

Nose job a bust?

Try, try again:
More plastic
surgery patients
go back under
the knife for that
'natural' look

BY ROBERT MCCOPPIN

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By age 16, Melissa Ginsburg was sick of her nose. "Oh, please, it was huge," she laughs now. With her parents' financial help, Ginsburg got a nose job to file down the bump in the middle. Mollified but not satisfied, at 22, she had another operation to shrink the tip of her nose.

Then she began having internal problems. One nostril was plugged up, and her nose ran all the time in the cold.

At 34, told her nasal passages were in danger of collapsing, Ginsburg decided to have it fixed, once and for all.

With so little left to work with, Dr. Steven Dayan of Chicago, who had not done the original work, took cartilage from behind Ginsburg's left ear to rebuild the organ.

The results thrilled Ginsburg; her nose was "almost perfect."

"I had two goals," she said. "I didn't want it to be an issue anymore, and I didn't want it to look like anything had been done."

The experience for Ginsburg, who grew up in Arlington Heights and now lives in Chicago, is increasingly common.

More patients who are not happy with their plastic surgery are going under the knife again to have it fixed. And some physicians increasingly specialize in such repair jobs.

Doctors call the practice revision surgery. Patients call it a chance to start over. In pursuit of beauty, they find, they often end up seeking normalcy.



Revision on the rise

While the cosmetic surgery industry does not keep track of how often revisions are performed, doctors interviewed for this story agreed the practice is on the rise for a number of reasons.

Some patients, like Ginsburg, had their initial work done too young to get the final product they wanted. Doctors often discourage surgery for teens because they are still growing and the results might change.

Some saw doctors who gave every patient similar looks, regardless of whether it fit their faces or bodies.

Some had implants that ruptured or shifted. Some simply got botched jobs from unqualified practitioners.

And others, like an attorney from Gurnee who asked to remain anonymous, found they couldn't breathe.

She too had had rhinoplasty when she was young, at 18, on her "significantly large" nose.

The surgery shrank her nose, but over several years, she began straining to breathe through her nose, to the point where she would wake up at night feeling she was suffocating.

With her septum collapsing and

her nose developing a divot in the middle and hooking to one side, she too had Dayan rebuild her nose, and found the results "fantastic."

"Most people go into revisions thinking, 'I just want to look normal again,'" she said. "The thing to keep in mind with a revision is, you can't have perfection."

The most common type of do-over, according to Dayan, is rhinoplasty. The procedure is difficult and the results are both very subjective

and very public.

In fact, some patients will never be happy with the result, due to an anorexia-like self-perception problem called body dysmorphic disorder. Dayan believes one out of 10 of his patients has this problem.

Typically, at least half of rhinoplasty problems are aesthetic; the rest involve internal complications like problems breathing.

Sometimes the problems are so severe, the physician, in a Creation

story parallel, has to take out a rib to provide enough material for reconstruction.

But Dayan, whose book "Instant Beauty" comes out next month, said people want the results without the long recovery.

In response, he promotes the use of "closed" revisions, in which rather than cutting open the entire nose, the physician works from inside the nostrils, which promotes faster healing. Swelling should go down in six months rather than a year.

No going back

Some patients would like a revision but had such a bad experience with their first procedure, they're scared to try again.

Kathleen Patel of Arlington Heights went to a prominent nearby plastic surgery center for liposuction on her abdomen.

Previously, she'd had chin liposuction and rhinoplasty elsewhere with no problems, but this was different.

After the procedure, she was in such intense pain for a month,

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Dissatisfied with initial surgeries, Melissa Ginsburg had her nose redone and finds it "almost perfect."

Surgery: Outcome should be tailored to patient

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she could not sit down or stand up without help, and she was left with a "dent" in her abdomen.

"It's freaky looking," she said. "Above my belly button is kind of a paunch, then underneath is flat — I can feel my muscles."

She considered having it redone elsewhere, but her husband is afraid that will only make matters worse.

For those who want legal redress, it's very difficult to sue for malpractice in plastic surgery because the procedure is voluntary, and patients have generally consented to

the risk of problems, according to attorney Tom Prindable, managing partner of Clifford Law Offices in Chicago.

Still, doctors must follow the generally accepted standard of medical care. Prindable's office settled the case of a woman who was infected by flesh-eating bacteria following liposuction, but that was rare.

Compromise

As plastic surgery has become more popular, doctors and patients alike are seeking improved, refined procedures.

Even celebrities like Court-

ney Love and porn star Jenna Jameson have taken steps to undo cosmetic surgery, seeking a more natural look.

Realizing that any plastic surgery must fit the person who has it, surgeons are trying to get away from the "I want Jessica Simpson's nose" syndrome.

Dr. Peter Hilger, past president of the American Academy of Facial Plastic and Reconstructive Surgeons, said he recently saw a man who was 6 feet tall with a big build and a little girl's bobbed nose.

He had to take a rib out of the man for enough material to rebuild the nose.

In addition to the aesthetic

and physiological issues, doctors and patients must also address the emotional aspect of going through surgery again.

"These people have been disappointed," Hilger said. "Often the patient feels as though they were offended or taken advantage of. They need to know you're caring and supportive."

And because the patient's original body has been impaired, they may never get the exact look they wanted, so they have to have realistic expectations.

"Most of the time," Hilger said, "there's some element of compromise."