

**Dotsie Bregel,
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The National Association of Baby Boomer Women
(NABBW)**



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Presents

Boomers Nip N' Tuck it in the Bud!

With

Dr. John Bonanno

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Boomers Nip N' Tuck it in the Bud!
with
Dr. John Bonanno

Dotsie: Hello, and welcome to the call. Today we have a little bonus today; “two for the *slice* of one” ha, ha, that is suppose to be a joke. We have Dr. Bonanno *and* his son, Matthew. So we have two doctors on the call to share all their terrific insight and their knowledge about the hot topic of plastic surgery for boomer women.

For those of you who don't know me, I am Dotsie Bregel founder of the National Association of Baby Boomer Women and I can be found at www.NABBW.com and also www.boomerwomenspeak.com on the Internet, and both of those sites are number one on major search engines, for the search of Baby Boomer Women. I am passionate about educating and empowering boomer women, which happens to be my own generation of women. Since launching Boomer Women Speak five years ago, I have been connecting, encouraging, and supporting boomer women on a daily basis. I have my finger on the pulse of this spirited generation, and dedicate a great portion of my time to creating opportunities that inspire women to explore their passions and live them to the fullest. So my prayer is to embrace all women and provide them with the means to soar.

This call is the second in our boomer women ***It's All About Us*** series. The focus for this call is Boomer Nips N' Tucks, and it appears as though boomer women are keeping plastic surgeons around the country very busy. I am pleased to have Dr. John Bonanno, and as a last minute bonus, we also have his son, Dr. Matthew Bonanno. So just to give you a little history, I met Dr. John Bonanno while we were both being filmed for an upcoming Internet show for boomer women. And that was in New York City, and as soon as I heard and saw his interview and met him, I knew I had to grab him for the association. He practices in the heart of Manhattan on 77th street not far from Park Avenue.

So let me just give you a little bio and then we'll start asking questions. We take pride in our teleseminars; we really try to make them very educational and they are really not just commercials to buy into a program or a service, or that type of thing.

Dr. Bonanno is a senior plastic surgeon at Lenox Hill Hospital in New York City. He is the former Attending-in-Charge of plastic surgery at Brooklyn Jewish Hospital and the former Chief of Plastic Surgery in Brooklyn, NY. While he was there, he created a program for hand surgery and micro-vascular surgery and trained young doctors, many of whom are in plastic surgical practice today. He has been on the plastic surgery staff of many New York Hospitals. His main area of special interest is cosmetic surgery, especially nasal and facial plastic surgery,

and cosmetic surgery of the breast. He has operated on physicians, public figures, models, actors, actresses, singers, and on many of his plastic surgical colleagues and their families. So he really is a plastic surgeon to the stars and also a doctor's doctor, it sounds like. His Web site is, <http://www.drbonanno.com/> and on his site you can learn about his medical training which I am going to skip and just mention a couple other things like he is a member of the New York County Medical Society, the Medical Society of the State of New York, the American Medical Association and he is also the former president of the Morgani Medical Society. He has served on tons of committees of these societies and he has also appeared multiple times in the media, such as the Daily News, the Regis Philbin Show, Talk of the Town, CNN, and radio programs such as the Debbie Nigro Show. And actually, I was also on that show. I know Debbie and that is one of the reasons we met in New York City. So anyway, he has been teaching Plastic Surgery throughout his career. He has developed many unique solutions to plastic surgical problems and he also performs plastic surgery on needy patients, especially children, believing that we should strive to help each other in this complex world and to give back to society more than we take. Now that is quite an introduction, and before I ask questions, I'm just going to give a little introduction about his son. Is that right? This is your son, right?

Dr. Bonanno: Yes, he is my son and I'm very proud of him.

Dotsie: And is he on the call yet? Do you know?

Dr. Bonanno: I don't know, Matt, are you on?

Dotsie: Are you in the same location; at the same location?

Dr. Bonanno: No, we are in different locations.

Dotsie: Matt, if you're on the phone and you pushed six to mute yourself, just push the six button again and we'll be able to hear you. And then if he comes in, I'm sure he'll just interject while we're on the call. He completed his training in General Surgery at the prestigious Lenox Hill Hospital in New York City. Then he went on to complete his Plastic Surgery Residency at Wayne State University in Detroit, Michigan. Following this, Dr. Bonanno acquired further training in Head, Neck, and Breast Surgery at the renowned Roswell Park Cancer Institute in Buffalo, NY. Dr. Bonanno is an attending plastic surgeon on staff at Lenox Hill Hospital / Manhattan Eye, Ear and Throat Hospital and the New York Eye and Ear Infirmary in New York City.

Boy it sounds like the two of you have New York covered. He is also committed to the education of future plastic surgeons and regularly contributes his time to the education of plastic surgery residents and aesthetic plastic surgery fellows. His research in plastic surgery has been presented at various regional, national, and international meetings and he has contributed to numerous articles in a lot of

the plastic surgery journals.

He is committed to providing plastic surgery of the highest standard to his patients. He possesses the experience, knowledge, personality, and technical ability necessary to achieve the finest results, which is what everybody is looking for, that one would expect from a premier plastic surgeon. Whew! Okay, that's all over; do you have anything else you want to add to that?

Dr. Bonanno: I don't know; are you tired? Ha!

Dotsie: I think I'm a little bit tired after all of that! Ha! Let's get down to the nitty-gritty here. Would you agree that boomer women are keeping you busy these days?

Dr. Bonanno: Yes

Dotsie: Yes...is a large portion of your practice boomer women?

Dr. Bonanno: Yes actually, well...ah, I'm a boomer man, so...

Dotsie: Right, ha!

Dr. Bonanno: We are at the age—in the age group now where the ravages of time are starting to show. And so, this is at the period of time from the late 40's to the early mid 60's where, you know, if you don't maintain things, you start to lose it and you lose it permanently. The main key to it is to try—even though you are trying to keep up with the aging process, to do it on a timely enough basis that it doesn't look like you've had anything done. You still want to look natural, you still want to be yourself and you want to do it with the least amount of risk possible.

