

**Newslinks for the week of December 31<sup>st</sup>:**

# DAILY NEWS

## The Yoga Face Workout

BY GRACE BASTIDAS

Thursday, January 3rd 2008, 4:00 AM



Sunshine for News

Reporter Grace Bastidas tries out Yoga Face poses in Annelise Hagen's class.

Another year, another line. I never considered plastic surgery, especially not at 33. But with 2008 ahead of me and the looming promise of more wrinkles, my resolution is to turn back the clock naturally. Impossible?

Not according to Annelise Hagen, the Brooklyn-based yogi behind Yoga Face, an anti-aging regimen that promises to eliminate wrinkles and tone the muscles above the neck through a series of eye-popping, tongue-wagging, jaw-dropping moves.

Hagen says if you start doing a few minutes of facial yoga a day, in six months you'll have tighter, more refined skin, and by 2009 you'll look like you had a face-lift ... a good one.

"In one year, you'll have less lines, more skin tone in the jaw and neck, fewer crow's-feet and less blotchiness," says Hagen, who will appear on Rachael Ray's TV show on Tuesday to debut a face-sculpting pose named in honor of the host.

So I decided to take her up on the challenge and enrolled in her Yoga Face class at the New York Health & Racquet Club on E. 57th St.

The program, partly drawn from vocal training techniques used by actors, is comprised of facial exercises, body poses and breathing methods meant to detoxify the skin and lift the face naturally without the use of knives or needles.

As soon as I met the 40-year-old, I scanned her face for irrefutable evidence, much like I'd scrutinize a hair stylist's coif or a manicurist's cuticles: It was, indeed, bright and deceptively young, like her demeanor.

"Facial muscles are involuntary muscles, they're reflective of whatever we're feeling," said Hagen, who has taught yoga for more than 10 years and facial rejuvenation yoga for the past three. "It's nice to know there's a real solution."

No sooner had the class started than I was singled out for holding a lot of tension in my face. "Release jaw anger," motioned Hagen, dragging the palms of her hands down her face and dropping the jaw. "And make a sound like an opera singer - aaaaah." The rest of the women, a mix of young and not so young, followed.

"Now shake your face like you're one of the Three Stooges and you've just been smacked with a plank."

Huh?

I hoped my crinkled brow and head-scratching wouldn't reveal my confusion as she showed us the exercises. I widened my eyes to smooth crow's-feet; puffed up my cheeks like Louis Armstrong to keep them firm; blew kisses to give my lips that collagen-plumped look; dipped into a downward dog to get the blood to my head and oxygenate the skin. All the while, I om'ed and ooh'ed and aah'ed to release tension.

"You feel silly when you're making those noises, but everyone in the class is doing it, so it's okay," said Irene Elmore, a financial adviser genetically blessed with smooth ebony skin who's been at it for two months, practicing her facial exercises morning and night.

"Vanity is important," she said, wearing scarlet lipstick with her workout gear. "The laugh lines are receding very nicely."

According to Hagen, it takes about six classes and some homework to see serious results. "It depends on the person and the area that they target," she explained. "The first thing I saw disappear was the pucker line between my eyebrows."

I could hear another novice in the class echo what I was thinking. "I don't get it," she said as we stood inches away from the mirror making faces at ourselves. "If you do it the next day you'll gain momentum," countered Hagen.

"Working those muscles promotes the production of elastin and collagen - the connective tissues under the skin. They keep the skin resilient and springy."

A natural-born skeptic, I'm still not sure if I get it either. My face didn't change after one session, and since you're not supposed to feel sore, there isn't that immediate sense of satisfaction that comes from a regular workout. However, attracted by the idea of turning back time, sans Botox or plastic surgery, I plan to keep doing my exercises and putting my best Buddha face forward in the hopes of achieving facial serenity. Ommm ...

The New York Times

# Hey, It's Still Me in Here

By MIREYA NAVARRO

Published: December 30, 2007



Left, Frederick M. Brown/Getty Images; right, Peter Kramer/Associated Press

**BEFORE AND AFTER** The actress Ashley Tisdale, as she appeared in 2005, left, and earlier this month. Recent surgery on her nose has upset some of her fans.

