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Cosmetic surgery and medical aesthetics have never been more in the media spotlight. The scandal over faulty PIP breast implants, a critical review of cosmetic procedures by NHS medical director Sir Bruce Keogh and controversy over a young doctor winning TV’s The Apprentice with plans to start a “Botox empire”, have put the safety, morals and ethics of the industry under close public scrutiny.

Yet, despite negative publicity and a prolonged economic slump, demand for both surgical and non-surgical anti-ageing cosmetic treatments has continued to soar. Looking younger is big business and having cosmetic enhancement procedures has become as accepted and commonplace as other less invasive beauty treatments.

Figures released by the British Association of Aesthetic Plastic Surgeons (BAAPS) at the beginning of 2013 revealed that, although the number of overall procedures remained static, facial rejuvenation treatments experienced a double-digit rise.

While demand for procedures does not seem to have been dented by bad news stories, there has undoubtedly been a loss of public faith and trust, and consumers are understandably more wary and cautious about cosmetic procedures, both needle and knife.

Regulation has always been a minefield in the sector. Since the government made the controversial decision not to impose statutory regulation on this booming market, there have been concerns that things were left to get “out of control” and it was only a matter of time before “something went wrong”.

Industry bodies such as BAAPS, the British Association of Cosmetic Nurses, the British College of Aesthetic Medicine and Treatments You Can Trust have been working to raise standards within the industry, promote good practice, and ensure their members are offering the public safe and ethical services. However, examples of bad practice among the minority, who do not uphold exacting standards, have continued to grab headlines and give the industry at large a bad name. Even some of the biggest shareholders and brand names in the aesthetic market may be repeat offenders.

What has become apparent in the wake of the Keogh review is the need for increased public awareness about safety and, in particular, the importance of finding the right practitioner, using the right products. While the review highlighted some key points for change, regulation of the market is still a long way off and there is, therefore, a need for all those involved to take responsibility: practitioners for their professional ethics, and the way they carry out and market their treatments to the public; and manufacturers for what they are bringing to market.

But it is not just the industry that needs to take control in this as yet unregulated market; the treatment-seeking public also has a part to play. Doing your research is one of the key ways to ensure you don’t fall foul of cowboy practitioners.

Avoid clinics offering time-incentivised deals or two-for-ones. Indeed, the Advertising Standards Authority is cracking down on such practices. Stay clear of practitioners who cannot prove they have expertise, training and experience in the field in which they are practising. Make sure you know what products they are using, especially when it comes to fillers and implants.

“There is nothing glamorous about surgery,” says consultant plastic surgeon and BAAPS president Rajiv Grover. “These serious and irreversible procedures should not be sold alongside aspirational perks, as if they were part of a jet-setting lifestyle.”

While regulation may be some way off, steps are being taken to make patient safety a priority so that those who do choose to undergo cosmetic procedures can do so in an informed, educated and non-pressurised manner.

The UK recently launched the government-endorsed National Institute of Aesthetic Research (NIAR). The joint initiative between BAAPS and the Healing Foundation will be housed at the Royal College of Surgeons and aims to address the lack of data surrounding aesthetic and cosmetic treatments, highlighted in the Keogh review, by managing a prioritised programme of research.

“The continued free-for-all mentality, which also involves untested procedures being marketed directly to the public, must be reined in,” says Mr Grover. “This is why we’re pleased to launch the National Institute of Aesthetic Research, the first of its kind in the world.

“Thorough scientific evaluation, peer-reviewed studies and public education are urgently needed in the aesthetics sector; these have always been BAAPS’ own objectives and are now also the NIAR’s.”

The initiative, welcomed by Sir Bruce Keogh, implements an important recommendation of his review and should provide a major contribution to patient safety.
Empowering patients with accurate and unbiased information can keep the cowboys at bay, as Antonia Mariconda reports.

The cosmetic interventions industry has been left to its own devices, unchecked and largely unregulated. With the demand for facelifts, fillers, Botox and breast implants driving exponential growth, however, something had to give — and silicone breast implants were the first to yield.

When safety concerns were raised over fraudulently produced PIP (Poly Implant Prothése) breast implants in 2011, the Department of Health convened an expert group to investigate the scandal led by NHS medical director Sir Bruce Keogh. Suddenly, the spotlight was reduced by the review was the lack of unbiased information available to the public. Sir Bruce acknowledged: “There is no provision for consumers to learn about cosmetic procedures from knowledgeable experts who are not driven by commercial considerations.”

Professor James Frame, a respected cosmetic surgery professional, agrees: “So-called experts largely consist for personal gain and there are in fact very few ‘experts’ with the detail of knowledge to give comparative data on products, equipment or surgical outcomes. Companies themselves are frequently responsible for misinformation and questionable accuracy when looking for sales and, instead of demonstrating advantages to their products, they tend to denigrate competitors.”

However, medical legal expert Mandy Luckman, from solicitors Irwin Mitchell, contends: “There are some excellent sources of unbiased information available to the general public; however, this will only be accessed if awareness of those sources is significantly improved.”

In a world of public relations, marketers and constant spin, it can be hard for the public to know who to turn to for sound advice. As the Keogh review notes, people are “making purchasing decisions on procedures and products that may have a significant impact on their health and wellbeing. It is essential that people are helped to make informed decisions based on clear, easily accessible and unbiased information and data”.

The cosmetic profession may be dependent upon the media through marketing to sell its products. It is not unreasonable for cosmetic procedures to be promoted in this manner. It is vital, however, that the information disseminated is accurate, providing a balanced view of the benefits and possible side effects of the product or treatment in question.

Ron Myers, director of Consultingroom.com, is only too aware of the balancing act that companies face: “The media love ‘new’,” he observes. “But that doesn’t mean to say it’s an established product and that it’s safe or effective... there are many ‘new’ products or treatments that simply do not do what they claim.”

The Keogh review points out “the safety of some products being used in cosmetic interventions is an area of serious concern and the existing regulations are not sufficient to protect the public”.

Cosmetic injectable fillers are of particular concern, the report says. There are between 140 and 190 dermal filler products available in the UK and no restrictions on who can purchase these.

