

NEWBEAUTY
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SPRING 2019

206
AWARD-WINNING
PRODUCTS

THE DREW DIARIES
THE POWER OF LIP LINER
HER LUNCHTIME LASER
THE FRESHEST FACE MASKS

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What is the most important innovation in your field from the last 100 years?



DERMATOLOGY
Tina Alster, MD
DIRECTOR OF THE WASHINGTON INSTITUTE OF DERMATOLOGIC LASER SURGERY
@tinalaster
"Target-specific lasers have revolutionized the safe elimination of scars, birthmarks, tattoos, and a wide variety of other skin lesions previously unresponsive to, or worsened by, former treatments."



DERMATOLOGY
Kenneth R. Beer, MD
FOUNDER AND DIRECTOR OF COSMETIC BOOTCAMP
@beerdermatology.com
"Nothing rivals the results properly injected Botox can deliver."



PLASTIC SURGERY
Bradley Bengtson, MD
GRAND RAPIDS, MI
PLASTIC SURGEON
@bengtsoncenter
"The latest generation of highly cohesive breast implants has drastically improved the world of breast aesthetics, and along with fat transfer, continues to improve patient outcomes."



FACIAL PLASTIC SURGERY
Kelly Bomer, MD
SCOTTSDALE, AZ
FACIAL PLASTIC SURGEON
@rejuvent.com
"A well-executed 'liquid facelift' to reverse volume loss from aging. The focus to enhance beauty and attractiveness by optimizing the aesthetic proportions of the face has also made all the difference."



DERMATOLOGY
Charles E. Crutchfield III, MD
EAGAN, MN
DERMATOLOGIST
@CrutchfieldDerm
"We are constantly finding new uses for platelet-rich plasma. Over the last few years, it has been utilized to make a significant difference in skin health. Now, we are injecting it into the scalp to regrow hair in all types of conditions of hair loss, especially male and female pattern hair loss."



FACIAL PLASTIC SURGERY
Steve Dayan, MD
CHICAGO
FACIAL PLASTIC SURGEON
@drdayan.com
"The democratization of aesthetic medicine. It is now widely available at a relatively affordable price for most who desire it."



DERMATOLOGY
Jeanine B. Downie, MD
MONTCLAIR, NJ
DERMATOLOGIST
@drjeaninebdownie
"Botox slows down the aging process and makes people look younger. Preventively, it is one of the best things we can do for ourselves. In my opinion, almost no one is too old for Botox; lines and wrinkles can only get worse as we age."



OCULOPLASTIC SURGERY
Steven Fagien, MD
BOCA RATON, FL
OCULOPLASTIC SURGEON
@dfagien.com
"The discovery of the utility of botulinum toxin as a cosmetic injectable agent kick-started the inevitable demand for injectables."

ANATOMY 101

Michelangelo, da Vinci, Dürer, Raphael: Through various media, Renaissance masters celebrated human hands as works of art and marvels of anatomical engineering, illuminating the intricacies of their shape and sinews. Today, plastic surgeons and dermatologists are taking a renewed interest in the subject, aiming to preserve aging hands—refining canvases, restoring curves—with respect to their distinct design.

"The hands are incredibly complex, with 29 bones and 34 muscles controlling their movement; uniquely pliable and supple skin concealing critically important structures; and specialized receptors that allow us to perceive pain, temperature and contact," says New York plastic surgeon Lara Devgan, MD. Their fine covering and supreme dexterity elevate their aesthetic value, but also prime them for early aging. "The skin of the hands, though it takes a lot of wear and tear, is quite delicate, with a thickness similar to the eyelids," says New York facial plastic surgeon Dara Liotta, MD. What's more, our hands are lacking in pilosebaceous units, and consequently, "the stem cells present within these follicles, which are vital for repopulation of the skin following injury," says New York dermatologist Mitalee Christman, MD, explaining why our hands tend to heal more slowly than faces post-procedure.

