



10 Things Your Plastic Surgeon Won't Tell You

By Jim Rendon

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1. "I trained a whole weekend to learn this procedure."

With skyrocketing malpractice premiums and the Kafka-esque insurance system, it's little wonder M.D.s are flocking to the plastic surgery biz. It's easy to get into (legally, any doctor can do it), patients pay up front for surgery, and demand is surging: The number of cosmetic procedures doubled between 2000 and 2006, making it a \$12 billion-a-year industry.

The best surgeons spend years honing their chops in residencies; by contrast, those hoping to offer a little Botox along with flu shots tend to opt for less rigorous training — like the popular weekend classes at the International Society of Cosmetogynecology, an odd but official-sounding organization that promotes plastic surgery as an extension of gynecology. Its three-day courses cover liposuction and injectables. Empire Medical Training offers an even thriftier nine-hour seminar on lipo — two hours of which are devoted to marketing.

Real plastic surgeons are appalled. "Any licensed physician can put up a plaque and say they do plastic surgery regardless of training, and that's scary," says Roxanne Guy, president of the American Society of Plastic Surgeons.

2. "I make a mint off other surgeons' mistakes."

When 35-year-old Kelley Young of Fresno, Calif., looks at her wedding photos, all she can see is her plastic surgery disaster: Young's nose is bent to one side, and its tip is misshapen. "Those photos just look ugly, ugly all over," she says. Later, when Young went back to her doctor for a fix, he tried snapping her nose back into place — without anesthetic. A year later she finally found a competent plastic surgeon to fix the problem.

Young is hardly alone. In fact, she's part of a new growth area in the field: fixing botched cosmetic procedures. According to a survey by the American Academy of Facial and Plastic Reconstructive Surgery, one in five nose jobs are corrections of a failed procedure. Stanley Frileck, an associate clinical professor of plastic surgery at UCLA, says that 35% of his work is fixing the mistakes of other surgeons. Botched rhinoplasty, face-lifts and eyebrow procedures are the most common. Not only are these repairs more complex than the initial surgery, but they can cost up to three times as much, Frileck says — and the result is never quite as good as a well-done procedure would have been in the first place.

3. "Sure, I can turn back the clock, but it just starts ticking again."

Just because you shelled out \$10,000 for a face-lift doesn't mean you're set for life. Even the most skillful work will need some attention a decade or two down the line. Some jobs may require supplemental fillers (compounds that are injected under wrinkle lines in the skin) or minor surgery to tighten up a few sags, while others could call for a repeat of the same procedure. "All cosmetic surgery has a life span," says Richard D'Amico, president elect of the ASPS. "Procedures will not last forever."

Surgery to tighten droopy eyelids, for example, often needs to be revisited after a decade, and any work on the lower face will age more quickly than that on the upper face since the lower is fleshier and has less bone for sagging jowls to hang onto. Breast implants are the most predictable: Like any foreign objects in the

body, they'll eventually be surrounded by scar tissue, which can make breasts hard and painful. That's why every decade or two, depending on the patient, most implants need to be replaced. While 300,000 women receive implants annually, 25,000 have them removed. "It's strictly a function of time," Frileck says.

4. "You'd be better off spending this money on a good therapist."

Plastic surgery doesn't make you crazy, but those who have had it, both men and women, are more likely to suffer from psychological problems. Several studies in the mid-1990s found that women who chose to get breast implants were two to three times more likely to commit suicide; other studies have found that 20% of plastic surgery patients have undergone some form of psychological treatment.

Up to 15% of plastic surgery patients suffer from "body dysmorphic disorder," marked by obsessive and exaggerated concern over aspects of one's appearance. It may sound like a convenient diagnosis for our beauty-obsessed culture, but it is a very real, very dangerous condition, says David Sarwer, an associate professor of psychology at the University of Pennsylvania School of Medicine. "At the extreme, people will not leave their home they're so preoccupied with how they look," Sarwer says. BDD sufferers often seek plastic surgery hoping it will magically transform their lives, and when it doesn't, they may harm themselves. Every plastic surgeon worth his salt asks probing questions to gauge patients' motives, but to date there's no standardized screening tool for BDD.

5. "Of course I'm board certified — for what that's worth."

A board-certified plastic surgeon should be the best, right? Not always. Because any doctor can perform any cosmetic procedure, and because certification boards are self-regulating, many certifications aren't so telling. The American Board of Laser Surgery, for example, certifies nurses, veterinarians and oral surgeons in laser surgery — through a take-home written exam. Meanwhile, two different boards certify practitioners of "mesotherapy," the use of injections to dissipate cellulite, although there's little evidence to suggest it works. "To say you're 'board certified' is meaningless," says Michael McGuire, of the ASPS.

There are some certifications that matter: The American Board of Plastic Surgery is the most rigorous for this specialty and the only certification body for plastic surgery recognized by the American Board of Medical Specialties. Members of the ABPS have completed residencies in both general surgery and plastic surgery and are trained to do all procedures from liposuction to nose jobs. Likewise, physicians with board certifications in either otolaryngology or in facial plastic and reconstructive surgery also have reliable training in procedures above the collarbone.

6. "You can get this done for a fraction of the price overseas."

When Janette McNeal decided to get some work done, the 55-year-old Tulsa, Okla., homemaker balked at the \$10,000 cost of a face- and neck-lift. McNeal decided to look overseas and wound up having surgery in Malaysia, where the same \$10,000 bought her the face-lift plus liposuction in three areas, a tummy tuck and an eyelid lift.

It's not for everyone, but ["medical tourism"](#) is less risky than it used to be. Since 2000, Joint Commission International, the international wing of an organization that accredits U.S. hospitals, has okayed 110 facilities overseas. Also, private companies that do their own screening have sprung up to guide patients through the process. One of those, Med Retreat, visits each hospital it uses and guarantees that the best surgeons will be on the case.

