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## "A Consumer's Guide to Cosmetic Surgery" By Susan Seliger

PHOTOGRAPH BY FRED KLISMAN

The sheet lies flat over her half-naked body. He walks in exuding confidence, smoothes back her blonde hair, and caresses her head as he explains what is happening. He tells her she will feel a slight sting move up her arm as the "medicine" takes effect; the sedative is dripping from the plastic bag into her arm. She laughs and mumbles that the feeling could be addictive. Her breathing becomes a snore. She's a patient etherized upon a table; the nurses come and go, talking of the Johnny Carson show. With the sheet down, everything scrubbed, he draws lines on her

small breasts where cleavage will be, where he will cut. He cuts and then zaps each blood vessel with a little electric wand. There must be no blood. He chats cheerfully with his nurses to the beat of rock on the FM radio and the hiss of his electric wand meeting moist tissue. He has made room, and now two sterile bags are partially filled with a clear salt solution. Each soft implant is stuffed through the two-inch yawn beneath her breasts. Once inside, they are filled even further through a long syringe. She has barely stirred. The mountains have come to her.

"You're either born with it, or you're not." Ah, the sweet innocence of those old maxims. This year one million people will enlist plastic surgeons to help them defy their fates. Where nature was niggardly, the surgeon's horn of plenty will provide: Where extravagant, the knife will carve away. Faces will hide the ravages of time; breasts, noses, penises, and fannies will rise and fall.

Plastic surgery has become medicine's fast track. It is not only where the big money is, but where the excitement of medical ground-breaking is going on. In the last decade, innovations in plastics, anesthetics, and surgical tools have converged to make previously difficult operations seem routine. While the basic steps for facelifts and nose jobs have not changed much, subtle techniques have

improved. And with what are regarded as safer anesthetics and prosthetics, more doctors and patients seem willing to try surgery for even slight improvements. Cosmetic surgery, once disdained by the medical profession, is now attracting more applicants than it can train. Many Washington plastic surgeons report doing twice as many cosmetic operations as a decade ago.

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Historically, advances in surgery have followed advances in weapons. As man devised cleverer and surer ways of maiming his brothers, medicine men came up with ways of stitching the troops back together. The same stone and metal that were ground into swords and arrowheads yielded the surgeon's knife. World War II gave surgeons great practice in developing reconstructive techniques. Some believe the Vietnam war speeded up advances in burn treatment. Ironically, Dow Chemical, the manufacturer of napalm, is also one of the major manufacturers of prosthetics used in plastic surgery. Even now—without a war—car accidents, cancer, and heart disease challenge the surgeon to find new ways to make the body whole.

But it is primarily this decade's preoccupation with youth and beauty that has posed the greatest challenge to plastic surgeons and created an unprecedented demand for their services. Some argue that the motive is not simply vanity, that youth and beauty translate into money and success. Mee Yan Cheung, a sociology instructor at the University of Maryland, has just finished a literature review of studies correlating physical attractiveness to other factors. Cheung says beautiful people are stereotyped as intelligent and capable, and when they go for job interviews, they meet with more success than the homely candidates. Karen L., divorced at 42 and faced with reentering the job market, says finding a job was much easier after she had the facelift. "Employers won't say they're turning you down because you look old. But really, if you could choose between a pretty young thing and a weather-beaten divorcée, whom would you choose?"

## Fooling Mother Nature

Plastic surgery is divided into two fields: reconstructive and cosmetic surgery, though the borderline is often hazy. Reconstruction involves restoring normal function to parts of the body deformed at birth or by injury or disease; this can include reconstruction of the breasts after radical mastectomy. Cosmetic surgery applies to elective procedures designed to improve the appearance rather than the function of a part of the body. Plastic surgeons prefer to call the latter "aesthetic surgery," believing this sounds more elevated. But as one such surgeon said with a shrug, "A rose is a rose."

We will focus here on cosmetic surgery. Reconstructive operations often involve emergencies where there is little choice about whether the operation should be done or not. With cosmetic surgery, the patient must decide not only whether to have the operation, but who shall perform it and when. To make such decisions, one must know what can be

done and what cannot, what are the risks, and what are the costs.

The surgeon gives; the surgeon takes away. There is power, glory—and danger. Mother Nature doesn't always like being tampered with. Any operation involves risks. Says an anesthesiologist: "The administration of an anesthetic is the application of a measured physiological insult to a patient." It can be more of a jolt to the system than the actual surgery. Says a surgeon: "Cosmetic surgery is a controlled injury. It is by all standards a mild form of torture to obtain sought-after ends."

In short, you have to want the improvement badly to go through the pain, the risk, and the expense. And you must be realistic about what the operation can achieve. Some can bring only slight modifications. Nearly all involve scars.

Scars are unavoidable whenever the skin is cut deeply. The art of the plastic surgeon is knowing how to hide them in the body's natural folds and shadows and how to make those that cannot be hidden as inconspicuous as possible. One plastic surgeon summed it up as he was sewing the final stitches on a patient: "This is my signature."

