BAZAAR BEAUTY

The truth about lipo

More than 300,000 women in the U.S. had liposuction last year. If you think it's the quick fix for you, here's everything you need to know. By Melissa Fans

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35 GREAT SHOES & BAGS

Julie Nasher, 33, is a Texas Ricepaper look-alike, the kind of woman who makes men's heads spin. A size two, she's been known to strip in public, and even swears a mean f-bomb—yet she's always been obsessed with her figure. "I won't use more than anything" she confides. "I have been thinking about it occasionally for the last few years."

She's not alone. Liposuction is the most popular surgical cosmetic procedure in the country—according to the American Society for Aesthetic Plastic Surgery. 345,999 liposuction treatments were performed in 2001. It's widely considered to be one of the most effective and popular procedures. "It's definitely for my mother or sister to do," says Kendall Jenner, M.D., a Manhattan plastic surgeon and top authority who has written textbooks on the subject and performed over 1,000 of the procedures.

But what does liposuction do? It's easy for body-conscious types to fret about getting into shape, but this is a surgery with all of its serious implications. It will also set you back between $5,000 and $10,000, depending on where you live and which body parts you target. Here are the...
BAZAAR BEAUTY facts you will need to answer the most important question about liposuction: Is it right for you?

What Does the Procedure Involve?
First you’ll have a consultation, where you’ll discuss your goals with the doctor. This involves baring your trouble spots, so leave your modesty at home. Once the surgery date is set, you’ll be asked to give up both aspirin and vitamin E for at least two weeks prior to the operation, because both substances thin the blood, which can lead to excessive bleeding and postoperative bruising.

Now is not the time to pig out. Most physicians prefer that you be within around five pounds of your goal weight before surgery. Being fit helps ensure a great result, because the doctor can see your best silhouette, and your skin will be more resilient. “I won’t take a patient who is overweight,” says Z. Paul Lorenc, M.D., F.A.C.S., a plastic surgeon affiliated with the Manhattan Eye, Ear, and Throat Hospital.

On the big day, you most likely will undergo a form of lipo known as tumescent, or “wet,” lipo—it’s the technique of choice for most of the doctors interviewed for this story. It involves injecting a fluid containing an anesthetic as well as epinephrine (a drug that contracts blood vessels to help minimize blood loss) into the targeted trouble spots. This causes those areas to swell, so that the cannula, the instrument used to suction out the fat, can move more smoothly, making the removal easier. After the operation the fluid remains under the skin, so patients look the same size as they did before the procedure (be warned: some are even noticeably bigger) until the body absorbs some of the liquid and the rest finishes seeping from the incision site a few days later. It doesn’t sound attractive, but this technique does make for less bruising and swelling. Also, some patients report that the anesthetic in the liquid makes recovery less uncomfortable and reduces the need for pain medication. “This is the gold standard for now, because it causes almost no blood loss and helps patients heal quickly,” says Pitman.

Standing Up or Lying Down: Which Is Better?
One of the biggest debates in lipo right now is whether the patient should stand up during surgery. “Having the patient upright for the final part of the surgery is the only way to achieve perfect results,” says Pat Waxler, M.D., a top New York dermatologist. “The second you lie down, the fat is repositioned, and you can’t tell what it will look like when you’re vertical. That’s why I have so many patients come to me from other doctors to redo their surgery.” (About 10 percent of lipo patients need a second surgery to perfect the results, according to Pitman.)

Waxler talks with her patients the whole time. “They drink a hot chocolate, we talk and listen to music—usually Carly Simon—and I am able to get them completely symmetrical.”

Waxler, however, is in the minority. “When patients have liposuction standing up,” Pitman says, “they are usually numbed with a local anesthetic mixed with a couple of Valium. That is not enough to keep the patient from feeling pain. They could easily faint, making it impossible to finish the procedure.” Peter B. Fodor, M.D., chief of plastic surgery at Century City Hospital in Los Angeles and vice president of the American Society for Aesthetic Plastic Surgery, insists that a good physician should be able to see the same irregularities while the patient is lying down. “If you’re redoing a liposuction surgery, I will have a patient stand,” he says, “and then it is only for a few minutes.”

For those lying down and under general or “twilight” anesthesia, the surgery will probably pass as a blur. “The last thing I remember is standing up in my hospital gown and having the doctor mark me up with a green pen, circling the areas that he was going to work on,” says Linda Lindquist. A 35-year-old magazine editor in New York, Lindquist had liposuction on her thighs and abdomen. “The second I lay down on the table, I was knocked out by the sedative, which was administered through an IV. I didn’t feel a thing. The next thing I knew, I came to in a private recovery room. I was wearing a tight girdle and I felt like I was underwater. I went home and slept for the next 12 hours.”

What Is the Recovery Like?
After the surgery, you’ll be advised to wear something washable for a few days—you will be seeping fluid from the incision areas. As for discomfort, the old rule applies: no pain, no gain. “For the first day and a half I really needed my painkillers, and I pretty much slept the whole time,” says Lindquist. “But then it faded into a dull ache, as though I had worked out for six hours with a trainer after not setting foot in a gym for a year. I was a little sore for a couple of weeks.”

If you were hoping to keep your liposuction a secret from your significant other, think again. There will be bruising and swelling for up to three weeks after the operation. The other dead giveaway? A decidedly un-chic compression garment (think heavy-duty girdle or support hose) is standard, 24 hours a day, for at least two weeks following the surgery. So, unless you can stay fully clothed or convalesce in a bungalow at the Beverly Hills Hotel for a few weeks, you’ll likely have to confess.