But medical tourism still has its hazards. It can be tough determining doctors' qualifications, and eager patients may try to cram in too many surgeries at once, requiring a longer recovery and boosting the chance of lethal blood clots, a risk already increased by flying. Travel following surgery can also up the possibility of infection. And if something goes wrong, well, forget a malpractice suit.

7. "I make my living off the fat of the land — literally."

The number of Americans who lose 100 pounds or more is increasing. But dropping the weight is just part of the process; next comes what's known as body contouring. After a person loses so much weight, his skin

does not snap back, leaving folds of excess skin on his thighs, back, torso, abdomen and neck, which can cause rashes and make fitting into clothes and exercising problematic. In many cases the extra skin must be removed through extreme versions of breast augmentations, tummy tucks and other procedures. And there are often complications: The remaining damaged skin can die or separate after the procedure, requiring additional surgeries. Despite all the problems, body-contouring surgery is increasingly popular; between 2004 and 2005, the number of procedures increased by 22%, to 31,000.

After Michele Fitch, a teacher in Melbourne, Fla., lost 190 pounds, she waited eight years to have the follow-up surgery. She wanted to make sure she could keep the weight off, and she needed to save money — insurance often pays for the gastric bypass, but it rarely covers contouring. First she had skin removed from her arms and chest. Then 10 pounds of skin was cut from her sternum to her bikini line and from hip to hip. Out-of-pocket cost to date: \$33,000. And Fitch still faces two more surgeries on her legs.

8. "Long-term effects? Beats me."

More than most other specialists, plastic surgeons are under pressure to compete with one another, and an easy way to get the upper hand is to offer all the latest technology. "There is great pressure for physicians to jump on the bandwagon of a new filler or technique before it is really evaluated," McGuire says. "And their ethics are not too high to begin with."

Doctors are often happy to try new techniques before the long-term effects are known, and in some cases they're performing procedures that already have poor track records. Injecting a person's own fat from other areas into her breasts for enlargement is on its way to popularity again. When this was tried years ago, much of the fat died, causing unsightly rippling and lumps. But that wasn't the worst of it: The tiny calcifications that resulted from the dead fat were easily confused with tumors and rendered mammograms less effective. While some argue that new techniques and better mammograms have eliminated these problems, McGuire is certain that this rush to the latest and greatest will once again produce disastrous consequences.

9. "Silicone's back — and putting my kids through college!"

Fifteen years after the U.S. Food and Drug Administration banned them for elective use and after massive class-action lawsuits bankrupted their manufacturer, silicone breast implants have gotten the green light again. Though there's no conclusive evidence that silicone from ruptured implants causes the problems once associated with it, the FDA is staying cautious, recommending that patients undergo a long list of expensive follow-up tests over the long term. Due to concern about leaks, the FDA has required labeling that instructs those with the implants to get MRIs to check for ruptures after three years, then once every two years after that. Silicone implants should also be replaced every 10 years.

There's no actual mandate for these procedures, and some doctors say that patients won't follow through, especially once they start tallying the bill: The initial surgery can cost between \$5,000 and \$10,000; MRIs are about \$1,500 apiece, and you'll need four over a decade; and the replacement surgery can cost about as much as the original procedure. Grand total: between \$11,000 and \$16,000 every 10 years.

10. "Those who need surgery the most will benefit from it the least."

Most people turn to plastic surgery when they feel age has finally caught up with them and nothing else will rid them of that troublesome bulge. But the dirty little secret of plastic surgery is that with many procedures, the more you need it, the less you can expect.

Those who have damaged skin, more common as we age, can expect some serious complications. Skin stretched by weight gain, for example, loses its elasticity; following liposuction it may not snap back into place but hang like an apron over the area that was suctioned. Because smokers have poor circulation to the epidermis, their skin can die after surgery, meaning months of unsightly scars and possible additional surgery. And procedures such as a face-lift done on sun-damaged skin won't last as long and may result in more-prominent scarring. Likewise, those hoping for dramatic weight loss from liposuction are looking in the wrong place; surgeons say it's meant only to shape a certain part of the body in conjunction with diet and exercise.

Ironically, those who need cosmetic surgery the least — generally, those who are younger and opt for a little tweaking here and there — are going to fare the best. "How well a person cares for themselves throughout life is very important," says Mark Jewell, former president of the American Society for Aesthetic Plastic Surgery.

SKIN DEEP

The Little Botox Shop Around the Corner



Julien Jourdes for The New York Times

STREET SENSE Smoothmed, a Botox storefront.

By NATASHA SINGER

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ON a busy section of East 59th Street in Manhattan, a half block from Bloomingdale's, two plastic surgeons are preparing to open a new kind of cosmetic medical entity: a Botox-only storefront office. No appointment necessary.



Julien Jourdes for The New York Times

Dr. Andrew I. Elkwood, left, and Dr. Michael I. Rose of Smoothmed.

Smoothmed, scheduled to open next month, will offer only one procedure: Botox injections to smooth wrinkles around the forehead, eyes, lips or neck. Its owners said the idea is convenience, competitive pricing and standardized care.

“Botox-on-the-go is the way we like to think of it,” said Dr. Andrew I. Elkwood, an owner of Smoothmed. He and his business partner, Dr. Michael I. Rose, are plastic and reconstructive surgeons who practice in Manhattan and in Shrewsbury, N.J.

Botox Cosmetic, a diluted form of botulinum toxin, is used to temporarily paralyze the muscles underlying wrinkles. Dr. Rose said that making injections easily available would expand the market.

“It will appeal to people who took a few hours to shop at Bloomingdale’s, to secretaries on their lunch hours, to people who live and work in the neighborhood, and we will be getting visitors who think on a whim, ‘I wouldn’t normally do this at home, but we’re in New York, so let’s try it,’ ” Dr. Rose said.

A patient’s first visit to Smoothmed should take about 30 minutes or less, and follow-up appointments will take 15 minutes or less, he said. “People just need to be educated that it’s fast, it’s cheap and it’s not intimidating.”

