorite East Coast surgeon") admits that the endoscopic procedure produces a longer period of swelling—about six to eight weeks—than a normal face-lift. But, he adds, the endoscope offers another advantage. A normal forehead- or face-lift inevitably requires cutting away some hair-bearing skin. "The hair loss may be minor," notes Reed, "but women whose hair is already thin are extremely troubled by it."

*The surgeons belonged to the American Association of Facial Plastic and Reconstructive Surgery or the American Society of Plastic and Reconstructive Surgeons.

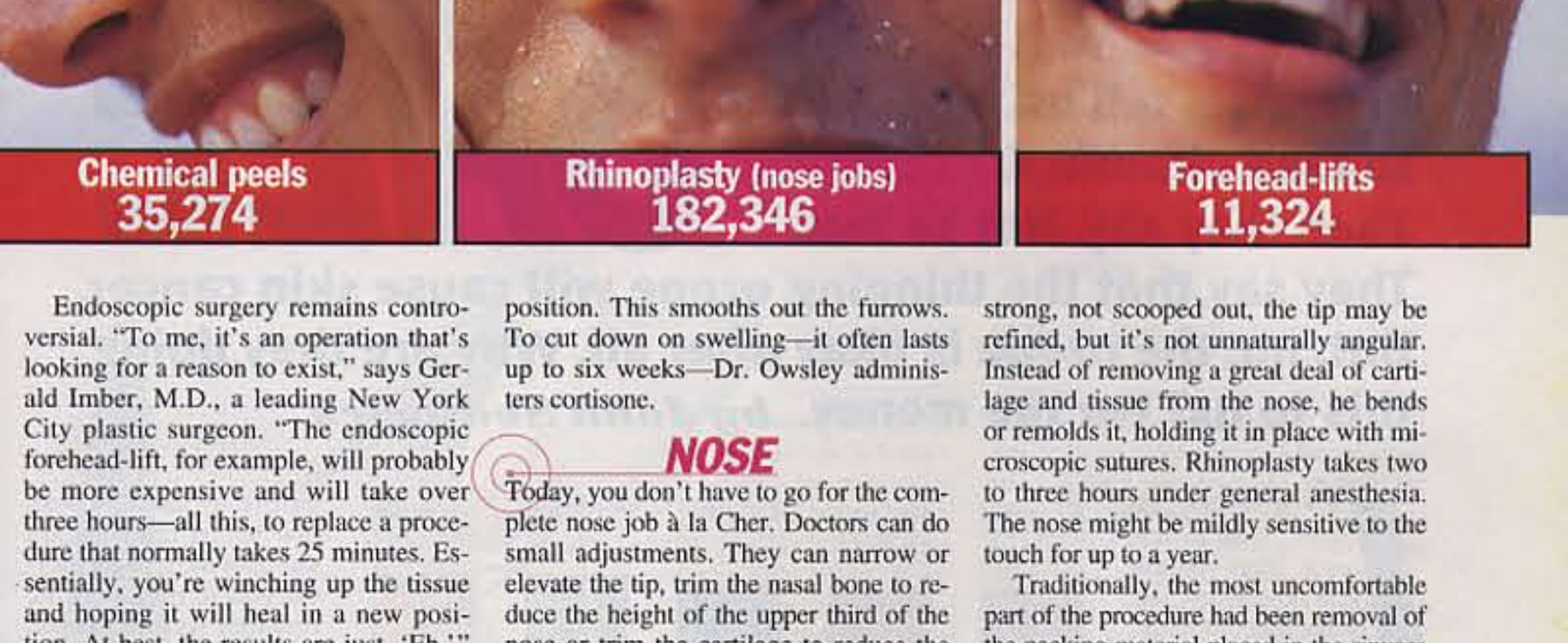
INTERACTIVE POLL

Advancements in medical technology have improved the results one can expect from cosmetic surgery. Would you consider it?

Tell us what you think.

Phone 212-880-5555 To answer this poll enter access number 9.
Fax 800-228-(-7353)
Write SELF 350 Madison Ave., 5th fl. New York, NY 10017
E-mail Poll@SELF.com

Then look for the results in SELF's February issue.