Some places on the body heal better than others. Eyelids, for example, repair rapidly and show little scarring. Chests, shoulders, and backs, however, are the worst spots. Thick, dark, and oily skin tends to scar badly. Blacks are the most likely to develop keloid or hypertrophic scars. Keloids are welt-like growths extending beyond the edges of normal scars. Hypertrophic scars grow large and red, but, unlike keloids which must be surgically altered, they can soften and recede after months or years.

Because of this scarring tendency, many plastic surgeons are reluctant to take on black patients. In this day of \$15,000 yearly malpractice-insurance premiums for local plastic surgeons, they don't relish risking results that will please neither patient nor surgeon.

"I'm seeing more black patients," says Dr. Wilbur Latham, president of the District of Columbia Society of Plastic Surgeons. "But that doesn't mean I'm doing more operations on them. Scarring is a serious problem. You can't do a dermabrasion [face sanding] for acne scars; I'd be fearful of keloid scars. With facelifts and eye operations, the risk is even greater." Fortunately, Latham adds, blacks are usually less in need of facelifts than whites. "They're protected from the sun by their pigment, so they can look ten years younger than a Caucasian of the same age."

Latham does say he is doing more nose jobs on blacks than he did a decade ago. In that operation nearly all the incisions are on the inside, so scarring is not visi-

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ble. And he and other local plastic surgeons are doing more operations on men. Estimates are that ten to twenty percent of cosmetic surgery is performed on males.

Cosmetic surgery is still a luxury and still expensive. But it is becoming a game anyone can play, not just the rich and famous. And the rules are changing. It's becoming all right to talk about it. You probably don't remember reading years back about Jackie Onassis's fanny lift, and Rosalynn Carter was quiet about her recent eyelid lift. But America's true bellwether, Betty Ford, has let it be known that you can be proud of having a facelift. With more people talking, more people are trying it—not just First Ladies, but secretaries, stewardesses, laborers, and lawyers.

"We're still a long way from the day when every American has a right to a small nose," says Dr. John Little, assistant professor of plastic surgery at Georgetown University Medical Center. "But plastic surgery is becoming less of a luxury for the rich alone. I recently had a patient who was a domestic servant from South America who had been saving for a long time to get a facelift. Now she's going to have it. She's going back to her country to be married and she wants to look good."

Most cosmetic surgery, because it does not affect bodily functions, is not covered by medical insurance. Breast reduction is an exception—it can relieve backache as well as improve appearance and thus is usually covered. But it is worth checking with your insurance company. One patient who had her breasts enlarged says her Prudential health policy paid for the hospital, anesthesiologist, and lab tests, but not the surgeon's fees. A facelift patient says her policy covered the proportion of hospital costs attributable to the eyelift segment of the operation (about one fourth). Still another says her flop-ear operation, purely cosmetic, was partially paid for by insurance. If you are not covered for the operations discussed here, remember that, as with any other uninsured medical expense, costs greater than three percent of your adjusted gross income are tax deductible.

Prices can range from the cost of a dishwasher to that of a swimming pool. Some surgeons have operating rooms in the office, which can reduce costs. These office setups are still a subject of controversy in the medical world, but the high cost of hospitalization is driving more plastic surgeons to choose this option. All prices quoted for operations represent the surgeon's fees alone; hospital costs are extra.

One night in a hospital in the Washington area can range from about \$90 at



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Suburban Hospital in Montgomery County to as much as \$300 at Georgetown University Hospital. In addition, there is usually a \$50 admission charge, a fee of about \$200 for the first half hour in the operating room, and \$100 to \$200 for each subsequent half hour (surgery can take one to five hours); then there is \$300 for the anesthesiologist, plus about \$100 for urine and blood lab tests, and \$20 to \$40 for each hour spent in the recovery room. These are average prices; they can vary widely enough to make shopping for the hospital worthwhile. Suburban Hospital has a special reduced rate for outpatients: about \$200 for the operating room and recovery room, no matter how long the operation takes. This facility is for patients who can go home the same day; if complications arise, however, you can be admitted to the hospital as an inpatient. You can also get reduced rates if you go to a teaching hospital and allow a resident to perform the operation.

There are advantages to an office operating room besides cost, insists Dr. Csaba Magassy, a plastic surgeon with an operating room in his Chevy Chase office and with a second office, for consultations only, in McLean. "There are a lot of sick people in hospitals," Magassy says. "People with gunshot wounds have been in the operating room. The incidence of infection in a hospital operating room is three times what I have here."

Magassy's nurse, Carol Wallace, adds, "You sense an attitude in the hospital of 'What are you doing here? You're not sick. I hate to go to hospitals. In fact, I had my nose done right here.'"

The office operating room must be fully equipped, with flood lighting, pulse and heart monitors, and oxygen and resuscitation carts, like those hospitals use. It cannot be an operating room by morning, an office in the afternoon. And even in the best-equipped office, operations that take several hours (body contouring), can involve blood loss (breast reductions), or involve an older patient (many facelifts) may lead to complications beyond the capabilities of an office setup. Take a look at the facility yourself, and discuss the matter with the surgeon.