In an age-conscious society that has already accustomed itself to Botox parties, Botox house calls, Botox in spas and Botox at malls, the idea of a Botox specialty retailer akin to Starbucks seems inevitable. With more than 4.5 million treatments performed in the United States last year, Botox is the most popular nonsurgical cosmetic medical procedure in the country, according to [plastic surgery](#) associations. But that number amounts only to about one million patients who regularly seek wrinkle injections.

To expand the demographic, pharmaceutical companies like Allergan Inc., which makes Botox, are stepping up their marketing and advertising. And, independently, physicians are devising strategies for expanding their client bases. Dr. Rose predicted that the Smoothmed model would be successful because Botox lasts about four months, engendering repeat business.

“Botox is the female yuppie heroin,” Dr. Rose said. “It’s like electricity: If you want to keep it on, you have to keep paying.”

But the idea of a drop-in injection center raises the question of whether, in the course of mainstreaming, Botox is destined to become the new manicure, an impulse purchase readily available at local storefronts.

Some doctors who specialize in administering such injections contended that convenience and pricing are inappropriate criteria for choosing a cosmetic medical provider.

“This may be trivializing the procedure the way the teeth-whitening center on the corner trivializes dentistry, taking it out of the context of overall teeth health and maintenance,” said Dr. Fredric S. Brandt, a dermatologist who practices in Manhattan and Coral Gables, Fla.

Dr. Elkwood disagreed, saying that medical care will not be compromised just because Smoothmed brands itself as a Botox convenience center.

“We are approaching it as a serious medical procedure, but that doesn’t mean we have to flaunt the serious nature of it,” Dr. Elkwood said.

Dr. Elkwood and Dr. Rose specialize in microsurgery, including the reattachment of limbs and breast reconstruction after [cancer](#). Half their practice is devoted to cosmetic surgery, with Botox injections an adjunct treatment, Dr. Rose said.

Dr. Elkwood said they wanted to create a new, simpler model of Botox delivery that would set itself apart from some “medi spas,” where nurses may administer injections. At Smoothmed, physicians who are general practitioners will give Botox.

“Botox should not be done in a spa where you don’t always know exactly who is injecting you and where it is presented in the same context as a hot stone massage or a facial scrub,” Dr. Elkwood said. “Nor should it be done in someone’s house where the doctor can’t control the cleanliness or the lighting.”

Smoothmed is a 1,100-square-foot medical office with golden walls, large plate-glass windows and three treatment rooms. Dr. Elkwood said first-time patients will have a consultation with a doctor who takes their medical history, examines their faces and explains the benefits and risks of Botox. Patients will also have their faces photographed and, if appropriate, receive a [pregnancy](#) test, he said.

Doctors will use a syringe gun to control the amount of each injection, Dr. Elkwood said. He added that he and Dr. Rose have developed their own computerized system; it will impose a grid over a patient’s photograph and record the exact locations and amounts of the Botox injections so that it is easy for a doctor at Smoothmed to replicate the treatment on a patient’s subsequent visits.

Dr. Rose said Smoothmed plans to charge \$12 to \$13 per unit of Botox, which will add up to about \$250 to \$300 for the forehead or eye area and roughly \$150 for the lip area. Nationally, patients pay an average of about \$12 per unit of Botox treatment; the average price in New York is about \$15. Typically, medical insurance does not cover cosmetic treatments.

Dr. Mary A. Cigliano, a physician in family practice in New York, has been hired to be the full-time injector at Smoothmed. Dr. Cigliano said she studied how to inject Botox in 2004 by taking a certification course run by Allergan as well as an additional course in cosmetic injections run by Dr. Michael Kane, a plastic surgeon in Manhattan.

“Once you learn the facial anatomy, it is kind of like being an artist with the face,” she said.

Is a Botox convenience store an appropriate model for mainstreaming cosmetic injections? Some doctors interviewed for this article said that Botox should not be presented as an impulse buy that induces consumers with speed and pricing.

“There are places where you can get your car painted for \$29 and, if you want to take your BMW to the \$29 place, you are welcome to do it,” said Dr. Richard G. Glogau, a clinical professor of dermatology at the [University of California](#), San Francisco. “But, even in Brazil, which has the highest consumption of cosmetic services, the car-wash approach to cosmetic therapy has never really taken off.”

Both Dr. Glogau and Dr. Brandt have been paid consultants and researchers for Allergan.

Dr. Glogau said that patients would be better off going to dermatologists and surgeons who have extensive training in facial anatomy and aesthetics and long experience injecting Botox. To that end, the American Society for Aesthetic Plastic Surgery, the American Academy of Facial Plastic and Reconstructive Surgery, and the American Society for Dermatologic Surgery will start a campaign

Friday, called the Physicians Coalition for Injectable Safety, to promote the idea that only board certified surgeons and dermatologists can guarantee cosmetic expertise.

“I consider myself an experienced injector, and even I have enough trouble getting Botox to work the way I want each time,” Dr. Glogau said.

But Dr. Rose disagreed, saying that general practitioners like Dr. Cigliano who have basic training and experience using Botox could be good injectors, especially using Smoothmed’s method of standardizing treatments and making them reproducible.

“Botox is not very user dependent,” Dr. Rose said. “As long as you inject it in roughly the right spot, it works. It’s like a [flu](#) shot. You can have it in your deltoid or your buttocks and it spreads out. It doesn’t have to be to the millimeter.”

But that idea infuriated injectors like Dr. Glogau and Dr. Brandt, who eschew syringe guns and grid systems because they believe each treatment should be more individualized.

“It’s not just about eliminating lines and wrinkles,” Dr. Brandt said. “It’s about reshaping the brow and the forehead, which requires you to understand not only which area you are immediately affecting, but also how that affects all the contours of the face.”

He also questioned whether a Botox-only center could offer comprehensive cosmetic care.

“If Botox is the only thing you are doing, are you going to use Botox on patients for whom Botox is not the ideal solution?” Dr. Brandt asked.

Dr. Elkwood, though, said that Smoothmed would set a standard for providing cosmetic medical care by qualified doctors in an era in which some physicians are handing off their cosmetic injections to

nurses or are delegating treatments like laser hair removal to aestheticians.

