

HOW TO BUY

THE SAFEST FACE-LIFT

BY JUDITH NEWMAN

In the bewildering, oftentimes terrifying world of cosmetic surgery, the short list of surgeons who achieve natural-looking, safe and lasting results is surprisingly, well, short. Here's how to choose

At 58, Nola Devitt runs 45 minutes a day and has biceps any 25-year-old would envy. As the president of A/R Recovery, she spends her days assessing the value of health-care businesses that have gone bust and helping bankruptcy trustees recoup value. Recently Devitt, who moved from Kansas City, Mo., to Manhattan last year, looked in the mirror and saw “a disconnect between the way I feel and the way I look,” she says. She’s considering a face-lift. But she hasn’t moved forward.

“Coming from the Midwest, the people I knew in business didn’t do that sort of thing—or if they did, they didn’t talk about it,” she says. “I have no frame of reference. I’m not worried about the money, or for that matter the pain, but then there’s the downtime. And how do I know if I’ve got the right doctor? It’s odd,” Devitt adds. “I can put a valuation on complex receivables, but I can’t figure out the cost/benefit ratio to this.”

It’s true: Face-lifts are expensive, uncomfortable and inconvenient—though so are really gorgeous shoes, and we want them anyway. The American Society for Aesthetic Plastic Surgery reports that in 2009, 94,247 men and women (about 89 percent women, 11 percent men) got face-lifts. That’s a 29 percent drop from the year before—not surprising with the downturn in the economy and the rise in the number of less invasive treatments for turning back the clock (injectables like Botox to paralyze wrinkles and facial fillers to compensate for the loss of facial volume as we age). But since January, plastic surgeons say, the number of face-lift patients is rising again. The population is getting older. And Botox and fillers can only do so much: They can iron out wrinkles and plump up hollows, but if you’re beginning to look like a shar-pei, there is no substitute for surgery. The only way to get rid of sagging skin? Winch it tighter and lop it off.

But the journey between thinking about a lift and having one can be fraught. “Face-lifts are a mysterious product,” says Joan Kron, the author of “Lift: Wanting, Fearing, and Having a Face-lift.” “There’s no way of judging how it will turn out and you can’t return it if you don’t like it. So very intelligent and resourceful people are completely at a loss when choosing a doctor.” The problem is exacerbated by the fact that most women won’t tell you they’ve had it. “Of course if it’s bad surgery, you know,” Kron says. “But if it’s really good... you can go, ‘Hi, Julia, who did your surgery?’ and she’ll say, ‘What surgery?’”

There are many variations on a theme here, but essentially a face-lift is the resectioning of sagging skin and muscle from the neck to the midface. That is one operation. A brow lift is an entirely different operation. Eye surgery, or blepharoplasty (to eradicate fat pads or fix drooping eyelids), is another. Very often these procedures are done in conjunction with each other—but many people don’t realize they are different procedures, each with its own cost. So while ASAPS quotes the amusingly low national average price as \$6,881 for a face-lift, when all costs are accounted for, the tab can easily run three to five times that amount. “You don’t have to pay \$80,000 for topflight work, but 30K in New York or L.A. is pretty normal,” says Wendy Lewis, the New York “knife coach,” a plastic-surgery consultant and the author of “Plastic Makes Perfect.”

A patient receives three bills: one for the surgeon’s fee (variable, depending on what’s being done), one for the operating room (\$2,000 to \$5,000, depending on length of surgery) and one for the anesthesiologist (about \$2,000 to \$3,000), none of which are covered by insurance. Also

worth factoring in: the downtime, about two weeks before you can resume work, though it may take three months for all the swelling to go down. Many surgeons recommend staying in a hotel for a night or two postsurgery, and bringing along a nurse, at \$50 to \$90 per hour. “Don’t forget to tip the nurse,” says Francesca Camp, a psychotherapist and plastic-surgery consultant who, for about \$375 an hour, will help anxious clients navigate the surgery process. Camp tells the story of one client, a famous redheaded sex kitten from the 1960s, “who didn’t understand that the nurse accompanying her to the hotel needed to be paid. She thought she got the nurse as a perk because she was a celebrity.”

It’s kind of startling: Plastic surgeons train nearly as long in their specialties as heart surgeons (a board-certified plastic surgeon goes through one or more years of specialized surgical training, on top of a five-year general surgical residency). Yet anyone with an M.D. degree can call himself a cosmetic surgeon. Your dermatologist. Your gynecologist. And some sham medical “boards” can be purchased for \$500.

“Credentialing is a boring subject, yet it’s incredibly important,” says Timothy Marten, founder and director of the Marten Clinic in San Francisco. Marten’s widely respected practice does almost exclusively face-lifts, and he is passionate, bordering on obsessive, on the subject: “We are artists. We’re creating beauty. It’s an elusive and challenging thing, and we cannot be rushed,” he says. Marten will perform only one lift a day, which generally takes five hours.

What you are looking for if you’re seeking a face-lift: board certification in either plastic surgery or facial plastic surgery—meaning the doctor is an ear, nose and throat surgeon with specialized cosmetic training. Bonus points to those who have had aesthetic surgery fellowships—highly coveted additional training. You won’t find those guys in Podunk. “You’ll have to travel to a big city,” Marten says.

Make sure to ask a prospective surgeon how many face-lifts he does a month. Here is the answer you don’t want to hear: one or two. Here is the answer you do: 10 or 15 or more. While no surgeon has a face-lifts-only practice, it is unquestionably true, says Lewis, that “a handful of people in New York and L.A. do the majority of lifts.”

Of course, doctors exaggerate. How can you get a sense of what’s true? “When you visit the office, who is in the waiting room?” asks Sam Rizk, a New York facial plastic surgeon who says he does about 30 face-lifts a month. “A person with a busy face-lift practice will generally have at least a couple of post-ops there.”

