

HANDLING

WHY ARE WE ALLOWING OURSELVES TO BE REMODELED BY THE OPPOSITE SEX? AIMEE LEE BALL EXAMINES THE MALE MONOPOLY ON PLASTIC SURGERY. PHOTOGRAPHED BY RAYMOND MEIER



From the time man first wielded scalpel over an imperfect nose, plastic surgery has been one of the die-hard male bastions of medicine. The politics of exclusion are curious. On the face of it (if you'll pardon the pun), women would seem to have a natural affinity for this area of medicine: Men may be warming to the idea of surgical self-enhancement—and we may cheerfully contemplate the idea of Bill Clinton without jowls—but women still comprise anywhere from 70 to 90 percent of all plastic-surgery consumers (the figure varies regionally).

Since more and more women have been able to choose a female obstetrician or gynecologist, many have discovered a new comfort zone with a doctor who happens to have the same kind of body and similar life experiences as themselves. (In 1990, 22.4 percent of ob-gyns were women. Of 1992's first-year residents, about half were women.) Some would surely welcome that kind of option when selecting a plastic surgeon—a *paisan* who may understand viscerally what it was like to grow up thinking that your breasts were too small or your thighs too big. Someone who might have spent the same hours in front of a mirror patting concealer under baggy eyes or painting shades of contour cream down the bridge of a big nose.

Let's not forget the added stereotypical attributes women are supposed to possess that would serve well for the emotionally charged consultations of a plastic-surgeon's office: sensitivity, gentleness, nurturing. "Plastic surgery is not just about beauty," says Lori Hansen, a facial plastic surgeon practicing in Oklahoma City. "It's how you feel about yourself—lots of self-worth problems. *I* suffer from these problems. You don't get up an hour earlier to do your hair and makeup when you're already sleep-deprived if you don't feel that you need to look pretty to be accepted."

And yet women constitute only about 300 out of some 4000 members and candidates of the American Society of Plastic and Reconstructive Surgeons (ASPRS represents 97 percent of all board-certified plastic surgeons in this country). One reason for this puny representation is the punishing amount of preparatory work. "It's a specialty that's designed to discourage anybody," says New York City plastic surgeon Susan Craig. "It takes forever. My colleagues and I have trained for five years in general surgery. Then we do two or three years of additional training and then another year in some subspecialty that gives us greater experience and greater respect for the handling of soft tissues. Those eight years *after* medical school are the maximal reproductive years. There was a lot of 'This is no job for a girl' type of attitude from my professors. I worked harder than everybody else. Every last *i* was dotted, every *t* was crossed, and when everybody else had gone home, I was there. I keep thinking of that saying about Fred Astaire and Ginger Rogers: She did everything he did—she just did it backward and in high heels."

It's practically impossible to tell how many women are weeded out of plastic surgery during their residencies (there are no records on the road *not* taken), but it's reasonable to assume that many would take the path of least, or at least lesser, resistance. "You look at how stringent it's going to be, and I think you look at how user-friendly it's going to be as

well," says Roxanne Guy, a plastic surgeon in Melbourne, FL. "If you're not discouraged by the length of time or by the other people in the program, then it's a great specialty for women. Patients tell me, 'I'm so glad you're a woman'—I hear that over and over again." Guy feels she brings a singular perspective to certain quintessentially female procedures that affect women uniquely, such as breast implants (which must not compromise future mammograms) and post-mastectomy reconstruction. "I've had biopsies myself," she says. "I can empathize."

By tradition and tacit compliance, medicine has "pink" departments and "blue" departments. "When I went to medical school, few women spoke about going into plastic surgery," says Helen Colen, who shares a New York City office with her husband. "Most of us talked about radiology, pediatrics, psychiatry. 'Why not dermatology? It's nine-to-five, no emergencies, perfect for a woman.' It was also something that didn't require strength or skill or stamina from 'the weaker sex.' You were categorized very much into sex roles. Everyone fed you that—the nurses, the attending physicians, your mother, your mother-in-law, the people in the bank. They all said surgery was not compatible with a woman's existence. It was a men's club, sort of like if you wanted to play football. How were you going to take the kicks? You get brainwashed and begin to think there's something wrong with you if that's what you want. You must have conviction and tremendous determination. It was a very tall order."

The president of the American Academy of Facial Plastic and Reconstructive Surgery—a man—acknowledges that many women have been dissuaded from pursuing a specialty for which they may be ideally suited. "There's no question that women do as well as men in this role," says J. Regan Thomas, M.D., "and it's a shame that there aren't more women involved, a shame that the public has not had that alternative in making decisions about which physician to see. The question should not just be, Can they make incisions properly? but Can they guide you adequately and appropriately in your surgical decisions? and Are they on the same wavelength?" The subtle and not-so-subtle rebuff to women is deeply ingrained at many training hospitals, where there aren't even any tampon machines in the surgeons' on-call lounge. "Surgery in general, including our specialty, has been a bit of a good-old-boys club," says Thomas, who practices in St. Louis. "It's not overt. It's jokes and gender-oriented pressures. There are differences in how to handle the stresses of the job, and if someone seems tearful, that's looked on in a negative way. Suddenly the message is out there: We're not excited about having a woman in the program." The message can be more direct: In one study conducted at the University of California at San Francisco and reported this year in *The New England Journal of Medicine*, nearly three quarters of the female residents said they had been sexually harassed during their training, with leering, pinching, and derogatory remarks.

