

beauty

the latest lift

Behind every step forward in cosmetic surgery, there are pioneering doctors of courage and skill not yet satisfied with all that has been achieved.

Here, Mary Roach gives an eyewitness account of an innovative procedure that will influence facial operations for decades to come

John Q. Owsley, M.D., F.A.C.S., has lifted thousands of faces in his day, famous faces and not, rich and not so rich, male and female, faces of rock stars and faces of accountants, of movie queens and burlesque queens, of cover girls and girls next door.

None is as famous for its beauty as the face he holds in his hands right now. The face belongs to Nefertiti, ancient queen of Egypt and the present-day logo of the American Society for Aesthetic Plastic Surgery. Owsley's Nefertiti is a plaster bust, an award from the ASAPS and, at the moment, a convenient teaching tool.

Owsley touches the stately sloping planes of Nefertiti's right cheekbone. "Right under here is a fat pad."

The queen is not alone. The malar fat pad (*mala* being Latin for cheekbone) is standard issue, a protective cushion for the cheek sinus. We've all got them, and all of them, in time, will betray us. The twin forces of gravity and mirth cause the pad to loosen from its bearings and begin a gradual southward slide. As a face crosses the portals of its fourth decade, it begins to develop a set of fleshy parentheses that run from the outside of the nostrils to the corners of the mouth. This is where the fat ends up: the dreaded nasolabial fold.

Of the many facets of a woman's fading bloom, the cheek fold is the one on Owsley's mind these days. For years, the nasolabial lines have resisted the efforts of plastic surgeons. They could erase a jowl, subtract a chin, cancel a wattle, but the nasolabial fold remained.

Until now. Owsley sets Nefertiti aside and takes out a pack of three-by-five-inch photographs of recent patients. He lays the pictures out on his desk, one at a time, like tarot cards on a fortune-teller's table.

"This woman first came to me at forty-three." (Lids.) "Here she is at forty-six. You can see how the cheek line is beginning to deepen in the space of only four years." He deals another photograph: now she is in her fifties. "Now even the tail of the fat pad has slid down off the cheekbone. Instead of the nice rounded cheek contour, it's begun to flatten and look sunken."

He places the last photo on the desk. The future has taken a sudden turn. The folds are gone. Her cheeks are the high, round apple cheeks of youth.

Owsley and a handful of others are boldly going where no plastic surgeon has gone before: into the upper cheek to lift the malar fat pad.

I ask Owsley how he does it. He's not going to tell me.

"The surgical scrubs are in the hall closet."

He's going to show me.

Owsley works in the Institute of Aesthetic Plastic Surgery in San Francisco. As far as I can tell, Owsley *is* the Institute of Aesthetic Plastic Surgery. The facility consists of Owsley, his staff, their offices, and an operating room.

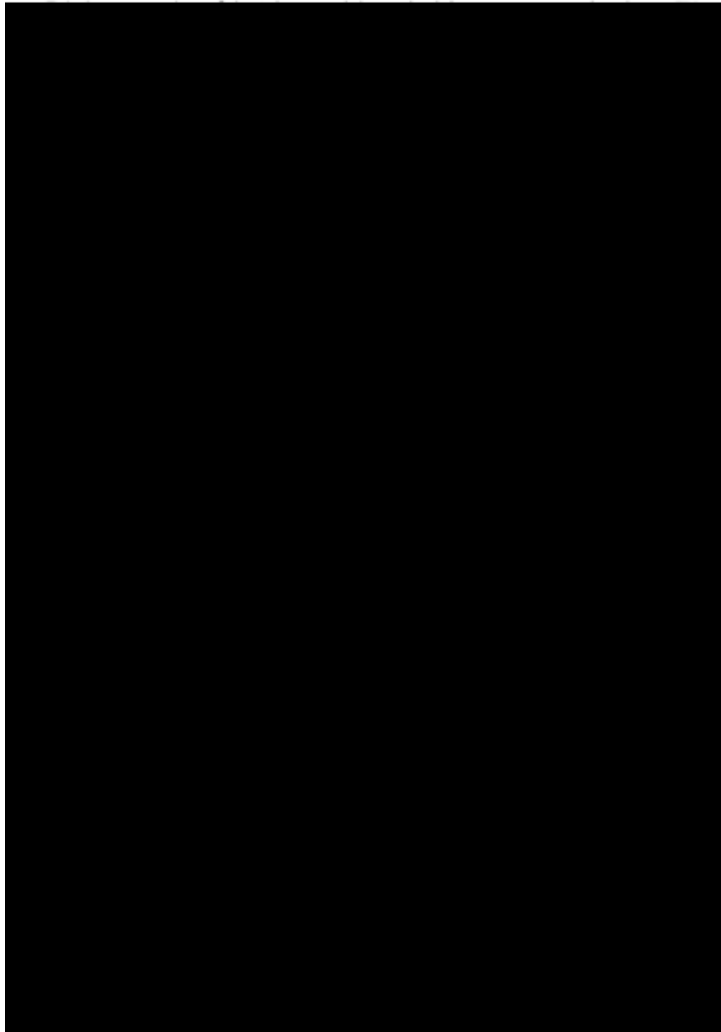
There, this morning it's standing room only, with the exception of the patient, who is lying down, and Owsley, who scoots around on a four-wheeled surgical chair. At the moment, he is parked at the head of the operating table, the spotlight of his coal-miner-style headlamp shining on the forty-four-year-old face of a Marin County female.

