

*Lumps, bumps, bruises, and worse: Cosmetic procedures don't always go exactly as planned. Jenny Bailly talks with the pros about temporary side effects, permanent problems-and how to fix them.*



risky  
business

EXIT



**INFLATION**

When it comes to aesthetic tweaks, you don't always get what you pay for. From left, Louis Vuitton dresses, Chanel dress. Hair, Julien d'Ys; makeup, Peter Philips for Chanel; set design, Andrea Stanley at the Wall Group. Details, see In This Issue.   
Sittings Editor: Phyllis Posnick.



**C**hristine\* expected to wake up the next day looking younger and more rested—not like she'd been sucker-punched. "I'd been getting Restylane under my eyes, to fill in that hollow-ness, and it was great," says the 42-year-old fashion executive. "But this time, I was swollen and black-and-blue for a month. Thank God I was about to go to India for business to spend most of my days in factories." A regular patient of Fredric Brandt, M.D., a Manhattan- and Miami-based dermatologist well known for his deft needlework, she had strayed into the arms of another doctor while he was out of town. By the time Christine returned home, the swelling had subsided, but there was still a bluish tint under her eyes that wouldn't fade. For the same reason veins look blue beneath the skin (the result of light scattering), Brandt later explained, so can filler injected too close to the surface—one of many nasty potential complications of modern aesthetic intervention.

Bumps, bruising, a squiggly scar, bee-stung lips that are a little more bee-stung than you bargained for—they can come with the nip-tuck and, more often these days, the freeze-fill territory. Some less-than-pleasing aftereffects are part of the process and are temporary; others qualify as mishaps and can be painfully longer-lasting. Even in the hands of an experienced dermatologist or plastic surgeon, every procedure—from quickie, fine line—erasing injectables to more complicated invasive surgeries—has its particular set of challenges and risks. Thankfully, the best doctors have more than a few tricks up their crisp white sleeves to deal with these issues as they arise.

## THE UPS AND DOWNS OF BOTOX

Boundless zeal in the early days of Botox (on the part of both patients and their eager-to-freeze doctors) produced a parade of faces that broadcast, "Hey, look what I did!" Today the novelty has worn off, technique has improved, and paralyzed, expression-free faces are, for the most part, a rarity. But certain problems—usually apparent within five days after an injection—still crop up.

The most feared side effect (and an embarrassing Botox giveaway) is a droopy eyelid, which can occur when fresh Botox is "jostled," causing it to wend its way into the wrong muscle following injections between the brows or in the upper forehead. It's for this reason that doctors instruct patients to remain upright for a minimum of four hours after a treatment. (Patients leave Manhattan dermatologist Pat Wexler, M.D.'s, office with a full page of post-Botox don'ts: no showering, makeup application, napping, shoe-shopping—anything that causes you to bend over or look down. Exercise and blowouts—the dryer could, in effect, "melt" the Botox beneath the skin, making it more prone to movement, says Wexler—are banned until the following morning.) It can also happen when an injection relaxes a brow muscle that turns out to be pulling the eyelid upward (not uncommon in older patients). Most doctors estimate that droopy eyelids happen to just about 2 percent of patients, which aren't terrible odds, but with nearly 2.8 million Botox injections performed in 2007, according to the American Society of Aesthetic Plastic Surgery, that still makes for almost 56,000 lazy lids.

Luckily, there's a magic bullet: lopidine, prescription eye drops that bypass the paralyzed muscle that's causing the drooping and recruit another one to lift the lid. "Use them twice a day, and instead of having a droop for a couple months, you might have it for a week or two," says Wexler. While she doesn't generally let patients in on this eye-opening secret weapon unless she's forced to use it ("If they know about the crutch, they might not follow my instructions"), she has been known to prescribe it preemptively if someone's flying out of town the next day. "It's like packing an umbrella," she says.

Another potential Botox complication that isn't quite as prevalent but is still frequent enough to have a nickname among doctors: "the Mr. Spock," an unwelcome, freakishly arched brow caused when a neighboring muscle starts to overcompensate for the one (deliberately) weakened by the toxin. After one injection, "my right eyebrow moved up my forehead into a pointed peak, literally an upside-down V," says Luisa\*, a 60-year-old writer. "My four-year-old granddaughter told me I looked like Cruella DeVil. She was right. I was a terror." The effect of Botox dissipates within three to six months, and Luisa just waited it out, though as Alastair Carruthers, M.D., the Vancouver dermatologist who pioneered Botox's cosmetic use (with his wife, Jean Carruthers, M.D.) 20 years ago, explains, an additional injection into the overacting muscle could have corrected the asymmetry. This fix can also even out a lopsided lip—a new challenge that's cropped up now that some doctors use Botox around the mouth.

## THE POTENTIAL PITFALLS OF FILLERS

Everyone seems to be racing for youth in a syringe, but injectable fillers are one new acquisition you most definitely don't want a friend admiring over lunch. Fillers should imperceptibly plump wrinkles and reestablish the soft, youthful contours of your face. There's nothing subtle about a bump bulging beneath the skin, which, along with bruising, is the most common post-filler predicament.

When Lauren\*, a regular on the Palm Beach social circuit, had Juvéderm injected into the fine lines around her mouth, she didn't think twice about the black-tie event on her calendar several weeks later. It wasn't the first time she'd used the hyaluronic-acid filler, and she'd always been pleased with the results. But this time, after about five days, a hard, pea-size lump rose up just below her lip—and didn't budge. "It was very visible," she says. "I felt like you couldn't miss it from a helicopter—so just imagine if you were my dinner companion."

