

Face-lifts are down, but not on their way out

By Gloria Hochman

For *The Inquirer*

At 68, Jane Loughlin Powhida had been thinking about a face-lift for 10 years. Each time she passed a mirror, she tucked the wrinkling skin of her neck up behind her ears, pushed her jowls north toward her cheeks, and stretched her eyes open to minimize the extra folds on her upper lids that seemed to accumulate daily. Her mouth distressed her the most. "It drooped down, like I was sad or angry all the time," says Powhida, a nurse from Lancaster, Ohio. "And that wasn't me."

Powhida scoured the Internet for basic information and, against the wishes of her adult daughters, who told her she was beautiful just the way she was, Powhida "bit the bullet" and called cousin Barry. "When can I come?" she asked.

Cousin Barry is R. Barrett Noone, first chief of plastic surgery at Main Line Health hospitals and executive director of the American Board of Plastic Surgery. He estimates that he has performed 2,000 face-lifts in his three decades of practice.

According to the American Society for Aesthetic Plastic Surgery (ASAPS), about 95,000 people had a face-lift in 2009, a dramatic tumble from the 157,000 who underwent the procedure five years earlier.

Blame a sluggish economy and promising new technology, says cosmetic consultant Wendy Lewis in New York City, who calls herself the "knife coach" and connects people around the world with cosmetic surgeons who suit their faces and their finances.

Face-lifts in the Philadelphia area range in cost from \$7,000 to \$25,000, depending on the surgeon and what else may be involved - eyes or brow lift, for example. "As the economy tanked, people's priorities shifted," Lewis says, "and fewer people have been in a position to have big-ticket surgery. The trend is to do smaller things and start them earlier."

It isn't unusual, for instance, for women in their 30s to start injections with Botox to soften forehead furrows or with hyaluronic fillers such as Restylane or Juvederm to puff up deflated areas in their lips, cheeks, or under the eyes. In 2009, according to the American Society of Plastic Surgeons, there were 4,795,357 Botox shots given in this country, about the same as in 2004. But 1.2 million had their faces pumped up with a hyaluronic filler in 2009, up from 900,000 five years ago.

Then there are lasers to tighten the skin, and Thermage, an FDA-approved procedure that promises a nonsurgical, no-downtime face-lift. "Prevention and maintenance are today's key words," says Lewis.

Does this mean that the face-lift has lost its caché, that it will eventually be snuffed out by an ever-improving array of facial fillers and more-benign procedures?

No way, says Sherrell Aston, ASAPS spokesman and chairman of plastic surgery at Manhattan Eye, Ear and Throat Hospital (MEETH). "When someone has jowls and sags and wrinkles, only a face-lift will restore the contours of youth. You can't do it with machines or lasers, and you can't lift the face with fillers."

The world of cosmetic surgery is seductive. Magazines are crammed with ads that promise a new look and a new life, and the websites of surgeons feature tantalizing before-and-after pictures.

The motivation to have the surgery remains strong, says David Sarwer, associate professor of psychology at the Center for Human Appearance at the University of Pennsylvania School of Medicine. "From an evolutionary perspective, one thing that denotes beauty is a more youthful appearance. How we look impacts how we are perceived by other people. So having a face-lift may be a rational choice, particularly for those with jobs where appearance and presentation are at a higher premium. It is not a realistic decision for someone who thinks a face-lift will save her marriage."

Powhida, mother of four, grandmother of nine, made her decision because she wanted to move from hospice nursing into administration and was convinced her appearance was holding her back. "I felt energetic and able to do more than my share of the work. But I looked in the mirror and thought to myself, 'Jane, you look your age.' Psychologically and economically, I knew I had to make this decision."

The face-lift has changed significantly since the days when Noone began his career. No longer is it a luxury to be enjoyed only by movie stars and wives of corporate executives. Those opting for the scalpel have stretched to include more men - nearly 11,000 men, or about 12 percent of the total, had lifts in 2009 - and younger women, those in their 30s and 40s. Depending on who your doctor is, cosmetic surgery can be more affordable and less invasive and can offer options that 20 years ago could not have been imagined.