PITY poor Ashley Tisdale. Riding high from her success as the scheming Sharpay in “High School Musical 2,” she seems to have come down with a minor case of Jennifer Grey syndrome.

After having surgery to fix what she said was a deviated septum on Nov. 30, she emerged two weeks later with what looked to many casual observers like a brand-new nose. Celebrity magazines and blogs piled on, questioning her for tinkering with the trait that many people say made her special.

Five-year-old fans said they no longer recognize her. She looks “plain,” “average,” even “Stepford,” according to some of the online comments.

“Any character her face once had is GONE!” says one of hundreds of opinions that poured into [perezhilton.com](http://perezhilton.com) after the first post-surgery pictures of the 22-year-old actress surfaced. “Bye Sharpay. Hello bland!”

As a celebrity, Ms. Tisdale might have expected scrutiny. (At least she still looks like herself, unlike Ms. Grey, the “Dirty Dancing” star whose [rhinoplasty](#) altered her face so much that her acting jobs dried up.) But anticipating and dealing with negative reaction to changed looks is not just for the boldface set.

Plastic surgery has become mainstream — almost 11 million procedures were performed in the United States in 2006, up 7 percent from the previous year. The vast majority were performed on women, with [breast augmentation](#) and nose reshaping leading in popularity.

Doctors say that [anxiety](#) about the response is common among patients and that they can expect comments that are not of the you-look-fabulous variety.

“As patients become more open about it, they should expect more open feedback, good or bad,” said Dr. Richard A. D’Amico, the president of the American Society of Plastic Surgeons, who practices in New York and Englewood, N.J. “There’s no question it adds some stress to the decision-making process.”

Plastic surgeons say rhinoplasty has the most potential to jolt the patient’s friends and loved ones. But any type of facial surgery can spark strong reactions, including silence, stares, gossip and confrontational remarks.

Sometimes people react as if mourning a loss.

“A couple of people said: ‘Where’s Pat? You don’t look like yourself,’” said Pat Casanova, 57, an asset manager in Los Angeles who had a face-lift two years ago. “They were just a little bit in shock.”

Lois W. Stern interviewed more than 100 women for “Sex, Lies and Cosmetic Surgery: Things You’ll Never Learn From Your Plastic Surgeon” (Infinity Publishing, 2006). She said the women gave various reasons for less than ecstatic responses to their surgeries: some said that looking better and feeling more confident unhinged boyfriends and husbands; a few had relatives who disapproved of the cost; and some said that friends became jealous and competitive.

Ms. Stern, who herself has had a face-lift, found that men became more attentive and complimentary while women’s reactions ranged from thrilled to hostile. Her once chatty hairdresser clammed up when she noticed the surgical scars on her scalp.

“I could feel something in the air, there was a different tone — and I left her because of that,” said Ms. Stern, who lives on Long Island. “With some people, their value system says it’s a frivolous thing.”

Not all criticism is subtle, especially from those who believe surgery has robbed someone of an endearing feature or rendered him or her almost unrecognizable. Dr. R. Merrel Olesen, the founder of La Jolla Cosmetic Surgery Center in La Jolla, Calif., recalled a

case of buyer's remorse in which a woman wanted her prominent nose back, after being shunned at a reunion for erasing a feature shared by many relatives. "The family almost made her [suicidal](#)," he said.

Often, the harshest disapproval comes from children.

"My son was really sad," said Jane Glenn Haas, the founder of WomanSage, a group for middle-aged women, and a columnist for The Orange County Register.

Ms. Haas said an inheritance from an uncle nine years ago allowed her to get rid of what she called her "walrus" look — a double chin and bags under her eyes. She went ahead with the surgery, though dreading the reaction.

"I thought people would make fun of me because I'm not a glamorous type of person," she said. "I felt a need to justify it. I told everybody I used money that I had inherited."

The face-lift was overwhelmingly embraced by everyone in her circle, she said, except her 31-year-old son. He told her she looked "like an Orange County woman," which she said meant a woman with so much money she could buy herself a new face.