When hyaluronic-acid fillers (Restylane, Juvéderm, and Per-lane) go awry, there is an antidote: the injection of an enzyme called hyaluronidase. "Hyaluronidase starts breaking down the filler within hours, without affecting the natural hyaluronic-acid in your skin," says dermatologist Kenneth Beer, M.D. One hit of the stuff dissolved Lauren's bump after she visited Beer's West Palm Beach office a few days before her event. She was thrilled she didn't have to resort to her only plan B: "keeping my napkin in front of my mouth all night." Hyaluronidase also came to Christine's rescue. With one injection, the bluish tinge under her eyes faded, and Brandt was able to refill the area two weeks later.

When a hyaluronic-acid filler has been injected very superficially, doctors can also squeeze it back out. "You insert a needle to create a tiny hole, and use your fingers to massage the filler out; it comes right up," says Wexler. "After years of scratching our heads, we just figured out recently that sometimes it's actually that easy."

Even when your face is in the hands of a doctor with masterly technique, though, lumps are part of the package to a certain extent. In the first week after a Juvéderm injection, for example, almost 80 percent of patients notice some sort of bulge. "You're injecting something into the skin, so in most cases you will be able to at least feel something," says Brandt. When all goes well, anything visible disappears along with the initial swelling (generally within seven days). But if you still see lingering bumps after three weeks or so—which happens in about 3 to 5 percent of cases—they aren't likely to disappear anytime soon. They are most common around the mouth (as with Lauren), where muscle movement can cause a filler to ball up, or under the eyes, where thin skin is extremely unforgiving to any irregularities. If a bump suddenly appears a few weeks post-injection, it could be a granuloma: a nodule formed not by the filler itself but by the body's reaction to it. Steroid injections can usually treat these.

If you simply don't like the results of a filler, "in most cases, there's no reason to panic," says Manhattan dermatologist David Colbert, M.D. The fact that most injectables will dissipate naturally within several months, depending on the filler, gives them a built-in safety net. Undesirable outcomes from longer-lasting fillers like Radiesse, Sculptra, and your own fat (all of which can last for well over a year), or ArteFill, which contains acrylic beads (and lasts five years or more), are harder to swallow, since the only solution is to wait. But if you're unhappy with silicone injections (most commonly used to plump and define lips), which are permanent and truly till-death-do-you-part, "then you can panic," says Colbert. "Silicone is incorporated into your tissue, so you just have to live with it." The only solution is to physically cut out the material, and the result, especially in the delicate lip area, can be what Carruthers describes as "appalling scarring."

## FULLY COMMITTED: FACIAL IMPLANTS

Solid silicone facial implants have been used for about 40 years to permanently bulk up weak chins and enhance cheekbones. The most common complication following a cheek or chin implant (both are usually slipped into place through an incision in the mouth) is severe swelling, which can last several weeks, says Manhattan plastic surgeon Lawrence Reed, M.D. If the pocket that an implant is inserted into is made even slightly too large, the implant may also change position.

The latest news is the recently FDA-approved Perma Facial Implant: silicone strips that feel like Gummi worms and, despite the broad name, are available specifically for lips. While the jury's still out on how this most recent innovation performs (only 33 surgeons in the United States are working with them so far), lip implants is a category that has seen its share of issues in the past. Common complaints include implants that become firm

, shift out of position, or simply look too unnatural (think of a fish).

As the name implies, an implant is a permanent addition to your face, so should you be displeased, the only way to adjust—or remove—it is surgically. The procedure is relatively simple with the chin and lips but can be riskier in the cheek area, where there are many nerves, says Reed.

Though facial implants are widely used, many surgeons' preference is increasingly to use injectable fillers to create volume instead, since they are less invasive, not always permanent, and allow for more customization, down to the last droplet.

## DUE DILIGENCE

All procedures carry risk, but choosing a skilled doctor greatly mitigates it. Dallas plastic surgeon Jack Gunter, M.D., recommends asking doctors what their most frequent procedures are, and how often they perform them. "Personally, before I'd sign up for a particular surgery, I would want to know that my surgeon did at least 25 to 35 of them a year," he says. Manhattan dermatologist David J. Goldberg, M.D., says 1,000 is the magic number when it comes to Botox and fillers: "You want to go to someone who has performed at least that many total injections; they've worked out the kinks." As Cambridge, Massachusetts, dermatologist Ranella Hirsch, M.D., says, "Ultimately, it's not the filler, it's the filler." After her cartoonish Botox experience, Luisa now grills potential doctors about their background and even analyzes their staff. "You know they're trying everything, so see what they look like," she says. One of your best resources, though, is that friend who always looks like she just got back from the most blissful vacation (even when she hasn't left the city in months): Find out who's behind her smooth brow and sparkling, rested eyes, and make an appointment.

**"It was very visible, Lauren says of the pea-size lump that rose up below her lip. "You couldn't miss it from a helicopter"**

Board certification, although not mandatory to practice medicine, is also a key indication of skill. But don't simply ask a doctor if he or she is board-certified; find out exactly which board certified them (depending on whom you're seeing, it should be the American Board of Dermatology, the American Board of Otolaryngology, or the American Board of Plastic Surgery). To learn if a doctor has been disciplined by any state medical board, go to docinfo.org, a Web site run by the Federation of State Medical Boards, and order a physician profile (for \$9.95). Background on whether a doctor has lost or settled any malpractice suits is also available in some states, while in others this information cannot be disclosed to the public. Contact your state medical board (fsmb.org/directory\_smb.html) to find out.

If a true problem does arise, a good doctor will know how to deal with it and will not waste time backpedaling. "I tell my patients that their chance of having a complication in my office is extraordinarily rare, but it's never going to be zero," says Goldberg (who, incidentally, is also a lawyer and teaches health-care law at Fordham Law School). "If you can't live with that risk, then you just can't do any of this stuff. That's what it comes down to."

\*Names in this story have been changed.