How Plastic Surgery Can Boost Your Career

More Americans go under the knife to move up the corporate ladder—and some say it makes sense

By Liz Wolgemuth

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The media, and its consumers, generally keep conversation about plastic surgery and careers pegged on a couple of figures: the aging Hollywood idol and the would-be Hollywood idol. Cosmetic surgery is de rigueur in the movie and TV business—pretty understandable given how much looks matter on-screen and in career trajectories.

But there's increasing research that says looks matter in jobs beyond the silver screen—that beautiful people make more money and have more opportunities for advancement. So it's no real surprise that plastic surgery is being deployed as an instrument of career advancement by men and women in office suites far from the glare of the klieg lights.

"In the corporate world, there's a lot of emphasis on image, and image goes with self-confidence," says Antonio Armani, a Beverly Hills, Calif., cosmetic surgeon who specializes in hair transplants. "I think a lot of people do invest money in improving their looks because they feel this is one way they can go up the corporate ladder."

The American Academy of Facial Plastic and Reconstructive Surgery reports that, among last year's most prominent trends, about two thirds of its members reported seeing men and women who requested cosmetic surgery because they wanted to remain competitive in the workplace.

In his nine years of practice, Armani says there has been a growing desire among corporate men—often working in finance—to look younger. But as a career investment, a youthful hairline doesn't come cheap. Armani says a typical transplant procedure costs from $15,000 to $35,000. While his patients are often wealthy, many younger men are financing the cost. Recently, a marine coming off active duty took out a $25,000 loan for his surgery, Armani says, because he
"wants to look good" as he heads into law school. "When we look at people, we are naturally attracted to people who are more attractive," Armani says. There's research to back up that claim. Gordon Patzer, author of *Looks: Why They Matter More Than You Ever Imagined* and a longtime researcher on the impact of physical attractiveness, can run through a laundry list of study results that point to the advantages of being good looking. Cuter newborns in a nursery are touched, held, and talked to more than less attractive babies. Elementary school teachers unknowingly tend to hold higher expectations for better-looking children. Parents may be less protective of less-attractive children.

Then, when people reach working age, good-looking college graduates are more likely to get hired. Employees themselves tend to be willing to do more for better-looking bosses. Attractive supervisors are perceived as more credible and more persuasive.

So what does this mean for those of us who want to get ahead but don't look like Brad or Angelina? Well, higher education can improve physical appearance in others' eyes. And Patzer recommends working out, eating well, practicing good hygiene, dressing nicely, and—although it may be cringe-inducing—correcting flaws with plastic surgery.

"It's a good investment for the workplace," he says, noting that investments that improve your physical appearance and make you appear younger can ultimately delay the decline of your workplace effectiveness as you age.

Certain cosmetic procedures can offer the most bang for your buck. Men have been turning to eyelid surgery, which was the fourth-most-common surgical cosmetic procedure last year, according to the American Society of Plastic Surgeons. Also, teeth whitening is a great investment, because teeth turn gray as we age, Patzer says.

Patzer does not particularly enjoy the results of his research and often says "beauty can be ugly" because society puts entirely too much emphasis on physical attractiveness and the widespread bias in favor of good looks is so discriminatory. But he does not believe there will be a change in our preference for physically attractive people an time soon. Attitudes, social norms, and technological advances are going to make cosmetic surgery increasingly common, Patzer says. He predicts it will become a tool in career advancement—just like clothes or education.

Penelope Trunk, a careers blogger and author of *Brazen Careerist*, predicted in a blog entry earlier this year that plastic surgery will become a tool "for the go-getters and career-minded" and will even be a routine procedure for college grads.

Executive coach Judy Jernudd helps her corporate clients improve their body language, appearance, and clothing, often using a video camera to show a slumped posture or unenthusiastic delivery. "Almost all of us, if we would admit it, and it may not be conscious, we do make pretty quick impressions of people,"
she says, noting that good-looking people tend to have a universal appeal that attracts everyone. Jernudd believes there's a lot that people can do to improve their looks.

"I'm not encouraging everyone to go out and get cosmetic surgery," Jernudd says. "I think there are people that can go overboard on cosmetic surgery. But I do think that you can see people—if it's done correctly—where they can look 10 years younger."

History is, of course, full of very successful individuals who weren't much to look at: Think Napoleon or Albert Einstein. But these are the exceptions, and they don't disprove the rule, Patzer says.

There is, of course, one other option. People could all rise up, armed with the awareness of their discriminatory tendencies, and make a conscious effort to start treating everyone equally. Even newborns.

