

CQ Researcher

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Cosmetic Surgery

Are tougher safety regulations needed?

Cosmetic surgery is growing in popularity, fueled by a culture of youthful attractiveness, unprecedented affluence and TV “makeover” shows. In 2004, U.S. doctors performed almost 9 million procedures, including such popular operations as breast augmentations, tummy tucks and liposuction. Once the province of celebrities and wealthy matrons, cosmetic surgery today is within the reach of everyone from middle-class teenagers to aging baby boomers. But critics say the cosmetic surgery craze not only creates an unhealthy overemphasis on physical appearance but also is potentially dangerous. No federal or state regulations specify which physicians are qualified to perform plastic surgery, though some states have begun instituting restrictions. Other critics are concerned because patients are increasingly opting for surgery in private offices and clinics, which can be less well-equipped than hospitals to deal with emergencies. Meanwhile, manufacturers once again are asking the federal government to permit the use of silicone breast implants.



Superstar Cher, known as the “plastic surgery poster girl,” says Hollywood gossip exaggerates the number of cosmetic procedures she has undergone. She turns 59 in May.

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RECIPIENT OF SOCIETY OF PROFESSIONAL JOURNALISTS AWARD FOR EXCELLENCE ♦ AMERICAN BAR ASSOCIATION SILVER GAVEL AWARD

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Cover: Superstar Cher, who turns 59 in May, admits to having multiple plastic surgeries but says Hollywood gossip exaggerates the extent. She says she had her first procedure — rhinoplasty — after seeing herself on film because she felt her image was "all nose." (Getty Images/Frank Micelotta)

Cosmetic Surgery

BY JANE FRIEDMAN

THE ISSUES

I'm 21, and I look like I'm 12," newly married Stephanie Malone DeLaCerde complained to ABC's "Extreme Makeover." "My breasts are not even there." To add to her feelings of unattractiveness, she wore glasses, had crooked teeth and considered herself overweight.

In November 2004, the popular TV show selected Stephanie and her mother for makeovers. Stephanie had dental work, eye surgery, a nose job, a brow lift, breast augmentation and liposuction under the chin and in the abdomen. Her mom had several surgical procedures, plus eight veneers applied to her teeth and a whitening treatment.

Revealed two months post-surgery to squealing friends and millions of TV viewers, newly curvaceous Stephanie joined a rapidly growing community of surgically sculpted women — and men.

Not so long ago, it was mostly Hollywood stars and the wealthy elite who would disappear for a few days to have a little "work" done, but now cosmetic surgery is a lifestyle choice for people of all ages and bank accounts. In 2004, more than 9 million cosmetic surgery procedures were performed in the United States — a 25 percent increase over 2000. All told, Americans spent more than \$12 billion on surgical and non-surgical procedures to improve their looks in 2004, including nearly 3 million Botox injections to eliminate wrinkles, more than 300,000 liposuctions, more than 250,000 breast augmentations and 300,000 nose jobs.¹ (See chart, p. 324.)



ABC-TV
ABC's "Extreme Makeover" gave Houston newlywed Stephanie Malone DeLaCerde rhinoplasty, a brow lift, breast augmentation, liposuction, LASIK eye surgery, eight porcelain veneers and teeth whitening. Critics say TV makeover shows downplay the risks of cosmetic surgery and give girls and women the unhealthy message that they must be physically perfect. Supporters say cosmetic surgery helps build the self-confidence of people who feel unattractive.

Perhaps surprisingly, more than 1 million men had cosmetic surgery in 2004, although women had most of the procedures. In addition, more than 4,000 teenagers age 18 or under had breast implants, even though the Food and Drug Administration (FDA) has approved the procedure only for women 18 or older. And about 6,000 teenagers had liposuction — one of the riskier procedures.²

Even brides, who once would have settled for a facial before walking down the aisle, are getting prenuptial liposuctions or nose jobs — some joined by their grooms.³

Television reality shows, such as "Extreme Makeover" and "The Swan" have contributed to the makeover boom, critics say, because they tend to show the patients only after they've recovered, and the swelling has gone down. Some

critics say the trend raises serious questions about U.S. popular culture and whether one's appearance has become more important than any other human characteristic.

"Kids are constantly given the message that they're inadequate," says Jim Steyer, CEO of Common Sense Media, a nonprofit organization that critiques the media. "By the time a girl is 17, she has seen more than a quarter-million messages about what she's supposed to look like."⁴

The cosmetic surgery fad is also raising serious medical concerns. As managed care cuts into doctors' reimbursements, physicians increasingly are turning to plastic surgery, largely because the fees are high, and there's usually no wrangling with insurance companies. Patients pay in full — before the surgery — for the elective procedures that are rarely covered by insurance.

Moreover, the field is still largely unregulated: Any licensed physician can perform plastic surgery, and — in some states — even dentists are allowed to do it. "In many states, if you're a dentist you're allowed to do a nose job," says Malcolm Z. Roth, chair of the government-affairs committee at the American Society of Plastic Surgeons (ASPS), the largest group of board-certified plastic surgeons. "After you pass the [medical] licensing exam and after internship, you're [legally] qualified to practice medicine and surgery, even if you've never held a knife."

Some states have begun instituting restrictions, but the laws focus mostly on the riskiest procedures — like liposuction — and don't stipulate which physicians may perform them.

Surgeons certified by the American Board of Plastic Surgery — a sub-board

What to Expect From Cosmetic Surgery

The average cost of the 10 most widely used cosmetic procedures is almost \$4,000. Individual procedures can take several hours, and recovery can take weeks. Some critics say television reality shows like “Extreme Makeover” gloss over the sometimes-long recovery time and the risks involved.

The Top 10 U.S. Cosmetic Surgery Procedures (Starting with the most popular)

Surgical procedure	Average Fee	Length of operation	Recovery time
Lipoplasty (liposuction)	\$2,704	45 min-2 hours	1-2 weeks
Rhinoplasty (nose reshaping)	\$4,047	1-2 hours	7-10 days
Breast augmentation	\$3,437	1-2 hours	1-2 weeks
Blepharoplasty (cosmetic eye surgery)	\$2,666	1-3 hours	Within 10 days
Face-lift	\$5,968	2-3 hours	Within 2 weeks
Abdominoplasty (tummy tuck)	\$4,917	2-5 hours	1-3 weeks
Breast reduction (women)	\$5,508	2-4 hours	1-2 weeks
Breast lift	\$4,053	1.5-3.5 hours	1-2 weeks
Forehead lift	\$3,032	1-2 hours	Within 10 days
Lip augmentation	\$1,701	1 hour	Within 1 week

Source: American Society for Aesthetic Plastic Surgery

of the American Board of Medical Specialties — have had six years of surgical training including two in plastic surgery, but other plastic surgeons may only have had a passing exposure to the field during residency. Dermatologists and dentists who perform cosmetic surgery may have had less, or even none.

Others concerned about the safety of cosmetic surgery point out that because in-hospital procedures are expensive and mostly unreimbursed by medical plans, patients are increasingly opting for surgery in doctors’ offices and clinics — fostering a burgeoning cottage industry where problems — known euphemistically in the industry

as “adverse outcomes” — are potentially more difficult to deal with.

Several widely publicized deaths from cosmetic surgery have added to the concerns. For instance, eight patients between 2002 and 2004 undergoing surgery in private offices in Florida later died; four of them were having liposuction and a tummy tuck at the same time.⁵ And two women died last year as a result of surgery at a prestigious New York hospital.

“Liposuction is the procedure cited most often for problems,” explains Michael J. Olding, chief of plastic surgery at The George Washington University School of Medicine in Washington, D.C. “Combined with a tummy tuck, it has

even more potential for problems. The longer the operation, the more blood-letting, the more potential there is for complications,” such as blood and fat clots and cardiac arrest. *

After the Florida deaths, the state temporarily banned tummy tuck-liposuction combinations. Other states have limited the number of hours that a patient can be under anesthesia during plastic surgery in outpatient clinics and offices, or the amount of fat that can be removed. (*See chart, p. 326.*)

The deaths in New York occurred as a result of surgery at the prestigious Manhattan Eye, Ear, and Throat Hospital, a cosmetic surgery mecca for affluent women from America and abroad. The first casualty, in January 2004, was 54-year-old novelist Olivia Goldsmith, best-selling author of *The First Wives Club* (the movie starred Goldie Hawn as a middle-aged actress with huge collagen-inflated lips), who went into cardiac arrest and died a week later after what was to be a routine chin tuck. A month later, Susan Malitz, 56, the wife of a Connecticut physician, died during a face-lift.

Complete national statistics on deaths resulting from plastic surgery are unavailable because most procedures take place either in a doctor’s office or in a freestanding clinic, and only about a dozen states require doctors operating in private offices to report “adverse outcomes.”

The deaths in New York were anesthesia-related. But adverse outcomes encompass a wide range of lesser problems, including less violent reactions to anesthesia, post-surgical infection, hematoma, or even a pulmonary embolism that develops some days after surgery. There are also un-

* On April 11 Olding dropped out of an FDA panel reviewing silicone breast implants after he told the FDA that he owned stock in Medicis Pharmaceutical Corp., which recently agreed to purchase silicone breast implant manufacturer Inamed.

successful surgeries, where the patients don't appear as they had hoped. For example, after eyelid surgery patients can sometimes appear as if they are caught in a wind tunnel, with the eyes open too wide. And liposuctions can leave a person with uneven results, such as thighs of unequal size, or with bulges. In breast reductions, a nipple can be badly re-attached, or breasts can be asymmetrical. Breast implants frequently rupture or migrate and then require repeat surgery. The scar tissue around them can shrink causing a painful complication called "capsular contraction."

Congress is considering a patient-safety bill that would allow physicians to report "medical mistakes" without the report being used against them in court. But the reporting would be voluntary, and critics say it is unlikely that this alone will make surgery safer.

Meanwhile, the FDA is considering once again whether silicone breast implants should be allowed back on the market. The agency had banned the devices for most women in 1992, after widespread health problems were reportedly associated with the implants, and manufacturer Dow Corning paid large damage awards to implant recipients who took the company to court alleging connective-tissue disorders and other illnesses. The FDA said that data submitted by implant manufacturers did not prove the devices were safe, a requirement for medical-device manufacturers.

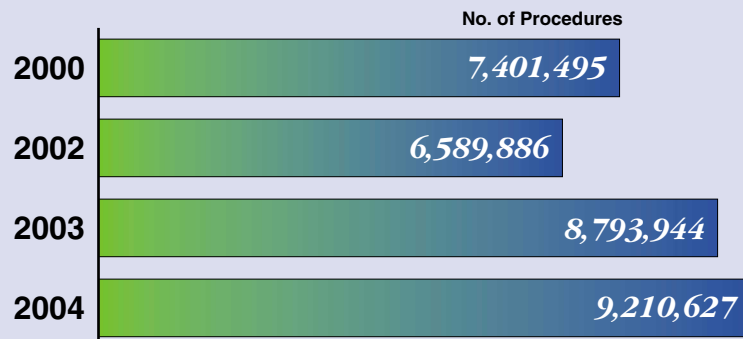
Now two other manufacturers have submitted new applications for updated versions of the silicone implants, accompanied by additional studies reportedly showing the implants are safe. After three days of public hearings in April, the agency is expected to rule on the requests by summer. Women's groups say the implants still have not been proven safe for long-term use.

