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small wonders

With an ever-expanding menu of age-defying treatments and tweaks, full-on facelifts are becoming a thing of the past. Dodie Kazanjian peruses skin care's new cosmetic buffet.

Photographed by Irving Penn.

i'm doing it at last. After ten years of thinking and writing about plastic surgery and all the latest advances in cosmetic alternatives, after dithering on the brink of taking the plunge myself and then not doing it, after promising my husband (who sees nothing wrong with my face) I wouldn't ever do it, I'm sitting tensely in the beige Ultrasuede examining chair in dermatologist Lisa Airan, M.D.'s, white cube of an office, waiting for my procedure to start.

How did I get here? I suppose the bottom-line motive is that, finally and irrevocably, I can't bear the way I look anymore. It's my reptile brain at work, shallow and all that, but every glance in the mirror makes me pull the skin of my temples and cheeks up with both hands, to get rid of the lines that seem to grow deeper every day, and I'm sick of people's insincere "You look great"—as in that wisecrack about the three stages of life: youth, maturity, and "You look marvelous."

But there are plenty of other reasons. The tide is turning against plastic surgery and the pulled-tight, airbrushed look that spells "face job" from a block away. Ac-

tual surgery is slowly being replaced by a number of smaller, "noninvasive" in-office procedures, so many of which are now available that patients can pick and choose from a smorgasbord of rejuvenators—fat injections, Botox, ThermoCool (a.k.a. Thermage), Fraxel and other lasers, Gentle Waves, mesotherapy, and a slew of new or newly refined injectables, like Restylane, CosmoPlast, and Hylaform Plus. Harold A. Lancer, M.D., the Beverly Hills dermatologist who has refurbished any number of Hollywood faces, calls these endless options "a cosmetic buffet." Since each treatment yields a different tightening/filling effect, and is best suited to a particular area of the face, you need several to get the end result, as opposed to one cure-all surgical lift. My quandary, in fact, is deciding which combination of therapies can offset what the slings and arrows of outrageous fortune have done to my face since I turned 50. **So before landing in Airan's chair, I do plenty of investigating and talk with a number of smorgasbordians** (not to be confused with Swedenborgians)—surgeons, dermatologists, patients, a cosmetic-surgery consultant, and, yes, even my husband.

facing the facts

here are the things I don't like when I look in the mirror: the furrows between my eyebrows, especially the deeper one on the left, which didn't disappear with the one and only Botox treatment I had two years ago; the long grooves, called nasolabial folds, that run south from my nose to the corners of my mouth, where they join another set of parenthetical folds; the dimpling surface of my once-smooth chin; the hooded effect of my drooping eyelids; and the general loss of volume in my face as a whole. A recent *New York Times* article suggests that "gravity's role in aging has been exaggerated, and . . . the real culprit . . . is the loss of volume underneath the skin." My poor husband, Tad, insists that it's my self-appraisal that's flawed, not my face. "When you look in the mirror," he says, "you don't see yourself the way I see you or anybody else sees you. You don't see the animation, the movement, the whole complex of how the features interact. All you see is what you think of as flaws." I get something like the same scolding when I go to see

PRUNE FACE

As we age, our skin loses volume and elasticity.

Stings Editor:
Phyllis Posnick.



the New York dermatologist Doris Day, M.D. (Yes, that's her real name.) "Get rid of that magnifying mirror," she tells me. "We lose our vision as we get older for a reason. If you don't see that you have beauty, there's no point in doing any of this." Well, I can't break all the mirrors, and I decide I still want to do something.

I speak to Denise Thomas, a cosmetic-surgery consultant in New York. Thomas takes a surprisingly traditional approach, telling me to "cut and pull and get it over with, go get your stupid facelift . . . otherwise you're just wasting time and money." My own feeling is that plastic surgery doesn't restore volume and is not for me, and several doctors confirm this. "You're a thin person with thin skin," says plastic surgeon Michelle R. Yagoda, M.D., "and if you pull everything tight, it will give you an emaciated look that is not attractive and not youthful."

Pat Wexler, M.D., one of the most respected dermatologists on the planet, agrees. "The current trend is that we don't strive for unnatural perfection anymore," she says, explaining why more patients are opting for conservative tweaks instead of obvious overhauls. "People are going back to a more natural look, and they are willing to accept a 75 percent improvement." If I could effect even a 50 percent improvement, I'd be ecstatic.

oh, the options

What encourages me is the idea that a number of micro procedures can add up to something macro—with no cutting and minimal interruption in my life. But boy, is it confusing. The new kid on the block is Fraxel, or fractional resurfacing, the latest invention in laser technology, by Harvard's Rox Anderson, M.D., director of the Wellman Center at Massachusetts General, who pioneered the use of cosmetic lasers in the eighties. Fraxel is said to work wonders on superficial wrinkles, liver spots, and other indignities on the face, neck, chest, and arms. I'm told it's one of the first things to come along that get rid of "old-lady arms." But it doesn't do much for deep stuff like my nasolabial folds, and besides, I wouldn't want to be a guinea pig for something this new. My friend Dido had ThermoCool a couple of years ago, when it was first introduced, and she found it excruciatingly painful. Since then, the technique,

which employs radio-frequency waves in a deep-heating action to tighten the skin, has been refined and improved so much that it's supposed to be almost bearable.

