

ELLE

CHARLIZE
THERON
THE MAKING
OF A
BOMBSHELL

SO SEXY,
SO CHIC
FALL'S
BEST SUITS,
SWEATERS,
COATS...

BEAUTY SPECIAL

HOW TO BE A
KNOCKOUT:
THE HAIR, THE SKIN,
THE ATTITUDE,
THE SECRETS

RADICAL CURES

• QUIT DRINKING
WITHOUT REHAB?
• STOP BREAST CANCER

WHY MEN
PAY
FOR SEX
A PEEK INTO THE
MALE PSYCHE

KEYWORD
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YOU'D BETTER
SHOP AROUND
IF YOU WANT
TO GO UNDER
THE KNIFE AT
A CUT RATE.

ATTENTION, SHOPPERS

IS A COSMETIC PROCEDURE SOMETHING YOU WANT TO BUY ON SALE? STEPHANIE GUTMANN REPORTS ON THE COSTS—AND POSSIBLE BENEFITS—OF CLINICAL TRIALS

People tend to think New Yorkers are bold and independent. The sad truth is that most of us are like poor little lab mice in a maze ruled by some diabolical scientist who stimulates our desire sensors over and over again, keeping us in a permanent state of debilitating stuff-lust: You've just recovered from seeing the world's most beautiful bias-cut Vera Wang evening dress in the window of Bergdorf's and are beginning to think about higher things again when you pass a furniture showroom and the sight of an elegant Eames late-'50s table hits you over the head like a sledgehammer.

Over time, I've made what I think is a pretty healthy adaptation: I've become an ace bargain-hunter. Still, after about ten years spent honing my craft, I'm running out of closet space and entering my mid-thirties, a time when one realizes that all the clothes in the world won't make you look good if, say, that big clot of broken capillaries around your nose refuses to be covered by the most industrial-strength concealer. A problem I didn't think I could bargain-hunt away: Cosmetic procedures are the very things we're told we must never bargain over. We've all read the cautionary tales and seen the grisly pictures. So, I had almost resigned myself to paying . . . choke, wince . . . retail.

But one day last year I had an epiphany. A young, adorable, and highly regarded plastic surgeon I'm acquainted with—Philip Miller, MD, of New York University Medical Center—called to tell me he had been approached by the company that manufactures the wrinkle-filling substance AlloDerm (it's "donated human tissue"—okay, collagen and elastin culled from the skin of a cadaver instead of a cow, so get over it already) and that he needed volunteers for a clinical trial testing the staying power of Cymetra, an injectable form of AlloDerm. I could have the stuff injected into my nasolabial folds (the lines that start at the ends of one's nostrils and frame the mouth like a pair of parentheses), in my lips, or wherever.

Since safety and effectiveness had by then been well established—risk was not a huge issue in this particular trial—Miller said I would have to shell out \$400 to cover the Cymetra itself. Still, minus the doctor's office fees (I ended up needing three visits), this amounted to a 50 percent savings. The other "cost" was the three or so minutes I spent filling out a questionnaire to tell the company how long my nasolabial area remained relatively line-free (about ten months).

I did worry over this proposition a bit before going through with it. My lines weren't that deep, for heaven's sake, and I was definitely freaked out by the idea of walking around with >

bits of some dead person I'd never met stuck in my face. But the bargain-trophy seeker in me couldn't resist. We were talking a coveted procedure, a \$1,000 value, at 50 percent off! Besides, the substance was already on the market and in use. In fact, there are tens of thousands of people out there walking around with implanted cadaver tissue in their lips or jowls or gums. A few days later, I joined their ranks, stepping out of Miller's office a little red and puffy around the mouth but already, I could see, quite gorgeous. There had to be more where this came from, I reckoned. And so began my search for more. More bargain liposuction, more laser, more collagen, more of whatever they've got.

