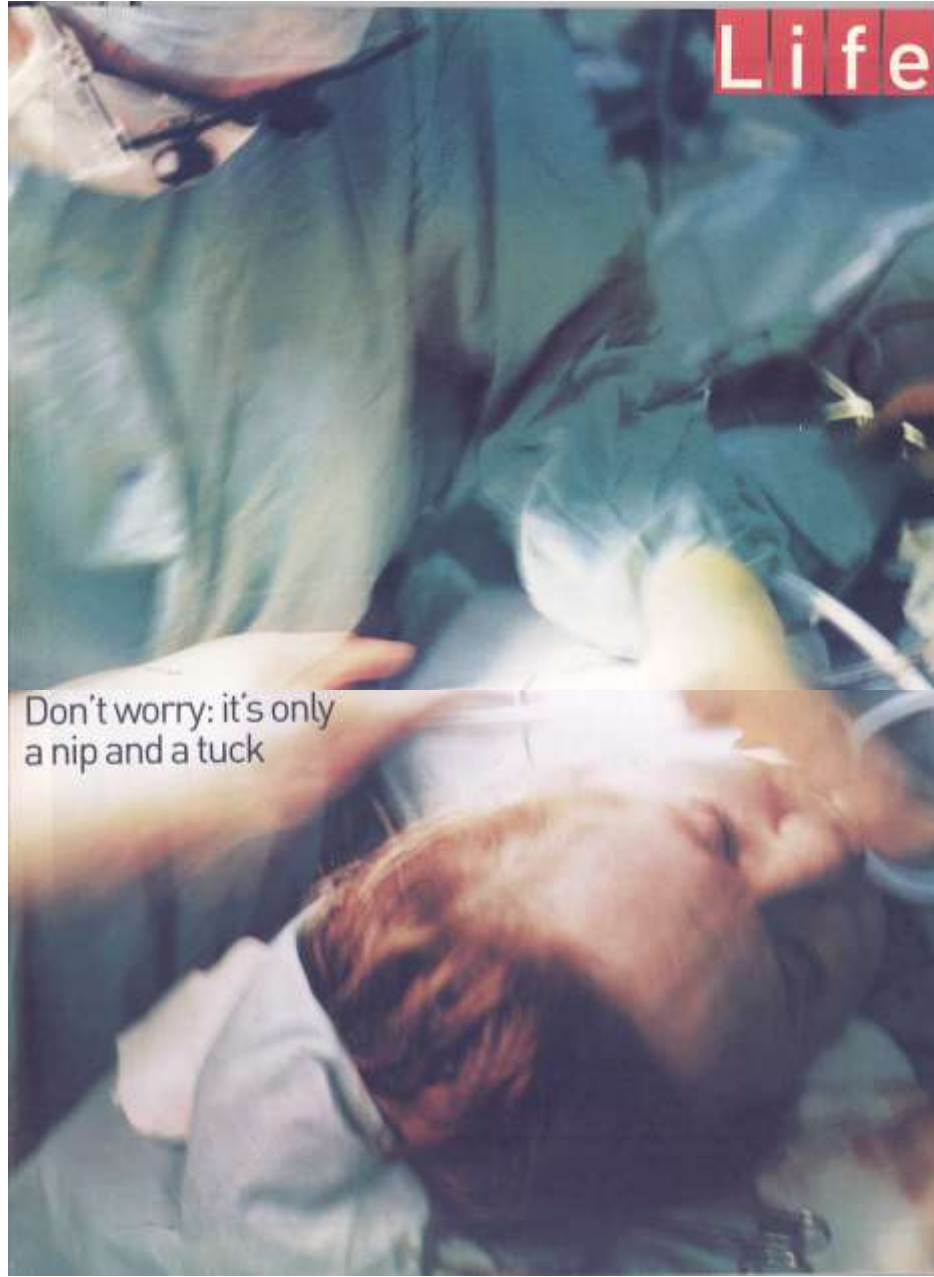


Life



Don't worry: it's only
a nip and a tuck



Beauty may be skin deep but the cosmetic surgeon's knife wounds the soul (and that's just if you're watching)

To me, Anne Blackiston's face looks fine. Certainly, there are some crow's-feet around the eyes and some lines between the nose and the mouth. The brow is slightly wrinkled. She also has something of a double chin. But Anne is 53. Her facial expressions, made from the movements of the lines, wrinkles and muscles of her face, have an air of integrity; they are the outward manifestations of the thoughts of a woman in her early fifties.

To me, Anne Blackiston's facial lines are part of why her face looks fine. But I am not Anne Blackiston. Anne does not want to look like a woman in her fifties. She wants to look like something which, to her, is significantly different—a woman in her thirties. She wants, superficially, to pass for someone who was born, not in the last year of the War, but around the time when Elvis was beginning to make an impression. She wants to have the appearance of a younger version

of herself. Looking less old, she believes, will improve her life. Tomorrow, she will have a facelift. The operation will last nearly four hours. I will watch the operation.

