

HARPERS

PUBLISHED IN LONDON FOR THE WORLD

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ISSUE
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FASHION'S
WILD SIDE

LOOK YOUNG
FOR EVER

MURDER IN
HIGH SOCIETY

CONFESSIONS
OF A HOLLYWOOD
MADAM

35 PAGES OF
BRILLIANT
INTERIORS

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A face against time

The answer to ageing is not to wait until you need a facelift, but to give your face a regular MOT. *Newby Hands* explains. Photographs by Iain Crawford

DR IMBER'S ANTI-AGEING STRATEGY

Don't smoke Rather an old chestnut, but it does reduce the blood flow and thereby the flow of vital nutrients and oxygen to the skin. 'The result is sagging and wrinkles. It's as simple as that. Most plastic surgeons won't perform facelifts on smokers as the blood supply is so compromised that portions of skin are at risk of dying.'

Don't yo-yo diet Dr Imber compares the skin to a pair of tights: the more it has to stretch and contract the more it loses its elasticity. 'Lose weight very slowly from your thirties onwards to give the skin a chance to shrink in size so it still fits.'

Don't get too thin When it comes to your skin, you can be too thin. 'The subcutaneous fat helps plump out wrinkles and cheeks, and it keeps skin looking healthy.'

Don't run This helps the face lose its essential layer of fat 'padding', and the constant pounding motion causes the skin to lift and drop, resulting in the elastic tissue losing its natural 'twang'. 'Jogging bras are worn for support against the effect of constant bouncing. The skin on the face suffers the same, but without the protection.'

Avoid the sun 'There is absolutely no question but that UV rays accelerate skin ageing.'

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removed the stitches from her last facelift,' she told me.

The reason these women are getting away with such bare- (but smooth-) faced lies is because the majority of us do not realise just how many anti-ageing tricks are now on offer; to say nothing of all the new techniques that help prevent lines appearing in the first place.

For most women, fighting the ageing process means waiting until they look old enough and then having a facelift. Now there is an alternative. By using the right 'maintenance' (and that means more than a skin scrub and face cream), we can help control the way we age.

'The objective today is simple,' explains **Dr Gerald Imber**, associate professor of plastic surgery at Cornell University medical college. 'It is to look virtually the same throughout your adult life, as opposed to letting ageing "pile up" and then undergoing a miraculous change. This approach doesn't work because a) it's a shocking change, b) your skin doesn't accept that change, and c) you have wasted three decades of your life waiting to look bad enough to have the work done.'

This approach of fighting ageing from early on is already widely used in America and on the Continent. However, to those British women to whom owning more than a tail-comb

absolutely the wrong side of cosmetic surgery. Now it's all about prevention: before, you had to wait for the skin to drop before you had a lift. Now we can deal with it before the lines appear.'

For a guide to how we age and the methods we can use to slow the ageing process, **Dr Imber** and dermatologist Prof Nicholas Lowe outline the ideal face-protection plan for each decade.

Late teens to mid-twenties

Dr Imber: 'The natural deterioration of the skin begins in the twenties,

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treated quite easily now through micro-suction along the jaw, and working from inside the eyelid to remove the fat. At this age, it's obviously not a sign of ageing. However, these are still associated with looking aged, and sorting them out permanently in the twenties means the skin just snaps back.'

Prof Lowe: 'If you can convince a teenager to use it, sun protection is key. For general use, regular exfoliation, either with a gentle scrub or a mild AHA, keeps skin healthy. Seeing a dermatologist for treating uncontrolled acne is important, not just from an aesthetic view; we do now know that the inflammation triggers premature skin ageing.'

Late twenties to thirties

Dr Imber: 'If someone has a strong frowning expression, I don't like to start them off too early with Botox. The alternative in the twenties is to snip the sides of the corrugator muscle to weaken it. The mid-thirties is usually the first time you look in the mirror and are not happy with what you see; the nasolabial folds (from nostril to mouth corners) get deeper, the frown line starts to show, and there's some softening along the jaw line. Again micro-suction is good, as recovery is very fast and we've found that the action abrades the inside of the skin, which causes it to

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could be construed as vanity, this ongoing, MOT attitude to ageing would probably be viewed with total horror.

'The big misconception is that, if you start young, you end up doing more and more to yourself,' says Dr Jean Louis Sebagh. 'The truth is that you end up doing less and less. The aim today is to be 55 and still look like you, and not be confused with a 21-year-old; transforming a face is

even when there are no outward signs that the ageing process has started. So prevention is the main story now, with daily use of sun protection plus a good skin-care routine; if you're old enough to use make-up, you're old enough to start thinking about taking care of the skin under it.

If there are certain genetic facial traits, such as pockets of fat under the eyes or under the chin, these can be

slightly tighten. To my mind, micro-suction is the best thing to happen in the past fifteen years.'

'It's also a good time to consider fat transferral for the nasolabial lines; two to three sessions should leave enough for a permanent effect.'

Prof Lowe: 'If you have uneven pigmentation (for example, from the Pill), you could start using a lightening agent. At this stage, you

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may consider a filler for any frown lines, thinning lips, and nasolabial folds; personal favourites include Perlane and Restylane. We can also use Botox injections for crow's-feet and frown lines.