The British Association of Aesthetic Plastic Surgeons recently warned of unregulated cosmetic fillers becoming a “ticking time bomb”. In a study of cosmetic surgeons in 2009, one in four surgeons reported seeing patients who had received botched jobs at the hands of poorly trained professionals and, more alarmingly, non-medically trained practitioners.

This contrasts starkly with the United States, where all dermal fillers are regulated by the FDA (Food and Drug Administration) and any restrictions on who can acquire them.

It’s not just cosmetic products that come under fire in the Keogh review. There is also criticism of price-sensitive advertising, in particular, discount deals of the sort offered by voucher companies come in for disparagement.

Pinpointing pricing as an area of concern is one thing, finding a way to regulate it is another. Consultant plastic surgeon Adam Searle says: “This trivialisation and commoditisation of medical procedures is appalling. There is going to be patients who experience significant complications and lifelong damage from pursuing ill-planned and ill-thought-out operations.”

Dr Tracy Mountford, of The Cosmetic Skin Clinic, adds: “I am in total agreement with the Keogh report criticising discounted offers in order to incentivise patients. This is something the public should steer clear of. Patients must be aware that these are medical procedures and the experience of the treating practitioner is key.”

With research indicating that only 3 per cent of people in Britain would be prepared to use a discount deal for cosmetic surgery, the threat may have been overstated. Nevertheless, any measures that can prevent vulnerable individuals from falling victim to unscrupulous vendors must surely be welcomed.

Patient power is now biting back with consumers taking matters into their own hands. Independently formed campaign groups are working to seek answers and justice where trusted medical professionals have failed.

Trisha Devine, of the PIP Implants Scotland Campaign, concludes: “The public deserves to know about the services they are using and we would like to see an independent patient advisory service set up, which service providers, clinics and surgeons are duty bound to.”

It is clear there is still much work to be done in shining up the cosmetic industry’s reputation. If the industry is proactive in actioning the Keogh review’s recommendations, everyone stands to benefit. Consumers will be better informed, while cosmetic practitioners can look forward to earning the trust and respect of the British public.
KNOW YOUR SURGEON AND DO YOUR HOMEWORK

Cosmetic surgery coach Wendy Lewis offers a guide through the sometimes tricky process of choosing the right procedure and finding the right practitioner for you.

**DUE DILIGENCE**

- With so many doctors and clinics offering lifts, lasers and tucks, the task of choosing the right ones for you can seem daunting. You should approach the quest of finding the right doctor strategically, with an action plan in place.
- Collect referrals from multiple sources; ask friends if they know any great doctors, ask your GP, dentist or makeup artist, and read up on doctors online. Referrals from people who have had cosmetic surgery can be helpful, but everyone’s experience varies and the doctor who did your friend’s breasts may not be ideal for your neck.
- Most people go online to find a doctor, but the internet is loaded with often contradictory information that is rarely policed by any official source. Check out doctors’ and clinics’ websites to learn about their training and expertise. Many commercial websites offer referrals to doctors and financing programmes, and some stoop to all sorts of gimmicks to lure patients.
- Bulletin boards and forums are not always ideal sources for recommendations, as the posts are anonymous and hard to qualify. Online ratings and reviews carry a lot of weight, however, some sites tend to post more negative reviews and bury positive comments. If you read a dozen good reviews and there are a few neutral or bad ones in the mix, that is not necessarily a reason to avoid that doctor. If the reviews are overwhelmingly negative with similar comments, check another source to find out more.
- Once your list is narrowed down to a handful of practitioners, schedule several consultation visits. See several doctors before making a decision about a surgical procedure and expect to get varying recommendations. For non-surgical treatments, such as fillers or peels, one or two may be sufficient.
- The consultation process is a two-way street. Although you may think you know what you want because you saw it on TV, it may not actually be right for you. Your skin type, bone structure, age and medical history will affect the result you can expect. Describe what you want to achieve and be open to what each practitioner recommends.
- It is important to study what is available and what may be right for you. Prepare a list of questions in advance, so you do not forget anything important, and take notes. The initial visit may be with a nurse or clinic manager; however, your evaluation should be with the actual doctor who will be performing the procedure.
- Learn about the basics of the procedure and how they apply to you specifically. Understanding what the procedure can and cannot do, as well as the limitations, is critical to avoid disappointments.
- The doctor or his staff should explain the risks and what is involved in terms of incisions, anaesthesia, recovery, results and aftercare. Ask to see photographs of other patients to gauge his aesthetic skills and what you can expect, although there is no guarantee your results will be the same.
- Be wary of doctors who are unwilling to answer your questions satisfactorily or whose information remains closed and unprofessional. Red flags include doctors who pressure you to have additional procedures that are unrelated to the reason for your consultation; for example, if you came for a tummy tuck and he offers to take the bump off your nose at the same time. You should not feel pressured into adding extra procedures, making a decision on the spot or be squeezed in quickly if you pay right away.
- Communication with the practitioner and clinic staff, as well as the confidence and trust they inspire, are vital to the success of your procedure. At the end of the day, you should go with your gut feeling. If you feel uneasy, the doctor is probably not the one for you. Cosmetic surgery is a very personal decision and you should take your time to consider all of your options.

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British Association of Aesthetic Plastic Surgeons: www.baaps.org.uk
British College of Aesthetic Medicine: www.bcam.ac.uk
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International Society of Aesthetic Plastic Surgery: www.isaps.org

EXPRESSING THE FEELINGS INSIDE

People undergo plastic surgery to match their appearance with the youth they feel inside, says Dr Bryan Mendelson

**OPINION**

- Most people are surprised to learn that plastic surgery of the face dates back hundreds of years before biblical times. It makes us wonder, why did people – before anaesthesia or antisepsis – risk their lives to have this surgery? Today’s modern surgery has reduced those risks, but the question remains: why is it so popular today?

Plastic surgery’s earliest patients were men whose nose tip was missing, due to punishment, accident, duels or warfare. It was unsightly, but they could breathe – they weren’t choosing surgery to improve function. They wanted to restore the appearance of their nose. Why? Were they vain? Or was there something else that made them decide to undergo weeks of surgery – which is what it took – unimaginable pain and possible death from infection?