Los Angeles Times

Booster Shots

This bar serves booze and Botox

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Several years after Botox parties raised eyebrows, a San Diego County bar has begun holding a spa night in which patrons can order up a shot of Botox. One doctor calls it the "next not-quite-so-logical step" in society's embrace of Botoxed faces.

NBCSanDiego.com reported last week that WineStyles Bar in Coronado has invited a doctor to deliver Botox shots one evening per week. According to the website article, the doctor will not drink during the visit and will refuse to treat patrons who have had too much to drink. These
stipulations are unlikely to impress medical societies, such as the American Society of Plastic Surgeons, which warned consumers against receiving Botox treatments in nonmedical settings in a 2002 statement.

"Botox injections should be performed in a setting with appropriate medical personnel and necessary equipment to safely observe patients and deal with potential complications, as well as provide for the disposal of medical waste as required by Occupational Safety," the organization's statement says.

New York plastic surgeon Kevin Tehrani told the Los Angeles Times that Botox should be administered in a confidential setting, where a patient's complete health history is recorded; by a qualified health professional and where record-keeping, including photographs, and emergency care is available. Those medical and ethical considerations, he says, should deter most doctors from setting up shop in bars, adding a final objection: "This is not even entertaining the idea of BWI (Botox While Intoxicated)."

End of the Lines?

The Truth About Instant Wrinkle Smoothers and Fillers
By WENDY SCHMID
May 15, 2008

Hollywood stars preening for the red carpet aren't the only ones who turn to Botox and injectable collagen to take a few years off their faces. Last year, more than 3 million Americans had their wrinkle-making muscles relaxed with Botox; more than 1 million had their lines and lips plumped with fillers.
That's a 35 percent increase over the previous year, and the spiking curve is expected to climb still higher in 2008. As word of mouth spreads, more physicians become adept at using injectables, and new fillers get FDA approval.

In fact, demand among ordinary folk is so high that you can get your fill at the mall: About 1,500 so-called medical spas (or med-spas) have opened across the country, most selling wrinkle-smoothing injectables in a spa-like setting, though not always administered by an experienced doctor.

To get the look you want -- and lower the risk of a temporarily frozen forehead or overplumped "trout pout" -- remember, that getting injected is a medical procedure, not just a beauty treatment.

**Where to Go, Whom to See**

To a generation raised on collagen injections to fill acne scars and to plump lips, having a lunch hour "face-lift" seems as simple as having your hair highlighted.

That's the kind of misconception that led to disappointment and embarrassment for Myriam S., a 47-year-old physical therapist in La Cañada, Calif. She scheduled an appointment for Botox injections shortly before Christmas, but it didn't go as planned.

Over the holidays, Myriam greeted friends with her right eye and face so badly bruised that she couldn't minimize the discoloration with makeup.

"The doctor said the nurse who gave me the Botox hit a blood vessel," Myriam says. Would she do it again? "Absolutely," she says, "but next time, I'm only letting a doctor do the injecting."

Caution should be your watchword, says Wendy Lewis, a cosmetic surgery consultant in New York City and London, and the author of "America's Cosmetic Doctors and Dentists."

Even when the needle is in the most experienced hands, there can be temporary side effects, such as bruising, swelling and tiny bumps along the injection site. But your risk of serious problems, including deformities that last for months, is lower when you go to an expert, Lewis says.
It's safest to go to a doctor who is board certified in dermatology, plastic surgery or an above-the-neck specialty. A head and neck surgeon, an ear, nose, and throat doctor, or an ophthalmologist may have a cosmetic surgery subspecialty. Just as important is experience with a variety of injectables.

Above all, don't let price or convenience -- or the appeal of a Botox or filler party -- sway you.

"Don't have it done in a hotel room," Lewis says. "These parties are the antithesis of the way it should be done. When you receive Botox or a filler, you want proper lighting and to know exactly what you're getting. You don't want people sipping drinks and watching. Getting injected is not a festive occasion."

Here's how to find a doctor who will give you the look you want with the least risk of complications.

**Make a List**

Start by asking for recommendations from your family doctor, relatives and friends. People can be surprisingly open about sharing resources.

Check the doctor referral services of nearby university-based medical centers and national medical associations, such as the American Society for Aesthetic Plastic Surgery (www.surgery.org), the American Academy of Dermatology (www.aad.org), or the American Society of Dermatological Surgery (www.asds-net.org).