Hospitals offer other advantages besides emergency equipment. Carol R. had no doubt she wanted her breast enlargement done in the hospital while she was completely knocked out, even though her surgeon said it could be done under a local anesthetic. "I wasn't awake for the delivery of my three kids either. I figured I'd be seeing them enough afterwards." She wanted the peace and quiet of a hospital. Even after two days' recuperation, she found that the strain of returning home, taking care of the kids, and returning to work a few days later was too much, too soon. She is happy

with the results—"I feel perkier, sexier"—but if she had it to do over again, she'd stay in the hospital longer and rest.

### Putting Your Best Face Forward

The "before" pictures show a sixty-year-old Washington lawyer with large puffy bags under her eyes, deep wrinkles, droopy eyelids, and a listless appearance. That was six weeks ago. Now, as the surgeon opens his office door, there sits the woman, wearing no makeup and looking twenty years younger. She is chatting merrily about an upcoming vacation to Greece. She looks better than the surgeon's "after" photos; she clearly is pleased with the facelift and eyelid lift. She just got tired of looking sixty, she says. She doesn't anymore.

Facelifts aren't new, and eyelid surgery goes back as far as the tenth century in Arabia. But even as recently as the turn of the century, surgeons who performed this "vanity" surgery were frowned upon and kept their techniques a secret. They were regarded as irresponsible for performing risky surgery for a non-lifesaving measure, according to Dr. Thomas Rees, a plastic surgeon at New York University Medical School and coauthor of *Cosmetic Facial Surgery*, the text read by every student of plastic surgery. Advances in anesthesia, Rees writes, have done much to reduce the risk and the stigma associated with facelifts. Publication of techniques has enabled surgeons to hone their methods.

There are no minimum or maximum ages for a facelift; nor do there seem to be limits on the number of times the operation can be repeated. Surgeons recommend having a facelift between the ages of 45 and 55 before advanced signs of aging appear. If you wait until age 60 or 70, the immediate results will be more dramatic but will not last as long as the results on a younger patient.

Facelifts can last five to ten years, or you may be back to square one in less time. Though it may appear that you've turned the clock back, time keeps on ticking. A facelift at age 50 may make you look 40, but your skin has the elasticity of your true age, so in five years you will look older than 45. Skin does not sag suddenly after a facelift; it ages normally. Fluctuations in weight or health can speed up the droop that gravity begins. If it's any consolation, the second facelift is said to last longer than the first.

Mini-facelifts, in which a strip of skin by the ear is lifted and reattached, have become popular recently, but most surgeons say they do little and don't last. Years ago mini-facelifts were the only operations performed. Now, more effective anesthetics have made the more drastic full facelift the only procedure worth

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Surgeons prefer to perform facelifts under a local anesthetic so they can watch the person's natural expressions. Incisions are made in the hairline at the temples, down in front of the ears, around the lobes, and up behind the ears, ending in the hair at the nape of the neck. The loosened skin is lifted, excess fat and tissue are removed, and the skin is then lifted up and back. The stitches are placed in the hairline—in the sideburns for men—so "only your hairdresser knows for sure."

Eyelids can be done separately, but are often part of a facelift. Basically this operation involves cutting out a section of sagging tissue, removing fat pads underneath, and stitching the skin back together, leaving a hairline scar above and below the eye. Both scars are virtually hidden in the natural folds of the smile lines.

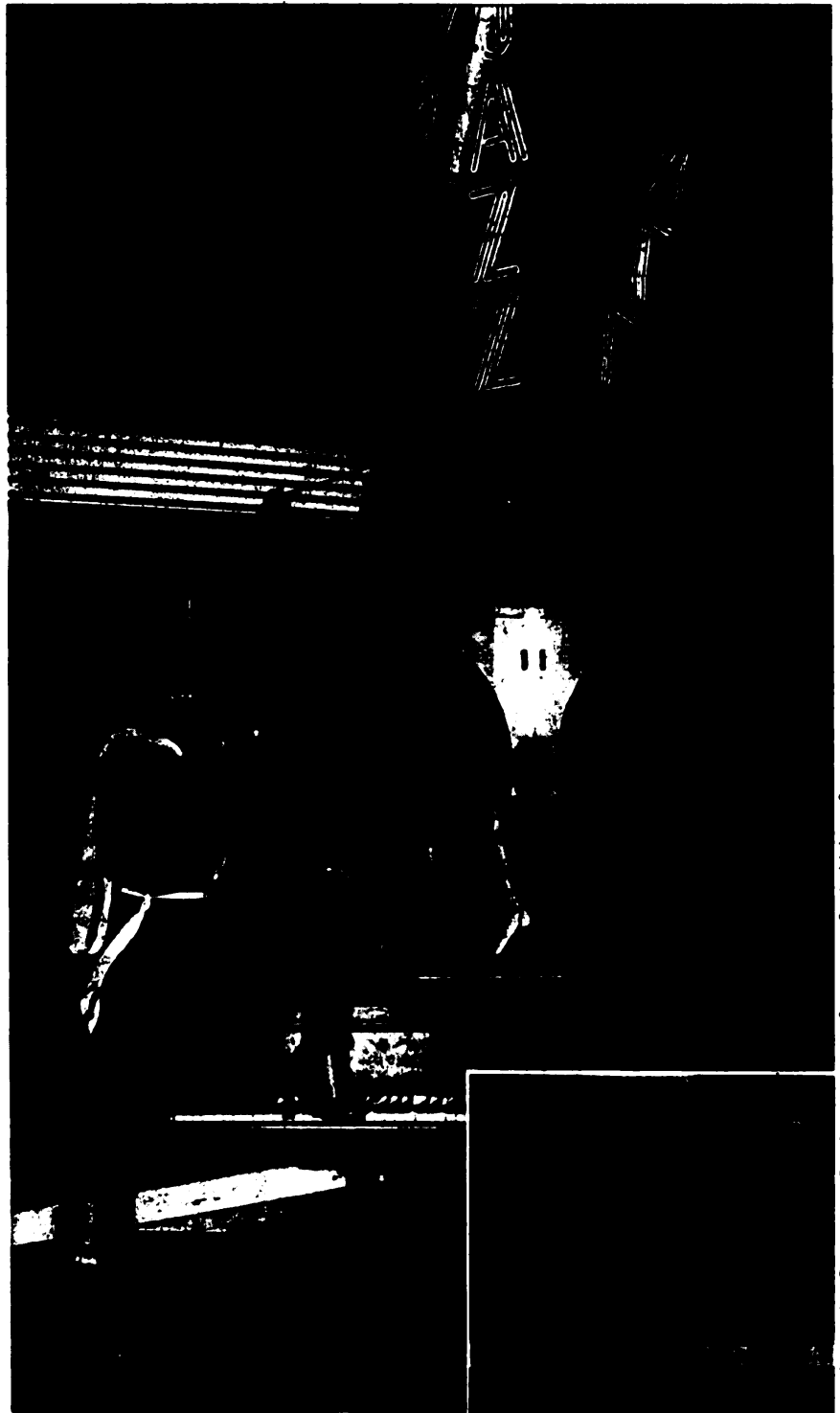
To get a rough idea of what a facelift could do for you, place your index fingers on your cheekbones in front of your ears cupping your hands around your jaw, place your thumbs on your neck, and lift up and back. The effect is exaggerated, but close.