"I thought he was kind of kidding at first," she said. "I felt very badly because I realized that there's a 'mother look.' I didn't look like that anymore."

Ms. Haas told her son to get over it. "I was very pleased with the way I looked," she said.

Dr. D'Amico said that what best equips patients to deal with the emotional consequences of [cosmetic surgery](#) is wanting to do it for themselves. If the motivation is something like needing to be liked by others or trying to fix something else that is wrong in their lives, "you refer them to a counselor," he said.

Some patients, of course, hear nothing but compliments. Linda Rios, 50, a stay-at-home mother in San Diego who had a face-lift in July, said that if anyone made catty remarks, she is unaware of it.

"Everybody I've talked to is in awe," she said. "Several of my friends have asked for my doctor's card."

And many patients say that after a while, the surgery is all but forgotten. Still, enough of a stigma lingers to make some people deny, fib or at least not advertise the reason they look different.

Sandra Miller, of Los Angeles, a 38-year-old writer, had surgery at 18 that included fixing a deviated septum and straightening the tip of her nose. Last year she again had a little work done on her nose.

She told no one about the first surgery and only a few close friends about the second one.

“You’re kind of embarrassed to say that there’s a problem with the way you look,” she said. “I wanted to look better but didn’t want people to know why.”

In Hollywood, where looks make or break careers, it is almost unheard of for an A-list star to own up to artificial enhancements. Ms. Tisdale told fans on her Web site that her nose surgery was for “health” reasons. But plastic surgeons say that fixing a deviated septum does not result in a changed nose.

Dr. Brent Moelleken, whose sees his share of celebrities at his practice in Beverly Hills, Calif., says some patients come at odd hours, wear disguises to throw off paparazzi, or pace their surgeries over several years “so you can’t put your finger on what’s happened to that person.”

Although he suggests that patients get a new hairstyle or admit to at least getting the eyes done as a way to explain away a new look, Dr. Moelleken said the best course is to come clean.

“The people who are the most open about their plastic surgery have the most positive experience,” he said. “If you’re open about it, you’re unembarrassable.”

## **Detroit News (DetNews.com)**

Thursday, January 3, 2008

### **Ob-gyns discover Botox**

**Doctors branch out into cosmetic medicine**

**Sofia Kosmetatos / The Detroit News**

When Lynn Montemayor wanted sunspots on her nose removed this year, she turned to her obstetrician-gynecologist.

Ditto for microdermabrasion to rejuvenate her skin, and for Restylane injections to fill out smile lines.

It didn't matter to Montemayor that her doctor wasn't a skin specialist. "I trusted him to deliver my children, so I felt, who better to trust my face with?" she said.

Once the domain only of plastic surgeons and dermatologists, cosmetic medicine is a field increasingly practiced by doctors from other specialties offering Botox injections and laser hair removal along with Pap smears and flu shots. Some, in particular ob-gyns, are opening their own medical spas.

Doctors say cosmetic medicine offers them additional revenue as they are increasingly squeezed by declining insurance reimbursements and the rising costs of doing business. Ob-gyns, in particular, pay among the highest malpractice premiums of all doctors, because of the risks involved in their field.

For some doctors, the extra income from the cosmetic procedures, which typically aren't covered by insurance, means they can see fewer patients and spend more time with them. But doctors also say their new ventures are driven by patients asking for more information about cosmetic treatments and for referrals to doctors who perform them.

"(Patients) feel very comfortable opening that dialogue with us," said Dr. Michael Genord, a Royal Oak ob-gyn.

In addition to patient inquiries, doctors are inundated with advertisements and offers from equipment manufacturers to buy or lease lasers and other machines, he said. Genord contemplated offering laser hair removal in his office, but ultimately decided against it because he didn't want to worry about marketing the service to patients in order to pay off costly equipment.

"I wanted to respect the sanctity of the visit," he said.

It's hard to track how many doctors offer cosmetic medical procedures in their offices and how many own or work for medical spas. Michigan requires doctors get a state license, but does not track what kind of medicine doctors practice.