**Do a Background Check**

Confirm the doctor's board certification with the American Board of Medical Specialties (www.abms.org). Membership in a professional organization like ASAPS or the AAD is a plus.

**Set Up a 'Go-See' Appointment**

Call each doctor's office on your list and get some basic info (see "Questions to Ask," p.175). Narrow your choices to one or two docs and schedule consultations. You're going to have an ongoing relationship with the physician you choose, so you want to feel comfortable.

**I'll Have What She's Having**
All fillers work in the same general way:

They increase volume, either where no soft tissue existed or where it has diminished with age. Fillers can lift the depression of a crease, for example, or plump thin lips or flat cheeks. Fillers are often layered with one another and/or Botox, which relaxes the wrinkle-forming muscles.

"The art is in selecting the appropriate fillers to meet an individual's needs," explains Dr. Seth Matarasso, a professor of dermatology at the University of California, San Francisco. He offers an example of the fine-tuning that may be required for a natural-looking mouth: A dense filler can be injected to define the lip's borders, a less dense one to subtly plump them, and yet another to fill the fine superficial lines above the lip.

"What works where depends largely on a product's thickness," Matarasso says.

Here are the injectables you're most likely to be offered.

**Your own tissue (fat injections)**

The extra padding on your hips might seem to be the ideal filler because it's your own tissue, but this method turns out to be unpredictable. In some people, the transplanted fat cells resorb quickly; in others, they last for years.

Fat is retrieved and transferred through a large needle, so bruising may occur. And because some of the fat will be reabsorbed within a few weeks, the doctor will slightly overfill to compensate for the expected loss. The resorption isn't always balanced.

"A lopsided lip, for example, can happen with any filler, but it's more likely with fat," says Dr. Theodore Kramer, medical director of the Riverview Cosmetic Surgery and Skincare Center in Norwalk, Conn.

**Collagen (bovine Zyderm, Zyplast; bioengineered Cosmoderm, Cosmoplast)**

Collagen, which gives skin its resiliency, is the granddaddy of all fillers. Injectable bovine (cow) collagen was FDA-approved in 1981 for lifting depressed acne scars and filling wrinkles. Major drawback: It's made from animal tissue and can cause an
allergic reaction, so a skin test a month before treatment is essential. Plumping lasts for three to four months.

Cosmoderm and Cosmoplast are bioengineered collagen derived from human cells, so there is no allergy risk. Their lasting power is similar to that of bovine collagen.

**Silicone (Silikon 1000 -- FDA-approved for correcting retinal detachment)**

Medical-grade silicone injections have been slowly gaining in popularity because they finish off a wrinkle once and for all. Microdroplets deposited in the skin via multiple injections along a crease prompt the body to produce collagen to surround the foreign bodies, which lifts the area. But this method is permanent, meaning side effects (including red, inflamed nodules) and any mistakes (such as overplumping) are there for life.

**Hyaluronic acid (Restylane, Hylaform, Captique)**

Depending on the product, man-made gel versions of hyaluronic acid (HA), a sugar molecule, are derived from tiny pieces of rooster combs or bacteria grown in a lab. Once injected into lines, the material attracts up to 1,000 times its weight in water, thus filling the crevice. HA's cushiony softness makes it a favorite for cheeks and lips.

The downside: The material has quite a sting, and swelling is obvious for a day or two. If injected too superficially -- a mistake that's most often made by inexperienced injectors -- HA can temporarily produce tiny beading and inflamed larger nodules. HA lasts about four to six months.

**Poly-L-lactic acid (Sculptra -- FDA-approved to replace lost tissue in the faces of HIV-positive people)**

For more than 20 years, poly-L-lactic acid was used in absorbable sutures, before doctors found that placing it deep within the skin revs up collagen production.

"You inject it once a month, and new collagen gradually creates added volume. About four sessions works amazingly well," says Dr. Leslie Baumann, a professor of dermatology at the University of Miami. Bonus: Sculptra is so thick, the plumping
effect lasts up to two years. Side effects may include small bumps or inflammation within a year of treatment.

**Calcium hydroxylapatite (Radiesse -- FDA-approved to treat vocal cord paralysis)**

This version of the natural cementing material found in teeth and bone is suspended in a water-based gel. Clinical trials for wrinkle filling are under way, but some doctors are already using it for deep wrinkles, jowls and even botched nose jobs. It's so thick that the doctor must inject it deeply through a large needle, so there's more bruising than with other injectables, says Dr. Thomas Romo III, director of plastic reconstructive surgery at Lenox Hill Hospital in New York City. The plumping may persist for two years or more.