The face is handsome and slightly weathered, the kind of face you might see in a Smith & Hawken catalog. It is also the kind of face you might see in Owsley's latest surgery textbook, under the heading "Maintenance Face-lifts."

The maintenance lift is a growing trend in cosmetic sur-

gery. Nearly half of Owsley's face-lifts are on patients in their forties. Rather than re-creating youth, the surgeon "maintains" it. The signs of aging are not so much erased as postponed.

Owsley points out that younger patients bruise less and heal faster. "Many are back to normal activity after ten days," he says. They will also have less explaining to do. This woman's friends will notice that she looks better—"fresher" is the word Owsley uses—but not drastically different.



the purple of the ink.

"It's a nice color isn't it?"

I nod wanly. What is nicer is that there isn't all that much of it. Owsley likes to keep things tidy; he cauterizes veins as he moves along, and presses gauze between the sides of the incision, like a woman blotting lipstick from her lips.

With a pair of blunt-nosed scissors and an unwavering hand, Owsley edges in through the opening and loosens the skin above the cheek. Using a set of modified fondue forks known as skin hooks, an assistant holds the flap of skin up away from the face, giving Owsley room to work. (If you have seen the movie *Brazil*, you know what the patient looks like right now.)

The original face-lift, developed in France around the turn of the century and still widely practiced, consisted of simply pulling up this flap of skin, cutting off the excess, and sewing it back down. In the mid-seventies, Owsley and some others began experimenting with moving the underlying structure: muscle, fat, and connective tissue—an anatomical package known as the SMAS-platysma layer. (The platysma is the sheetlike muscle that extends from the collarbone to the cheekbone; SMAS is an acronym for superficial musculo-aponeurotic system.)

Skin may wrinkle and lose its spring, but it's this layer of muscle and fat that sags and droops. Lifting a face by its skin is like trying to move a mattress by pulling on the bedspread. It works, but not very well.

"Not only does it leave things behind," Owsley says, "but you have to pull the skin so tightly you get that wind-tunnel look." And, a couple of years later, the skin begins to stretch from the tension, and sagging recommences. Scars once hidden pull down into view. Owsley used to have patients coming in for redos three to five years down the line.

This morning's lift should hold for at least a decade. "I've followed patients where the jawline has stayed good for fifteen years." Owsley is proud of his jawlines. "Watch," he says.

In the grip of a pair of gold-handled clamps is the top end of the patient's platysma. Over the years, the platysma slackens, inching downward into a sorry pileup of wattle and jowl. Owsley detaches the muscle at the top and pulls everything back up. "See how this tightens the area under the chin?" He tugs, and a jawline appears, not quite Christy Turlington, but much improved.

Owsley snips off a Dorito-size piece of excess tissue. I am reminded of a sign on a window in New York's meat district. The sign said Flaps and Triangles. Plastic surgeons prefer to call them "redundancies." The top end of the muscle is sutured in place, and Owsley moves on to the side. Holding the muscle below the

ear and pulling along the line of the jawbone, he smooths the jowl, snips another redundancy, then tacks the muscle down and sutures the incision.

Until recently, those sutures would have marked the final stage of the procedure, the conclusion of yet another bidirectional SMAS-platysma face-lift. It's a good lift, but not a perfect lift. As founding father of the SMAS-platysma lift, Owsley is both its biggest fan and its sternest critic.