The International Medical Spa Association estimates there are 2,000 to 2,500 medical spas in the United States, mostly in California, Arizona and Florida, followed by major metropolitan areas like New York City. Next to plastic surgeons, many spas are owned or medically supervised by ob-gyns, who are a "natural fit" because they service women, said Hannelore Leavy, the association's founder and executive director.

### **Proper training required**

Dr. Hamid Banooni, a Farmington Hills ob-gyn, opened Rejuvenation, A Medical Laser Spa, in 2005, just steps down the hall from his six-partner medical practice. His interest in cosmetic medicine developed several years ago while examining patients frustrated by the results of procedures like laser hair removal. In some cases, patients even had burns from botched jobs.

"There are a lot of people that aren't properly trained" performing cosmetic medical procedures, he said.

That is a chief concern among dermatologists and cosmetic surgeons. Most doctors who buy laser hair removal equipment, for example, only get a few hours of training from the manufacturer, said Dr. Joel Schlessinger, past president of the American Society of Cosmetic Dermatology & Aesthetic Surgery.

But doctors who offer cosmetic medicine say they train thoroughly to give injections and use machines -- and refer patients to skin specialists for issues beyond their expertise.

Banooni, for example, spent about 15 months studying procedures (including under the supervision of doctors) and researching equipment before opening his spa in October 2005. Ob-gyns are no stranger to lasers, which are used to treat vaginal and cervical diseases, among other conditions, he said.

"Everyone should and hopefully does operate within their area of expertise," he said, adding that he has referred patients to dermatologists for care when needed.

### **Patients should be informed**

Banooni's client base has doubled this year from last to about 600 people, mostly women, and he is finally turning a profit on his investment of hundreds of thousands of dollars, he said. Banooni does have literature in his medical office about the spa, (which is how Montemayor learned about it), and sometimes he'll talk about the spa with patients during exams. But mostly, the spa's client base has grown through word of mouth. "Patients are our best source of referral."

The most popular procedures include laser hair removal and removal of age spots, as well as injections of fillers and Botox to smooth out wrinkles. Banooni administers all injections, but other procedures are conducted by his staff under his supervision.

People seeking more information about medical spas should turn to friends and family first because referrals are the best source of information. But Leavy said that shouldn't be the only way. Patients should ask about staff and doctor training, how often doctors and staff perform procedures, whether the doctor is on site, about complications, and more.

"The consumer needs to be very, very diligent and needs to ask as many questions as possible," Leavy said.



## Face lift, luxury safari -- bargain price

### STORY HIGHLIGHTS

Tummy tuck tourism is on the rise as companies make arrangements

Most cosmetic procedures not covered by insurance

Prices overseas are cheaper

Company: 80 percent of doctors they use are trained in U.S.

By Neil Edward Schlecht

**(LifeWire)** -- Colleen Hiltbrunner spent two years researching her dream trip to South Africa. But she wasn't looking for the perfect safari lodge. She was hunting for the right cosmetic surgeon.

When she told her family, it wasn't an easy sell. "South Africa? You're going to get some kind of witch doctor," she recalls her father saying.

"But I told him they perfected some of the first heart surgeries down there. To me, South Africa had the most reputable surgeons."

Hiltbrunner, of Colorado Springs, Colorado, traveled to Johannesburg in 2004 for a face-lift, upper arm lift and eyelid surgery. And she and her husband -- who hadn't taken a vacation in 20 years -- went on a luxury safari, included in the package by medical-travel agency Surgeon and Safari.

"Medical tourism" may sound strange, but patients are discovering they can get some cosmetic surgeries abroad for less than the U.S. price. And many surgeries include sightseeing packages.

The roster of countries in which hospitals and surgeons are marketing their services to foreigners is growing. South Africa, Argentina, Thailand, Brazil, Costa Rica, India and Singapore have become major players.

