

is cosmetic
surgery for you?

So you're thinking about having a face-lift, breast augmentation, tummy tuck or liposuction. Before you go under the knife, here are **15** things you absolutely *must know*.

C'mon, admit it: You've toyed with the idea of undergoing cosmetic surgery in order to look better, younger, fresher. Maybe you've even consulted a surgeon about what a little nip and tuck might do for you. But you're still vacillating. It's a big decision, after all, and the idea of going under the knife is, well, scary.

It's not that the statistics are so horrible—you are at greater risk of dying behind the wheel of a car—but it's all those troubling “what ifs.” Like, what if you end up looking like Joan Rivers? What if it's simply not worth the pain, the expense, the sheer hassle of it all?

Wrestling with these questions isn't easy, and in the end, only you can decide what's best for you. But the better informed you are, the better equipped you'll be to make a sound decision. To that end, we present 15 factors to face head-on.

1 Choosing a doctor is the single most important decision you'll make. We hate to burst your bubble, but envying your girlfriend's new Hooters-worthy chest is *not* sufficient reason to trust her surgeon. Choosing the right doctor is the most important determinant in the success of your surgery, so take your time, shop around and don't even *think* about going under the knife until you've taken every precaution to ensure you're in good hands. (For guidelines, see page 148.) End of sermon.

2 Life does not imitate TV. If you're expecting a pampered, pain-free passage from ugly duckling to swan, you've seen too many episodes of "Extreme Makeover." In the real world, multiple surgeries are shunned for safety, and healing does not happen overnight. "On TV, you don't see the in-between: the bruising, the swelling, the self-conscious time before you look and feel good enough to re-enter the world again," notes Debra Johnson, M.D., a plastic surgeon in private practice at the Plastic Surgery Center and chief of plastic surgery at Sutter Medical Center, Sacramento. "Those shows also depict a very controlled environment, where the patient is hospitalized and has all kinds of extra assistance, from dietitians to personal trainers." Johnson helps her patients get real by reminding them they're "not going to have a 24/7 nurse—you're going home to your husband and kids and real life."

3 Know what you want to achieve. Surgeons work best with specifics, notes Mitchell Blum, M.D., a facial plastic and reconstructive surgeon at Cosmetic Surgery Associates in Carmichael. "It helps us do our jobs if you can tell us exactly what's bothering you, in as much detail as possible." Telling your doctor you want to get rid of your sagging neck or the frown lines around your mouth is much more useful than broadly announcing, "I want to look younger." Bringing in photos of your desired result also can help your doctor to "see" what you're after. Focus on goals—not procedures—and ask your surgeon to lay out all the roads that lead to Rome. Who knows? Maybe a lesser procedure will do.



4 More importantly, know *why*. Sadly, many people who seek cosmetic surgery are driven by deeply rooted feelings of inadequacy, says Victoria Seeley, a marriage and family therapist in Sacramento. "If the motivation comes from self-loathing—a feeling that they need to 'fix' themselves because they think they're somehow defective or not good enough—no amount of surgery is going to help them feel better," says Seeley, who has counseled many surgery-seeking women. "It's the therapist's job to get to those core beliefs and help people see that these beliefs are false." Getting to a place of self-acceptance is key, Seeley says, for anyone considering cosmetic surgery. "You need to know that your motivations are coming from a place of self-care and consideration for yourself, and that you're doing it for yourself—not for your boyfriend or anyone else."

5 Find out whether your expectations are realistic. Unrealistic expectations are one of the biggest patient pitfalls, say local surgeons. Problem is, doctors can ask a million questions, but they can't get inside their patients' heads. "We play a dual role of psychologist and surgeon," says Kenneth Phillips, M.D., a plastic surgeon for Kaiser Permanente. "You can talk to a patient about what is reasonable to expect and then find out after surgery that their expectations may not have been realistic or achievable to begin with. This can be a disappointment not only to the patient, but also to the surgeon." Giving patients a worst- and best-case scenario can help, adds Johnson. "I give them the whole spectrum of possible outcomes, and I also use a baseball analogy: Most of the time we get on base, sometimes we hit a home run, and sometimes we strike out." If you can't accept those odds, you're not ready for the knife.