Critics also worry that researchers have not proven the long-term safety of Botox — botulism neurotoxin — which irons out the crevices that appear with aging

Popularity of Cosmetic Surgery Increased

The number of cosmetic surgery procedures in the United States increased by almost 25 percent from 2000 to 2004, according to the American Society of Plastic Surgeons.

U.S. Cosmetic Surgery, 2000-2004



Source: American Society of Plastic Surgeons

by paralyzing facial muscles. (See sidebar; p. 332.) The FDA in 2002 approved the use of Botox on wrinkles between the eyebrows. But doctors now inject it all over the face.

"We all use it for paralyzing other areas of the face," Olding says. "I don't think twice about it."

Such so-called off-label uses of FDA-approved medications are common, but critics say the medical consequences of unrestricted use of Botox are unknown.

In the final analysis, while some plastic surgeons say they turn away clients whose expectations are unrealistic, they generally tend to be non-judgmental about requests from clients, especially brides and grooms and the mothers of brides.

"If these are people who wanted face-lifts anyway, it's not my place to dissuade them," says New York surgeon Steven Pearlman, president of the American Academy of Facial Plastic and Reconstructive Surgery. "Are you going to tell Donald Trump's wife that she can't spend a quarter-million dollars on a gown that she's only going to wear once?"

As the popularity of cosmetic surgery continues to grow, here are some of the questions experts are asking:

Does cosmetic surgery need tougher regulation?

In 1997, Judy Fernandez, 47, checked into A New You, a cosmetic surgery center in Irvine, Calif., for a brow lift, face-lift, liposuction, tummy tuck and contouring of her thighs, hips, arms, back, calves and knees, with the fat transferred to her buttocks. After 10 and a half hours under anesthesia, her blood pressure suddenly plunged. Despite two hours of CPR and open-chest heart massage, Fernandez died.

Cosmetic surgery horror stories — particularly deaths from multiple procedures in non-hospital settings lasting many hours — have raised serious questions about the adequacy of cosmetic surgery regulations. The Medical Board of California revoked the license of Fernandez's doctor, William E. Matory Jr., but his lawyer claimed the doctor was the victim. "Sure, it was pushing the envelope," he said of the unusually long procedure, "but

how would he have known that Judy Fernandez had a heart condition?"⁶

Fernandez is not alone. Stories of so-called adverse outcomes have come to light all over the country. In 2002, an 18-year-old woman from King of Prussia, Pa., and a 55-year-old woman from Jacksonville, Fla., died of complications from fat clots lodged in their lungs shortly after liposuction in a doctor's office.⁷

Because physicians who operate in their own offices don't need special credentials to perform cosmetic surgery, critics say some patients have been put at risk, particularly when operations occur in facilities unequipped for emergencies.

In recent years, a dozen states have enacted office-surgery regulations. (See chart, p. 326.) The regulations typically require the doctors' offices to be accredited and capable of providing advanced life support and transfer to a hospital if necessary. Some states also limit the number of hours a patient can be in surgery in a doctor's office and how much fat can be removed during liposuction. For instance, after the eight surgery deaths in Florida in the early 2000s — four of which involved combination liposuction-tummy tucks performed in a doctor's office — the state temporarily banned the combination procedure and then strictly regulated office liposuctions.

But some critics are calling for additional regulations to protect the growing number of patients, including rules not only on who can perform cosmetic surgery but also on who can have it.

"It's an area that flies under the radar screen because cosmetic surgery is viewed as a lifestyle choice, and you pay out of your pocket," says medical

ethicist Arthur Caplan, at the University of Pennsylvania School of Medicine. "The feeling is we don't need to protect the wealthy if they want to Botox themselves to death. [Meanwhile,] the lobbyists for cosmetic surgery — the materials producers and the doctors — are strong. And there is no national association of wrinkle-challenged people" to lobby for the patients.



The cast of ABC's "Extreme Makeover" includes, from left, weight-loss expert Michael Thurmond, dentist William Dorfman, plastic surgeons Anthony Griffin, Jon Perlman and Garth Fisher and fashion stylist Sam Saboura.

Getty Images/Frederick M. Brown

Pressure for regulation must come "from the broader ranks of medicine," Caplan says. For example, if the American Medical Association (AMA) and the American Society of Anesthesiologists issued guidelines, they would become the standard of care, he says, and lawyers could use them as the basis for malpractice suits.

So far, the only nationwide controls have been partial: In 2003, the AMA and several medical-specialty societies, including the ASPS, agreed that their members should perform surgery only in accredited facilities and only if they have admitting privileges at a nearby hospital. But the guidelines were voluntary and limited to members of the medical societies that joined in the agreement.⁸

Caplan advocates regulations specifying what kinds of patients can be

lifted and tucked. "Doing liposuction on 21-year-old brides-to-be is not indicated," he says, "and it's never appropriate to do liposuction on someone in their 30s unless they've tried dieting and exercise first."

But cosmetic surgeons bridle at such suggestions, saying there are always exceptions to the [age] rule and that people should be free to make their

own decisions. "Liposuction is appropriate for some [young] individuals," says George Washington's Olding. "That Hillary Clinton look — the pear shape — it lasts a lifetime."

"How can you regulate this?" asks New York plastic surgeon Pearlman. "In your 20s or 30s, the eyelids start. Bags can appear. You have to hope that the vast majority of doctors are ethical."

Many physicians also resist limits on who can wield the scalpel. "I believe in self-regulation," Olding says. "We, the

ASPS, don't have an exclusive right to the word plastic surgery. But we need to make sure people are qualified."

And the way to do that, the ASPS says, is through certification by the American Board of Plastic Surgery indicating that the surgeon has had a five-year surgical residency, including two years in plastic surgery.

"We recommend that patients seeking plastic surgery consult with board-certified plastic surgeons," says Bill Seward, director of government affairs at the ASPS. Many of the otolaryngologists, dermatologists, oral surgeons, ophthalmologists and others who are performing plastic surgery are often not qualified to perform such procedures, he says.

"It's a buyer-beware situation," says ASPS President Scott Spear, chief of plastic surgery at Georgetown University Hos-

pital. "Most of the time, people don't put up a sign saying they can do what they can't do," but that's exactly what can happen in plastic surgery, he continues. "Do we really need a lot of people claiming to be plastic surgeons who have dubious training and certification?"

"There needs to be some regulation that sets standards for certification," Spear says. "The vast number of doctors are people of integrity, but the minority can ruin it for everybody. We need government regulation of who can claim what and who can do what."

Do TV makeover shows give the wrong message about cosmetic surgery?

Introduced in 2003, ABC's popular "Extreme Makeover" now boasts about 7 million viewers each week.

The show puts average Americans through multiple cosmetic surgeries, and viewers watch everything — their initial meetings with surgeons and dentists, the surgery itself, their emergence from surgery covered in gauze, recuperation in a mansion in the Hollywood Hills, their workout sessions with personal trainers and eventually their "reveals" — when they parade their new faces and bodies before friends and loved ones.

In 2004, Fox launched a knockoff, "The Swan," which puts its newly transformed participants in a beauty pageant. And MTV's "I want a Famous Face" seeks out people who want to resemble a star and follows them through



Protesters opposed to silicone breast implants rally outside the Department of Health and Human Services on Oct. 8, 2003. The Food and Drug Administration banned them for most women in 1992 after widespread reports that they caused health problems. An FDA panel recommended against lifting the ban after holding hearings in April 2005.

AP Photo/Ron Edmonds

their surgery (which MTV doesn't pay for). MTV's popular — and gory — plastic surgery drama, "Nip/Tuck," is loved by viewers but roundly roasted by critics as "gross."

Lou Gorfain, executive producer of "Extreme Makeover," insists his show "has heart" because it takes people who are suffering because of their looks and gives them a new lease on life. "It's therapeutic. The lesson from the show is empowerment," he continues. "People have the power to change their appearance."

Gorfain points to Ray Krone, who spent 10 years in prison after police in Phoenix, Ariz., seeking a "snaggle-tooth murderer" said bite marks on the mur-

der victim matched Krone's teeth. After a retrial and an acquittal, Krone applied to "Extreme Makeover" for comprehensive dental work and other surgery.

"A lot of people go around in shells because of their looks," says Keith LaFerriere, of Springfield, Mo., a past president of the American Academy of Facial Plastic and Reconstructive Surgery. "The programs show that these people had an improvement in self-esteem after surgery."

Plastic surgeons agree that the message from makeover shows is that people can improve their lives by altering their looks. The ASPS — whose members perform some of the surgeries — cautiously endorses "Extreme Makeover."

"This is a good opportunity for the public to see what plastic surgery is about, and the show is committed to showing it, warts and all," Anthony Griffin, one of the show's surgeons, says.

But critics say the show minimizes the risks of plastic surgery while exaggerating what can be achieved. For example, Krone got four implant crowns within a three-month period because the dentist used "immediate load implants," Gorfain says.

But specialists in crowns and bridges recommend immediate load implants only under certain conditions. "You have to have enough quantity, volume and density of bone," says Keith Progebin, a prosthodontist in Washington, D.C. And usually it's appropriate only for the lower jaw, he says. Krone had upper implants.

Gorfain says Krone is doing "great." But the broadcast didn't explain that only certain patients can complete the implant process within three months.

Botox Was Top Cosmetic Procedure in 2004

Nearly 2 million cosmetic surgeries and more than 7 million minimally invasive procedures were performed in the United States in 2004, including nearly 3 million Botox treatments.

Cosmetic Procedures in U.S., 2004

Surgical Procedure	Number
Liposuction	324,891
Nose reshaping	305,475
Breast augmentation	264,041
Eyelid surgery	233,334
Face-lift	114,279
Tummy tuck	107,019
Breast lift	75,805
Forehead lift	54,993
Dermabrasion	54,018
Hair transplantation	48,925
Breast implant removal	35,208
Lip augmentation	26,730
Ear surgery	25,915
Chin augmentation	15,822
Breast reduction in men	13,963
Upper arm lift	9,955
Cheek implant	9,318
Lower body lift	8,926
Thigh lift	8,123
Buttock lift	3,496
Total	1,740,236
Minimally Invasive Procedures	Number
Botox	2,992,607
Soft tissue fillers	1,097,046
Chemical peel	1,090,523
Microdermabrasion	858,867
Laser hair removal	573,970
Sclerotherapy	544,898
Laser skin resurfacing	164,451
Laser treatment of leg veins	103,460
Cellulite treatment	44,569
Total	7,470,391
Total Cosmetic Procedures	9,210,627

Source: American Society of Plastic Surgeons

Makeover shows also usually refrain from taping patients right after surgery. Ethan, who had a face-lift on "Extreme Makeover" last year, had two drains coming out of his scalp for five days, he wrote on a Web site where he posted photos of himself taken several days after the surgery. "My wife had to drain these every day and measure the fluids. Gross stuff. I was pretty much out of it." ⁹

But Gorfain maintains that his show is as realistic as possible. "We try to show it as real as we can," he says.