'For skin-care, keep using your sunscreen. For milder skin damage, try a retinol [such as RoC Retinol Actif Pure £18.95] or an AHA [MD Formulations Glycolic Acid from £15].'

Forties

Dr Imber: 'This is when a breakdown of the elastic tissue in the skin creates sags and wrinkles, while on the surface you see discolouration and age spots. Gravity starts to pull the fat downwards from the cheeks to the jawline, creating a jowly look.'

'Sun and gravity are two culprits, but if you really want to see how you will age, look in the family photo album. You see smile lines, loose skin under the chin, puffiness, and loose skin under the eyes. Normally we take out the fat here, and then laser the skin surface to totally rejuvenate the area. For the jowls, we again use micro-suction, plus Botox or laser resurfacing on smile lines. But, as with everything – if it ain't broke, don't fix it.'

Prof Lowe: 'A short course of three or four light glycolic peels followed by monthly treatments will improve the skin. The Jessner's Peel is good for the face, neck, or arms, as it works in layers and can easily be controlled. The result is a little peeling, like sunburn.'

'On crêpy eyes, we're now using non-resurfacing lasers that generate new collagen without causing any redness or discomfort; three or four treatments over six months give a nice tightening to the skin. Many women now start to experience hair thinning; it can be genetic, the result of an underlying thyroid problem, or a lack of body iron, so get this checked by your doctor.'

Fifties

Dr Imber: 'Ninety-nine per cent of surgeons worldwide still do the same facelift on every woman, with disregard to their individual needs. But there are now a range of different lifts to treat specific areas and problems. I get patients to have clinical photographs done first; they are unforgiving, but show exactly what needs to be done and where.'

Prof Lowe: 'This is the time to consider

surgery rather than just fat transfers, Botox, and fillers. But on top of surgery we can use implants or fat to fill gaunt, hollow cheeks, use Botox injections to relax a "turkey" neck, do fat transferral for nasolabial folds, and lasers for age spots and spider veins.'

'For the skin, retin A [from a dermatologist] is good maintenance, plus a vitamin C cream [La Roche Posay, available over the counter in Ireland and France is a good one]. And do be aware of any changes [crusting, itching, flaking] to moles.'

Sixties

Dr Imber: 'This is when the short cuts end, but, if you have invested in some prevention over the years, used Botox, and had some laser resurfacing, you will look better than if you didn't. It's traditional to hit your sixties and have a facelift, but how you look when you get to this stage is what matters.'

'Some, however, are now happy with just a little "redefining". The vertical bands in the neck usually part in women around this age, but we can sew them together. For some, we simply fix the elongated ear lobes, lift the nose tip (both drop with age) by raising the cartilage inside, do some micro-suction on the jaw, some fat transferral in the cheeks, and remove puffiness under the eyes. A woman can lose ten years.' □

ANTI-AGEING ALTERNATIVES

'We used to have one tool: the facelift,' explains Dr Jean Louis Sebagh. 'Now we have at least ten tools that give subtle changes to keep the face looking younger without turning a woman into some cosmetic surgery freak.' But for the uninitiated, the problem is knowing precisely which "tool" to use for a particular ageing problem. A woman who wants to look a little younger invariably talks of "having my face lifted", but a lift deals only with sags and folds of skin, not the actual crêpy skin texture, age spots, and lines. *Dr Sebagh suggests the following simple alternatives to the facelift:*

PROBLEM Loss of volume

SOLUTION Fat transferral Fat is 'harvested' from the abdomen or buttocks, the excess fluid is removed, and the cells are then injected where

needed. New techniques – using fresh, not frozen cells – can now make this a long-term and even permanent procedure.

PROBLEM Lines

SOLUTION Fillers Filler is injected into the line to plump it out. There are fillers that are permanent and flexible (such as Dermaline), as well as semi-permanent fillers which last about three to six months (collagen, Restylan). Different products work better on some areas of the face than on others.

PROBLEM Crêpy skin texture

SOLUTION Laser resurfacing 'We are now starting to use the lasers less "aggressively",' explains Nicholas Lowe. 'We've found that when used more gently, you can have healing in seven days (as opposed to several weeks of severe redness and peeling) and still get a good effect.'

The only difference is you will then need to have a second gentle peel maybe two years later.'

PROBLEM Over-expression leading to lines

SOLUTION Botox Regular injections 'freeze' muscles to stop frown lines and crow's-feet forming from over use of the 'expression' muscles. 'We don't want to change natural expressions, just the over-expression which creates the lines,' says Dr Sebagh.

For Dr Imber's surgery in New York, ring 001 212 472 1800. Professor Lowe works at the Cranley Clinic (020 7499 3223). Dr Sebagh works at the French Cosmetic Medical Company (020 7637 0548). 'Skin Tricks' by Gerald Imber MD, is published by Thorsons, price £6.99. 'Skin Secrets' by Professor Nicholas Lowe and Polly Sellar is published by Collins & Brown, price £14.99.