

BODY WORK

What you should know about liposuction, rhinoplasty, breast reduction and tummy tucks *before* you decide to make the cut

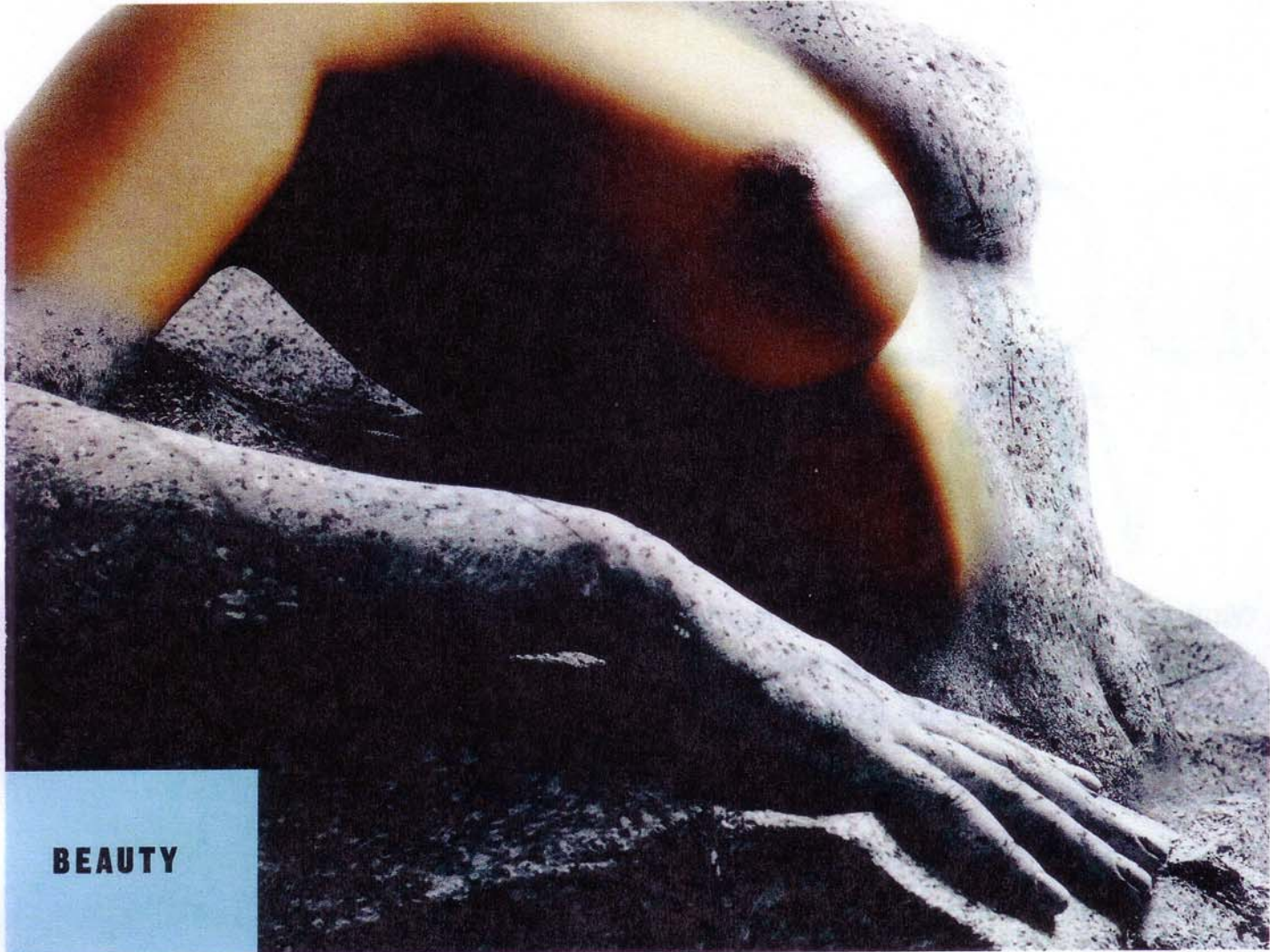
By Judith Zimmer

CORY SIMONE, 32, an entertainment executive from New Jersey, knew that all the diet and exercise in the world weren't going to change her blouse size—a women's 24—or her top-heavy physique. She knew because she'd already lost 40 pounds, only to have it creep right back around her bust and waistline. But after seeing the changes in a coworker who'd had breast-reduction surgery, Cory decided to check out plastic surgery for herself.

