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# The fat came back!

## ...and other liposuction surprises

Women who shouldn't be having lipo are getting it anyway—often from doctors who shouldn't be performing it. The results aren't pretty.

**D**EBORAH LASLO HAD ALWAYS HAD A GREAT figure. A former swimsuit model, the Los Angeles flight attendant was 5 feet 7 inches tall, weighed 115 pounds and wore a size 2. "I had a 25-year-old's bottom on a 40-year-old body," she recalls. Still, she had hang-ups; her inner thighs seemed to inch closer together with every passing year. Rather than let age win, she decided to get liposuction.

Unfortunately, instead of emerging from surgery looking like "a lean racehorse," as her doctor had predicted, "I looked like a shark bit me in the butt,"

Laslo says. And that pert bottom she'd taken so much pride in? The doctor tried to touch it up, but instead, for the first time in her life, it was sagging. "All of a sudden, I had a 50-year-old's butt. I couldn't even sit on the jump seat," she recalls, referring to the fold-down shelf flight attendants buckle into before takeoff. "I had no padding. My butt bones felt like they would go right through."

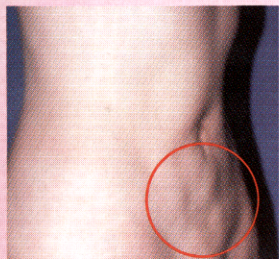
Her surgeon offered to extract more fat and reinsert it where some of the original 1,200 cubic centimeters (about 2 pounds) of fat had initially been removed, but Laslo says that made matters worse. "I had eight holes in me. Then he tried to correct it and made four more." She was left with a dozen scars, each at least the size of a pencil eraser. (Laslo sued; her surgeon settled.) "I went to the best plastic surgeon, but it turns out the guy had very minimal training in that kind of lipo."

Liposuction, the surgical removal of fat from beneath the skin using a



Lipo veterans find fat can reappear in the oddest places.

### WHEN LIPO GOES BAD



When it comes to fat sucking, more is definitely not better. From top, the scary results of overzealous liposuction done on a tummy, thigh and butt.

narrow tube attached to a vacuum pump, is more popular than ever. According to the American Society for Aesthetic Plastic Surgery in Los Alamitos, California, it is the number-one cosmetic-surgery procedure, a nearly \$1 billion industry unto itself. In 2001, Americans at war with their bulges opted for lipo 385,390 times—an annual total that has more than doubled since 1997. Eight in 10 customers were women.

Respected New York City plastic surgeon Gerald H. Pitman, M.D., who has performed liposuction since its early days in the mid-1980s, says that when the procedure is conducted by an experienced and board-certified plastic surgeon, it is a safe, permanent solution for people at normal weight who have uneven fat distribution. "This operation has a huge success rate for women with thighs that are bigger than they like," says Dr. Pitman. "Thigh fat is diet-resistant fat, and there is no other treatment for it. For these women, liposuction is an unequivocal home run."

At the same time, the lipo explosion has yielded some troubling trends. With so many surgeons doing the procedure,



people who experts say are poor candidates—skinny women like Laslo or women more than 30 pounds overweight, for whom lipo may be not only ineffective but dangerous—now have no difficulty finding doctors willing to siphon off their fat. And as Laslo's story illustrates, lipo performed by under-trained or overeager practitioners can lead to disaster. Even when things go more smoothly, many patients are underwhelmed. As many as 1 in 10 have a second surgery to tweak their results, says Dr. Pitman.

Moreover, as the liposuction industry grows, women hear more about the joys of having less fat and less about the horrors of having too little. Women who think the procedure is a substitute for a healthy diet and exercise may be dismayed to discover that both are even more necessary after surgery to prevent fat from coming back—often in places where it never was before. Strange bulges, scarring, a darkening of the skin and cellulite: These are but a few of liposuction's common but unadvertised side effects.

THE IRONY IS THAT MEDICALLY SPEAKING, LIPO HAS GOTTEN MUCH safer to perform. According to a survey published in 2001 in the *Aesthetic Surgery Journal*, risk of death from the procedure dropped from as high as 1 in 5,000 prior to mid-1998 to about 1 in 47,000 in 2000. Smaller, more delicate instruments and new drugs to reduce bleeding have made the surgery more localized and less traumatic.

