

11 Top Docs

The best, as judged by their peers and secular reputations.

SHERRELL J. ASTON

728 Park Avenue
New York, New York 10021
212-249-6000

Specializes in: *Facelifts.*

A giant in the biz, as his facelift fee—\$25,000—attests.

DANIEL BAKER

630 Park Avenue
New York, New York 10021
212-734-9695

Specializes in: *Facelifts, dermabrasion. Another big name in New York. Barbara Walters and Nan Kempner are customers.*

JAMES CARRAWAY

825 Fairfax Avenue, Suite 646
Norfolk, Virginia 23507
757-446-7150

Specializes in: *Eyelifts—particularly difficult or botched jobs.*

BRUCE CONNELL

2200 East Fruit Street, Suite 101
Santa Ana, California 92701
714-972-0666

Specializes in: *Facelifts. Other plastic surgeons come to study his technique. "He's probably the best in the world," says one. "He really loves operations—he spends hours on them."*

JACK P. GUNTER

8315 Walnut Hill Lane, Suite 125
Dallas, Texas 75231
214-369-8123

Specializes in: *Nose jobs and redos. He's considered a reigning authority on rhinoplasty, and one of the country's best at fixing noses that have been botched by other surgeons.*

RODERICK HESTER

3200 Downwood Circle,
Suite 640

Atlanta, Georgia 30327
404-351-0051

Specializes in: *Facelifts.*

Developed the cheeklift, in which the mid-facial area is lifted via an under-eye incision. This avoids larger incisions around the ears.

GERALD IMBER

3 East 78th Street
New York, New York 10021
212-472-1800

Specializes in: *Facelifts and eyelifts. His book, "The Youth Corridor" (William Morrow, \$24), has just been published.*

GLENN JELKS

875 Park Avenue
New York, New York 10021
212-988-3303

Specializes in: *Eyelifts and difficult redos. Everyone mentions him for correcting eye problems, particularly those created by other surgeons.*

JOHN Q. OWSLEY

45 Castro Street, Suite 111
San Francisco, California 94114
415-861-8040

Specializes in: *Facelifts.*

Actress Dixie Carter swears by him. Developed the SMAS (Submuscular Aponeurotic System) technique, whereby underlying muscle as well as skin is lifted and reattached, to make a facelift look more natural and last longer.

JACK H. SHEEN

216 West Pueblo Street, Suite A
Santa Barbara, California 93105
805-898-8888

Specializes in: *Nose jobs and redos. (See Dr. Fix-It.)*

JOHN TEBBETTS

2801 Lemmon Avenue West,
Suite 300
Dallas, Texas 75204
214-220-2712

Specializes in: *Nose jobs. He's writing a book on the subject.*

"Let's face it: I'm old," says Alcy Baggott, president of two music-production companies in Nashville. "But I have a wife who's thirty-six and beautiful. When our daughter was born five years ago I really started thinking about my health. I lost some weight, but felt I needed to take the other step to look the best I could."

So the 59-year-old executive went back to the same surgeon who performed an eyelift on him six years earlier and got a facelift. With his chinline pulled up and back, Baggott, who was in good shape before his surgery, says he doesn't just feel like a new man, he looks like one. "Everybody is amazed," he says. "I never, in my wildest dreams, imagined they could do what they did."

"I told my doctor, 'If I had known you could do this I would have had it done ten years ago.' And he said, 'Ten years ago we couldn't have done it.' "

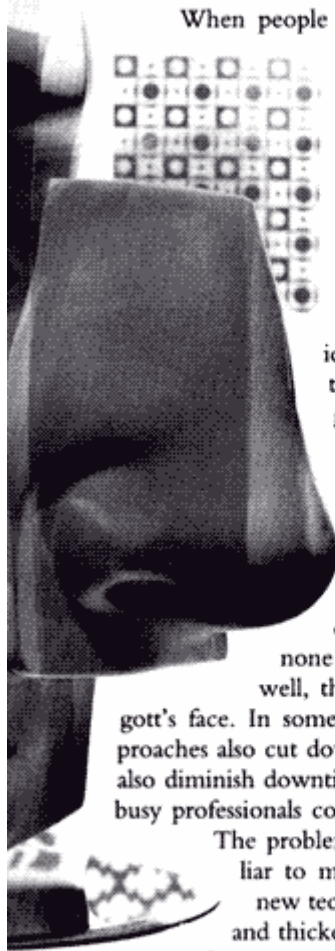
In 1990—when Baggott got his eyelift—he was on the cutting edge of a trend. Now he's squarely in the middle of it. The plastic-surgery market has not only become much younger and much larger—aesthetic surgery's become a \$1 billion-plus business in America, according to the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)—it's also become much more male.

