

Beyond the FACELIFT

In the war against the wrinkle, old-school surgery is losing out to non-invasive procedures. But are they any better, asks Kathleen Baird-Murray

Powys, Wales. It's a full moon and I'm in the middle of a beautiful wood, by myself. The trees are tall and witchy, the wide-open track is riven with ridges, but I'm not really scared. I've left my hosts washing up in their cosy cottage so I really don't mind that neither of them feels like walking me to the car. Yet it occurs to me as I climb over the wooden farm gate, avoiding the rain-filled ditch to the left of it, that this walking-alone thing is new territory. At 45, I've reached That Age. The world has decided I no longer require an escort because I'm some gamine slip of a thing, too pretty to be left alone for a nanosecond, let alone walk through the woods at night by herself; nor do I require an accompaniment because I am old, infirm and incapable of getting from A to B. I am, as far as ageing is concerned, slap-bang in

between youth and seniority, and like the muddy path I'm stumbling along now, I need to learn to navigate it. The question is, how? And what if I don't want to?

Prior to 1989, when Botox first appeared (Dr Richard Clark, a Californian plastic surgeon first used it on frown lines), the options were simple. If it concerned you, you'd wait until your mid-fifties and have a facelift. You always had the headscarf to

fall back on. But now, from our mid-thirties onwards, younger in some circles, we have a dazzling array of so-called non-invasive options that some claim will mean we'll never have to knock on the surgeon's door.

And as apparently eager participants in this £2.3 billion industry, we draw our own boundaries, based on what we're prepared to pay for, are able to commit to time-wise, or that sit cosily with any feminist >

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principles we might have had when we started out (not that this is any time to be asking yourself, “What would Naomi Wolf do?”). All the time we behave as though by avoiding having an actual facelift, we’re not really doing anything – a bit like the logic behind not wearing fur but thinking a sheepskin coat or leather shoes are OK (there you go, something else I do). Finding out what others do, revealing what we do, is a whispered conversation, at least until we know the other party is doing it, too. Any party, any parent-teacher meeting, any conference these days is polarised into the procedural haves and have-nots: the shiny, puffy people next to the lined and let-themselves-go-ers next to those who look good for their age. There is Ageing for Beginners, with perhaps a little lasering of pigmentation for a more even-toned complexion (you’ll never leave home again without sunscreen); to Intermediate Ageing, like high-strength peels that will have you hiding at home for a few days until the redness goes down; to You’re One Step Away from a Facelift, where Thermage (using radio frequency) or Ulthera (using ultrasound) will attempt to shrink-wrap your skin from within, or the newest thing on the block, the Silhouette Soft, where a piece of plastic-looking string, about a metre long with thickened ends (like a very thin shoelace), is pushed beneath the skin, pulled back and anchored to provide a lifting effect, with each millimetre of lifting, another year knocked off.

My own girlfriends stay schtum. We are like the monkeys that see, hear and speak about none of this (why? Is it because I remain uninitiated to this club, not having had any of it myself?), until one day I force the issue and then it all spills out, and it seems they were dying to talk all along. One of my best friends, super-fit, super-healthy and recently returned to her native Los Angeles after a long stint in Britain, tells me her sister and her mother practically frogmarched her to the Botox doctor the minute she stepped off the plane. Botox brought her more compliments than she’d ever had in her life. It also gave her really bad headaches for three weeks, and the first time she had it she “looked like Jack Nicholson. If I kept a normal expression, I could feel that I

looked great, but otherwise I couldn’t tell.” She hasn’t gone back, preferring LED (which targets intense dosages of collagen-producing and healing light to the dermis, without damaging the top layer of the skin) and good crèmes to do the rest. (I’ve never understood, though, how those of my friends who are religious about a healthy diet and plenty of exercise can happily have botulinum toxin injected regularly and not see any contradiction.)



“I saw it as a pre-emptive attack on the ageing process”

Next I coax my London girlfriends out to dinner specifically to talk about this. Before we even get to the restaurant, the 53-year-old, the eldest, and something of a pioneer in this field, shocks me by telling me she’s already tried the Silhouette Soft, with Dr Sebagh. I nearly crash the car. The treatment’s barely launched, why would you want to be a guinea pig, I think to myself. When I recover, I can see it doesn’t look half bad. But does it look half good? Her jawline is smooth, you can’t really tell, although a few more lines here and there, a bit more slack around the eyes, would surely be an improvement. But she’s happy, which is what counts. Later, over dinner, we coax her into eating a bit more healthily, ie meals as opposed to packets of biscuits, and suggest she slows down on the work front. I recommend the facialist Alexandra Several for being both amazing for the skin and nurturing for the soul.

