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TOP
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cellulite SOLUTIONS

THREE IS THE MAGIC NUMBER: TOP DOCTORS COMBINE
A TRIO OF TREATMENTS TO ERASE CELLULITE FOR GOOD

Cellulite, always the problem child, makes body fat seem so easy-going: It is somewhat impervious to diet—Atlanta plastic surgeon Carmen Kavali, MD says even thin women have it—and traditional fat-removing techniques like liposuction “can actually make it look worse,” says Huntington, NY plastic surgeon James Romanelli, MD. So, instead of taking a one-and-done approach to erasing dimples, some doctors are stacking treatments, which Pittsburgh plastic surgeon Brian Heil, MD says will have a better and more lasting effect than any solo treatment.

Fort Lauderdale, FL dermatologist Dr. Matthew Elias agrees. “Cellulite is a multifaceted problem that typically requires multiple modalities to achieve the best results,” he says, describing his protocol as “Cut, Tighten, Fill.” First, cut: Eliminate the most pronounced dimples by severing the ligaments that are pulling the skin down. Second, tighten the skin to boost its thickness and reduce the appearance of cellulite. And last but not

least, fillers can fine-tune remaining bumps, although this use is considered off-label.

STEP 1: Cut

In 1995, father-son power duo Drs. David and Norman Orentreich—both New York dermatologists—published a paper defining “subcision,” a technique that uses a needle or any other tiny cutting tool to slice beneath the skin and sever the fibers. They were using

“Cellulite is a multifaceted problem that typically requires more than one modality.”

subcision to minimize the look of scars and wrinkles, but eventually found it to be a successful treatment for select cases of cellulite. The old metaphor comparing cellulite dimples to tufts on a couch cushion makes understanding subcision easy: Our fat is the fluffy pillow filling, and the fibrous bands known as septae create dimples, just like buttons

create tufts in the cushion. Pop off the button, and the cushion loses its tuft. The pillow looks smooth, but no pillow filling—fat—has been removed.

Traditional subcision got a major upgrade in 2017 with the launch of Cellfina, an in-office device that incorporates suction to help doctors cut septae with precision. “When true dimples exist, Cellfina is currently the gold standard for reproducible and lasting results,” Westport, CT dermatologist Deanne Mraz Robinson, MD says. “Guided subcision like Cellfina is so predictable and effective,” adds Sacramento dermatologist Suzanne Kilmer, MD.

A study by the American Academy of Dermatology found that a whopping 99 percent of patients surveyed were satisfied with their Cellfina results. A separate study published in the journal *Clinical, Cosmetic and Investigational Dermatology* found that the benefits of a single session of Cellfina last “as far as 40 months.” Newport Beach, CA dermatologist Anne Marie McNeil, MD says, “Subcision with Cellfina works beautifully in the appropriate patient who has deep, well-demarcated cellulite dimples. In these cases, it can provide a dramatic result that seems to be permanent.”

Numbers Game

In a 1978 study published under the title “So-Called Cellulite: An Invented Disease,” German doctors F. Nurnberger and G. Muller decreed the lumps and bumps to be “inevitable” and treatment for it “near futile,” and created a scale to quantify the severity of cellulite. Today, doctors use this scale, called NMC, to measure cellulite levels pre- and post-treatment.

NMC GRADE 0:

No visible dimples when sitting or standing. (We haven’t been Grade 0 since seventh grade.)

NMC GRADE 1:

Dimpling only when skin is pinched. (No problem here! No one should be pinching us anywhere for any reason.)

NMC GRADE 2:

Dimpling is apparent when standing up and when skin is pinched, but not when lying down. (This is why pool lounge chairs were invented.)

NMC GRADE 3:

Dimpled skin is evident when standing up and lying down, and when skin is pinched. (This is the medical world’s polite way of saying our cellulite is visible all the time, no matter what.)