“There is a right way to do it, which is using physicians who are trained to make diagnoses and handle all kinds of adverse events and creating a system to provide the safest care and the most reproducible results,” Dr. Elkwood said. If Smoothmed is successful, he said, the doctors plan to open similar locations.

Deborah A. Sullivan, author of a critique of the augmentation industry called “Cosmetic Surgery: The Cutting Edge of Commercial Medicine in America,” said that locating an injection center near Bloomingdale’s would capitalize on the insecurities of shoppers who come to terms with their appearances in department store dressing rooms.

“You go in, you try something on, you think, ‘Who is that old woman in the mirror?’ You come out of the store rattled, and you walk by a Botox store,” said Dr. Sullivan, a sociology professor at the School of Social and Family Dynamics at [Arizona State University](#). “What a clever idea! They will probably be very successful.”

SKIN DEEP

New Hope at the Beauty Counter: Bling in a Jar



By ANNA JANE GROSSMAN
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FOR most people, bathing in diamonds and gold is as likely an occurrence as washing the car with truffles. And yet it now appears that the endless search for smoother and younger-looking skin and the tireless acquisition of conspicuous signs of wealth have collided at the cosmetics counter. The result is an array of topical products almost too precious to be anywhere near a sink drain.

Bling might be less noticeable in fashion magazines of late, but the gems and precious metals have not disappeared; they have simply migrated from jewelry boxes into medicine cabinets.

Beauty companies are making use of an ever-expanding list of exotic — and pricey — ingredients, hoping to create the next new thing. So it is hardly a surprise that they are trotting out items like gold-flecked

Perfect Cream for Body from Carita (\$275 for 6.7 fluid ounces); La Mer's diamond powder Refining Facial (\$75 for 3.4 ounces); and products from Aveda charged with tourmaline, multicolored gems that resemble rubies and emerald.

A diamond necklace or gold ring can do little more than create envy, but manufacturers claim that, when pulverized, distilled or blended with oils, precious metals and stones can tighten, clarify and reverse the signs of age.

In recent years, many skin products were derived from unglamorous substances like bovine collagen and hyaluronic acid from cockscombs. Dermatologists are unsurprised at the latest cosmetological shift.

"A few years ago, there was caviar in everything. Next year, it'll probably be champagne," said Dr. Michele S. Green, a dermatologist with a practice on the Upper East Side who has been paid as a consultant to develop and test products for numerous cosmetics companies.

The real future isn't gem or gold creams, Dr. Green said. "But it doesn't sound sexy to say you're rubbing marine algae on your face."

In its defense, gold was once commonly used to heal leg [ulcers](#). Research published last year by the American Chemical Society also suggested that nanoparticles of it (combined with [radiation](#), among other things) could possibly help treat neurodegenerative diseases like [Alzheimer's](#).

But Dr. Vincent DeLeo, chairman of the dermatology department at St. Luke's-Roosevelt Hospital and Beth Israel Medical Centers in New York, is doubtful, especially of the products that shimmer after application.

“Some metals might have antioxidant effects because metals can react with free radicals, theoretically,” he said. “But if you can see it after you use it, it’s not doing anything but sitting on a dead layer of skin.”

He added that 5 percent of people who have contact dermatitis are sensitive to wearing gold, let alone spreading it on their faces.

Liquid silver is an ingredient in products from Julisis, a 3-year-old German skincare company. Other Julisis products contain essences of diamonds, gold, rubies and copper.

Julius Eulberg, the company’s founder, said he hit upon the idea to make products using precious metals and gemstones after reading the writings of Paracelsus, a 16th-century Swiss alchemist.

“They’re very special, amazing, wonderful products,” Mr. Eulberg said. “They act on a cellular level. The gold helps to strengthen every single skin cell and there are microparticles that help with glandular function.”

(Of course, Paracelsus also made astrology part of his medicine.)

Wesley Rowell, the public relations director of New London Pharmacy on the West Side of Manhattan, said customers regularly buy all of the 18 Julisis products (\$2,400 for the line). The store also stocks Roses & Diamonds, an organic “age-erasing” facial oil with a .06-carat brilliant-cut diamond at the bottom of every \$250 bottle. The maker is Ray Simons, a company in Amsterdam.

Similarly marketed oils from Shiffa, a company in Dubai, are sold for as much as \$455 for a 3.4-ounce bottle at the Peninsula Spa in Beverly Hills, Calif. Every bottle contains a small ruby, emerald, sapphire or diamond.

The squinting involved in actually seeing the stones in these products is enough to bring on early crow’s-feet. Nonetheless, they sell.

“In the last year, I’ve seen more and more people who would normally spend \$200 on a department store face cream coming in wanting something completely natural,” Mr. Rowell said. Products by Burt’s Bees are often the gateway to the world of organic cosmetics, but the line doesn’t satiate all cravings.

“There are people who don’t want the stuff in the recycled box with the granola-hippyish bad fonts,” Mr. Rowell said. “But they’re saying, ‘If I can’t read all the ingredients in this cream, I don’t want it.’ ”

Many of the “precious” products aren’t organic, but some consumers want to be able to at least understand, and visualize, some of the ingredients. Gold is easier to picture than, say, retinol.

Tiny gems would seem a natural for products like scrubs and companies like Jewel Therapy have obliged. Its gritty, pink-hued facial scrub is said to contain 100 carats of precious and semiprecious stones, including one carat of diamonds. In the infomercial, a perky host says, “There are a lot of carats in there — don’t you wish you had those on your fingers?”

The infomercial for the product, available at Jeweltherapy.com shows what the company says are magnified images of the scrub that make it look like a tiny sea of Harry Winston gems — or at least Lucky Charms. And though the image is somewhat less than truthful (under a microscope, most of the colored flecks look more like glass shards than faceted jewels), it is effective at hinting at more luxury than you can normally expect for \$29.99 (if you call now!).