The largest family of "noninvasive" treatments, of course, is the panoply of things that get injected into you, and for someone as terrified of needles as I've always been, *noninvasive* in this case is a misnomer. There's Botox, which paralyzes the muscles that cause frown lines and other by-products of the stressful life, and then there are the fillers—from your own body fat to CosmoPlast (a non-bovine form of collagen) to Restylane, Perlane, and Fine Lines (the latter two pending FDA approval), non-animal-based hyaluronic acids, to silicone, the bad stuff that hardly anybody uses anymore. Pat Wexler is known for fat injections, which she recommended for me several years ago and recommends again when I see her this

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time. "Fat is going to give you the most volume replacement, so it's still the gold standard," Wexler says. It also has the advantage of permanence; if the fat takes, much of it stays put for years, unlike collagen, which lasts about three to six months, and Restylane, which is good for six months to a year. Fat injections are complicated by the fact that you have to "harvest" the fat. Wexler harvests the necessary fat at the beginning, freezes it, and doles it out in monthly injections, which continue for about a year.

There's a cacophony of disagreement on the usefulness or non-usefulness of many of the items on the cosmetic buffet—a natural result of working with cutting-edge technology, and the reason it's so important to do your homework properly before diving in. Airan thinks that the new, lower-energy ThermoCool would give me a 50 percent improvement. Not so Harold Lancer. "We gave our ThermoCool machine back the day after we got it," says Lancer, "because it had about an 85 percent no-value rate." As for Gentle Waves, the new skin-refreshing device that bombards your face with energy from light-emitting diodes (LEDs), Wexler feels "it absolutely does work—it increases colla-

gen and elastic tissue," while Lancer says, "There are no downsides, except that it doesn't do anything." Rox Anderson agrees, simply saying, "I don't think it works." But he calls ThermoCool "a real machine that really does something. Unfortunately, it doesn't do it for everyone. My professional opinion is that it works about 30 percent of the time."

taking the plunge

In the end, even though I trust Pat Wexler completely and know that fat injections do work, I can't face the ordeal of that many needles. My confusion over all this seems to lessen every time I talk with Lisa Airan—a bonding that gets cemented when she tells me that she, too, is a "world-class baby" about needles. She's a perfectionist, a former skating champ and brown belt in karate; she also has a fine-boned beauty, and a chic clothes sense that lets her get away with wearing John Galiano and Manolo Blahnik to work. It doesn't hurt that her office on the Upper East Side is three blocks from where I live. After several sessions in this minimal, jewel-box space, with pink glass doors and Philippe Starck Plexiglas chairs, I decide to work with her.

We exchange a lot of information about my general health, nutrition, exercise (yoga), and skin care. Lisa wants to know exactly what bothers me about my face. Only then do we start to discuss a plan of action. "Let's focus on the three or four treatments that would give you the most benefit," she says. "Number one would be Botox. I want to put Botox in your chin, because your mentalis muscle is very strong. You use your face a lot—you're really expressive—and that dimpling of the skin that I call *peau d'orange* is related to muscle action. If you relax the muscle, the skin overlying it relaxes." She thinks I should consider ThermoCool for overall skin tightening, and the Airan cocktail also includes Restylane injections for volume—to fill in my nasolabials and the lines beside my mouth, and to clarify my jaw line. Swallowing hard, I make an appointment for 1:30 the next afternoon.

So, here I am in the Ultrasuede chair, clutching with one hand the small, spotted rubber cow that's provided to Airan patients for pain relief (it's mangled from the previous patient) and with the other the hand of Lisa's sympathetic nurse Debbie.

My eyes are wide shut. Behind me, Lisa, ultrastylish in a white knit Narciso Rodriguez dress, talks reassuringly about what she's going to do. All I can think of is the startling amount of pain I felt two years ago when the Botox needle went in. This time, amazingly, I feel absolutely nothing. "Are you all right?" she asks. She's already begun, and I didn't even know it. She tells me she's using 31-gauge needles, which are only $\frac{1}{16}$ ths of an inch long—tinier than the usual half-inchers. Dozens of needles, which she keeps changing before they start to dull, working very quickly and gently, moving from my forehead to my crow's-feet to my chin, and even doing some in my neck. In five minutes, it's over. "I'll reevaluate you in fourteen days," she says. (It takes seven to fourteen days for Botox to have its full effect.) "And," she adds, "I'd definitely like to do ThermoCool, too, if you think you could tolerate it. I'm leaving for Brazil on Thursday. Could you come in at 4:30 tomorrow?" The Botox session has been such a breeze, I don't see why not.