6 Consider the cost—all the costs. Cosmetic surgery isn't cheap and it isn't covered by insurance, so you may want to skip your daily grande latte and start saving your pennies. A random survey of local surgeons' offices found that a face-lift, all costs included, will set you back



Who Gets It Done?

Tongues may be wagging about teenage girls getting breast implants, but it's mostly their parents who are flooding cosmetic surgeons' offices. People ages 35–50 made up the largest group (45 percent) of cosmetic-surgery patients in 2004, according to the American Society for Aesthetic Plastic Surgery; the 51–64 age group was the second largest, representing 25 percent of the total.

t op 5 Cosmetic Surgeries in the United States (2004)

- Liposuction
- Breast augmentation
- Eyelid surgery
- Rhinoplasty (nose surgery)
- Face-lift

Source: American Society for Aesthetic Plastic Surgery

IMAGESOURCE

approximately \$6,500–\$8,600; a tummy tuck, \$5,600–\$9,800 (higher with lipo). “Patients need to be aware of all the costs and fees before undergoing surgery so they’re not shocked or disappointed afterward,” says Phillips. Several fees add to the final bill, including the surgeon’s fee, anesthesiologist’s fee and facility fee, plus incidentals such as lab tests, post-op medications, implants and garments. (Note: Some estimates reflect the surgeon’s fee *only*, so be sure to ask for a complete breakdown.) Full payment is typically expected a week or two before surgery. Sound daunting? Yes, but you may get a few tiny breaks: Consultation fees (generally \$40–\$100) are commonly applied to the cost of surgery, and insurance sometimes covers lab tests and prescriptions.

7 **Surgery is risky business.** Risks are a reality in surgery, and cosmetic surgery is no exception. “Patients tend to think they’re immune,” says Tom Stevenson, M.D., professor and chief of the division of plastic surgery at UC Davis Medical Center. “They figure, ‘It ain’t gonna happen to me.’” Although the overall complication rate in cosmetic surgery is generally quoted as less than 1 percent, each procedure has its own set of risk factors, and you need to know what they are.

Face-lifts carry a 1-in-200 chance of causing partial facial paralysis or a blood clot under the skin, notes Stevenson, but it could be worse: Abdominal liposuction, for example, carries a very low but real risk of perforating the bowel, which can be fatal. OK, this is an extreme example—but even the most successful surgeries usually have a downside, as Stevenson points out. “At a minimum, there’s almost always going to be a scar,” he says. “You need to be prepared for these negatives in advance.” Although it’s your surgeon’s responsibility to outline risks, make doubly sure you’ve got the facts by doing a little research of your own.

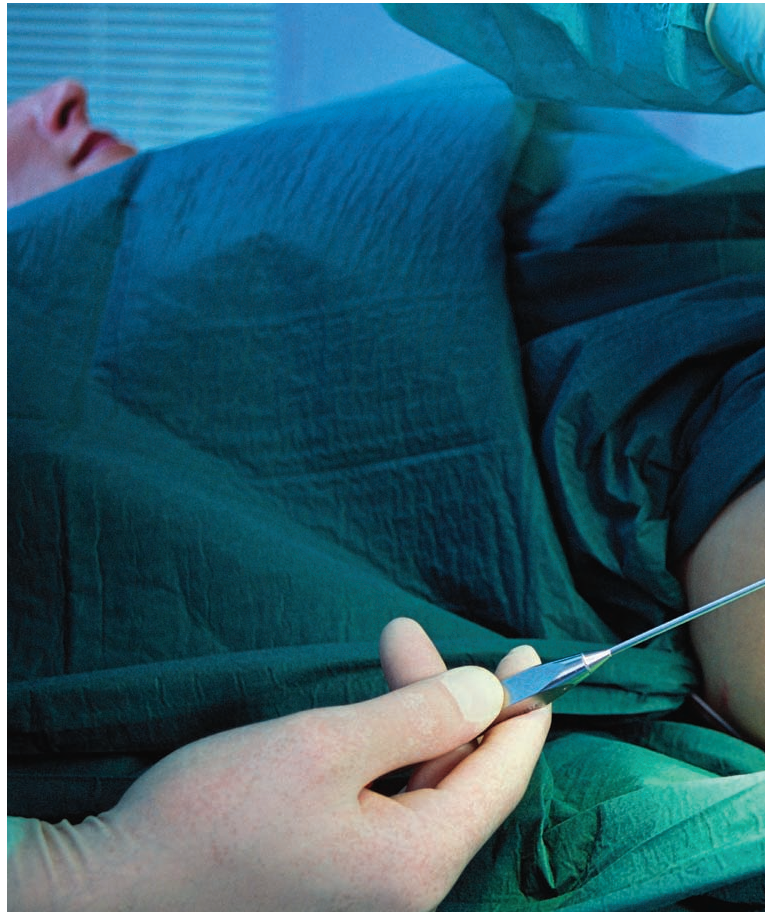
8 **Know whether you’re covered in case of complications.**

