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MEGATRENDS IN HEALTH
 BY JOHN NAISBITT
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THE FACE-LIFT OF THE '90s



You could call them facial architects. They are three plastic surgeons who are not content to simply nip and tuck the sagging skin of their age-conscious clientele. Instead, they seek to rebuild and realign faces that have lost the firm contours, the strong chins, the high cheekbones of youth. These men—William Binder, Harry Mittelman and Edward Terino—have spent the Eighties devising the way face-lifts will look in the Nineties. And the key component of the new facial rejuvenation is thin, plastic implants that add structure to the most age-prone parts of the face. Indeed, they say in some cases the relatively simple implants they have sculpted for chins and cheeks may even do away with the need for a full face-lift.

The first facial implants were designed to help reconstruct faces devastated by accident or disease. Occasionally, plastic surgeons sought to bolster a weak chin while reducing a big nose by transferring the bony nose bump to the front of the chin. But such augmentation rarely looked natural. Says Mark A. Mandel, M.D., a Los Angeles-based plastic surgeon specializing in facial rejuvenation: "Those early chin implants usually looked like a bulge at the end of the chin." For the last three decades, surgeons have used various plastic implants to change the look of chins and cheeks, but these, too, often produced an unnatural appearance, with chins that stuck out too far and cheekbones that were too high and harsh looking.

Enter the new breed of surgical "sculptors." Edward Terino, M.D., director of the Plastic Surgery Institute of Southern California and designer of one of the latest in cheekbone implants, explains why he and others have worked so hard to refine facial implants. "The bones in the face shrink a bit with age," he says. "We know the jawbone diminishes to some degree and we believe the cheekbones may become a bit less prominent. Also, the soft tissue—the muscle, fat and collagen that soften these features—thins out and sags."

The point is, says Terino, the natural process of aging causes our faces to lose some of their structure—along with a good bit of padding. "Just pulling the skin tight—as we do in a face-lift—doesn't solve the underlying

problem." For those whose features were never strong, a face-lift can give a taut, masklike appearance. Thus, adding new definition to shrinking features could keep many face-lifts from looking so, well, fake. What's more, these surgeons say, augmenting your chin and cheeks as early as your thirties and forties can put off face-lift surgery by lifting sagging skin up over enhanced features. Finally, these implants may also improve face-lifting because, explains Terino, they can be inserted during surgery.

THE UNDER-THE-CHEEKBONE LIFT
 Perhaps the most interesting and innovative of the new facial implants is the submalar, or under-the-cheekbone, implant, created by William J. Binder,