The next day's procedure takes much longer—normally a two-hour job, it takes three-and-a-half hours for me, counting time to calm my anxieties and let the Valium and Percocet kick in. My sister, Rozi, an anesthesiologist, comes with me to lend support. (She'd never dream of doing anything like this herself, being impervious to vanity, but she's decided to be nice about it.) The radio-frequency waves from the ThermoCool machine are delivered by a wand, which Lisa applies first to my forehead. Ouch! It feels way too hot. I'm not sure I can do this. We stop. Lisa gives me more medication, and we talk for a while. When we resume, she does multiple passes with the wand, and it's still not exactly fun. But I hold on tight to Rozi's hand, and we keep going. Lisa works on one side of my face at a time. She's given me a mirror, and I think I can see some tightening already, the lines disappearing before my eyes. (Rozi sees it, too.) Somehow we get through it, as many as seven passes in some places, with a couple more Valium/Percocet breaks. I leave with Rozi, feeling woozy, just after eight in the evening, and I don't really register anything until I wake up the next morning. When I look in the mirror, there are no changes. The immediate improvement that Rozi and I thought we saw was illusory. As I know, changes (if any) will happen grad-

ually over the next two to six months.

Two weeks pass. No soreness or discomfort, and nothing I could point to as a visible improvement, but the skin under my eyes and in my neck seems a little tighter. And something's going on with my chin—it feels smoother.

the main act

Two days before Thanksgiving, Rozi and I go in for my Restylane injections. "What's your schedule for the next week?" Lisa asks me. When I ask why, she says I'll have some swelling and bruising for a few days. Because I'm having a family Thanksgiving, we decide not to fill the hollows under my eyes this time—you need at least a week to get over that part. Lisa starts marking up my face with a purple marker to identify the injection points. Then comes the Septocaine, applied with many giant needles into my gums, top and bottom. It's like a dream of hell, except it's not a dream. My whole face goes numb. "Are you all right?" Lisa asks. I nod without conviction.

The Restylane needles, thank God, are nearly as thin as the ones Lisa used for Botox. As she injects my left nasolabial, she

My husband is horrified to see my swollen face. But I run to the mirror and cry out, "Look, my lines are gone!"

constantly touches and presses the skin with her nimble fingers. "I'm molding it," she says. "It's a miracle. You can move the stuff around for up to a week afterward." We have to stop several times for additional Septocaine because I'm feeling too much discomfort. Lisa tells me that Buddhists believe anger ages you, so if you never get angry, you'll never look old. The session continues, needle after needle, for almost three hours—again, due to my being such a sissy. But even at an hour, this is no lunchtime procedure, except for people who lunch for a living. Debbie starts icing my face, and Lisa says I should keep doing this for 20 minutes at a time, throughout the night. She also tells me not to smile for a few days, and not to touch my face because the filler is still malleable, a frightening thought.

When I'm back home at last, Tad opens the door. He's horrified to see my swollen and anesthetized face. But I run

to the mirror and cry out, "Look, my lines are gone!" Rozi asks Tad, "Can't you see the difference?"

"Yes, I see a difference," he moans, "but I'm in a bind. If I say you look better, you'll use that as an excuse to do more. If I don't, you'll be hurt because I'm not being supportive."

I have a very bad night—pain, swelling, nausea. Though these procedures don't require the several-week hiding-out period of surgery, all the talk about no downtime is clearly hooey. Two weeks later, the bruising is just starting to fade, and I haven't mustered up the courage to go back and have Lisa fill the hollows under my eyes. But I really like the way I look. I am still waiting for the full effects of my ThermoCool to register, and I still have trouble smiling (my face feels unnaturally stiff). But I'm happy to have lost the dimpled, *peau d'orange* texture in my chin, and I'm delighted that the corners of my bottom lip, instead of dragging down, now have a perky uplift that makes my mouth prettier. The left-hand furrow on my forehead is fainter; the right one is almost invisible. The nasolabial folds are nearly gone; my eyelids are levitated one millimeter; there's a nicer definition in my jaw line, and the lines

at the corners of my mouth are still there but definitely improved. I'm afraid Tad will never be reconciled to the process. Almost every day, though, I notice some tiny improvement I hadn't seen before, and that's very exciting.

Like Cinderella, I know it won't last forever, maybe not even six months. Will I continue the treatments, get up the courage to have Lisa fill the hollows under my eyes, work out a long-term maintenance program? And if so, how can I afford it? The ThermoCool cost \$3,500, but that's a one-shot procedure that won't be repeated. The Botox injections came to \$2,000. Since I needed a lot of Restylane—three and a half vials in all—the cost there was \$2,750; it would be less than that for future sessions, which I'd need at least once or twice a year. I can't imagine doing this for the rest of my life. But I'm increasingly drawn to the greater permanence of fat injections, Pat Wexler's gold standard, now that I've weathered so many needles. It's a slippery slope. The truth is, most of the changes are too subtle for anybody but me to notice. But the other day, a friend said I looked *mahvelous*, and it didn't bother me a bit. □