

Is having cosmetic work done the new normal?

As more ordinary women opt to undergo cosmetic work, Justine Picardie argues they are losing more than just a few wrinkles.

BY **Justine Picardie** | 28 October 2010



Smooth it out: a mock up of what an ageing woman would look like before, and after, plastic surgery Photo: GETTY

Earlier this month I found myself sitting next to Courtney Love during Paris Fashion Week. At 47, she looked astonishingly smooth of complexion - her skin unwrinkled, her cheeks and lips as plump as a Renaissance cherub. But beneath her dewy foundation, there were faint signs of yellow bruises, as if this fresh face had blossomed out of a fight.

It's never easy to untangle hard facts from candy-floss gossip in the reporting of celebrity cosmetic procedures; but several newspapers have commented approvingly on Love's new look, and attributed it to Dr Sam Rizk, a New York surgeon who performs a 'stem-cell facelift', whereby the patient's own fat and adult stem cells are extracted, separated and then injected back into the face. This is, apparently, the latest breakthrough in the quest for youthfulness - with more desirable results than the obvious facelifts of the past, which gave everyone the same scarily tautened skin and identikit noses.

Except, when I looked at Courtney Love, I found myself wanting to see her 'real' face - if such a thing can be said to exist, in an era where Botox has eradicated the lines of the past - as testament to the extraordinary life she has lived. As for the bruising: it's a side-effect that one sees more often, the tell-tale sign of facial fillers and injections. And a curious new social etiquette has arisen to deal with this: the silence or excuses that might have accompanied the visible evidence of domestic abuse in the past.

In the last year I have seen several acquaintances with distinctive swelling or bruising around their mouths - almost certainly the result of injectable fillers - and nobody has said a word; aside from one woman, who could barely speak, but murmured that she had been to the dentist.

Presumably it's the same code of silence that ensures that celebrities rarely admit to any form of cosmetic procedure, even when asked directly in interviews, insisting instead that their remarkably unlined faces and pert bodies are simply the result of good genes, exercise and plenty of water.

Which seems odd, given that they have no problem in sharing their passion for yoga or raw food or juicing - all of which are deemed 'natural', and therefore acceptable - or indeed the beauty products that they endorse in advertising campaigns.

One of the rare exceptions to this rule is Trinny Woodall, who cheerfully admits to having Botox and fillers. 'I judge when I need a top-up of Botox by looking in the mirror to see if I can move more than half my forehead,' she says, and is equally straightforward when it comes to offering advice to others. 'I think you should try Fraxel [an anti-ageing laser treatment],' she remarked to me last winter, in such a sweet way that I could not be offended, 'which might perhaps be good for the dark circles under your eyes?'

It was with her words at the back of my mind - along with a couple of moles that were worrying me - that I took myself off to see Dr Nick Lowe, a well-respected dermatologist (until recently a consultant at University College School of Medicine in London, he is also clinical professor of dermatology at UCLA in America). Highly regarded for his discretion, as well as his less-is-more approach with cosmetic procedures, he is the dermatologist of choice for several high-profile women who are wary of an overly interventionist approach. As one of them remarked to me, 'He's the only dermatologist in London that I'd let near me with a needle - I don't want a face like a hamster or a chipmunk or an egg.'

Anyway, Dr Lowe dealt with my moles, and then explained the benefits of Fraxel and something called Thermage CPT, which delivers radio frequency to the deeper areas of the skin, and 'has the potential to tighten tissue by heating the collagen layer'. In the end I didn't try either: they are extremely expensive - £3,500 for Thermage to tighten my sagging face, £1,500 for the Fraxel to deal with the sizeable bags under my eyes - and can be uncomfortable (speaking as someone with a dread of dentists, and a near-phobia of medical instruments near my eyes or mouth, I'm reluctant to undergo anything other than strictly essential procedures).

Nevertheless, these are the treatments - along with Botox and fillers - that are gradually becoming taken for granted in this country, in a way that my mother and grandmother's generations would have thought unthinkable. When my mother was in her 40s she assumed that the only women who had facelifts were mad Americans. Just over two decades later she would no more contemplate Botox than eat Plasticene for dinner; indeed, her idea of high maintenance is using Boots No 7 Protect & Perfect beauty serum, along with plenty of sunscreen and a hat in the sunshine.

As it happens, hers is a considerably more sensible approach than those women in their 30s and 40s who buy fabulously expensive skincare products, swear by an organic diet and rigorous exercise, topped up with judicious amounts of Botox, and then binge on alcohol, cigarettes and, in some cases, drugs.

Not that I want to sound judgmental, because I understand the pressure to eradicate wrinkles, in an era that seems to value youthfulness as a virtue, rather than a passing stage in life. I'm not immune to this myself - if someone could offer me a magic cream or a painless and affordable laser treatment that would erase frown lines, without any side-effects, I'd probably try them. I also have several friends who are excellent advertisements for high-tech skincare products and regular facials.