The operation takes about two hours. Some surgeons send patients home the same day; others prefer they stay in the hospital for a couple of days. It is important to watch for blood clots, which occur in ten to fifteen percent of these operations and sometimes require further treatment. You may be able to go back to work within a week, if you don't mind others knowing you had a facelift. It will be hard to hide the fact.

"I couldn't wash my hair for a month," recalls Betty T., a public-relations officer in town. But even when they removed the bandages on the second day to reveal a swollen, bruised face, she was not discouraged. "I looked younger; my skin looked firmer." The serious swelling went down in a month. The surgeon did not declare the results final until three months had passed, but Betty had long since gone back to work amidst rave reviews. "I thought everyone would know immediately. But they just said, 'You look terrific. That rest must have really done you good.'"

She knows the results are not always so successful. In fact, a friend of hers who recently had a facelift now looks like she's wearing a tight mask. Nevertheless, Betty would do it again.

"I'm enjoying life now. I separated soon after the facelift—though it had nothing to do with it. But the facelift gave me the confidence to meet others and date." At age 52, it's not always easy to start over again. "I still have fewer wrinkles than I did before the facelift, which was eight years ago. I plan to do it



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again when the time comes. I strongly recommend it. People shouldn't feel guilty about it. We should look the best we can for the sake of the people who have to look at us."

The only surprise Betty has had to adjust to is a slight change in hairstyle. "I like hair to cover my ears, and now hair doesn't grow in front of my ears—that skin used to be on my cheeks." For a man who has had a facelift, skin once on his cheeks is now behind the ear, and he may have to shave there.

Although Betty felt cheerful afterwards, depression commonly follows this operation. It's not surprising. You've just paid anywhere from \$2,500 to \$4,000 and you look like you've gone the distance with Sugar Ray Robinson. Furthermore, you planned to use this time in bed to read a racy novel, only to find that for the first few days ointment must be applied to your eyes (after the eyelid lift) four times a day, which blurs your vision. But the pain is minimal, and once healing begins the results can be quite dramatic.

However, facelifts can do nothing for the myriad fine wrinkles around the mouth. The nerves in this area make it too dangerous for the surgeon to tamper with. To remove the wrinkles, surgeons often perform a chemical peel or a dermabrasion in this area, either at the time of the operation or six weeks later.

### Erasing the Lines

A chemical peel involves applying chemicals that actually burn the top layer of skin and connective tissue. It is a risky procedure; penetration of the chemical is difficult to gauge. Miscalculations can result in scars and blotches that are far more unsightly than the original wrinkles. Absorption of the chemical into the bloodstream can cause kidney damage. Some beauty salons in Washington offer "mild peels" with a facial, but even in a surgeon's experienced hands, "mild" chemicals can be dangerous.

Dermabrasion does mechanically what the peel does chemically. A high-speed sander, the size of a dime, rotates at 24,000 RPMs and sands off the top layer of skin. Dermabrasion can be effective against mild acne scars. Chemical peels are most effective in eliminating fine wrinkles.

The best candidates for either operation are fair-skinned people. Dark, thick, ruddy, or freckled skin may show uneven pigmentation in the new layer of skin exposed. Blotching can also occur if you are taking birth-control pills or estrogen.