The trend today is toward plumper. Tight is out. The buzzword is volume, which you lose as you age. Long incisions into the hairline may be replaced by shorter ones that end behind the ear.

Fat is being transferred from the derriere to the cheek to restore youthful fullness. Recovery time is truncated, and patients may spend a night in a luxury hotel instead of a hospital room.

Nurse Peggie Broderick, a fixture in the world of plastic surgery, having worked at MEETH for 27 years before being lured away by New York plastic surgeon Daniel Baker, says the biggest change has been the use of homeopathic medications such as Bromelain and Arnica Montana to ease swelling and bleeding. Broderick now works in the Park Avenue offices of cosmetic surgeon Alan Matarasso.

Perhaps most important, says Noone, "we've developed simpler ways of doing what was once a complicated operation."

Still, a face-lift is real surgery and not without risks. From 1 percent to 3 percent of women and 7 percent to 9 percent of men experience a hematoma, a blood collection under the skin that must be drained; a small number - 0.5 percent to 2.6 percent - may have nerve injuries; infection may occur in fewer than 0.2 percent of patients, concluded John Rhee, a cosmetic surgeon at the Medical School of Wisconsin. But the risks of dying on the table are extremely low.

Powhida had more than just a face-lift. Noone did an upper and lower blepharoplasty – eyelid surgery - to restore more youthful eyes, and laser treatment to erase the lines on her upper lip. Six days later, Powhida, still bruised and swollen, drove the 463-mile trip to Ohio alone.

It has been about four months since Powhida's surgery. She is getting incredible feedback, including a comment from a startled friend she hadn't seen in 48 years: "Time seems to have stood still for you," the woman said.

Since the early 1970s, the SMAS lift has become the gold standard. The SMAS, an acronym for the superficial musculoaponeurotic system, refers to the soft connective and fatty tissue layers just below the skin.

In the early 1990s, a Dallas surgeon, Sam Hamra, popularized the deep-plane face-lift, which went even deeper than the SMAS layer and resulted, he says, in less bruising. Hamra, author of *The Facelift Letdown*, now does a "composite lift," which includes surgery to rejuvenate the eyelid-cheek area.

Its advantage, he says, is that the mid and lower face will be more in harmony. The disadvantages are the cost (\$21,000 to \$22,000); five hours in the operating room; and a protracted, six-to-eight-week recovery period. In today's world, where a quick return to work is critical for most patients, Hamra acknowledges that he performs his handiwork on fewer than 100 patients a year. His practice, when he is not traveling, includes body-contour surgery and rhinoplasty.

None of the plastic-surgery luminaries in the area - Philadelphia, New Jersey, and New York - seems to do exactly the same thing. Louis Bucky, division chief of plastic surgery at Pennsylvania Hospital, injects the patient's own fat, which is thought to be rich in stem cells, into parts of the face during every face-lift. The key, he says, is getting the fat to survive.

Daniel Baker, the New York surgeon who has face-lifted myriad Philadelphia-area women, is credited with originating the short-scar face-lift. But he doesn't use it on everyone and will not compromise results in exchange for a shorter incision. Baker, professor of surgery at New York University Medical School's Institute of Reconstructive Plastic Surgery, is known for lifts that last from 10 to 15 years.

Allan Wulc, associate surgeon at Abington Memorial Hospital, recognized for his blepharoplasties, also specializes in a midface lift paired with fat injections.

Alan Matarasso, clinical professor in the department of surgery (plastic surgery) at Albert Einstein College of Medicine in New York, likes tissue sealant instead of drains, uses barbed sutures to take tension off the incisions, and prefers the short-scar incision, which he has used on more than 1,000 patients. Matarasso says his patients rarely complain of pain.