Dotsie: Let's talk about choosing a plastic surgeon because one thing I think a lot of people have to understand is specialties and there are surgeons, and there are plastic surgeons, you know, medical doctors, etc. So tell us what we need to consider before choosing a plastic surgeon. As far as what their education needs to be because you know, we've all heard of the Botox parties and I can guarantee if you go to one of them it is not a surgeon doing the Botox injections. So can you just kind of tell us a little bit about that?

Dr. Bonanno: Probably the most difficult question to answer for a person who is not a physician because cosmetic surgeons come from many different directions. There's the American Board of Plastic Surgery which is traditionally the one that teaches cosmetic surgery and general plastic surgery. But cosmetic surgeons can come from various other directions such as, for example, Ear, Nose and Throat Surgery. One of the subspecialties of Ear, Nose and Throat surgery is facial plastic surgery, which makes it very confusing for the patient because you are going to have a dermatologist who does cosmetic surgery, a laryngologists

who does cosmetic surgery, or a general plastic surgeon that does cosmetic surgery. Traditionally, the general plastic surgeon—that's been the track, where you know—that's been your goal all along. And so from the very beginning, you've trained to become a cosmetic surgeon whereas the other tracks, it's kind of like a side track. Now how do you choose a doctor because depending on the training of the doctor doesn't necessarily mean that doctor is better or worse. I mean a doctor has skills, and each skill is unique to that individual because it involves not only the scientific knowledge, but also what we call the art of surgery. You sort of have to "click" with a doctor. You can't just go to somebody that technically is good, but you don't feel comfortable with, because what we are talking about here is trust. You're going to somebody to do something to you of a surgical nature. Even Botox injections are of a surgical nature because you're piercing the skin to put medicine into the body, and so it involves trust. And it is kind of a scary situation because ideally, you would learn to do it yourself, to do it to yourself, but it is kind of hard to operate on yourself, and it takes quite a long time to reach that level where you could even operate on yourself. So it's really not practical. And so therefore, ultimately what you're doing is you are trusting another human being, and you're trusting that this person is going to care as much about you as you care about yourself. How do we get through the maze?

Well, one way would be board certification. If the doctor has gone through all of the approved training; you know, he went to college, he went to medical school, he went through a general surgical residency, and then ultimately a plastic surgical residency, and then some doctors also continue on to get additional training in what is called a Fellowship, which is kind of like a post-graduate training. A lot of people have that, but how do you know which of those doctors is the one for you? One way would be, if you know somebody; you know, somebody who has already had cosmetic surgery and let's say, for example, you wanted to have your eyes done, and you know somebody who has a friend and they had their eyes done, and you go and you speak to them and you ask them about their doctor and see what their results look like—that'll usually give you a pretty decent indication of the skill of the doctor. Another thing would be—what hospital does the doctor have privileges at, because if the hospital he's at is not really a good hospital, well maybe any doctor can get in there and he's calling himself a cosmetic surgeon when maybe he's not really all that good. Why couldn't he get on the staff of a really good hospital?

Dotsie: Right, good point.

Dr. Bonanno: So it's really kind of a maze that the patient have to go through in order to do it, but the best way is you pick somebody, you go and you talk to them, you see what they have to say. It's not that difficult to educate one's self now, particularly with the Internet

Dotsie: Sure.

Dr. Bonanno: Let's say you get on there, you want some breast surgery and you start looking things up, and after a while you kind of start seeing the picture, and the dust starts to settle, and then at that point, you start to pick a few doctors and then you see which one you click with the best. And the quality of care in America is really pretty good.

Dotsie: Good, that's good.

Dr. Bonanno: It's not going to go, really wrong, but again, it's a personalized type of thing, you want to go to somebody that's kind of been through the war a little bit, but not so much they are beyond the thing, you know? It's a very complicated thing but again, I would say probably if you know somebody that's had the surgery, that's probably the best.

Dotsie: Okay

Dr. Bonanno: Like the patients that I have that are the easiest to treat are patients that come because they've seen some other patient that's had surgery and that patient is the most comfortable with because once we connect with each other, they already know I know how to do the operation so that is really not a factor anymore. And it kind of takes the fear out of having it. Surgery is funny because all of our lives, we have been conditioned that surgery means pain, surgery means danger, you know, usually when you have surgery its to remove something and you don't want to have it done, but if you don't have it done, you might lose function or you might die. Cosmetic surgery is different. Cosmetic surgery involves quality of live issues which is really what most of medicine deals with. You know, let's say for example, you had a bad gall bladder. You're not going to die from it. Basically, you have to take antibiotics when it gets infected, you have to watch your diet, it kind of affects the quality of your life. So when you have that gall bladder removed, you regain the quality of your life.

Well, if you're looking older, and people are starting to treat you like you're older and it's bothering you, you can have that corrected and what is it going to do? It's going to improve the way you feel about yourself, the quality of your life. So we are talking about similar issues. Surgeons, obviously, we deal with it by operating. Again, we try to make the punishment fit the crime. If you don't have a big problem, we don't want to give you a big solution to solve it. We want whatever the simplest route is to solve the problem.

Dotsie: Okay, well, let me ask—another thing I guess, would be before and after pictures, and the number of times, like if you're going to have like your chin done, you want to go to someone you know that has done many of those surgeries and does them day in and day out. Lots of common sense things like that. What about—what are some things, because I've read that it is a lot for the patient to consider mentally. How do you, or do you do anything about preparing a woman

for the type of change they are going to experience, and...do you ever turn people away?

Dr. Bonanno: The answer is yes to both questions. Not everybody is a good candidate for surgery. You don't just tell a patient, "I'm not going to operate on you." It is your obligation to tell them why, and make them understand why because what you're doing is you're guiding them. This is not like going to the store and buying milk. This is going to a doctor. It's kind of like going to your rabbi or your priest; a person that is on a different level. And that person has an obligation to help you, and let's say for example, operating on you would harm you or would not give you the result that you're looking for. It's not enough to just say no, I'm not going to do it, its why. You have to try and convince the person that what you're doing for that person is in their best interest. I find that patience today are pretty knowledgeable about what we can provide.