You won’t weigh dramatically less after your lipo surgery. The usual amount of fat removed during liposuction is about three to five pounds, but don’t think of it as a way to quickly drop weight. “It simply doesn’t work like that,” says Waxler. “The big difference is that your clothes will fit you better—you could go down a size or two.”

What Are the Side Effects?
If the procedure is done by a qualified, experienced doctor, the risk of infection is remarkably low—less than with a facelift. ➤
“The infection rate is extremely small—less than one in a thousand,” Pitman says. Another kind of risk involves the removal of too much fat, or too little. “Of course, it’s always preferable to err on the conservative side,” says Pitman. Lindquist chose to have hers redone. “I just didn’t feel like my doctor had taken out enough,” she says. So, after six months (the waiting period recommended before repeating the surgery), she had lipo again. “I’m glad my doctor was careful, and I’d do the whole thing over. I’m thrilled with the results. It’s the best thing I’ve ever done for my body and self-image.”

The other scenario—having too much removed—is far less rosy. This can result in rippling, indentations, asymmetry, and even excessive bleeding or shock if very large volumes of fat are removed. The best way to avoid this? “Choose a very experienced doctor,” says Wexler. “A physician who knows what he or she is doing should never make this mistake.” As with any surgery, patients will have some temporary numbness in the treatment area, which can last for up to six weeks. “It’s extremely rare for lipo to result in permanent nerve damage,” says Pitman, “but I inform my patients of the possibility, only in the interest of full disclosure.”

You will have scars that are about three millimeters long (about the size of a mosquito bite). “I have one on each hip, but they’re so small that I feel totally okay wearing a bathing suit,” says Lindquist. “You can barely see them.”

**Will the Fat Come Back in Other Places?**

As an adult, you have a set number of fat cells. When you gain weight, those cells get bigger, and when you lose weight, they shrink. During liposuction some of them are removed, and—this is important—they never come back.

“If you remain the same weight, fat will never mysteriously appear in new places for no reason,” explains Michael Kane, M.D., a plastic surgeon affiliated with the Manhattan Eye, Ear, and Throat Hospital. “That’s just a myth.” But if you gain 20 pounds, that weight has to go somewhere, and it can go to the remaining cells in the liposuctioned region (the surgery won’t take all the cells in a certain area away). The result should be that any future weight gain will be more evenly distributed throughout the body. In other words, if you used to pack on the pounds primarily on your outer thighs, after the “extra” cells are removed, you should gain evenly in your arms and thighs.

One exception: Patients who undergo multiple liposuction procedures may put on weight in the intra-abdominal area (how men develop beer guts). “That’s because there is nowhere else for it to go,” says Wexler. “But this is only in the most extreme cases.”

**How Long Before I See Results?**

It depends. “My patients generally see 85 percent of their results within a month,” says Wexler. However, other doctors insist that it could take up to six months for the swelling to go down completely. Wearing the compression garment helps speed the process. “It also holds the skin in place, so that when it redrapes to the muscle, it looks smooth and taut,” says Wexler.

**What Is the Next Big Thing in Lipo?**

“The Holy Grail is removing fat without puncturing the skin,” says Pitman. “But we’re not there yet.” Experts believe this could eventually involve radio frequencies that break up the fat through the skin, or the injection of a fat-dissolving substance.

**Is There an Alternative to Liposuction?**

Mesotherapy, a medical specialty invented in 1952 in France, involves injecting homeopathic and pharmacological medicines, such as vitamin C, into the skin. When mesotherapy is used for body-sculpting, in a procedure known as Thinjection, dozens of little shots are required (about 200 for the stomach area alone). Your skin is first desensitized with a numbing cream. “The treatment penetrates the mesoderm, which is the middle layer of the skin, and enters the fat cells, causing them to break down,” says Lionel Bissoon, D.O., an osteopathic physician and mesotherapist who is a founding member of the Longevity Lounge, a wellness and antiaging center with offices in Manhattan and Beverly Hills. “Afterwards, the patients urinate away the excess.” If this is such a quick fix, why aren’t there mesotherapy clinics on every corner? “It’s very popular in France, and it’s just coming to the U.S. In 50 years, it will be as widespread here as McDonald’s,” predicts Bissoon. Mesotherapy may be cheaper than lipo, but it doesn’t come with Big Mac prices. A 20-minute body-sculpting treatment averages around $350, and generally a series of three to five treatments is recommended.

Another purported fat-reducing option is Lipo-Dissolve, which requires a series of injections of a drug called Lипостабил. The substance was not developed for cosmetic purposes (in some countries, it’s an approved lipid-lowering agent for patients with coronary disorders), nor is it FDA-approved for use in the U.S.

The medical community is skeptical of both options. “I have not yet seen any proof in peer-reviewed journals that these work,” says Fodor. “If they did, I would be the first person to use them. But there is no way to know what the long-term side effects are. Are other cells affected? How can I control how much fat is dissolved? I just don’t think the ideas have passed clinical scrutiny.”

**How Do I Find a Doctor?**

A word to the wise: Don’t skimp on cost or experience level. “You get what you pay for, especially when it comes to medical expertise,” warns Wexler. Check your doctor’s credentials, and ask for references. To find a doctor in your area, go to surgery.org (the website of the American Society for Aesthetic Plastic Surgery), or call 888-ASAPS11. For candid accounts of real women’s experiences with lipo, visit liposite.com.

You can contact the doctors featured in this article at the following phone numbers: Lionel Bissoon, 212-579-9136; Peter B. Fodor, 310-203-8818; Z. Paul Lorenz, 212-472-2900; Michael Kane, 212-935-0030; Gerald Pitman, 212-517-2600; Pat Wexler, 212-684-2626.

* Names have been changed.