

Behind the Scenes: Plastic Surgeons

Whether you're looking for a tweak here and there, a tighter face, or a full-body makeover, there's a doctor for that.

By Sandra Ballentine

Artwork by Johanna Goodman

By now, even the Carmelite nuns are probably comparing notes on Kris Jenner's facelift (courtesy of the Manhattan surgeon Steven M. Levine) and kiki-ing about her daughter Kylie's 445cc, dual-plane, moderate-profile Natrelle silicone breast implants. Suddenly, you can't go to a cocktail party without overhearing hushed complaints about Levine's waitlist (referrals only, please), heated debates on the merits of various facelift techniques, and deep-plane dives on the finer—or, rather, coarser—points of “Mar-a-Lago face.” At a recent gallery opening in Chelsea, I thought two women were discussing New York's new mayor, Zohran Mamdani, only to realize they were actually dishing about Dilip D. Madhani, known for sculpting the jawlines of more than a few art world luminaries. I can't even procrastinate on Instagram while trying to write this story without going down a rabbit hole of on-table surgery videos; deceptively filtered before-and-after shots; and rando docs weighing in on the way Anne Hathaway, Bradley Cooper, and Tom Brady look—did they, or didn't they?

Aesthetic enhancement is so ubiquitous these days that a bold new social subspecies has emerged—the Surgery Show-off. Celebrity facialist Joanna Czech, who preps a lot of pre-op clients, has literally seen it all. “They'll be like, ‘Joanna, I got my vagina done. Do you want to see it?’” One woman was so delighted with her new boobs (courtesy of Dallas surgeon Gregg Anigian) that she named them. “We devised a whole care regimen for Betty and Bertha,” says Czech, laughing.

The steady uptick in face and body procedures directly correlates to how much they've improved in recent years. “It's a new era of plastic surgery,” says the in-demand facial plastic surgeon Elizabeth Chance, whose boutique Charlottesville, Virginia, practice is staffed by and caters solely to women. “What has changed in the past five years is the amount of collaboration we are seeing at the highest levels,” she says. The best doctors are sharing more than cutting-edge techniques. “We're also learning how to better communicate with patients so that they feel taken care of and supported,” says Chance. “We're thinking about how to make this an emotionally whole experience, on top of being a physically successful procedure.”

Another change: Facial rejuvenation is being embraced across generations. Early intervention, like the so-called “Forever 35,” or “undetectable facelift,” is all the rage—the idea being that submitting to smaller tweaks early on can help stave off major work later in life. Plus, younger tissue is easier to work with, heals faster, and may hold results longer.

I wish I'd had the guts to be an early adopter, but despite my long career in beauty journalism, I've always been skittish when it comes to scalpels. But now in my 50s, with a face falling faster than Icarus and certain body parts about to declare a state of emergency, I feel like my days of cosmetic complacency are numbered. You would think all the newfound candor around who's having what done would make things easier—but for many, me included, the information overload has made it even more challenging to make decisions about potentially life-altering incisions.

“Some of the best surgery in the history of the world is getting done, but there's a lot of conflicting information out there, so finding a trusted adviser is of the utmost importance,” says Chance, who educates women on what can and cannot be accomplished with surgery, especially now that digital tools like Facetune and filters can make the impossible seem effortless. She's been studying my features while we chat. “You have a youthful face, so maintaining that and not exaggerating anything will be huge,” she says. Besides refining my neck and jawline, Chance would concentrate on my mid-face, which she considers the epicenter of beauty. “We would be aiming for your late 30s or early 40s, when it's my guess you were at your most beautiful.”