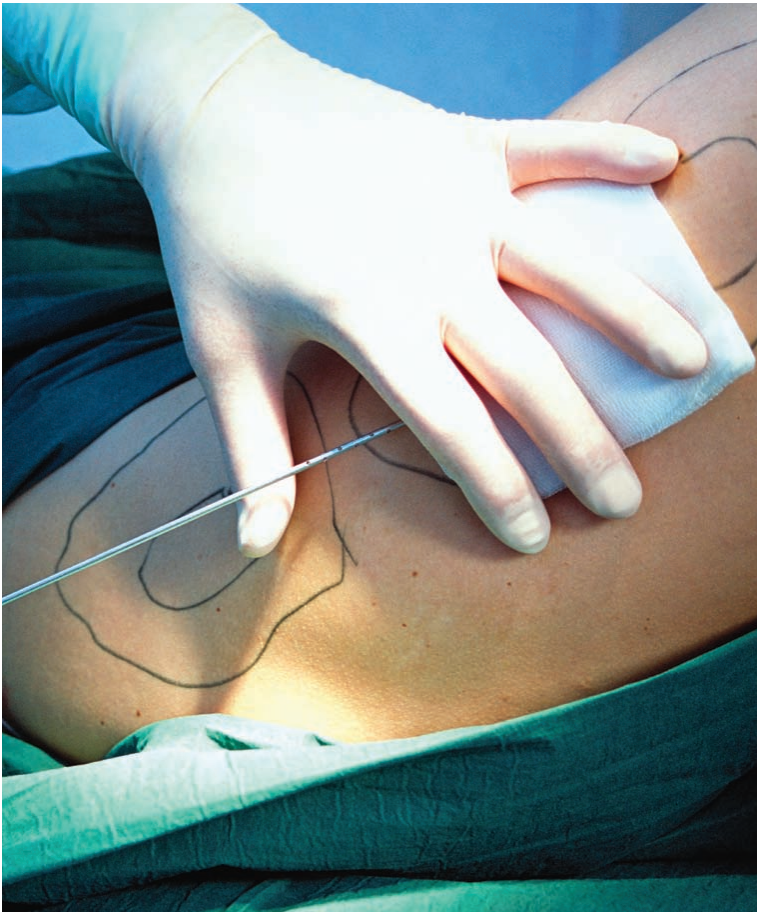
The “what if” questions are critical to ask, notes Charles Perry, M.D., a plastic surgeon for Kaiser Permanente. “Is the physician going to be able to care for you if you need to be admitted to a hospital?



Charles Perry,
M.D.

Will your surgeon handle the complications?” Making sure your doctor is board certified in your procedure of choice and has privileges at an accredited hospital in the community is always a smart safeguard. “If you have a physician who is putting in breast implants but lacks formal plastic-surgery training, and you get an infection, will the physician be able to remove the implants safely?” asks Perry. A good question for patients to ask themselves, suggests Perry, is: “If this doesn’t turn out perfectly, is this the person I want to have take care of the problem?” Patients also should inquire about costs as-





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top 10 Cosmetic Surgeries in Sacramento

AT KAISER PERMANENTE'S COSMETIC SURGERY CENTER:

1. Liposuction
2. Breast augmentation
3. Eyelid surgery
4. Tummy tuck
5. Rhinoplasty (nose surgery)
6. Face-lift
7. Brow lift (forehead lift)
8. Facial/chin implantation
9. Breast lift
10. Ear surgery

AT UC DAVIS MEDICAL CENTER:

1. Liposuction
2. Breast augmentation
3. Tummy tuck
4. Face-lift
5. Eyelid surgery
6. Brow lift (forehead lift)
7. Breast lift
8. Upper-arm lift
9. Rhinoplasty (nose surgery)
10. Belt lipectomy (after massive weight loss)

sociated with complications, notes Stevenson. "You ought to know in advance whether you're going to be financially responsible for any complications that come up. Insurance may or may not cover it."

9 **Timing is everything.** If you walk into a surgeon's office weighing 300 pounds or crying about the husband who just left you, you may be (gently) shown the door. As Perry says, "The best candidates for cosmetic surgery are both physically and psychologically stable." Heart conditions, blood-clotting disorders, recent major weight loss and a history of serious health problems are just a few of the factors that may rule out a patient for this kind of surgery. Psychological readiness is equally important: All experts interviewed for this article said they advised against surgery for anyone who has recently undergone a major life change such as divorce, job loss or death of a loved one. "Plastic surgery is a lot of psychology because you have to make sure the patients are in the right frame of mind to tolerate the surgery and also to deal with it if something bad should happen," says Johnson. "My job as a surgeon is to weed out the people I don't think can handle it." In such cases, Johnson reimburses the consultation fee and encourages the patient to see a counselor.

10 **No pain, no gain.** Having a tummy tuck was "unbelievably painful," says Alice Russell (not her real name), a local mother of three who likens the experience to childbirth,



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Breast augmentation and face-lifts are not permanent “fixes” and may need to be repeated down the line.

“only worse.” Although Russell is young (34) and was in excellent health when she had the operation earlier this year, she remembers “crying out in pain and just being miserable. I was a terrible person to be around.” But now that many months have passed, she couldn’t be happier with her flat new stomach,

which is precisely the point: No pain, no gain. Of course, tummy tucks, breast augmentation and other bodily procedures (such as a body lift) are the most painful procedures; face-lifts, on the other hand, may look worse than they feel.

“The face has a great blood supply and skin is very malleable, so pain from facial procedures tends to be less,” says Blum. In the final analysis, though, it comes down to the individual. “Everybody’s wired differently,” says Blum. “You can only tell patients what the average response is, but theirs may be less or more intense.”

11 **Healing takes time.** “A lot of patients are *impatient*,” says Johnson, who gives her patients a “blow-by-blow” time frame for recovery. “I also spend a lot of time telling them exactly what they’re going to look like at different stages of the process so they’ll be prepared.” Healing can take up to a year, adds Perry, and while you can aid the process by following your doctor’s orders postoperatively, no two people heal alike. Learn to be a patient patient.



19 **Smoking is a no-no.** Smoking is such a big cosmetic-surgery no-no that most surgeons won’t operate unless a patient stops puffing at least two weeks prior to surgery. “Smoking slows down the recovery process because it interferes with circulation and causes blood vessels to constrict,” says Zahid Niazi, M.D., a plastic surgeon affiliated with Methodist Hospital of Sacramento.

t op 10 Cosmetic Surgeries for Men (2004)

Liposuction

Eyelid surgery

Rhinoplasty (nose surgery)

Breast reduction

Hair transplantation

Source: American Society for Aesthetic Plastic Surgery

“When blood vessels constrict, blood flow is decreased and can even stop completely, causing skin tissues to die.” Face-lift, tummy-tuck and breast-lift patients can suffer especially adverse consequences. “If face-lift patients lose even a tiny bit of their skin flaps, it is a devastating injury, and it’s going to be literally impossible to obtain a good cosmetic result,” Niazi says. A tummy tuck on a smoker also is troublesome, especially in women, who are abdominal breathers,

he explains. “Their breathing is shallower [than a man’s], and they can get atelectasis [lung collapse] and pneumonia. Coughing fits also can cause a strain on the repair that has been done on the tummy.” Some local surgeons take extra precautions to ensure their patients don’t smoke prior to surgery: Johnson runs blood tests to check for nicotine; Blum sniffs his patients’ skin. “Patients will lie [about smoking],” says Blum. Some medications also can be detrimental to surgical outcome, including seemingly benign herbal remedies such as Saint-John’s-wort, which can cause excessive pigmentation at the incision site, according to James Lin, M.D., a plastic surgeon affiliated with Methodist Hospital of Sacramento.

