

# VOGUE

OCT

Sexy in the City  
PLANNING THE PERFECT FALL  
WARDROBE

# 93

SENSATIONAL  
LOOKS

**YOUR  
BEST  
SHAPE  
EVER**

How Yoga  
Can Change  
Your Body  
(And Your Life)

**ROCK-  
GODDESS  
HAIR**

GETTING THE  
SEASON'S  
COOLEST CUT

**RAGING  
HORMONES**  
The Battle  
Over HRT

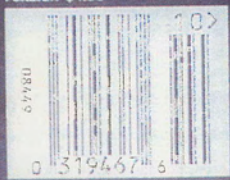
# THE NEW OLD THING

How to Rethink, Revamp, Recycle  
Your Clothes

**THE WOMAN WHO  
BECAME A MAN**  
The Latest Novel from  
the Author of  
*The Virgin Suicides*

**NO DOUBT  
ABOUT IT**  
The Girl's Got Style!  
Gwen Stefani  
Shines in Dior Couture

U.S.A. \$3.50  
CANADA \$4.50  
FOREIGN \$4.50



# addicted to lipo

Thanks to the latest advances in microliposuction, perfection is easier to achieve than ever. But, asks Sarah Brown, is America's new crash diet of choice really a good idea? Photographed by Irving Penn.

Q

Anne (names have been changed) is sitting in my office discussing in impassioned detail the fat pockets (what fat pockets?) on her inner thighs that have plagued her ever since she was twelve. After much obsessing and much thought, she has decided that liposuction—the number-one most frequently performed cosmetic surgical procedure in this country—is the answer. “No matter how skinny I get, they get smaller but never go away,” she laments. “I’m either going to have my vision corrected or get lipo; I think they’re around the same price.” Anne is in her early 20s. She has a lean, lithe frame and must weigh 105 pounds, max. Still, if she walked into a surgeon’s office, he or she would probably hand her a clipboard of paperwork and sign her right up. Anne fits the new profile of a good liposuction candidate: She has a fit, yoga-toned body; she eats healthfully and has a reasonable goal.

Dramatic horror stories aside, liposuction—specifically “microlipo” (during which a small volume of localized fat is removed)—has recently reemerged with a kinder, gentler profile. “People aren’t intimidated by the word *liposuction* anymore and are more aware of how safe it is. The taboo is gone,” says

Patricia Wexler, M.D., a dermatologist who counts liposuction as a significant part of her Manhattan practice. David Sarwer, Ph.D., a psychologist in the Center for Human Appearance at the University of Pennsylvania School of Medicine, agrees: “Over the last couple of decades, we’ve become much more comfortable seeing our bodies as malleable entities.”

Liposuction is undeniably a godsend for many women; the astonishing part is who these women are turning out to be. Like Anne, most are already in great shape. They view lipo as a convenient, if expensive, means to refine their bodies. Rather than a tool for drastic weight loss, small-volume lipo is being positioned as a body-contouring technique, representing a significant shift in both perception and practice. “It’s for the person who already likes her body, but she’s exercised, she’s dieted, and this one area just won’t go away,” says Wexler.

Kate, who at five-foot-eight and 120 pounds opted for microlipo to contour her outer thighs, has never looked back.

**A LITTLE HERE,  
A LITTLE THERE**  
Microliposuction can be safely performed on virtually every part of the body. Hair, Thomas Hintermeier for See Management; makeup, Mariel Barrera for JOE.

Sittings Editor:  
Phyllis Posnick.

"It changed my life," says the 32-year-old frankly. "My waist has always been a size two or four, but my thighs were a six or an eight. I had to buy everything to fit my hips, in much larger sizes than I wanted, and spent tons of money having everything altered, always," she says. "I live in L.A., where everyone's in shape; everyone's beautiful. For me, working out was not going to change the way I looked; my saddlebags were genetic."

"Liposuction used to be something your mother thought about, or something you had done after having kids—along with a breast-lift and tummy tuck," says Charlotte, an athletic 26-year-old fashion publicist who says she would consider the procedure for the genetically predetermined "pouf" in her lower abdomen. "It's like anything nowadays—people aren't scared; they're used to seeing before-and-after pictures; it's much more mainstream. The idea of Botox used to be scary, too. Women my age are talking about lipo now, admitting they might do it or have already done it," she says.

Doctors not only swear that the procedure is perfectly safe (the risks of bleeding, infection, and, in extreme cases, fat or pulmonary embolisms run quite low), many argue that for some women it can be a healthy option. "A woman who is ultrathin but has a body part she doesn't like is better off having lipo than continuing to exercise three hours a day and starve herself in hopes of reducing an area that may be genetically impossible to change," says Wexler. "The hope is that she will become a little less neurotic."