In 1995 she met with Dr. Andrew Kornstein, a New York City plastic surgeon board-certified by the American Board of Plastic Surgery, to discuss her options. Her goal was to bring about an immediate change in her body that would provide an incentive to lose weight and maintain that loss through diet and exercise. Kornstein suggested liposuction to remove fat from Cory's upper stomach and back. Cory had the procedure done and has been very pleased with the results. "I began to work out again," she says. "The liposuction made it easier to maintain my weight. The way I looked motivated me." A year later, she returned to Kornstein for breast-reduction surgery. Now she's a size 14.

"Up until then I had worked on loving myself as I was," says Cory. "I accepted myself. People might say, 'Why spend the money?' But after 30 years, I learned that I was worth it. I wanted to be the best me I could be. It's not that I would say every heavyset woman should get this done. It was my personal journey." ▸

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Cory's decision to turn to plastic surgery is becoming more common among Black women. The American Society of Plastic and Reconstructive Surgeons (ASPRS), an organization that represents 97 percent of all board-certified plastic surgeons, reports that the number of African-Americans seeking plastic surgery is slowly rising. We account for 6 percent of their members' patients, up from 4 percent in 1992.

"More African-American women are choosing to have cosmetic surgery because they realize they can make improvements in their appearance," says Dr. Robert Dennis, associate professor of surgery and chief of plastic surgery at Howard University in Washington, D.C. Ninety-nine percent of his patients are African-American. "People used to feel that plastic surgery was only for Hollywood types. And when cosmetic surgery became generally available in the 1960's and 1970's, it was associated with White people."

Today there are many surgeons around the country who are experienced in working with our skin and minimizing the risk of keloids, while making facial changes that are in keeping with our physical heritage.

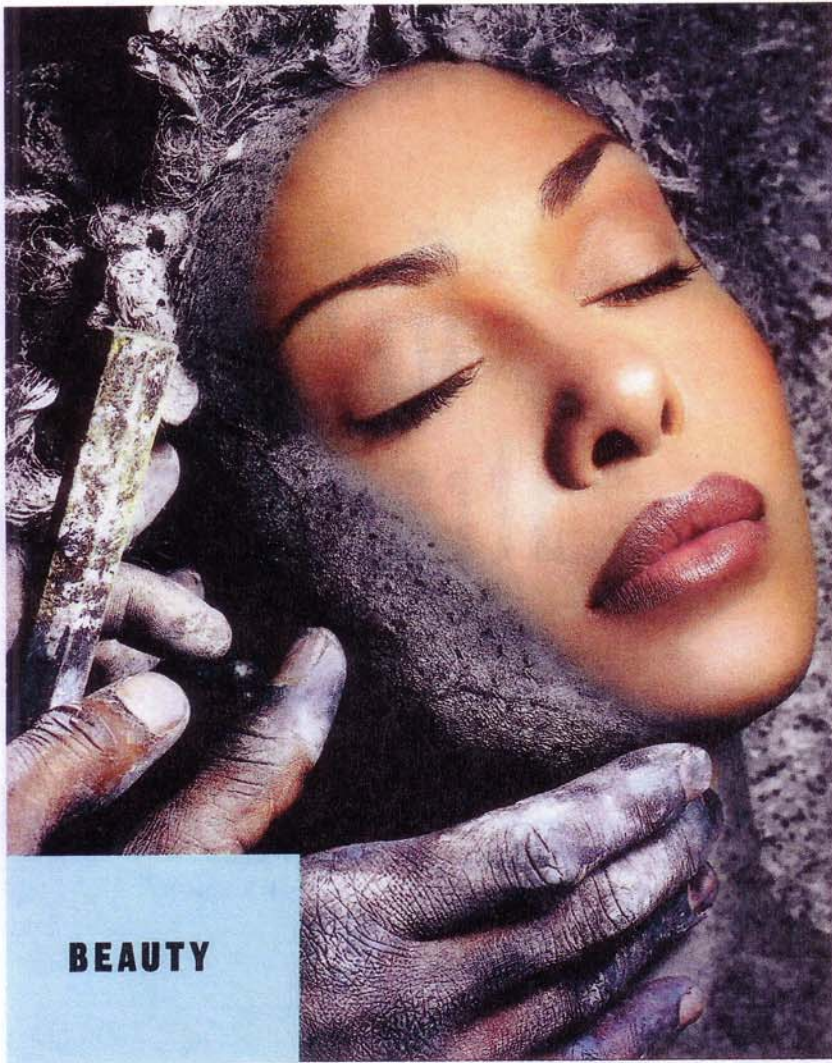
"In the last 10 to 15 years, our perception of beauty has changed," says Dr. Lloyd Gayle, assistant professor of surgery and chief of microsurgery at New York Hospital's Cornell

