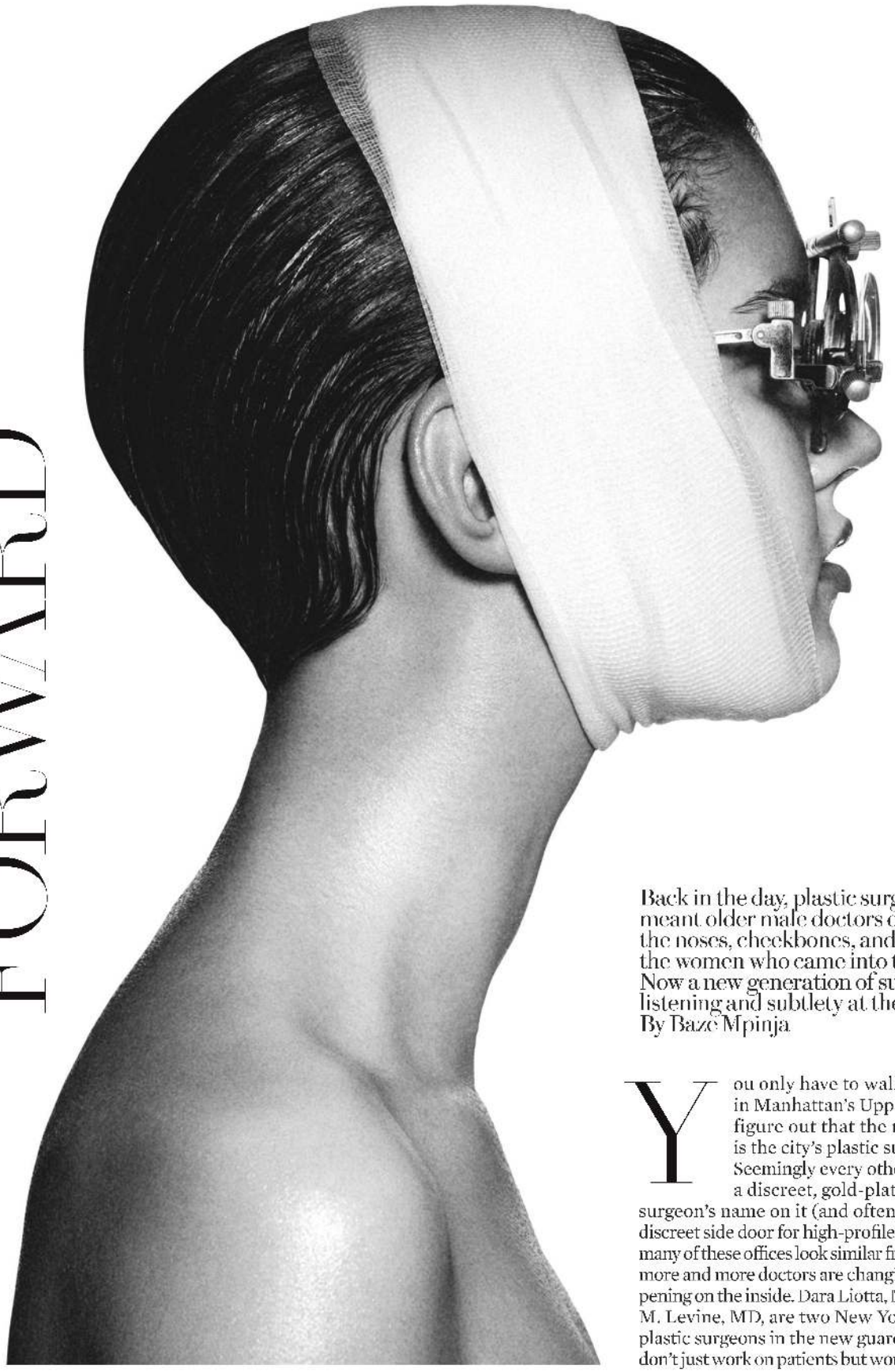
BEST FACE FORWARD



Back in the day, plastic surgery often meant older male doctors dictating the noses, cheekbones, and breasts of the women who came into their offices. Now a new generation of surgeons puts listening and subtlety at the forefront. By Baze Mpinja

You only have to walk a few blocks in Manhattan's Upper East Side to figure out that the neighborhood is the city's plastic surgery district. Seemingly every other building has a discreet, gold-plated sign with a surgeon's name on it (and often an even more discreet side door for high-profile clients). While many of these offices look similar from the outside, more and more doctors are changing what's happening on the inside. Dara Liotta, M.D, and Steven M. Levine, MD, are two New York City–based plastic surgeons in the new guard: doctors who don't just work on patients but work *with* them by

listening before suggesting and keeping a light hand. Their approach has earned them a following among editors, actresses, politicians, and bankers around the world (both travel internationally), and now Liotta and Levine—both age 40, and former high school buddies—will open a practice together this month. "We both approach our job as a collaboration with the patient," Liotta says. "That is very new in the plastic surgery world."

