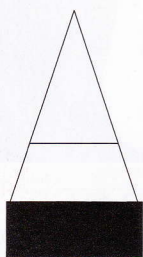


# NATURAL WONDER

You spend your life trying to lose it, only to discover that fat could be the best antiager ever. **By Megan Deem**



mericans' appreciation for body fat ends right around the last diaper change. (Or before. Who can forget Anna Nicole Smith allegedly commanding her nanny to underfeed baby Dannielynn so that the infant would be "sexy"?) But after all the effort dedicated to keeping ourselves in lean, swizzle-stick form, at a certain point,

we start to miss that springy, resilient bit of insulation—if only in our faces. If you want others to believe that you really *are* that young, then fat—in one form or another—can be your best friend.

Conventional wisdom and Catherine Deneuve have always held that a woman has to choose between her body and her face as she gets older: Remain thin and a skinny visage will accentuate wrinkles; become pleasingly plump all over and your

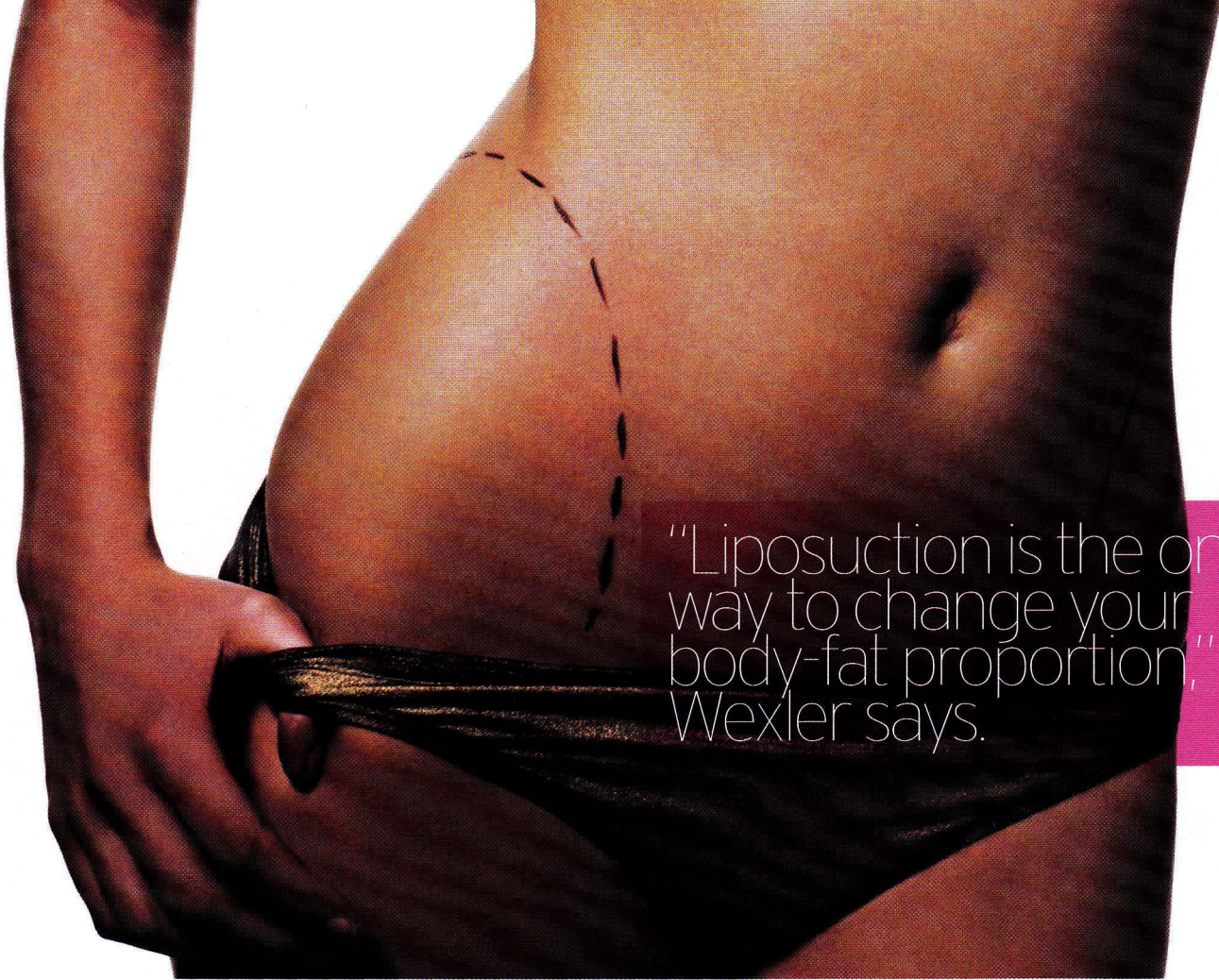
skin will smooth out, but your clothes will strain at the seams.

