

FINEST DINING: EMILY HOURICAN TRIES IRELAND'S HIGH PROFILE PLACES

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NOVEMBER 2009

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The Irish economy may be collapsing, but our faces, it seems, are most definitely not. LIZ DWYER talks to Ireland's leading doctors and plastic surgeons about our love affair with injectables, the Botox boom and the rise of the Pillow Face.

“Cosmetologist.” The word sounds mythical, magical. It’s the term used to describe a medically trained derma filler or Botox administrator. But, in fact, those who wield a cosmetic needle are quite like wizards, bewitching us with their magic wands, their supernatural potions and their ability to do all sorts of facial alchemy, all in the time it takes to say “abracadabra”. And we’re so spellbound with their super powers that it seems those in the industry will not just survive the economic downturn but will thrive. So much so that becoming a cosmetologist is listed as one of the top ten jobs for 2009 on www.careerbuilder.com, and peddling *Botulinum* toxins (Botox, Dysport, Azzalure) and fillers to said cosmetologists is one of the few Irish job sectors where recruitment is thriving.

Across the board, sales of luxury goods have plummeted and the beauty industry is being crippled by the recession, so it’s quite a feat that Allergan, the creators of Botox, are reporting a 40 per cent increase in demand for their product, and that the number of non-invasive cosmetic procedures carried out in Ireland is up 14 per cent on last year. Skin specialist Dr Jane Mulrooney from Beacon Dermatology feels one of the major driving forces behind the toxin and filler boom “is simply down to many of my clients realising that wonder creams and fluffy facials don’t work, and that regime cuts can be made on spa trips and €200 tubs of moisturiser and spent on clinically-proven medical treatments that guarantee results, most of which you can see immediately.”

Consultant dermatologist Dr Rosemary Coleman believes that the recession may actually be fuelling the injectable boom. “It has been noted that, in tough times, people tend to be even more concerned with their appearance. A common concern expressed to me from powerful women in the workplace, at the height of their careers and in the midst of a recession, is that they’re aware of smart, beautiful young people coming up behind them, applying for the same jobs for less remuneration. They feel they have to do something to maintain their position and appearance, and it mustn’t involve downtime or major risks – toxins and fillers meet these requirements entirely.”

While it’s evident that the demand for non-invasive surgical treatments is still rising rapidly in Ireland, all of the experts interviewed have noticed a shift in how often their clients make appointments. “Where a patient might have come in four times a year for Botox top-ups and maybe some laser treatment, we’ve definitely

WORK DONE? WORK NEEDED? THE EXPERTS’ OPINION

Jane Fonda, 71

“Jane has made a public issue to stop the pressure young actors are under to have plastic surgery but has admitted to having her breasts augmented and her eyes worked on. Talk about tip of the iceberg! Let’s consider maybe a brow lift, eye surgery, a full face/neck lift with genioplasty (chin reduction), and some nasal refinements. Let’s also consider a few laser treatments for skin texture and tightness. And why? Because she’s worth it!”

Richard Hanson

“Jane’s smooth forehead and frown area are a testament to the miracle effects of Botox. She’s probably had the lower eye bags removed. Although she has decided not to have any more plastic surgery, she could benefit from some non-invasive skin-tightening laser treatments to improve the laxity around her jaw line and neck.”

Dr Peter Prendergast

“Jane is all about the older woman still looking beautiful without surgery, but a little Evolence collagen to fill fine lines around the mouth and perhaps some Botox between her brow would keep her very natural-looking. It would be criminal to make this icon look plastic!”

Dr Mark Hamilton

“What hasn’t she had done? Given her fair skin type, she has severe photo ageing, but nothing a lot of laser resurfacing hasn’t fixed, as her skin has a good texture and glow. I’d hazard she’s had surgical intervention along with repeated Botox on the mid and lower face as well as volumisation using fillers. She looks well, given her age.”

Dr Katherine Mulrooney



noticed they are stretching out the length of time between visits and are now only coming in, say, twice a year,” says Dr Katherine Mulrooney from Beacon Dermatology. “But while our regulars may be less frequent, we have a lot more clients than before looking for injectable treatments, so overall our numbers are way up.” This echoes a trend in the US, where a survey by the American Society of Dermatological Surgery reported a 40 per cent increase in the Botox business but a 44 per cent increase in the time between visits of existing patients.

But while paralysing muscles may have seen us smoothly through the noughties,

the latest research has shown that it’s loss of volume, and thinning of the mid-face, as much as wrinkles and sagging skin, which contribute towards making us look old.

“Cheek augmentation is where it’s at, at the moment,” says Dr Mark Hamilton of The Hospital Group. “Most women cannot quite pinpoint what it is they don’t like about their face, but I can guarantee you it has something to do with the loss of mid-face or cheek volume.”