My fears starting to dissipate, I decide to Zoom with Chia Chi Kao, the Santa Monica-based surgeon who invented the minimally invasive ponytail facelift (shorthand for endoscopic total preservation deep-plane facial rejuvenation) more than 20 years ago. Kao matter-of-factly notes my neck's fall from grace,

some volume loss under my eyes, and the ever-deepening marionette lines that pull the corners of my mouth down into a permafrown. He lays out a multiprong strategy. “We're going to do a ponytail facelift,” he says, using his hand to show where he would start—an incision high in my hairline, continuing down diagonally toward my nasolabial fold and marionettes. “I'll lift along what I call the Z-axis of beauty, which follows the orientation of the zygomaticus major muscle. This will rejuvenate the corners of your eyes, entire midface, and mouth.” Next up is the deep neck-contouring part, using a technique he calls endoscopic platysmal SMAS cranial suspension, which, unlike the neck lifts of old, does not use liposuction to remove subcutaneous fat. “That superficial padding of fat actually helps keep the neck supple as you age,” he explains. “With one little incision under your chin, I'll lift the subcutaneous tissue, go underneath the platysma muscle and contour the subplatysmal fat, shave down and tighten the digastric muscles, and reduce the submandibular glands if they're enlarged. That will give you a very crisp jawline.” Kao would also replace volume in my lower orbital hollow with a customized tear-trough implant.

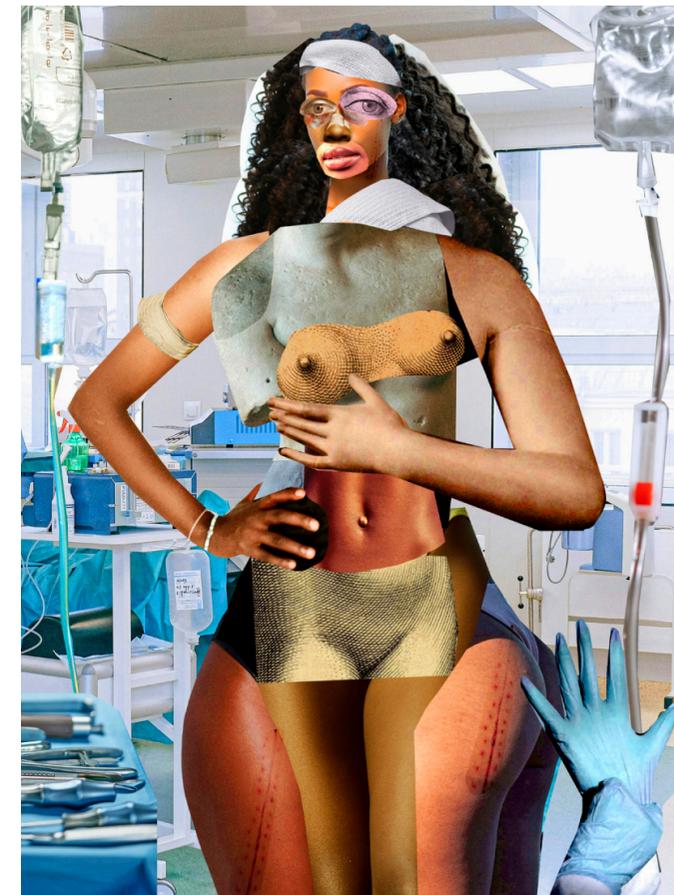
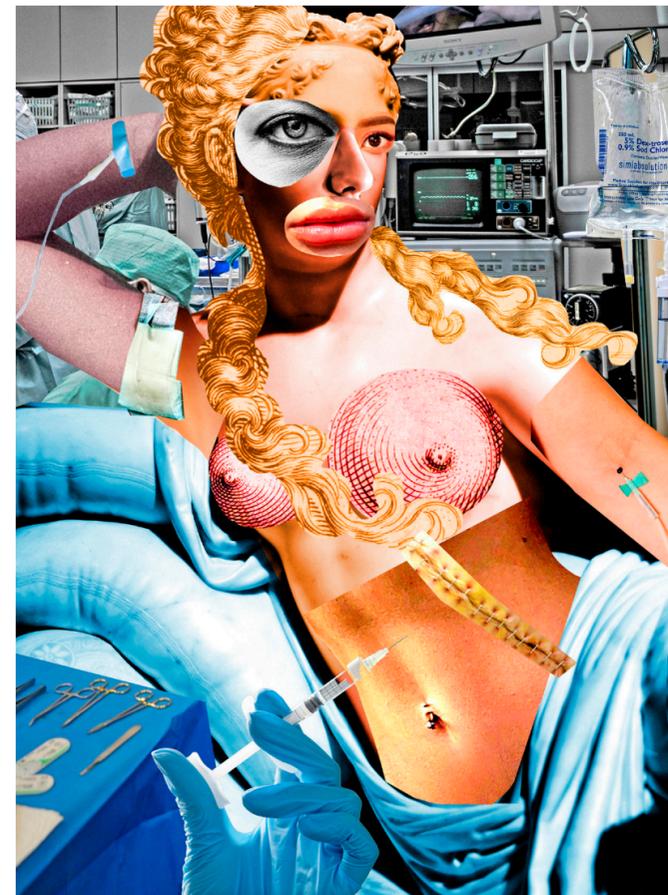
I start to feel overwhelmed again, not to mention queasy. What about a more gradual approach? Could I start with a nip and tuck here or there? “When a patient says, ‘I just want this’ or ‘I don't want that,’ they have to lower their expectations, because it's like you're commissioning me to paint a beautiful picture of you, but you're saying I can't use blue, I can't use red, and I can't use yellow,” Kao says, unamused.