Nice theory, but not necessarily one borne out by the facts. "Obviously, we reduce fat in our face and body every time we diet," says New York City dermatologist Patricia Wexler, MD. Unfortunately, she adds, "When I see a patient who's regained 15 pounds, it hasn't necessarily returned to her cheeks and eyes."

By the time we reach puberty, we possess

Ritchie Maine; model: Morgane Dubled/Viva





"Liposuction is the only way to change your body-fat proportion," Wexler says.

all the fat cells we'll ever have. They can shrink to practically nothing or inflate to bulbous proportions, but their location, say, around your thighs, is fixed. Supplements, vitamins, and creams aren't going to change your genetic disposition to store fat in one location and not another. As relatively old-fashioned as it is, "liposuction is the only way to change your body-fat proportion," Wexler says. And the sole method for ensuring the tissue grows where you want it is to have a doctor put it there.

Rod Rohrich, MD, the chairman of plastic surgery at the University of Texas Southwestern Medical Center in Dallas, and his colleagues recently created a road map for where those injections should go. Facial fat, according to their research, published in *Plastic and Reconstructive Surgery*, is divided into 10 distinct compartments. The ones around the eyes start falling first (likely due to the area's thin, delicate skin), followed by the cheeks, then the jowls.

In the age-induced hollowing of the face, it may seem that the underlying tissue, like taffy, has simply stretched out. That's not always the case. The real culprit is fat on the move, such as the downward shift of the

malar fat pad, a triangular piece of fatty tissue that runs under the eye and points toward the outer corner of the lip. Fat throughout the body is anchored in place by connective tissue. UV exposure, smoking, and general activity weaken these support strips, allowing malar fat to slide down the cheek until it crashes into the retaining wall known as the nasolabial crease (those "puppet lines" that go from the outside edge of the nose to the mouth).

Surgeons can lift and reattach fat, but for the scalpel-shy, there is an effective solution: the needle. (Refraining from all expression won't help, although John Q. Owsley, MD, a professor of plastic surgery at the University of California San Francisco School of Medicine, knows a former model who didn't smile for ages. "I saw her years later, and she didn't have lines, and she wasn't smiling...and she was alone," he says.)

For many in the antiaging field, injecting fat is the gold standard for plumping deep crevices: It can last for years, it's God-given, and the harvested tissue (most commonly taken from the hips or thighs via liposuction) is theoretically loaded

with stem cells that can spur the growth of surrounding collagen. But a doctor can't just shoot it in the face willy-nilly and expect a miracle. "If you place fat or another plumper outside one of the 10 fat sections, the results won't look as natural and they won't last as long as they will if you inject inside the area," Rohrich says.

But even those not ready for lipo can benefit from Rohrich's research. Fillers such as those made from hyaluronic acid can do more than simply fill: They can literally block aging's path. On a woman in her thirties or forties who doesn't yet require deep wrinkle reduction, "you could insert a more superficial product, such as Restylane, on the perimeter of each cavity to act as a wall to keep the fat in place," Rohrich says. Likewise, you can prevent jowls with a few shots in the C-shaped pocket running along the side of the face, or inject the forehead to keep the brow lifted.

#### Low Rider

The solution to a sagging midface takes more than a border defense, however. Researchers at the Medical College of Wisconsin in Milwaukee used magnetic reso-



nance imaging (MRI) to measure the facial volume of women under 30 and those over 59. In the younger group, they found the greatest density in the middle third of the malar fat pad, with significantly less tissue in the upper and lower portions. Conversely, in the cheeks of the older participants, the upper and middle sections were essentially the same size, indicating that the fat in the top part had grown in bulk.

Their findings, published in *Plastic and Reconstructive Surgery*, indicate that it's not enough simply to hike the cheek fat or fill above it. For a face to appear truly younger, the middle third needs to be plumped (or the upper portion reduced surgically) so that it's larger than the surrounding compartments.

The good news? "Most fat atrophy is largely confined to buccal fat, which sits below the malar fat pad and is what gives babies their chubby cheeks," Owsley says. "When the buccal fat goes, it leaves a hollow under the cheekbone, which most people actually like." So much so that some Hollywood starlets are rumored to have those pockets excised while in their twenties.

According to Rohrich, this is probably not such a good idea. "In the long term, premature removal of the buccal fat can cause lower-cheek hollowing," he says, "which could, in turn, accelerate sagging."

