

MINS Tucks

Is Plastic Surgery for You? by sheree crute

Rumor has it that Oprah's been lifted, Whitney's been enhanced and a few curves. Sisters—celebrity and otherwise—are getting nipped, tucket

The American Society of Plastic and Reconstructive Surgeons (ASPRS) reports that African-Americans have nearly 100,000 procedures annually—accounting for 8 percent of all plastic surgery patients last year, up 2 percent from 1996. "We are most likely to seek breast surgeries, tummy tucks or liposuction," says Pearlman D. Hicks, M. D., a leading African-American plastic surgeon, whose practice in Beverly Hills, Calif., is about 40 percent Black. In fact, liposuction is not only popular among sisters, it's also the most commonly requested form of plastic surgery, the ASPRS reports. It is not, however, a substitute for managing your weight and staying fit, says Michelle Hardaway, M.D., another well-known plastic surgeon in Detroit. "Liposuction is not a weight-loss program, which is why I try to make sure that my patients have realistic expectations about the procedure."

Whether searching for someone to relieve you of your legacy (those hips) or just pondering the possibilities, there are several things you should know to make sure your surgery is a success. Here are the stories of three sisters who are happy with their results and some advice from the most successful surgeons in the country on the special needs of our skin.

Having It All

About 13 years ago, Gerry LaVonda, a wife and mother of two daughters in Los Angeles, began her search for a surgeon to perform a rhinoplasty (nose job). "I called lots of White doctors who said they would not work on me because the risk of scarring was just too great," LaVonda says. Finally, her gynecologist recommended Dr. Hicks, who was happy to do the procedure.

LaVonda was so delighted with her new nose that she decided to try more plastic surgery. "After having two children, I was starving myself, running, race walking, doing everything to get my flat tummy back," she says, "but nothing was working." So she went back to Dr. Hicks for breast augmentation and a tummy tuck (abdominoplasty). "I just loved the results," says LaVonda, now 50. "My clothes fit perfectly afterward."

The procedure: A surgeon begins a tummy tuck with incisions along the bikini line and around the navel. After separating the skin from the abdominal wall up to the ribs, he tightens a column of muscles at the center of the body (the rectus abdominis) to flatten and firm the stomach. He may also do a smaller tuck on the lower half of the stomach, remove some stretchmarked skin and liposuction excess flab.

Costs: \$6,000 to \$9,000.

Risks: Infection, blood clots, bleeding, keloids.

Getting the best results: There's no way to avoid the hipto-hip scar, which is why it's important to find a surgeon who has performed tummy tucks at least 10 times on Black patients, Dr. Hicks suggests. Call ASPRS at (800) 635-0635 to find a surgeon certified by the American Board of Plastic Surgery. The surgeon should also have privileges to perform plastic surgery at a minimum of two, high-quality hospitals.

African-American skin is particularly susceptible to scarring or discoloration because the melanocytes—the cells that produce pigment—are in the epidermis, the upper layer of the skin, says Csaba Magassy, M.D., a plastic surgeon in the Washington area, best known for his work on ABC news correspondent Carole Simpson. Damage to the cells can discolor skin, espe-



cially on African-Americans and Asians. "Burying the stitches inside of the skin—especially with tummy tucks—is one of the most important parts of avoiding a raised, dark scar," Dr. Hicks says. "In general, handling African-American skin very gently is critical," Dr. Magassy says. "Using forceps without teeth and applying as little pressure to the skin as possible is also extremely important."

Sculpting a Better Body

Paula Carson, D.D.S., a dentist in Detroit, arrived at Dr. Hardaway's office ready to do away with just about any body fat that had refused to be aerobicized into submission. "After years of struggling to keep my weight down, I was eating as little as possible and exercising as much as I could," explains Carson, a 40-ish single mom with a teenage son. "Still, I was never comfortable with my size.

"Then, I started to see this little pouch on my outer thighs," she adds. "I'd heard horror stories about liposuction, but I decided to give it a try.

"Dr. Hardaway made me cut back on my requests to protect my health," Carson says. "She just did my inner knees, upper and lower back, and outer thighs."

