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APPEARANCES

Fill 'er Up!

By DAPHNE MERKIN

The times they are a-changing, slowly but surely, when it comes to the obsessive pursuit of an eternally dewy appearance. If your face looks older than you feel but the thought of the operating table frightens you more than your reflection in the mirror, you haven't been paying close enough attention to the latest turn in the ever-evolving field of cosmetic rejuvenation. For the past decade or so, a quiet revolution has been taking place in the way the signs (also referred to, in the withering clinical manner, as "stigmata") of facial aging have been dealt with. The mighty face lift, once regarded as the prime weapon in the aesthetic armamentarium, is no longer the only — or, in some cases, the most desirable — option for the woman who is unwilling to resign herself to wrinkles, furrows and sunken cheekbones. These days the contours of a youthful face are just as likely to be recreated with a humble syringe as with a gleaming scalpel.

The traditional emphasis on surgery to excise and suspend the skin is now being complemented, and on occasion even replaced, by a new focus on restoring volume through the use of injectable dermal fillers. "Volume is half the issue," observes David Hidalgo, a New York plastic surgeon. "There's a place for addressing it, much more so than we recognized in the past." Although a small group of doctors, both here and abroad, have been proponents of this method for going on two decades, the demand for "lifting by filling" has grown exponentially in the past few years. This surge of interest is owing to a number of factors, including refinements in techniques, the shorter recovery period, the trend toward more frequent, less invasive procedures as well as a shift to a more natural, less Jocelyne Wildenstein look; and, perhaps, most significant, continuing advances in the materials. With the exception of collagen and human fat, most of the newer fillers (including a form of collagen derived from, take a deep breath, the cells of infant foreskins) have been F.D.A.-approved only for the past two or three years. These fillers have the sort of dreamy names — Restylane, Hylaform and Captique — that are easy to confuse with the names of sleeping pills, and they can be injected more aggressively to combat deeper grooves in the skin. They are often paired with Botox, the paralytic toxin that has been around since 1990 as a temporary muscle relaxant and has come to be synonymous with preternaturally smooth foreheads (and, all too frequently, a Stepford Wife lack of expression).

This is not to sound the death knell for face lifts; for some problems, like the laxity or redundancy of skin that results in ignominious turkey wattles and drooping jowls, they remain the definitive answer. But for a specified number of changes — which have less to do with the inexorable effects of gravity than the tendency of skin to lose its pleasing Scarlett Johansson-like fullness as we get older, leading to such perceived defects as crow's feet, frown lines, nasolabial folds and the appearance of hollowness around the eye — fillers are the way to go. "The techniques are not exclusionary," points out Gerald H. Pitman, another Manhattan practitioner who, like Hidalgo, often uses Botox and live fat grafts as an adjunct to surgery. "For

many patients who come with problems of aging, it's a combination of loss of volume and loss of skin elasticity. The really nicest results," he adds, "are in patients who have a little of both."

Sydney Coleman, the plastic surgeon who is widely credited with pioneering the techniques for grafting live fat, suggests that the emphasis on adding rather than subtracting — restoring rather than "tailoring," as he terms it — is not as new as it may seem. "The first plastic surgeons to approach the face with volume," he points out, "were in the early 1900's. In the preface to his seminal textbook, "Structural Fat Grafting," Coleman notes that the first book on the subject of cosmetic surgery, published in 1911, "devoted more than one-fourth of the text to the use of hydrocarbon filler injections (paraffin and petrolatum jelly) for facial augmentation." Doctors abandoned this process after 1920 because of complications — "failing to recognize that it was the product," Coleman writes, "not the process, that needed to be improved."