Medical Center. Gayle specializes in reconstructive surgery; 25 percent of his patients are African-American. "Look at the models. You see more African-Americans, more Asians, who are accepted for their unique beauty." Gayle notes that in the 1980's it was not unusual for an African-American woman to want a more Caucasian look, especially when it came to her nose. "But now it is much more common to be asked to create a nose that fits the patient's features," he explains.

MAKING THE DECISION

Many women elect to have cosmetic surgery when a part of their body makes them self-conscious or uncomfortable. "After the surgery, my patients say they have a more positive self-image," says Kornstein. He reports that liposuction is the number-one procedure chosen by his African-American patients—who constitute about 40 percent of his practice—followed by rhinoplasty. While plastic surgery can enhance your appearance, it should not be sought as a quick fix to get you that job, relationship or lifestyle you desire. So it's important to explore the motivation behind wanting to have cosmetic surgery.

Once a woman has selected a plastic surgeon, she'll have one or more sessions with her doctor to discuss goals and establish realistic expectations. "It's [CONTINUED ON PAGE 20]



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important for patients to understand that after surgery they will still be themselves," says Emily Pollard, M.D., assistant professor of surgery at Allegheny University of the Health Sciences in Philadelphia. Pollard specializes in breast surgery, including reduction and reconstruction. She says, "If you're a big-boned woman, you won't become a size 2."

According to Pearlman D. Hicks, Jr., M.D., in Beverly Hills, some prospective patients go so far as to bring in pictures from magazines hoping to be transformed into look-alikes of the models and celebrities featured. "I probably turn down one out of ten patients because they have unreal expectations," says Hicks.

BODY-CONTOURING PROCEDURES

When it comes to plastic-surgery procedures, ASPRS reports, most African-American women are looking for body contouring—liposuction, breast reduction, tummy tuck, rhinoplasty—as opposed to face-lifts. Body-contouring procedures can be performed in a hospital, physician's office or ambulatory-surgery center. Fees for these surgeries do not include anesthesia or operating-room expenses. And remember, plastic surgery, like any surgical procedure, involves serious risks—scarring, less-than-desirable results, infection, complications with anesthesia, and, in extreme cases, blood clots

or even death. The more informed you are about any procedure, the better.

Liposuction and Lipoplasty

What it is: Liposuction is the removal of unwanted fat, usually from the neck, arms, hips, abdomen, inner and outer thighs, knees or buttocks. A hollow suction tube—a cannula, which is attached to a vacuum—is inserted into small incisions in the skin. The fat is removed through the tube. Reducing the fat layer between the muscle and skin allows the skin to shrink down closer to the muscle. Often two or three sites are done at the same time.

Newest techniques: The most common, state-of-the-art technique is called Tumescent. It involves an injected solution of salt water, lidocaine (a local anesthetic), and small amounts of blood-vessel-shrinking adrenaline. Injected into the fat prior to the procedure, the solution numbs the tissue and shrinks the blood vessels, reducing pain, swelling and bruising.

An even newer, more controversial technique still being studied is ultrasound-assisted lipoplasty: Ultrasonic energy is applied to the site via a probe inserted into the fat. The sound waves target the fat cells, breaking them up without affecting surrounding blood vessels and tissues. The fat is then removed with low-volume suction. The technique is supposed to reduce postoperative swelling and bruising. Ultrasound is considered helpful in areas of the body where there is connective tissue, and not just fat, such as the abdomen and back. To do ultrasound liposuction, surgeons need additional training.