13 You’ll need help with recovery. In the early aftermath of her tummy tuck, Alice Russell was rendered “practically helpless . . . I needed help standing up, sitting down . . . even getting up from the toilet.” Although you are unlikely to need long-term assistance after less physically traumatic procedures such as a face-lift, rhinoplasty (nose job) or breast augmentation, the first 24 hours after surgery are particularly critical, so be sure to have another adult stay with you. If a friend or family member is not available, consider hiring a private-duty nurse.

14 Surgery won’t solve relationship problems. “If you expect surgery to improve your relationships or get you a partner, you will probably be very disappointed,” says Seeley, who has counseled many clients out of believing that surgery is a panacea. “Your partner’s not going to love you more because you don’t have wrinkles in your brow. Your friends aren’t going to love you more because you don’t have jowls.” Even worse, surgery can backfire, creating a whole new set of problems. “If you’re suddenly being flirted with in a way you weren’t before, your partner may feel jealous or concerned,” says Seeley. “Your partner might not adjust to it in the way you would fantasize.” Think about it.

15 You may encounter déjà vu all over again. Unfortunately, things don’t always go right the first time around—and when that happens, you may have to go under the knife all over again. Data on revision surgeries is hard to come by, but of three cosmetic surgery patients interviewed for this article, one had the misfortune of such a botched job that she had to undergo a second mini tummy tuck—and *still* has a pouch (“it’s gross”) around her belly button. This is not a scare tactic—just a reminder that redo surgeries are sometimes a necessity. So be sure to inquire about your surgeon’s policy for revisions (like, who will pay?). And even if your surgery is trouble-free, procedures such as breast augmentation and face-lifts are not permanent “fixes” and may need to be repeated down the line. “Breast implants have a certain life expectancy,” explains Phillips. “A patient is in her 20s may need to replace them twice in a lifetime, but the majority will need to replace them once.” Face-lifts last an average of seven to 10 years, says Blum, although patients with poor skin elasticity may find significant signs of deterioration after only one to two years.

Battle of the Sexes

Whether it’s bravery or vanity that separates the sexes, the data is clear: Women are still No. 1 in the race for physical perfection. A whopping 90 percent of all cosmetic procedures (surgical and nonsurgical) performed in the United States in 2004 (the most recent year for which data were available) were performed on women, according to the American Society for Aesthetic Plastic Surgery.

Computer Imaging: A Fading Fad?

None of the plastic surgeons interviewed for this article uses computer imaging to show patients what they might look like post-surgery—and there’s a reason for that. “It’s very easy to manipulate pixels on a two-dimensional screen, but people aren’t two-dimensional,” says Robert McLaughlin, M.D., a facial plastic and reconstructive surgeon and medical director of Kaiser Permanente’s cosmetic surgery services. “It can easily be misleading, because you may not be able to deliver in surgery what you can manipulate on the screen.” If your surgeon offers computer-imaging services, tread with caution. Seeing a flattering version of yourself can easily create false expectations.



hopping for a Surgeon? A Checklist

Choosing a surgeon is not only the most important decision you’ll make, but also the trickiest. Board certification can be confusing, before-and-after photos can be deceiving, and just because your girlfriend’s face-lift is a work of art doesn’t mean her surgeon can perform the same magic on you.

So how do you go about finding Dr. Right? Here are some questions that may help.

■ Is the doctor certified by the American Board of Plastic Surgery? There are other boards, but the ABPS is the only board recognized by the American Board of Medical Specialties to certify doctors in the specialty of plastic surgery. To verify certification, visit abms.org or call 1-866-ASK-ABMS (275-2267). But be sure to check whether the doctor is certified in general plastic surgery or in a specialty area: You wouldn’t want to hire an otolaryngologist (an ear, nose and throat doc) to do a tummy tuck, after all.