My other friend, aged 46, has had such a bad experience with lip fillers that she

wrapped her head in a shawl for an entire weekend before doorstepping her cosmetic doctor to get them removed. She’s happy dabbling with a little Botox here and there, but, to be honest, it’s not her wrinkles I see, or ever saw for that matter, it’s her Céline leopard-print trainers and her innate sense of style. My third friend, at 50, has plenty of lines but has amazing bone structure and an incredible smile – she walks into a room and it lights up. She once tried Fraxel (the laser) but it made her scream in pain. She used to have Botox but has vowed to stay clear of it, not liking the way it makes her face look or feel. Now she has a two-hour-long facial once a month at £250 a pop. We talk, we laugh; this is so much cheaper than therapy and so much more fun than any book club; it should be the very personification of vanity, this talking about our faces, but it’s the exact opposite, full of self-deprecating humour.

Would they all be so open, I wonder, if they’d bypassed all the “light” and “soft” non-surgical options and gone full throttle for the biggest anti-ageing treatment of them all: the facelift? You don’t hear so much about those over dinner. But one person who has no qualms talking openly about surgery is Louise Mensch, who admitted on *Newsnight* to having had a facelift aged 41 and was subjected to a flurry of moralistic preaching about how disgraceful it was to be drawing attention to herself on a subject as trivial as plastic surgery. “My procedure was a minor tightening of the lower face, with a twilight sedation rather than a full-on anaesthesia, so whether you would call that a facelift, I don’t know,” she says.

She interviewed three separate surgeons first, describing all of them as “world-class”, checked their records, knew their qualifications. “It’s not a decision you can delegate,” she explains. “I had done so much research. I don’t want to encourage anyone to do this, and please make sure you put that in the article, but what I found in my case was that prevention was better than cure; I saw it as a pre-emptive attack on the ageing process. For me, the decade between 40 and 50 would be the decade I would most enjoy looking younger. Between 50 and 60, I may not care at all.”

It’s clear from what she says, as much as from the posts on her blog, Unfashionista.com, that having come to enjoy her looks relatively late in life, she’s determined to >

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get this “right”. Her approach to facelifts is typical of a new philosophy that less is more and, coupled with the Keogh review’s findings on the problems and potential dangers of an unregulated industry of non-invasive procedures, it could be what will eventually see us beating a path to the surgeon’s offices and going straight for the facelift. But neither is a facelift a magic bullet. It might move skin upwards, but it won’t improve the quality or give the rounded, sculpted look that some of the non-invasives will. In New York, I do see fewer wind-tunnel faces in uptown Manhattan; age, no doubt, finally having withered them. (Which makes me sad, as in a strange way I quite liked these pioneers of plastic surgery, valiantly defying age, no matter how oddly spirited it made them look, like the coterie of mothers in Terry Gilliam’s film *Brazil*, each competing to get the fiercest, newest, most radical lift they could.) “I’m the end-of-the-line person,” says New York’s hottest surgeon on the block, Dr David Rosenberg. “By the time women come to me, they’ve already gone to the dermatologist, they’ve been to the aesthetician, they’ve had multiple facials, Thermage, Ulthera, laser, Botox, Restylane, I’m the thing they want when they feel they’ve done all they can.”

Wherever you draw your own anti-ageing boundaries, the reality is that surgery and non-invasive procedures are no longer an either/or decision. There’s often a risk with non-invasives, and doubt as to whether they’re as effective as they claim to be. While the much-lauded seal of approval from the US Food & Drug Administration (FDA) – currently the most consistent regulatory body out there – implies a degree of safety, it does not cover efficacy, as is often mistakenly reported or, I suspect, deliberately implied. And when some of the non-invasives are as costly as surgery, why would you bother? As Mark Ho-Asjoe, a Harley Street cosmetic surgeon who also administers injectables, says: “There’s no halfway point in life. If you’re going to intervene surgically, you’ve got to do it properly, not charge a lot of money for something that won’t last very long.”