Type of anesthesia: General, or local with sedation.

What can go wrong: The skin may heal smoothly but with bumpy, uneven contours. With a large amount of fat removed, there is the remote possibility of fluid accumulation that must be drained off.

Length of procedure: About two hours, depending on the number of sites.

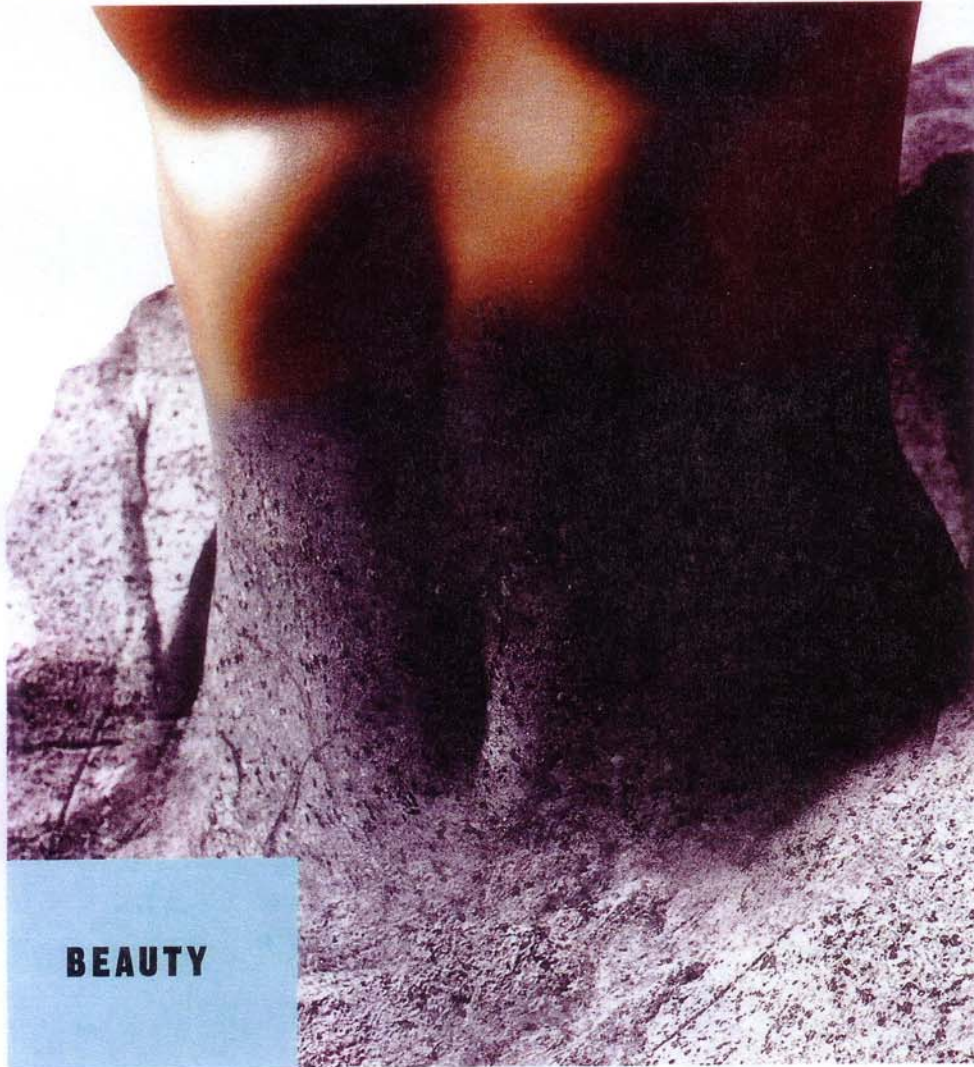
Healing time: Most patients are up and around the next day and back to work in two to three days. Very small scars are left, and the surrounding skin starts to shrink immediately after the procedure. Black-and-blue bruising is gone in about two weeks.

Cost and insurance: \$1,500–\$2,500 for a single site. Not covered by insurance.