■ Is the doctor licensed? Find out by visiting the Medical Board of California’s website at medbd.ca.gov. The Medical Board of California is the licensing board for all California physicians, regardless of specialty.

■ Does the doctor have hospital privileges? Only surgeons who pass committee reviews are given hospital privileges. Ask your surgeon where he has privileges; then call the hospital to double-check. (If your procedure will be performed in a freestanding facility, you need to know whether your doctor can admit you to the hospital should you suffer complications.) If a surgeon lacks appropriate privileges, run a big black mark through his name and keep looking.

■ Is the doctor’s staff courteous and helpful? If they aren’t helpful before surgery, they certainly won’t be afterward.

■ Is the doctor thorough? Are procedures, risks and alternatives explained in detail and in a language you understand? Are your questions fully answered, and are all your concerns addressed? Are you given a clear timetable for recovery and postoperative care?

■ Do you feel comfortable? Is there an easy flow of communication? Does the “chemistry” feel right?

■ Will the doctor provide phone numbers of other patients? Talking with other patients about their experiences may or may not be helpful, but it is likely to be more useful than before-and-after photos, which may only reflect the doctor’s best work.

■ Do you feel pressured to make a decision about surgery? Need we say more?

Once you’ve selected a doctor, you’ll still need to do a little more investigating. Ask about the surgeon’s complication rates for your procedure(s). Ask how many of these procedures the surgeon has performed in the past year. Ask who will be handling your anesthesia, and how long you’ll be on the operating table. (More than six hours is a no-no.) If your procedure is being performed in an office or a freestanding facility, ask about facility accreditation. Ask for the doctor’s policy on revision surgery, and whether you will be charged for follow-up appointments. Ask, of course, about surgical fees and all other fees.

Finally, ask yourself, “What does my gut say?” Trust your instincts.



breast Implants: "Worth Every Penny"

Diane Valenciano has new breasts—and isn't afraid to say so.

Quite the contrary: She's proud.

"Let me tell you, I could not be happier," gushes Valenciano, who didn't even flinch at the thought of seeing her story in print. "I am *extremely*, extremely happy about this."

A working mom who lives in Elk Grove, the 37-year-old Valenciano had been toying with the idea of implants since the birth of her second child, Brandon, now 6. (Daughter Alexis is 11.) "I breastfed my son, and my boobs shrank down to nothing," she says. "It really bothered me. It became a self-esteem issue."

When she received a word-of-mouth recommendation to a Walnut Creek surgeon who had "worked" on one of Hugh Hefner's girlfriends, Valenciano was compelled to set up a consultation. During her first meeting with Kevin Degnan, M.D., she knew right away he was "the one."

"He told me I should interview other doctors—he even gave me questions to ask," says Valenciano. "But after talking with him, I knew I could trust him. He's really very gentle and kind."

On the day of her surgery—July 15—Degnan asked Valenciano if she had any lingering concerns. She had only one. "I told him I was concerned about going too big," she recalls. "Thankfully, it turned out just right." Valenciano went from a small B to a full C cup, and sailed through surgery with ease. "As soon as I came out of the anesthesia, I told my husband I wanted Chinese food. I didn't get sick at all."

Although her under-the-breast incisions "kinda hurt" for a few days, Valenciano was off pain medication after only four days. "It was uncomfortable," she admits, "but not enough that I needed meds." The hardest part, she says, was learning to sleep on her back. The cost? Around \$5,500, and "worth every penny," she says.

Her advice to other women? "If you're going to do it, do it for the right reasons," she says.

Diane Valenciano went from a small B to a full C cup, and sailed through surgery with ease.



CHANDRA EDLOW

tummy Tuck: Great Pain, Great Gain

"I tell people it's the worst thing you'll ever go through," says Alice Russell (not her real name) of the tummy-tuck operation she had earlier this year. "It's so painful . . . so painful. But my stomach is tight-tight-tight."

Like millions of other women post-pregnancy, Russell was troubled by severe stretch marks and stretched-out skin, including a bulge around her abdomen. "My skin was so stretched out that no amount of weight loss or exercise would help," she says. "My belly button was unrecognizable. One doctor told me I had one of the smallest belly buttons he'd ever seen."