I started by flipping through magazines, where I found tons of references to Dr. Whatsit-who-had-just-completed-trials-of-the-new-miracle-something-or-other. (If I'd wanted to get really hard-core, I could have gone to the library and read the medical journals, such as *Archives of Dermatology* to research products in development.) I began calling those docs who were in the New York–New Jersey area and making the same little speech over and over again to their receptionists: "Hi! I saw in [fill in blank] magazine that your [clinic/center/hospital/director] has been doing clinical tests for [Lumenis, McGhan Medical Corporation, et cetera]. Are you currently testing any other procedures or products, or, if not, do you have any clinical trials coming up soon?" The first doctor's office I reached told me that respected teaching and research hospitals often test procedures and materials, and there is usually someone on staff listed as a "coordinator of the clinical trials unit" or "research director." It turns out that while a doctor can give you a lot of information and even pull some strings if he is captivated by your urgent need for, say, laser hair removal, the clinical trial coordinators are the keepers of the all-important potential subject lists—and ultimately the people I had to find. When I called the biggest local hospitals, all three research directors were friendly and answered the phone themselves at the number given by the hospital switchboard. Then they all said they had just completed enrollment for some tantalizing trial but told me that I should check back periodically.

On my fourth call of the day, to the office of dermatologist Roy Geronemus, MD, director of the Laser & Skin Surgery Center of New York, the research administrator there told me that the roster for their trial of laser hair removal had just closed. However, they were currently evaluating subjects for a test of spider-vein treatments. "I have some of those!" I crowed. But in my evaluation several days later, the research administrator, who was squinting at the little plots I'd carefully circled with Magic Marker, looked disappointed. "I'm sorry," she said. "You just don't have that many spider veins, and the ones you

have are kind of light. We need something more, um, dramatic." All was not lost, however: In about six weeks, they were going to test the efficacy of Restylane, a wrinkle filler from Sweden that needed FDA clearance to be sold in the United States. This synthetic collagen-challenger, which is used in Europe and Canada, would be injected at the lower corners of the mouth, where some people get those indentations that make them look jowly. "I've got those," I trilled. "Yes," she said, "Maybe." In any case, she'd put me on the list; since they needed thirty subjects, I stood a good chance.

In general, the more calls I made, the brighter the outlook seemed. All the physicians interviewed said they often advertise in newspapers in the "Public Notices" section. The biggest-circulation daily in your city is a good bet, as is the best-known alternative paper. Researchers like street giveaways such as New York's *The Village Voice* because they attract bright young aspiring-actor types, people who have to look good but don't have much money. "There are a lot of opportunities in big cities," says cosmetic dermatologist Frederic Brandt, MD, who practices in New York and Miami, "because these are the areas where the doctors who are most innovative are concentrated." He then reeled off a long list of upcoming trials at his research center: "Let's see. Allergan with Botox in the neck for lines is starting this summer. And a study with Myobloc, another form of botulinum toxin. A study with a new human collagen that won't come from cadavers. It'll be tissue that's grown from the foreskin cells of infants." Tissue harvested from just-circumcised but wholly alive infants seemed cozy compared to tissue from cadavers. "Oh, good!" I said.

Naomi Lawrence, MD, a Marlton, New Jersey, dermatologist, agreed that it's possible to get a fair amount done at a discount. She had just finished (of course) experimenting with a method of ultrasound-assisted liposuction, was in the process of lasering necks to achieve a "neck-lift effect," and was starting a series of chemical peels on the forearm skin of people over fifty. In the near future, however, she'd be looking at ways to improve a procedure already in use called lipostructural augmentation, in which a doctor lipos about 200 cubic centimeters of fat from an area of the body with excess fat and injects it into an area of the face that has lost its youthful fullness. The upcoming test, she said, would look at, among other areas crumpled by age, the undereyes, a spot that begins hollowing out at around the age of thirty-five, creating permanent dark circles and a haggard effect. This two-in-one procedure, which normally costs from \$2,500 to \$3,000 in the office, would be one-third or one-half the price for subjects.

