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ad in *The Village Voice* for \$99 Botox shots. The material itself costs more than that. There are ob-gyns and family-practice doctors doing this. There are doctors who teach Botox-injection techniques by passing out a piece of paper with a diagram of a face and arrows pointing to the targets. That's just not how it's done."

The success of the procedures, Kane notes, is entirely injector-dependent. As with all matters related to medicine, there are potential side effects when Botox is used improperly. Incorrectly injected, it could result in facial asymmetry, drooping eyelids, and sagging mouths. Drooping eyelids can be treated temporarily with eye drops, and problems usually last no more than a week or two. Rhoda S. Narins, M.D., a New York-based dermatologic surgeon who also participated in the Restylane clinical trials, says that "in the past, older hyaluronic-acid products before Restylane may have caused red bumps. But the new Restylane is very pure, and I haven't experienced any of that," she adds. "You can have some swelling for a couple of days, but there are no long-term problems." Another rare side effect is a scary-sounding condition called local skin necrosis. "If collagen is inadvertently injected into a small blood vessel, a small part of the skin could be cut off from the blood supply and die, and then possibly turn black," adds Antell. "But it's very rare."

Other, more sensational, reports and tabloid tales have circulated. There are persistent rumors about an actress who

lost her voice after a Botox injection and had to go into hiding until the toxin wore off, or people who couldn't swallow after errant Botox needles were plunged too deeply into the neck. According to Antell, that would require a needle longer than most doctors would wield for a superficial, cosmetic treatment. (It should be noted that Botox is also used to treat voice irregularities. In that instance, the toxin would be injected directly into the muscles of the larynx, and the inappropriate dosage could result in lost speech.) Most doctors blame the Viagra syndrome, in which physicians dole out a drug outside their specialty and get their patients into trouble, for any substantiated catastrophes.

"I talk to a lot of people on the Botox speaking circuit, but no one I know has seen any patient like that. There's probably a nugget of truth behind the horror stories, but I don't know anyone who this has happened to," says Kane, who has heard tales about a patient who couldn't lift her head after a Botox overdose, which medically, physically, could not happen as a result of injecting Botox into the cords of the neck. At the heart of these rumors is the public's tastes for sensationalism and Botox—neither of which appears to be waning.

"I don't believe that any of this really happened. I think it's urban legend," adds Kane. "But it probably won't be long before it does; let's put it that way." □

a new wrinkle

Not yet ready to go under the knife,
Dodie Kazanjian decides to give Botox a shot.

Turning 50 is hard to do. Much harder than 40, and more traumatic, so I'm told, than 60. I've reached the great divide at last, and the siren call of plastic surgery is sounding louder and clearer than ever. Five years ago, I went shopping for plastic surgeons and wrote about the experience in *Vogue*. I visited seven of the best, six in New York and one in Los Angeles, and all but one of them recommended a variety of invasive procedures. It bothered and rather shocked me that their recommendations differed so widely—from upper-eyelid surgery to a coronal brow lift to what was then a brand-new option, Botox injections. One surgeon, Craig Foster, M.D., said, "If you were my sister, I'd tell you to go home and come back in five years," and being so uncertain about the whole thing, not to mention being pathologically afraid of needles, I followed his advice.

Time's up. I can see it in the mirror. But do I really want to go down this path

again? My husband, for one, is totally opposed to it. He says that when I look in the mirror, I see just the flaws. "You don't see all the other things that are there." Like what? I inquire. "The character, the animation, the expression, the movement." I'd remarry him on the spot for saying that, but I can't help feeling that character, animation, et cetera, add up to frown lines, nasolabial folds, and bags under the eyes. After 50 years on Earth, I'm coming to accept the notion that "deep down I'm shallow," to paraphrase what *The New Yorker* humor writer Peter De Vries had one of his characters say of another.

Foster is first on my list this time, of course, but I also sign up to see Sherrill Aston, M.D., and Gerald Imber, M.D., whom I liked five years ago, and the famous Daniel Baker, M.D., whom I tried to see before but couldn't. (There was a thirteen-month wait for an appointment.) This time around, Foster doesn't tell me to go home. "Enough things have changed now," he says. "You don't need a lot, really—just a little redraping." Redraping?

What he means is a "conservative upper-eyelid operation," removing a little bit of skin to get rid of the puffiness there; a "short-scar facelift," which involves a much smaller incision than the full-blown kind; and Botox injections to erase the two vertical frown lines between my eyebrows. The last two procedures are the hot tickets right now, as I find out when I visit the three other doctors. They all recommend the short-scar operation, which Imber, who says he invented it, calls Limited-Incision Face Lift Technique (LIFT).