The commercial also plays into the obsessiveness that surrounds rubies and diamonds and propels the plot of many a James Bond movie. “This product has renewed my faith, and I don’t want to live without it,” says Dyana, one of the talking heads.

“We use jewels because of all the ancient healing philosophies,” said Amby Longhofer, a founder of the company, which is in Beverly Hills.

“Jewels hold vibrational qualities. The body actually can get in synch with the vibration that they give off.”

Paula Begoun, who has her own skin care line and is the author of several books on shopping for beauty products, including “Don’t Go to the Cosmetics Counter Without Me” (Beginning Press, 2003), said these stones might indeed be good exfoliants. “But so is a washcloth, or even rubbing your face on the floor,” she added.

And what of their good vibrations? “All I know is that I wear diamonds near my face, and I still have wrinkles,” she said.

Still, when it comes to the jeweled and gilded creams and oils, many consumers are highly appreciative. Bettina Kozlowski of Chicago first tried La Prairie’s glittery Cellular Radiance Concentrate Pure Gold when she received a free sample last year. The product contains flecks of 24-karat gold (as well as a hefty dose of skin-plumping hyaluronic acid).

“My dad is a plastic surgeon and he’d laugh me out of the room if I’d told him I was even considering using a product like this,” she said.

Not only did Ms. Kozlowski try the product — she loved it. She even went back and bought a one-ounce bottle for \$525. When that ran out, she filled it with water to milk the dregs.

But she did it all with a heavy conscience.

“I think it’s unethical to spend that kind of money on a skin cream when you could spend that money on humanitarian causes.” she said. “I don’t want to proliferate that insanity.” But occasional yearnings for Cellular Radiance Concentrate still occur. Cue Shirley Bassey: She loves gold!

“It’s a desire that I’ve mostly curbed,” Ms. Kozlowski said. “The idea of spending another half a thousand dollars on it is enough to make my skin break out.”

Plastic surgeons strive to help their patients look their best possible. But what is the “best possible”? The standards of beauty have recently been called into question, with the sudden rise of Asian plastic surgeries across the globe. According to the American Society of Plastic Surgeons (ASPS), plastic surgery among Asian-Americans increased 58% from 2004 to 2005, translating into 437,000 surgeries. The growing number of Asian-Americans going under the knife has generated concern among Asians about whether plastic surgery is erasing Asian ethnic features and creating a “Westernized” look in its place. In America, the concern is focused on Asian-Americans undergoing surgeries with results that follow a more typically Caucasian standard of beauty, and thereby possibly losing their unique ethnic identities as Asians.

In Asia, there has also been tremendous growth in the plastic surgery industry, with Japan, Thailand and China acting as hotspots for licensed and illegally-performed procedures. Up until 2001, China had a ban on plastic surgery, hoping to preserve traditional, non-Western looks and styles. According to a Zee News article, plastic surgery is currently a 2.4 billion (USD) industry in China, with about one million procedures done a year. In Japan, the industry is even larger, with \$18.7 billion dollars spent a year. There is less controversy in Asia about “Westernization” through surgery - procedures are done to improve the general appearance of the patient, but not in light of a certain ideal. Patients mostly cite life and career advantages as their reasons for surgery.

In America, patients and surgeons generally also cite a wish for an improved overall appearance, and not for the look of a specific ethnicity. Plastic surgeons are developing specialized procedures that help create natural-looking adjustments among Asian-Americans, to improve the appearance of their patients while simultaneously preserving their ethnic look. The most popular procedures requested by Asian patients include a double eyelid surgery where a crease is created in patients born with a single eyelid, liposuction, breast augmentation, and rhinoplasty (nose reshaping).

Rise in Asian Plastic Surgery

In America, the number of Asians opting for cosmetic surgery has skyrocketed, with ASPS reporting a 33% increase among Asian Americans from 2005 to 2006, from 437,000 Asian patients having surgery in 2005 to over 610,000 in 2006. Furthermore, the American Academy of Facial Plastic and Reconstructive Surgery shows a 35% rise among Asians in non-invasive procedures such as BOTOX between 2005 to 2006.

The increased popularity of plastic surgery in America is due to a number of changes. According to an article in New America Media, a collection of ethnic news organizations, plastic surgeons traditionally held a European/Caucasian standard of appearance, characterized by Roman noses and double-eyelids. It was not until a few decades ago that medical schools recognized ethnic differences in appearance. The rise in practices and

plastic surgeons that cater specifically to the needs of Asian patients has instilled confidence in Asian patients to undergo procedures without fear of losing their ethnicity. Techniques have been developed and refined that are tailored specifically to creating a more natural appearance in Asian patients undergoing cosmetic surgery. The combined effects of the plastic surgery industry recognizing and promoting different procedures for different ethnicities could have encouraged a greater number of Asian patients to opt for plastic surgery.

Outside the United States, plastic surgery is booming in Asia. Hong Kong is ranked 6th in the world for plastic surgery procedures done per capita in 2002, with almost 74 per 100,000 people, according to nationmaster.com, a graphical database. Taiwan ranks 13th, Japan 18th, and Singapore and South Korea come in at numbers 26 and 27, respectively. Furthermore, Japan is ranked fourth in the number of plastic surgery procedures done per country, with almost 43,000 performed in 2002. Taiwan is ranked 14th, and South Korea is ranked 15th, with about 10,000 procedures each, and Hong Kong 18th, with 5,000. According to Time Asia, there were one million procedures done in Taiwan in 2001, twice the number performed in 1996. Surgeons estimate that one in ten adults in Korea has done some type of cosmetic procedure and even children get their eyelids done to create a fold for a double eyelid-effect.

In Asia, a large number of cosmetic procedures are performed illegally by unlicensed doctors. For example, Time Asia reports that there are only 43 licensed plastic surgeons in Indonesia — a country with a population of 230 million — yet an estimated 400 illegal surgeries are performed a week in Jakarta, Indonesia's capital, alone. Illegal procedures are also rampant in China, as reflected in the more than 200,000 lawsuits filed against practitioners between 1992-2002, according to the China Quality Daily. The main reason for illegal plastic surgery is money, as the business is extremely lucrative. For example, clinics in Japan alone can make \$100 million a year on non-invasive procedures.

