



THE FIX IS IN

With plastic surgery procedures on the rise, surgeons who specialize in mending shoddy work have never been busier. ROB HASKELL meets the revisionists.

LAST

November, Virginia Day flew from London to Nashville to try to save her breasts. It was, she hoped, the final stop on a nightmarish ride that began in 1996, when, at age 33, she visited a well-known London breast surgeon. He fitted her with soybean oil-filled implants, which were supposed to allow for clear mammogram readings, and at first she was happy enough with the results. Four years later, however, the implants were recalled. Day visited the surgeon to have them removed, only to discover that they had already ruptured. After fishing out the exploded bags through incisions around her nipples, her doctor replaced them with an early French silicone model. And that's when things really got bad: Scar tissue encapsulated the new implants, distorting their shape; the implants themselves began to amble around Day's chest; and the skin over them turned crepey and puckered. The pain was crippling. She had three more corrective surgeries before the second implants were also recalled, early last year. "I went back to my original surgeon, and he basically told me I was being silly and sent me away," says Day (not her real name). So she started researching breast doctors, and her homework led her, finally, to the Nashville office of G. Patrick Maxwell.

With two decades of experience under his belt, Maxwell has developed

a reputation as a gifted revisionist: a plastic surgeon who excels at correcting the misbegotten work of his errant colleagues. And in this age of quick-and-dirty cosmetic procedures, the revisionist market is booming. Wendy Lewis, a New York-based cosmetic surgery consultant who advises patients on everything from botched hair transplants to permanent makeup, sees several societal forces behind the trend. "All over the world you have doctors trying to get into this business with minimal training," she says. "A surgeon from Peru will rent a hotel suite in New York, and a woman he knows will invite all her girlfriends. Suddenly you have a crew of new Lisa Rinnas. I know a dermatologist in Texas who is draining facial abscesses in American patients who had crossed the border for surgery. And in the U.S., managed care is putting a squeeze on doctors, leading them to chase cash-paying elective procedures."

Robert M. Schwarcz is a New York-based cosmetic surgeon who trained under Los Angeles lid-lift king Norman Short. A specialist in salvaging bungled facelifts and eye jobs, Schwarcz treats many patients who have been taken in by the false promise of fast and painless surgery. "Cheap lifts like the Quicklift, the Lifestyle Lift, thread lifts—these well-marketed little fixes do a big disservice," he says. "The doctors don't do complete dissections,

they ignore the neck, and they leave scars." Among the range of complications he sees: wind-tunnel faces that result from pulling deep muscle and skin too hard in one direction; so-called pixie ears, plastered to jawlines because of overaggressive skin removal; hollowed-out eyes from excising too much fat; lids that won't close due to muscle damage; and salivary gland dysfunction. Occasionally patients even arrive with subcutaneous hemorrhages that have turned toxic. "Often there's an immense sense of guilt, like, Why did I do this to myself?" says Schwarcz. "You need to walk patients through that part of the process."

Emily Reed was 24, a model and actress from Idaho who had recently moved to New York when her taxi turned in front of an oncoming car on Central Park West and she smashed into the Plexiglas divider. She had multiple operations to restore her appearance and preserve her breathing, but the results only made matters worse. One plastic surgeon sewed her lips together asymmetrically; another's overly rigorous excision of cartilage left her with a "saddle nose"—a dreaded rhinoplasty complication marked by a broad bridge and a scooping central indentation. "I don't know if you could even call what I had a nose," says Reed. Finally, she sought out the services of Jon Turk, one of the country's leading revision rhinoplasty surgeons. In a nearly five-hour operation, the New York-based Turk used bone from Reed's skull and cartilage from the back of her ear to rebuild her

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nose. He created a new bridge with Gore-Tex, and remade her surgically contorted upper lip with Alloderm, a cadaver-derived skin matrix.

"There's very little margin for error with a nose because you're dealing with form and function," says Turk, who describes himself as "the guy who does the noses that have been operated on four times already." He routinely encounters "shrink-wrapping," in which nasal skin, thinned out in an effort to give more definition at the tip, ends up contracting and revealing underlying cartilage. Turk also restores his share of "Polly beaks," a deformity that results when a surgeon mishandles the nasal septum, leaving the patient with the jutting profile of a parrot.

Yet for every patient who has been the victim of a sloppy surgeon, there's another who is the victim of her own gnarled self-image. The offices of revisionist surgeons overflow with those who fail to find satisfaction in the cantaloupe breasts and surprised-looking eyes that were precisely what they had commissioned. David Sarwer, an associate professor of psychology at the University of Pennsylvania's Center for Human Appearance, investigates the prevalence of Body Dysmorphic Disorder among cosmetic surgery patients. He also consults with revisionist surgeons when they fear that an additional procedure, however good the outcome, may fan rather than quell the flames. "The surgeon may not realize that a patient's distress far outweighs whatever gains can be made through surgery," says Sarwer. "And that's when surgery can be a mistake. A good revisionist recognizes when it's time to call in the services of a different kind of doctor."

But for patients whose reasonable expectations aren't met, corrective surgery can be therapy enough. Maxwell, the breast surgeon, has operated on women who have had up to 12 breast augmentations before coming to him, "especially in the beach communities," he says, "where you end up with that overfilled *Baywatch* breast." Before treating Day, he employed a sophisticated computer with 4-D imaging capability to show her a near-perfect simulation of her future contours. The technology is particularly helpful when patients come in with misguided hopes about cup size. "I always say that you don't buy a size-16 shoe when you have a size-8 foot," says Maxwell. "You have to find the implant that fits the patient."

Lisa Rinna would agree. The *Melrose Place*-turned-reality-TV star had silicone lip implants in 1986, inspired by the pillowy pucker of *Beaches* actress Barbara Hershey. But over the years scar tissue formed around the silicone, leading to a lumpy appearance and a hard, pebbly feel. After cortisone injections failed to minimize the fullness, Rinna visited Beverly Hills surgeon Garth Fisher; he removed some of the silicone and fibrous tissue and reshaped her upper lip in August of last year. The actress, who had to wait four months for post-op swelling to subside before seeing results, has spoken ruefully about her plasticized appearance, calling herself gullible and comparing her implants to a tattoo that one gets on impulse.

Day, still recovering in a Nashville hotel room when this article went to press, echoed Rinna's sentiments. While she hopes that Maxwell's revision spares her a lifetime of disquieting encounters with the bathroom mirror, she's not holding out for perfection. Revisionists are not in the business of working miracles, after all. "What I want is to look normal," Day says. "But if I could turn back the clock, I'd never have had surgery in the first place." ♦

THE CLEANUP CREW

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