REJUVENATING CHEEKS AND CHIN, NOT JUST SKIN THE FACE-LIFT OF THE '90s
 BY ELLEN KUNES



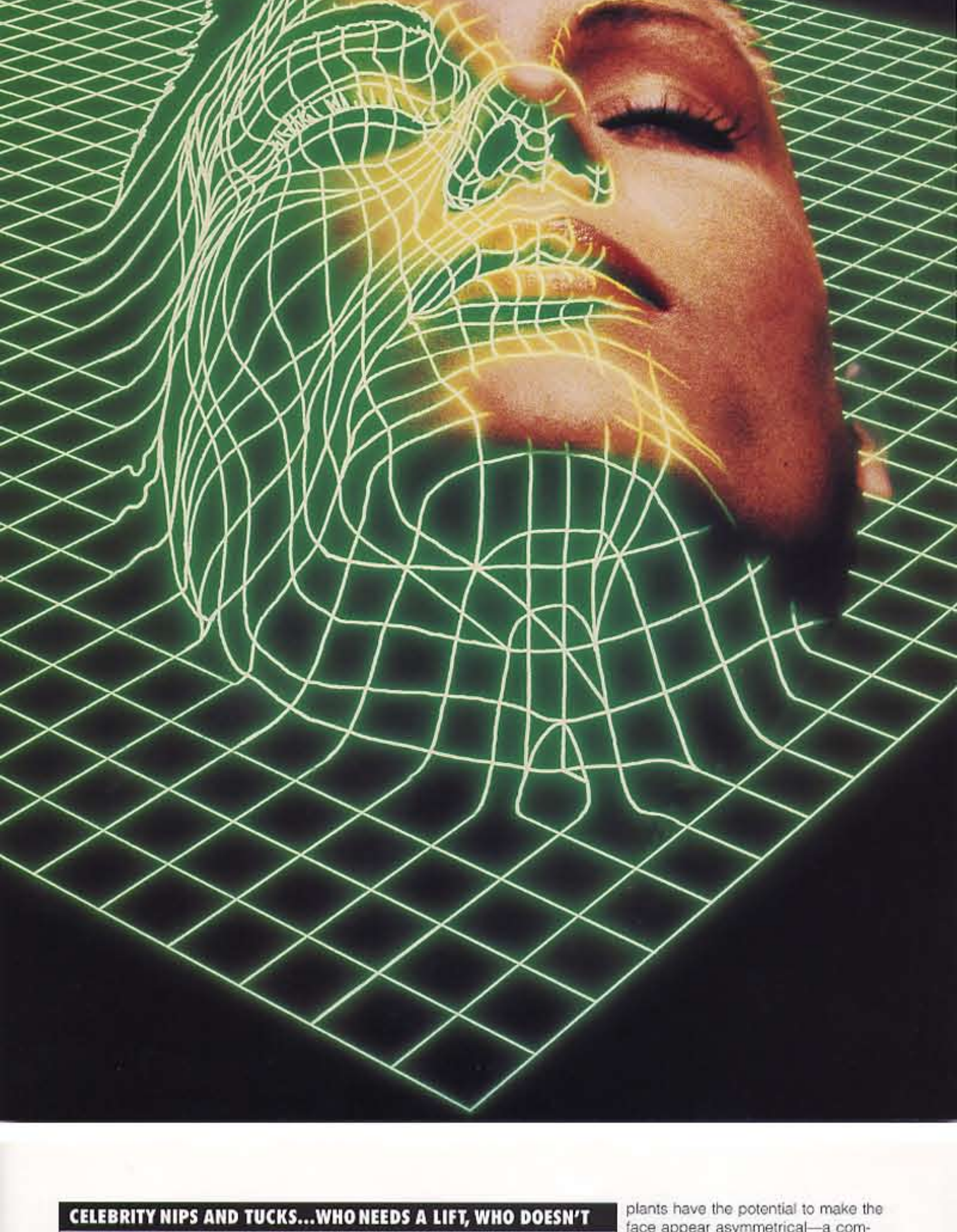
M.D., a Los Angeles facial and reconstructive plastic surgeon and clinical faculty member of surgery at UCLA. Binder had seen plenty of cheekbone implants, and he didn't much like them: "They gave people an unnatural, angular look." In fact, he claims, that angularity actually made certain people look older. "As many of us age, our faces thin out and become sunken. It's that Abe Lincoln look." Just pulling skin tight over the hollows of the cheeks didn't solve this, but he reasoned that putting a small implant just below the cheekbones would fill out those depressions, lifting up the middle third of the face and reducing the folds and lines around the mouth. "Think of it as scaffolding," he says, "which can help to prop up sagging

skin that's lost its underpadding." For seven years, beginning in 1982, Binder worked to perfect his thin implants made of rubbery silicone. In 1988, he introduced his surgical technique and four standardized implants to his colleagues. Since then, some 600 surgeons across the US have used the implants.

Because the procedure is so simple and relatively inexpensive—\$2,000 to \$3,000, about one third the fee for the average face-lift—submalar augmentation may soon become common. According to the distributor, it is already the top-selling implant. The surgery can be performed in the doctor's office, under local anesthesia, in about 40 minutes. The silicone implants are inserted through tiny one-centimeter incisions inside the mouth at the very top of the gum. There, a small pocket is opened right under the cheekbone. With very few blood vessels in the area, postop bruising is minimal. The implants are then sutured into place, with two stitches on each side on the skin's surface. Within three days, the stitches are removed. The implants stay put, Binder says, because facial tissue almost immediately envelops them. There is noticeable swelling in the cheeks for only two weeks or so after surgery, which is less than when a wisdom tooth is removed.