Top Asian Plastic Surgery Procedures

According to the ASPS, the three most commonly requested surgical procedures among Asian-Americans in 2006 were nose reshaping, breast augmentation and eyelid surgery. The top five requested surgical procedures overall in 2006 were breast augmentation, nose reshaping, liposuction, eyelid surgery and tummy tucks. An examination of different procedures follows below.

Double-Eyelid Surgery (Blepharoplasty)

Asians are increasingly asking their plastic surgeons for wider and rounder eyes. Other Asian patients who have mono-lids (no crease in the eyelid) are seeking to have a fold created to achieve a double-eyelid. For these reasons, eyelid surgery (blepharoplasty) is the most popular plastic surgery done among Asians in the world. In the United States, eyelid surgery ranks as the third most popular plastic surgery done by Asian Americans, behind nose reshaping and breast augmentation. For Caucasians, the reason for doing eyelid surgery is to reduce the signs of aging, lift droopy eyelids, and remove under-eye

bags. This is done by removing excess fat, skin and muscle around the eyes. Among Asians, however, the more frequently requested procedure is a double-eyelid surgery, which creates a second fold in the upper eyelid. According to an article by plastic surgeon Dr. Charles Lee, approximately 50% of Pacific Asians (Chinese, Japanese and Korean) are born with a natural double-eyelid and thus do not need a double-eyelid surgery. For those who are born without a fold, getting a double-eyelid surgery can create a natural-looking crease.

For those Asians with a double eyelid, the crease curves: it starts out small and near the eyelashes at the corner of the eye, and then gradually becomes larger, reaching its maximum at the center of the eye. The crease then continues in a parallel slope downward away from the nose. Among Caucasians, the crease does not run parallel to the eyelash line, but instead folds in an upside-down “U” shape. The crease in Caucasians is also about 20% larger than an Asian eyelid crease, according to Dr. Charles Lee. For the 50% of Asians who do not have a crease, a natural-looking fold can be created without “Westernizing” the patient.

There are various techniques that can be used to achieve the double-eyelid. The first one, often called the “suture method” involves making small incisions inside the lid along the new crease line and placing tight sutures underneath the skin. The skin is lifted and folded back to create the fold. The suture method has the advantage of being less invasive than other double-eyelid methods as little surgery is involved, the procedure costs less, and can be performed quickly, often in as little as fifteen minutes. Despite these advantages, the suture method has some serious drawbacks in that the result is not long-lasting and the crease fades away after several years because the sutures weaken after a few years. In some cases, the sutures can break after a few months and lead to the disappearance of the crease. This method also results in a less natural look, as the newly-created crease is always there and does not go away when the eyes are closed or when one blinks. Furthermore, the crease created by the suture method does not follow the shape of the patient’s eye as closely as the full incision method (discussed below), and the resulting double-eyelid looks more “Western” than Asian. While the suture method is often described as being non-surgical, it does actually involve making a few incisions and the scar that results is virtually the same as the scar that is formed from the superior full incisional method. Finally, the suture method has another key limitation in that future eyelid surgeries that are necessary to do once the crease fades are more difficult and expensive to perform because of the formation of scar tissue resulting from the incisions. For these above reasons, the suture method is less favored by many plastic surgeons compared to more effective and long-lasting incisional methods.

Today, the “gold standard” in double-eyelid surgery is the full incision method, where a crescent-shaped incision is made along the new crease line, and in the process small strips of muscle and orbital septum are removed and in some cases also some fat. The amount of tissue removed affects the height and shape of the newly created crease. Then, the two sides are sutured together permanently. The incision method is a superior technique because of the long-lasting results that it produces and there is no risk of sutures breaking since they do not play a role in creating the crease. The incision method

is more natural-looking and does not have the problem of creating a permanent crease, as when a person closes or blinks their eyes the crease disappears.

There is also a hybrid method called the Double Stranded Twist (DST) method that combines the suture and incisional techniques, where a series of small incisions are made to remove fat, while the lid is still lifted through the use of sutures. This technique leads to longer-lasting results than the less invasive suture method and patients reportedly do not experience weakening of the sutures and loss of their crease. According to an article in the American Society for Aesthetic Plastic Surgery (ASAPS) peer-reviewed journal, the results from the DST method have lasted as long as 10 years. Furthermore, the procedure is said to be “virtually scar free.”

Following an eyelid surgery, patients may experience swelling. Bruising can also occur and last anywhere from one to two weeks to a month. There may also be uncomfortable side effects on the eyes, such as gumminess, burning, itching, or sensitivity to light. Patients are mobile after a few days, and after two weeks, these side effects begin to subside. Scars may show slightly for at least six months, at which point they fade away. There are various products one can use to accelerate the healing process and minimize bruising and swelling, including cold/hot eye compresses, homeopathic remedies such as Arnica Montana and Bromelain, vitamins, scar reduction products, and wedge pillows. Learn more about [eyelid surgery recovery products](#) that can accelerate healing, reduce swelling and bruising, and minimize scar appearance.

The double eyelid, achieved through the surgery, does create a rounder, bigger appearance of the eye and looks more “Western” than a monolid. However, plastic surgeons who perform this surgery are careful to state that they do not want to change a patient’s ethnic appearance, but instead want to make their patients look the best possible while retaining their patient’s ethnic characteristics. The results of the eyelid surgery can be regulated by the doctor, who can create a double eyelid without overly “westernizing” the look of the patient. While women seek a more dramatic result with a higher crease, men opt for a more conservative lower crease which does not look overdone. Beyond the aesthetic benefits of the procedure, women patients who have had double eyelid surgery frequently cite greater ease of applying eyeliner as a major benefit of doing the surgery.