Dotsie: And that's thanks to the Internet.

Dr. Bonanno: Twenty years ago, what happened was these people would come in, they'd want this nose, you know they would bring a picture of a model on the cover of *Vogue* and I want this nose. If I give you that nose you'll look stupid because that works with that person's features and it doesn't work with your features. So we would have to educate the patient. We still do because obviously there are lot of factors involved in having surgery for example; number one you need to be comfortable with the doctor and then once you are comfortable with the doctor, it is our obligation to make you feel comfortable with the surgery. And that means taking away all of the unknowns because when the human mind is given an unknown, it usually looks at it from a negative point of view. Whereas if you understand. For example, you're going to have surgery and its going to be in a hospital. Well, you're going to show up, you're going to go to this particular location, these people are going to greet you, I'm going to meet you there, and you get taken through the process so that there's as little unknown as possible and that makes it less frightening for the patient. The less frightened the patient is, the better they are going to do. So in a way, it kind of helps the surgeon, too.

Dotsie: Sure...and I would think the Internet would be a great tool in this case because you know actually, the people coming to you now have probably done all their homework on the Internet, like you mentioned, and that really helps you get to the point I'm sure, because in communicating with them you realize that they have done their homework. And prior to the Internet, there wasn't a whole lot. There may have been some books, but not enough to fish around and really educate yourself. Let's talk about the latest and greatest surgeries and what you're doing, for the most part, on boomer women, and I'll just run through the list and I'm going to ask you specifically about each one, and then ask you like the pros and cons, how long the procedure takes, what the recovery time is like, and an approximate fee. So you shared with us that the latest and greatest, and what most boomer women are doing, are the dynamic nasal tips surgery, eyelids

surgery, face and neck, breast, tummy tucks, and liposuction. And these are all surgical procedures. If you could tell us if they are done out-patient, in-patient, are most of these, ah, they're not drive through surgeries yet, but I'm sure some of them are getting darn close to it. So let's start with the dynamic nasal tips surgery. Tell us why someone, what happens as you age with your nose, and that type of thing.

Dr. Bonanno: Most of these surgeries can be done as out-patient which is, from a safety point of view, is as safe as having it done in a hospital, and from an economic point of view, are much cheaper than having it done in a hospital. Obviously, safety is what we look at first. And if two things can be done just as safe, then you look at the economics of it, because that becomes important. As we get older, our nose and our ears continue to grow throughout our entire life. And one of the characteristics of old age, is our nose, specifically the tip of our nose, gets bigger and our ears get bigger and droop, and a person will have a facelift, they'll have their eyes done, yet they still kind of have that older appearance. And so what we've started doing now is we take the tip of the nose and we reshape it to what it was 10, 15, or 20 years before. At the same time that we do that, we can also correct any functional problems that are on the inside like a deviated septum, maybe a clogged sinus, which is also giving a person problems, because as we get older, these things become worse and worse. So you can kind of do both; a cosmetic and a functional procedure. The operation is not a long procedure and is done as an office procedure.

The reason why we call it a "dynamic" nasal tip surgery is because the nose is not static; it's not a piece of clay in the middle of your face that doesn't change. It changes with your facial expression, when you smile, when you grimace, when you're laughing, you're talking, and in order to accomplish this, we use a special type of anesthesia. We give intravenous medications, we make the patient fall asleep, but it's kind of like when you go to sleep at night. You look at somebody sleeping, they're dreaming and they're smiling and they're grimacing, but they are not aware of what's going on. That's pretty much the way the surgery is conducted in that you still have a facial expression, so in stead of just giving you a static look to your nose, we give you a more dynamic look. It's not a very painful procedure, you kind of feel stuffy for about three or four days, five days. You would think that it would hurt, but it really doesn't. It is a relatively comfortable procedure and takes about half hour in the office operating room.

Dotsie: Wow...so you have an office operating room and most of these procedures are done there and not in hospitals, is that right?

Dr. Bonanno: Yes. Most plastic surgeons have an in-house surgical suite. Its not that the hospital is not good, the hospital is very good, but the surgical suite is used primary just for cosmetic cases. The reason is that anytime you cut the skin, it's possible for germs to insert themselves and get infection. If you don't use the operating room for any "infected-type" case, then you're not really

introducing the germ, so even though you are sterilizing it, the likelihood you're going to miss something is not that great. And the whole idea is to keep the infection rate very, very low.

Dotsie: Oh, that's interesting. I've never heard that.

Dr. Bonanno: That's the key to modern plastic surgery, modern cosmetic surgery, and that is why it has become so popular because the complication rates are so low.

Dotsie: Very good. And you have an anesthesiologist that works with you.

Dr. Bonanno: It depends on the operation. There are situations where having anesthesiologist there are very important, like for example, with the liposuction. There are other situations where it is counterproductive sometimes. Like for example if you're doing the nasal tip surgery, you're working in the head and neck area, the anesthesiologist needs to look at the head/neck area but he can't be there so he's looking at your feet. And he's trying to determine how sedate he's going to make you and usually they are going to over sedate you, so over the years I've decided that it was better for me to give that anesthesia in that circumstance because ultimately, it's the patient and the doctor that are the beneficiaries of that anesthesia. So as long as the patient is having a safe anesthesia, you also want them to have a safe post-op, a safe post-anesthesia course, but in most cases, we will have an anesthesiologist present because it just makes it that much easier for the doctor.

Dotsie: Yeah, that's what I'm thinking, you know, it might be kind of hard to do both and it might be nice to just have another person.

Dr. Bonanno: Well, the chemistry of surgery nowadays is—really, it has advanced quite a bit. We have medications that stops bleeding in its tracks, we have medications that ah, you know, we don't have to give you general anesthesia but yet from the patient point of view it feels just like general anesthesia. And we have all of this beautiful, automatic equipment that monitors you and beeps and hollers at you in case anything goes outside of the parameters you set it at. It's a totally different ballgame now. A lot nicer than it was before. It's kind of like having the Internet as opposed to having newspapers. You know, the old days. The internet is so much more powerful and the same thing is true with the chemistry of surgery and also the technology.