All four doctors questioned me closely about the things that bothered me most about my face, and when I mentioned the ubiquitous frown lines, all four agreed that nothing does the job like Botox. "Botox completely stops the motion" of the corrugator and procerus muscles that control frowning between the eyebrows, according to Imber. "It will smooth the lines out so they're almost invisible." The trouble is, I'm scared to death of needles. (I once had a root canal without any Novocaine because the pain was preferable to the needles.) Botox injections are good

for about four to six months, and then you have to do them all over again. Imber and Aston, sympathetic to my needle phobia, tell me they can go in surgically, when doing my upper eyelids, and cut the muscles that control frowning, and also inject some of my own fat to smooth away the lines. But the fat injections would have to be repeated about six months later, and the end result would not be as effective as with Botox. Foster opposes cutting the muscle. "You almost invariably end up cutting some small nerve branches when you take part of that muscle out," he says, "and that can cause numbness. Besides, you're never able to eliminate the action of the muscle completely, so that a few months later, you're frowning again. It's something of a personal prejudice on my part, but I just don't like to do these little muscle operations. Botox, you're right, is temporary. But I call it maintenance. To me, it's the same thing as hair and makeup, something you do for yourself on a routine basis."

By the time I see Baker, the grand

image. The 23-year-old daughter of a friend of mine goes to Botox parties, where she and her friends, boys included, cop injections along with the canapés and Chardonnay. I also talk about it more with my husband, who's been saying that I could get just as good results by lying upside down on a slant board for 30 minutes a day. (Imber said that would work "if he does it, too, and you see each other upside down.") He still hates the idea of invasive procedures that "go against nature," but as Foster said, most husbands oppose plastic surgery, often on "Calvinistic" grounds, and my husband's name is Calvin. Besides which, Botox is not all that invasive, and it's not permanent. I call Foster's office to schedule an appointment for Botox injections and enlist a girlfriend, Donna, an experienced Botoxer, to go with me.

Mine is the first appointment of the day, at 8:45 on a Wednesday morning. Foster, a tall, good-looking midwesterner with a calm, friendly manner, gets right down to business. I do my usual I'm-

me nauseous. Half an hour later, back home, I don't even want to think about frowning—it's not in my facial vocabulary anymore.

by nighttime, when I check the mirror, I see that one of the frown lines, the one on the right, is fading. The left one is still there. It's there the next morning and the morning after that, and the other line hasn't completely disappeared. That night we go out to a dinner party, and I feel good about myself. The lines are definitely softer, although the left one is still more prominent than the right. (Foster had said this could happen.) My husband says he misses the lines, but he's being nice about it. By the fifth day, though, it's evident that I'm going to need the booster. At least I've been told it won't cost extra; it's

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pooh-bah in the field, I'm pretty spooked about the surgical options. A gentle, slightly disheveled man in green hospital scrubs (he's just come from the operating room), Baker sits down with me on a sofa in his waiting room, asks some questions, then takes me into his examining room. He tells me I have "a fabulous hairline in back," which would hide any surgical scars—a compliment, I guess. But he also takes a bead on my state of mind. "I just don't feel you're ready to do this yet," he says, referring to the surgical route. "I think you're pretty nervous about it. My advice to you, before you do surgery, try Botox. It will make a big difference." He himself doesn't do Botox injections, but Foster does.

Now that Botox has been approved by the FDA for cosmetic purposes, it's in my face every time I open a newspaper or a magazine. Maureen Dowd writes about it on the op-ed page of the *Times*, and so does William Safire. Allergan, Inc., which manufactures the stuff (refines and dilutes it, that is, from the world's deadliest toxin), has been running full-page ads touting its ability to banish in "one ten-minute treatment" the very same frown lines that besmirch my self-

afraid-of-needles routine, but he's not listening. "Look at me and make a big frown," he says, demonstrating one of his own.

"Should I close my eyes?"

"No, look at me."

I try, but all I can see is the big bad needle in his right hand. His left hand has a firm grasp on the top of my head. Both my hands are squeezed in Donna's. "It's only one needle and five sticks," he says. "It'll take ten seconds." After the first stick, all hell breaks loose. I forget my fear of needles because of what's going on in my forehead, which is ugly. It feels like I've been stung by a hundred killer bees. The needles are over, but the pain is almost unbearable and totally unexpected. Foster applies an ice pack to my forehead. "Don't put your head below your heart for four hours," he says. "It will take about a week before the lines go away. If they haven't gone by then, call me. About 5 percent of the time, it doesn't work, and you have to come back for a booster."

I stay in the chair for half an hour. The tremendous pain begins to subside after ten minutes, but the sense of fluid rushing around in my forehead makes

included in the \$400 fee I've already paid.

Back in Foster's chair, dreading the needle, I get a big surprise. He studies my face, tells me to frown, and says, "It worked. You've eliminated the muscle action." But what about my lines? "It didn't eliminate the lines completely. You can either accept them the way they are, or you can fill them in with collagen. You probably need half a cc of collagen, if the lines bother you."

I guess I misunderstood. I thought the Botox was going to get rid of them completely. Most of the time it does, Foster explains, but in some cases it doesn't, and then you have to decide whether or not to go further. "It's a matter of depth," he says, "how deep the lines were to begin with." Lucky me. I've lost the ability to scowl (for three months), but I still have scowl lines. Though I'm pleased that they're somewhat muted, I can look forward to more needles—four or five "sticks" of collagen, for another \$300.

I feel as though I've taken a first step, gotten my feet wet, and discovered that Botox is not the panacea I'd heard it was—at least not for me. Whether I decide to go further will depend, I guess, on how deep my shallowness really runs. □