

BEAUTY AND THE CREASE

One woman's foray into the world of Botox.

MONDAY

5pm - Waiting room of the clinic

This is it. After five years of hiding from the sun, intercepting untouched-up photographs, keeping facial expressions to the bare minimum—today, after half a decade of torture, I am going to Botox the hell out of that hated wrinkle that has set up permanent residence on my forehead.

5:15pm - Doctor's office

When the doctor approaches with a medium sized needle, I don't even twitch. I am fleetingly reminded of those tiny women who summon the strength to lift a car from the body of a trapped child, though on second thought, this is perhaps less heroic.

A bee sting is certainly more painful (and less rewarding) than these five pin pricks I feel as the doctor attends to the dots he has drawn at integral points along the occupation line of the soon-to-be-vanquished crease.

5:16pm - In the doorway of the doctor's office

I shake the doctor's hand, in a somewhat over enthusiastic manner, as he describes that I should not rub or touch the area until tomorrow morning to avoid moving the Botox around to other parts of my head. I reassure him that I would do nothing to endanger the best possible success of this magnificent endeavour, and only half listen as he describes how the process can take up to two weeks to reach its peak, but will last about three months.

My face feels tighter already as I float out of the clinic, blissfully anticipating the life-changing results; three months is a lifetime away. Practically skipping through the door, I fight the urge to scratch a slight forehead itch.

I smile all the way home. I have to—the doctor told me it would help settle the Botox nicely.

8:13pm - My bathroom

After scrutinizing my face in the mirror for about ten minutes, I realize that aside from some blue pen dots—my forehead looks pretty much the same as it did this morning. The hateful wrinkle is still there laughing at me; I frown back.

TUESDAY

8am - My bathroom

Today is NOT the first day of the rest of my life. I have styled my hair with side bangs like usual—and as always, there is still the wrinkle to consider.

THURSDAY

8:10am - My bathroom

Is it possible the wrinkle seems a little lighter? Is it less deeply set into my brow somehow? Better style the bangs just in case.

FRIDAY

7:55am - My bathroom

Have firmly decided: Hateful wrinkle is on its way out. I put my hair in an updo and make a mental note to smile at everyone today.

SUNDAY

Noon - My living room

Have decided to do the final test and take a picture of myself.

12:30 - Living room

After scrutinizing the beautiful unedited photo for several minutes, I have cracked open a bottle of Veuve and sit here scribbling in my diary, sipping the celebratory champagne: the wretched wrinkle is dead. There will be no tears at this funeral.

By the end of the week people seem to be more receptive to me, probably because I am able to react to conversation with facial expressions instead of employing my usual 'face at rest' rule. My wonderful boyfriend repeatedly tells me (unprompted I might add) that I am beautiful and notes about how big my eyes are (and hell, now that I can open them fully without fear of contributing to the Crease of Doom, he's right!).

It's so strange how much something like this can affect you. When I mention the hateful wrinkle to any of my friends they seem perplexed and profess not to have noticed. I know that people are more critical of themselves, but could it be possible that most of the drama surrounding this horrible wrinkle I had since I was 23, that wrinkle I have despised daily for five whole years, hasn't made as big an impact on my family and friends as it has on my face? Truthfully, it makes no difference. I feel different. The procedure was pretty non-invasive and relatively painless and inexpensive (if I'd sued the wrinkle for mental anguish and suffering, the damages would have far outweighed the measly doctor's fee).

I heard about a model who wouldn't smile for fear of wrinkling up her perfect face, and thought about what a sad state of affairs that was. Conversely, there are the Botox over-users who create the negative stigma that surrounds the product. Keep in mind, not everyone who has plastic surgery looks like Mr. Jackson and not everyone who has this type of cosmetic supplementation looks like Ms. Dickinson—with everything in life, moderation is key. ☼

the "medical" spa

Interested in non-surgical cosmetic treatments? Know the risks. And know who's behind the needle.

BY DR. CHARLES COPELAND

It was not very long ago that one would go for a facial or manicure but reserve any major body part enhancement for the plastic surgeon (with attendant hideaway time). There were no options between these extremes. Today, professionals and entrepreneurs from both sides of the industry are rapidly moving to blur the lines between cosmetic and clinical, and as such the combination spa and medical facility has been born.

Now, with the latest non-surgical medical technology, it is a whole new world, with options like a lunchtime facelift with injectable fillers, a Botox treatment for pesky frown lines and a touch of microdermabrasion to finish the veneer. All this is achievable in a short afternoon at the doctor's office or the spa.