Most of the surgeons using the FDA-approved Binder implant are trying them on patients between ages 38 and 50, many of whom are hoping to delay a face-lift. But Binder says the implant can provide a subtle, high-cheekbone effect in younger patients as well. One, a 23-year-old aspiring model with "nothing" cheekbones, believes the Binder implant gives her a more distinctive look. "For others," the implant balances the features," says Binder. "If you have a strong nose and jaw but weak cheekbones, this procedure can, with little pain and virtually no complications, give the face a rounder, softer look."

Because the submalar implant is helpful mostly to those with thin, angular faces, some plastic surgeons feel that its use will be limited. Says Mark Lemmon, M.D., a plastic surgeon in Dallas, who frequently employs implants to enhance face-lifts: "I can't see that this implant is going to be used very often. I'm not convinced the improvement it makes is great enough. I'm also afraid that the im-



CELEBRITY NIPS AND TUCKS...WHO NEEDS A LIFT, WHO DOESN'T

We asked Drs. Binder, Mittelman and Terino to give us their opinions about how well certain celebrities are aging. Here's what they said about who needs a nip, tuck or lift, and why.

Binder: "With his bone structure, Paul Newman should keep his rugged good looks for a very long time. I'd recommend some minor tightening and that's about it. It may be a long time—if ever—before he needs any eye surgery, because people with deep-set eyes like his have less upper-eyelid skin, which tends to get flabby as we age. **Michelle Pfeiffer** hardly needs any now, but when the time comes, a face-lift alone, without any type of augmentation, will help her retain her beauty. **Jane Fonda**, **Valerie Harper** and **Lily Tomlin** are prime examples of people who would not fare well with an ordinary lift. Because their faces are very thin, they need a soft padding of fat placed under the skin (a procedure known as submalar augmentation) before any surgery is attempted. Otherwise, the face looks too stretched and pulled over hollows and sharp bones, resulting in a skeletal appearance. **Nancy Reagan** has that typical taut, tight-lipped look that face-lifts alone often give."

Terino: "**Michael Jackson** looks overdone. He went back for more and more surgery and wanted very specific things done for their dramatic effect. I suppose it's successful from that standpoint. Everyone says **Zsa Zsa Gabor** must have had surgery done because she looks so good, but I know for a fact that, at least as of five years ago, she hadn't had a face-lift. She can thank her ancestry for keeping her face so young looking. Certain ethnic groups seem to have more plumpness in their facial tissue; and if they keep themselves a bit overweight as they age,

they can keep that youthful padding. **Lena Horne** is just as lucky. Blacks, as well as Asians and those with olive complexions, age so gracefully it's hard to tell if she's had surgery. But a fair-skinned **Barbara Bush**, as distinguished as she looks, is another story. She needs total tightening—a full face, eyelid and neck lift would take many years off her appearance. Then again, she seems quite comfortable with herself as she is."

Mittelman: "**Ivana Trump** looks great. She had surgery to get rid of some of the natural signs of aging, and it made a significant improvement. **Elizabeth Taylor** and **Margaret Thatcher** are two more likely candidates for jaw implants. Thatcher could also benefit from surgery to remove the bags from under her eyes. And if **George Bush** wanted to make



Clockwise: Jane, Michael, Lily and Ivana

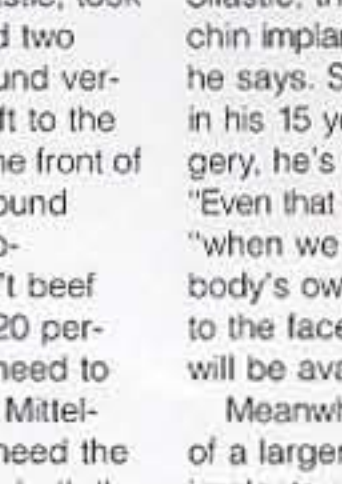
an improvement in his face—which, by the way, looks a lot younger than his 65 years—a face-lift alone would do it. But it would take a lot more to rejuvenate **Ronald Reagan's** youthful looks: a combination face-lift, jaw implant, upper and lower eyelid surgery and neck operation to tighten up his excess skin under the chin."

weakened chin and the groove that forms in the lower jaw ultimately can lead to a heavy jowl, a double chin and drooping skin between the mouth and jaw.

