

## Quick-fix cosmetic procedures finding favor

## As economy sags, plastic surgery lags, but less-invasive procedures are popular



By Shari Rudavsky Posted: June 11, 2009

Cutting may be the watchword of the day when it comes to finances. But when it comes to cosmetic surgery, nips and tucks appear to be taking a backseat to less expensive and minimally invasive procedures.

Last year, plastic surgeries declined by 9 percent, while minimally invasive procedures such as Botox and fillers increased by 5 percent, according to the American Society of Plastic Surgeons.

Such procedures appeal not only because of their lower price tag, but also because they require less time away from work -- a draw in an economy where no job is safe.

A number of new procedures have hit the market in recent years, giving patients more techniques from which to choose.

"People are looking for something, but they're not ready to commit to a procedure that either requires downtime or is more expensive. They want something to tide them over," says Dr. Donn Chatham, president of the American Academy of Facial Plastic & Reconstructive Surgery.

While doctors here report a similar trend, it's not as dramatic as in other regions, such as the West and East coasts.

ASPS statistics show the Midwest is the most insulated area of the country when it comes to this trend, says Dr. Julius Few, an ASPS spokesman and director of Chicago's Few Institute.

Still, doctors here have felt a change.

"Patients who might have opted for a more dramatic result with surgery are happy to take a lesser result but a nice improvement from one of the non-surgical techniques," says Dr. Charles Hughes, a plastic surgeon with the Indianapolis Institute for Plastic Surgery.

Face lifts range from \$6,000 to \$9,000, whereas fillers fall in the \$500 range. Botox costs about \$400 per injection.

Botox and fillers lead the list of non-surgical procedures patients are seeking. In 2008, there were 5 million Botox procedures performed, an increase of 8 percent over the previous year. There were 1.1 million hyaluronic acid filler procedures done, an increase of 6 percent, according to ASPS statistics. "With Botox and fillers, we can simulate a lot of what you get surgically for less. The downside is it's temporary," says Dr. Mark Hamilton of Hamilton Facial Plastic Surgery.

Botox will "quiet" wrinkles in the forehead and frown lines in the eyebrow and temple area, says Dr. Bill Sando, of Sando Jones Aker. Fillers can help with lines in the lower part of the face. But these are all temporary fixes. In most cases, they wear off in a few months to a year.

While there are many fillers, for a long time Botox stood alone. No more.

The Food and Drug Administration recently approved a similar product -- Dysport -- which has been used in Europe for a while. Doctors remain divided on whether Dysport will prove to have more or less lasting power than Botox, but it's likely to cost less, Chatham says.

"It's always in consumers' interests to have more than one option," says Chatham, a plastic surgeon in Louisville.

Options have also increased in the realm of lasers. Fractionated lasers produce a series of laser beams that will result in tightening of the skin over the course of several treatments, Hughes says.

While he does use these, he prefers Thermage, which usually entails one treatment, costing about \$1,500 and lasting several years. Thermage, which is based on ultrasound technology, tightens the ligaments in the skin, thickening it and giving it a more youthful appearance.

Results continue to improve over six months.

"We regularly see patients who opt for that. It's certainly much less expensive, and the key is there's no downtime," Hughes says. "What may well happen with devices like Thermage is that people will opt for doing Thermage every few years and may never need a face-lift."

Meridian Plastic Surgery Center recently started using the Sciton collection of lasers, which offer a variety of results. Depending on what is needed, the lasers can get rid of sun damage or tighten thin, crepe-like skin.

"It's kind of like having a tool box with a lot of tools at your disposal that can do a lot of different things," says Dr. Bruce Van Natta, a physician there. "It can do a whole host of things, depending on which portion of it you're using."

While Sciton won't stand in for a face-lift, it could buy a patient time before having the skin on her neck surgically tightened, he adds. It costs \$800 to \$1,000 a treatment, significantly less than surgery.

Some patients are bucking the trend, opting for more expensive surgery. When Bloomington resident Angie Kline was laid off from the drug company where she had worked for several years, she decided to revitalize her appearance.

"I had the opportunity to take the time off, and I thought if I'm going to do something like this, I'm going to do a dramatic change," says Kline, who is returning to school and hopes to eventually find a job promoting skincare products. Kline, 45, had received Botox and Restylane treatments in the past, but those results did not last as long as she wanted. She had considered the CO2 laser but did not want to be away from work for two weeks.

In April, Kline had a brow lift and underwent CO2 laser treatment in Hamilton's office.

"Some friends say I look 10 or 15 years younger, and that's what I wanted," Kline says.

New techniques are also helping patients these days save money on traditional surgeries. Sando and colleagues offer patients the option of having upper eyelid lifts performed in the office with local anesthetic, which saves on the operating room and anesthesia costs.

Other physicians use a tool known as a harmonic device to minimize bruising and swelling from a face-lift. This device allows some to have the operation on a Thursday or Friday and be back at work by Monday, Few says. Sometimes the operation can be done in an office, shaving thousands off the cost.

Even when the economy recovers, however, some doctors say they expect the trend toward the minimally invasive options to continue.

"It's just kind of common sense. If a patient feels that they can get a significant result and really have minimal disruption to their livelihood, that's going to be really attractive," Few says. "The bottom line is that there are a lot of different tools and technologies available that help to minimize the downtime."