But there is a downside to progress: Surgeons are increasingly learning on the job. Many perform lipo as a sideline rather than a specialty; it's now done by dermatologists, gynecologists and others who aren't certified plastic surgeons. "Each time a new technique comes out, if you're the first person the doctor is trying it out on, his ability to orient himself is impaired. And something new comes out every year," says Sydney Coleman, M.D., a New York City plastic surgeon who specializes in correcting liposuction deformities. "Unless you want to be a guinea pig, make sure you're the 100th patient."

Undertrained surgeons risk the cardinal sin of liposuction: removing too much fat. That risk soars when they work on patients who don't have sizable pockets of fat in the first place. "It's not what you remove. It's what you leave that's important," says Dr. Coleman. "I've seen frightening cases, especially on the inner thighs, abdomen and arms. It's like a battlefield—little craters and irregularities. When so much structure is removed, skin doesn't know what to do. It wrinkles."

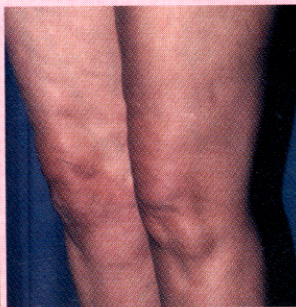
Dr. Coleman is one of several surgeons around the country using fat grafting to restore contour to bodies disfigured by lipo. "He took [fat from] my tummy and back—enough to fill the holes," Laslo says.

## FIXING THE MISTAKES

Sydney Coleman, M.D., weaves bits of a patient's own fat into lipo-ravaged areas, a technique he calls LipoStructure.



Lipo left this woman's inner and outer thigh deformed.



She had three fat-grafting procedures, with these results.

"Now, I have no ripples. I can wear shorts again. He gave me back my life."

Even as practiced by the most experienced surgeons, liposuction can have after-effects that are surprising—and not in a good way. Doctors say patients have reported lumpy backs, bulging upper arms and breasts swollen to disproportionate size.

The average woman has 40 billion fat cells in her body. When you put on weight, that number remains the same,

but each cell gets bigger. Liposuction reduces the number of cells you have, but it doesn't prevent the cells that remain from bulking up. If you were overeating to begin with, you need to eat less after surgery than you did before, or you *will* regain the weight. Where you gain it is anyone's guess. "Some patients can eat faster than I can suck," acknowledges Dr. Pitman. "Liposuction works, but if the patient's overweight, she has to reduce her dietary intake to maintain the results."

Dr. Pitman also cautions that lipo will not cure cellulite. In fact, in some cases it makes it worse. "Cellulite is caused by the way skin is attached by multiple fine filaments to the underlying muscles," he explains. "The pattern of the way the filaments pull the skin creates the cellulite. Skin that is not elastic starts to hang, and pulling out the fat is like emptying the stuffing out of a mattress. It sags all over."

Marisa Weingarten wishes she'd known that before she had surgery. The 39-year-old mother of two, who owns a medical supply company in Los Angeles, is a big believer in physical self-improvement. A size 4 to 6, she works out regularly, and when she decided to get lipo on her arms and thighs, she chose her surgeon carefully. Nevertheless, she ended up with divots on her thighs where she thinks the doctor took too much out. Her arms look thinner, she says, but overall "if you don't continue your exercise, it's a waste of money."

The most galling thing is the cellulite that appeared on her thighs—for the first time in her life, she says—about nine months after surgery. "Now I'm doing my cardio and trying to fix it," she says. "If anyone asked, 'Would you do lipo again?' I'd say, 'Definitely not.' I'd go back to the gym."

Amy Wallace is a senior writer at Los Angeles Magazine.

## Are you a Candidate for lipo?

Not unless you meet the following criteria, says James Wells, M.D., president of the American Society of Plastic Surgeons:

- \* You're within about 10 pounds of your ideal weight.
- \* You have fat on your thighs, stomach or arms that doesn't respond to diet or exercise.
- \* You pass a skin-elasticity test: When the back of your hand is pinched for one minute, it takes no more than two seconds for the skin to bounce back into place.
- \* You are willing to work out and eat right to maintain your results. —Shannan Rouss