



Shh, DON'T TELL!

Examining the culture of secrecy around plastic surgery and uncovering some lesser-known, but common, invasive procedures.

BY AMANPREET DHAMI

Usually when we hear of someone going under the knife, it's for something fairly common or well-known, such as breast implants or a nose job. Most likely we found out through the grapevine, and the rumour has yet to be confirmed by the person who actually had the procedure done. These scenarios raise two questions: Why are we so secretive about plastic surgery? And what are some procedures for which we could gain some awareness?

With these questions in mind, I took the time to talk to a couple of experts, Dr. Jerome Edelstein, MD, FRCS(C), plastic surgeon from Edelstein Cosmetic in Toronto, and Dr. Richard Sleightholm, HB.Sc., MD, FRCS(C), plastic surgeon of Brampton Cosmetic Surgery and Laser Clinic, to discuss the culture of secrecy that often accompanies plastic surgery, along with the simultaneous rise in awareness, while also getting the lowdown on some rarer procedures you may or may not have heard of yet. ▶

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-DR. EDELSTEIN, MD, MSC, MPH, FRCS(C)

CAN YOU KEEP A *secret?*

Plastic surgery tends to be something people aren't always open about. Why? Maybe it's because of the bad reputation often given to it in the media or, as Dr. Edelstein suggests, "it might be because the person wants to be seen as naturally attractive, or he or she doesn't want to be seen as vain." This is all speculation and, to be honest, it's a private matter similar to how grooming and intimate hair removal are personal. I don't go around talking about my laser hair removal treatments with everyone, and Dr. Edelstein agrees: "There are patients who are secretive about every type of procedure, even the most basic."

In contrast, Dr. Sleightholm finds that "younger patients and women are more open to discussing procedures than older patients and men. With social media and celebrities openly discussing procedures, it has, in some ways, made it more acceptable and even common. Michelle Obama's arm lift is a perfect example." The growth in websites and blogs that educate, often from first-hand patient experience, combined with the improvement of procedure results and downtime in the industry mean people are more willing to try and talk about it.

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The willingness to share really depends on the person. "In contrast to the secretive patient on the other side of the coin, there are patients who talk about plastic surgery like it's a status symbol," explains Dr. Edelstein. So the same way they would say, 'I drive a Mercedes Benz,' they will say, 'I had such-and-such procedure done by Dr. So-and-So.' And this makes perfect sense, especially for social circles or cultures where cosmetic enhancement is commonplace and widely accepted. After all, getting a procedure done does cost a considerable amount.

LET'S *talk*

So since we've agreed that it's OK to talk about it, here are four cosmetic surgery procedures that deserve a bit of attention because they haven't received much yet and, in some cases, are commonly misunderstood. As they say, "Knowledge is education; education is awareness."

1 LABIAPLASTY

"Most commonly, patients are coming in for a cosmetic issue" when it comes to labiaplasty, explains Dr. Edelstein. "Technically the labia minora (the inner lips) are too long and they hang down when she stands upright; they may be seen when the patient wears a bathing suit or tight-fitting clothing. Or they are very asymmetrical. However, "there are a few patients who come in with a functional complaint. Because the labia minora are too long they become sore when working out for a long period of time or during and after sex."

The procedure has become much more common now, and Dr. Edelstein ascribes this to how most women now, under age 30 especially, have hair-free vaginas because of the popularity of intimate hair removal. So women can now see this area much more readily. But just because it's being done more by surgeons, doesn't mean these women are talking about it: "Women tend to be more secretive with genitalia reconstruction. Following surgery, less than five per cent of patients even come back for followup appointments," explains Dr. Sleightholm. This and vaginal rejuvenation are still very private concerns for obvious reasons, so people don't want to share them with others.

IDEAL CANDIDATE: Patients with a labia minora that protrudes beyond the labia majora; women with excess tissue above the clitoris and an external genital that does not appear "normal."