Dotsie: Gosh, that's interesting. Okay now let's see, how about fees? Can you give—I know New York City is probably steeper than other parts of the country, but a fee, and for the most part, these things are *not* covered by insurance?

Dr. Bonanno: It depends. The cosmetic part of any operation is not covered. So there, it would be important, if you could have it done in an "in-out" patient facility,

obviously, economically, it would be a lot cheaper. But some for example, like nasal surgery, if you have a functional problem on the inside, then that's what you have insurance for. So an insurance carrier would be amiable to pay for at least that part of the operation which would reduce the cost. What we're talking here, if you look at it nationwide, anywhere from about two thousand, two thousand, five hundred dollar to about seven or eight thousand dollars depending on how much work had to be done.

Dotsie: Okay, alright. I hope you don't mind my asking fees, but I think that's important to us that are just kind of assessing things. Okay, let's move on to the eyelid surgery.

Dr. Bonanno: The eyelids are really important. They are like the windows to your soul. And as we get older, unfortunately, the fat pockets start to bulge, we start getting that tired look and that's what makes us look older. The interesting thing about eyelids, particularly the lower eyelids, is that as the eyelid gets older, there is a little wall called the orbital septum that kind of holds the fat in position and gives us that youthful look. And that's what gets weakened as we get older so if you repair that, in other words, if you remove some of the fat, what you do is you're reinforcing that wall, that septum, and that usually last the patient's lifetime. In most cases, it is a one-shot operation. It is an operation we use to do in a patient that is much older, now we're doing it in a patient that is younger and younger because you know, we enjoy it for a much longer period of time. And that's about a one hour procedure, maybe 45 minutes, as an office procedure.

Again, the amount of discomfort, and I'm using the word discomfort because there really isn't any pain associated with it, is usually pretty mild. You basically just feel tired for the first two days because you're recovering from the surgery. And usually the problem is that when you feel good, you start to do things a little too soon. So many times we have to tell the patient, "Pretend you had a really big deal operation and don't do anything. Don't clean your house, don't go shopping, don't go to the theater, just stay home and veg out and by the end of the week, it will be like you never had the surgery."

Dotsie: And is there much bruising with that; with the eyelid surgery?

Dr. Bonanno: There is bruising with just about everyone; mainly because the skin of the eyelids allows the blood to stain it. The bruising last anywhere from about five to ten days, usually.

Dotsie: Okay, now what about scaring? Is it all done in the fold and you don't really see it?

Dr. Bonanno: There are different ways of doing it, depending on what the problem is. The professional way is to make a tiny incision just under the eyelashes and that allows the cosmetic surgeon to remove any extra skin, to trim

the muscle, because sometimes there's a little muscle roll that creates a ridge, and also to get to the fat pockets and trim those. There's another way of doing it from inside the eyelid but that really allows us to address only the fat pockets. Then there is another technique where we go from inside the eyelid and then in order to shrink the skin a little bit if it's not really a bad problem, we can laser it. So there are a lot of different ways to skinning the cat.

Dotsie: Okay and I'm sure the fees really vary there because of some being laser and some being surgical. I have heard, and I don't know if this is true, that some eyelid surgery can be covered by insurance companies if your eyelids are actually drooping over and causing your vision to be a little impaired.

Dr. Bonanno: It's possible, but I would say at this stage in time, it's highly unlikely.

Dotsie: Is that right?

Dr. Bonanno: If this was ten or fifteen years ago, then the answer to that question would be definitely yes. The problem is that this was an operation that was abused because when a woman had her eyes done, she had her face done, and especially when those were the days we had to do a facelift in the hospital; well, if they would pay for one procedure, then they would pay for the hospitalization so there was a big savings. Eventually, the insurance company learned every single way of dealing with you having cosmetic surgery. Unfortunately, the backlash of it is yes, if there is a functional problem like Ptosis, many times the insurance carrier will either not pay very much for it, or will still deny it. As a matter of fact, some policies actually have a writer that says they will not cover eyelid surgery unless it's for cancer or something like that.

Dotsie: Okay, can you give us just a range; let's say not laser but surgical eyelid surgery?

Dr. Bonanno: It's about the same as the nose. I would say anywhere from about say fifteen hundred dollars to about six or seven thousands depending on what has to be done. You can get a lower eyelid, the upper eyelid, you can do both. Sometimes the brow droops a little bit and you have to un-droop the brow. So it's a question of how much skill is involved and how much time is involved in order to do it. But we're talking about fairly short procedures. These are procedures that are generally about an hour or less.

Dotsie: I just think that the whole craft of this is so cool, I mean, first of all, you have to have a steady hand, but secondly, you really have to know like the shapes of people's faces and what goes and what's doesn't.

Dr. Bonanno: Yes, you're an artist.

Dotsie: Yeah!

Dr. Bonanno: You're taking surgery—just like an artist takes his paints and brushes and canvas and makes a painting, you're using the human body as your canvas and you've learned the skills of surgery and you use that like you would a brush.

Dotsie: Right.

Dr. Bonanno: The thing is that it's a little different in painting. If I gave you a cubistic looking face, I don't think you'd be very happy; or a modern art looking face. The rules that we follow are fairly strict. And every cosmetic surgeon has been trained in esthetics and also, it's based on the country that you're in because in America, our mores are such that how we look at how you look, is different than for example say in Africa or Indian, or China. So it's based on what the society thinks is esthetically pleasing and then of course what flavors it all is you, you know, who you are. You're not going to tolerate looking like somebody else. Your body image is already formed; it's formed by the time you're a young teenager. So what most people want is, they don't want to look like somebody else, they just want to look better.

Dotsie: Right. Or look like they did a few years ago or something like that.