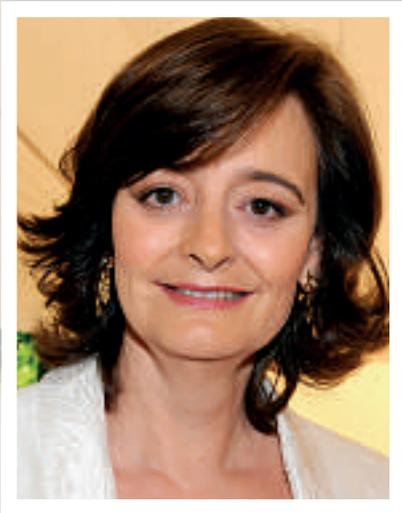
Hence the explosion in the number of women trying to increase mid-face volume by having derma fillers injected into sagging areas or by using stimulating substances such as Sculptra, a synthetic material that is injected

DILUTING BOTOX

There have been rumours circulating of clinics diluting Botox for their own financial gain. Since Botox comes in powder form it is reconstituted for use with a saline solution and that makes it impossible to tell how many units your administrator is using. You can discuss the dosage, but ultimately it boils down to trust and their good reputation.

WHILE WOMEN CAN NOW RECLAIM THE CHEEKY CONTOURS OF THEIR YOUTH, IT HAS ALSO LED TO THE RISE OF WHAT’S BEEN COINED “PILLOW FACE”.

WORK DONE? WORK NEEDED? THE EXPERTS' OPINION



Cherie Blair, 55

“I think she might have had conservative, non-invasive cosmetic work done – such as Botox in the upper face and lip, filler in lips, cheek augmentation also non-ablative laser, which gives her skin a nice glow and

a ‘plumper’ look – and therefore looks well in a very natural way. Also, weight gain due to advancing age and hormonal changes has the positive effect of plumping out the face and subsequently minimising the appearance of lines and wrinkles. Weight loss in this age group can be devastating for the face.”

Dr Katherine Mulrooney

“Cherie Blair keeps the no-frills look alive and she hasn’t aged badly at all. I’m not sure I would offer a lot to her, as perhaps it wouldn’t suit her look. Maybe a little Botox between the eyebrows and a little soft filler in her lips, as they thin with age.”

Dr Mark Hamilton

“Cherie’s facial volume has improved over the years, which could be due to a little weight gain or Sculptra or fillers in the mid-face. The jaw line is weak but not dramatic enough that she needs a neck lift or ribbon lift. She could benefit from Thermage or Fraxel to improve her jaw line, reduce static fine lines, improve facial volume and improve her skin texture.”

Richard Hanson

below the surface of the skin to increase skin thickness gradually. The other, more permanent, route to a plumper face is a fat transfer, where fat is taken from the tummy or thighs and injected into the face for volume. But this is quite a controversial treatment as it involves a lot of downtime, swelling and bruising and because, typically, only 40-45 per cent of the fat transferred actually takes. As Richard Hanson, consultant plastic, reconstructive and aesthetic surgeon, points out, most of the methods used for fat transfers today are dated; however, changes are afoot: “Fat transfer and transplant is the hot potato in plastic surgery at the moment. The annual British Association of Aesthetic Plastic Surgeons 2009 summer meeting had fat transfer as the central theme. Different fat transfer techniques have been around for a long time but massive advances have recently been made. Fat has unique properties that can improve contour and volume, texture and colour like no other substance, plus there’s no risk of allergic reaction.”

But while women can now reclaim the cheeky contours of their youth, it has also led to the rise of what’s been coined “pillow face”, the result of over-zealous filling out of the cheeks (imagine the effect of popping 50 cotton wool balls in your mouth). Recent photographs of many a well-known celebrity such as Linda Evans, Madonna and Kylie seem to suggest they may have fallen victim to the condition.

Like all the experts who were interviewed for this feature, Dr Rosemary Coleman is highly unimpressed with the rise of the pillow face and the all-too-eager doctors who create such unnatural profiles for their clients: “I have seen lots of people

of late in the media with lumpy, artificial cheeks. In these situations, a thicker filler such as hyaluronic acid will have been used. Personally, I hate that look as it is artificial and I feel the injector is often trying to create something the patient never had – for instance, high cheek bones – rather than just trying to restore what they have lost. It is important to know when to stop and this comes back to realistic patient expectations.”

Another shift in the jab-happy Irish market (and, no doubt, a contributing factor to its growth) is that “toxins” and derma fillers are no longer being used just to treat the obvious signs of ageing – forehead wrinkles, frown lines, crow’s feet and laughter lines – but are now appearing in more creative and unusual places. “I have more and more clients looking for Botox to reduce hyperhidrosis (excessive axillary sweating) and the symptoms of migraine,” says Richard Hanson. Meanwhile, Dr Peter Prendergast of Venus Medical Beauty has used “Botox and fillers for all sorts of areas with success: Botox in the base of the nose for a nose lift, in the nostrils to reduce the width of the nose, and in the soles of the feet for excessive sweating. I hear that dry feet go much better with Jimmy Choo shoes! Fillers can be injected virtually anywhere. I have success treating the back of the hands, the nose, under the eyes, and even the inner thighs. If these areas are treated carefully, using conservative volumes for soft tissue enhancement, the results can be very gratifying.”