INCISION: In this procedure we "trim the labia back to make them as symmetrical as possible. We aim to leave them about one centimetre in length," says Dr. Edelstein. "There are two principal means of reconstruction," explains Dr. Sleightholm: "A simple amputation or a wedge resection and flap advancement."

RESULTS: "Following reconstruction women are relieved and happy with the results as the discomfort is gone," explains Dr. Sleightholm.

SHORT TERM SIDE EFFECTS: Some swelling and bruising.

LONG TERM SIDE EFFECTS: "Some patients are concerned about asymmetry," says Dr. Sleightholm.

DOWNTIME: The wound heals in a week. Normal activity is resumed in one to two weeks. "I use absorbable stitching," says Dr. Edelstein, "and they are gone after two weeks, as well."

COST: Roughly \$3,000 to \$4,000.

2 VAGINAL REJUVENATION

Vaginal rejuvenation, in contrast to labiaplasty, addresses pelvic relaxation, can treat incontinence and improve sexual function.

IDEAL CANDIDATE: "Women with a relaxed vaginal canal report feeling loose and/or not being able to feel their partner inside them, not having enough friction or sensation, or experiencing stress urine and bowel incontinence," says Dr. Sleightholm.

INCISION: Incisions are made on the anterior and posterior vaginal canal, and the muscles are tightened supporting the bladder and rectum.

RESULTS: Permanent.

SHORT TERM SIDE EFFECTS: As with any surgery, complications can occur like infection, bleeding and injury to the bladder or rectum.

LONG TERM SIDE EFFECTS: "Painful scars or a potentially poor cosmetic outcome" are possible, says Dr. Sleightholm.

DOWNTIME: Incisions heal within one week. The patient may return to work in 14 days. No intercourse for eight weeks and no heavy lifting (more than 10 kg) for 12 weeks.

COST: \$3,000.00 - \$5,000.00

3 KNEE LIPOSUCTION

Our knees are often dead giveaways of our age. "Knee lift surgery became popular after Demi Moore had cosmetic knee surgery in 2006, but knee liposuction is more common. A knee lift, or skin excision, is less common," explains Dr. Sleightholm. Liposuction reduces the fatty tissue around the knee and contours the region to provide a smoother and more appealing appearance.

IDEAL CANDIDATE: A patient who has excess fat around the knee.

INCISION: A 5mm incision is made in a crease to aspirate fat.

RESULTS: The fat is reduced, and the area is contoured. Results are permanent.

SHORT TERM SIDE EFFECTS: "Infection or wound dehiscence, which occurs when the wound opens due to tension," says Dr. Sleightholm.

LONG TERM SIDE EFFECTS: None.

DOWNTIME: Most patients can return to work in less than one week and engage in strenuous activity within four weeks. It takes one year for the scar to fade.

COST: Approximately \$1,900.

4 INVERTED NIPPLE CORRECTION

The procedure of inverted nipple correction is done quite a lot, says Dr. Edelstein, but many people are not aware of it. It's usually performed when the nipple is inverted rather than coming out due to scarred milk ducts. "It's generally not about breastfeeding at all," explains Dr. Edelstein, "rather, it's a cosmetic concern. Often the patient will have one nipple pointing outward and the other one is in, which really bothers the patient."

IDEAL CANDIDATE: "A woman who is not planning on breastfeeding. After this procedure you will no longer be able to breast feed since the milk ducts get divided," says Dr. Edelstein.

INCISION: A tiny 5mm incision is made right at the base of the nipple where it joins the areola.

RESULTS: Often when you do this the nipple is elongated right after, so over time it will settle back down.

SHORT TERM SIDE EFFECTS: There is a five to 10 per cent risk of inversion. This is because during healing due to the degree of inversion and the amount of scarring the nipple pulls back in.

LONG TERM SIDE EFFECTS: "The surgeon needs to be careful to not affect the blood flow as this could result in the loss of a part of the nipple. But this is very uncommon, and I have never had

it happen," says Dr. Edelstein.

DOWNTIME: None; patients can return back to their daily routine immediately and can even drive themselves home.

COST: \$1,500 when done under local anesthetic. ©