Of the almost 8.3 million cosmetic procedures performed in 2003 in the United States, 78 percent of these procedures were non-surgical cosmetic medical treatments. Botox Cosmetic topped the list at 2.3 million, followed by laser hair removal at just under 1 million and microdermabrasion at 80 000 treatments.

This acceleration in non-surgical procedures is even more astounding when one considers that it was only in April 2000 that the FDA approved Botox for cosmetic use. Botox was discovered for cosmetic use thirteen years earlier in Vancouver by the husband and wife team, doctors Jean and Alistair Carruthers. Since those days, the cosmetic use of Botox has come a long way and many other modalities have been added, like the use of the product as a facelift, or even to treat over-active sweating.

The massive influx of clientele for these 'no downtime, anti-aging' procedures is fuelling the industry to produce more and more options—both medically derived and not. Injectable fillers, chemical peels, Botox, a multitude of laser light treatments, microdermabrasion and newer skin tightening procedures are just a few examples of the type of treatments that are possible and available today and the industry is advancing at breakneck speed.

Customers for the cosmetic medicine revolution are of varying age, gender and race. They heed the call to easy access, the promise of enhanced beauty, and perhaps the greatest drawing point—no time off. It's not surprising the consumer can barely keep up with all that is offered, much less understand what is medical in nature and what is not; herein lies the caveat for would be patients or clients. With these rapid advancements, industry regulators are typically far behind, and it is up to the client to make informed decisions regarding cosmetic procedures.

One of the grey areas in cosmetic medicine is the oft seen marriage between cosmetic medicine and the spa. While Medical Colleges strictly regulate physicians practicing cosmetic medicine, other entrepreneurs in this field are essentially unregulated. This leads to the possibility that some spa owners and their customers may not always appreciate what constitutes medical treatment, and many such businesses have expanded their roster of services to include treatments that are essentially medical acts requiring a licensed physician. Sadly this necessity can be disguised by an establishment adding a figurehead "Medical Director," in order to comply with regulations that demand medical supervision. Unfortunately, this director is often employed in name only,

and takes no active part in performing, or even overseeing, these procedures.

Some horror stories: a 22-year-old North Carolina woman died from a topical anaesthetic application after being instructed to apply the pain-relieving cream while at home, prior to a laser hair removal procedure on her legs. The spa that provided the anaesthetic neglected to tell the woman of the serious side effects the cream may cause and how to properly use the medication. Due to the unregulated strength of the product, she died in her car from seizures on her way to the procedure. In another recent well known case, a Florida couple was treated for generalised paralysis after being injected in the forehead with what they thought was Botox. Instead of the FDA-approved anti-wrinkle serum, enormous improper dosages of raw botulinum toxin was used by a non-physician who administered the treatment.

These stories illustrate the importance of having *bona fide* medical assessments prior to and during any medical treatment. While clientele for cosmetic medicine may be drawn to the spa promise of a certified Botox treatment for a lower cost per unit, consider that a professional doctor may use far fewer units to achieve the same result, due to their greater proficiency and understanding of anatomy—often, the final cost of the treatment is far lower.

Ultimately, anyone considering a non-surgical cosmetic treatment at any venue should always ask to consult with the attending physician. This ensures the client of a standardized medical consultation; a discussion of the appropriateness of the proposed procedure; the anticipated results; pain control and post procedural care. This precaution also ensures that the product you are receiving is of a medically regulated quality—un-prescribed 'Black Market' Botox has caused devastating reactions in often unsuspecting clientele. Furthermore, having professional medical supervision will ensure that you are dealing with a *bona fide* facility, providing medical services.

How does one know if the service requires medical or spa treatment? The rule of thumb is to consider that anything injectable through the skin or any deliverance of energy to change or damage living tissue should be considered medical.

Today, the practice of cosmetic medicine has become so widespread that the American Society of Dermatological Surgeons (ASDS) has launched a campaign warning consumers that cosmetic treatments, such as those using lasers, high-tech light devices, chemical peels, soft tissue fillers, botulinum toxin (Botox) and microdermabrasion techniques are medical/surgical procedures that should be performed by a fully qualified physician or under the direct supervision of the physician. The ASDS emphasizes that as a consumer you should "know who's behind the needle." In a time where the physical aesthetic carries so much weight, remember, always ask to see your attending physician face to face.

Dr Charles Copeland has practiced medicine for 20 years, providing non-surgical medical cosmetic procedures to his patients since 2001 from his East of Toronto office, MD Aesthetics. For more information on cosmetic procedures or to arrange a consultation, visit mdaesthetics.ca. ☼