She put me on the list. I thought I had died and gone to >



PHILIP MILLER, MD, THE AUTHOR'S PLASTIC SURGEON

SHE PUT ME ON THE LIST OF POTENTIAL SUBJECTS. I WAS IN HEAVEN

I'VE HEARD YOU CAN GET REALLY INEXPENSIVE NOSE JOBS IN SOUTH AMERICA, WOULD YOU RECOMMEND THAT?

Cost should be the least important issue in cosmetic surgery. Rhinoplasty is one of the most difficult operations that a facial plastic surgeon performs, and it takes years of dedication and experience to achieve consistent and reliable results. The most important factors are that your surgeon is board certified, that you trust your surgeon and that you have access to them both before and after the surgery.

WHY DO SOME NOSE JOBS LOOK SO ARTIFICIAL AND OBVIOUS?

The more work done to the nose, the more "operated on" it looks.

IS IT SENSIBLE TO BRING PHOTOS OF THE NOSE YOU WANT?

Absolutely. Those expectations can be more easily conveyed when the patient brings in visual aids. Sometimes, the patient brings in photos that demonstrate dramatically different noses – this gives the surgeon the opportunity to discuss the differences with the patient and help them select nasal features they find most attractive and most possible with their type nose.

CAN YOU MAKE SOMEONE'S NOSE LOOK EXACTLY LIKE A PHOTO?

It all depends on the photo. Many photos of models are manipulated by computer or airbrushed. So, in actuality, the pictured nose may not even look as perfect as what you see. What is more important is for the surgeon and patient to discuss and decide together if those features are in fact possible for the patient.

IS THERE SUCH A THING AS A PERFECT NOSE? IF SO, WHAT WOULD YOU SAY THAT IS?

A perfect nose is one that fits harmoniously with the rest of the face. A perfect nose doesn't draw attention to itself. It blends in with the rest of the face and allows the eyes, lips and cheeks to be the dominant facial features.

HOW LONG DOES THE RHINOPLASTY PROCEDURE TAKE?

It can take anywhere from 45 minutes for a minor rhinoplasty, to three hours for a major revision.

WHO HAS MORE NOSE JOBS: MEN OR WOMEN?

Women in general have more cosmetic procedures than men, but that difference is quickly changing. Men are becoming more conscientious about their skin, appearance and facial features. Over the past several years, we have seen a notable increase among men having nose jobs.

HOW LONG AFTER THE PROCEDURE BEFORE YOU SEE THE RESULTS?

That depends a little on how much of a difference is expected. Some patients come in with large noses and the difference is immediately seen the moment the cast comes off, despite the swelling.

HOW YOUNG IS TOO YOUNG FOR A NOSE JOB? HOW OLD IS TOO OLD?

The ideal age to have a rhinoplasty is after the patient's nose has completed growing, usually age 16 for females and 19 for males. A good indicator of nasal growth is the patients' height compared to their parents. If the patients is as tall as the their tallest parent, then they are probably finished growing and so has their nose. The problem with performing rhinoplasty too early is that as the nose continues to grow, the proportions created during surgery will be destroyed. Assuming the patient is in good health and has realistic expectations, there is no age that is too old for a nose job. Most nose jobs are performed on patients in their 20s and 30s. However, there are those in their 40s who always wanted a rhinoplasty when they were younger and choose to have one later in life.

WHAT WENT WRONG WITH MICHAEL JACKSON'S NOSE?

It depends who you ask as beauty is in the eye of the beholder. Michael Jackson may be very happy with his nose, in which case nothing went wrong with his operation(s). On the other hand, others may find the nose too sculpted, disproportionate and overall unbalanced with the rest of his face. This is a result of aggressive sculpting and reducing a nose that can only be sculpted and reduced to a certain degree before it falls apart.

Zink



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