Critics also point out that the makeover shows rarely show unsuccessful surgeries. "Extreme Makeover," however, did revisit "Liz," who had to have a second operation for revised cheek and chin implants and another face-lift.

Others say the shows imply that plastic surgery is without risk. In fact, liposuction is one of the riskiest cosmetic procedures available, and liposuction combined with a tummy tuck is even more dangerous. According to a study by the American Society of Aesthetic Plastic Surgery, the risk of death from liposuction is one fatality per 47,415 procedures, but the rate increases to once every 3,281 procedures when liposuction is combined with abdominoplasty. ¹⁰

Social critics say the greatest problem with cosmetic surgery makeover shows is the psychic damage they inflict on girls and young women. Steyer of Common Sense Media says one-third of American girls between ages 6 and 12 have already been on a diet, and 27 percent feel pressure by the media to have a perfect body. ¹¹

"There are so many messages in the media that say how you look is everything," he says.

Indeed, Steyer calls the media's influence a public-health issue. "We're talking about eating disorders, mental health issues for teenagers and plastic surgery. The shows play into [those] pressures."

Critics say "The Swan" may be the most harmful. "You go through the gru-

eling process of surgery, and in the end it still isn't good enough," says Jennifer Berger, executive director of About-Face, a nonprofit San Francisco group that advocates on women's issues.

Griffin of "Extreme Makeover" won't comment on "The Swan," but he concedes that the media in general are telling girls they're not perfect enough. "I look at the magazine covers, and the girls on them are thin, too thin. That's part of our culture," he says. "The message is being reinforced in the movies and in advertisements. The message is, 'Maybe I should get into shape.'"

But Robert Thompson, director of the Center for the Study of Popular Television, says that is not the real message. The shows are "normalizing" cosmetic surgery he says, and revealing a national neurosis — the "cultural psyche of a nation with an appetite to look a certain way."



Getty Images/Hector Mata

Actress Pamela Anderson, here at the American Music Awards on Jan. 9, 2002, says breast implants helped her land a long-running role on "Baywatch," once one of the world's most popular television shows.

Should the FDA allow silicone breast implants back on the market?

American women have been pumping up their breasts for ages. In the 1890s, paraffin was used. Since then, physicians have used ivory, glass balls, ground rubber, ox cartilage, sponge, rubber and Teflon.¹²

"While the Japanese fixate upon the nape of the neck, and the Chinese cast their eyes on tiny feet . . . breasts, in our culture, are simply more than breasts. Within these spheres, so much of a woman's identity seems to originate," *Cosmetic Surgery Times* observed.¹³

In the 1950s, after padded bras lost favor, silicone injections became popular. After injectible silicone became

suspect as a potential carcinogen, silicone gel breast implants made their debut. Twenty years later, however, reports began to surface of disease and pain allegedly caused by leaking implants — primarily fibromyalgia (generalized pain and tenderness in the muscles) and connective-tissue disease.

In 1992, the Food and Drug Administration restricted silicone gel implants to cancer patients seeking breast reconstruction after mastectomy and to women participating in clinical trials. In 1998, plaintiffs in a huge class action suit against Dow Corning — then the leading manufacturer of the implants — accepted Dow's offer of \$3.2 billion to

settle their claims of injury from the implants.

U.S. women seeking breast augmentation have been limited since 1992 to saline implants. But women and their surgeons have been less than satisfied. Saline implants are not considered dangerous, but they can rupture or migrate, and then they have to be surgically removed.

Moreover, saline implants are "like water balloons," says epidemiologist Diana Zuckerman, president of the National Research Center for Women & Families, a Washington think tank. "They can make a swishing sound. They get cold in the winter. A skater told me you wouldn't believe how cold they get on the ice."

Two California corporations, Inamed and Mentor, both of Santa Barbara, have developed new silicone implants and are seeking FDA approval. The two firms say the implants have a more natural look, don't deflate when they leak and are safe over long periods. But the advisory panel the FDA convened in early April voted to recommend against allowing

the Inamed implants on the market, while approving the Mentor devices. The corporations and many plastic surgeons say studies have not proven they are unsafe.

"Multiple studies have shown the implants are not responsible for lupus and auto-immune disease," says Griffin, one of the "Extreme Makeover" plastic surgeons.

Dan Cohen, Inamed's vice president for global, corporate and government affairs, says the company has submitted more than 100 peer-reviewed studies to the FDA examining "all the issues," including cancers, lactation in women with silicone implants and suicides. "We're very confident in the data," he says.

Few States Regulate Surgery in Doctors' Offices

Only 16 states have guidelines or regulations for accrediting offices and surgical centers that handle cosmetic surgery; Missouri and Indiana are working up similar rules. While all states require hospitals to report "adverse outcomes" resulting from cosmetic surgeries, only a dozen require doctors' offices and clinics to report such occurrences.

States With Requirements for Doctors' Offices and Clinics

Report adverse surgery outcomes:

Alabama, California, Florida, Illinois, Louisiana, Massachusetts, Mississippi, New Jersey, North Carolina, Ohio, Rhode Island, Tennessee and Texas

Use accredited operating rooms:

California, Connecticut, Florida, Kentucky, Louisiana, Massachusetts, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee and Texas

Limit number of hours a patient can be in surgery:

Florida, Pennsylvania, Rhode Island and Tennessee

Limit amount of fat removal during liposuction:

California, Florida, Kentucky, Ohio and Tennessee

Source: American Society of Plastic Surgeons

A 2000 National Cancer Institute study, however, showed a greater likelihood of brain cancer and suicide in women with silicone breast implants, although the study was unable to pinpoint the reason for the results.¹⁴

"The papers about suicide rates and brain cancer haven't been peer reviewed," Cohen says. "They're observational studies, not causative. There are no controlled studies that show silicone implants are causative for brain cancer or suicide."

Women's groups and consumer advocates oppose the silicone implants, saying Inamed and Mentor have not shown that they are safe over the long term.

In fact, the week before the latest hearings began, the FDA released a

staff report stating that the data submitted by Inamed and Mentor so far were of limited value in gauging the risk of silicone implant ruptures.¹⁵

"There's nothing conclusive for or against" the implants, says Zuckerman of the National Research Center for Women & Families, "but there's a growing body of evidence that the implants are unsafe."

She points to a 2001 study by the FDA, which found that women who had silicone implants that leaked were more likely to have fibromyalgia and connective-tissue disease.

Zuckerman and other opponents of the implants also point to a 2004 study by American University chemist Susan Maharaj, who found high levels of the

toxic mineral platinum in the urine, blood and breast milk of women with silicone implants and in the children they delivered afterwards. Platinum is used to make the implants. The type of platinum that Maharaj found was more toxic than platinum found naturally in the body.¹⁶

"We oppose silicone gel implants until the companies exhibit that they are safe," says Amy Allina, program director of the National Women's Health Network. "They're in a woman's body for life."

"Often, women don't even know that a silicone implant has broken. It doesn't lose its shape but it leaks silicone into the lymph nodes, the breasts, the brain, liver and lungs," Zuckerman says. "Cat scans have shown lesions in the brain from the silicone."

Zuckerman says the silicone implant makers should study women who have had their implants for decades. "Implants have been around for 40 years," she says. "The problems happen over a longer period of time. Why do the gels break down into oil that can leak? How does it happen? And what are the health implications? If a product is cosmetic, then you should be more cautious about the risk."

Both saline and silicone implants make it more difficult to detect tumors via mammography, according to physicians. Thus, it is up to the individual physician "to educate the patient about the potential risks of the procedure," says George Washington University's Olding. ■

BACKGROUND

Ancient Practice

Benjamin Franklin may have been the first American to advocate personal makeovers.

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Chronology

19th Century

Surgeons begin to experiment with plastic surgery, helping people with congenital deformities and experimenting with nose-reshaping operations.

1827

First cleft palate operation performed in United States.

1887

First intranasal nose job performed in United States.

1900-1940

U.S. doctors rush to Europe during World War I to care for the wounded. Afterwards, “plastic surgeons” form a professional society.

1931

Ten physicians become charter members of the American Society of Plastic and Reconstructive Surgeons (ASPRS), precursor of the American Society of Plastic Surgeons.

1940-1970

Face-lifts and nose jobs are the most popular cosmetic surgery procedures.

1941

American Board of Plastic Surgery comes under the jurisdiction of the American Board of Medical Specialties (ABMS), lending legitimacy to plastic surgery.

1962

Timmie Jean Lindsey, of Texas, becomes the first woman to receive silicone breast implants.

1970-1990

Reports increase of autoimmune disease allegedly caused by silicone breast implants. New cosmetic surgery procedures — such as liposuction and eyelid surgery — become popular.

1975

Membership of American Society of Plastic and Reconstructive Surgeons exceeds 1,500.

1976

Congress gives Food and Drug Administration (FDA) authority to regulate implants and other medical devices.

1990-2000

Popularity of cosmetic surgery surges; more than 4,500 physicians belong to American Society of Plastic and Reconstructive Surgeons.

1992

FDA restricts use of silicone breast implants to women who have had mastectomies or are participating in clinical trials.

1996

The first of the nation’s 76 million baby boomers turn 50, and many seek cosmetic surgery.

1997

More than 2 million cosmetic surgery procedures are performed in the United States; about half are done in doctors’ offices.

1998

Women in a class action against silicone breast-implant maker Dow Corning accept an offer of \$3.2 billion for alleged injuries and illnesses from Dow implants.

2000-2005

TV makeover shows spur teens and young adults to seek cosmetic surgery.

2000

More than 5 million cosmetic surgery procedures are performed in the U.S. Baby boomers account for 43 percent of the procedures.

2002

Four deaths in Florida from combination liposuction/tummy tuck procedures fuel passage of state regulations restricting plastic surgery operations; several other states follow.

April 15, 2002

FDA approves Botox botulism neurotoxin to remove wrinkles and frown lines between eyebrows.

2003

FDA panel votes 9 to 6 to authorize use of silicone breast implants again, but chairman urges FDA to reject the panel’s advice. . . . Almost 9 million cosmetic surgery procedures are performed in U.S. — up 33 percent from 2002. . . . The first TV makeover show, “Extreme Makeover,” debuts.

2004

More than 9 million cosmetic procedures are performed in the United States. . . . FDA rejects a manufacturer’s application to market silicone breast implants. . . . Two women die after routine cosmetic surgery at prestigious Manhattan hospital.