It should take five or six years away,' Anne explains. She tells me what will happen to her tomorrow. It frightens me. Just the idea of it frightens me. She will be anaesthetized. The skin around her ear will be cut with a scalpel, not picked, or jabbed, but sliced. Next, her cheek will be separated from the flesh of her face. Her facial muscles will be rearranged. Her skin will be stretched. Excess skin will be cut off. Then she will be stitched up. The whole process, of course, will be repeated on the other side. Then her eyelids will be cut open with a laser beam. Fat will be removed from the eyelids.

Looking younger, Anne says, will improve her 'confidence'. She is already relishing the thought of looking in the mirror and seeing the difference. She says, 'You may think,

By William Leith Photographs by John Reardon



Left: Anne Blackiston before her facelift. Above: the operation in progress

"Small problem, silly woman". But it's about what you feel like inside.

Anne's husband, Derek, who is 50, says, 'I'm passionately in favour. If it doesn't do any harm, then it's got to be good for everybody.' He himself has had fat sucked from under his chin. He is a businessman.

We discuss the reasons for Anne's facelift. Finally, she says, 'Men mature, whereas women age. Men look quite good when they look older.'

I say, 'Why is that?'
 'I don't know. I don't know why. But it's true. For instance, grey hair looks nice on a man. Not on a woman. It's very, very hard to say why, but it's a fact.'

I drink the champagne Anne has poured me. Having entered the final 24 hours before the operation, Anne cannot drink.

Are you worried?
 She says, 'Oh, yes, I'm anxious. I'd be abnormal if I wasn't.'

Anne's facelift will be performed in a small private clinic in Highgate in north London. As I approach the hospital the next day, feeling hollow and nauseous, I realise I have mixed feelings about cosmetic surgery. Theoretically, I approve of it, but I can't shake off a feeling of discomfort; someone, somewhere, has inculcated the belief that it is wrong, and a trace of this belief remains. How can it be wrong? If it is ageing, so is jogging. So is yoga. If it is a superficial change masquerading as a more significant one, so is wearing a suit. Do I believe that beauty is divinely ordained, or that there should be only so much of it around? My mixings are elusive, but persistent.

The clinic is a former Edwardian house in a residential street. Anne is watching television in an upstairs room. She is quiet. She looks nervous; I am terrified. Knowing her face is going to be cut open and worked on for hours makes me feel sick. She has opted

The skin around Anne's ear will be cut with a scalpel. Not pricked, or jabbed, but sliced. Next, her cheek will be separated from her face...

not to have a 'pre-med', an injection to quell her nerves. The television rumbles away. We do not say much to each other.

To attend the operation, I must wear a blue, square-necked T-shirt, blue cotton trousers which resemble pyjamas, a blue elasticated cap made out of paper, and white slip-on sandals with, for some reason, a little heel. I change in a small, narrow room, possibly a former box room or large cupboard.

The administration of the anaesthetic is a shock for which I have not prepared myself. We are downstairs. Anne is wheeled into the room on a trolley. She is lying on her back. Dr Chang, the anaesthetist, a Chelsea supporter who has himself had cosmetic surgery on his eyelids and his ears, sticks a needle into Anne's hand. The needle is joined to an open socket. Chang is whistling. Anne says, 'I'm very calm, actually. Yes. Just a slight apprehension in the last few minutes, but nothing dreadful.' ▶



Chang says, 'Anne, have a nice sleep.' Then he takes five syringes and, with practiced ease, pumps their contents, one after the other, into the socket in Anne's hand. There is a muscle relaxant, the anaesthetic itself (which is white and soya-based), a painkiller, a steroid to ease swelling and an anti-sickness drug. (Later, Chang will tell me there is still some medical mystery about how the anaesthetic works.)

For a tiny instant, Anne concentrates on her hand. Then, horribly, all expression on the face collapses; it is like watching the moment of death. The eyes roll in their sockets and the head, suddenly heavy, slumps down on the pillow. I have an overwhelming sensation of disgust. (It's gone wrong! They've killed her!) While Anne's face is being injected with adrenaline, to reduce blood flow, I slip out of the room, and, breathing deeply, take a seat in a room next door where a surgeon is eating a turkey

sandwich. 'I'm having lunch between faces,' he tells me.

