

Super Naturals

Controversy

Wearing nothing but a blue-paper bikini, I stood on a stool in a plastic surgeon's office and faced a digital video camera on a tripod connected to a computer screen. "Turn," said the nurse, as she captured my face and body at various angles: right and left profile, one-quarter, three-quarter, full frontal.

Soon I was back in my more modest paper gown and seated beside her at the computer. "What is it you'd like to change?" she asked, as we gazed at the on-screen headless torso saddled with cellulite. "Well, first you have to get the right body up there!" I almost said, before recognizing it as my own. The rear

Doctors who have invested in it (to the tune of \$30,000 in software and hardware) praise it as a patient-education device. The truth, of course, lies somewhere in between. But like it or not, everyone agrees that computer imaging, which was launched a decade ago, is here to stay, as more and more consumers demand to see what they'll look like (in high-resolution color) before going under the knife. By the year 2001, almost half of all cosmetic surgeons will have imaging systems, says R. James Koch, an assistant professor of surgery at Stanford University Medical Center, who estimates current ownership is between 8 and 10 percent.

"Computer imaging is a promising technology with a significant future in plastic surgery, as long as it's not being used in an unscrupulous manner," says Peter Bela Fodor, a plastic surgeon in Los Angeles and past president of the Lipo-



BEFORE
Once upon a time: The patient's face, untouched by human hands.



COMPUTER IMAGE
Virtual reality: What the patient may (or may not) look like after a nose job.



AFTER
The facts: The patient after the rhinoplasty was performed.

Just Picture This

BY LAURIE DRAKE

Plastic surgeons can do amazing things with computer imaging. But can they do the same amazing things with their scalpels?

view was even worse, revealing "hip pads" cut by the elastic of the paper bikini. By the time we got to the profile of my sagging neckline, I was in shock. "Fix everything," I said. And with a few strokes of her pen, she did—sharpening my contours and deleting unwanted fat in a sneak preview of what her boss could do in the operating room. I was ready to sign on the dotted line.

Which is exactly the point of computer imaging, say critics: to help insecure patients "close the deal" and commit to plastic surgery. Whether that's necessarily a bad thing depends on whom you ask. Doctors who don't offer computer imaging denounce it as a high-tech selling tool, one step above advertising on subways and in the Yellow Pages.

plasty Society of North America. A red flag should go up, he says, if the doctor suggests additional surgeries above and beyond the patient's original request (such as, "You came in to see me about your nose, but look what the computer can also do for your eyelids! We can raise your forehead at the same time. And then we can liposuction your neck"). Ethical physicians address only what's bothering the patient, says Fodor—with one exception. "If a patient has a large nose and an underdeveloped chin, it is considered appropriate to suggest advancing the chin to get the profile in good proportion."

Other critics charge that imaging machines promise more than they deliver. One woman came in clutching a computer-imaged photo of her nose, which bore no relation to what resulted from the operation, says Toby G. Mayer, a clinical professor of plastic and reconstructive surgery at the University of Southern California in Los Angeles. "The computer gave her a nice, Julia Ormond-type nose, but she ended up with what we call a parrot-beak deformity," says Mayer, who corrected the original doctor's faulty surgery. ("Why didn't the patient return to the latter for a free correction?" we ask. "She was smarter than that," says Mayer.) Mayer doesn't offer imaging in his office, he says, because it gives patients a false sense of security at a time "when they need to understand the limitations of surgery."

And there are lots of built-in limitations. "For example,

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you'll never be able to make a thick-skin nose into a projecting aquiline nose," says William J. Binder, assistant clinical professor of head-and-neck surgery at UCLA, "because thick skin limits your ability to shape and form the nose. But the computer doesn't know that, nor does the technician who's operating it. It takes a doctor to calculate how thick the skin is compared with how thin and weak the cartilages are underneath." To make matters worse, few doctors actually park themselves at the computer to "image" patients because it's so time-consuming. Most delegate the job to a nurse or even a marketing assistant. And the rare doctors who do wield the imaging wand can be penalized for telling the truth. "It's the surgeon's job to explain to the patient what can and can't be accomplished," says Binder. "But if he draws a less-than-perfect nose on the computer, I can guarantee you, the patient will go elsewhere."

fans say that computer imaging helps us be objective, since it's easier to pick ourselves apart on-screen than in the mirror. (This is a benefit?) But be warned: If it's true that the camera doesn't lie, then digital video imaging is downright cruel. Says Steven J. Pearlman, director of head-and-neck surgery at St. Luke's-Roosevelt Hospital Center in New York City, "You know how they say that TV

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brings out the worst in you? Computer imaging is the same. But by bringing out the worst features, it's also showing me fine imperfections I may not have seen in the exam chair."

The decision to book surgery can follow like a knee-jerk reaction. Quinn Dang, an assistant to H. George Brennan, a facial plastic surgeon in Beverly Hills, Newport Beach, California, and Aspen, Colorado, says, "I'd never thought about having surgery before. Then I saw my face on the computer. My first reaction was, 'I don't look like that!' But that was me—that was my image. And so I put myself on the surgery schedule, and Dr. Brennan did

my chin and my nose." For many staff nurses and assistants, in-house discounts make it easier to afford the result on the computer screen. (Dang, however, paid full price.)

The rest of us should heed these words from a promotional videotape aimed at doctors (not patients) from Mirror Image, the biggest purveyor of systems in the business: "There's a profitable side benefit to imaging which completely surprised me," says a spokesman. "That's the ancillary procedures I now perform. A patient comes in wanting a nose and after seeing herself on the screen asks me to do a chin and neck. It happens all the time. And those secondary procedures are almost pure profit. One chin a month pays for the whole system."

Of course, nothing is stopping patients from using computer imaging to their own advantage, going from surgeon to surgeon with pictures in hand, saying, "What can you do for me?" And apparently they are: At least one doctor, George T. Boris, a cosmetic surgeon in Beverly Hills, charges browsers \$100 for imaging, which goes toward the surgical fee (although his consultations are free).

To Diana Barry, author of *Nips & Tucks: Everything You Must Know Before Having Cosmetic Surgery* (General Publishing Group), the main advantage to computer imaging "is that it helps the patient be extravagantly clear about what she wants—and helps her communicate that to the surgeon."

Which is in everyone's best interest, says Edward Truppmann. "My goal is to give as much information as I can to the patient in an honest, straightforward way. And computer imaging puts us on the same page, so to speak." The thing to remember, though, is that it's only a tool. "Is the doctor board certified?" says Truppmann. "Have you seen and talked to his past patients and are they satisfied? Did he treat them in a humane and professional manner? These are all more important questions than if he has a piece of imaging equipment." ●