WORK DONE? WORK NEEDED? THE EXPERTS' OPINION

Dannii Minogue, 38

“Dannii openly admits to a lot of aesthetic procedures, having her breasts augmented and her overuse of Botox. But that does not explain her great youthful face and all that volume and balance. Most of Dannii’s work, I’d say, is done with injectables and laser. I would say she cannot live without her Fraxel. Her cheek volume is probably from Sculptra or fat transfer; if it’s the latter, this could explain the youthful glow that goes hand-in-hand with fat transfers.”

Richard Hanson

“Dannii does do plastic fantastic! She embraces the whole Botox prevention treatment and looks good. Her skin is smooth, wrinkle-free – admittedly, due to Botox – but this will reap rewards later in life. A little lip filler helps to plump her lips, and I think it suits her – it’s a younger look. Like it or not, her look will keep her wrinkles at bay and it’s a good bet that she will continue to defy her age in the looks department for years to come.”

Dr Mark Hamilton

“Dannii has certainly had Botox and probably fillers in her cheeks to keep them plump and youthful. She had a slightly square jaw some years ago and this seems to have softened. Botox injected into the masseter muscle (used for chewing) could be responsible for this improvement in shape.”

Dr Peter Prendergast





WORK DONE? WORK NEEDED? THE EXPERTS' OPINION

Trinny Woodall, 45

“Trinny Woodall looks like she has had Botox in her upper face and fillers in her lips. Her lips look overdone and the Botox in her forehead has dropped her brows a little, making her eyes look smaller. I think she would do better by treating the frown and crow's feet only and avoiding the forehead; this would make the eyebrows lift slightly.”

Dr Peter Prendergast

“Trinny, Trinny, Trinny, what have you done? She looks false and completely unnatural. Lips should never get out of proportion like this, but sometimes celebs can't help themselves and body dysmorphia can affect anyone. The problem here is that she is facially very beautiful, great symmetry and the Botox looks fine, but you don't notice that because the eyes are drawn to the trout pout. Thankfully, the fillers will settle down and look more natural with time, I'm sure, but celebs should know better.”

Dr Mark Hamilton

“Trinny has denied going under the knife but you have to comment on those unnatural cheek volumes. This creates a balanced face, takes years off the eyes and ascends the mid-face. And all that filler in her upper lip - using injectables is not the same as going under the knife. I'd question her nasal tip refinements too, which look like they may be from cosmetic surgery.”

Richard Hanson

“Her skin has a healthy glow with refined pore size, which would suggest she has had nonablative laser therapy such as IPL or Fraxel Restore. I'd say she gets repeated Botox, lip and cheek augmentation using filler, and her nasolabial folds and marionette lines filled in too. I think she would benefit from Botox into the lower face to de-square her jaw line to create a more heart-shaped face.”

Dr Katherine Mulrooney

“This body-contouring injectable area of cosmetic treatments is another growing area of the industry (pardon the pun) and enhancing or changing the shape of the breast or buttocks without undergoing surgery will always be an attractive option,” says Dr Hamilton. “It relies on injecting larger volumes of a thicker hyaluronic acid, like you find in many dermal fillers, under the breast tissue and into the buttocks under local anaesthetic. The results are not permanent, lasting approximately one to two years, so that is either a good thing or a bad thing, depending on your point of view.”

So between augmented bums, breasts, faces and features - without scarring, anaesthetic or any convalescence time - it seems that non-invasive treatments have, for the most part, surpassed our

expectations over the past decade and given us a massive thirst for what can be achieved with the flick of a syringe and a good cosmetic eye.

But since all of these treatments are so young, it's hard to know what will happen if you forgo your bi-annual Botox

shots and regular filler fix. Dr Coleman is of the opinion that

“absolutely nothing” will happen if you suddenly stop your injections, even after years of use - the toxins will wear off, filler will reabsorb and “you will simply continue ageing, but from a shifted baseline”.

Richard Hanson, however, warns that while your face won't collapse as such,

“remember, if you start paralysing one group of muscles, other groups will compensate”. So, if you have been using Botox for years, other groups of muscles may have been over- or under-worked and your face will

have aged differently than if you had let Mother Nature take her course. “Once you start investing in Botox or fillers, they need to be maintained,” says Hanson. “In other words, girls, read between the lines.” ■

CHOOSING A DOCTOR

To avoid a trout pout, pillow face or other such disasters, it's imperative to research your doctor's credentials and experience before booking in for a treatment. It's also worth keeping a record of the treatments you've had and what substance was used in case you wish to change doctors.

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