Dr. Bonanno: Right. Well, what the problem is, is that as we get older, we don't age at a constant rate. We age in burst. And so you'll hit fifty, and you'll be okay. Then you hit fifty-one, you're still okay, fifty-two, fifty—All of a sudden boom! You look like you're sixty and you're fifty. Or your sixty and you look like you're seventy five and you say, "what happened?" It's because there are inconsistent burst of aging and you might get a bunch of them. It depends on stress, it depends on how well you take care of yourself, it's genetic, there is a lot of factors. And so what happens is that all of a sudden you wake up, and the person you see in the mirror is not you anymore.

Dotsie: Huh, that's interesting. I hadn't heard about the boost of growth. That does explain some things, that's kind of cool. Let's move on. Let's see we've got to do face, neck, breast, tummy tuck and liposuction. So we've got to move quickly.

Dr. Bonanno: Well, we've pretty much covered them all. Face and neck are pretty much about the same as the eyes and nose, nowadays, with the face and neck, the surgery is no longer major surgery like it use to be. Facelift surgery use to be a big deal, but now it's basically minor surgery, the same as eyelid surgery or nasal surgery. It is generally done in an office operating room unless the patient has any serious medical problem where they need to be monitored. But like I said, the chemistry of this surgery has advanced so much now that it's really pretty much minor. The blood loss from a facelift, for example, is very, very,

negligible and in the old days, we use to order transfuse the patient, you know, take their own blood a couple of weeks before and during the operation, we'd give it back to them because we knew we were going to lose that amount of blood. Now we pretty much almost don't care what type blood you have because we know we not going to be transfusing you. The less blood you lose, the better you feel. Also, the techniques. When any new procedure comes out, there is many different ways of doing it. As the procedures becomes more and more mature, as we get our act together and know what works and what doesn't work, it kind of tapers down to one or two ways of doing it. And facelift surgery has pretty much come to that. Now what we're doing is more minimal. For example, most women will have just a regular facelift and that will tighten up the neck and the cheeks, and the lines around the mouth and stuff. And then later on, as they continue to get older, they may not really necessarily need a facelift, we can do things that are called like a "thread lift." We have these little things we call "barbed threads" that we can put under the skin to help support it. That is an operation we do quite frequently in men because men are more chicken than women.

Dotsie: So it's not as invasive?

Dr. Bonanno: I don't know why, but we act macho but we're not really as strong as our wives.

Dotsie: So are the majority of your patients are women?

Dr. Bonanno: Yes

Dotsie: Absolutely, right?

Dr. Bonanno: Women have a problem until they find a surgeon that they like. Then they have no problem. Then they just go ahead and they do it, they live with it, their happy and their done. Men, we're a lot more fragile than people realize.

Dotsie: If they women are coming in, say...you know, I'm sure you have repeat patients who have one thing done and then they say, "Oh my gosh, now I'm going to have this, and this."

Dr. Bonanno: Well, what will happen is you know, initially the first operation is very scary because you've never had cosmetic surgery and then you realize, there's really not that much involved in it. And then sometimes, it is almost like opening Pandora's Box and then it becomes the surgeon's responsibility to put the brakes on it and say, okay, let's look at this realistically, let's see what you really need, and what you really don't need. Like I say though, most patients are pretty "with it," they're pretty knowledgeable as far as what their needs are, and they can direct their cosmetic surgery pretty well.

Dotsie: Its just sound to me like, you make all of this sound so easy these days because of technology, and –this...

Dr. Bonanno: Well it is. Before you were taking a really big risk, now you're really not taking much of a risk. So it's just a question of getting over the hump of being afraid of the unknown and finding the proper person for you. You know, you don't want to just walk into anybody's office and say "Here, here's some money and I want to look great." And then if you don't look great, then you're going to have revision surgery and all kinds of other stuff. So it's a serious decision.

Dotsie: So how about the price of a facelift? And I'm sure there are different kinds, but...

Dr. Bonanno: Facelift ... It's difficult to give you a specific price because there are so many different things that can be done. I would say anywhere from about \$3500 to \$14,000 depending on what has to be done. And a lot of times, a facelift will also include the eyes, it might include lasering the lips to get rid of the fine lines around the lips, it may include augmenting the chin a little bit especially if the woman has a weak chin. As we get older, that bone sort of flattens out a little bit so you might want to put the chin back where it was. There is a lot of other things that can be done as part of that operation. So the best way to price that is to find a surgeon. Find one or two surgeons that you like and see what it would cost. From the point of view of cost effectiveness, it's going to last you an awfully long time and it will certainly last you a lot longer than your car will. And I know my car didn't cost me \$14,000.

Dotsie: And how about recovery time for a facelift?

Dr. Bonanno: About 10 days. Ten days to two weeks, I would say. Well actually, anywhere from seven days to say, two weeks.

Dotsie: And after that is the bruising gone? Like how long does it take for the bruising to go away?

Dr. Bonanno: Not everybody gets bruised. I would say that about 40-50% of the patients don't get bruised at all. The incisions are well hidden so even while you're healing, unless you wear your hair completely back, you can pretty much hide the incisions and generally the incisions are not under any tension so usually, the scars are very, very minimal.

Dotsie: Wow...and what about, like stitches? Are you using under the skin stitches so that you don't have to come in and have anything removed?

Dr. Bonanno: We have such an armamentarium of stitches we would probably need an hour to talk about them. But I like using dissolving stitches because one of the problems with facelift surgery is taking the stitches out. We have stitches that will last 3 days, 5 days, 7 days, 10 days, 2 weeks, 2 months...so depending on the area, we will use different types of dissolving stitches which will pretty much self-destruct. And that way, that is one less thing the patient has to worry about having done.

Dotsie: Oh that's great news. Okay, let's move on to breast and let's say, tummy tucks. Okay, how about women our age coming in, so the majority of them are coming in for lifts, or what?