April 2005

FDA panel recommends against allowing silicone breast implants back on the market; a decision by the FDA is due by summer.

Cosmetics Fad Has Dentists Smiling, Too

It started with orthodontia. Then came teeth whitening. Now Americans by the millions are going to the dentist for more serious cosmetic dental procedures, such as bonding, veneers, “invisible” braces and even jaw surgery.

In fact, Americans are spending \$15 billion a year on cosmetic dentistry — more than the \$12 billion they spent on plastic surgery in 2004 — and there’s no end in sight. Cosmetic dentistry even has its own professional society: the American Academy of Cosmetic Dentistry (AACD). And a growing number of traditional dentists are offering cosmetic procedures. Cleveland dentist Matthew Messina, an American Dental Association spokesman, says dentists are performing twice as many cosmetic procedures as they did three years ago, even though cosmetic procedures are expensive and not usually reimbursed by health insurance.¹

For example, between 1996 and 2000, the number of teeth-whitening procedures grew by 300 percent, and sales of invisible Invisalign braces — which cost up to \$5,000 — grew 75 percent, while the number of veneer procedures jumped 250 percent. Bonding doubled.²

Veneers can cost between \$1,000 and \$2,000 per tooth and may have to be replaced every 10 years. Bonding, in which the dentist bonds a plastic-like resin to a chipped tooth, typically costs about \$300 per tooth.

“The new standard in our country is bright, white, straight teeth,” says Kimberly Harms, a Minnesota dentist. “It’s a vision of good health, and the baby boomers are focusing on looking and feeling good.”

“Boomers are still in the work force,” explains Eric Nelson, a spokesman for the AACD, “and they’re in competition with younger folk. They want to look younger and better.”

While orthodontics and jaw surgery have “health components,” they can also be cosmetic, Harms says, and more and more people are choosing them for that reason. “The standard for the [high school] senior picture is a straight, white smile,” she says.

Harms’ says her 15-year-old son, whose teeth were perfectly aligned but too small, had major dental work done. Harms sent him to an orthodontist to expand his palate. Then, when that was done, there were spaces between his teeth. So on went the veneers. Now, when he smiles, his teeth are visible. Total cost of the job if your mom is not a dentist: \$10,000.

Harms’ husband, who wasn’t happy with his underbite, also had cosmetic dental work. A surgeon cut his protruding lower jaw and moved it back. “Reshaping the jaw is being done more frequently,” Harms says. “Many of these are cosmetically oriented.”

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Franklin’s *Poor Richard’s Almanac* described the 13 virtues by which Americans could turn their lives around, points out Thompson, of Syracuse University. “Franklin was the beginning of the American self-help tradition that continues today with Dr. Phil.”

However, public attitudes about surgically changing one’s appearance have changed dramatically in recent decades. In 1923, Americans clamored for an explanation of why beloved vaudeville comedienne and Ziegfeld Follies star Fanny Brice had “bobbed” her nose. But 40 years later, when singer Barbra Streisand emerged on the national scene, “Americans wanted to know why she had not,” notes Elizabeth Haiken, author of *Venus Envy*, a comprehensive history of cosmetic surgery.¹⁷

Today, Americans not only accept the idea of improving their looks

through plastic surgery, they embrace it. “Plastic surgery is now one of the largest and fastest growing medical specialties in the United States,” Haiken wrote. “The entire body — male as well as female — is in its purview.”

Historians date plastic surgery (derived from the Greek word *plastikos*, which means to shape or mold) to 600 B.C. when the Hindu surgeon Sushruta described reconstructing a nose from a patient’s cheek. The technique was performed as late as 1000 A.D.

But it wasn’t until the 19th century that plastic surgery began to emerge in its modern form. Virginia Surgeon John Peter Mettauer performed the first American cleft palate operation in 1827, and 60 years later surgeon John Orlando Rose of Rochester, N.Y., performed the first intranasal rhinoplasty (nose job) with incisions made inside the nose.

Before penicillin was found effective against syphilis in 1943, doctors injected paraffin into the “saddle nose” deformities caused by the disease. At the turn of the century, paraffin was also injected into women’s breasts, but when it was found to cause cancer doctors turned to injections of the patient’s own fat. But the fat migrated and formed lumps.

During World War I, plastic surgery took a major leap forward. Physicians from many countries, including the United States, raced to the battlegrounds of Europe to save and repair soldiers whose faces and hands had been blown away by cannon fire.

“Shattered jaws, blown off noses and lips and gaping skull wounds . . . required innovative restorative procedures,” according to a short history of the profession.¹⁸

Ernest Hemingway, writing in *A Moveable Feast*, described the “geules

"A lot of our work is restorative, but we just do it in a cosmetic way," she adds. "That's what people want."

Reality TV is partly responsible for the rush to straight, decorator-white teeth, Harms says. "With the makeover shows, people can see this on TV, and they ask, 'Can you do it for me?' And we say 'sure.'"

The whitening trend started with peroxide-laced whitening gel, applied to the teeth for two hours each day in soft plastic molded to fit the teeth. Now, the number of whitening procedures has multiplied.

The bonding process offers chipped teeth a chance at wholeness. After porcelain shells, or veneers, are bonded onto existing teeth, the teeth can be reshaped. However, the procedure is irreversible, because tooth



"Extreme Makeover" dentist William Dorfman and periodontist Jeffrey Ganeles examine 29-year-old Nathaniel Chalk, who received extensive dental surgery, including implants, as part of his transformation.

ABC-TV, "Extreme Makeover"

enamel is filed down before the veneer is glued on.

With cosmetic dentistry booming, over-the-counter purveyors have jumped into the market. As teeth whitening gained popularity, Crest marketed its Whitestrips. Now virtually every toothpaste on the oral-hygiene aisle claims to whiten and brighten your teeth. A non-whitening paste would surely not survive in today's market.

"A smile can be the most eye-catching feature of a face," says the American Dental Association's Web site. "With dentistry's many advances, you no longer have to settle for stained, chipped or misshapen teeth."³

¹ Karen Springen, "Million Dollar Smile,"

Newsweek, March 7, 2005.

² American Academy of Cosmetic Dentistry, www.aacd.com.

³ www.ada.org/public/topics/cosmetic.asp

cassees" (broken faces) he saw in Paris after the war. "Some of them wore Croix de Guerre ribbons in their lapels and others also had the yellow and green of the Medaille Militaire, and I watched how well they were overcoming the handicap of the loss of limbs and saw the quality of their artificial eyes and the degree of skill with which their faces had been reconstructed . . . and we respected these clients more than we did the servants or the professors."¹⁹

After the war, a dozen war-trained plastic surgeons practiced in the United States — physicians without a recognized specialty who strove to mold a mission. Between the two world wars, the founding fathers of plastic surgery dedicated themselves to deformed or disfigured patients, such as those with cleft palates.

Meanwhile, Americans were migrating from small towns to the cities

seeking work, suddenly facing anonymity and the challenge of presenting themselves well. The migration came just as the new field of psychology was gaining credibility, and the theories of Viennese psychologist Alfred Adler were gaining hold. Adler had developed the concept of the "inferiority complex" and the problems faced by men and women with insufficient self-esteem. The small group of plastic surgeons, who had initially looked down their collective noses at vanity surgery, began to see themselves as agents of self-improvement who could help homely women gain a chance for greater self-esteem.

In 1931, they formed the American Society of Plastic and Reconstructive Surgery, forerunner to the American Society of Plastic Surgeons (ASPS). In 1941, the specialty was recognized by the American Board of Medical Specialties.

With World War II came news reports of surgical miracles for soldiers whose faces had been wrecked by war. Headlines like "New Faces for New Men," and "Saving his Face" gave plastic surgery even more credibility, Haiken wrote.²⁰

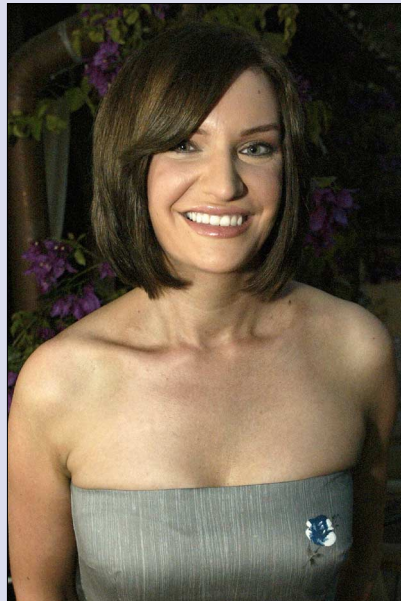
Desperate Housewives

After World War II, as American affluence grew, women left the workplace to raise their children and tend to the home. Some began to feel that the aging process was putting them at a disadvantage and that their husbands were wandering in search of younger, fresher faces.

In the 1950s, women with means increasingly began getting face-lifts, but quietly. And many teenage girls from ethnic backgrounds in urban centers



Christina before

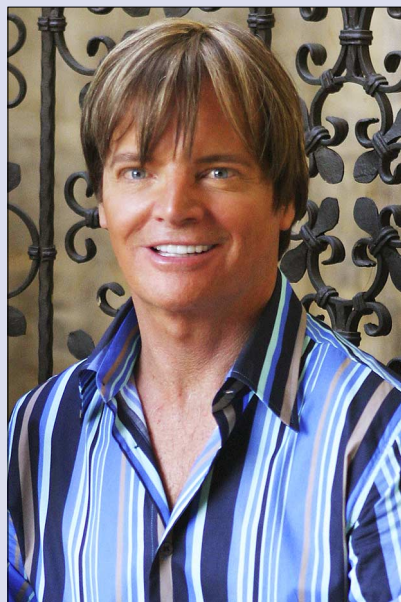


Christina after

ABC-TV, "Extreme Makeover"



Marque before



Marque after

ABC News/Tom Queally (before) Carol Kaelson (after)

Extreme Makovers

Shy, single, Christina, a 25-year-old financial-services representative from Sarasota, Fla., told the producers of "Extreme Makeover" she had never liked her smile and had never been kissed. She underwent rhinoplasty, brow lift, eyelid lift, liposuction and eye surgery and had her ears pinned back. She also got a skin peel, lip treatments, teeth whitening—and tips from a Hollywood kissing coach. Marque, a 48-year-old musician, got hair implants, cosmetic dentistry and other procedures to help him get back the "rock-star" looks of his youth.

like New York and Los Angeles were encouraged to have nose jobs so they could "pass" as "generic Americans," writes Haiken.

Although the ethnic look became popular in the 1960s, there were limits. A nose was supposed to be short and slightly upturned, like Jacqueline Kennedy's, not like Streisand's. Jewish and Italian girls in New York rushed to get nose jobs, and all of them "seemed to be wearing the same design," according to Haiken.