After having the last of her three children, Russell started thinking seriously about cosmetic surgery. "Once I had my tubal ligation and knew I wouldn't be having more kids, the fire started in me," she says. She began making the rounds, consulting with nearly a half-dozen doctors before she found one she felt she could trust.

The surgeon recommended a full tummy tuck, plus liposuction. He fully disclosed the not-insignificant (read: scary) risks, including perforations of the abdominal wall and pulmonary embolism, which can be fatal.

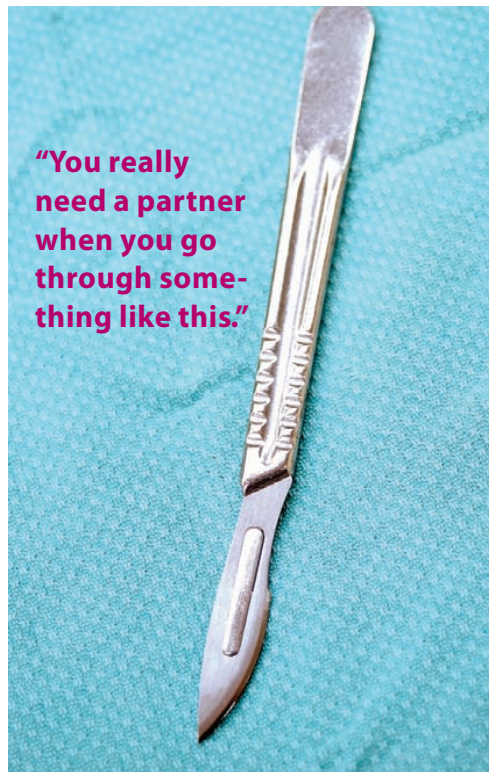
"I started thinking, 'What if something goes wrong? What if I die? Are my kids going to grow up knowing their mom died while having plastic surgery?'" But a few of Russell's friends had had successful tummy tucks. Plus, she was young (34) and healthy, which bode well for a successful surgery.

And then there was the fantasy factor. Russell swooned to think she might soon be able to throw away her "big shirts" and get back into a two-piece bathing suit.

Recovery was hell. The first week is still a blur. The entire first month, in fact, was "sheer misery . . . I couldn't move. I cried in pain. I needed help standing up, sitting down, getting to the bathroom." Without her husband, she says, she never could have gotten through it. "You really need a partner when you go through something like this," she says. "It wasn't easy on him, but he stood by me all the way."

Six months post-surgery, Russell—who forked out around \$9,800 for her newly svelte shape—is finally able to say she's glad she did it.

"I'm just now getting to the point where I can say, 'Yeah, I'd do it again,'" she says. "I'm totally happy with the results. My stomach is so flat, it's incredible. I can wear form-fitting tops, and I'm in a two-piece bathing suit again. I even carry myself differently now."



**"You really
need a partner
when you go
through some-
thing like this."**

PHOTOS.COM

Cosmetic Versus Plastic? —The terms may be used interchangeably, but there’s a difference between “plastic” and “cosmetic” surgery. According to the American Academy of Cosmetic Surgery, plastic surgery is dedicated to the reconstruction of facial and body defects caused by birth disorders, trauma, burns or disease. Cosmetic surgery, on the other hand, is strictly for the purpose of enhancing one’s appearance. So what, you say? Well, you might not be so cavalier when the bill comes: One is covered by insurance, and the other isn’t.