Just like most present-day patients, these men were not vain. In my 40 years’ experience of working with people seeking quality, subtile surgery, vanity is rarely the motivation. The answer is much deeper, because our appearance is not superficial: it’s the external manifestation of who we are. Living with a face that doesn’t look like who we are inside leads to despondency and suffering. When we were driven to surgery through despair. As the “father of plastic surgery”, Gaspare Tagliacozzi, noted back in the 16th century, the true purpose of this surgery is to lift the spirits. It’s an observation that has stood the test of time.

So how does this relate to a middle-aged person at a plastic surgeon’s office today? These people are rarely motivated by some ideal of youth and beauty. They don’t want to look ridiculously young; quite the opposite. They just want to look less tired – the main effect of facial ageing – and more like the person they feel inside. Most are vibrant people who don’t feel remotely tired. Like the men above, they want to get on with their lives freed of being judged by their face. They choose surgery to lift their spirits and then move on without that burden. For some, it is like a return to life.

Facial ease is something we take for granted when younger, which is why the young so rarely understand. But after experiencing facial ageing, many re-evaluate their beliefs about plastic surgery and the importance of appearances. Unfortunately, people can be dissuaded from taking action by superficial media coverage focusing on poor surgery and distorted results. The real story about the return of confidence that can be experienced after quality surgery is rarely talked about. That is why so many patients want their stories told, so they can share their experience with others.

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Through a diet of image-rich media – TV, magazines, newspapers, the internet and social networking – aspirations for a “perfect” body are now far higher than ever before. Expectations of cosmetic surgery are also greater as we are exposed to more and more images of the way we should look. Increasingly, and perhaps worrying, cosmetic procedures have become normalised. Young girls, in particular, are under intense media and peer pressure to achieve physical perfection, as evidenced by the recent Keogh review of cosmetic procedures. The review cites: “Younger people see cosmetic procedures as a commodity – something they might just ‘get done’ to achieve the body ideals of their famous idols.”

British Association of Aesthetic Plastic Surgeons (BAAPS) council member and consultant cosmetic surgeon Kevin Hancock says: “Normalisation, or the word we use, commoditisation, where purchasing plastic surgery is seen as just like buying a new handbag, is worrying. “Non-surgical treatments, such as fillers and Botox, have been trivialised and no longer considered medical, but all these procedures, from breast implants to teeth whitening, are not without an element of risk.”

Women and equalities minister Jo Swinson adds: “There is nothing wrong with wanting to look good, but I think there is far too much pressure on young people nowadays to conform to a narrow set of unrealistic images of beauty.” She champions the government’s Body Confidence Campaign, which was set up to tackle the many factors leading to body dissatisfaction. “What is different now is the sheer volume of images people are bombarded with – on the television, in advertising, on the catwalk and high street, the internet and in magazines,” she says.

The pressure on teenage girls appears to be borne out by a 2012 study by the Girl Guides Association, which found that while 65 per cent of girls aged 7 to 8 were very happy with their appearance, the figure dropped to just 8 per cent by the ages of 14 to 16. Not only does this increase in perfect body imagery mean surgical procedures are less feared nowadays – consultant surgeon Mr Hancock regularly hears the phrase “It’s only cosmetic, what can go wrong?” from potential patients – it also means they are expecting magazine-image results and are disappointed when they don’t get them.

The most commonly requested procedure remains breast augmentation, with nearly 10,000 delivered by BAAPS members in 2012, and managing expectations is one of the biggest pre-op tasks. “It is about realistic expectation and it is crucial from the first consultation for patients to understand that,” says Mr Hancock. “We ask them to bring in images of what it is they are hoping to achieve and, if we can’t provide that, we won’t offer it.”

While we in the UK may aspire to what Ms Swinson feels is “a narrow idea of beauty”, the definition of a perfect body varies greatly across the globe. A recent study, commissioned by medical device manufacturers GC Aesthetics, into the most favoured implant sizes, shapes and projections for breast procedures found widely varying demands in different parts of the world.

UK women seeking a “boob job” were found to favour an increase in roughly two to three cup sizes (251-350ccs of silicone), with 48 per cent plumping for a high projection of the breast, the sort of look you might associate with a glamour model or character from ITV’s influential The Only Way Is Essex.

Nations liking larger breasts are Israel and Venezuela, where more than 60 per cent of all implants are three or four cup sizes larger (351-450ccs), which is inverted in Japan where only 1 per cent of women opt
There is seemingly no escape from the glut of perfect images forced upon us on a daily basis. But the perception of beauty, in particular the best shape and size of a woman’s breast, varies wildly, as Laura Jackson discovers.

for this bigger size.

In terms of projection, Colombian women almost exclusively go for extra high implants – what might be termed as the “stuck on” look – with Brazil coming in second as the country most commonly favouring these extremely high-set breasts. This elevation makes the breasts a focal point of the body without having to add too much in size. Both countries opt mainly for an increase of two to three cup sizes.

In the Far East, this look is almost entirely eschewed, as cultural demands dictate a more subtle shape as the most attractive. Some 80 per cent of implant sizes in Hong Kong and 83 per cent in Japan fall into the one or two-cup-size increase (151–250ccs).

With many breast augmentations done to give a better cleavage or to fix sagging breasts after childbirth, the overarching ideal to come out of the research is that for most countries, a round breast is still preferable to a more natural, teardrop shape.

DOES BEAUTY EVER CHANGE?

While it may seem that beauty innovations are as transient as seasonal coat colours – a new injection here, a revolutionary cream there – the actual facets we wish to create with such interventions, such as symmetry, proportion and youthfulness, are likely to be hardwired into us from birth.

“There is evidence indicating that humans prefer symmetry, as it suggests that the two independently developing sides of the body are both evolving as they ought to,” explains Professor Ian Stewart, a mathematician and author of Why Beauty is Truth: The History of Symmetry. A genetic defect is generally only present on one side of the body, so a hopeful spouse will assess symmetry and translate this to beauty.

The move over the last 30 years from skin-tightening facelifts to the latest filler treatments, which concentrate on creating volume in the face, may be a new development, but it is actually adhering to our predisposed desire for proportion.