Point taken. Still, for a fresher look without a full lift, many turn to blepharoplasty, or eyelid surgery. Leading orbital operators, like Guy G. Massry and Ronald Mancini in Beverly Hills, and Naresh Joshi in London, focus solely on the delicate eye area. Same goes for Manhattan-based Haideh Hirmand, who's part of a rarefied group of aesthetic plastic surgeons trained in oculoplastics and craniofacial surgery. For all its popularity and ease of recovery, blepharoplasty is a serious proposition. Good work should be barely noticeable; a bad eye job can completely change your looks or, worse, compromise eye or lid function. It's no wonder bleph patients usually tell their surgeons which celebs they *don't* want to look like.

Hirmand focuses on “shape consideration and preservation,” and what she calls “aesthetic synergy.” “I do very custom procedures, layering each surgery with nonsurgical regenerative modalities aimed at improving tissue quality, like micro- and nano-fat, microdroplet filler, peels, and lasers,” she says. A concierge helps patients pick their add-ons from the Eye Bar menu, which, in my opinion, should also include actual cocktails.

Rhinoplasty is another popular stand-alone. My nose isn't perfect, but we've coexisted peacefully for more than half a century, so I don't feel the need to sniff around for a new one. If I did, I'd grab my passport and visit an ace like Barış Çakir in Istanbul, José Carlos Neves in Lisbon, or Charles Randquist in Stockholm. Some people (Kao included) think surgeons in Turkey and Europe have an edge when it comes to wayward nostrils. Closer to home, there's always the Kardashian-approved, Beverly Hills-based surgeon Raj Kanodia, whose nickname, the Nose King, says it all.

The Europeans have a way with wattles too, apparently. Royals, finance types, and prominent politicians flock to Madrid for Francisco Gómez Bravo's signature Deep Reduction Dual-Plane Necklift. “The face is overrated in facial rejuvenation surgery,” says Gómez Bravo, who often lectures on what he calls the “overdone-face, underdone-neck deformity.” “It's kind of like you're at a party, you look great, then you look down at your phone, and poof, the magic disappears,” he says. He performs only one procedure per day. “I compare it to haute couture,” he explains. “I do all my own sutures, and it's very fine work. Just closing the wounds can take two hours. The stitches have to be perfect enough so that not even your best friend or hairdresser will be able to see any scars.”



As plastic surgery becomes ever more specialized, the most in-demand doctors are turning noses, lids, and breasts into calling cards.

Okay. Let's say you've zhuzhed up your face and neck and want to get naked with someone you met at Gómez Bravo's party. What comes next? I've always been proud of my breasts, which were high, taut, and not too big with, dare I say, perfect nipples that I freed well before it was a thing. Going braless for all those years was clearly a mistake, though, because now I practically need construction scaffolding to hold them up. I call the breast guru and president of the Aesthetic Society Tracy M. Pfeifer, who splits her time between offices in Manhattan and Quogue, New York. With natural-looking, small-volume implants suttaring in popularity (except in bikini-centric spots like Miami and Los Angeles), one of Pfeifer's most sought-after specialties is the “yoga boob,” which she describes as having a little fullness on the outside, but not swinging forward or down too much when you bend over. She studies my breasts carefully before confirming my suspicions. “The shape is very pretty,” she says, tactfully, “but you have a degree of sagging asymmetry, and your nipples are probably lower than you would like.” The good news? Many subtle lifts can be performed with minimal general anesthesia, which aids in faster recovery. I could be Sans-Bra Sandra again in no time, I think smugly.