Carson, who lost about 10 pounds from the surgery, found the pain fairly easy to handle and would

always try to place them in a skin fold," Dr. Hardaway says. Still, she prescribes a mild bleaching cream to fade scars. A good surgeon can remove up to six liters of fat and fluid. Achieving smooth contours, however, requires lots of experience and a careful assessment of the elasticity of the skin.

Before and after photos of a tummy tuck done by Pearlman D. Hicks of Beverly Hills.



Lightening Her Load

For Lea Bailey-Medley plastic surgery was about feeling good, not looking good. "For six years, I started my day with 400 mg. of ibuprofen to ease my back pain," recalls Bailey-Medley, a medical practice manager in Philadelphia. At 5 feet 2 inches, she overcame her fear of surgery when the straps from her 38DD bras began to cut into her shoulders. "I couldn't run, jump or even do aerobics," the 37-year-old wife and mom says.

To find a surgeon, Bailey-Medley ran background checks, interviewed doctors and their patients, and contacted professional organizations. She ended up with Emily F. Pollard, M.D., an African-American surgeon in Philadelphia, and was amazed by the results. "I'm now about a 34C, and I am about to wear spaghetti straps for the first time in my life." Her lack of pain and quick recovery were also a surprise. "I only took two pain-killers a day for a couple of days," she says. "Now, I look at myself and say, 'this is a work of art."

"Using forceps without teeth and applying as little pressure to the skin as possible is also extremely important."

consider other work. "I was sore, but able to drive over to my office after two days," she says.

The procedure: Liposuction (suction-assisted lipoplasty) involves inserting a cannula—a very thin, hollow tube attached to a vacuum-pressure unit that pulls out the fat—into a small incision.

The tumescent and ultrasonic techniques are considered the most advanced. Tumescent, which Dr. Hardaway always uses first, involves "injecting a balanced salt solution that helps reduce blood loss so that larger amounts of fat can be removed," she says. For ultrasonic liposuction, the doctor uses the heat generated by sound waves to break up the fat and separate it from blood vessels and tissue before removing it.

Generally, people with hypertension, diabetes, heart disease or obesity are poor candidates for liposuction. It's best to be in good physical condition and as close as possible to your ideal weight. Your doctor should perform

possible to your ideal weight. Your doctor should perform the surgery in a hospital if removing more than eight to 10 pounds of fat.

Cost: \$2,000 to \$6,000.

Risks: Infection, excessive fluid loss and shock. Baggy or uneven skin. A recent *New England Journal of Medicine* study, which examined the deaths of five patients, found that tumescent liposuction may be especially dangerous because it allows the doctor to remove large amounts of fluid and fat, and includes the use of the drug lidocaine. Lidocaine may interfere with heart function and blood pressure or cause other complications.

Getting the best results: Scarring from liposuction is minimal, since the incisions are very small. "Your surgeon should



Paula Carson of Detroit had liposuction for her upper and lower back, knees and thighs.

The procedure: Typically, the surgeon makes an incision above the nipple that determines how it will be repositioned. She then removes excess fat, skin and glandular tissue below the incision. She brings remaining skin down and around the newly positioned, higher nipple, and together on the underside of the breast to create a smaller, higher, firmer breast. Bailey-Medley's doctor also liposuctioned underarm fat.

Cost: \$5,000 to \$6,000 (often covered by insurance).

Risks: Infections, uneven breasts or nipples, loss of sensation or breast-feeding ability. Smokers may have heavier bleeding and wider scars, because nicotine and carbon monoxide reduce oxygen in the blood and constricts small blood vessels, which interferes with healing.

Getting the best results: This surgery leaves an anchor-shaped scar around the nipple and down the center of the underside of the breast. Bailey-Medley's

scar resembles a pencil mark—a truly great outcome. When it comes to scarring, "each patient is different," Dr. Pollard says, "but you have to watch the patient carefully after the procedure." She applies steroid or other topical treatments a few days or weeks after a procedure if a patient is having problems.

The bottom line is that all forms of surgery carry health risks, but taking the time to carefully select a surgeon and protecting yourself against potential problems can make the difference between a disappointment and a great looking, new you.

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