Historical evidence supports the idea that the surgical trends we see today are merely being used to achieve timeless beauty ideals. “The belladonna drops of the Romans, which they used to create ‘take me to bed’ eyes, are really just the Botox of the 21st century,” says cosmetic surgeon Dr Patrick Treacy. “The trends change little; the demands of the enhancement market essentially follow technological developments.”

However, a timeline of female beauty shows varying trends in preferred body shape. Renaissance women, depicted in art, were voluptuous, while Victorian ladies used corsets to achieve a small waist. The 1920s saw fashionable women wanting to straighten out the curves. The hourglass figure made a comeback in the 1930s, until thin became sexy in the 1960s.
It could be said that cosmetic surgery is where science meets art. In some ways, plastic surgeons have become 21st-century portrait artists or sculptors working with real bodies. Clients arrive with a view of what they want to look like, perhaps seeking rejuvenation in a consumerist spirit of “you’re only young twice”.

As surgeons work from photographs, sketches and markings on skin, there is a blurring of the distinction between portraiture and medical procedure. But to achieve perceived beauty, a surgeon has to be more than an accomplished technician. The surgeon has to know the answer to what is beauty?

Of course, the concept of “beauty” is problematic and open to subjective judgments. What is considered beautiful may change with time and fashion, and there are also significant cultural differences. However, let’s focus on modern Western perceptions and observations by leading cosmetic surgeons, notably consultant Rajiv Grover, president of the British Association of Aesthetic Plastic Surgeons.

The leading Harley Street practitioner recognises that the interaction of art and surgical aesthetics is essential to achieve a natural and pleasing result from cosmetic surgery.

According to Mr Grover, pop artist Andy Warhol knew the importance of the central facial triangle, consisting of the two eyes and mouth, as a key feature of the face. “The central facial triangle is the first area to draw the gaze of an observer,” says Mr Grover, who has lectured at the Louvre in Paris, and London’s Royal College of Art and Central Saint Martins.

Research conducted at New York’s Metropolitan Museum of Art, when a camera was used to identify where a person’s eyes look when they first see a face, showed people focus initially on the subject’s eyes, then down to the mouth and then back to the eyes, before looking around the outline of the face.

“Even very young children look at faces this way, long before they have learnt about facial beauty or perception,” says Mr Grover.

Warhol’s striking silk screen prints of Hollywood film stars Marilyn Monroe and Elizabeth Taylor, for example, emphasised the central facial triangle to great effect by creating prominence of the eyes and lips. “Any feature which could distract from the central facial triangle, such as the nose, was minimised,” says Mr Grover. “This way he emphasised the youth and beauty of his subjects.”

In the world of photographic art, the Vogue cover which was voted the most iconic of the 20th century was the January 1950 edition featuring Erwin Blumenfeld’s distillation of the female face down to just an eye and mouth, and yet we can still perceive the image as a face.

“This illustrates the powerful impact which the features of the central facial triangle have on perception,” says Mr Grover.

Understanding this allows us to look at beauty in an analytical way. A face where the central facial triangle is emphasised may be perceived as more attractive. “Wide bright eyes and proportionate lips, without features that could distract attention, such as a large nose, prominent nose-to-mouth lines or jowls, mean that you can focus on the key features of the central triangle.”

The face of a young Brigitte Bardot illustrates this well. The smooth junction between eyelid and cheek means the eyes are emphasised, as is the mouth. The shape of her midface and cheeks also acts as a pedestal to enhance the eyes. “The fact that her central facial triangle is so clear makes her very beautiful,” says Mr Grover.

As we age, it can be loss of volume from the face, particularly over the cheeks, which changes...
value was appreciated by science more important than features and wrinkles Leonardo da Vinci talked about the shape being which creates a beautiful and tion of the central facial triangle, and midface enhances the percep- on adding volume to the cheek Mr Grover. “Focusing attention sor of gravitational change,” says and that volume loss is the precur- address the mechanism of ageing stood. “Modern rejuvenation should address these changes in order to rejuvenate in a natural way and one that respects what is known from the work of the great artists.” Early approaches to facial surgery focused on the fact that age- ing skin and, therefore, tightening of the face and neck was the main aim. But the effects of tightening the skin alone, rather than the underlying soft tissues, resulted in surgery which caused pulling and flattening of the cheeks. Tension in the skin dis- tapered facial appearance, including the ears which were often pulled forward. “Surgery has changed a lot in the last two or three decades and appreciation that the soft tissues also require support, rather than just pulling the skin, has led to the so-called ‘deep plane’ lifts where the underlying muscle of the face is pulled in addition to the skin,” says Mr Grover. “The true appreciation that cheek volume is the key to beauty and also to a natural, artistic rejuni- vation has only reached promi- nence in recent years.” Understanding that the face ages first by volume loss and then by gravity, he concludes, means both these parameters must be addressed. “Science has helped us under- stand the mechanism of ageing and that volume loss is the precur- sor of gravitational change,” says Mr Grover. “Focusing attention on adding volume to the cheek and midface enhances the perception of the central facial triangle, which creates a beautiful and youthful face.”

BOOM IN BUST ANALYSIS?

Surely, there is no such thing as the “ideal” breast, such are the vagaries of subjectivity, not to mention changing fashion and cultural differences. But a template of the “beautiful” breast must be an asset when endeavouring to change appearance, as Peter Archer reports

PERFECT FORM

- Plastic surgeons Patrick Mal- luci and Olivier Alexandre Bran- ford studied 100 topless models favoured by newspaper picture editors in a bid to identify the “per- fect” breast. Their aim was to establish a consistent pattern, which could arguably define a sense of beauty, and they discovered four key parameters:

1. The so-called u:l ratio is in the proportion of 45:55 where the upper part of the breast makes up 45 per cent of the whole and the lower, a fuller 55 per cent.
2. The nipple sits at the upper- lower boundary, known as the nip- ple meridian, and points upwards at a mean angle of 20 degrees.
3. The upper slope of the breast is either a straight line or slightly concave.
4. The lower profile is a smooth convex curve.

