

ONCE IS NOT ENOUGH

YOU MIGHT NOT HAVE THEIR AGENT OR THEIR LEADING MAN, BUT THERE'S ONE HOLLYWOOD STAR ITEM AVAILABLE TO ALL—THE PERFECT, CAMERA-READY NOSE. BY MEGAN DEEM

As anyone who sips organic green tea at the Urth Caffé on Melrose or strolls the townhouse-lined streets of Manhattan's West Village knows, in person, celebrities are often shorter, skinnier, and not as well dressed as their TV or movie characters. Get up close to an off-duty star and you'll notice another major difference: Their noses are smaller and more angular in real life than they appear on-screen. "A nose that looks good on film is narrow in the bridge and turned up at the tip to catch the light," says Beverly Hills plastic surgeon Andrew Frankel, MD, one of the kings of Hollywood nasal surgery do-overs (check out his website, rhinoplasty-revisions.com, for proof). "But in my opinion, these aren't as attractive off camera. They're a little too stylized, and those cartilage edges at the tip that reflect light so well can sometimes show up under the skin."

But aspiring headliners are rarely deterred by such concerns. While there's no cookie-cutter "Hollywood" nose (thankfully, rhinoplasty trends have shifted from the one-size-fits-all ski jump of the '80s to a more individualized refinement), the camera does add 10 pounds—distributed *everywhere*. "I have actor patients who watch themselves on the dailies and feel that their nose appears too bulky on film," Frankel says. "People will bring in their reels so that I can view exactly what they're unhappy with on the big screen."

The source of those patients' angst usually isn't their profile—a bump can add character, after all—it's how wide their noses look when seen head-on. Wannabe starlets who've already had one nose job from their hometown doctor might not balk at another session on the operating table. As Frankel points out, for those in the entertainment industry, the roughly \$13,000 he charges to remove width and raise a tip may be considered a business expense.

Whether it's a complete redo or a tweak, nasal adjustments have become as popular among the young Hollywood set as Rachel Zoe's crystal-studded Judith Leiber alligator clutches. According to the American Society of Plastic Surgeons (ASPS), rhinoplasty is the second most common cosmetic surgical procedure in the United States (liposuction is No. 1), with almost 300,000 performed in 2005, the majority on



those under 35. Although revisions nationwide are thought to account for about 10 percent of that total (the ASPS doesn't separate stats for secondary rhinoplasties), in L.A., where breast augmentation is practically a lunchtime procedure, rhino redos are much more common.

Stars who are skittish about surgery have options for faking it. The easiest is hiring a skilled makeup artist. "When I work with an actress, I ask her if there's something she doesn't like about her face," says New York City makeup artist Bruce Wayne, a publicist favorite for celeb clients. "Nine times out of 10, it's her nose, and she thinks it's too wide."

Nicole Richie is one starlet who's vocalized nasal dissatisfaction. "If I could change anything about myself it would be my nose—I hate it," she's said. "I'd get a nose like Kirsty Hume's; she has my kind of nose but smaller." To the layperson, of course, Richie's nose already seems perfectly narrow.

Wayne notes an uptick in rhinoplasties among his clientele under 30. "I'm definitely noticing more this year than ever," he says. "The trend used to be almond-shape eyes; then it was the pouty mouth. Now it's the thin nose." He shades the nose to make it appear slimmer. After running a small eye shadow brush dipped in bronzer along the sides of the nose, Wayne blends with a sponge. "That's important," he says. "You see some stars with two lines drawn on their nose. Ugh."

Another stop on the road to nasal perfection requires a

needle. Botox injections in the end of the nose can slightly lift the tip, while fillers, such as Restylane, can balance a crooked bridge. "I often use fillers, particularly for small irregularities," Frankel says. "They can be a wonderful option—no downtime, low cost, and minimal discomfort."