Sam Rizk, who is board certified in both otolaryngology and facial plastic surgery in New York, uses a modified version of Hamra's deep-plane lift, which he says reduces swelling and results in a speedier recovery. He performs surgery using a 3-D, high-definition, telescopic camera system to get a better view of the brow, neck, and nose. "It is the eye inside the face," he says, "magnified many times so I can see the interior area more clearly, reduce the length of the incision, and do a safer lift."

Bruce B. Zappan, a Center City podiatrist, chose Rizk as his surgeon on the recommendation of a friend, a plastic-surgery nurse. Zappan, 59, divorced 13 years ago, wanted to look younger and keep up with his 37-year-old girlfriend. Zappan had a rhinoplasty to correct a curve at the tip of his nose, and a blepharoplasty to widen his eyes. He says he had no pain and was back in his office five days later. Every so often, he returns to Rizk for Botox in his forehead. "I feel good about myself," he says. "If I needed any other face work, I wouldn't hesitate to go back to him."

Jane Davis, of Cherry Hill, an attractive 69-year-old who had a face-lift two years ago, echoes Zappan's sentiments. After her 2 1/2-hour surgery, she was escorted to the Ritz-Carlton Philadelphia, "with a babushka on my head, and got into bed." The nurse who accompanied her put an Arnica tablet under her tongue to help with the healing. The next day, the dressing around her head was removed by her doctor, Louis Bucky, who visited her at the Ritz, and replaced with a chin strap, which she wore for a week. She says she never bruised or became swollen. Her only complaint was stiffness in her face and numbness behind her ears, which lasted a short time. "When my husband died, I realized that that chapter in my life was over," says Davis. "Chapter Two would be Jane's journey alone. Now, I'm a widow with a new face and a new hairdo. The best thing is that when I'm out with my grandson, people will look at us and gasp, 'You're the grandmother?' "I love my life. If I had to do it again, I wouldn't hesitate for an instant."

What to ask before the surgery

Some of the top people in plastic surgery offer this advice if you're considering a face-lift: Talk to friends about their experiences and don't forget your hairdresser. He or she is likely to know who does the "best scars." Be sure that the doctor you choose is board certified by the American Board of Facial Plastic and Reconstructive Surgery or the American Board of Plastic Surgery.

Peggie Broderick, nurse: Be honest with your doctor about your medical history, including medications you are taking. Never conceal your smoking habits or preexisting conditions. Doing so could cost you your life.

Dr. Barry Noone: Beware of false promises or glitzy advertising. A weekend face-lift is a marketing term, not a medical one. Your lift is likely to be short-lived.

Dr. Louis Bucky: Be sure your surgeon evaluates these three issues: loss of elasticity, loss of volume, and gravitational changes. Some people need attention to all three, others just one or two.

Dr. Daniel Baker: Choose a surgeon whose aesthetic sense corresponds to yours and who uses a technique that gets long-lasting results with a minimum of down time.

Dr. Sam Hamra: Results of a face-lift must be measured over time. After three months, everyone is likely to look great. The swelling still present at that time is a gift and gives a good look. It's how it survives in two years or seven years that counts.

Dr. Sherrell Aston: There is not just one face-lift technique. What you do depends on the anatomy of the person.

Dr. Alan Matarasso: Do your homework. The key elements are the surgeon's competence, the patient's compliance, having an anesthesiologist present during the surgery, and the safety of the facility.

Dr. Sam Rizk: Insist that the doctor you are considering show you pictures or connect you with patients who have had procedures similar to what you want. If he or she won't do it, find another doctor.

Before making a final decision, ask the doctor:

What kind of anesthesia do you use?

How long will the surgery take?

How long is the recovery time?

Where will you put my scars? How visible will they be?

When can I go out in public? Return to work?

How much pain will I have? How will it be controlled?

What are the risks for me, based on my medical and personal history?

Will I experience any hair loss?

How long can I expect my lift to last?

"Most patients go through unnecessary agony before surgery," says Broderick. "Remember, this is just a skin and muscle operation - it's not open-heart surgery."