Procedure	Best Candidate	General price range in Sacramento area* <small>(includes surgeon's fee, facility fee, anesthesia)</small>	Back to Work
Breast augmentation	Small and/or disproportionate breasts	\$4,500–\$5,500	1–2 weeks
Breast lift	Sagging; poorly shaped breasts	\$5,200–\$8,500	1–2 weeks
Brow lift (forehead lift)	Forehead wrinkles; low eyebrows; “hooded” eyes	\$3,500–\$6,600	2 weeks
Cheek/chin implants	“Flat” cheek area or facial asymmetry; receding chin	Cheeks (bilateral): \$3,400–\$4,800 Chin: \$2,000–\$3,700	1–2 weeks
Ear surgery (otoplasty)	Protruding or disproportionate ears	\$3,000–\$4,500	5 days
Eyelid surgery (blepharoplasty)	Excess fat; wrinkled or drooping upper eyelids; bags, puffiness under eyes	Upper eyelids only: \$2,300–\$2,900; Upper and lower: \$3,500–\$4,500	2 weeks
Face-lift (rhytidectomy)	Loose skin; deep lines; jowls; wrinkles	\$6,500–\$8,600	Within 3–4 weeks
Liposuction (lipoplasty)	Normal weight with isolated fatty areas	Highly variable; depends on area(s) treated	1–2 weeks
Nose surgery (rhinoplasty)	Nose too large or wide; needs reshaping	\$3,600–\$6,500	7–10 days
Tummy tuck (abdominoplasty)	Protruding abdomen; excess fat and skin; weak abdominal muscles	\$5,600–\$9,800 (higher with liposuction)	1–3 weeks

Sources: American Society for Aesthetic Plastic Surgery; local plastic surgeons
* Prices based on random survey of Sacramento-area surgeons

What's New?

Newer doesn't necessarily mean better. But here's a glimpse at a few recent developments on the cosmetic surgery scene.

Buttock implants—Never underestimate the power of Jennifer Lopez and her sexy, well-rounded derrière. Buttock implants, popular in South America for years, are beginning to gain ground in the United States. “The usual trend for this for most surgeons is maybe one or two a year, but some people do a fair number,” says Zahid



Kenneth Phillips, M.D.

Niazi, M.D., a plastic surgeon affiliated with Methodist Hospital of Sacramento. Although Niazi has done a few himself, he cautions that there are “definite” complications associated with the procedure, including potential injury to the leg nerve. Buttock implants

also are not recommended for very physically active people, as muscle action can displace the implants.

“Designer vaginas”—Does technology know no bounds? Yes, some women are actually having surgery to concoct “cuter” . . . um . . . genitalia. “This has become a more requested procedure but is still in the very low range of requests,” says Kenneth Phillips, M.D., a plastic surgeon for Kaiser Permanente. “Usually, it is done in conjunction with a tummy tuck.” The procedure, called vulvar lipoplasty, uses liposculpturing to either elevate or reduce the mons pubis (pubic mound). The labia majora also can be reduced. Scarring, pain, bruising,

swelling and problems with intercourse are among the possible complications. Also new and provocative: the “honeymoon procedure,” which uses lasers to tighten the vaginal opening.

Thread face-lift—Everybody's talking about the “thread lift,” a new, relatively noninvasive procedure that lifts and contours the sagging tissues of the face and neck. “There is a great deal of interest in thread lifts, but they are applicable mostly to relatively young patients with minimal sag,” says Andrew Pichler, M.D., a Carmichael-based facial plastic and cosmetic surgeon who has used the technique on a number of patients. Using local anesthesia, Pichler uses small barbed sutures (“threads”) to suspend the skin, primarily the cheek and forehead areas. With little risk and fast recovery, the procedure seems an attractive alternative to the more invasive traditional face-lift. But how long will results last? “That's the \$64,000 question, as with anything new,” Pichler says.

Silicone comeback?—Saline implants have been the breast augmentation tool of choice since the Food and Drug Administration banned silicone implants for general use in 1992. But silicone may be back on the market any day now, as scientific studies have been unable to prove a connection between the implants and connective-tissue diseases. The new implants, which recently have undergone FDA trials, use a cohesive gel that should be less prone to leakage than the previous generation, according to Kaiser's Phillips. “Silicone implants are much softer and give a more natural feel to the breast,” he adds.

Recommended Resources

Need more information about procedures or a referral to a qualified surgeon? The following resources may help.

American Society for Aesthetic Plastic Surgery
1-888-272-7711 (referrals); surgery.org

American Society of Plastic Surgeons
plasticsurgery.org

California Society of Plastic Surgeons
ca-soc-plasticsurgeons.com

Medline Plus
nlm.nih.gov/medlineplus/plasticandcosmeticsurgery.html

New Beauty magazine
newbeauty.com