Robert Painter, a travel writer from Albuquerque, New Mexico, journeyed last year to Argentina for dental surgeries -- and tango lessons: "If I'm going to be stuck somewhere for two weeks at a time, twice, Buenos Aires has got to be the best possible place," he says

Painter's procedures were organized by Plenitas, a medical-travel facilitator in Buenos Aires, which booked him at a hotel with a dance studio in the back.

## Don't Miss

**Not everyone's a good plastic surgery candidate**

**Five tips for picking a good plastic surgeon**

He wasn't the only guest getting surgery: "While I was there, there was a young lady who was also having implants -- though not of the dental type."

### **Cost-cutting pros and cons**

Cosmetic, or elective, procedures aren't covered by insurance, so cost remains the motivating factor for most medical tourists. Surgeries in many countries cost half or even one-fifth what they would in the U.S. -- including airfare, hotel and excursions. "A full face-lift that would cost \$20,000 in the U.S. runs about \$1,250 in South Africa," a 2005 article in U-Daily, the University of Delaware's online news service noted.

Faith Richter, of Hope Sound, Florida, got a face-lift in Bangkok, Thailand. Her trip was organized by New York City's Med Journeys.

"In the U.S., it would have cost \$20,000 for the procedure alone, with no time in the hospital," she says. In Bangkok, Richter was in the hospital four days, and the total cost of her 19-day trip, including sightseeing and airfare for two, was \$10,600.

Painter estimates he saved \$18,000 on his surgeries. "Cost was the primary factor," he says. "The only factor."

Medical costs abroad are less than in the U.S. for many reasons -- favorable exchange rates, lower salaries and fewer medical lawsuits, which means lower malpractice-insurance costs.

But the International Society of Aesthetic Plastic Surgery warns against low-cost surgery. "Get bargains on your shoes and laundry detergent, not on your face," says spokesman Tony Staffieri.

"Researching the quality of doctors should be a patient's primary consideration, but it isn't always," he says. "Some people think 'tummy tuck and shopping.' This is not makeup; it's somebody cutting you."

Some medical professionals fear that patients will overlook the severity of invasive surgeries and fail to ask the right questions. More casual attitudes toward plastic surgery -- spurred by lunch-break Botox treatments and same-day liposuctions, paired with temptingly cheap alternatives and vacation packages -- increase the risk of bad outcomes.

Even stateside, cosmetic surgery can have tragic results. "First Wives Club" author Olivia Goldsmith died during a chin-tuck in 2004, and this year Kanye West's mother, Donda, died after a tummy tuck and breast reduction. However, a 2004 study published in the official medical journal of the American Society of Plastic Surgeons, *Plastic and Reconstructive Surgery*, found

that "deaths occurring at office-based surgery facilities (in the U.S.) are rare -- less than a quarter of a percent."

### **Quality surgeons**

Medical tourism experts counter criticism by saying that cheaper prices don't necessarily mean lower quality of care.

"In general, it is the hospitals and facilities that have justifiable claim to 'world-class' status or to meeting or exceeding U.S. standards that are competing for patients from the United States and other countries," says Jeff Schult, author of "Beauty from Afar: A Medical Tourist's Guide to Affordable and Quality Cosmetic Care Outside the U.S."

The authors of a 2006 "New England Journal of Medicine" article confirm the high standards of internationally accredited hospitals: "We doubt (...) that the average U.S. hospital can offer better outcomes for common complex operations."

"Almost 80 percent of the doctors we use have been trained in the U.S. or U.K.," says Tim Wallace, vice president of sales and marketing for Med Journeys. "It gives the American consumer a degree of confidence."

Richter, a registered nurse, agrees that standards are high abroad. "After the surgery, the nurses were there for me 100 percent," she says. "At home, we're so understaffed and overburdened, and inundated with paperwork."

When Painter visited U.S. dentists, "I felt like I was being processed for a home loan," he says. "In Argentina, I had three dentists working on me at once."

While medical tourism continues to increase in popularity, it's still not mainstream. When Richter left for Bangkok, she "didn't tell a soul, not even my seven children, who are almost all in the medical field. They would have had a stroke.

"At Thanksgiving, though, they were all saying, 'You really do look good.'"