"See?" He touches the patient's cheek. "It's done nothing for her nasolabial fold."

And so begins Part Two: lifting the malar fat pad. To the casual observer, it would seem a simple procedure: cut it loose, push it up, stitch it down. To those who know the terrain, it is a dicey undertaking. The upper cheek is a minefield of motor nerves, tiny white cords that serve as the communications link between brain and muscle. Sever one, and half a smile goes dead. (At least for the six months it will take the nerve to regenerate.) "The older textbooks all said don't go into the cheek area, it can't be done safely," recalls Owsley.

But Owsley wasn't convinced. In 1989 he began a series of exploratory surgeries on cadavers, restoring the look of youth to the dead. What he found was that the fat pad could in fact be safely moved. You had to know your anatomy, and you had to be very cautious.

At the moment, caution takes the form of a careful snipping through the planes of tissue beneath the pad, gently prying them apart, giving wide berth to the strings and stalks of the patient's nervous system.

"There it is." Owsley has sighted the malar fat pad, distinguishable by its "lighter, more lemony yellow color." Using his index finger, he nudges it gently away from the nose and back toward the cheekbone. He says some surgeons have been simply removing the fat from around the nasolabial fold.

"The problem with that is you end up with another fold out here." He touches the hollow of the woman's cheek. You've seen the look: the cheeks appear sculpted, but it's clearly not Mother Nature wielding the chisel. By repositioning the fat pad, Owsley is not only removing a signpost of age but re-creating a signpost of youth.

The bad news is now you have to have a forehead lift.

"It's almost mandatory," Owsley says, pointing out how lifting the pad creates some folding in the temple area. Folding is perhaps too strong a word. It's more a looseness, like you have at the top of your pantyhose after you hike them up. The forehead lift pulls this smooth. This morning's patient didn't mind; ► 260

she had wanted one anyway, to raise what she called her "Neanderthal" brow and erase a pair of vertical frown lines (a feat accomplished by removing some of the muscle between the eyebrows).

The forehead lift will add another few thousand to the bill. It is also the reason today's operation must be done under general, not local, anesthesia. The procedure extends the operating time from four to five hours—an uncomfortably long time to be lying on an operating table. Particularly if you spend part of that time with your forehead inside out over your eyes.

Getting to the brow muscles without leaving a visible scar means making an incision behind the hairline—and then peeling back the scalp and forehead.

Owsley steps back to examine his work: the newly angled jawline, the creaseless cheeks, the unjowled chin. It's a younger, smoother face, nowhere near the Queen of Egypt but a good deal further from the Queen of England

It is a moderately alarming thing to watch. Closing your eyes doesn't help, because then you notice the sound. "It is reported historically," says Owsley, making broad, swift strokes with his scalpel, "that the early American pioneers were familiar with this sound."

He stops. "You're not going to put that in your story, are you?"

Twenty minutes later, Owsley is done. He flips the forehead back onto the head. It is like watching *Mission: Impossible*, the part where Lynda Day George pulls on the lifelike latex mask.

We're in the homestretch now. Using forceps-held suture needles, Owsley closes the incisions. He devotes a half hour to the skin along the front of the ears, creating what will be, weeks hence, an all-but-invisible seam.

So far, there is no swelling or bruising. This will come later; the fourth or fifth day is usually the worst. Owsley says the bruising is not nearly as bad with the SMAS-platysma face-lift as with the older-style skin lift. Though there is still some bleeding, most of it takes place below the skin in the muscle layer, and thus is less visible.

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What price youth? In this case, about fifteen thousand dollars, plus another few thousand should the patient opt for a touch-up "mini-lift" a decade or so down the line.

Worth it? Owsley thinks so. "Her friends will be aging, but she'll stay the same."

Or, more likely, her friends will be visiting Dr. Owsley. Along with everything else, keeping up with the Joneses will mean keeping up with Mrs. Jones's platysma. The "maintenance" lift will become more and more common; looks will soon have more to do with income than with years.

I don't know that I like this. If, when I reach forty-five, the mirror drives me to spend fifteen thousand dollars denying my age, I would like it to be spent on rafting the Zambesi or trekking in Bhutan, probably adding lines to my face instead of taking them away.

And if I happen to have another fifteen thousand dollars lying around when I get back, well then, we'll just have to see. ●