The London-based authors of the 2011 study – Concepts in aesthetic breast dimensions: Analysis of the ideal breast – acknowledge that the observations are simple, but when used as a template upon which to analyse breast form, they may be powerful indices of attractiveness. The key parameters may influ- ence implant selection and place- ment, as well as mastopexy and breast reduction design, and allow for a more meaningful interpretation of shape or dis- harmony, they say in the Journal of Plastic, Reconstructive & Aes- thetic Surgery.

It is a common experience that women presenting for breast aug- mentation, often think of volume and not shape, yet the line between enhancement and distortion is easily crossed. However, discussion and expla- nation around the concept of pro- portion and form as the principal contributors of beauty, rather than just sheer volume, allow for a better understanding of outcome goals and thereby implant selec- tion and operative planning.

The importance of establishing guidelines serves as a potential template for design in aesthetic breast surgery, they say. It allows for much more three-dimensional interpretation of form and more meaningful discussion than such isolated measurements as nipple position alone.

Ultimately the purpose of a tem- plate is in the production of a more predictable outcome. It is difficult to strive towards a goal without being clear about the nature of that goal. It seems fundamental to aes- thetic breast surgery, and indeed to reconstructive breast surgery, that in order to be able to create or recreate ideal breast form, we must have an ideal to aspire towards.

It must be assumed, however, that this ideal may not be entirely cross-cultural. The findings from 100 models in equivalent publi- cations from another culture, in Japan say, might be quite different. In addition, individual preferences are not taken into account and it is well known there is great variation in taste.
## NEW NON-SURGICAL TREATMENTS

### ALMA SWEATX
This uses breakthrough dielectric technology to deactivate both the eccrine and apocrine sweat glands selectively via focused heating of the relevant skin layer. Clinical studies present dramatic results, which last for more than nine months, from a 20-minute treatment.

### CRYOLIPOLYSIS
Meaning "cold adipose tissue destruction", cryolipolysis is a new, non-invasive procedure that uses advanced cooling technology to gently and effectively target and eliminate fat in specific areas of a patient's body. Treatments include 3D-Lipo, Lipoglaze and CoolSculpting.

### DNA REPAIR ENZYMES
One of the newest concepts in cosmeceuticals is the use of ingredients which mimic the skin's own repair enzymes to normalise and repair the cells that have been damaged by sun exposure and other environmental stress factors.

### FROTOX
Nicknamed "frotox", iovera uses Focused Cold Therapy and works by using the body's natural response to cold to temporarily relax the facial muscles that cause wrinkles. Results are immediately visible and last around two months.

### I-LIPOXCELL
Cleared in the United States for circumferential reduction and improvement in cellulite, this incorporates four technologies for intelligent body-fat analysis and measurement, laser diode fat reduction, IR Vacuum massage and radio-frequency skin tightening.

### ZYTAZE
This is a nutritional supplement that enhances the effectiveness of Botox injections. Formulated using a blend of organic zinc and phytase to increase zinc absorption, it has been found to extend the duration of botulinum toxin injections by almost 30 per cent.

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**BE SAFE, GET INJECTABLES AT REGULATED CLINICS**

Advances in non-surgical treatments, such as Botox and fillers, have led to a surge in demand. But, as Leah Hardy reports, this has also created problems.

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### NON-SURGICAL PROCEDURES

- Face lifts and liposuction may grab the headlines, but the real boom in aesthetic medicine is in treatments that don't involve scalpels and stitches. These non-surgical procedures include lasers, hair removal, peels, micro-needling, fat loss, and skin tightening via heat, sound and light waves. But by far the biggest demand is for injectables. These beauty-in-a-syringe treatments feature wrinkle-relaxing injections, such as Botox, and fillers to replace volume in ageing faces and to plump lips.

The UK aesthetic market was worth £2.3 billion in 2010 and is estimated to rise to £3.6 billion by 2015. Of this, non-surgical treatments account for 75 per cent of Botox procedures and 75 per cent of the market value.

A new report from Sk:n clinic's medical standards committee, says: “Patients can dramatically improve appearance, without the costs, risks and downtime of surgery.” In studies, most people treated with Botox feel they look years younger, between 65 and 90 per cent of Botox patients are satisfied with their treatments, and the more they combined Botox with other non-surgical treatments, the happier they were.

For example, we can use needles to deliver radiofrequency energy to stimulate collagen and improve the quality of the skin, something surgery cannot do. But Botox is still my number one treatment. Done well, it's like a magic wand.”

Dr Leon Geller, chairman of Sk:n clinic’s medical standards committee, says: “Patients can now expect to see the same anti-ageing effect from next generation injectables as they could get from a surgical nip and tuck ten years ago. Fillers have become more bespoke, designed to be used in specific parts of the face, depending on their thickness, and come with anaesthetic for a painless procedure.”

Surgeon Geoffrey Mullan, of London’s Medicetics clinic, says combinations of treatments are particularly effective. “The sagging jawline is the new area of attack via skin tightening treatments,” he says. “These can be combined with fillers to volumise the midface, plus Botox for the forehead.”

Celebrities who have admitted to non-surgical treatments include Jennifer Aniston, Gwyneth Paltrow and Simon Cowell. Non-surgical treatments have been further normalised by shows such as The Only Way Is Essex, which feature on-screen Botox parties and stars with obvious facial and lip fillers.

**Non-surgical treatments account for 90 per cent of procedures and 75 per cent of the market value**

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**Dr. Penelope Tymandidis**

**Consultant Dermatologist - Dermaperfect Skin Clinic**

A member of the European Board of Dermatology, UK-trained consultant dermatologist, Dr Penelope Tymandidis knows skin inside out. With pioneering minimally invasive techniques, she regularly treats celebrities and royals in Europe and the Middle East. Dr Tymandidis believes that skincare is not just Botox, fillers and peels but a tailor-made mix and match, holistic regime to suit the individual’s needs. The Times’ readers are welcome for a free, 10-minute consultation.

Dr Penelope Tymandidis  |  137 Harley Street, W1  |  tel: 020 7370 1090  |  www.dermaperfect.co.uk
This development dismays plastic surgeon Rajiv Grover, president of the British Association of Aesthetic Plastic Surgeons (BAAPS). He says “You shouldn’t start non-surgically too young; people under 35 do not need Botox.”