Meanwhile, over on the other side of the Atlantic, an Algerian-born Frenchman named Jean-Louis Sebagh, who honed his surgical skills in Los Angeles in the late 80's after training in Paris, looked into the future, saw injectable volume restoration coming round the bend and thereby became a virtual demigod for women who preferred not to wear marionette or frown lines to lunch along with their bling. Having abjured the knife in favor of "surgery with a syringe," Sebagh spread the gospel of Botox in the early 90's before moving on to the wrinkle-zapping wonders of fillers (attracting throngs of anxious women to his London and Paris offices along the way). Sebagh's pared-down antiaging skincare line, which includes science-kit vials of powdered vitamin C to be blended with various moisturizers, a Mrs. Piggie-Wiggle-like elixir named Dark Circle Powder to be added to an eye cream, an apricot-colored "Deep Exfoliating Mask" that feels as if it's communing with your skin, an overnight "Serum Repair" as well as a wondrous little potion called Essential Glow, was introduced not long ago at Barneys New York and in Bliss catalogues. He also recently came out with a new filler technique, which claims to restore and tighten all three levels of facial tissue. The procedure, christened D.R.E.A.M. Sculpture, makes use of a hyaluronic acid filler that is not yet approved for use on these shores. (European endorsement of aesthetic procedures typically precedes F.D.A. approval, although some dermatologists and surgeons have circumvented these tighter strictures through an "off label" use of fillers that have been designated for other purposes, like Sculptra, which has been approved only for patients with an H.I.V.-related loss of fatty tissue.)

Having read so many drooling press notices about this European youth guru, I figured I'd drop in on Dr. Sebagh's practice at 25 Wimpole Street — the same street where the medical establishment held thick-headed sway in Virginia Woolf's day — when I was in London some months ago. Seven o'clock of a Wednesday evening finds me cooling my heels in Sebagh's whimsically decorated office, which features artwork by his children as well as white Formica drawers bearing labels like "Intubation." The 51-year old Sebagh is a dark-eyed charmer who clearly understands what makes women tick — and better yet, especially in the Fountain of Youth business, spouts a seductive mixture of common sense and blunt opinions. (He prefers the term "age maintenance" to "antiaging"; says that American women are "pushed to surgery"; that face lifts are treated "like the messiah"; and that American aesthetic medicine is "backward.") Sebagh says he believes the resistance among surgeons to using fillers is more about professional ego ("It's not noble," he says dryly, "for a plastic surgeon to deal with syringes") and a lack of knowledge ("the technology can be overwhelming") than about fundamental philosophy. He also makes no bones about the fact that you have to start thinking about aging early: "Some women wake up too late. You're like a ruin."

The curious part is that I leave Sebagh's office feeling reassured rather than alarmed — notwithstanding the fact that the one injectable boost he gives me backfires by his own admission and leaves me with a tiny but vivid bruise for days. Perhaps this is because, unlike other rejuvenating magicians I've talked with, he manages to make the campaign to ward off the ravages of time sound pleasant and reasonable, nothing to get up in arms about as long as we are in it together. I suspect that it is this air of sang-froid, as much as his discerning eye and much-touted golden touch with a needle, that endears him to his patients.

Finally, of course, fillers are big business — one treatment with Botox can cost \$1,500, while one syringe of Restylane goes for about \$750. And where there is money to be made, there are turf wars (who has proprietary rights to fillers, dermatologists or surgeons?) and internecine battles (live fat as opposed to frozen fat?) to be waged. But as long as the demand for filler-related procedures continues to grow, the search for longer-lasting fillers will go on (Juvederm is the next one in the lineup for F.D.A. approval), new cosmeceuticals will be introduced (the latest, Tozzi Repair and Restore, a skin-care line aimed specifically at skin pre- and post-Botox injections) and the debate will continue to rage as to how far any of the gentler interventions will take an aging face. "There is no such thing as a nonsurgical face lift," says the cosmetic surgeon Steven Pearlman, who turns to fillers mostly to augment surgery. "Volume is frequently a large part of the issue but not the only issue." Hidalgo concurs that there is "only so much you can do with injectables. I can highlight things, enhance contours, put the icing on the cake. It's not common that I can solve major problems."

Then there is the view of Fredric S. Brandt, a dermatologist whose enthusiasm for what fillers can achieve (he is the world's largest user of Restylane) is matched only by his deftness with them: "I have patients," he observes, "who will do anything not to have surgery. Not everybody wants 100 percent." Going on to caution that "none of these procedures stop the clock from ticking," Brandt describes the rejuvenating concept du jour as "customized. Not one thing does it all. It's like taking a suit to the tailor: you may have to shorten the pants and pad the shoulders." So step right up, ladies, and take your pick. It's a buyer's market of smooth-skinned dreams out there.

Daphne Merkin is a contributing writer for the magazine.

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