Chemical peels 35,274 | Rhinoplasty (nose jobs) 182,346 | Forehead-lifts 11,324

Endoscopic surgery remains controversial. "To me, it's an operation that's looking for a reason to exist," says Gerald Imber, M.D., a leading New York City plastic surgeon. "The endoscopic forehead-lift, for example, will probably be more expensive and will take over three hours—all this, to replace a procedure that normally takes 25 minutes. Essentially, you're winching up the tissue and hoping it will heal in a new position. At best, the results are just, 'Eh.'" But Dr. Imber—and other skeptics—do think that the endoscope could be useful in placing and replacing implants, some of which shift around.

MOUTH

Those vertical marionette lines running from your nose to the corners of your mouth are called nasolabial folds. As you age, the malar fat pad, which is a localized area of increased thickness of fat in the cheek that protects the underlying thin-wall sinus, loses its support and attachment. And skin loses elasticity, so the fat pad slides forward as well as down, deepening the folds and making you look older. A conventional face-lift does not fix them completely. Collagen or fat injections are still used most frequently to plump out the furrows. The disadvantage? Collagen and fat tend to dissolve in areas of the face that are muscular and mobile, so you may need injections two to three times a year.

To iron out the folds more securely, John Q. Owsley, M.D., clinical professor at the University of California, San Francisco, has perfected a new technique for repositioning the malar fat pad, a major surgical procedure usually done as part of a complete face-lift. The doctor must detach the fat pad from the underlying muscle, and lifting up and out, resuspend the tissue with sutures back to its original position. This smooths out the furrows. To cut down on swelling—it often lasts up to six weeks—Dr. Owsley administers cortisone.

NOSE

Today, you don't have to go for the complete nose job à la Cher. Doctors can do small adjustments. They can narrow or elevate the tip, trim the nasal bone to reduce the height of the upper third of the nose or trim the cartilage to reduce the middle third of the nose. If the bridge happens to be too low, they can also create a more classic line with transplanted cartilage or bone, or a Silastic implant.

Geoffrey Tobias, M.D., a New York City plastic surgeon who teaches at Mount Sinai School of Medicine, calls the new, more natural look in rhinoplasty "the un-nose job." The bridge remains strong, not scooped out, the tip may be refined, but it's not unnaturally angular. Instead of removing a great deal of cartilage and tissue from the nose, he bends or remolds it, holding it in place with microscopic sutures. Rhinoplasty takes two to three hours under general anesthesia. The nose might be mildly sensitive to the touch for up to a year.

Traditionally, the most uncomfortable part of the procedure had been removal of the packing material placed in the sinuses during surgery. But Dr. Brennan has invented a suction device that's now being adopted by other surgeons to absorb postop blood. The method dramatically reduces bruising around the nose and eyes.

EYES

No fewer than 15 separate procedures are available *(continued on page 178)*

Finding the RIGHT SURGEON

No surgical procedure is risk-free. But following a few simple rules will lessen the chances of second-rate surgery or slipups that will land you back in the doctor's office with an even bigger problem.

Know thy doctor's credentials. The term "board certified" is particularly confusing these days. What board? What certification? Consumer protection groups say that for a few hundred bucks, over 100 bogus "boards" will issue a beautifully framed and meaningless diploma. For facial work, your doctor should be board-certified in otolaryngology and belong to either the American Academy of Facial Plastic and Reconstructive Surgery (800-332-FACE) or The American Society of Plastic and Reconstructive Surgeons (708-228-9900). Membership in each requires years of testing and training.

Once you've chosen a doctor, try to see as many examples of his handiwork as possible. Lots of people see one or two pictures of successful patients in the doctor's office and they're satisfied. But pictures can lie. Some unscrupulous doctors even try to pass off pictures of other doctors' patients as examples of their own work. So try to see a patient in person who has had successful surgery.

Some of the procedures described here have become fairly commonplace; others are only performed by a handful of surgeons. If you can't find a surgeon in your part of the country with the expertise you want, call the American Academy of Facial Plastic and Reconstructive Surgery for references.

Listen carefully to what your doctor is saying A patient with unrealistic expectations may go back for procedure after procedure, making a problem worse instead of better. Technology is constantly changing and improving, but some changes in appearance are beyond surgical correction. So pay careful attention to what your surgeon promises you—and what he does not.