And while Trout Pouts and Pillow faces have faded from fashion for older women, Dr Engel says: “I have to turn away increasing numbers of young women who want to look fake with overplumped lips.”

And Mr Grover warns: “Some celebrities are on the payroll of companies linked to clinics and there is a shameless lack of disclosure about this.” But this is far from the only dark side to the boom. A government review published this year and led by NHS medical director Professor Sir Bruce Keogh, says: “We were surprised to discover that non-surgical interventions, which can have major and irreversible adverse impacts on health and wellbeing, are almost entirely unregulated.”

Last month leading dermatologist Professor Nick Lowe revealed that complications from fillers used around the eyes had led to 50 known cases of permanent blindness. Yet while Botox can only be legally administered by a doctor, nurse or dentist, fillers or lasers can be used by anyone, even if they have no medical background or training. One-day courses claim to teach literally anyone how to wield a syringe.

A BAAPS survey found that a third of providers of non-surgical treatments did not specify who administered treatments and a quarter did not mention qualifications. Treatments are offered in shopping centres, gyms and even during at-home parties.

To save money, some injectors have been re-using syringes on different women, which carries the risk of infection, even HIV. Other risks include burns and scarring from lasers and IPL [intense pulsed light].

DrEngels says: “Any treatment that punctures the skin carries a risk of infection and anything put into the body carries the risk of an allergic reaction, including anaphylaxis, which can be fatal without treatment. You wouldn’t have dental work at home, so why have an aesthetic medical treatment there? It makes no sense.”

Cosmetic specialist Dr Mervyn Patterson adds: “I often treat women with complications from non-surgical treatments and believe they are much more common than people realise. If filler cuts off the blood supply to an area, the skin can start to die. Anyone can have a complication, but not everyone can recognise and treat it. That’s why choosing the right practitioner really matters.”

Dr Patterson says not all treatments are equal. “Many are unproven and ridiculously overhyped. Don’t rush to have the latest wonder treatment. If it works, it will still be around, better and safer, in a year or more.”

So how can you stay safe and get good results? Mr Grover advises:  ■ Have Botox or fillers in a proper medical environment and ensure your practitioner is able to deal with any rare but extreme complications.

■ Never have a permanent or semi-permanent filler. Opt for temporary hyaluronic acid fillers, for example Restylane or Juvederm, and ask to see the box if you are not shown.

■ The best qualified practitioners have an artistic eye. The best way to judge that is to go by personal recommendation. Remember less is more.

An experienced practitioner will know just how to get the very best results.

You shouldn’t start non-surgicals too young; people under 35 do not need Botox

Founder of the award-winning Cosmetic Skin Clinic Dr Tracy Mounford has used a great many anti-ageing treatments and technologies over the years.

“What I have discovered is that the best way to achieve superlative anti-ageing results is to combine skin-tightening Thermage® treatments with injectable fillers and light muscle relaxants – because doing this addresses the key elements of ageing,” says Dr Mounford.

Thermage is the rejuvenating treatment that is loved by celebrities, from Amanda Holden to Ellen Barkin and Linda Evangelista, for the firming, smoothing and tightening effects that it has on the skin. It uses well-proven technology – focused radio-frequency energy – to strengthen the collagen in your skin. Just one treatment gives you smoother, tighter skin – and an entirely natural look.

Even Gwyneth Paltrow has sung its praises. “It’s not invasive,” she said in an interview with Harper’s Bazaar. “I went out to dinner right afterwards and I didn’t look crazy. I feel like it took five years off my face.”

Dr Mounford’s team carry out more Thermage treatments than any other clinic in the UK and the treatment’s popularity is soaring as happy patients tell their friends about the results.

“It’s not just women who love Thermage. The treatment is really popular with men, too. One recent convert is the celebrity hairdresser Andrew Barton, who had Thermage earlier this year [see above]. Along with the lines, wrinkles and slackness, the other main problem for the ageing face is loss of volume.

“A younger face is full of small pads of fat that give it lovely, plumpious softness,” says Dr Mounford. “As we age, these fat pads shrink and the face loses volume. This is where injectable fillers help. Placed deep in the cheeks, fillers or collagen stimulators, can restore that lost volume, naturally.”

The last piece of the jigsaw when it comes to anti-ageing treatments is finding a highly skilled cosmetic doctor. An experienced practitioner will know just how to get the very best results, whether with a high-tech machine or when using injectables, and Dr Mounford and her team have spent years perfecting their aesthetic techniques.

It is important that you are in good hands and you won’t end up looking unnatural, or with a bad case of pillow face or trout pout.

“We take time to understand what each patient wants to achieve,” says Dr Mounford. “Our aim is always to enhance natural beauty to give a soft, airbrushed, rejuvenated appearance.”

For more information, please visit www.cosmeticskinclinic.com
Freeze away unsightly fat for a shapely, sexier body

For serious weight loss, there’s no real alternative to diet and exercise. But when it comes to those annoying bulges that just won’t go, even if you are at or near your healthy weight, then there’s great news.

Non-surgical, non-invasive body sculpting is now a reality. This means you no longer need to starve, sweat or go under the scalpel to get a better body. But as with any other medical procedure, it’s vital that you choose a treatment that is safe, proven and unquestionably effective. Fortunately, there is proven technology to streamline your shape.

CoolSculpting® by ZELTIQ® features its proprietary Cryolipolysis® technology, a powerful yet safe way to literally freeze away your fat cells.

With each hour-long treatment, during which you can work, read or even nap, you can now lose an average 20 per cent reduction of fat in the treated area. CoolSculpting is currently being used to treat the abdomen, thighs, hips, back or wherever you need a little help.

And all without surgery, scars, support garments or special diets. There’s no downtime and because CoolSculpting permanently destroys treated fat cells, the results last.

New research shows that people who had CoolSculpting two or even five years ago have maintained their visibly slimmer shapes. Studies also demonstrate that 86 per cent of patients show a visible improvement to the treated area and 82 per cent would recommend CoolSculpting to their friends.

No wonder CoolSculpting has over 75 per cent patient satisfaction. And to date, more than 700,000 treatments have been conducted worldwide in over 55 countries.