"Face-lifts can tighten the skin around the jawline," says Mittelman, "and liposculpting [fat suctioning] can remove the fat under the chin and jowls, but the only thing that can correct the weakened chin and the groove are the new chin implants." Which means, as far as Mittelman and a growing number of surgeons are concerned, that the face-lift of the Nineties isn't complete without some type of chin and jaw implant. Again, like the Binder implant, Mittelman's jaw inserts give face-lifters a solid structure to drape skin over and regain a clean, straight, youthful line in the chin and jaw. Mittelman predicts that the new-style chin implants may become standard. "Eighty-five percent of all face-lift patients will benefit from these implants," he says.

In the past, chin implants simply strove to build up the front of the chin; the rest of the jaw and mandible were

EVEN THOSE WHO'VE HAD A LIFT, LIKE JOAN COLLINS, BENEFIT FROM THE NEW IMPLANTS



never corrected. But in recent years, surgeons have begun to develop implants that wrap around the chin and jaw, strengthening the line of the lower part of the face. The silicone implant, also made of the malleable Silastic, took this idea further. He designed two types of implants: a wraparound version that added the same heft to the mid-jaw groove and more to the front of the chin and another wraparound implant that filled in the genio-mandibular grooves but didn't beef up still-strong chins. "About 20 percent of face-lift patients just need to fill in that groove area," says Mittelman. "The other 80 percent need the implant that adds structure to both the chin and jaw."

The surgery can be performed at the same time as a face-lift, but even those who've already undergone surgery can return for this relatively

simple procedure. Like the Binder implants, Mittelman's come in a variety of pre-cut sizes. The flexible silicone piece is inserted through a one-inch incision made under the front of the chin (often the same incision used in the procedure to correct a turkey-gobbler neck). The implant rests against the jawbone. Because it is covered by fat and muscle, it is almost impossible to tell where the real chin ends and the implant begins. The surgery takes from 20 to 40 minutes, says Mittelman. When performed alone, it runs between \$1,600 and \$1,800; when included as part of a face-lift, it adds about \$1,200. And Mittelman guarantees that chin implants can lengthen the life of a face-lift by at least two years because of the greater definition they provide. But you don't have to be over 40 to get a chin/jaw implant. Those who've endured a jaw chin since school days can have that indignity corrected, and those who have suffered the cursed combination of large nose and little jaw can have their chins bolstered at the same time that their noses are scaled down.

There are a few drawbacks to this new facial architecture. It causes more bruising and swelling than the submalar implant, though the duration's about the same, 10 to 14 days. And according to Henry Kawamoto, M.D., associate clinical professor of plastic surgery at UCLA and current president of the California Society of Plastic Surgeons, anytime a foreign object is introduced into the face, you run the risk of infection and "rejection." "Even with Silastic, there have been cases where chin implants have had to be removed," he says. Still, Mittelman claims that in his 15 years of offering implant surgery, he's had to remove only one. "Even that rarity will disappear," he says, "when we figure out how to use the body's own collagen to add structure to the face." Mittelman believes that will be available within ten years.

Meanwhile, those who've dreamed of a larger chin should know that chin implants aren't a good bet if they wear dentures. Explains Kawamoto, "Sometimes the edge of the denture rests on the implant, which may cause chewing problems and/or dislodgement of the implant."