They look like well-rested, relaxed, brighter versions of themselves; as I hope I occasionally do (but only after I have seen Vaishaly Patel, whose facial massage and skincare products are legendary among clients that include Gwyneth Paltrow, Nigella Lawson and Sophie Dahl). So I am by no means opposed to an active skincare regime - indeed, I am a devotee of certain anti-ageing potions and lotions (the Nude miracle mask and serum; Vaishaly's products).

But as things stand, I don't actually much like the puffy-cheeked, big-lipped look that is currently in vogue, otherwise known as 'the pillow face', as seen on Cameron Diaz, Lindsay Lohan, Madonna and a host of other famously beautiful women. These doll-like Hollywood visages are not necessarily the result of an old-school surgeon's scalpel, but fillers to plump up the skin. The result is a curious mix of babyish and blank, as if the passage of time has been eradicated, yet the face is not quite youthful - rather, it marks its owner as part of a new breed of ageless women, who might be anywhere between 25 and 60.

According to Dr Frances Prenna Jones - a medical practitioner who, like Nick Lowe, favours a relatively cautious approach - the clients she sees in London 'don't want to look "done" anymore'. Which suggests that in general, the British are not overly impressed by the Los Angeles formula, where the rich and famous all seem to have the same nose and chin. 'People say to me, "I want to look good for my age,"' says Prenna Jones. 'In reality, that tends to mean they'd like to look five years younger. It's all about maintenance, about combining Botox with state of the art IPL [intense pulsed light] machines, and scientific skincare. And, personally, I can't stand that stick-on cheekbone look...'

So where do we go from here? Chin implants, tummy tucks, bottom lifts are now standard procedures in America, along with breast implants and nose jobs, but I don't actually know anyone who has embraced these with much enthusiasm in this country. Prenna Jones says that there has been a marked shift in the past two years: 'There was a time, before the recession, when some people wanted trophy-wife breasts, but I think they're in decline.'

And as far as I can tell from anecdotal evidence (even with the omertà code of silence, a breast job is hard to ignore), she's right. I spoke to one very experienced consultant plastic surgeon in the NHS who admits that his private practice has shrunk since the credit crunch, in line with a number of his colleagues.

That said, there is some indication to the contrary; figures from the British Association of Aesthetic Plastic Surgeons, who do a third of all surgical procedures, show that demand doubled between 2004 and 2009, from 16,000 to more than 36,000 operations. But it is impossible to come up with complete statistics in an unregulated industry, as was revealed last month in a damning report by senior doctors working for the National Confidential Enquiry into Patient Outcome and Death.

'It's been incredibly difficult to get information about the industry,' said Ian Martin, a surgeon and one of the authors of the report, which called for tougher regulations to safeguard patients, given the prevalence of private clinics employing inexperienced surgeons in poorly equipped operating theatres. 'If we have difficulty finding who is doing what and where, then heaven help patients trying to find out what these facilities are like.'

Quite aside from the risks and cost of cosmetic procedures, do we really want to lose sight of our true faces, sacrificing individuality for a plasticised uniformity? Having been staring into my computer, in the course of writing this piece, I've gone away and examined my somewhat haggard countenance in the mirror. I have noticeable sun-spots on each temple, grooves from my nose to my mouth, wrinkles across my forehead; none of which I particularly like, but at least I can see the reflection of my life - of joy and grief and laughter, of love lost and love found, of the journey of motherhood and other adventures.

And when I consider my longstanding friends, their faces look the same to me as they did a quarter of a century ago. I know, of course, that they must have aged, but so have I, and I hope very much that in another 25 years their faces will still be as familiar to me as my own, and therefore in some profound sense unchanged.

One of these friends is the writer Polly Samson, and we were talking about this the other day, and about how faces tell stories, in the most remarkable of ways. Smooth them out, and the story loses its impetus, falters; which may explain why the scars of cosmetic surgery can be apparent in the psyche, if not the face (think of Paula Yates, that lovely laughing girl who turned into a sad shadow of herself).

This paradox is at the heart of Polly's new collection of stories, *Perfect Lives*; for as she observes, 'The dimple makes the face, the crooked tooth the smile (nothing lovelier than a lopsided grin), just as the broken heart can know love, and it's the crack that lets the light in.'

Hence the fact that when her stepdaughter Sara - now a very beautiful model turned fashion editor - wanted to close the gap between her teeth, a decade or so ago, Polly persuaded her not to opt for cosmetic dentistry. I tried to mollify her by pointing out that I was pleased to have the thumb-print sized brown mark - apparently a type of mole - that runs beneath my right eye. One of the things that my mother did right was to tell me that such imperfection was a mark of beauty so it's never worried me, however many times I've been asked by the cosmetic surgery classes why I don't "do something about it", but I genuinely do like it... When I'd finished telling Sara about this, she looked up through her tears and said, "Well you should do something about it." Years later, and with the light shining through the now-thought-to-be-beautiful gaps in the teeth of Lara Stone et al, she's glad she didn't have anything done about hers.'

So why not face up to who we are, and embrace the inner map of our lives as it emerges to the outside world? If there are lines, so be it: for what is a line if not a sign of where the light comes in...