One-third of AAFPRS patients are male, a number that climbed nine percent from 1993 to 1995, and doctors unanimously state that the percentage of their male clientele has grown. "Over a third of my practice is now men, up from about twelve percent five years ago," says Dr. Barry Weintraub, who practices in New York. "They're mainly boomers who are becoming successful and have the time, money, and will to do this. And they are getting younger—the same operations are being done at least



ten to fifteen years sooner than they used to be." Dr. Steven M. Hoefflin, the Santa Monica surgeon who reportedly gave Ivana Trump her bee-stung lips, says, "I'm seeing more men—most commonly professionals, executives, or entertainers. Many are husbands or boyfriends of my female patients."

Behind the Numbers



When people think of facial plastic surgery, the traditional technique—removing excess skin and sewing the edges back together—comes to mind, along with the old-fashioned result: a face that looks vacuum-packed on a body that betrays its age. But while the cut-and-stitch technique is still used for a number of procedures, new methods are supplanting the old, or significantly improving on them. Surgical techniques—such as endoscopic surgery (see *Kinder Cuts*) or the CO₂ laser (see *The Newest Wrinkle*)—that didn't exist a decade ago are now commonplace and results are better and more natural-looking. "There are a lot of newer, more noninvasive rejuvenation procedures now, with smaller incisions or none at all," says Dr. G. Patrick Maxwell, the surgeon who reengineered Baggott's face. In some cases, these newly developed approaches also cut down on pain and bruising. They can also diminish downtime, the number-one roadblock for busy professionals considering plastic surgery.

The problems in plastic surgery that are peculiar to men are some of the problems that new techniques solve best. Men have beards and thicker skin than women, both of which tend to cause more bleeding and swelling, and also put men at a greater risk for a hematoma (blood pooling under the skin) after surgery. Because of the richer blood supply to their skin, men suffer twice the number of blood clots (four to five percent) that women do. Thicker skin also makes a thicker scar, which is harder to hide. Since many of the new techniques cut down significantly on bleeding, men's particular risks are les-

ened. And with smaller incisions scars are smaller and thinner.

At the same time, the stigma of going under the knife has subsided significantly. The idea of growing old gracefully is anathema to a generation of baby boomers not only unwilling to part with their youth but resentful that it's even an issue. As non-surgical methods of improving appearance and reducing signs of aging—from cosmetic dentistry to wrinkle-reducing Retin-A—have become commonplace for men as well as women, the idea of what's acceptable body alteration is shifting. People who would have had a facelift 10 years ago but not admitted it now speak openly about "having work done"; those who would only have wished for surgery 10 years ago now have it and don't tell.

Particularly for those in image industries or high-visibility positions, professional pressure to look young is at least part of the motivation for surgery. "For some people it is easier to justify surgery if it's for a career," says Nashville surgeon Mary Gingrass, an associate of Maxwell's. "I hear it from women, but even more from men, particularly professionals in a field like sales where appearance can make a big difference in their success."

Choosing a Doctor

The most important thing you can do to ensure a successful, complication-free surgery is to choose an excellent doctor. Amazingly, any M.D. can hang out a shingle and call himself a plastic surgeon. There are any number of boards that "certify" physi-

you are interested in, and how many years he's been doing it. You don't want to get a nose job from someone who does fewer than a dozen a month. Ideally, you want a doctor who does your particular procedure all the time—say, 15 to 20 times a month. That's a good indication that he is not only in good practice, but that he is known and sought after for this type of surgery. "You could go to an outstanding hand surgeon who will do an occasional facelift," says Jack Sheen, a Santa Barbara surgeon who specializes in correcting other doctors' botched jobs. "That is not who you want. We're all trained in general plastic surgery, but we develop special interests and abilities. The patient's job is to find that out."

Sheen also advises asking to see photographs. "A lot of doctors used to frown on that, saying, 'But they'll only show you their best pictures.' So what? If you see horrible pictures, and those are the doctor's best, that's valuable information."

Make sure that the doctor you choose uses a good anesthesiologist or anesthetist. And though some doctors have complete surgery suites in their offices, get the procedure done in a hospital; if complications come up, you are in a place equipped to deal with them.