It has even been suggested that the attitude on the part of the medical establishment that surgery is men's work constitutes a kind of unfair restraint of trade. "When I started interviewing for plastic surgery [residencies], I was always asked, 'What are you going to do when you get pregnant?' or 'How long are you going to be committed to this?'—all sorts

of questions that today are illegal," says Dallas plastic surgeon Diane Gibby. "I suspect some of that was the idea of women in plastic surgery being threatening. The majority of patients are women, and there might have been a consideration that eventually women would want to go to women physicians and maybe feel more comfortable." So anxious are some patients to find an empathetic female surgeon that they tell Gibby they've gone through the *Yellow Pages*—not a good way to choose a doctor, lawyer, or auto mechanic. Gibby: "Certainly I know hundreds of male physicians who are understanding and caring, but many women say they feel more comfortable asking the personal questions of surgeons of the same sex." She says she frequently hears the same sort of complaint from women wanting breast reduction. They say, "I saw so-and-so, but I was afraid to ask him: Will I have sensation in my nipple?"

One of only seven board-certified plastic surgeons in Texas, Gibby established the Women's Center for Plastic and Reconstructive Surgery, with a mandate to make the encounter more affable for patients: There are silk robes instead of regulation hospital gowns, gift baskets sent during the recuperation, and a decor that includes gilt mirrors and fresh flowers. "It's nicer to be able to pamper patients," she says, "and I do think it makes the process a whole lot smoother. I know how much I hate being on the other side as a patient." But while the experience of being treated by a female plastic surgeon might be different, the surgery itself should theoretically be the same, so long as the doctor is careful and skilled.

Yet even on the surgical level a woman's viewpoint may be advantageous: Some female plastic surgeons who have always used saline implants for breast augmentation wonder if we would have fallen into silicone valley if there had been more women responsible for the procedure (a corollary to the theory that we'd have utterly safe and simple birth control if men got pregnant). And when Helen Colen does a breast reduction, she fights like hell for certain inalienable women's rights. "It is believed 'out there' that if a woman is very, very large, you can't make the nipple survive," she says. "You take the nipple off, reduce the breast, and put it back on as a graft. That's an acceptable medical practice—it's not malpractice. But I find that losing the ducts and the sensation is traumatic, so I present to my patients the possibility that I reduce them maybe to a D-cup and a year later do it again to a B-cup, saving the nipple." Colen thinks it's unusual for male plastic surgeons to use this two-step procedure. "Most would not suggest it," she says. "But I know that saving the nipple is important. And I always concentrate on taking the breast tissue from under the arm and keeping the cleavage because I know that cleavage is important to me as a woman."

Integral to every plastic-surgeon's job is the ability to vet patients who are contemplating surgery. Those who are deemed to have "inappropriate" reasons (like winning back a cheating husband) should be gently dissuaded. Lori Hansen thinks that male surgeons have a tendency to put women who are worried about early aging into the inappropriate category also. "I think there is a tendency, even among the people I

respect highly, to pooh-pooh some of the early aging as not that bad," says Hansen. "I know without a doubt that males wait later to operate, unless they're money-hungry and need a case this week." Hansen says she puts herself in the patient's shoes. "If whatever is bothering them would bother me, and I know we can correct it relatively safely, then I'll usually go ahead and do it."

According to 1990 statistics from ASPRS, women had 91 percent of all the face-lifts that were performed, 84 percent of the eyelid surgeries, 90 percent of the liposuctions, 93 percent of the tummy tucks, 93 percent of the collagen injections, 97 percent of the chemical peels, and (of course) 100 percent of the breast-lifts and augmentations. But with all these procedures, women have been overwhelmingly restricted by male ideas of what their faces and bodies should look like. "I've wondered myself, when I see some plastic-surgery results, Whose idea of great is this?" says Susan Craig. "One area is face-lifts that are too tight. My cosmetic patients are really looking for a rested look, a fresher look. Most of them don't want to look 25—they just want to look the way they feel.

But when I was a resident, there was a kind of feeling—just a flavor, maybe never articulated—among the male surgeons that 'She doesn't know what she wants, but I know.'"

There is an obvious truth here: It is harder for most women to act paternalistically. "What I hear most frequently are women's complaints about breast augmentation—what they tried to tell their doctor they wanted and what they actually ended up with," says Diane Gibby. "The most common

complaint is that they're much larger than they wanted to be." In other words, men gave the women what they and other members of their sex wanted to see—knockers. Gibby: "That's where I think there is a major discrepancy in terms of what males versus females may consider pretty. When men and women are speaking of [ideal] breast size, what they [each] have in mind is totally different." According to Gibby, in surgical school a cup size is supposed to be standard. And in training, one of the questions often asked of new residents is: How many cubic centimeters does it take to change a cup size? Gibby says the question illustrates a fundamental problem associated with male plastic surgeons. It's not that they *don't* understand but that they can't possibly be expected to understand. "In this case, it has to do with men not having ever gone in the dressing room to try on a bra. I know that cup sizes can vary because I buy bras myself."

A certain number of women will always choose a male plastic surgeon, preferring the male (read *expert*) perspective on female beauty. But when patients sit in Susan Craig's office to rail about impossibly exacting standards of beauty for women, she says, "We're both able to see the ridiculousness of it, and the inappropriateness of it, and sometimes the unfairness of it." When Helen Colen tells a patient, "I'll lift up your belly, making the mons pubis [hair-bearing pubic area] smaller, and you'll have much better sensation," they often respond, "How did you know?" "How did you know?" are words that women just don't say to male doctors, no matter how gifted or concerned those doctors may be. ■

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