

Microsuction is also ideal for the correction of a gruesome affliction that usually strikes by the late 30s: saggy jowls.

"Between age 30 and 40, what we begin to see is a little collection of fat under the jaw and along the jawline, the mandible," says Imber. "And by doing a little microsuction, we prevent the jowls and double chin from starting. So in a half-hour, you've avoided this look that you'd have to live with for 10 years until you have surgery. It's gotten rid of completely."

Despite minor bruising and a post-op recovery period of up to a few days, Imber, who has performed several thousand such microsuctions, maintains that it's a big hit with his celebrity clients. "I've done it for a lot of very visible people," he notes. "It can buy years of graceful living without surgery."

#### **Blepharoplasty**

Stepping up a notch on the intensity scale is the "sub-conjunctival blepharoplasty," or, as it's more commonly referred to, the "eye job." When glycolic acid ceases to perform, minor surgery is the only effective course of action. But, as Imber points out, it's not only chronology that can set the eyes on a wrinkly, crinkly path; heredity also has something to say about who sails through midlife with unfurrowed orbs.

"Puffiness under the lids is usually congenitally arrived at," says Imber. "If your Aunt Millie has it, you'll have it, too. And it's a problem I think should be dealt with the minute you see it."

Imber's call to action has to do with where the incision is placed; if the initial puffiness is addressed before too much loose skin has accumulated, the cut is made on the inside of the eyelid—far preferable from an esthetic standpoint than an outside cut.

After the patient is given a local anesthetic and intravenous sedation, Imber slices the inner lid, identifies the fat and removes it. *Voilà*. "We take the fat out and the bags are gone," says Imber. "Forever." The recovery period, however, is not as long-lived; expect a return to normalcy within approximately one week.

#### **Laser Resurfacing**

Encouraged by a recent wave of technological advances, Imber, like virtually all of his peers, has jumped on the laser bandwagon. But while other plastic surgeons have been using the concentrated light beam to cut and reconfigure the face, Imber's inclination has run more to refining the surface of the skin rather than severing it and moving it about.

He may be on to something. With its heightened degree of specificity and lowered incidence of complication, there is every indication that lasers may soon leave the traditional routes to resurfacing—chemical peels and dermabrasion—in the dust.

"Because of the laser, we can actually pinpoint a wrinkle and know

how deep we're going," says Imber. "It's much more accurate. And there isn't any blood. With a peel, there is always the chance of a chemical reaction. And with a dermabrasion, there is [skin and blood] flying everywhere. A surgeon doesn't know what's really going on."

"For the first time," Imber adds, "resurfacing has become scientific. Up until now, it's fallen somewhere between science and witchcraft."

As promising as laser resurfacing sounds, Imber is quick to point out its commonality with chemical peels and dermabrasion: a substantial, and sometimes substantially painful, recovery period.

"There isn't any blood, but it isn't beautiful," he allows. "In order to work, it has to remove the full thickness of the skin—from the epidermis to the dermis." The stages of recovery are akin to that attached to a bad sunburn, namely rawness for 10 days, followed by several weeks of pinkness. "But if a patient is willing to go through that," Imber notes, "most wrinkles can be eliminated."

#### **The "S-lift"**

Of the lot, the "S-lift" ranks as the most invasive of the Youth Corridor procedures. Described by Imber as "about half a facelift," the technique gets its name from an S-shaped incision that starts in the hairline and wraps discreetly around the bottom of the ear.

"It's remarkable for younger people," says Imber. "We started doing it for theater people and models, and now, except for the patient who is over 55, it's probably the best procedure. Because it's less surgery, the recovery is faster and less daunting. A patient can be back to work in 10 days—period."

The S-lift tightens what plastic surgeons refer to as the "SMAS" (Superficial Musculo-

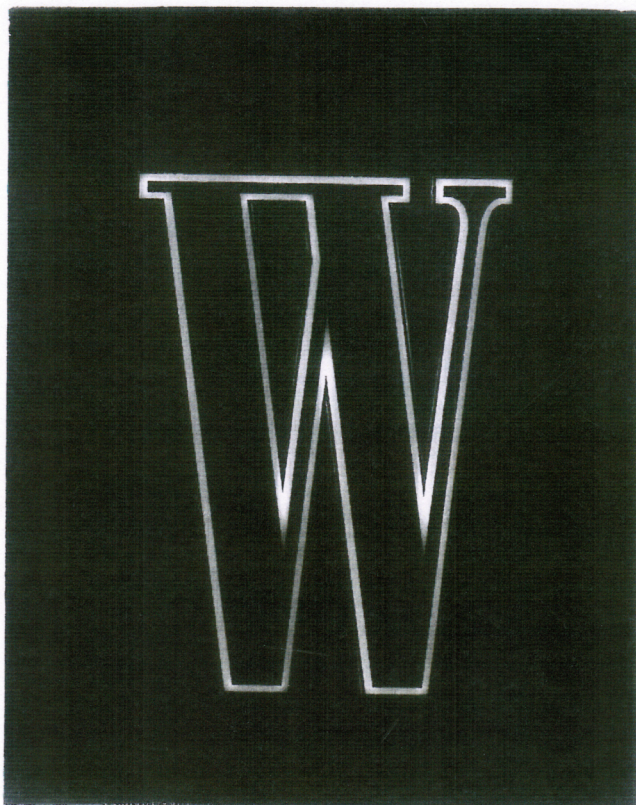
Aponeurotic System), which is, in short, the underlying support grid for the face. As such, it eradicates nasal labial folds and loose skin around the mouth, and can also, according to Imber, redirect drooping fatty tissue back on to the cheekbone. What it doesn't address, however, is crepey, sagging skin on the neck. For that, he says, a full-blown facelift is in order.

But the objective, the entire thrust of Imber's plan, is to toss a series of well-timed monkey wrenches into the aging process. And if a patient starts early, not only will she probably never need a major facial overhaul, she'll bounce back quickly from what little dabbling she does do.

"The healing time for all of these procedures is so much better because we're doing them on younger, healthier people with resilient skin, good elasticity and healthy collagen," says Imber. In other words, the patients who least need fine-tuning often obtain the best results.

"If you get rid of wrinkles before they're etched into the skin, then you keep on looking great right through your adult years," says Imber. "There aren't any bargains in the world. But I'm buying 25 years for you, and that's pretty nice."

—DANA WOOD



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