But there is a downside to this kind of popularity. The success of CoolSculpting means it has spawned a host of counterfeit devices. Many establishments now advertise fat-freezing treatments, but at the same price or less than CoolSculpting.

However, CoolSculpting is the world’s only cold-based, non-surgical body contouring treatment that is cleared by the FDA (Food and Drug Administration) in the United States. Moreover, it is CE-marked as a Class llA medical device in Europe.

CoolSculpting is sold exclusively to medical professionals and is only used in a regulated, clinical environment. It has many years of research behind it and a safety record that is second to none. CoolSculpting’s patented technology includes the unique Freeze Detect® safety measures, which

ensure that every CoolSculpting device maintains an effective, but safe, temperature at all times. In addition, ZELTIQ, the company behind CoolSculpting, is constantly innovating to make treatments even more effective.

There is currently a family of four applicators capable of targeting both larger areas, such as the abdomen, and smaller ones, such as the inner thigh and bra fat.

The newest CoolSculpting initiative is the advanced concept, “Treatment to Transformation”. Your individual body shape is expertly assessed and a customised programme of treatments is designed specifically for you to both debulk, reducing fat for a slimmer shape, and to sculpt for a sexier, more balanced body.

Leading cosmetic medical practitioner Dr Tracy Mountford, MBBS, MRCGP, is founder and medical director of The Cosmetic Skin Clinic in Buckinghamshire and London’s Harley Street, which has become the busiest CoolSculpting practice in the country.

She says: “The safety and satisfaction of my patients is always my highest priority. So I only invest in the most proven, safe technologies. I was impressed by the science behind CoolSculpting’s patented, FDA-cleared system. But any system is only as good as the people using it. My staff of medical specialists have received the highest level of advanced training regarding CoolSculpting. This means, when it comes to results, CoolSculpting has surpassed my expectations.

“My patients love the way results they are seeing, particularly with the Treatment to Transformation approach of customised treatment plans. When performing ‘Treatment to Transformation’ in our clinic, we are achieving an average fat reduction of up to 40 per cent in the treated area. CoolSculpting is the only non-surgical alternative to liposuction I recommend to my patients because, quite simply, it works.”

How does CoolSculpting work?

Harvard Medical School scientists were recently asked by research showing that children who sucked ice lollies lost fat in their cheeks. Research showed that at a certain temperature fat cells crystalise and die, without any harmful effects to skin or surrounding tissue. This raised the prospect of true “spot reduction” of fat.

Years of studies and safety testing ensued before CoolSculpting was launched in 2009. The ideal CoolSculpting patient has “grabbable” soft, superficial fat which is sucked up by vacuum into the applicator of the CoolSculpting device, where heat is extracted from the fatty areas, while the skin is kept protected by a proprietary gel pad.

Treated fat cells start to die, and are safely processed and excreted by the body. Results start to appear around three weeks after treatment with most dramatic results visible after one to three months. This means the effects of CoolSculpting appear gradually, like the results from dieting and exercise. Only you will know your secret. CoolSculpting treatments start from around £800 per area.

Kate Battrick is a fashion stylist, author, and fashion and lifestyle blogger. She had CoolSculpting, using the “Treatment to Transformation” approach, at The Cosmetic Skin Clinic in 2013. She says: “Before I had CoolSculpting, though I was at a healthy weight, no matter how much I watched what I ate or exercised, my ‘muffin top’ was my confirmed enemy. Dr Mountford recommended ‘Treatment to Transformation’, and I had treatments to my upper and lower abdomen and flanks – my ‘muffin top’.

“The procedure was thoroughly explained and I understood how CoolSculpting worked, but I was still absolutely stunned by the results, which were achieved after just one treatment to each area.

“Now I am enjoying the fact that all my lovely clothes fit me perfectly once again and I look a million dollars in them. Even a vintage white pleated Dior which has hung unworn for years can now get an airing. The difference CoolSculpting has made to me is immeasurable, not just in the way I look, but in terms of happiness and my new inner glow.”

CoolSculpting is the only non-surgical alternative to liposuction.

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The cosmeceutical industry is growing exponentially as the beauty-buying public becomes more savvy about skincare ingredients and what they are putting on their faces, writes Vicky Eldridge

While many women are ditching pampering beauty creams for high-end, results-driven skincare, misinformation in the public domain about topical anti-ageing products has left many more struggling to separate the snake oils from the products that actually work.

Even the economic downturn does not seem to have curbed consumer spending on skincare. Research by Mintel shows the market for facial skincare has increased 20 per cent in the last five years alone. It was valued at £1.1 billion in 2012 and is set to reach £1.2 billion in 2017, and anti-ageing products make up 40 per cent of the market.

With such buoyancy in the marketplace, it is no surprise that skincare brands are cashing in on the trend and upping the ante when it comes to advertising. Consumers are constantly bombarded with glossy adverts promising anti-ageing in a jar, but in reality few of these lotions and potions actually live up to the expectations they create and, as such, in the quest for perfect skin, many women are wasting hundreds if not thousands of pounds on “miracle creams” that simply do not work.

In the United States by Skin Deep shows that on average women use around 12 different products a day, containing a guarantuan 168 ingredients, while a report by Vaseline claimed £964 million was spent every year on skincare products that were left gathering dust on bathroom shelves.

So why are so many women still wasting their hard earned cash on products that don’t work, while shying away from investing in clinically proven medical products? Surgery “knife” coach Wendy Lewis puts it down to fear. She says: “Some women are simply afraid of the medical grade skincare is too strong for their skin, but that is just not true of most brands on the market.”

US-based dermatologist Dr Hema Sundaram adds: “Women have the eternal hope that they’ll find something that works. They are influenced by marketing campaigns for over-the-counter products, many of which are well-formulated and feel pleasant on the skin, but unfortunately don’t address in a scientific manner the true underlying issues of ageing.”

Celebrity endorsement also seems to have an impact. Dr Sam Robson says: “People like to buy something they have heard of, especially if a celebrity that they admire and would aspire to be like, recommends it. Over-the-counter products can afford the marketing cost of celebrity endorsement.”