The idea of going to a salon and letting a hairstylist do whatever he or she wants is unfathomable for most women, and yet this is essentially the situation many plastic surgery patients faced in the past, even though going under the knife is much riskier than getting bangs. "Plastic surgery used to be more paternalistic," Levine says. "You went to your doctor, and your doctor told you what to do. End of story." Although there were vestiges of the doctor-knows-best approach in his training, that wasn't the worst of what he saw. Levine says he witnessed older colleagues making "tone-deaf" comments to female patients, dismissing their concerns as "crazy," and even attempting to capitalize on their insecurities. "The older guys taught us in school that women fear losing their beauty and being alone," Levine says. "I've watched them play on these fears." He and Liotta, who began working as partners in January (in an interim office), do the exact opposite, going out of their way to put patients at ease. During consultations, for example, Levine positions his chair slightly lower than the patient's seat to signal that he'll never talk down to them. Liotta has cultivated a warm, friendly Instagram presence and gives every client her cell phone number. She encourages her patients to text her "anything," before and after surgery.

How to Choose Your Doctor

Before committing, meet with more than one surgeon for a consultation. Here's where to begin.

1/ Start with referrals to board-certified surgeons from doctors and friends you trust.

2/ Be sure that your aesthetics match. Look for "after" pictures similar to what you want.

3/ Ask if the doctor is going to be operating on you, or if a resident will do the surgery. Ideally, it will be the doctor.

4/ Request to speak with a patient who has had the same surgery.

5/ Scroll through your doctor's social media to check for tasteful behavior.

6/ Clarify how and when you will speak with the doctor postsurgery and what will happen if any complications arise.

Part of what has changed the plastic surgeon–patient relationship is the greater access to information. "Fifteen or 20 years ago, plastic surgery was very mysterious," says Chicago-based plastic surgeon Julius Few, MD, 51, who has been in practice for 20 years. "Now you can plug it into Instagram, and you'll be overwhelmed with examples. It has made prospective patients more assertive, because they know more about what's involved." These well-informed patients come in with specific ideas and aren't shy about asking questions, which makes the initial consultation feel less like a lecture or sales pitch and more like a mutually respectful two-way conversation.

The evolution also benefits patients unhappy with a previous surgery, as they can have a do-over with a doctor who actually welcomes their input. "A lot of the revision rhinoplasty that I do is for women in their late twenties or early thirties, who had a rhinoplasty when they were 16 by an 'old man plastic surgeon' who just did what he wanted to do," Liotta says. "Not all of them have bad results; it's just that nobody asked them what *they* wanted."

Besides a doctor who listens, one thing that more people seem to want now is to go under the knife versus the needle as the limitations of injectables become more clear. "There's been a return to facelifts, eyelid surgery, and rhinoplasty," Liotta says. "People are learning that tweakments [with filler and neurotoxins] aren't the definitive answer to everything." While injectables have become mainstream over the last 15 years, the downsides of the temporary tweaks have also become evident, sparking a renewed interest in permanent solutions. "I have patients who come in and say, 'I'm tired of using fillers, because it's really expensive [over the years] and I don't look like myself,'" says Melissa Doft, MD, a 41-year-old plastic surgeon based in New York City. "They let the fillers dissolve and want a facelift instead." She also uses the opportunity while a patient is under anesthesia for a facelift to layer on additional, agreed-upon treatments for a more natural-looking result. "For example, I'll add in fat grafting at the same time to plump the cheeks or use lasers to smooth out skin tone and texture," she explains. "If you think of incorporating all these technologies and techniques together like a symphony, the surgeon is like the conductor." Levine has also made adjustments to the traditional facelift "to minimize my incisions, which speeds up recovery." He notes that the procedure has come a long way. "I don't see that overpulled look from the '90s much anymore," he says.

Rhinoplasty methods have evolved, too. Doft says there's a better understanding of the nose structure and an emphasis on "preserving function first," so that patients have a nose that looks good yet doesn't restrict breathing. In Few's office, he's using a combination of liquid rhinoplasty (i.e., using filler) and surgery to reshape the noses of patients while still "maintaining the ethnic signature" of those clients who request it. In addition to the changes in technique and bedside manner over the past several years, all the docs say that attitudes about plastic surgery have shifted as well: There's less of a stigma. Patients openly discuss procedures and post their own pre- and post-op photos on social media platforms. "When the experience is positive and collaborative, people are more likely to talk about it and be proud of it," Liotta says. And that might just inspire even more plastic surgeons to march with the new guard.

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