Dr. Bonanno: Well, there are two ways that our breast go as we get older. Especially if we've had a few kids. A woman that has a small breast, in about a third of them, it grows. And so you went from having a nice B or a small C cup to all of a sudden you're a double D. And it really makes you look fat, so in those women, we essentially end up doing a breast reduction. And if it's not a large reduction that can be done in an office procedure, but usually a breast reduction would be a day in the hospital. You would come in the morning, have your breast reduction and go home later on that day or the next morning and your fine. The other two-thirds of women what happens is, particularly with pregnancy, your breast become enlarged during your pregnancy and what happens is you start to lose some of the fat. So by the time you are in your mid to late 50's, they're kind of sagging. Depending on how much they sag, there's two things we can do.

One would be an operation called a breast lift where we take the extra skin that you have, and we remove it and reshape the breast. The scars from that are on the bottom part of the breast and they are really pretty acceptable. And then the other thing is if you've really lost a lot of volume, if you really need to replace the breast fat that you lost, we make a tiny incision in your breast and we can put an implant in and then that will give you back the breast that you had or even a better one. Breast reduction is about an hour and a half, maybe an hour and forty-five minutes depending on the size of the tissue that has to be removed, and augmentation is about forty minutes, maybe an hour at the most. Neither of them are really painful procedures. Certainly a breast augmentation is not. I can tell how painful an operation is because I am a chicken myself. I don't want to feel anything. So everybody gets a prescription for pain pills whether they need them or not. And a lot of times, the patients will come back and they will say, "why do I use these for?" I say, "Did you take any?" They will say no and I'll say well I guess you didn't have any pain. And that happens quite often.

Dotsie: Oh wow...that's amazing! So you are finding that a lot of your patients are not even using the pain medicine for "ALL" of the procedures we've talked about or just—this...

Dr. Bonanno: Pretty much.

Dotsie: Wow...that's amazing!

Dr. Bonanno: Pretty much. They're really not painful procedures. I think that's why we end up opening Pandora's Box because you go into the ring thinking, "Okay, I'm committed, it's going to hurt, I'm going to bruise, it's going to be a big deal," and then it's like, this is nothing. Then you start looking at other stuff because you realize this it's not going to be a big deal.

Dotsie: What about a tummy tuck? Are people staying in the hospital for those these days or is that done "out patient" also?

Dr. Bonanno: It depends on how much has to be done. There are three problems with bellies. One is the skin starts to droop. The other is the muscle, the rectus abdominis muscles, there is one on each side of the belly button. Particularly when you get pregnant and gain weight and lose weight, those muscles get kind of splayed apart. And so they're not holding your organs in place well anymore and a lot of women end up with back pain. So that muscle, the two of them have to be repaired; they have to be put back in the middle line where they belong. And the other is the fat. As you know, as we get older we put on a little bit of fat. So those are the three issues, it's the fat, the skin, and the muscle. If all three things have to be done, and if we're dealing with a person where we'll be taking off a lot of fat, usually that is done more easily as a one-day stay in the hospital. If they don't have that much fat, that can be done as an operation in the office. I have a procedure where we modify that other standard procedure where it can be safely done in an office environment and just as comfortably. With modifications there's a Endoscopic Tummy Tuck where you make a 5-inch incision at the folds between the pubic area and the lower belly and then that allows you to repair the muscle and to liposuction the fat. But it doesn't allow you to work on the skin or stretch marks. So it's an operation that really has to be tailored to the patient. It goes anywhere from a 45 minute to an hour procedure in the office, to about an hour, hour and a half in the hospital depending on how much has to be done.

Dotsie: Okay, and let's back track just a little. Breast surgery. Can you put a price tag on that and then also on a tummy tuck. I know it's a range, again.

Dr. Bonanno: Breast surgery—Breast reduction many times your insurance company will pay for part of it if there's a functional element. Probably around 6 to 10 thousand dollars; in that rough range. Breast enlargement probably anywhere from around 3,500 to about 7,500 and breast lift, 2,000 to 7,000 again depending on how much work has to be done. Tummy Tuck, probably about 7 or 8 thousand dollars I would say would be about the average; give or take a few thousand. Again, depending on what has to be done.

Dotsie: Okay, now let's talk about liposuction because you can have that done on the legs, the stomach, I guess arms, etc. Tell us about that procedure. Tell us about the liposuction and then I'm going to open it up for a couple of questions and then we're going to let you get back to work.

Dr. Bonanno: Liposuction is an amazing procedure. When I first came to America in 1979 and look at it, I said, "We're not going to be doing this, this is stupid." And within five years, it became the most popular procedure that we do. It works, I mean, once we got our act together and we realized what things worked and what things didn't, and then we were consistent with the results. Women general—the areas that are a problem are the thighs, the hips, the belly, and the arms. Usually it can be done as an office procedure. There is a special technique called the tumescent technique which has been pretty much standardized now, and with that, we inject a fluid along with an anesthetic solution and that makes it a pretty comfortable procedure afterwards. You really just feel pretty much sore. The biggest problem with it is you have to wear a girdle. You're shaping the tissue and you want to maintain that shape. You don't want one area to swell up more than another so for the belly you're wearing a girdle, for the thighs you're wearing a long-leg girdle; generally for about a month. After that, you're pretty much okay.

The thing with liposuction though is it takes a while before you can really appreciate the results. A lot of times you don't appreciate them immediately because you have to leave a little fat behind because anatomically that is how we are made. There's skin, the fat, and muscle. And that fat swells up. And so sometimes if you look at yourself the first few weeks you'll say, "Gee, did he do anything?" And then as the swelling goes away you'll say oh yeah, my clothes are falling off here. So its removal of fat, it doesn't grow back, we're kind of born with a certain number of fat cells and when you remove them, they really don't come back. If you gain weight, the fat that was there will get bigger but not to the same extent as if you had more fat cells so it is a permanent procedure.

Dotsie: And can you smooth the skin? Like if someone, you know, has big thighs, and cellulite and you have liposuction, does the cellulite disappear or is that still there?