Rhinoplasty

What it is: Rhinoplasty surgically changes the shape of the nose. For most African-American women, rhinoplasty usually involves contouring and adding definition to the bridge or tip.

Newest techniques: Surgery can be done two ways: (1) the closed procedure, during which incisions are made inside the nostrils; and (2) the open procedure, where an incision is made across the columella, the strip of tissue separating the nostrils. Which technique a surgeon uses depends on the shape of the nose or the method the physician is most comfortable with. Where augmentation is [CONTINUED ON PAGE 22]



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needed, cartilage from the middle of the nose as well as other parts of the body—ears or ribs—may be used.

What can go wrong: The patient may not like the aesthetic result and will want a revision. The newly formed nose may make breathing difficult. The open procedure may form keloids.

Type of anesthesia: General, or local with sedation.

Length of procedure: One to two hours.

Healing time: Within a week the bandage comes off and the patient can return to work. Swelling goes down within the first few weeks. Black eyes and bruising occur only if the doctor had to break the nose to change it. This fades within two weeks.

Cost and insurance: \$2,700–\$4,700. Surgery may be covered by insurance if the nose structure impedes breathing.

Breast Reduction

What it is: Breast reduction is the removal of skin, fat and breast tissue from very large breasts. The procedure is usually not considered cosmetic surgery because it is often performed to relieve physical ailments—such as back and neck pain or skin irritation—caused by large, heavy breasts.

Newest techniques: The most common surgical technique involves an incision around the areola (the colored ring

around the nipple), extending downward on two sides. The nipple and areola are lifted up and tightened, and excess skin and fat are removed from the side or under the breast.

What can go wrong: The surgery can leave permanent noticeable scars. The breasts may differ slightly in size or the nipples may be unevenly positioned. Some patients may lose feeling in their nipples or breast. The procedure may also affect the ability to breast-feed.

Type of anesthesia: General.

Length of procedure: Two to four hours.

Healing time: Breast reduction is most often performed in a hospital and requires only an overnight stay. Most women are back to work in 10 to 14 days and are advised to avoid heavy activity for four weeks.

Cost and insurance: \$4,700–\$6,400. The procedure may be covered by insurance if there are documented related medical problems associated with large breasts.

Tummy Tuck and Abdominoplasty

What it is: Whereas liposuction just involves removing fat, the tummy tuck is a more extensive surgical procedure that removes excess skin and fat from the lower abdomen and involves tight-

ening the abdominal muscles. Patients who opt for this procedure—which is often performed in conjunction with liposuction—do so to alleviate a protruding or overhanging stomach, loose abdominal skin, lax muscles and stretch marks.

Newest techniques: A tummy tuck usually requires a hip-to-hip lower-abdominal incision along or above the pubic hairline. Another incision is made to separate the navel from surrounding tissue. The surgeon lifts the skin from the abdominal wall to tighten the muscles there and to remove excess skin and fat. When fat deposits are below the navel, a partial abdominoplasty, which involves a smaller incision, can be performed instead.

What can go wrong: Sometimes a second operation must be performed if poor healing has resulted in conspicuous scars.

Type of anesthesia: General, or local with sedation.

Length of procedure: One to two hours for partial abdominoplasty. Two to five hours for complete abdominoplasty. The procedures can be performed on an outpatient basis or with a short hospital stay. A tummy tuck is sometimes performed at the same time as hernia repair, hysterectomy or removal of fibroids.

Healing time: Most women return to normal activity after two to four weeks.

Cost and insurance: \$3,800–\$5,200. These procedures are not covered by insurance.