But cosmetic surgery was still primarily aimed at aging females, especially since the 1960s lionized a culture in which beauty meant youth. "As the baby boomers bestowed cult status on Twiggy and the Beatles and vowed not to trust anyone over 30," Haiken wrote, "their mothers found that the transition to what some were beginning to call 'the second half of life' was more difficult than what they had anticipated."²¹

Face-lifts became popular in the 1960s, along with silicone breast implants, which were introduced in 1962. By the '70s, more than a 1,000 surgeons were members of the ASPS, the largest group of cosmetic surgeons.

The '80s saw a rush to breast augmentation, mainly with Dow Corning silicone implants. Women recovering from breast cancer surgery and those unhappy with their small breasts flocked to the surgery. In the late '80s, however, news reports emerged about post-surgical illness associated with the implants. The FDA pulled them from the market in 1992, and a class action suit eventually saddled Dow Corning, now in bankruptcy, with a multibillion-dollar settlement.

But men and women were undeterred. In the '90s the huge baby boom generation began hitting middle age, and more and more Americans went in for cosmetic "work." Unable to deal with the emotional trauma of aging, they tried to stop it in its tracks, observers said.²²

The celebrities they had grown up with — such as Cher and Elizabeth Taylor — appeared almost unchanged by the years, as if they had been able to stop the clock. Their fans wanted the same kind of work their screen idols were getting.

Technological advances provided patients with new procedures to choose from. By 1992 eyelid surgery (blepharoplasty) and collagen injections to fill out the lips had outstripped face-lifts. And as the '90s progressed, less invasive procedures for the face — chemical peels and laser resurfacing — became increasingly popular. For the body, Americans turned to heavy surgery, with liposuction, tummy tucks and breast lifts.²³ Pamela Anderson, a relatively unknown actress on the TV show “Baywatch,” became famous — or infamous, to some — for her surgically enhanced bust.

As more and more Americans chose cosmetic surgery, congressional hearings in the early 1990s held out the possibility that Congress might provide some oversight. But a bill was never introduced, and the job fell by default to the states.

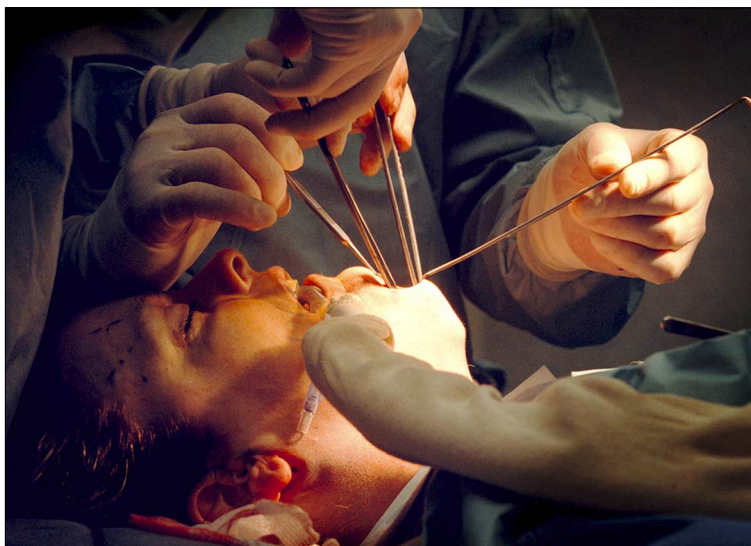
By 1997, some 2 million cosmetic surgery procedures were being performed in the United States — an increase of 75 percent over the four preceding years.²⁴ The numbers would quadruple in the next five years.

As the new millennium began, celebrities' inhibitions about discussing their multiple surgeries dissolved. In 2002, TV news personality Greta Van Susteren went public about her sur-

gical makeover during a transition from an anchor spot at CNN to Fox TV. She blared her story to several news outlets, wanting, she said, to help those considering plastic surgery. And she ended up on the cover of *People*. Critics of plastic surgery were barely heard.

The Backlash

As Americans flocked in for surgical overhauls, a small group of dissenters began to find a voice both in the establishment press and on the Internet.



Getty Images/David McNew

Actress Christopher Templeton, who starred on TV's “*The Young and the Restless*,” undergoes a neck lift to tighten her neck muscles; she also had neck liposuction and a brow lift. The surgery was broadcast live on the Internet on June 7, 1999.

In 2002, as the FDA was approving the use of Botox to erase wrinkles, *New York Times* columnist Maureen Dowd proclaimed there were now four stages of a woman's life, “pre-Babe, Babe, Botox Babe and Cher.”²⁵

“A face with character is passé,” she continued. “A face without expression is chic.” Aging baby boomers, she lamented, “don't want to be post-anything, even it means freezing their faces into

freakish death masks. . . . After all these years of trying to train men to respond better to emotional cues, women are making it even harder by erasing the emotion from their [own] faces.”

More recently, *New York Times* movie critic Manohla Dargis contemplating the Oscars, blasted the film industry for creating movie idols who resemble robots more than humans. In a long piece, Dargis wrote that plastic surgery today “seems inescapable, inevitable. Our screens are crowded with freakishly plumped lips and breasts so round they look drawn by protractors.” Plastic surgery, she continued, is undeniably altering “one of the greatest landscapes in cinema, the human face.”²⁶

Dargis did not tackle the problems of the population at large, but media watchdogs became increasingly concerned that the plasticized faces on TV and in film were setting standards for the rest of the nation.

As cosmetic surgery became *de rigueur*, the media focused on “medical mistakes,” especially two deaths in 2004 involving the Manhattan Eye, Ear and Throat Hospital, and more recently among patients in the Dominican Republic, where 1,000 Americans travel each year to get cut-rate liposuctions and tummy tucks. In March, “Dateline NBC” profiled

four American women who had cosmetic surgery in the Dominican Republic: Three contracted infections that nearly killed them, and the fourth died shortly after surgery.²⁷

Some prominent surgeons have been reminding the public that cosmetic surgery comes with risks. To some patients, going in for cosmetic surgery is “like going into Bloomingdale's and

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Millions Taking Botox 'Cure'

Like Samantha in the award-winning TV series "Sex and the City," millions of women — and men — now get regular injections of Botox to erase facial wrinkles. In just a few years, Botox, made from purified botulism toxin, has become the 21st-century's fountain of youth.

The FDA approved Botox in 1989 for use on patients with eye-muscle disorders like blepharospasm, or uncontrollable blinking, and strabismus, or crossed eyes. Later, it was approved for treating cervical dystonia (abnormal contractions of the head and neck) and spasmodic dysphonia (abnormal contractions of the voice box).

The FDA approved Botox use on April 15, 2002, for smoothing out the furrows between the brows. But even before that, "off-label" Botox use for those and other wrinkles had become common. By 2000, nearly 800,000 Botox procedures to erase wrinkles were being performed each year in the United States, according to the American Society of Plastic Surgeons.¹ By 2001, more than 1.6 million people received injections, according to the FDA.²

Although Botox is approved for eyebrow furrows only, it is widely used today to erase wrinkles elsewhere on the face. In 2004, U.S. doctors performed almost 3 million Botox procedures, according to the

American Society for Aesthetic Plastic Surgery.³ "We all use this to paralyze areas of the face," says Michael J. Olding, chief of plastic surgery at The George Washington University School of Medicine, in Washington, D.C. "Nothing is foolproof. No drug is a panacea. But Botox has been used for a long time. The FDA does a good job of examining things that are looking to come to market."

Nevertheless, the FDA warns that Botox used for facial wrinkles in areas other than the brow "has not been independently reviewed by the agency, and the safety and effectiveness of Botox injections into other regions of the face and neck . . . have not been clinically evaluated."⁴

Purified botulism is the first bacterial toxin to be used as a medicine. The toxin was in the news frequently in the 1960s and '70s because of fatalities from botulism toxin in canned food. But researchers later found that the toxin produced by

Clostridium botulinum bacterium — although potentially fatal in food — had a medicinal use. Today, Botulinum Toxin Type A, produced by Allergan Inc., is the only FDA-approved botulism toxin. Botox works by paralyzing the muscles when injected in small doses. An injection between the eyebrows smoothes out furrows for up to 120 days, after which additional injections are necessary.⁵

"The FDA is concerned that Botox has the potential for being abused," said *FDA Consumer* magazine, citing reports that "unqualified people are dispensing Botox in salons, gyms, hotel rooms, home based offices and other retail venues."⁶

The FDA also warns that patients can experience side effects from Botox injections, including droopy eyelids that can last for weeks.

Other voices of caution raise questions about the potential long-term effects of repeated Botox injections, which have not been studied. "Of all the products, I'd be concerned most about botulism," says epidemiologist Diana Zuckerman, president of the National Research Center for Women & Families. "Some things don't show up until years later."

In some cases, questions have arisen about the purity of the product used. In late 2004, four patients at a Florida Botox facility were hospitalized with botulism poisoning. The facility

had allegedly ordered raw bulk toxin — not approved for medical use — from a supplier in Northern California.⁷

Despite the pitfalls, Botox has been a windfall for Allergan. In 2004 alone, Botox cosmetic sales jumped more than 30 percent — to \$296 million — up from \$225 million the year before. Now, other companies want to cash in, including breast-implant manufacturer Inamed Corp., which is developing its own form of Botox, called Reloxin.



Getty Images/Don Murray

Botox is injected into a woman's eyebrow. Botulinum toxin temporarily eliminates wrinkles by weakening or paralyzing the underlying muscles, preventing them from contracting.

¹ "National Plastic Surgery Statistics," www.plasticsurgery.org.

² Carol Lewis, "Botox Cosmetic: A Look at Looking Good," *FDA Consumer*, July-August 2002, www.fda.gov/fdac/features/2002/402_botox.html

³ www.surgery.org

⁴ Lewis, *op. cit.*

⁵ www.botox.com

⁶ Lewis, *op. cit.*

⁷ Allergan news release, Dec. 13, 2004, www.allergan.com.

Continued from p. 331

buying a new sweater,” says Norman Shulman, head of plastic surgery at New York’s Lenox Hill Hospital. “Every procedure carries inherent medical risks, and if I didn’t tell the patient I wouldn’t be doing my job. My obligation is first off, do no harm.”

Whether the warnings will cool the rush to perfection through medical intervention is unclear. “There is still something quintessentially American about cosmetic surgery,” writes Haiken. “In it we see reflected the promise of individual transformation, the American dream of recreation and re-invention writ large.”²⁸ ■

CURRENT SITUATION

Growing Regulation

As cosmetic surgery has grown in popularity, and surgeries are increasingly being performed in doctors’ offices and surgical centers, state regulators have begun to take notice.

“State regulation started just a few years ago,” says Roth, of the ASPS. “As more and more surgery was being done in offices, the states woke up.”

The state regulation forms a disparate set of rules: Some states have issued guidelines and stringent rules, but others aren’t bothering.

While all states require that hospitals report adverse outcomes and fatalities resulting from surgeries, only 13 require doctors’ offices and free-standing clinics to report such occurrences. (See chart, p. 326.)