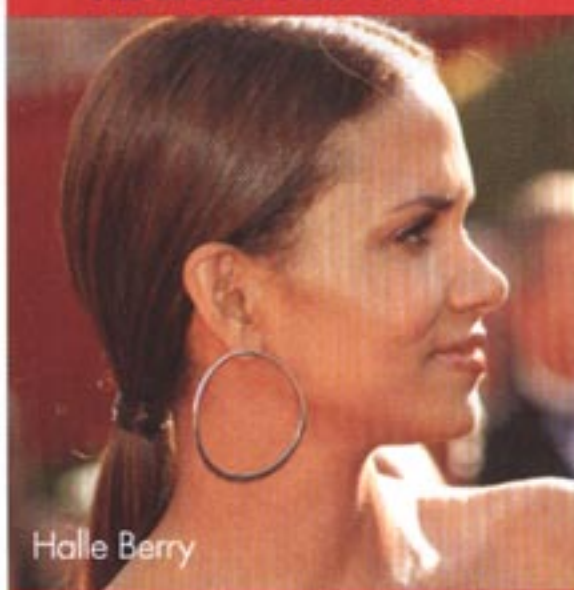
Neither Botox nor fillers are permanent solutions; treatments must be repeated every few months to maintain results. The upside is that these minor procedures are harder for the untrained eye to spot. Plus, they can be done in a dermatologist's office—less likely than a surgeon's doorstep to be staked out by tabloid shutterbugs. For as much as stars may want to get their noses prepped for filming, it can be hard for them to make it into a physician's office.

"It's becoming more and more difficult for celebrities to have surgery; they're worried about being caught by photographers," says Beverly Hills surgeon Raj Kanodia, MD, widely believed to be responsible for Ashlee Simpson's reshaped proboscis and rumored to have counseled Cameron Diaz on smoothing the bump she developed after a surfing accident. "Either they cancel at the last minute because, despite circling the building, they're unable to dodge the paparazzi, or I have to come to the office on evenings or weekends to accommodate them." And when those pictures are taken, websites, such as perezhilton.com—the first to break the news of Simpson's rhinoplasty—are happy to post the snaps for immediate public consumption and commentary.

"I think the public is obsessed with celebrity nose jobs because it's easy to see if something has been done," says John Di Saia, MD, a plastic surgeon in San Clemente, California, who runs the informative blog *Truth in Cosmetic Surgery* (cosmeticsurgerytruth.blogspot.com), which presents a medical opinion on plastic surgery reports in the news.

"With breast implants or liposuction, people can wear clothing that makes it difficult to tell right away," he says. "But the nose is right there and so simple to evaluate in pictures." For those readers playing along at home, according to Kanodia, the most obvious indicators of "a little work" are a pinched or

HOLLYWOOD'S MOST REQUESTED NOSES



Halle Berry



Michelle Pfeiffer



Gisele Bündchen



Cindy Crawford

turned-up tip and a scooped bridge.

Once an A-lister decides to go the surgical route, she has two options: a closed or open procedure. Doctors were originally taught "closed" nose jobs. The surgeon would enter through the nostril, locate the groove in cartilage allowing him to slip between the skin and cartilage, and file away. Kanodia only operates on closed cases and doesn't accept revision work. "There's less trauma in a closed rhinoplasty compared with an open one, so the recovery time is shorter," he says. "Many of my patients return to their jobs on the sixth day."

However, doctors who undertake secondary rhinoplasties believe that the open technique is the best way to adjust a prior nose job. In this procedure, the surgeon makes an incision between the nostrils, peels back the skin, exposes the nasal framework, and gets to work.

"In the '70s and '80s, surgery was all about removing cartilage," says David Hidalgo, MD, a NYC plastic surgeon who says that revisions make up one third of his rhinoplasty cases. "Now we try to preserve cartilage by bending and stitching it into a new position or doing cartilage grafts to supplement areas that are deficient. This keeps the nose from ending up overly small and contributes to a more natural, unoperated look. The incision heals beautifully, and I've never seen a scar result."

Michael Jackson notwithstanding, there's apparently no limit to the number of times a nose can be surgically changed. Hidalgo is often a patient's third or fourth surgeon; Frankel operated on one woman who'd had 35 previous nose jobs. The reconstruction material often comes from septum cartilage—except in situations where prior surgery or serious drug use means there's nothing left. "It can be a problem if the patient has abused cocaine, because she can have a big hole in her septum," Hidalgo says. "You either have to turn her away or take cartilage from behind her ear."

Even surgeons who make a living sculpting close-up-worthy noses don't necessarily support their clients' desire for a shape best suited to celluloid. "I always encourage my younger patients to think about whether they want to do their nose for personal reasons or professional ones," Frankel says. "You could change your nose and still not get the part. Then you're stuck with the nose." Temporarily, at least. □