In both operations, which each cost about \$250 to \$500, the skin is not a pretty sight afterwards—it doesn't peel and glow like a facial mask. Crusts form on the facial wounds. You cannot wash

problems for a male patient: "The association between the nose and the genital organs does exist, and it can easily be confused." Though some surgeons scoff at such Freudian notions, others acknowledge that this could explain why men seem less sensitive about big noses than women.

Nose jobs can be performed under a local anesthetic and on an outpatient basis, but, as with facelifts, many surgeons recommend a two- to three-day hospital stay. It depends on the nature of the correction. The operation is more complex and lengthy on blacks than whites because of differences in bridge structures.

For your \$1,000, you will look at first as if you'd been hit by a truck. The nose will be swollen, the eyes blackened (sometimes the whites are red), and you won't be able to breathe very well. Bruising clears up in a few weeks and swelling fades in a couple of months, but it is six months before the nose assumes its permanent shape. One receptionist, who got her new shorter nose from her boss, says it took a year and a half before the numbness at the tip of her nose subsided.

### As the Jaw Juts

The chin is often corrected along with the nose. Surgeons explain that you can fix the nose perfectly, but if the chin is not right, the nose will still look out of line and out of proportion. Chin implants cost from \$250 to \$600 and usually fall at the low end of that range if done in conjunction with a nose job or facelift. To build out a chin, a silicone implant is inserted through the gums or through a small incision in the chin. You can have the operation as an outpatient and go back to work in a couple of days.

### Busting Out All Over

"They tell me I will be dead for six months, in my coffin, and the rest of me will be bones—but my breasts will still be there," says Tammy Wolfe with a laugh, looking down at her ample endowment. She is sitting in her beauty shop in Lanham, Maryland; at 33, she also owns a cosmetics company, Dubuot International. An attractive redhead, she started off five years ago as a 32A. When her doctor finished the mammoplasty operation, she was a 36C. She is now carrying twenty more pounds on her five-foot-two frame and wears a 38D bra—when she feels like wearing a bra, that is. She doesn't need one.

"It's a tremendous relief to get up in the morning and be natural—no matter what it took to get that way," Tammy says. "You can greet the world without having to put on a padded bra. I used to wear padding inside the padding."

But no more. And since the operation,

## What Price Beauty?

For your \$1,000, you will look at first as if you'd been hit by a truck.

Tammy has had a baby and nursed the child, too. She has not shed the extra weight from that pregnancy. Still her breasts are firm, without being unnaturally hard. She is satisfied with the results.

"I had no more discomfort than having a tooth filled. I went to lunch afterwards. It's like buying a gift and then gift-wrapping it. This was my gift-wrapping."

Breasts—the most eulogized, scrutinized part of the female anatomy. Girls talk about them and yearn to feel them grow. Boys talk about them and yearn to touch. Girls buy "training bras" when there is nothing to train. The training is the waiting for those signs of blooming womanhood. This operation is for those women who are still waiting.

"After my second child, everything went *whoosh*—gone, completely flat," says Sharron Ratcliffe, 43, a makeup artist who does face makeovers for Watergate residents and for clients of Tammy Wolfe's beauty shop, among others. "I'm a big woman, five feet ten, and I was 36AAA. I was very unhappy."

Sharron stayed unhappy for years before she finally did something about it. Six years ago she had her face unceremoniously rearranged in a car accident. After the first operation to put her back together, she asked the surgeon if he would do a breast enlargement at the same time he was doing her second facial operation. "He said compared to the other surgery the prosthesis in the breasts would be simple. All I wanted was to be returned to a normal figure, the way I looked before the children."

Sharron is now a 36B and pleased about it. "It changed me. I can wear wraparound dresses, classic clothes. It

feels fabulous."

And there's an extra bonus, Sharron adds. If she should ever develop any signs of cancer (so far the incidence of breast cancer among women with implants is no higher than average), they will be easier to detect. The implant is placed beneath the breast, not on top of it, and therefore pushes out the breast tissue, making it easier to detect any foreign lumps.