“It’s important that doctors be required to report adverse outcomes and reactions,” says Zuckerman, of the National Research Center for Women &

Key Cosmetic Surgery Terms

Blepharoplasty — Surgical removal of fat, excess skin, bags, wrinkles around the eyes

Botox — Purified botulinum toxin injected to temporarily relax facial muscles to eliminate wrinkles for three to four months

Cheek/Chin Augmentation — Implants placed in the cheeks or chin to improve bone structure or support sagging tissues

Chemical Peels — Resurfacing of the skin with an acid solution that peels the top layers to allow regenerated skin to emerge; treats wrinkles due to sun damage, mild scarring and certain types of acne

Collagen Implant — Injection of a gel-like natural protein derived from purified animal tissue to smooth out wrinkles and make scars less visible

Dermabrasion — Removing the top layer of facial skin with a high-speed rotating brush or diamond-coated wheel to minimize scars, wrinkles and severe cystic acne

Facial Reconstruction — Surgery to repair or reconstruct facial features in cases of cancer, facial trauma and birth defects

Filler Injections — Injections of collagen and fat harvested from the patient’s thigh or abdomen to plump up facial areas or “fill” wrinkled areas

Forehead Lift — Surgery to minimize forehead lines and wrinkles and elevate brows to reduce eyelid drooping

Hair Replacement — Surgical redistribution of hair to hide hair loss

Laser Resurfacing/Laserabrasion — Using lasers to vaporize top skin layers to lessen wrinkles, scars and birthmarks or to resurface facial skin

Liposuction — Surgical removal of excess fatty deposits

Mentoplasty — Surgical enlargement, reduction or reshaping of the chin

Microdermabrasion — High-pressure spraying of aluminum micro-crystals at the skin (also referred as the Power Peel, Euro Peel, Parisian Peel and Derma Peel).

Orthognathic Surgery — Surgical re-alignment of the jaw

Otoplasty — Reshaping or “pinning back” of deformed or protruding ears

Rhinoplasty — Aesthetic surgery to reshape the nose

Rhytidectomy — Surgical “face-lift,” in which excess skin is removed and muscles are tightened

Scalp Flap Surgery — Moving strips of hair-bearing scalp from the side and back of the head to the front and top

Scalp Reduction Surgery — Surgery to reduce the size of the bald area

Scar Revision — Surgical minimization of facial scars

Septorhinoplasty — Reconstruction of the nasal passage, usually to correct breathing problems

Skin Resurfacing — Removal of outer skin layer using abrasion, chemicals or a laser

Source: American Academy of Facial Plastic and Reconstructive Surgery

COSMETIC SURGERY

Families. “The federal government should require this for a wide range of procedures.” (Congress is, in fact, considering a patient-safety bill that would allow doctors to report only adverse outcomes without the report being used in a lawsuit, but it would be voluntary.)

Meanwhile, 16 states have instituted guidelines or regulations for accrediting doctors’ offices. The rules require offices where plastic surgery is performed to have sufficient quantities of oxygen, physicians trained in advanced life support and privileges at a nearby hospital — or a transfer agreement — should it become necessary. Missouri and Indiana are working up similar bills.

In addition, five states have recently passed laws limiting the amount of fat that can be removed in an office-based liposuction. Liposuction combined with a tummy tuck is considered one of the most dangerous cosmetic surgeries available. Tennessee, for example, now stipulates that only 4,500 ccs (18 cups) of fat can be removed in an office-based liposuction, and only 2,000 ccs (eight cups) in a combination liposuction/tummy tuck. Kentucky and Florida are stricter.

But other states have given physicians more leeway. In fact, Virginia passed a law four years ago, says Roth, which allows single-degreed dentists to perform cosmetic surgery.

“Legislators are wined and dined by dentists, who feed them documents that convince them that dental training is comparable to surgical training,” Roth says.

The California legislature passed a bill in 2004 to allow dental surgeons to do face-lifts, eyelid surgeries and nose jobs, but Republican Gov. Arnold Schwarzenegger vetoed it and sent it to the state’s Office of Consumer Affairs for evaluation.



A Chinese doctor prepares for a liposuction operation at a hospital in Shanghai in August 2002. Many Chinese women and men now get cosmetic surgery despite the relative expense and possible health risks.

AFP Photo/Liu Jin

In addition to regulating who can perform cosmetic surgery, some states are considering a “vanity” tax on the procedures, although plastic surgeons and their patients, who would pay the tax, are opposed. In September 2004, New Jersey became the first state to levy a vanity tax on cosmetic surgery. The 6 percent tax is expected to bring in \$25 million per year. The funds will compensate hospitals that care for uninsured patients. The American Society of Plastic Surgeons has criticized the new tax as a “dangerous precedent.”²⁹ But hospital associations favor it.

Illinois is considering a similar tax, with proceeds earmarked for stem cell research. Not surprisingly, those who support stem cell research favor the bill, while plastic surgeons and their patients have testified against it.

With regulations varying by state, medical societies are beginning to issue guidelines and rules for their members. Last December, for instance, the American Society of Plastic Surgeons recommended that adolescents be at least 18 years of age before getting aesthetic breast augmentation, but the policy is voluntary. The ASPS also required its members to satisfy a 20-hour continuing-education requirement in patient safety and to have their offices accredited.

The American Academy of Facial Plastic and Reconstructive Surgeons will vote in September on whether to require members to operate in accredited facilities, according to President Pearlman, who declined to predict how members would vote.

Silicone Implants

When breast implants first appeared on the market in the early 1960s, they were unregulated until Congress in 1976 authorized the FDA to regulate medical devices. Because silicone breast implants were already on the market, they were allowed to remain.

But by 1992, with reports proliferating of autoimmune disease allegedly caused by silicone implants, the FDA withdrew approval. Since then, implant manufacturers have been trying to bring the silicone implant back.

On April 11, the FDA convened an advisory panel of physicians and scientists to study the new silicone breast implant applications from Inamed and

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At Issue:

Should cosmetic surgery be off-limits to teens?

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WRITTEN FOR THE *CQ RESEARCHER*, MARCH 2005

the rapid growth in procedures such as breast augmentation for teenagers is the most ethically disturbing development in cosmetic surgery today.

Women under age 18 are more and more frequently getting cosmetic procedures. Saline breast implants have become a “cool” gift from doting parents. The American Society for Aesthetic Plastic Surgery reports a threefold increase in teenage surgeries over a single year: from 3,872 in 2002 to 11,326 in 2003.

If a young woman feels unhappy with her natural endowments, why shouldn't she be free to have mom or dad pony up \$5,000 or more for a curvier physique? If purely cosmetic breast augmentation is good enough for grandmom and mom, why shouldn't young women be able to benefit as well? There are many reasons, it turns out, why elective cosmetic surgery for teens is a bad idea — and these reasons tell us about why it is morally very problematic.

First and foremost, adolescents are hugely concerned about their appearance and how their peers see them. This makes them vulnerable to the suggestion that happiness is just a nip and a tuck away.

Young people have not yet had a chance to become accustomed to their own bodies. In fact, at 16 or 17 their bodies are still changing and developing. Can anyone really say that the best solution for a worried 16-year-old is to stick bags of saline into her chest? Why not give a young woman a few years to decide if she actually is happy the way she is, rather than sending the message to her and every other teenager that if you don't have a big bust or a perfect nose then you are not “built” right?

Some organizations have said breast augmentation is maybe not the right thing for women under 18. But more and more girls still are getting the surgery. So it is time to say what needs saying — any surgeon who does such a procedure on a woman under 18 is unethical and ought to lose his license.

There are those who will say young women can make informed decisions about how they want to look. I say only those who want to make big money preying on the anxieties and self-doubts of kids could fool themselves into holding such a view. No one needs bigger boobs, altered eyes or a chin implant at 17. What they need is time. If you are stumped about what to give your daughter for her Sweet 16, forgo the breasts and buy her a book. In the long run, her self-esteem will be best endowed by what is on her mind rather than the endowment on her upper torso.

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WRITTEN FOR THE *CQ RESEARCHER*, MARCH 2005

there is no justification for a blanket statement condemning cosmetic surgery in teenagers. The American Society of Plastic Surgeons says 4 percent of the cosmetic procedures performed in 2003 were on patients 18 years old or younger. To some, this may seem an astonishing number of children who go under the knife for pure vanity.

A more in-depth examination of those statistics, however, reveals that the vast majority of the procedures performed on teenagers are not only reasonable, but also appropriate. Over half are nose reshaping (rhinoplasty), which can safely be performed on teenagers, since the nose ordinarily reaches its adult size by age 16.

The second most common procedure for patients under 18 is usually performed in preteens! Otoplasty (“ear pinning”) is often performed to prevent name-calling. The ear reaches approximately 85 percent of its maximal growth at age 3, so little disturbance of growth potential can occur. The psychological consequences of being called “dumbo ears” can be significant.

Other commonly performed procedures include reduction of enlarged breasts in boys (gynecomastia) and girls (macromastia). Both can suffer psychological consequences from such conditions. Girls with extremely large breasts can also have back and shoulder pain.

The most controversial cosmetic surgical procedure in teenagers has been breast augmentation. Although it is less than 5 percent of the procedures in this age group, it is a particularly difficult topic for most people. The FDA restricted approval for breast augmentation to women over age 18, and the American Society of Plastic Surgeons has recommended augmentation for only those 18 and older. There is, however, a special circumstance where breast augmentation would be appropriate in a girl under 18. Minor degrees of breast asymmetry occur in many women, but in those teenagers with markedly differing breast sizes, or no breast whatsoever, augmentation can alleviate significant psychological strain and improve self-esteem.

Teenagers are often dissatisfied with their looks, especially in this image-obsessed society. With the advent of reality makeover shows, they believe that “ideal” can be easily accomplished with a knife and a few thousand dollars.

It is the duty of any plastic surgeon to determine if patients (and especially teenagers) are good candidates for a procedure. They must have sufficient emotional maturity and realistic goals and expectations. We need to be more vigilant in teens than adults in determining whether or not teenagers are candidates for cosmetic surgery, but we should not exclude them simply because of their age.

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Mentor. The implants currently are sold only to cancer patients who've had mastectomies, participants in clinical trials and to women overseas.

On the first day of two days of hearings, scores of women with implants told either horrific tales of implants gone wrong or happy stories of human restoration through implant surgery. Carolyn Wolfe, 74, of Manassas, Va., told the panel her silicone implants had ruptured and that strings of silicone started coming out of her eyes and ears. Her

tic Surgeons, testified in favor of the implants, including Deborah S. Bash, of the Mayo Clinic in Scottsdale, Ariz. Bash said she was very happy with her own silicone implants, which she has had since 1985. "I'm a nice average C-cup now," she said, "so I can fit in any style of clothing."³²

New Jersey plastic surgeon Caroline Glicksman said the current generation of gel-filled pouches are improved versions of those used when health concerns first surfaced 30 years ago, and surgical techniques also have advanced.³³

The panel hearing the testimony came in for criticism as well. Silicone opponents had earlier complained that one panel member had been paid for helping develop a video financed by one of the implant manufacturers, and George Washington's Olding announced his withdrawal the day before the hearing after the FDA questioned his stock holdings in a company that is seeking to buy Inamed.