A trolley is wheeled in. A nurse says, to a patient, 'Come on, Kate, Kate! Time for you to wake up. Keep waking up! That's better. Listen! Stay awake for me.' The patient's face is heavily bandaged. She is gently moaning. Superficially calm, I walk into the operating theatre. It strikes me that my misgivings about cosmetic surgery might simply be a fear of blood and unnecessary violence. Also, the more people who do it, the more chance there is that, one day, it will be my turn to feed the precursors. Anne had talked of the influence of older film stars who looked good because they had had facelifts – we all know about Julie Christie, Joan Rivers and Burt Reynolds; they have been 'ripped' and 'bucked', and their signs and ticks have crept into the culture.

Anne is on her back, on a trolley. She looks like a corpse. She looks like a dead old

The fat bubbles through the tube. Mr Prakash smooths his gloved hand over the flesh, as if moulding putty. 'See how the bulkiness has gone?'

bloke. She has tubes coming out of her mouth; a machine is breathing for her. Mr Prakash, the surgeon, is standing by the side of the trolley. He is 'scrubbed up', wearing the blue pyjama suit, a mask, and latex gloves. Two thick magnifying lenses are protruding from his glasses like frog's eyes.

The first thing Mr Prakash does, which seems relatively inoffensive, is to make a hole under Anne's chin, and insert a cannula, which looks like a thick needle. This is for liposuction, or, as cosmetic surgeons prefer to say, 'liposculture'. The cannula is attached to a clear plastic tube. Mr Prakash tucks the cannula under the skin of Anne's neck. After a moment or two, a bubbly pink substance, like strawberry milkshake, is sucked back through the plastic tube. This is the fat. This is the double chin.

When Mr Prakash takes the cannula out of Anne's neck, it stops, as if it were a straw sucking the last drops of the milkshake. ■

Top row:
during
surgery

Bottom row:
the day after

• from a glass. He has, he tells me, performed this operation 70 times. He replaces the cannula, and jabs away, with a great deal more vigour than I would have expected. (You wonder, unasked, what is happening in Anne's deep consciousness.) There is more fat on the left side of her face than the right. The fat bubbles back through the tube. Mr Prakash smooths his gloved hand over the flesh, as if moulding putty. You can see how he might be enjoying himself. He says, 'See how the balloons has gone?'

It is when Mr Prakash picks up a tiny scalpel that I start to feel sick. The blood leaves my head; my legs feel hollow. The sight of a man, with a blade, preparing to insert it into the face of another human being, is powerfully counter-intuitive. I find a chair and sit, head in hands, swallowing saliva. Right now, I need a few moments.

One of the reasons often cited by the opponents of cosmetic surgery is that it is a simple, painless process. You go into the operating theatre unexcited, and, hours later, emerge, beautiful. All you have done is paid; somebody else has done the work. (I've heard people take the same tone with fake sustains: you don't have to work for them, so, in some way, you have taken an unfair advantage.) Looking at Anne, though, whose grey, open-mouthed, open-eyed face resembles that of an old man hovering between life and death, I dismiss this idea. In the end, she might look younger, or better, she will have fewer wrinkles and a taut neck. But, on some level - physical, mental, spiritual - she looks like she's paying for it.

To combat my nausea, I bend over Anne's face and concentrate on small details. It works. Mr Prakash cuts into Anne's flesh. He goes around the ear with the scalpel. The wound does not spurt with blood. There is a slight swelling. The adrenaline injections have done their job. Mr Prakash says to the nurse standing on the other side of the table, 'Pull the ear, please' (At one point, he says, 'Have you seen the breast girl? He is referring to his next patient.)

Dr Chang says, 'Now comes the interesting bit.' And, with a pair of tweezers, Mr Prakash begins to peel Anne's skin away from her cheek. Or is it that he is peeling her face away from her head? He starts behind the ear and moves round to the front of the ear. Underneath, the flesh is pink and slightly runny, like raw veal. As he pulls the skin away, he cuts the membrane which joins it to the layer of muscle underneath. You can see why people who have had facelifts lose sensation in their faces for a while. Their nerves have been cut.

Every now and again, there is a sizzle, and a smell of cooking. Mr Prakash is cauterising the blood vessels which are still seeping. Full of disgusted excitement, I scribble notes. I write, 'She looks dead with hole in head.' When Mr Prakash has cut the side of Anne's face, as it seems, five of the muscles underneath, all the way down to the corner of her mouth, a clamp is inserted, holding the cheek. Watching this process does not make you think of words like 'hey' and 'luck'.

Now, there is a cavernous space, inside which are salivary glands, and glands, which resemble sweetbread, and the flesh itself, stringy and bright red and gummy oozing. Live steak. With tweezers, Mr Prakash inserts a cloth, the next you are given at the end of a Chinese meal, to mop up the blood. Then he places the cloth on a tray.