Seizing upon the hands' built-in vulnerabilities is a steady environmental barrage. "Sun exposure when resting on the steering wheel, chapping when shoveling snow, blistering when pulling heavy loads—our hands accrue far more damage than other parts of our body," adds Dr. Devgan. The most notorious

aggressor, ultraviolet rays, turns on pigment production, leaving hands mottled, and saps our collagen reserves, further thinning the skin to lax, crinkled, translucent effect. The fat pads of the hands naturally deflate with age, unmaskingropy veins and tendons (knobby knuckles, too, we've noticed). And then there are the insults we more willingly hurl: "Excessive hand-washing and sanitizing with alcohol-based products break down the skin barrier, leaving hands dehydrated, cracked and inflamed," says New York dermatologist Dana Stern, MD. Over time, our fingernails, too, can adopt a wizened look, likely due to sluggish circulation and decades of UV exposure. They tend to lose their luster and develop ripples and ridges, which "aren't serious, but can cause nails to split faster," notes Montclair, NJ dermatologist Jeanine Downie, MD. Senescent nails even suffer a slight growth slump with age, starting as early as 20, with a rate drop of 0.5 percent per year.

Before diving headlong into a sea of solutions, let's take a moment to acknowledge that a certain amount of maturity often becomes the hands. When a dermatologist recently posted a picture of a pair of wrinkled, discolored hands—the caption, detailing why they age at warp speed—an astute commenter (a former beauty editor) pointed out "how important jewelry looks on old hands...as if they earned the right to wear it." I loved that silver lining. Whether you choose to undo the ravages of time with one of the many methods we explore here, or simply appreciate the dignity in their ever-evolving form, no judgment. Do keep reading, though, as the upcoming pages truly hold something for everyone.

filling
TIME

I have this clear memory of my father at my age, holding up a hand to inspect its brawny backside, bending and unfurling his fingers to see the skin crinkle in response, and summarizing plainly that his hands were no longer young. Recently, I've found myself, at 42, doing the same, noting that familiar crepe-paper texture, the widening valleys between tendons, the blue veins like rolling hills. My Dad, it's worth noting, has long been an avid outdoorsman, a woodworking craftsman, a fixer of all things broken—handy, in the most literal sense. Me? I type words and collect creams.

Hoping to head off my genetic destiny, I paid a visit to New York dermatologist Robert Anolik, MD. When I shared with him my self-diagnosis—severe volume loss, moderate visibility of veins and tendons—he laughed, assuring me the problem wasn't quite so dire and could easily be addressed with Restylane Lyft, the first (and, thus far, only) hyaluronic acid (HA) filler to win FDA approval for the correction of age-related volume loss in the backs of the hands. The soft, sugar-based gel is temporary, lasting up to six months in the hands; reversible if you don't love it; and has been used safely in the face for more than 10 years, so it's got a solid track record. What's more, injecting the hands, Dr. Anolik says, is less risky than the face, because the blood vessels here are big, visible and redundant. In other words, they're easier to avoid, and even if you did mistakenly enter one, the filler isn't as likely to obstruct a crucial source of blood supply, precipitating skin death, as can happen in select zones of the face. Also good to know: Filler-related lumps and bumps are less common in the hands than the face.

On the backside of my left hand, Dr. Anolik made a tiny needle prick about an inch up from my wrist, in line with my middle finger. Into the opening, he inserted

a blunt-tipped cannula under my skin and above the muscle, and began injecting the gel, fanning the cannula left and right to hit all the hollows. (Pretty painless—even without numbing cream.) After a vigorous hand massage to evenly distribute the HA, he repeated the process on my right hand, saving one spot for a traditional needle fill, so I could compare the two methods. Cannula won, hands down: It's a single needle stick, and in my experience, produced less bruising and swelling. Both hands were a little tender the next day. (For the record, injecting Restylane Lyft into hands with a cannula is considered off-label. Still, "dermatologists use it routinely here, as it is felt to be safe, and it is, in fact, approved for use with a cannula in the midface," Dr. Anolik says, adding that cannulas can give impressive results, "especially in the hands where you have fairly easy access to a broad treatment area from one entry point.")

It took just half a syringe of filler per hand to instantly elevate the sunken pockets where time had eroded my fat. (With Restylane Lyft, one to two syringes, at \$550 to \$1,000 per, is more the norm.) I'm partial to HA fillers, because I like knowing they can be dissolved if need be, and that they metabolize over time. But, they're not the only option. Also great for hands, Radiesse is a thick biostimulatory filler made from calcium hydroxyapatite microspheres, proven to last up to a year in the hands. "It works very well, and in my opinion, offers a better value owing to its greater longevity and biostimulatory effects, promoting fibroblasts to build new collagen," says New York dermatologist Estee Williams, MD. Most patients need one to two syringes at about \$125 each. Sculptra Aesthetic is also being used

THE CLINIC
FACE+BODY

MYTH VS. FACT

Given their origin story, is it any wonder neurotoxins are steeped in confusion? Here, top doctors demystify their superpowers.