On April 12, the panel voted 5-4 to recommend that the FDA not approve Inamed's application, citing concerns about possible long-term

health effects and design problems that cause some to break prematurely. "I don't feel secure about safety," said panelist and Scarsdale, N.Y., dermatologist Amy E. Newberger. "I don't feel at this time patients can give informed consent."

Several panelists told Inamed that they might change their votes at a later date if the company could provide data on the long-term safety of its product. In an ironic twist, the panel voted 7-2 to approve the Mentor application the next day, based on shorter-term safety studies than Inamed had provided. The Mentor product, however, had a lower rupture rate.³⁵

The FDA can decide with or against the panel — although it is rare for the agency to vote against an advisory panel.

However, that is just what happened when an earlier FDA panel considered Inamed's application. In 2003, an FDA panel voted 9 to 6 to authorize the implants, but in a controversial move, Chairman Thomas Whelan urged FDA commissioner Mark McClellan to reject the panel's advice.

"Long-term safety . . . was clearly not demonstrated and to approve this device poses threats to women that are clearly unknown," Whelan wrote.³⁶ Ultimately, the FDA decided against

Scores of women with implants told either horrific tales of implants gone wrong or happy stories of human restoration through implant surgery. Carolyn Wolfe, 74, of Manassas, Va., told the panel her silicone implants had ruptured and that strings of silicone started coming out of her eyes and ears. Michele Colombo, 35, of Lake Worth, Fla., said her silicone implants "helped her to feel whole."

nipples seeped silicone, and she developed rheumatoid arthritis and a goiter, she said.³⁰

"I do not want young women to have to go through what I have gone through," and risk the health of their children," she said.³¹

But proponents of silicone implants told stories as well and called for women to be allowed to have a choice. Michele Colombo, 35, of Lake Worth, Fla., said her silicone implants "helped her to feel whole."

Several plastic surgeons, whose travel expenses were reportedly picked up by the American Society of Plas-

tic Surgeons, testified in favor of the implants, including Deborah S. Bash, of the Mayo Clinic in Scottsdale, Ariz. Bash said she was very happy with her own silicone implants, which she has had since 1985. "I'm a nice average C-cup now," she said, "so I can fit in any style of clothing."³²

Most plastic surgeons support the marketing of silicone implants because "first, it's a lucrative operation, and second, it's a lucrative operation," he said.³⁴

the implants and issued new guidelines for data needed for future applications.³⁷

As the April 2005 hearings approached, implant manufacturers and their opponents sparred in a campaign to win over the public. Women's and public interest groups, including the National Research Center for Women & Families, accused the FDA of pro-industry bias.

"We hear that the whole purpose of having these meetings is to approve the product," Zuckerman says. "With Vioxx, Celebrex and Bextra and the antidepressants for kids, there's a perfect storm on the FDA. But the political leadership cares more about pleasing industry." Six public interest groups recently took out an ad in *The Washington Post* claiming that the FDA "is broken" and called on Congress to fix a situation where "the public's health is being compromised."³⁸

Inamed's Cohen says that the new studies — mostly from overseas — show that silicone implants are safe over a long period of time. He accused the National Research Center for Women & Families of having a "left of center" political agenda. The FDA's decision is expected by summer.

Celebrity Cases

After novelist Goldsmith died following a chin tuck, the New York State Health Department found that her doctors had failed to "complete a thorough preoperative work up." Goldsmith's doctor was Norman Pastorek, a well-known plastic surgeon.

Goldsmith reportedly was taking mood stabilizers and homeopathic supplements, either of which could interact with anesthesia and depress breathing.³⁹ According to the Health Department, when things went awry

and Goldsmith's breathing became perilously slow, physicians didn't notice in time: Life-sign monitors were not working at full capacity and alarms were not audible. The New York City medical examiner concluded that Goldsmith's death resulted from a "known complication" of anesthesia.

A month later, Malitz checked into the same hospital for a face-lift with Sherrell Aston, famous for his surgical prowess and his society connections and head of the plastic surgery department at the hospital. After an injection of lidocaine and epinephrine to prepare her for surgery, her heart began to race. She, too, went into cardiac arrest. Ninety minutes later she was dead.

In its report, the medical examiner said he had found a small hole in Malitz's larynx, fueling speculation that the lidocaine had been erroneously injected into her windpipe instead of into fatty tissue — a mistake that would have killed her.⁴⁰ The anesthesia had been administered by Spero Theodorou, a fellow in the plastic surgery training program at the hospital, according to *The New York Times*.

After investigating both incidents, the Health Department fined the hospital \$20,000 for "serious breakdowns in patient care in its anesthesia and plastic surgery departments." Identifying 10 violations, the department said the hospital had "failed to conduct basic preoperative assessments, failed to adequately monitor changes in the patients' vital signs and failed to effectively respond to the adverse incidents."

The report dealt a serious blow to the prestigious hospital, which was required to hire an independent expert to evaluate its anesthesia department, begin maintaining one anesthesiologist for every two nurse anesthetists and document the CPR training of its surgical staff.⁴¹

Some of the new requirements — including intubating anesthetized patients — have been controversial

among doctors, according to the *Times*, because a tube is obstructive if surgery is being done on the face or nose, and not everyone should be intubated.⁴²

But the story isn't over. Malitz's husband has filed a malpractice suit in New York State Supreme Court against the hospital, Aston, Theodorou and anesthesiologist Gary Mellen. Neither Malitz's attorney nor the hospital would comment for this report.

Although Goldsmith and Malitz died more than a year ago, concerned women contemplating cosmetic surgery are still debating the case in Internet chat rooms devoted to plastic surgery.

While it is difficult to assess whether the two deaths have cooled the fervor for plastic surgery, some doctors say their patients are more cautious since Goldsmith's death in January 2004. "The events have made patients more cautious," says Pearlman. "They have caused patients to ask more questions. And they have made me more careful when I do the procedures."

Slowly, medical societies are responding to reports of medical mistakes with statements endorsing increased patient safety and new guidelines for their members. ■

OUTLOOK

New Procedures?

While plastic surgeons are optimistic about the future of their specialty, social commentators are wary.

Surgeons expect major advances in cosmetic surgery. "If enough money is thrown at a topic, whether it's cancer or the worldwide AIDS epidemic, there will be significant developments," says George Washington's

Olding. “The market is driving cosmetic surgery at 80 miles an hour. A lot of things are going to happen.”

The American Society for Aesthetic Plastic Surgery predicts that by next year experimental techniques for non-invasive fat removal will be tested in clinical trials, and a new generation of breast-implant fillers and coatings will create the latest buzz.⁴³ Inamed, for example, has applied to the FDA for approval of a new “cohesive gel implant.”

In the longer run, says Olding, there will be more non-surgical alternatives to “cutting” for facial rejuvenation.

“Now we are able to tighten the face in one spot” where the surgeon makes the incision and pulls the skin, he explains. What would it be like, Olding wonders, if you could “shrink wrap” the face? “If you could shrink the skin, you would tighten the whole envelope, and that would be a major development.”

Restoring elasticity to sagging skin is another challenge, he adds. Roth, of the ASPS, imagines that some day tissue will be genetically engineered so that its elasticity returns.

But that idea is controversial to some. “We’ve been manipulating our bodies since the cave days,” says Jeremy Rifkin, president of the Foundation on Economic Trends and a critic of unbridled technology. “The difference is when you can affect the genetics of the human race. We’re not too far away from that.”

As a baby boomer, Rifkin says he has “no problem with cosmetic surgery.” The problem, he says, is when scientists don’t stop at engineering the body’s somatic or adult cells. These cells don’t transmit their changes to future generations. But engineering human sperm and eggs in the pursuit of a rounded breast or an arched eyebrow will be problematical, he says. Humans will then be able to redesign future genera-

tions according to current standards of beauty.⁴⁴

“We may be moving to a new philosophical paradigm, where we think of ourselves as a canvas that can be improved through genetic intervention,” he says. When you change the germ line, it affects following generations. When you can affect the genetics of the human race, you’ve moved across a threshold.”

Even without manipulating DNA to prettify offspring, the future of plastic surgery can be mind-boggling. The prestigious Cleveland Clinic recently announced that it is seeking a patient willing to undergo the nation’s first face transplant.⁴⁵ Doctors there say they’ll offer the procedure to burn victims and others who need serious reconstruction.

A face transplant would fundamentally transform the individual. Patients will retain their own bone structure, covered by the skin from a cadaver. There are serious risks, including rejection, so the clinic intends the procedure for people who have been seriously burned or deformed.

Social commentators, women mostly, express anguish as they imagine what our population will look like in the future. “Looks matter more than ever,” wrote Dowd of *The New York Times*, with more and more women spending fortunes turning themselves into generic plastic versions of what they think men want, reaching for eerily similar plumped up faces and body shapes.

“Pretty soon,” she concluded, “we’ll be back to the era when flight attendants — or should we call them stewardesses? — are canned if they gain a few pounds.”⁴⁶ ■

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FOR MORE INFORMATION

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American Academy of Facial Plastic and Reconstructive Surgery, 110 S. Henry St., Alexandria, VA 22314; (703) 299-9291; www.aafprs.org. Represents approximately 2,800 facial plastic and reconstructive surgeons throughout the world.

American Society for Aesthetic Plastic Surgery; (888) 272-7711; www.surgery.org. A leading professional organization of surgeons certified by the American Board of Plastic Surgery or the Royal College of Physicians and Surgeons of Canada who specialize in cosmetic plastic surgery.

American Society of Plastic Surgeons, 444 E. Algonquin Rd., Arlington Heights, IL 60005; (888) 4-PLASTIC (475-2784); www.plasticsurgery.org. Founded in 1931, the largest plastic surgery specialty organization in the world.

Common Sense Media, 500 Treat Ave., Suite 100, San Francisco, CA 94011; (415) 643-6300; www.common-sense-media.org. The nonprofit media-rating group evaluates the messages TV and movies deliver to young people and has been critical of reality shows featuring plastic surgery.

U.S. Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857; (888) INFO-FDA (463-6332); www.fda.gov. Provides information to the public on the safety of drugs, cosmetics and medical devices such as silicone breast implants.

Foundation on Economic Trends, 1660 L St., N.W., Washington, DC 20036; (202) 466-2823; www.foet.org. The organization examines new trends in science and technology and their impact on society.

National Research Center for Women & Families, 1901 Pennsylvania Ave., N.W., Washington, DC 20006; (202) 223-4000; www.breastimplantinfo.org. Posts information on the risks of breast implants and has been active in the campaign against new approval for silicone implants.

National Women's Health Network, 514 10th St., N.W., Suite 400, Washington, DC 20004; (202) 347-1140; www.womenshealthnetwork.org. Advocates for national policies that improve women's health.