Nose Reshaping (Rhinoplasty)

As with blepharoplasty, nose surgery (rhinoplasty) differs between Caucasians and Asians. Among Caucasians, rhinoplasty is typically performed to reduce the nose and help it fit better with the face, while the nose is usually augmented among Asians. According to Dr. James Penoff, Asians usually have “flat or low nose bridges,” and “poorly projected nose tips.” Consequently, Asians seek to address these issues in their nose reshaping procedures.

During the surgery, the skin is separated from the underlying bone and cartilage, and an implant is placed to shape and augment the nose. The implants are typically alloplastic (artificial material) rather than live tissue, because of the relative scarcity of the body’s

tissue in comparison to the augmentation required, according to an article by Dr. Lee. Scarring is minimal, when the opening is properly closed. There may be soreness and swelling in the face post-surgery and some bleeding is also common. Patients are usually mobile after two days, and a full recovery time is about one to two weeks. Learn more about [nose surgery recovery products](#) that can accelerate healing, reduce swelling and bruising, and minimize scar appearance.

Plastic surgeons working with Asians emphasize the desire to make their patients look the best possible, as with blepharoplasty, and deny working towards a Western standard of beauty. Instead, a more defined nose can add balance to a face.

Chin Surgery (Mentoplasty)

Chin surgery is often done in conjunction with nose surgeries to enhance the effect, because nose reshaping can disrupt the balance of a face. The surgery is done by making an incision along the jawline on the bottom of the chin, or in the inside of the lower lip between the lip and gum. In chin augmentations, synthetic material that can be shaped as desired is implanted. In chin reductions, surgeons sculpt and reposition the bones into the desired shape. The incision is then closed, with minimal scarring. Soreness, swelling and bruising is common after surgery, with these symptoms slowly diminishing and fading away over a period of about six weeks. Patients may need a soft-food diet for the first few days after surgery, to limit chewing and strain on the chin.

Breast Augmentations

Surgeons are careful to emphasize that breast augmentations are carefully structured to fit each patient's individual body frame, so that the increased bust size does not look unnatural. Since Asians generally have smaller, narrower bodies, a modest increase in bust size is encouraged as opposed to large implants. Incisions can be made in different areas — along the fold under the breast, the areola, or the armpit — depending on the patient's body and preference. Saline or silicone implants can be placed behind breast tissue or between the pectoral muscle and chest wall. Scarring is minimal. Mild soreness and a burning sensation may occur post-surgery, but the patient is usually able to resume some activity within the first week. Swelling that occurs takes anywhere from three to five weeks to subside. Learn more about [breast augmentation recovery products](#) that can accelerate healing, reduce swelling and bruising, and minimize scar appearance.

Liposuction & Tummy Tuck (Abdominoplasty)

Both liposuction and tummy tucks are procedures performed to help improve the contour of one's body and reduce fat deposits. Among Asians, fat is more likely to collect on the arms and waist, resulting in liposuction procedures commonly done in those areas. While liposuction is effective on the legs of Caucasians, it is less effective on Asians because muscle — as opposed to fat — accounts for most of an Asian's leg mass.

Tummy tucks specifically focus on removing excess fat and skin in the middle to lower abdomen. Tummy tucks result in a permanent scar for every patient. However, there is a mildly increased concern for Asians when it comes to scarring, as less than 3% of Asians develop keloids. Keloids occur when the scar tissue grows past the edges of the original wound, resulting in a larger growth than normal. Fortunately, keloids can be treated with [scar reduction creams](#) such as Kelo-cote and Scar Esthetique, as well as with [silicone scar sheets](#) manual massaging. Learn more about [liposuction recovery products](#) that can accelerate healing, reduce swelling and bruising, and minimize scar appearance.

Face Lifts (Rhytidectomy)

Due to having thicker, tighter skin, and moderately pigmented skin that ages well, Asians usually choose to have face lifts later in life than Caucasians. Asians who do opt for face lifts generally desire a younger appearance, through tightening skin to reduce sagging and wrinkles. Face lifts are also done differently among Asians and Caucasians due to differences in facial anatomy. Caucasians who get a face lifts generally need to reduce sagging along the jawline, neck, and lips. In contrast, Asians experience less sagging in the lower face, due to higher cheekbones, and more sagging in the upper area because of a flatter forehead. For this reason, a brow lift (forehead lift) may be more appropriate for an Asian plastic surgery patient needing to correct signs of aging in the forehead area. In brow lifts, incisions are made along the scalp, and the sagging skin in the forehead is raised to tighten it. In face lifts, muscles are also tightened, fat may be removed, and the skin then re-draped over the incision. Mid facelifts can also be performed when the cheeks begin to sag due to age, with incisions made below the lower eyelid, or behind the ears. Discomfort can occur, such as swelling or numbness, but disappears in weeks. Bruising may also be apparent for up to two weeks. Learn more about [face lift recovery products](#) that can accelerate healing, reduce swelling and bruising, and minimize scar appearance.

Cheek Surgery (Malarplasty)

Caucasians generally opt for cheek surgery to better define their cheekbones. For Asians, however, the opposite holds true as most Asian patients want to reduce highly defined cheekbones to improve the balance of their face. This can be done by making an incision behind the lip or along the hairline, and then shaving the bone or pushing it inward. According to a Time Asia article, Botox injections are also used to atrophy muscles and shrink cheeks. Numbness and bruising can occur and may last for anywhere from a few days to a week or longer. Swelling may also occur and may take anywhere from weeks, a month or longer to fully resolve itself.

BOTOX Injections

As the leading non-surgical treatment among Caucasians, Botox is used by Caucasians to eliminate wrinkles, and to create a more youthful appearance. The toxin botulinum paralyzes muscles temporarily, resulting in smoother skin. Botox is also the most popular minimally-invasive treatment among Asians, according to ASPS. While Asians use

Botox to achieve a younger facial appearance, Botox is also used for other purposes, especially in Asia. Botox can be injected along the jawline to reduce the jaw's width, or into the calves to achieve a slimmer look. Botox is also used to reduce the size of cheeks (see above). Learn more about [Botox injections recovery products](#) that can accelerate healing, and reduce swelling and bruising.