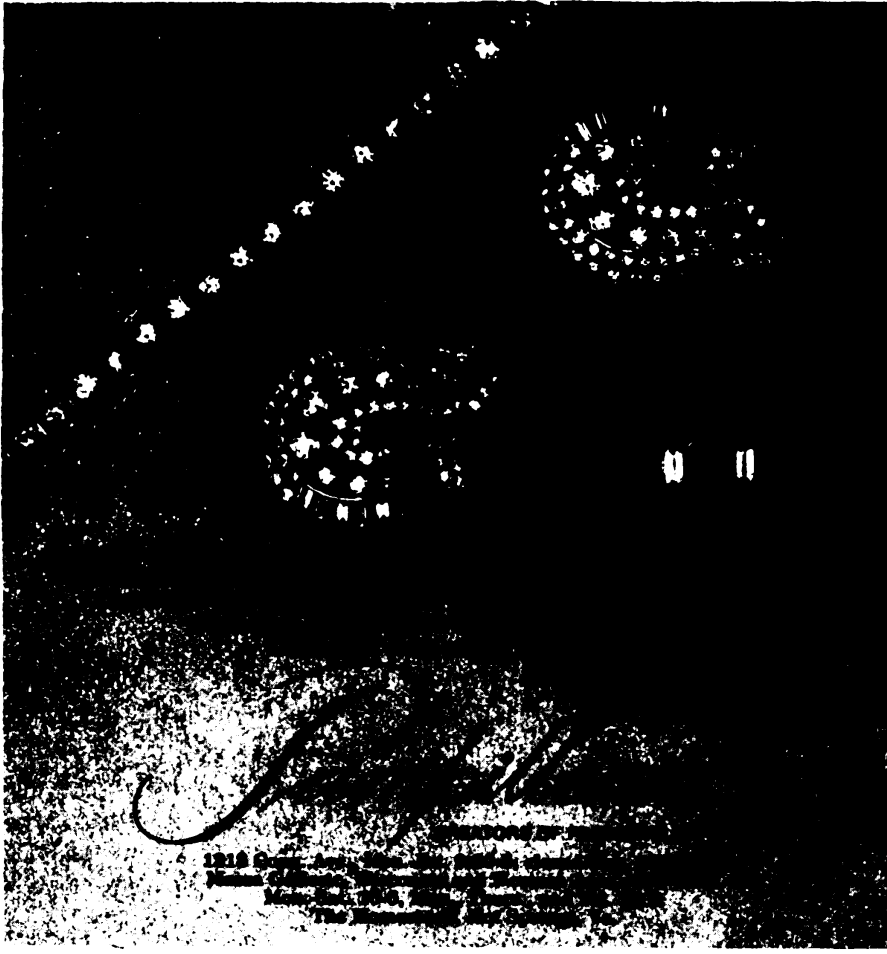
Breast enlargements began to be performed in the 1960s. At that time silicone gel was injected into the breast area. After a few years, the horror stories leaked out about breasts hardening like rocks, growing misshapen. The silicone wandered, often making lumps and creating infections. Reputable surgeons no longer inject silicone into the breasts. In fact, liquid silicone can be purchased only through the Food and Drug Administration, and the surgeon must agree to report on the results in every case. Dr. Clyde Litton of Washington is one of about a dozen plastic surgeons now experimenting with the substance—and "only to a very limited extent."

"The biggest danger is that you can't keep it confined to a part of the body," says Dr. Wilbur Latham. "It moves, and in addition to forming cysts and nodules, it can end up in the liver, kidney, lungs, or brain. It is also extremely difficult to remove if there is an infection."

Silicone arouses controversy. Litton believes it is safe when used carefully for minor corrections such as puffing out the wrinkles above the lip. Latham, on the other hand, believes it is advisable only in conditions such as facial atrophy, where half the face is sunken and no other surgical procedures can correct it. "But for little wrinkles," Latham says, "you're playing with dynamite to correct a small problem."

Silicone injections are not to be confused with silicone implants—silicone gel encased in a plastic bag. These inserts are used in breast enlargements and are largely regarded as safe. Other types of inserts are also used. Doctors Csaba Magassy and Bernard Scott Teunis, who in their joint practice claim to do half the breast enlargements in Washington, prefer an inflatable plastic bag filled with a saline solution much like seventy percent of the body's fluids.

Magassy does not believe the silicone implants are less safe, as Dr. James O. Stallings, an Iowa plastic surgeon, claims in his recent book, *A New You: How Plastic Surgery Can Change Your Life*. Stallings writes that he uses only the inflatable insert because with the silicone-gel implant "twenty percent of [women's breasts] turn rock hard." It is not the implant that hardens; it is the scar tissue that the body forms around the



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implant that makes the breast harden.

However, Magassy says he prefers the inflatable inserts because size can be controlled more precisely. Also, the fact that they can be inflated once inserted enables him to make a smaller incision and thus leave a smaller scar. If any hardness develops, it usually can be eased by removing some of the salt water with a syringe, without having to operate again.

The \$1,000 to \$1,500 operation involves making a small incision below the nipple or in the fold of the breast, creating a pocket area between the breast and the muscle, and slipping the insert into the pocket. Surgeons' talents show up in their ability not simply to make the scar small, but to create cleavage and position the breasts naturally.

## A Bosom Too Bountiful

Reducing the size of large breasts or lifting sagging breasts (a common condition following nursing) is a more complicated procedure than enlargement and leaves much more visible scars. Because this operation not only improves appearance but also can relieve backache and help alleviate other problems, such as the deep grooves worn in the shoulders by brassiere straps, the \$1,500 procedure often is covered by medical insurance.

The operation involves an incision around the areola of the nipple, down the middle, and into the fold under the breast. After fat and extra tissue are excised, the nipple is repositioned. In most cases, the nipples retain their sensitivity and feeling; if care is taken, the woman can even nurse afterwards.

The scars can be hidden by a bathing suit; but they will never disappear completely. Such scars would be totally unacceptable on the face; but hidden under clothes, they can be a fair exchange for gaining normal proportions or being freed from back strain.

## Body Sculpturing

Body sculpturing, as it is sometimes called, or lipectomy in the trade, can lift fannies, trim bulging hips and thighs, flatten tummies, and tighten sagging underarms. It can be done; but it is not done very often. The complicated surgery leaves large scars that cannot be hidden.