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Tyler, Vince Neil and Axl Rose are undergoing extreme makeovers via plastic surgery, and most fans are not thrilled with the results.

Dargis, Manohla, "One World: Plastic," *The New York Times*, Jan. 23, 2005, p. B1.

Physical perfection is an illusion most celebrities cannot afford to shatter; for most it's easier to announce a rehab stint than an eyelid lift, yet modern film screens are crowded with freakishly plumped lips and obviously enhanced breasts.

Freydkin, Donna, "Celebrities are Nipping at Plastic Surgery," *USA Today*, Jan. 5, 2005, p. 3D.

Cosmetic surgeons say actors frequently get enhancements and then refuse to admit it, even slamming those who do go under the knife. Doctors say that the stigma of undergoing plastic surgery is too great for A-list celebrities.

Changes in Cosmetic Surgery

Gorman, James, "Plastic Surgery Gets a New Look," *The New York Times*, April 27, 2004, p. F1.

Cosmetic surgery is incorporating new technologies to help patients look younger, rather than different, and for quicker, less expensive and less invasive procedures.

Navratil, Wendy, "About Face," *Chicago Tribune*, Feb. 8, 2004, Q Section, p. 1.

Twenty-one percent of plastic surgery patients were men in 2002, up from about 11 percent in 1998.

Roan, Shari, "New Silicon Gel Implant May Resist Leaks and Ruptures," *Chicago Tribune*, Sept. 29, 2004, Woman News, p. 8.

Manufacturers of silicone breast implants hope a new cohesive silicone gel implant, which they say is unlikely to leak or rupture, will cause the federal government to rescind its ban on silicone implants.

Cosmetic Dental Surgery

Kuczynski, Alex, "A Nip and Tuck With That Crown?" *The New York Times*, May 16, 2004, Sect. 9, p. 1.

A subcommittee of the California Legislature is expected to approve a bill that would make it legal for dentists with training in oral surgery to perform facial cosmetic surgery.

Rau, Jordan, "A Knife Fight in Capitol," *Los Angeles Times*, May 27, 2004, p. A1.

Oral surgeons, who are dentists with extensive operating-room training, want permission to perform some of the most lucrative plastic surgery procedures, but physicians with medical degrees are strongly opposed.

Make-Over Shows

Goodale, Gloria, "Made (over) in the USA," *Christian Science Monitor*, July 25, 2003, p. 13.

Self-improvement as a spectator sport has become the hottest trend on TV, and some media watchers are concerned that contentment with one's self has become downright un-American.

Healy, Melissa, "Plastic Surgery, As Seen On TV," *Los Angeles Times*, April 12, 2004, p. F1.

Flush with excitement over the seemingly overnight transformations they have seen on TV, prospective clients have flocked to plastic surgeon's offices with wild demands and little notion of the pain or risks many procedures entail.

Kuczynski, Alex, "A Lovelier You, With Off-the-Shelf Parts," *The New York Times*, May 2, 2004, p. D1.

Viewers of "The Swan" on Fox and "Extreme Makeover" on ABC have begun to notice eerie Stepford-like similarities between the patients.

Lauerman, Connie, "Show Me the Makeover," *Chicago Tribune*, July 14, 2004, Woman News, p. 1.

Plastic surgeons and therapists say an unprecedented media barrage of scantily clad celebrities and plastic surgery makeover shows has caused increased anxiety about appearance and set up unrealistic expectations.

Oldenburg, Ann, "'Makeover' is Making Waves," *USA Today*, May 14, 2003, p. 3D.

ABC's "Extreme Makeover" transforms two people each week from ugly ducklings into beautiful swans — via plastic surgery, cosmetic dentistry, a personal trainer and more.

Parker, Lonnae O'Neal, "Putting On A Happy Face," *The Washington Post*, Sept. 18, 2003, p. C1.

Participants in cosmetic-surgery reality shows say the shows and the surgeries changed their lives for the better.

Piccalo, Gina, "Plastic Surgeons Experiencing Extreme Makeover," *Chicago Tribune*, May 20, 2004, Tempo Section, p. 1.

Among plastic surgeons in Los Angeles, it's no longer enough to claim a celebrity clientele or a cutting-edge technique — it takes a TV appearance.

Minimally Invasive Procedures

Brown, Suzanne, "The New Beauty Routine," *The Denver Post*, July 18, 2004, p. L1.

The number of minimally invasive, non-surgical cosmetic procedures in the U.S. grew 41 percent from 2002 to 2003 and accounted for 1.8 million treatments costing \$2.7 billion. The number of Botox treatments rose 133 percent among those under 40.

Della Cava, Marco, "Botox Battle of Beverly Hills," *USA Today*, Oct. 6, 2004, p. 1D.

Botox has become the top cosmetic procedure in the nation, but if Irena Medavoy, wife of a veteran film producer, wins her lawsuit against the drug and the doctor who administered it to her, there could be a roadblock for the runaway success.

Donahue, Wendy, "Cocktails at 7 a.m.," *Chicago Tribune*, March 27, 2005, Style Section, p. 4.

For those not ready to tackle aging with Botox injections, new anti-aging creams — often with complicated chemical ingredient lists — have hit the market, using somewhat suspect scientific proofs to drive sales.

MacGregor, Hilary, "Forget Botox; There's a New Star in the Wrinkle War," *Los Angeles Times*, Jan. 24, 2005, p. F1.

Allergan, the pharmaceutical company best known for Botox, has launched an anti-aging cream, Prevage, which contains an antioxidant the company claims reduces the appearance of fine lines and wrinkles; it costs \$115 an ounce and is only available at doctor's offices.

Tsiantar, Dody, "The War on Wrinkles," *Time*, April 11, 2005, p. A16.

Thanks, in part, to aggressive ads — such as "Better than Botox?" — StriVectin-SD, a self-proclaimed anti-aging cream, has become the hottest thing in the war on wrinkles and is helping to generate billions for dermatologists, cosmetics firms and retailers.

Silicone Breast Implants

Alonso-Zaldivar, Ricardo, "FDA Panel to Consider Lifting Ban on Silicone Breast Implants," *Los Angeles Times*, April 10, 2005, p. A20.

Two California companies want an FDA panel to recommend that the ban on silicone breast implants be lifted, allowing the implants to be marketed to the 250,000 American women who undergo breast implant surgery each year, but the unknown long-term risks may be a deal breaker.

Harris, Gardiner, "FDA Panel on Silicone Breast Implants Hears From Women on Each Side of Debate," *The New York Times*, April 12, 2005, p. A17.

The latest skirmish in the 13-year-old battle over silicone breast implants began with scores of women telling a federal advisory panel either that implants had ruined their lives and caused mysterious diseases or restored their sense of well-being.

Satel, Sally, "Data Do Not Support Ban on Silicone Breast Implants," *USA Today*, April 11, 2005, p. 13A.

At least 20 studies — many of which followed women for a decade or more after getting implants — show no evidence that silicone implants, broken or intact, cause connective tissue diseases, but feminist groups continue to disseminate misinformation.

Surgery Risks

Harris, Gardiner, "High Rate of Failure Estimated for Silicone Breast Implants," *The New York Times*, April 7, 2005, p. A18.

Health regulators estimate that up to 93 percent of silicone breast implants rupture within 10 years.

Lorenc, Z. Paul, "Less Really is More," *Newsweek*, Jan. 17, 2005, p. 55.

A plastic surgeon advises the million of Americans who will consider plastic surgery in the future to make conservative decisions and to have realistic expectations, saying that modern cosmetic surgery is often too extreme.

Orecklin, Michele, "At What Cost Beauty?" *Time*, March 1, 2004, p. 50.

As plastic surgery has lost its societal stigma, potential patients have forgotten that anesthesia, injections, incisions, blood and real risks are involved.

Puente, Maria, "Regular Folks Get the Star Treatment," *USA Today*, July 8, 2004, p. 1A.

Once the exclusive province of the rich and famous in Los Angeles and New York, who almost never talked about it openly, plastic surgery is now for everybody, everywhere, and it seems everybody is willing to share their stories.

Scharnberg, Kirsten, "Cosmetic Surgeries Increase, As Do Risks," *Chicago Tribune*, May 2, 2004, News Section, p. 1.

In Florida, which is often touted for its strict regulation of plastic surgery, at least eight patients died during or after plastic surgeries in less than two years.

Teens and Cosmetic Surgery

Boodman, Sandra, "For More Teenage Girls, Adult Plastic Surgery," *The Washington Post*, Oct. 26, 2004, p. A1.

Rhinoplasty remains the most common cosmetic operation for teenagers, but doctors are performing an increasing number of breast implants, liposuction and tummy tucks on women as young as 14.

Davis, Roberg, "Teens' Cosmetic Dreams Don't Always Come True," *USA Today*, July 29, 2004, p. 1D.

Patient-safety advocates believe that many of the teens having cosmetic surgery are insecure and naïve about medical risks, therefore unnecessarily putting themselves at risk of injury or even death.

Duenwald, Mary, "How Young Is Too Young to Have a Nose Job and Breast Implants?" *The New York Times*, Sept. 28, 2004, p. F5.

More than 74,000 cosmetic surgeries were performed on people 18 and under in 2003, a 14 percent increase since 2000.

Ganahl, Jane, "You Can't Wear Your Self-esteem on Your Chest," *The San Francisco Chronicle*, June 27, 2004, p. F4.

Mom and Dad are most often footing the bill for the increasing number of breast implant surgeries among 18-year-olds, and they should feel responsible for complications that might arise and threaten the lives of the children they are supposedly devoted to.

Kreimer, Susan, "Along With the Diploma, A New Set of Breasts," *Chicago Tribune*, June 23, 2004, Woman News, p. 1.

Breast implants are becoming a popular high school graduation present — 3,841 women 18 or younger underwent breast augmentation in 2003, a 24 percent jump from 2002.

Wahlberg, David, and Helena Oliviero, "Teens Not Shy About Getting Breast Implants," *Chicago Tribune*, July 18, 2004, Q Section, p. 8.

In a trend fueled by the media, money and fading bad memories, American women, many of them teenagers, increasingly are lining up for breast enlargements.

Vanity Tax

"Tax Proposal Puts New Wrinkle on Cosmetic Surgery," *Los Angeles Times*, Feb. 6, 2005, p. A21.

Lawmakers are considering a "vanity" tax on cosmetic surgery and Botox injections in Washington, Illinois and other states, but plastic surgeons say the taxes discriminate against women, who make up the majority of their patients and often are not wealthy.

Lauerman, Connie, "Vanity Tax Would Fund Stem-cell Hub," *Chicago Tribune*, March 30, 2005, Woman News, p. 7.

Following the lead of New Jersey, which levied a 6 percent tax on cosmetic medical procedures in September 2004, an Illinois politician has proposed creation of a stem cell research institute to be paid for by a so-called "vanity" tax. However, some call the tax discriminatory.

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