Veronica, a tanned, toned, miniskirt-wearing graphic designer in her late 20s, is a good example. "Liposuction is totally appealing to me," she admits matter-of-factly. "I have a decent body image, I go to the gym five times a week, but at some point you have to think, All this hard work and my thighs still aren't as skinny as they could be? The thought of just walking in, and walking out afterward with hardly any downtime is really tempting. I've had all those seaweed wraps that promise you'll lose three inches after an hour—forget it."



here did we get the idea that perfection was within such easy reach? The current boom in small-volume liposuction stems from the recently popularized "micro" technology, by which a cannula the diameter of a pencil lead—as opposed to the painful, less precise three-to-six-millimeter variety used in large-volume (macro) liposuction—is inserted like a needle, creating several quick-healing puncture holes instead of incisions, and moved back and forth in a fanlike pattern to remove fat. "Macro-liposuction is brutal and primitive by comparison. You often get dimpling, and nowhere near the same results," says Patrick Abergel, M.D., a Santa Monica-based plastic surgeon who supplements his

method with short-wave diathermy, a process by which the fat cells are heated up via an ultrasound probe in order to facilitate removal and reduce postop bruising and swelling. Los Angeles dermatologist Debra Luftman, M.D., is among the growing number of doctors performing tumescent microlipo, during which the patient is treated under local anesthetic and, admittedly, "a Valium or two." The advantage of being awake during such an event is that the liposuctionee may stand up mid-procedure to ensure she likes the shape her new contours are taking. "They watch a movie; we chat. It's civilized," says Luftman.

While the thighs and lower abdomen continue to be the most popular microlipo zones, the practice is quickly spreading to virtually every other location on the body where there is unwanted fat. The arms and neck are fair game, as are the ankles and knees. Madeline, an aspiring actress, used microlipo to erase a confidence-breaking double chin. "It was the first thing I noticed in pictures, the only thing I saw when I looked in the mirror each morning," she says. "When I heard there was something I could do about it, I jumped on it. Now I love it. I still look at myself and can't even believe it." Luftman has seen several patients who have requested ankle lipo as a means of more comfortably wearing the season's snug-fitting stiletto boots. Abergel routinely employs small-volume liposuction to gently refine the jawline, as well as the nasolabial fold and the lower part of the face, procedures that would normally require either collagen injections or surgery.

Potential candidates, it seems, do not need much convincing. The American Society of Aesthetic Plastic Surgery reports that last year more than 385,000 lipo procedures were performed in the United States, up 118 percent from 1997. Stanley Frileck, M.D., clinical associate professor of plastic surgery at UCLA and the medical director at L.A.'s Ona Spa (where one can receive a consultation for a face-lift after a relaxing steam bath), counts rail-thin models and celebrities among his liposuction clientele. "Think of an actress who is going up for an award and is planning to wear a certain dress but has small amounts of fat in the outer thighs that make it fall in an unflattering manner, or the runway model who can't get into a jersey gown because she has two little collections of fat in her flank area," he says. Difficult to imagine, but he insists these creatures exist and visit his office in droves.

The logical question naturally becomes, Where does one draw the line? Isn't there a point at which it all becomes a little excessive? When does one lose the ability to distinguish between "tweaking" and "obsessing"? Most doctors agree that if the patient has realistic goals and a healthy lifestyle, there is nothing inherently dangerous about an enthusiastic approach to small-volume liposuction. "I don't have a problem with women who already look good who want to look perfect—I'm not here to play philosopher king," says Beverly Hills plastic surgeon Randal Haworth, M.D., somewhat defensively. "If they have a realistic goal, then the number of surgeries performed on them is not necessarily a warning sign of a larger problem," he continues. "To approach lipo in a steplike fashion is like getting in a pool at the shallow end. It demonstrates a healthy degree of trepidation."

In many cases, however, people can get carried away. Lipo addicts fall into two groups; the more common ends up abusing the procedure as a method for weight reduction, or worse, a substitute for crash dieting. "Some women come in without a clear

understanding of the technology; they think it's a license to cheat," says Haworth, who as a matter of principle refuses patients looking for quick—or frequent—fixes. "It's akin to using abortion as a method for contraception. It's not ethically correct. People have to take responsibility for their own actions outside the operating room," he says. Luftman steers clear of anyone who has just come off a battery of failed fad diets. "They won't be happy with the results," she says. "This is a tool for subtly refining contours. If you were to weigh a patient pre- and post-op, it would be a difference of one or two pounds. It's inches."