But what is the difference between a medical skincare product or “cosmeceutical” and any other anti-ageing cream? Cosmeceuticals bridge the gap between pampering beauty creams and prescription pharmaceutical products. A far cry from the cleanse, tone and moisturise regimes of the past, they are scientifically tested and formulated products that are designed to be results driven, and actually have an effect on the skin.

“Although there are now many high street brands claiming to be cosmeceuticals, and using buzzwords like “growth factors”, “stem cells”, “peptides”, “anti-oxidants” and “retinoids”, most of what you can buy does not contain high enough dosages of these active ingredients to make any real noticeable difference. This is where medical skincare comes into its own.”

In reality no skin cream is going to make you look ten years younger overnight, but as part of your anti-ageing regime, they have a strong and important place. And no more so than the SPF (skin protection factor) sunscreen.

Sun damage is by far the biggest cause of skin ageing so investing in a good SPF and applying it daily is one of the best bits of skin advice you can heed. Add into that an anti-oxidant and you are well on your way to giving your skin a fighting chance in the race against ageing.

Pioneering skincare formulator Joe Lewis explains: “No sunscreen is 100 per cent effective. Most people only apply 25 to 50 per cent of the recommended amount and they don’t apply them the way they are tested in the lab.”

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“Protect your skin with sunscreen, you have got to have it, but it is like protecting your skin with Swiss cheese, it’s got holes in it. You have got to have a backstop. It is like in baseball, you have a catcher and if he misses it you have a backstop. The catcher is the sunscreen, the backstop is the anti-oxidant.”

Dr Sundaram adds: “Studies show that we get most of our sun damage from incidental, daily exposure, not from lying on the beach a couple of times a year. Even driving in the car with windows up exposes us to UV damage because one component of UV light can pass through glass. There can be as much, or sometimes even more, potential for UV damage on a cloudy day as on a sunny day.”

Once you are protecting your skin properly, corrective and repair products can be used to address damage that has already been done, such as pigmentation and lines and wrinkles, and to target other skin concerns, such as acne and rosacea.

The best way to ensure you are getting products that actually work and are right for your skin is to visit a dermatologist or aesthetic skin specialist. This may seem like a costly way of going about it, but in reality the amount you will save by investing in a handful of quality products that address your personal skin concerns, rather than pouring money down the drain on products that don’t work, is likely to be significant.

Dr Robson concludes: “You need to understand exactly why and how to use the products, and have an expert advise on which products will be best suited for your skin. The skin is the biggest organ in your body and deserves to be treated with the very best and effective products that you can afford. Cosmeceuticals are not always the most expensive in any case and doctors are bound by oath to give patient-centred, honest advice and not be driven by sales.”

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It’s an amusing observation that the trend for facial paralysis fails to raise an eyebrow anymore. In fact, injectables such as Botox – or Bro-tox as it is affectionately known to its male enthusiasts – are so common in today’s image-conscious society that men are now happily turning to invasive surgery to tackle their physical hang-ups.

Where a nose job was once considered a bit on the vain side, and pricey process has received widespread coverage, cosmetic surgery now accounts for one in ten admissions to hospital. 

Cosmetic surgery has been so thoroughly destigmatised that it is considered a bit on the vain side, and even penoplastic procedures such as facial paralysis fail to raise an eyebrow anymore. In fact, many men can now opt for corrective surgery to look good and boost their self-esteem, and while more than half were negative about beauty products, they still spend thousands of pounds per year. Not only have they retained their follicles, they’ve held on to their masculinity too.

The most recent, and arguably most impressive, technique for body-conscious men is VASER, a procedure that’s taken the US by storm with the promise of completely redefining a man’s silhouette with minimal downtime. Rather than simply debulking areas, the traditional fat-removal method involves emulsifying specific pockets of fat with a special wand that is inserted through inconspicuous incisions. VASER (Vibration Amplification Sound Energy) involves emulsifying specific pockets of fat with a special wand that is inserted through inconspicuous incisions. The malleable blubber can then be selectively sucked out or “re-scultped” around muscle groups. This allows surgeons to manually mould love handles or stubborn puppy fat into a rippling six-pack.
Another increasingly popular surgery is the penoplasty, as pioneered by Dr Roberto Veil. At £5,000 a go, the operation involves taking fat, usually from around the abdomen or thighs, re-injecting it and cutting the suspensory ligament. Of course, not all men resort to surgery and with new innovations coming on to the market at an unprecedented rate, you can’t help but wonder if invasive procedures will eventually become obsolete. Former surgeon Dr Jean-Louis Sebagh now uses injectables, such as Botox and fillers, to postpone and even prevent the sagging necks, restore facial volume and to maintain the skin’s quality,” he adds.

But what separates the men from the women is their personal motivation and, consequently, the application of these non-surgical techniques. “Most of my male patients do not want to look ‘younger’: they want to look good,” says Dr Sebagh. “Accordingly, I will use Botox to reduce lines around the eyes and mouth, but I will also ensure that they can use their face expressively. I have to use restraint and an aesthetic eye with men.”

The inevitable ego boost following successful “work” can come with its own set of problems. While the Mickey Rourke’s of the world represent extreme cases, it’s unusual for the focus of one’s obsession to shift over time. Studies have shown that as many as a third of men seeking cosmetic surgery suffer from Body Dysmorphic Disorder. As soon as the gut is deflated, the receding hairline comes into focus. As soon as the follicles are transplanted, the pecs are in need of beefing up. And as the demand grows, so does the technology, a relationship that continues to “enhance” an ever-growing industry.

As exemplified by the male grooming boom, our infatuation with our looks has less to do with vanity and everything to do with self-esteem. It’s the best defence. “A lot of non-surgical techniques are available to prevent sagging necks, restore facial volume and to maintain the skin’s quality,” he adds.

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Take a closer look

Natural-looking cheek volume

Redefined and reshaped lips

Keep your busy week a secret with the subtle results of Juvéderm® Facial Fillers. Take a closer look at how they can revitalise, lift or define your features at Juvederm.co.uk

Juvéderm®
Trusted Facial Fillers

This promotion is brought to you by Allergan, the makers of Juvéderm®
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