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THE AGE(LESS) ISSUE

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Julia Reed investigates the tiny tweaks—minor changes that make a major difference—that have thoroughly modernized how we stay young.

The last time I had my brows plucked by the fabulous Mercedes Shapiro at Manhattan's John Barrett Salon, I was full of news about the plastic surgeon I'd just interviewed. Apparently, I told her, as you get older, your nostrils hang and the tip of your nose starts to droop—who knew? This guy, I said, has developed a “nose-lift” of sorts, a minor procedure that, ever so imperceptibly, lifts everything up, making a not-so-imperceptible difference in the face. When she asked me his name, I told her it was David Rosenberg, M.D. “Oh, yeah,” she said, not missing a beat. “His wife [Jessica Lattman, M.D., whose practice is focused entirely on blepharoplasty] did my eyes.”

I almost fell over. Over the past decade, I have been face-to-face with Mercedes (she also does my makeup) at a distance of about eight inches or less on an extremely regular basis. I know her features almost as well as I know my own. She always looks great, but I had no idea she'd had her lower eyes done.

Which, of course, is the point. Though Mercedes is only in her early 40s, she has figured out what doctors are increasingly advising their patients: As you move through the decades, it's all about the subtle updates, that little “tweak” that makes a big difference but is virtually undetectable. As soon as I told Mercedes that Rosenberg's nose-lift can also narrow the tip (as we age, the tiny ligament that ties together the two horseshoe-shaped cartilages above the nostrils loosens, and the nose widens), she told me she was making an appointment the very next week. I am four years older than Mercedes: sitting in her chair, I suddenly felt enormously irresponsible. I may take care of my eyebrows and my perpetually white roots, but the last time anyone took so much as a laser to my increasingly lined and blotchy face, it was for my wedding. And I just celebrated my fifth anniversary. In the proactive department, I am clearly failing miserably.

“It's very different today,” says Daniel Baker, M.D., a prominent New York plastic surgeon who opened his practice in the 1980s. “It's about maintenance. You keep yourself looking fresh so you don't have radical changes.”

Dermatologist Patricia Wexler, M.D., who works in tandem with many of the city's top cosmetic surgeons (it is rare when current procedures are not accompanied by Botox or fillers, and most surgeons say they'd rather work with skin that has been treated with care over the years), agrees. “I encourage my patients to start early enough that they don't get the dreaded clueless look people are so afraid of. You don't want to wait so long that the biggest compliment you get is ‘Your surgery really

looks good.’” She tells me she has a patient in her early 60s who flies to New York every six months for injections of Botox and filler. The last time she came, she'd had a mini-lift, her second in ten years. “That little extra bit along her jawline made all the difference, but I didn't even notice it until she told me. She really did look like she'd just gotten a lot of sleep.”

This sleep effect may be a cliché, but it's what you want to aim for—the “Did you change your hair?/I just can't quite pinpoint what's different” questions. Says Wexler, “It's about doing little tiny interventions before you end up doing a Draconian one.”

The more widespread “interventions” include things like Mercedes's lower-eye-lift, where bags might be removed from the area (which is then padded with a little bit of Restylane for contour). Then there is the lower-face-lift of Wexler's patient, in which the neck and jaw are “redefined” (to use Rosenberg's term), and the mid-face-lift, which, says Baker, takes care of your cheekbones and the folds from the nose to the corner of your mouth. “It involves very small incisions—a little bit up in the temporal hairline and a very, very small one inside the ear. Even your hairdresser shouldn't be able to see it.” Both, says Steven Pearlman, M.D., another Upper East Side plastic surgeon, work best when the patient is in her 40s or early 50s. “The skin is still young; it has good elasticity. In very heavy faces, it's not going to work.”

There is also, of course, the brow-lift, which differs radically from the major overhaul of old that involved a handful of screws in your skull and a perpetual look of wide-eyed surprise. In today's world, a brow-lift, most often done endoscopically, can require only “a little tuck in the temple,” says Baker. His younger clients most often ask for “a very minor lateral brow-lift. It involves just one small incision on each side and uses an operating telescope to subtly elevate and shape the brows. Hair loss is no longer a problem.” Better yet, the screws have been replaced by the under-the-skin equivalent of Velcro.