This procedure causes more swelling and bruising than the submalar implant. Still, Terino says the overall risk is smaller than that of a face-lift, and the recovery period is shorter—usually two to three weeks before the swelling and bruising are no longer very noticeable. "All in all, it takes about six months [about the same as after a face-lift] for the area to look its very best," adds Terino. Again, the cost of a cheekbone lift—between \$2,000 and \$3,000—is about one third that of the average face-lift.

While Terino says that he's had very few troubles with cheek-implant surgery, other plastic surgeons have had "uneven" results. Like Dallas surgeon Mark Lemmon, Kawamoto says that there is a fair greater chance of the face appearing asymmetrical because the skin over the cheekbones is thinner than on other parts of the face. "It's very difficult for both sides to look identical," he reports. In addition, he says, no matter how closely the implant fits to the cheekbone, over

plants have the potential to make the face appear asymmetrical—a common occurrence in regular cheekbone-implant surgery."

Still, Binder believes that his submalar implant will become a regular component of face-lift surgery. "If you have great bones to begin with and a good surgeon," he says, "a face-lift alone will probably make you very happy. But a patient with poor bone structure, flat cheekbones and flat midfacial structure, will get a poor result that won't last very long. Using this implant, particularly in tandem with a chin implant, can provide a better underlying structure on which to perform the face-lift."

Binder claims that in eight years of performing this procedure, he has had no permanent complications and only two minor infections; and though the surgery can be reversed, he has never had to remove an implant. "The silicone we use—Silastic, which has been around for 25 years—is non-porous and extremely resistant to infection, so we've never had a patient 'reject it,'" he says. "We're working on a computer program that will customize each implant down to an eighth of a millimeter. But that's at least five years away." In the meantime, the implants are quickly custom-fitted to patients during the procedure.

"This implant surgery," says Binder, "to me is the essence of elective cosmetic surgery—that is, doing the least amount to accomplish a significant result with little risk."

STRENGTHENING THE JAW

"Look at the jaw," says Harry Mittelman, M.D., associate clinical professor of facial plastic surgery at Stanford University. "A person may have had a nice face-lift, but it hasn't done anything to disguise the groove between the chin and the jaw, which is a classic sign of aging."

Mittelman isn't the only surgeon eager to correct weak chins, but he may be the first to concentrate on what happens to the chin and jawbone as we age. What he found: Most of us, the strong- and weak-chinned alike, develop an indentation on the jaw between the chin and jaw. Mittelman has named this dent the "genio-mandibular groove," and his research shows it generally begins in the forties. "As we grow older," he explains, "the bone of the chin and the jawbone are resorbed to some extent. The

removed—a procedure that isn't always successful. "Sometimes you can be left with a 'witch's chin,' a pointy end that can't be fixed," he says. For this reason, believes Kawamoto, implant surgery should not be thought of as reversible. "Like other aesthetic procedures, implant surgery should not be undertaken lightly."

To ensure that new facial sculpturing is successful, he advises seeking out only surgeons who are very experienced in the procedures. Indeed, Binder, Mittelman and Terino have been training plastic surgeons across the country in their techniques to make sure that their implants are used correctly; each can be contacted for referrals.

"It has become much more acceptable to recognize and deal with facial flaws," says Binder. Terino agrees: "We're trying to create a race of plastic-looking people. But these implants can make small changes that will really help people look and feel better about themselves."

time, the implant could shift, making the face appear lopsided. But Terino believes these problems will disappear with his new cheekbone implant, since it is more carefully sculpted than those traditionally employed. "This implant can be subtle, achieving a new look that doesn't make the patient appear 'plastic,'" he says. "That's what good plastic surgery is all about."

Like face-lifts, facial implants are not always a perfect solution to bolstering the aging, or the less-than-perfect, face. As with any surgery, there can be infection or other complications, and, surprisingly, some patients may not feel psychologically comfortable with the results. Notes Kawamoto: "Some people have lived for a long time with a receding chin, for instance, and so the new, larger chin can make them feel that they look like Dick Tracy—a person with a noticeably too-big jaw." Occasionally, patients aren't happy with the results and ask to have the implant