A face-lift may be painstaking, but it should also be routine. As one prominent surgeon put it, “There are 100 guys doing surgery in my hospital. You’d be horrified to see the face-lifts of 95 of them.”

Check some before-and-after photos—but not for the reasons you think. Just about any doctor can, and will, produce some face-lift patients with good results. (And if they won’t show you, run—they’re either bad or arrogant or both.) However, “You’re looking to see what their idea of beauty is,” Rizk says. “See, you can end up at a technically expert surgeon and be disappointed, if your version of beauty is different than his.” Also, suggests Rizk, ask, “How do you intend to get a natural-looking result?” A great many surgeons do a lift that tightens the skin only. You are looking for a surgeon who tells you, specifically, that he is doing a lift of both the skin and underlying muscle—which takes extra skill and training, but generally creates a face-lift that lasts longer and avoids the bad face-lift/wind-tunnel appearance.

Be very wary of the Internet as before-and-after photos can be

photoshopped. One disgruntled—or insanely boosterish—patient could write 20 “reviews” under different names. And competitive plastic surgeons have been known to anonymously trash each other. “It’s the Wild West out there,” says New York plastic surgeon Alan Matarasso. Adds Marten, “I’ve had my before-and-after photos end up on the websites of surgeons from other countries, and there’s very little I can do about it.” Moreover, any doctor of any repute can pay a search engine to “optimize” his name so it appears at the top of the list when you type in, say, “best plastic surgeon.” “I get solicited to buy this service a zillion times a month,” Matarasso says.

Gastric bypass surgery had left Alan Horowitz, a 61-year-old high-end real-estate agent in Morristown, N.J., 125 pounds lighter—and much saggier. Still, he didn’t care. He finally had his diabetes under control—which, more than just slimming down, was the main point of the surgery. But there was one thing that bothered him: “My horrible double chins. I had the money and I wanted to get rid of it.” He dutifully made appointments with several plastic surgeons in New Jersey. “They all had big plans for me. Full-body lifts. Face-lift with brow lift with eyes. No matter what I said! And the thing was, I really had kind of a youthful face. I just wanted to lose the chin.”

While Matarasso, like Sherrell Aston and Manhattan Eye, Ear and Throat Hospital’s Dan Baker, is one of those go-to face-lift surgeons on every savvy Upper East Sider’s list, Horowitz had only heard of him because his mother and Matarasso’s mother were neighbors in Palm Beach. “So I made an appointment. And he laid me down on the table and showed me what my face would be like, just without the double chin, and said, ‘Is this what you want?’”

As it happens, for Horowitz the difference between several chins and one chin is enormous. “And you know, I could have done so much more, spent so much more, and been unhappy. You need to have someone who’ll listen to you. If you’re in there and you get the feeling the doctor’s not listening to a word you say, leave.”

“Yes, plastic surgery is a business,” Lewis says. “But a busy surgeon does not need to talk you into more surgery than you want.”

And then there are all the face-lift franchises, and the medical destinations advertising lifts in Thailand for \$4,000. “There are good doctors in every country, but do you think the best ones are in some clinic in Thailand advertising on the Internet?” Lewis says. “I’ve seen some of the worst work you can imagine—and when you have to get bad work fixed, you are not saving money.” True, for years people of means have taken a few weeks off to relax poolside in Rio after a lift with legendary

Brazilian plastic surgeon Ivo Pitanguy. But this is not the medical tourism Lewis is talking about. “I tell clients of mine, ‘Do you really want a face-lift in a country that could be planning a coup? You want to be in a vulnerable position where you don’t know anyone and don’t speak the native tongue?’”

When it comes to cost, there is wiggle room. “Any plastic surgeon who tells you his business hasn’t been affected by the economy is lying,” says Matarasso, who is one of the busiest surgeons in New York City. Matarasso never discusses price with his patients; he has staff for that. But he, and others, have been known to “work with” their patients.

This is not to say you should be wrangling just for the sake of getting a “deal,” because with the best doctors you won’t. But some surgeons appreciate a little creativity. Sheila Weller wrote the best-selling “Girls Like Us,” a biography of Joni Mitchell, Carly Simon and Carole King, in 2008 and wanted a lift before her book tour. She knew she couldn’t pay New York City prices, so through friends she found Theresa M. Jarmuz, a young doctor in Atlanta who was willing to reduce her usual fees in exchange for Sheila writing and editing some press materials about her. Jarmuz got some sterling copy; Weller, who is “north of 50,” as she puts it, got a natural-looking lift. “I actually think it helped with the success of the book,” Weller says, “because I was feeling really good about myself, and about age, and it helped me express my enthusiasm about these three women of my generation in an unself-conscious way.”

What may be the most important notion to take into a plastic surgeon’s office is this: No question is too stupid. Because it’s what you

don’t ask, says Camp, that gets you into trouble—particularly after you’ve had the surgery. Like the editor of a major European fashion magazine, who didn’t bother to ask when he could fly after surgery, or when he could swim. (He flew to Rio before the swelling went down, creating a pumpkin head; then he went swimming with staples still in his head. The staples rusted, got tangled in his hair and resulted in a nasty infection.) Or the banker who thought it too silly to ask, “When can I drive?” (The answer: “When you can turn your head.”) She got into her car to pick up her children waiting at the airport and realized she could only stare straight ahead. “Many powerful people don’t relish the idea of being out of control, and they may perhaps be ambivalent about the face-lift in the first place,” Camp says. “So they pretend to themselves this isn’t serious. You can tell yourself anything you want, but here’s the truth: This is not a ‘procedure.’ It is surgery.” ♦



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