In the early days of facelifting, the surgeon, having separated the skin from the cheek, would have pulled it tight, cut off the excess and sown the patient up. Now, though, the facial muscles are lifted as well as the skin, this way, the lift takes longer to sag. Into the hole in Anne's face, Mr Prakash inserts a needle-and-thread



cannula. He puts a stitch in each of the facial muscles and pulls them upwards, holding on to the thread, his gloved hands devious, twisting. It takes for ever. The stitches, he says, dissolve in two days.

'Ear, please.' While the nurse holds Anne's ear, Mr Prakash gently pulls on her skin. And, the oddest-looking thing, the skin, stretched, fits over the bottom half of the ear, as if it is a rubber mask. Mr Prakash cuts the excess away with a pair of scissors.

He goes around the ear, cutting little wisps of baby skin. He places the skin on the tray. One by one he has cut a triangle of scalp. Again, the blood seems to lower my head.

Thirty minutes have passed. Mr Prakash turns the dead-looking head, and repeats the procedure, equally painstakingly, on the other side of the patient's face. When Anne is stitched up, he slides metal-eyeball-guard underneath her eyelids, which he will slice open with a laser gun. Anne looks like an android. We put on goggles, to protect our own eyes from stray laser beams.

Using the laser cauterisation, which looks like a dentist's drill, Mr Prakash cuts across each eyelid. As soon as the beam touches, the flesh seems to spring apart. Then, with a pair of tweezers, he pulls out the fat. It comes out in worms, and looks like bloody meat. Finally, he runs the laser along some of Anne's facial lines. His smock is smeared with blood. Next door, through a glass panel,

After the operation, Anne felt 'tight', as if she was 'permanently blowing up a balloon'. Later, there was discomfort, swelling and bruising

I can see a man lying on a trolley. He is writhing and bucking. Minutes later, a young woman - she can't be more than 30 - walks towards the operating theatre with a trolley by her side. 'I'm walking in,' she says. It is the lowest girl. 'My next victim,' greets Mr Prakash.

Five months later, I knock on the door of Anne's large Victorian house in the Surrey countryside. The door opens. The woman on the other side of the door, while recognisably the Anne Blackstone I met before the operation, looks different. She looks... tighter. There is something different around the eyes. She smiles. Her smile is not exactly the same smile. She leads me into her kitchen, where we both sit at the table.

I say, 'Well? She gives me a glass of wine. One of her eyelids looks slightly tighter than the other. She no longer has a double chin. She has a single chin, like a younger woman. She has a more defined bone structure. Her face conveys her thoughts in a flatter, less complicated way, in a way which resembles the expressions of a younger woman, although her skin, as she points out, is not the skin of a younger woman. Her skin is 55. She looks younger, but not precisely how I imagine her younger self to have looked.

'She is, she says, 'very happy' with the operation. She has, she's been told, 'lost a good eight years'. It's true; having been a young-looking 55, she could now pass for 41. 'When I'm 65,' she says, 'I'll probably look mid-50s, or perhaps 57.' Friends she has not told about the operation have been remarking on how well she looks.

'My confidence,' she says, 'is boosted 200 per cent.' Her husband is 'over the moon'. There are pictures of him on the kitchen door - before liposuction and, younger-looking after. Anne's children, who thought she was 'mad' to have the operation, are pleased. Now she is no longer negatively conscious of her neck. 'I hated looking down,' she says. 'To look down was awful.'

After the operation, Anne felt 'tight', as if she was 'permanently blowing up a balloon'. Later, there was discomfort, swelling and bruising. The bruising takes weeks to go down. 'I told my children I'd look horrible,' she says, 'but you can't prepare people.' Now, Anne is getting the feeling back in her cheeks. The nerves are joining up again. It feels like pins and needles. You can see that the cheeks, tighter now, are almost back to a natural look. The scars around the eyes are minimal. She nearly feels right again. Some people don't live a year.

Looking at Anne, I can see that her face felt both hot and burnt. She has dispensed with her double chin, which she hated, and serious wrinkles. But it has not been perfect: she has the air of a woman who has had her wrinkles removed, rather than one who is too young to have wrinkles. Looking at Anne, with her new smile, her firmer chin line, also makes me understand a bit better my misgivings about cosmetic surgery. Perhaps it is one more example, in the modern world, of the superficial being offered as a substitute for the profound, of image being traded for meaning. The terrible, secret worry I have been carrying around about facelifts, I realise, is that they might actually work.

'The thing that went wrong with my eyelid,' she says, 'was that it bled so much, it's very rare for this to happen. But that's why it's treated like this.' She puts her finger up to the eyelid. She says, 'But that won't be any problem. Mr Prakash can put that right. No problem.' She moves her finger across her eyelid, as if it were a surgical tool. ■

For information, contact the Surgical Advisory Service, Harley Street, London W1; 0171 637 3100

Anne Blackstone one week after her facelift - the bruising is still apparent on her neck. A month later (left), her face is still swollen, but the bruising has gone