NEWBEAUTY
TOP DOCTOR
Turn to page 129 to find one near you.

Myth:
Toxins will leave me forever frozen.

Fact:
Neurotoxins' line-limiting triumphs are only temporary, and again, the drugs can be finagled to grant more or less of an effect. "In the early stages of Botox, everyone wanted to skate off their foreheads," recalls Dr. Frank. "Now, that is out of vogue and ill-advised because that sort of complete and chronic paralysis can negatively affect the way you age, making the brow feel heavy and eyes look smaller." Baby Botox has become the new standard of care: conservative doses that maintain movement and expression.

Myth:
A shot of toxin can fully erase every wrinkle.

Fact:
Botox Cosmetic isn't an anti-aging everything. Deep glabellar grooves and etched-in lip lines, for instance, won't disappear with toxin alone. "As we age, keeping it natural generally requires combination therapy with toxins, fillers, resurfacing and tightening devices," notes Dr. Waldorf. Plastic surgery, too, some would argue. Toxins may slow the descent of the brow or jawline to an extent, but "they're not going to give you what a facelift does," says Dr. Matarasso.

Myth:
Neurotoxins can travel throughout the body.

Fact:
While the very idea of a paralytic going rogue inside your body is, indeed, alarming, doctors say the risk is exceedingly rare. "With high-volume toxins, like those used to treat medical conditions, such as cerebral palsy spasticity, this can potentially be a problem," says Montclair, NJ dermatologist Jeanine Downie, MD. "But in all of the patients I've injected with standard cosmetic doses of Botox since 1994, I've never had an issue with a toxin spreading beyond the injection site."



WHY IT PAYS TO SEE A DOCTOR FOR BOTOX

Pedaled at house parties like burp-able storage containers, and teased on placards fronting stripmall spas, "Botox is quickly losing credence as a real medical procedure," laments Dr. Downie. In truth, neurotoxins are prescription drugs intended to be injected in sterile environments by experienced practitioners who not only know their way around a syringe, but also have the chops to handle any complication, if you haven't yet pledged allegiance to an MD injector, consider these reasons for doing so.

NEUROTOXINS AREN'T WITHOUT RISK.
Pain, swelling and bruising are common and fleeting, but "when the product goes outside of the intended muscle, one may experience droopy eyelids, dropped eyebrows, crooked smiles, drooling, and excessive tearing or dry eyes," says Dr. Hartman. And because there's no undo button for Botox, such effects can linger for months. Getting injected by a board-certified dermatologist or plastic surgeon is the best way to sidestep would-be problems.

DOCTORS ARE ANATOMY EXPERTS.
Anyone can push a needle, but MDs are versed in muscular interplay and anatomical nuances, and can better tailor treatments. A prime example: Everyone's

been injecting the masseters for a slimmer look, but in jaw-prone patients, doing so can be detrimental, says Dr. Percec, "because the bulk of that muscle in the posterior jaw is actually creating a lifting effect." These folks need to preserve the masseters, not erode them, to keep jawlines tight. Another hiccup often unforeseen by novice injectors: exacerbating eyelid hooding—a consequence of lowering the brow too much—in pursuit of a smoother forehead. "I prefer to treat patients with any brow or lid laxity over two appointments," says Dr. Waldorf. "During the first, I create brow elevation, and at the second, I review the residual forehead movement and determine if more toxin is appropriate."

IT HELPS ENSURE YOU'RE GETTING THE REAL DEAL.
Counterfeit toxins are on the rise. Getting injected in a physician's office "significantly increases the chances that products are obtained directly from manufacturers, and are, in fact, authentic," says Dr. Hartman. (Use the "find a specialist" function on any toxin maker's website to confirm your doc of choice buys straight from the source.) Is the MD experience more expensive? Yep, usually, because the price you pay is a reflection of your injector's level of experience coupled with the cost of the toxin. Cheap isn't a word we'd want associated with injections either. ■