"Rio is the fanny-tucking capital of the world," says Dr. John Little. "It's a hedonistic culture where the women love to eat and overeat. They also love to lie on the beaches. It's common to see the scars. They mind those less than the fat. But those scars would be unacceptable to most Americans."

That's why a new technique being tried on the East Coast for the first time by Washington's own Dr. Bahman Teimourian sounds so promising. It is

still at the experimental stage, however. Dr. Teimourian says it involves the use of a Swiss machine that allows him to cut and suction fat cells from the thighs out through a two-inch incision.

"Fat cells are like brain cells," says Teimourian. "The number remains constant, but they get bigger and smaller. If removed, they don't come back in that spot." What happens to the extra skin once the fat underneath is gone? Teimourian explains that the thigh is wrapped tightly for a week to help the skin tighten up by itself. The operation, he says, is suitable only for young (under 35) healthy women with tight skin.

Others doubt that the operation can have widespread success. "It's been tried on the West Coast," says Dr. Magassy. "There were hematomas [blood clots] resulting when the fat was torn out. These hematomas can be as lumpy and unsightly as the fat." Magassy also believes the skin will not spring back.

Teimourian is confident but cautious. He says he has had success in the limited experiments so far. He has been asked to report on his procedure at an upcoming national conference of cosmetic plastic surgeons.

With the usual procedure for a thigh lift, Teimourian says, you are "exchanging one deformity for another—an unsightly scar. This new technique is a forty-five-minute operation versus three hours; it is an inch-and-a-half-inch scar versus a twenty-inch scar; it is one day in the hospital versus four to five. You compare."

### Hip, Hip Away

"Riding breeches" are bulging pads of fat on the hips and thighs. It seems to be a hereditary condition, unaffected by diet and exercise. Though more common among heavy women, it can afflict the thin as well. Some call the fat cellulite; but whatever you call it, doctors agree that only the scalpel can get rid of it.

Joanne R. had "riding breeches" and she didn't care what it took to fit comfortably into a pair of slacks. Her husband had died, and she felt too self-conscious to even consider dating. She traveled several hundred miles to Washington for the operation. She now wears pants two sizes smaller. The before and after pictures show the trade-off: The bulge has been diminished, but thick scars run across her thighs and under the buttocks. Still, she knew what the results would be and she was satisfied. Joanne is now planning to marry a man she met after the operation.

The operation, costing from \$1,250 to \$3,000, can involve a hospital stay of from four days to a week. Though the optimistic say you can resume normal

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activities in two weeks, others say you will walk with discomfort and will mostly have to lie flat on your stomach for three weeks so as not to split the stitches. Normal activities will have to wait for a month.

### Tummy Tucks

After pregnancy or extreme weight gains and losses, or simply with aging, potbellies can develop. The tummy lift, or abdominoplasty, is the most common of the body-sculpting operations because it leaves the least visible scars. Much of the scar extending from thigh to thigh can be camouflaged in the fold of the groin and the pubic area. Often stretch marks that were below the navel are excised with the extra skin. The navel has to be repositioned. Cost: \$1,000 to \$1,500.

Though you can and should move within a couple of days—moving in all operations is encouraged, to speed healing and minimize blood clotting—you will have to do so bent over. The stomach is swollen and sensitive for several weeks. Laughing is not a funny matter.

### A Farewell to Sagging Arms

The woman held her arms out to her sides. "See, no flapping," she said. The skin was still wrinkled, but the excess fat and droopy skin in the "before" pictures were gone. "And you can hardly see the scars," she insisted, turning her back to me and letting her arms hang at her sides. I could see the top of the scar, but most did seem to be on the inside of the arm. She plays tennis, she explained, and she was fed up with all that extra material flapping on every swing.

Though the \$500 to \$1,000 operation is not terribly complicated, healing is slow. You can't move your arms for about two weeks, and stitches in this area leave large scars. In this, as with all body-contouring operations, you have to want the trimming very badly to put up with the bodily wounds.

### Ear to Ear

Kathy L. is a striking, brown-eyed brunette who sells a secretarial service to prospective Washington employers. Her long hair is pulled back with decorative clips to let her ears show. Ten years ago she never would have done such a thing. She hid her floppy ears beneath her hair.

"Kids would tease me. So I always wore my hair over my ears." At age sixteen, she got her ears fixed. The surgeon made a tuck in the smooth outer edge that, in effect, pulled her ears back toward her head. "When I first woke up, the pain was unbelievable. My ears were padded and I had bandages all over my head. It looked like my head had been

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blown off. Other people on the hospital floor would shake their heads and say, "What a shame, dear."

When the bandages were removed, her ears stayed flat against her head. She feared she had exchanged one "weird" look for another. But they loosened up in a couple of months. Her only regret was that she hadn't done it sooner.

Surgeons say the earlier this operation is done the better, simply to avoid the psychological anguish that children are masters at inflicting upon each other. By age four to six, the ear has nearly completed its growth and can be adjusted. The operation costs anywhere from \$500 to \$1,000; and though most insurance plans don't cover it, Kathy says hers did. It pays to check.