Microlipo addicts also come in the form of the overzealous perfection seeker who may outwardly appear to be an ideal candidate but may have slipped over the edge of reason. "In certain cases, a healthy perspective on liposuction can become an abusive one," says Haworth. Although the procedure may not necessarily pose apparent physical danger, the psychological implications can be enormous. "Sometimes, after I've successfully done a patient's hips and thighs, her compulsive side will kick in. She starts obsessing over every bit of flesh—like the part that slightly bulges underneath her bra strap—and yet she looks amazing. It's a case of seeing the trees, not the forest," says Haworth. Frileck agrees: "When a patient starts to focus on things like that little piece of cartilage in her nose that she's never liked, that's usually the tip-off that you're dealing with someone who is chasing the Holy Grail," he says. "And then the conversation turns to 'What does your therapist think of this?' I don't even ask if they have one, but I make it a precondition for further work."

Sarwer points out that it's precisely this kind of surgical option—the tiny tweak promised by lunchtime lipo—that may exacerbate the mind-set of those suffering from eating disorders. "Studies suggest that women who have eating disorders tend to come in for surgery have worse symptoms postop," he says. "When you have a disease like anorexia or bulimia, your body image is disturbed; surgery does not deal with the underlying eating issues."

This is where liposuction ceases to be a purely medical enterprise and becomes a question of morality on the part of the surgeon and mental health on the part of the patient. Ultimately, the responsibility of when to say when falls on the shoulders of the doctor—a tricky situation when one considers that each case is, after all, a potential business opportunity. "A repeat customer is a very good customer, but at some point they can cross the line," says Sarwer. "And given the competition in the marketplace, there are more and more physicians who are likely to offer services to a patient who is not psychologically suited to them." Indeed, rather than mere vanity cases, serial lipo patients may be manifesting signs of body dysmorphic disorder (BDD), a condition defined by Sarwer as a preoccupation with a slight or imagined defect in appearance that leads to significant disruption in day-to-day functioning. (In mild cases, people may spend an excessive

amount of time thinking about their appearance or attempting to camouflage it; in more severe cases, they may become housebound, and potentially even commit suicide.) "When a patient comes in and has a specific concern that is visible to the surgeon, that's oftentimes a good patient. But if it's a woman who's already a 9.5 in a swimsuit but wants to be a 10, and won't wear a swimsuit anyway because she thinks she's a 2, that's a problem," he says. "Some of the symptoms we see in everyone: I know very few women who go to the beach and think they look perfect. But in cases of BDD, they may never get to the beach." In fact, studies have shown that

between 6 and 15 percent of cosmetic-surgery patients have varying degrees of BDD. "The vast majority of these patients do not benefit from cosmetic surgery," says Sarwer. "They experience no change or a worsening of their symptoms as a result."

Beyond the emotional dangers posed by an overly aggressive appetite for liposuction are disturbing potential physical consequences: an aesthetically unbalanced body, where the surgery's original goal—to make the patient look markedly better—is far from achieved. As Wexler explains, lipo enthusiasts who do not amend unhealthy diet and exercise habits run the risk of ending up with more problems than they started with. In a nutshell, when you remove the majority of fat from a certain spot, future weight gain will manifest itself in the nearest area of fatty deposition. "The person who had saddlebags will gain it back in her inner thighs or knees, so she'll have her knees done, and then the following year she'll be back for

her waist. She went from being a normal shape to putting on a distribution of fat that's abnormal-looking," she says. Not only can the results be unattractive, the consequences can be dangerous. "At a certain point, you'll start gaining weight intra-abdominally, around your organs—the classic beer belly," continues Wexler. "This is dangerous. It's unhealthy fat, and as a result, it is these people who are more prone to have heart attacks and different systemic diseases." The irony of developing a beer belly as a result of liposuction is almost too much.

Another rather unpleasant side effect of too much lipo is that as you age, you will need that fat to look healthy and more youthful. "With age, you are going to weigh a little more. You need some measure of body fat to make your skin look good. Otherwise, you'll be left with loose, hanging skin; if you've removed too many fat cells, you can't do anything to fix it," cautions Wexler. "If I'm doing a facial makeover, I need that fat in order to add highlights and angles," adds Frileck. "And it's not just any fat, it's fat that's going to survive—your own fat."

In the end, as seductive as the new body-polishing instant-fixes may be, there is still something to be said for exercising healthy restraint. "It's good to have a little humility about your body," says Wexler. "It keeps you from feeling the strain of perfection." □

"Liposuction is totally appealing to me," says a miniskirt-wearing graphic designer. "I go to the gym five days a week, but at some point you think, 'All this hard work and my thighs still aren't as skinny as they could be?'"