Dr. Bonanno: Cellulite—what we've done now is we have all these techniques where we can actually liposuction right under the skin. Cellulite is when you have these fibrous bands that attached the skin to the underlying facial tissue so has the fat bulges out, it gives you kind like this bumpy skin with the indentations and stuff. We can break those up using a very tiny cannula right under the skin. The key with liposuction is to understand that sometimes one liposuction isn't going to do it—if you do too much. What you're asking is your skin to shrink down to this new volume and from about age 35 on it doesn't have as much ability to do that. So in a patient that's in their forties, fifties, and sixties, you've got to be careful

you don't do too much so you ask the skin to shrink too much because then it will be smaller but the skin will droop and that looks a lot worse than being plumper.

Dotsie: Wow, how about that.

Dr. Bonanno: Whatever the maximum is for that particular situation, let everything settle in, then you go back, maybe six months, a year later and a year and a half later, whenever is appropriate for that patient and you finish it off.

Dotsie: And that's interesting because I would have thought that the liposuction would have been one of the easiest and it sounds like its one of the hardest.

Dr. Bonanno: It is the easiest from the patient point of view because really you pretty much just feel a little sore and that's it. It's a difficult procedure because you don't want to over do it. If you overdo it, it's kind of hard to back up. So if you're going to err, you're going to err on the side of doing a little bit less rather than a little bit more.

Dotsie: And you have to wear something for a month?

Dr. Bonanno: You wear an undergarment to help contour things and help to keep the swelling down for about a month or so.

Dotsie: Okay, alright. I think what we're going to do right now is just open up the lines and see if anybody has any specific questions. I don't know if they will because we covered an awful lot. But if anyone does, Dr. Bonanno will take your questions.

1st Caller: Hi

Dotsie: Hello. Go ahead and ask your question.

1st Caller: Hi, I had a breast reduction a number of years ago and my Keloid scars were quite horrible. You know, it's been 11 years and they've finally faded somewhat. But if I had my neck done, which is the one thing that really bothers me, is there a chance that I will Keloid?

Dr. Bonanno: Well, we're probably not talking about Keloids. We're probably talking about what we call Hypotrophic Scars. When a scar is healing, and it has adverse conditions, like for example, when we're doing a breast reduction, we're forcing that skin to reshape the breast. The breast has a kind of tear-drop shape to it and so all of the weight of the breast is on those scars that are in the bottom of the breast. So in some women what happens, particularly with that horizontal scar that's at the fold, has a tendency to proliferate. So the best thing to do is to leave it alone, let it mature and the doctor can sometimes put medication into the scar. Did he inject any medicines into it?

1st Caller: No, that wasn't my question. I mean I had Keloids when I had an appendectomy; it did the same type of thing. My question is will that happen on my face?

Dr. Bonanno: Oh, I see. There are areas on the face we call privileged areas. Areas where let's say you are a Keloid former, you know you are a Keloid former. The area around the ear, for example, is a privileged area. The eyelids are a privileged area, so the likelihood that you would form Keloids is extremely low. I have seen some Keloids but it is mostly in Japanese. They have a gene, that gives a Keloid effect and then whenever we do a facelift on a Japanese man, in particular, we have a tendency to put medications in there to help or to prevent that from happening. But in general, most patients, even black patients that have the tendency to form Keloids, they don't generally form Keloids around the ear. You know we're talking about the interface between the ear and the face, that border.

1st Caller: Right. Can you do a test for that?

Dr. Bonanno: Ah, you can do a test but usually on the face it's kind of redundant. You can make a small incision and wait a few months and see what happens.

Dotsie: Okay, does anybody else have a question?

2nd Caller: I have a question. I have a question about anesthesia. I know it doesn't happen very often, but I've heard these terrible stories about people not being asleep.

Dr. Bonanno: Well, with the type of anesthesia we use, that would be pretty close to impossible because you are kind of in a twilight sleep. We're not paralyzing you. The fear is that you're going to have surgery; they're going to paralyze you so that you're going to feel everything, but you're not going to be able to move. That to me is like terrible! Scary! We don't do that. You don't need to be paralyzed, so if you felt something, you would move. If you did not have adequate anesthesia, everybody would know it. And you'd probably punch the surgeon because he is hurting you! But the likelihood of that happening is extremely remote. These cases that you hear about are people that have had more major surgery where the body needs to be totally paralyzed. I mean I would believe a person if they say they were awake, but in my experience of over 30 years, I really haven't seen it. Certainly not with my patients.

Dotsie: Okay so there you go. You have to go to New York to have your surgery. Okay, do we have any other questions?

3rd Caller: I have a question. Joan Rivers with the new commercials she has out, would you have sent her home a long time ago. Has she had way too much plastic surgery?

Dr. Bonanno: If you look at Joan Rivers when she had her first and second facelift, she looked great. She was very feminine, also Phyllis Diller was the same way and then they kind of went overboard because they felt more was better. And then they reached the point when they started looking very, very artificial and that's the whole key, that's part of the job of the cosmetic surgeon, is to guide you into what's going to make you look best to the outside world. You never see yourself the way the rest of the world sees you. You see yourself as a mirrored image in the mirror, you see parts of your body; like you can see your hand but can you really see your face? You'd have to take your eyeball out and look at yourself from outside. You can't do that. And so you have to let the professional guide you in what it is that bothering you and kind of trust that he's going to be doing the best for you. And one of the problems with actors and actresses sometimes is that they feel that they know more than you do. But just like they studied acting and they can act much better than you can, we studied cosmetic surgery, that's what we studied, we studied the esthetics. And so you need to let your surgeon guide you into what's best for you and that way you're not going to get into very much trouble; you're going to be very happy with the results. And people aren't going to be talking behind your back saying, "Oh gee, look at that person! What happened to her? Was she in a tunnel?" You know you see facelifts and you wonder what did they do, make it too tight? That not appropriate.

3rd Caller: I have enjoyed your talk today very much, thank you.

Dotsie: Okay, do we have any other questions?

4th Caller: I have one. What's new? Is there some new area of plastic surgery that we're not hearing about that you could tell us about? Something that's been made easier, or better, or faster?