But why stop at chest level? No one else is, apparently. Thanks to weight-loss drugs and current physique fads such as the “wasp” or “Barbie” waist, body contouring is a bigger business than ever. The Colombian surgeon Alfredo E. Hoyos is one of the most renowned body whisperers on the planet, known for his cutting-edge approaches to rib remodeling, muscle etching, and something he calls High-Definition Liposuction. One of his disciples, the French plastic surgeon Alexis Delobaux, whittles the waists of Euro celebs and socialites with RibXcar, a modality that mimics Hoyos's method of fracturing certain ribs with ultrasound vibrations to achieve a smaller midsection. And legions of women in the know head to Peoria, Illinois (yes, Peoria, Illinois), for one reason: a tummy tuck by Babis Rammos, who's known for his finesse with belly buttons. “You may have a great tummy tuck, but if the belly button is bad, who cares?” says Rammos, who has a nine-month waiting list. “The belly button is the last thing you do, and a lot of surgeons don't spend enough time on it,” he says. “But 10 to 15 minutes more can be the difference between a really good tuck and a perfect one.” Another master of mommy makeovers, the Manhattan-based body sculptor Ryan Neinstein, treats his clientele with a proprietary high-tech hybrid sculpting technique called Lipo 360.

New York-based Sachin M. Shridharani has seen firsthand how one good result can lead to a plethora of procedures. “They come in for a facelift or eyelid surgery, and end up having their whole body contoured,” he says.

Since he's known for his signature drainless abdominoplasty and his artistry with non-implant-based breast augmentation, the majority of his patients are women; but a growing number of men—especially CEO types—can be found fidgeting in his waiting room. Another burgeoning category? Couples. In addition to his-and-hers facial rejuvenation, “they're also coming to us for complex body work because they're losing so much weight on GLP-1s,” says Shridharani. “I've done more thigh and arm lifts in the past year than I did in the first five years of my practice.” Indeed, according to the American Society of Plastic Surgeons, the “Ozempic makeover,” or “total body lift,” has been gaining traction in the past two years as men and women seek help for the saggy skin that can result from rapid weight loss.

Miami-based shape-shifter Pat Pazmiño (his Ultra BBL is the gold standard for safe, ultrasound-guided Brazilian butt lifts) also does his share of couples contouring. He smiles when recalling one dynamic duo: “The husband brought in a picture of Hugh Jackman when he was really ripped as Wolverine, and the wife wanted to be Scarlett Johansson in *The Avengers*.” Pazmiño does his best to temper unrealistic goals. “Very skinny patients will come in asking to look like Cardi B,” he says. He uses ultrasound to show them the spaces under their skin, explaining, “You have a five-gallon tank, and if we put 10 gallons in it, it's all going to come out.”

Another instance when expectations need to be managed: the area down there. “I do a lot of revision surgery and reconstruction for young women who are taking off too much of their labia,” says Christine Hamori, a Boston-area plastic surgeon who specializes in labiaplasty, vaginoplasty, and vaginal rejuvenation. “I really have to coach them into understanding that we're not doing Internet-porn labia—we're going to make it functional and look natural.”

Men, on the other hand, want procedures that will enlarge, not reduce, what nature gave them. Unfortunately, the promise of penis enlargement is usually just that. According to the Beverly Hills-based plastic surgeon and urologist Gary J. Alter, “There are very legit penis surgeries, for things like buried penis, erectile dysfunction, scrotum reduction, etc. But I've come to the conclusion that there is really no good, safe way with a low complication rate to get a good penis enlargement.” That doesn't stop men—and unscrupulous practitioners—from trying. “Doctors are injecting fat, fillers, and all kinds of stuff,” says Alter. “Some of these can cause significant problems, and I've had men come to me whose lives have been destroyed—there's a real cautionary tale here.”

Oh, well. At least that's one conundrum I don't have to grapple with. ♦