In addition to updating the familiar workhorses with fewer and smaller incisions, doctors are directing their creativity toward tweaking areas that have long been ignored in terms of aging (like the nose) or that are often treated with misguided techniques (like the mouth). “As we get older, the upper lip loses its firmness and definition,” says Pearlman. “As a result, the Cupid's bow is lost, leaving an undefined flat line in its place. The lower lip should be at least one-and-a-half to two times the size of the upper lip. People think, Plump [the upper lip] up and you'll look younger, but the key is shape and fullness, not making it fat.” To avoid what he calls “trout lips,” Pearlman developed a noninvasive procedure that gives you back the Cupid's bow he calls a symbol of “youth, vitality, and beauty.”

The edge of the lip, he tells me, is called the vermilion border,

and the skin just above it is called the white roll. As you age you lose the white roll altogether; the vermilion border is deflated, and there is decreasing “turgor,” or substance. To combat this effect, Pearlman injects a small amount of Botox above the border (it relaxes the lines above and the circular muscle around the mouth, but you can still pucker and whistle) and leaves the lower muscle alone. “An active muscle next to an inactive one helps give resistance to the upper lip.” He injects a bit more to the peaks of the Cupid’s bow and then adds an equally small amount of Restylane to ever so slightly plump up the vermilion border, which also restores the white rim.

The before and after photos are impressive and not remotely scary—unlike, say, the pictures he also shows me of Priscilla Presley and Meg Ryan. The whole thing lasts four to six months, and I think seriously about signing up. But first, as long as I am in his office, I decide to avail myself of his expert opinion on what else I might need to tackle—a process that inevitably involves what a friend of mine refers to as “the beat.” As in “You don’t need a thing.” Beat. “*But*, if you were to do something. . . .”

In my case Pearlman looks at the jawline that nags at me every time I spend any reasonable time in front of a mirror (the side views from Bergdorf’s escalators are particular hell). Before he says anything, I hoist some skin up. “Yeah, you could do that.” But, I ask, if I do, what about my eyes? Won’t they automatically appear older if my jawline is suddenly firmer? “No, no,” he says, and anyway, “you could do a series of gentle peels around the eyes with very little downtime.” I make a note—another tweak. He also recommends maybe a little Juvéderm in front of my jowls, and Botox to combat the downturn of my mouth. The downturn, he tells me, is another classic sign of aging, so I don’t tell him that my mouth has done that naturally for so long that in my childhood, my mother was convinced I was hiding some deep-seated unhappiness. I resolve to get the shots just for her.

When I ask Rosenberg for his assessment, he unsettles me a tad by asking, “I can say what I want, right?” But after what seems like an interminable few minutes, he announces, “You don’t look so bad.” It is hardly a ringing endorsement, but at least he agrees with Pearlman that I don’t need a brow-lift, and my eyes will be fine with a peel and some Botox to combat the lines. He even says I’m not quite ready for any lower-face or neck action, pointing out that what bugs me about my neck is not actually a bunch of wrinkles so much as hyperexpressive muscles that move around when I talk.

Lest I leave disappointed, he does find that my nose tip has definitely widened (it’s the ligament thing again). “Every time you smile it widens, and finally it stays wide.” I decide to let Mercedes try it first, but I have already made an appointment with the good Dr. Wexler for some serious laser work and the suggested peels and Botox. I will then trust her to notify me when it’s time for a tweak, because even though dermatology procedures are excellent proactive steps, there comes a time when they alone are not enough. “I liken it to a house,” she says. “I tell my patients, I can Spackle the walls, but when the foundation gets weak, the Spackle won’t hold. So I send them out to get it fixed.”

Increasingly, she says, her favorite contractor is Rosenberg. “He’s a perfectionist; he pays attention to every detail.” And it is the details—if you do it right—that are tackled first, and separately. “The idea is to give you back structure and vitality without a sign of surgery,” Rosenberg says. “To achieve that, you can’t do everything at once.” Pearlman concurs. “Less is more,” he says. “You want to appear natural and refreshed, not 20 years younger.” And so we begin, one small tweak at a time. □