### Hair Transplants

At age eighteen, Steven G.'s hair started coming out in clumps. "I realized that by twenty-one or twenty-two, I would be completely bald. By the time I was nineteen I looked at myself and thought: 'You're a freak.'"

The decision to get a hair transplant was not hard. "I went into the surgeon's office; he numbed my head and gave me some Valium so I didn't care. Then he took plugs of hair 'in their soil' from the back and sides of my head and put it in front where the hairline was receding. It wasn't painful at all; it just itched for a couple of days. I had to wear a bandage on my head and a hat for a while. In ten

days the scabs came off. Then the new hair fell out. [That is standard.] After three months it grew back again. Now that hair is stronger than my own hair in the middle of my head."

Hair transplants are the most common operation among men, although they can be done for women, too. The basic procedure is to take plugs or strips of hair, including the follicle, from the back and replant them in the bald area. The hair from the back and sides of the head is genetically the last to go and even when moved, it carries that long-living potential with it. Each plug is less than a half inch in diameter and contains ten to fifteen hairs. About fifty plugs, costing \$15 to \$25 each, can be done at one time. As this is not a great deal of hair, repeat plantings are usually done no less than a couple of weeks apart. Seven or eight sessions, at \$750 to \$1,500 per session, are not uncommon.

It is a lengthy process, taking a year to see the final results. The only requirement is that you have enough hair left to supply the bald spots and still leave the back and sides covered. If you're nearly bald, it is probably too late.

### Sexual Surgery

Operations for sexual problems fall into that gray area between cosmetic and reconstructive surgery. The correction enabling people to reach orgasm may not be exactly functional, but it is more than simply cosmetic—in this case a pleasant

feeling, rather than pleasant appearance, is the goal.

According to Dr. James Stallings's book, *A New You*, there are millions of men suffering from organic impotence who could be helped with a silicone implant. Half of all male diabetics—one million men—Stallings claims, suffer from impotence; and that is only one of the disorders that can produce erectile impotence.

Stallings says for those who still have the will, there is a way. Under a general anesthetic, two cylindrical rods are inserted into the shaft of the penis. These permanent inserts make the penis erect at all times. But Stallings says the rods are flexible and can be bent so that the patient has "no noticeable embarrassing bulge when he is wearing trousers." Bruising goes away after three weeks. Intercourse is possible within six weeks.

A gynecologist in Dayton, Ohio, performs an operation on women that he claims can help them experience "more frequent and intense orgasms." Last year he performed a hundred operations that move the clitoris to ensure direct penile stimulation during intercourse. It is said to be for the woman who can climax with clitoral manipulation but wants coital orgasm. However, many surgeons believe it is not worth the risk of tampering with delicate erectile tissue for a problem that may be, as one surgeon here said, "not between her legs but between her partner's ears." □

First of all, do not let your fingers do the walking. Anyone can get himself listed in the Yellow Pages under Plastic Surgeons by doing nothing more than paying the telephone bill.

The best bet is to ask friends who have had plastic surgery and are pleased with the results to give you the name of their doctor. If you don't know anyone who has had surgery, ask a hairdresser. For facelifts, at least, they can see the scars in the hairline and will know who has had one recently.

Half a century ago, the American Board of Plastic Surgery emerged as a qualifying board for doctors who had trained in surgery and who then went on to train for two to three more years in an approved plastic surgery training center. The board believes that only its "board-certified" surgeons can legitimately call themselves plastic surgeons. The Federal Trade Commission believes otherwise, and is currently investigating to see whether the board's attitude serves more to protect the profession (by limiting competition) than the public.

The FTC's argument is that though board-certified surgeons have gone through rigorous training, other

## How to Choose a Surgeon

specialists might be just as good. For example, otolaryngologists (ear, nose, and throat doctors) are certified in their specialty but not in plastic surgery. But they know about the nose, and they do perform surgery. So some could be as capable of doing nose jobs as many plastic surgeons. In fact, there are several ENTs doing plastic surgery in Washington. However, once they set up, few limit their practice to nose jobs; and how they can argue an expertise in the breast operations they perform is hard to explain.

When you ask the surgeon for qualifications, he or she will probably list various professional associations which all sound alike. Here is a decoder: Membership in any of the following means the surgeon is board-certified and has specialized in general surgery and plastic surgery: American Board of Plastic Surgery, American Association of Plastic Surgeons, and American Society of Plastic and Reconstructive Surgeons. The American Academy of Facial Plastic

and Reconstructive Surgery has members who are not necessarily certified as plastic surgeons but who must be certified by one of the other 22 medical certifying boards. The American Society for Aesthetic Plastic Surgery bases admission on peer review of the results of twenty consecutive plastic surgery operations, as shown through photographs.

So much for affiliations. The best bet is to check with the plastic surgery departments of various hospitals.

The most important thing is to talk to at least three different surgeons before choosing one. You will have to pay a consultant's fee, but that will be small in comparison to the final bill. And the process will help you feel secure in your choice. You must like and trust the surgeon or you shouldn't go any further.

A word on standard practices: Most plastic surgeons charge for the initial consultation—though they apply it to the cost of the operation—and ask for full payment in advance. You will also have to sign a release form which states that you have been told about all the risks and the surgeon has made no guarantees. It does not sign away your right to sue should something go wrong. □