So Are Asians Trying To Look More White?

These days, there is a quiet dispute happening among Asians about whether Asians going under the knife are subconsciously trying to look more white. Asians who have been cosmetically enhanced claim that their reasons for surgery are to look better, but that they want to remain natural and do not want to erase their ethnic characteristics. Plastic surgeons are also careful to emphasize that when they perform these procedures on Asian patients, they have the patient's best interests in mind, stating that they are attempting to create a better personal look for each patient, and are not working towards a Caucasian ideal or "standard" of beauty. This is validated by the rise in Asian plastic surgery techniques whose objectives are to preserve the person's ethnic look and whose results are more subtle. For example, doctors are increasingly more conservative in removing eye fat in the lower eyelid, which leads to a more subtle change that does not make one's eye look Caucasian.

This growing movement towards striking a balance between the desire for cosmetic enhancement and the need to keep one's Asian ethnic traits is dubbed as "Ethnic correctness" by Anna M. Park of Audrey Magazines. "With a growing appreciation for diversity and a higher social awareness come advances in technique and deeper understanding of the anatomy of the Asian eye, resulting in more ethnically sensitive procedures."

While ethnic correctness sounds great in principle, it's still difficult to deny that rounder eyes, double-eyelids, a more prominent nose and chin, or bigger breasts are not in any way steps towards a Caucasian beauty standard. After all, bigger eyes and breasts are the stuff of Caucasian beauty standards. As a result, there is a contradiction between what the patients and surgeons are saying, and what the actual cosmetic results show.

Perhaps it is not so much that Asians are subconsciously "westernizing" their ethnic looks, but rather that the Western beauty ideal is becoming a universal beauty standard embraced by people of all ethnicities and nationalities. As globalization continues to take the world by storm, cultural barriers are breaking down. As these barriers disappear, the Western beauty standards could become more and more widespread, especially through the increased accessibility of international media. Yet while certain attributes of the Western ideal become universal, certain ethnic characteristics will be retained, such as a generally Asian look...but with modified eyelids, bigger breasts and a more projected nose. This is confirmed by Time Asia, which says that the Asian trends towards bigger breasts, bigger eyes, and double-eyelids are parts of the "leggy, skinny, busty Western ideal that has become increasingly universal."

It is important to note that there is a divide between American Asians and Asians living in Asia in their feelings about and reasons for cosmetic surgery. In America, the procedures are simply that – cosmetic — and done for a improved appearance. In Asia, however, many patients cite careers and job opportunities as the reason. According to a Time Asia article, it was difficult for some women to get jobs and support themselves because employers discriminated based on appearance. Men in Asia, especially those in the media industry, cite a need to look “trustworthy” and appealing to audiences.

It also seems that American Asians are more likely to worry about whether plastic surgery will affect their ethnic identities. One theory is that in Asia where people have similar eye features, an eyelid surgery will give them a unique look, while in America having such a procedure may make their look more common. For these reasons, American Asians may be more cautious about plunging into plastic surgery and desire techniques that keep their ethnic look.

Asian Celebrity Plastic Surgery

In America, many celebrities retain their decidedly ethnic looks, such as actresses Zhang Ziyi, Sandra Oh and Lucy Liu, none of whom have sparked controversy for their looks. Their retention of their ethnic look does not seem to have affected their careers, either.

Others of a different generation, however, have opted for surgery, such as action film star Jackie Chan, who underwent a blepharoplasty (double-eyelid surgery) in 1976. It is said that he wanted a more “Western” appearance. Shortly after, in 1980, he began starring in foreign films — namely American ones.

There is much more speculation about celebrities and plastic surgery in Asia than America. They seem to have more work done in all areas of their body, from lifts to liposuction because of an increased pressure to constantly look pleasing. Many celebrities come under fire for rumors of having plastic surgery done, through compared “before” and “after” pictures. There is speculation that international film star Gong Li has had work done. Japanese pop singer Ayumi Hamasaki is rumored to have had 30 to 40 surgeries total, and there has been rampant speculation about Hong Kong actor Raymond Lam having repeated nose jobs. There was also speculation about Tracy Ip, Miss Hong Kong 2005, and Chinese television hostess Li Xiang, both of whom have denied rumors of surgery. Recently, Korean singer Kim Dong Wan of the boy band ShinHwa admitted that he had a nose job after having previously lied that he fell of the stage during a performance and broke his nose. Also, Singaporean blogger Dawn Yang, who was voted “Hottest Blogger” by hottestblogger.com, and featured in several magazines for her looks, sparked controversy in late 2005 when photos of her in junior college were leaked, in which she looked markedly different. She still has not made a definitive statement about the issue to this day. It doesn’t seem to have hurt her career, however, as she is currently filming an Asian television drama.

Hong Kong model and actress Gaile Lok is one of the few celebrities who revealed that she had breast augmentations, and later removed them due to health problems. Lok

actually came under greater media fire for dating Hong Kong actor and singer Leon Lai in 2006 than for her breast enhancements.

The one major, well-known celebrity who has not had any surgery is one of Asia's most popular current singers and actor Rain, who looks traditionally Korean yet is still rapidly gaining an international fanbase. Rain admitted in a CNN interview that he was actually rejected from several initial auditions for being "too ugly," and for not having double-eyelids. It is said that he has not had any plastic surgery, which does not seem to have hindered his fame — he was named one of Time magazine's "100 Most Influential People Who Shape Our World."

Plastic surgery, a complex topic, is only further complicated by ethnic considerations. There is no one standard of beauty for everyone, and surgeons try instead for the "best possible" personal result. Differing techniques for procedures do need to be developed, to address the varying needs of different ethnicities. If nothing else, one thing is clear: cosmetic surgery is personal, and every issue needs to be addressed personally.

This is the debut article of a new area on [Make Me Heal](#) which will feature daily articles on Asian Plastic Surgery News and Ethnic plastic surgery.