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Black women who've opted for plastic surgery say they've done so primarily for two reasons: to feel more comfortable with their bodies and to look better in their clothes. Here's a look at some of the most frequently sought surgical changes sisters are making. Before and after, from top to bottom: A full, round nose receives greater definition through bridge augmentation and contouring by Steven B. Hopping, M.D., of Washington, D.C. Heavy, pendulous breasts and a stomach that has



BEFORE



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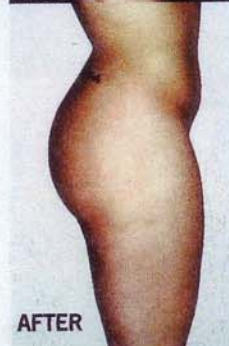
BEFORE



AFTER



BEFORE



AFTER

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lost its tone and elasticity are "re-sculpted" by breast-reduction and tummy-tuck surgery at the hands of Robert H. Dennis, II, M.D., of Howard University. Many women are using liposuction to reduce localized fatty deposits they say are resistant to their most diligent efforts to reduce them with a low-fat diet and regular exercise. The fatty areas along this sister's back and between her waist and hips (pictured in the before image) are diminished after liposuction performed by Andrew Kornstein, M.D., in New York City.

A PROCEDURE PRIMER: WHAT TO LOOK FOR

Patient, beware. If you are considering plastic surgery, choose your surgeon carefully to ensure that you get the best cosmetic and surgical results possible. Note that it's legal in most states for any physician with a medical license to advertise as a plastic or cosmetic surgeon. Also, there are a lot of official-sounding certifications and organizations that don't mean anything in terms of qualification. To find a well-trained plastic surgeon, use these guidelines:

1. Make sure your doctor is board-certified. There is one way a plastic surgeon can become certified, and that is through the American Board of Plastic Surgery (ABPS), the only board recognized by The American Board of Medical Specialties. To make sure your physician is certified, call ABPS at (800) 635-0635, or visit the ABPS Web site at www.plasticsurgery.org. ABPS-certified physicians have graduated from an accredited medical school and completed three years of general-surgery and two years of plastic-surgery training. *The physician must have practiced plastic surgery for two years before passing a written and oral exam.* Board certification is recognized nationally, but a physician must be licensed and in good standing in a state in order to practice there.

2. Find out if the physician has hospital-admittance and transfer privileges. Even if surgery is to be performed in the office or surgery center, ask the physician whether she has admitting privileges at a hospital. A dermatologist can perform liposuction in his office, but if he does not have hospital-admitting privileges for that purpose, it is a sign that the hospital does not recognize him as qualified to perform liposuction. To inquire about credentials, call a hospital and ask for the medical board or medical staff-credentials office.

3. Make sure that the office or surgery center where the procedure will be performed is accredited. Organizations like the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF) require that office and other surgical facilities maintain accreditation. Call the AAAASF at (888) 545-5222 to find out if a facility is accredited. It's also a good idea to visit the location to see if you feel comfortable with the physician and staff, and to make sure they are professional.

California, Florida, Georgia, Pennsylvania, Ohio and Nevada are the only states that have passed legislation requiring ambulatory-surgery centers using more than local anesthesia to be licensed, Medicare-certified or accredited by an agency like the AAAASF. Other states, including New York and Washington, have pending legislation.

You should call your state's medical board or association to find out whether there have been complaints about any physician you are considering. Call the Federation of State Medical Boards at (817) 868-4000 to find the board in your area.

4. Ask that an anesthesiologist be present for the surgical procedure. Although plastic surgeons are not required to have an anesthesiologist present, it's best if they do. Offices and facilities accredited by the AAAASF require that an anesthesiologist or certified registered nurse anesthetist be present when general and local anesthesia is used.

5. Make sure the surgeon understands and is experienced in delivering the aesthetic look you are seeking. It's important to feel comfortable with, and to trust, your physician. "The best thing is to find a physician who is willing to show you the results of his work, and to allow you to speak to other patients," says Dr. Robert Dennis of Howard University.

6. Ask the physician how he or she handles scarring. Although the majority of plastic surgeons are aware of the tendency we have to develop keloids (scarring or the overgrowth of fibrous tissue), it's important to find a doctor who knows how to deal with it.

If you know that your skin has such a tendency, discuss this with the surgeon ahead of time. Several different treatments can minimize scarring or reduce it after it occurs. One of these is Kenalog, a steroid medication that is injected into the surgical site. But this treatment should be used only on patients with a history of scarring. Dennis explains, "If you have had no previous operation or previous scar, we won't know whether you will develop keloids." Opt for a physician who is familiar with Black skin and keloid treatments, and who is committed to monitoring you closely after the procedure. ♦

Judith Zimmer has written about health for The New York Times and other publications.