And what of the other non-invasives out there? Norman Waterhouse, one of Britain’s most renowned cosmetic surgeons, is dismissive of most of them. Like an increasing number of surgeons he also has a sideline in non-invasives, with his

Waterhouse Young clinic. Curious about Ulthera, he tried it himself. “The idea is that it delivers heat beyond the skin using ultrasound which contracts the facial tissue and tightens the face. As soon as they figure out how to do this effectively, the facelift is gone. A surgeon will lift the skin and tighten the muscle in a facelift, so treatments like Ultherapy will one day be able to do the same thing. It would work really well on a woman in her forties, or for someone who’s already had a facelift and wants a little tightening.” But the pain – which he describes as being so intense that when he tested it on female volunteers he gave them local sedation administered in a hospital (instead of the couple of Nurofen a friend of mine was advised to take before she tried it in a clinic; she nearly leapt up

“I’m embarrassed for my profession when I read about it,” says one cosmetic surgeon

off the couch and left) – was the only memorable thing about it. The results were disappointing, a comment that was echoed by my friend. “It’s the same for Thermage,” he continues. “The technology is improving but it’s not that good. The only peer-reviewed evidence of Thermage I know of, and that means a proper scientific study in the American journals, shows that after three months, 80 per cent of people who’ve had it say it makes no difference. And I can’t help but think it’s a bit cheeky to charge a huge amount of money for not much difference.” (In case you’re still interested, it costs about £3,000.)

Mesotherapy? “Pants,” he says. “Oh and by the way, the Vampire Facelift or platelet-rich plasma [PRP] procedure? The biggest load of rubbish I’ve ever heard in my entire life. I’m embarrassed for my own profession when I read about it. Where is the scientific basis for it?”

Mesotherapy was the injectable that I, in the name of research, tried. It didn’t end favourably. On the basis of a friend’s recommendation and a publicist’s enthusiasm, I book myself in for Véronique Simon’s renowned collagen inducer, which involves beta-tricalcium phosphate (“I don’t know if you have to put the chemical name because no one is interested in that,” she says), hyaluronic acid and several vitamins, applied over skin that has

been pierced with microneedles – the idea being that the puncturing of the skin promotes collagen production and enables the “cocktail” of good stuff to penetrate. My smile lines disappear for a few days, changing the shape of my face so slightly that no one but me notices. I find it unsettling – personally I like smile lines, they make cheekbones look bigger – but not as unsettling as what happens four days later. Maybe it’s hormones, maybe it’s stress, but I break out into big red spots. Alexandra Soveral tells me that as my skin is acne-prone, a reaction to large amounts of hyaluronic acid is likely. Later, when I go back to Simon’s office for clarification I’m told it’s unlikely to have been a reaction to hyaluronic acid, but sometimes when the pores are opened with mesotherapy, the sebum encapsulated in the skin rises to the surface and results in pimples. That, or maybe it’s a coincidence. (Incidentally, beta-tricalcium phosphate is an anti-caking agent derived from bone or minerals, sometimes used in yoghurt. So now you know.)

But maybe it’s just about finding what works for you, and what feels right, too – and that might mean different things at different ages. As the French injectables king Dr Sebagh says of Botox, fillers, peels, lasers and so on: “These have taken women of over 50 out of the cupboard! A whole bunch of women, who 30 years ago would have been finished! And sociologically they didn’t exist, these women before, but now they are powerful, intelligent, funny and this is very important. Women’s magazines never capture that very well.”

Sebagh undoubtedly has a point, though I prefer to credit Suzanne Noël, a cosmetic surgeon and French suffragette, for doing it first, with facelifts. She wrote one of the first textbooks about her technique in 1926. She saw the procedure as a practical solution to the problem many women had in finding work once they lost that youthful glow, ie hit 50, and gave facelifts to the opera singer who wasn’t getting booked any more, to the seamstress who never got promoted from the factory floor, all because of their age. It’s galling to admit, almost a century on, that it’s still easier to change ourselves – either with surgery or non-invasives – than to change society’s view of ageing, or even our own fear of it. So I guess this age is my transitional age. And I think to myself, I might be at that difficult age now, but just think how wise, wizened and wonderful I’ll be when I hit 80. ■