

# making the cut

Amid the filler frenzy, does anyone get facelifts anymore? Julia Reed reports on the procedures that have stood the test of time.

Not long ago, a 60-something patient came into plastic surgeon Haideh Hirmand, M.D.'s, office on the Upper East Side of Manhattan. Hirmand's first thought was, *This woman looks good*, but the patient disagreed: "She said she just didn't look much like who she was." She'd had a facelift in her 40s, and when she produced photos of herself from before and even a few years after the procedure, the doctor finally got it. The images were of an attractive woman with high cheekbones and a sculpted face; her facelift, Hirmand said, had been natural-looking, "not overly aggressive." The problem had started ten years earlier, when she began using fillers, and though she had gone to what Hirmand describes as "very good people," her face had gotten much fuller and increasingly rounded. She was afraid, she said, that she was near the point "where I'll look like someone completely different." Her solution: Go cold turkey on the fillers for a year and have another facelift.

The knife is back. Maybe it's all those photos of the formerly adorable Meg Ryan's strange new face and inflated lips; maybe it's as simple as a woman wanting to see her actual cheekbones again. Whatever it is, says Hirmand, "the pendulum has swung. We live in a culture of excess, and before, it was surgery, surgery, surgery. Then it was all the non-invasives, and now there's

a backlash." There's also the realization that there are a great many things, like gravity, that only surgery can address. "A lot of the new technology is great," Anthony Griffin, M.D., director of the Beverly Hills Cosmetic Surgery Institute, tells me, referring to Botox and the assortment of lasers and fillers now available. And like most of his colleagues, he uses fillers—with discretion—to restore volume post-surgery. "But people need to realize that it's not going to solve everything. A lot of bizarre-looking people are being created with these limited tools."

The inclination toward youth in a bottle—or, in this case, a syringe—is natural. Why go under the knife (not to

mention general anesthesia) for a forehead lift if you can freeze those wrinkles with Botox? Why have a facelift if you can inject sagging lines with filler and hoist your cheeks a little higher by adding some there, too? The answer is that after a while you can start to look like a paralyzed puff adder or, when addressing the naso-labial folds (those increasingly droopy smile lines from nose to mouth), like a squirrel storing nuts for the winter. "When the fold is overfilled, it pushes on the cheek and the dynamics get distorted," says Hirmand. Then there are the eyes. You can lessen the crow's-feet around them with Botox, but you cannot fill the hanging skin of the upper lid. "We still

have to excise and tighten the skin," Hirmand says. Same thing with a sagging neck. "You cannot fix your neck with fillers," says John Owsley, M.D., a prominent San Francisco surgeon.

The good news is that the knife has not only gotten kinder (shorter incisions, less bruising and bleeding), it has gotten smarter and more individualized. Endoscopic brow lifts, for example, "went out of vogue for a while," says Griffin, "because people were pulling too high." Now most surgeons are mindful that with the bone and hairline changes in older people, brows look ridiculous yanked up to where they are on the face of a 20-year-old. (He is right—I once saw the 70-something wife of a very famous and very old Hollywood actor at a party, and her arches literally met her hairline.) Similarly, while an eye lift remains a tried-and-true procedure, surgeons are not removing *beauty* >180



**TIME OUT**  
THERE ARE SOME THINGS—A SAGGING NECK, FOR EXAMPLE—ONLY SURGERY CAN FIX. PHOTOGRAPHED BY STEPHEN LEWIS.

# BEAUTY HEALTH & FITNESS | return of the knife

as much fat from beneath the eye as before. “We’ve just learned to dial it better,” says Hirmand. “You have to take a little fat if you’re going to get the best contouring, but nobody takes as much as they used to.” Both agree that more emphasis than ever is being put on what is “aesthetically appropriate” for each patient. “The techniques haven’t changed,” Griffin says. “What’s changed is the judgment call.”

In addition to being more aesthetically aware, doctors can draw on an increasing amount of evidence that shows what procedures stand the test of time, and a facelift involving the SMAS (superficial musculo-aponeurotic system) is a clear winner. The SMAS, a gliding membrane composed of connective tissue and muscle, lies just beneath the epidermis and the subcutaneous layer of fat. When it is cut and lifted and sutured underneath, the effects last longer and look more natural, since the epidermis is not the only layer responsible for keeping things secure. By contrast, the “skin facelift,” in which only the skin is lifted and stretched, can result in the dreaded taut, windblown look best exemplified by Phyllis Diller. It’s a shorter procedure, but it also has a short shelf life—“not more than five years,” according to Griffin. Owsley, who published the first clinical description of the SMAS in the late seventies, says he hasn’t performed a skin facelift in 25 years, but Griffin still performs them on women “who can’t have a big downtime.”

For those who want more than a quick fix, Griffin says, you “gotta get the SMAS.” Not only does he see the results in his own patients, he points to a study of twins, unveiled two years ago in New Orleans at the annual conference of the American Society of Plastic Surgeons. One member of each set underwent a version of a SMAS (one performed by Owsley and the other performed by Manhattan surgeon Dan Baker, M.D.), while the sisters each had variations of

the skin lift accompanied by some cheek and neck work. After the first year, all the women looked the same, but after ten years, the SMAS patients looked by far the best. The sister of Owsley’s patient had already “required revisional surgery underneath the chin.”

The jawline of Owsley’s twin is still in great shape largely because of a SMAS refinement he developed in the eighties, involving the platysma muscle, which extends from the jawbone area to the collarbone. In the procedure, the platysma is pulled up beneath the neck and chin, the most difficult area to tighten. Owsley explains the result on his Web site, in a response to Nora Ephron’s hilarious best-seller *I Feel Bad About My Neck*, the cover of which he has posted. In the book, Ephron says she’s never done anything about her neck because doctors routinely treat neck problems with a facelift. “I’d rather squint at this sorry little face and neck of mine in a mirror than confront a stranger who

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looks suspiciously like a drum pad,” she writes. But the SMAS addresses the drum-pad tightness, and the platysma refinement addresses that irritating puff-ball beneath the chin, not to mention all those horizontal lines across a sagging neck, which can also be treated with a neck lift. In his response to

Ephron, Owsley insists that not only is it possible to achieve “a superior, long-lasting correction of vertical neck laxity” but that “the face you see in the mirror” can still look like “the face you remember from one or two decades earlier.”

Perhaps sensing from my increasingly interested questions that I, too, feel very bad about my neck, Owsley tells me that “the longest-lasting results are in women in their late 40s. All their friends say, ‘You don’t need anything,’ but that’s when it’s time to go. The skin is still young; nobody can tell you’ve had an operation. You just get a tight neck.” Hmm, I say. “Send me some pictures of yourself,” he says. Maybe I will. But first I’m issuing a challenge to Nora: I’ll go if you will. □