If jowls are a concern, the only solution may be a radio-frequency or infrared device such as Thermage or Titan, respectively. "These technologies all basically tighten the junction between skin and fat," says Manhattan dermatologist Macrene Alexiades-Armenakas, MD, PhD. "By doing so, you lift the fat attached underneath the skin and put it back in place." Such a procedure usually requires about three to five sessions spaced a week to a month apart before flesh is firmed up.

While a red flag had been raised in the past about the risk of fat necrosis from radio-frequency machines such as Thermage, according to Wexler, the possibility of such side effects is extremely low. "They make Thermage tips that are meant to destroy fat and ones that are more superficial," she says. "You just have to use the right one."

### Watch Out

Tissue near the eyes is the most vulnerable to fiber-busting outside forces, such as environmental factors, chronic puffiness, or allergies. When the orbital septum (one layer of the eyelid) gives way, protective fat in the eye socket pops forward, creating a bulge in the lid.

For many surgeons, the solution is simply to slice out the offending fat, but ophthalmologist Frank Meronk Jr., MD, in Oxnard, Cali-

fornia, preaches caution. "While orbital fat doesn't increase as we age, it most certainly can decrease as hormonal changes promote a redistribution of fat," he says. The end result (which may not be apparent until years later): hollowed sockets that can be remedied only by fat grafts, not fat shots.

In what's known as "pearl fat grafting," a physician makes a one-inch incision in the patient's abdomen, removes several ultrathin strips of fat, then trims each ribbon into tiny balls about the size of small raisins. These spheres are implanted into the desired area via a small cut—inside the lower lid to erase an undereye groove or along a depressed scar. Compare this with fat injections, in which the fat is liquefied via liposuction into particles tiny enough to shoot through a fine-needle syringe but that are also more easily reabsorbed by the body.

But fat transfer has its downsides, as

cess they had using fat injections to amplify breast size (call it a "boob jab") by placing the fat in the mammary cavity. But the American Society for Aesthetic Plastic Surgery is just one of many professional organizations objecting to the procedure. "Injected fat always calcifies," Wexler says. "And calcified fat interferes with mammography. It's not worth it when there are other, better ways, like implants, to increase the chest."

Macrolane, a hyaluronic-acid-based body augmenter from the Swedes who brought you Restylane, has received European approval for physical contouring and could eventually make its way to the U.S. However, no matter what injectable you try, one cup size is the largest increase you can hope for, and the results may be temporary (Macrolane lasts only, at best, 18 months).

The lipo/injection combo has been used with greater success in contouring the bot-

Facial fat is divided into 10 distinct compartments. The ones around the eyes start falling first, followed by the cheeks, then the jowls.

Julie, a 41-year-old Manhattan jewelry designer who didn't want to use her real name, can attest. "I got a regular upper-lid blepharoplasty right before I turned 40, and my doctor added fat under my eyes at the same time to get rid of my dark circles," she says. "Everything was fine for the first year." But after Julie put on 10 pounds, "the transplanted fat started growing and became big bumps. Even after I lost weight, I still had a hard lump under each eye." Julie fixed the problem by going to another surgeon and having him slice out the new tissue. "The same thing happened to a friend of mine," Julie says. "She had a physician inject more fat to cover it up, but I am through with fat."

### Body Politic

Below the neck, gravity exerts its pull, dragging down chests and posteriors. Some doctors have experimented with plumping breasts using fat liposuctioned from elsewhere on the body. (Keep overeating after you've sucked enough fat from other areas and the cells in your chest may have no choice but to inflate.) Earlier this year, surgeons in Torino, Italy, published data in *Aesthetic Plastic Surgery* illustrating the suc-

cess they had using fat injections to amplify breast size (call it a "boob jab") by placing the fat in the mammary cavity. But the American Society for Aesthetic Plastic Surgery is just one of many professional organizations objecting to the procedure. "Injected fat always calcifies," Wexler says. "And calcified fat interferes with mammography. It's not worth it when there are other, better ways, like implants, to increase the chest."

Ironically, perhaps, Wexler uses fat to wipe out cellulite. "I inject into the fibrous band pulling down on the skin and creating the dimple," she says. "The needle breaks the band, and the fat takes the place of those fibers so they don't grow back." Wexler, a pioneer of fat-as-fix-all, also shoots it into the sternums of those with faux breasts so the demarcation between implant and chest isn't as noticeable.

That said, Wexler isn't all that anxious to haul out her cannula and syringe. She'd rather patients stick to a sensible diet than don an operating gown. "The best way to keep fat where you want it is to keep your weight stable," Wexler says. "If you yo-yo, the fat doesn't necessarily go back to the same place when you regain it." ●