Dr. Bonanno: You know, I was teaching a 4th year medical class in 1990, and a medical student asked me, "Doctor Bonanno, where do you think plastic surgery is headed?" At that time we had microsurgery, we had such an armamentarium; we could do things. I said, "Well, I think we've kind of hit the plateau." Then about three months later they came out with Endoscopic surgery, then they came out with a Super-pulse laser and I said, "What am I stupid or something?" Technology; just leaps and bounds. What we're doing now is a lot of research is being done on Intrauterine Surgery. And this is babies that would be born with Spina Bifida or a cleft lip. And what we have found is that—a lot of the research—we're operating on some babies now but what we're waiting for—we have an operation, but we don't have the test to screen for things like cleft palate. We can for Spina Bifida. And so we operate on fetal pigs because their skin is

pretty much like human skin. And if you don't tattoo the pig you operated on, there's not scars. You don't know which one you operated on. And so there is a chemical that when the tissue is injured, causes the surrounding cells to revert back to their primordial state and create whatever is necessary for that area to replace it. After you're born, the body forms this glue which we call scar tissue. If we can find that chemical, and there are surgeons that are looking for it, probably a lot of the surgery we do now is not going to be in existence because it will sort of be like finding the fountain of youth.

Dotsie: Huh, so if they can find that, then what will happen? Explain what would happen then.

Dr. Bonanno: Well, just like with facelift surgery; it use to be blood and gut surgery and now it's pretty much bloodless surgery. As the technology improves, as the chemistry improves, the surgery becomes better and better until obviously the most idea thing would be no surgery at all.

Dotsie: But how would that happen? I'm missing something here.

Dr. Bonanno: Let's say your skin is losing its elasticity. We've probably created a little bit of damage to it and then give you this chemical, and then your body would replace the collagen fibers and then you would have the same elasticity that you had when you were twenty years younger.

Dotsie: Oh my gracious.

4th Caller: Hurry up.

Dr. Bonanno: I just hope they find it before I die.

Dotsie: That's amazing though. Wouldn't it put you out of business?

Dr. Bonanno: No, absolutely not. No, it's interesting. Medicine is the only human endeavor where you are constantly trying to put yourself out of business. If you think about it, when a doctor treats you and cures you, it's done. You know if you go to a restaurant you're going to get hungry again; repeat business. No, we always find other things to do. We always find other things that we couldn't help with before, that we help with now. Plastic surgery is a very interesting specialty. It's not like regular surgery. Most surgery is regional. You have the heart surgeon, the lung surgeon, the abdominal surgeon, and the kidney surgeon. Plastic surgery is a surgery of technique so we really span the entire human body from the top of the head to the tips of the toes. In fact, one of the greatest contributions of plastic surgery was the kidney transplant. A fellow by the name of Joseph Murray in 1954, transplanted a kidney from one twin to another, it was the first kidney transplant. And that was a plastic surgeon. Now why would he do that? It's because the kidney is an amphiphilic organ and prior to 1954 we were

concerned with burns, transplanting skin and things like that and we didn't even know about Immunology; Immunology had to be born. And then they found out if you took the skin from one person and give it to another it would take, and then ten days later, it would fall off. Why? And then we found out there were these cells that attacked cells they felt like were not part of the body and so it was kind of a protective mechanism and then we found medicines to counteract those cells. And then we found out you have tissue type. Just like you have blood type, like the ABO blood type, you have an HLA system for your cells, so if we match and I give you some medication to kind of partially put your immune cells to sleep, I can give you my kidney, or I can give you my heart, or my lung. And that was a plastic surgical thing. Now why did he do it? Because he had to invent an operation and that operation is used pretty much without much modification from what he did in 1954.

He finally got the Nobel Prize for it, by the way, in 1984. Took them twenty years to recognize it. It was a significant contribution. This is what plastic surgery is, and cosmetic surgery being one of the more difficult ones because see with regular surgery—let's say we're doing reconstructive surgery and you lost your nose to cancer. Well, if I give you an ugly nose, you'll still have a nose and you'll going to still think I'm a pretty good doctor. But if, let's say you look normal and now you want to look younger, or whatever and now you don't look normal, the margin for error there is really pretty slight. You have to be a surgeon's surgeon. You can't just be a regular surgeon. You have to be at the top of your profession. And I think that's why a lot of times people get into trouble is because they're looking for a bargain and they're not looking at the real picture of wait a minute, I'm doing this for the whole rest of my life; I want to find the right person to do this.

Dotsie: Yes, absolutely. I know someone who had surgery and wish she never did.

Dr. Bonanno: Well, we do a lot of revision surgery, too because what happens is that patients will come in and say that, "Oh my gosh; my girlfriend didn't have a good nose job and you fixed it." And that's what happens; you end up doing a revision. But the idea is to find somebody where you don't have to end up having a revision.

Dotsie: Right. Well, we are really pretty much out of time. I know you're a surgeon, but I just have one last question and that is for about like creams, or any over the counter type things you could recommend for the face that slows the process or anything like that? Are you aware of anything?

Dr. Bonanno: Basically with our skin it's really keep it moisturized and the two things that most ingredients have are aloe and lanolin. In fact there's a good product that I recommend to my patients. It was actually used by farmers for cows; for milk cows that's a good lanolin product, it's called Utterly Smooth which

you can get at CVS and major stores. You can get a big jar of it. I think it is about 12, or 12 and ½ ounces, for about three or four dollars. And that works just as well as all of the other more expensive creams

Dotsie: Wow, and that you can use and should use on your face?

Dr. Bonanno: Yes, because you know the face is constantly being dried and stuff and as it dries out, if you let it dry out too rapidly, there's a dead layer of skin that protects it and if that becomes too thick, then it's going to irritate the cells underneath and that's probably going to let you age more. The other thing is just to stay out of the sun. Stay out of the sun and prevent your skin from becoming leather-like.

Dotsie: Stay out of the sun. That's huge. Well okay. I think we're really out of time because it's much longer than I thought we were going to go.

Dr. Bonanno: Well, I had fun.

Dotsie: Well good and I appreciate all your wonderful information, your time because I know how busy you are and so I just hope you have a great day. I wish you tremendous success with your business and I'll be in touch.

Dr. Bonanno: Thank you.

Dotsie: Thank you and good-bye.