

VOGUE

NOV

The Cost of
Looking Good

WHERE TO
SAVE,
WHERE TO
SPLURGE

20 Real Women
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Best Basics

Can You
PREDICT
YOUR
MEDICAL
FUTURE
with a Single
Swab?

Cate
Blanchett

Balances
5 Movie Roles,
2 Children,
1 Intimate
Marriage, and a
10,000 Mile
Journey
Home

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BEAM
ME UP

PHOTOGRAPHED
BY MILES ALDRIDGE
AT SADICK
DERMATOLOGY CENTER.
STYLING EDITOR:
PHYLLIS POSNICK.

a decade's worth of sun damage in a single lunch hour. With new attention being paid to off-face areas (because age spots and sagging don't discriminate), these gadgets keep evolving to take on the contours of the hands, the thin-skinned décolleté, and everywhere in between. But there is so much new technology, it's hard to get a handle on what works—and for where.

Determined to slog through the alphabet soup, I hop a cab to Neil Sadick, M.D.'s gleaming new Park Avenue office (or, more accurately, dermatology supercenter). Sadick, a clinical professor of dermatology at Cornell University Medical College who often runs clinical trials for the FDA, moved in earlier this year when his arsenal

of lasers and energy devices began overtaking his old digs like something out of a sci-fi movie. Here, the look is still very *Battlestar Galactica*, but it's also pleasantly airy and spare. The machines in question are cleverly concealed behind sliding doors in each treatment room, so as not to "frighten" the clientele. Adam Dinkes, chief operating officer of Sadick Dermatology Center, describes their appearance as "R2-D2" with their blinking lights and whirring noises. The one stylish touch dangling off each: a pair of oversize, *beauty* >265

The laser and light-source landscape now includes truly effective fixes for almost every imperfection—from sun spots to stretch marks. By Cara Birnbaum.

The shadowy divot above my left eyebrow came, ironically, from a dermatologist's attempt to "clean out" a patch of stubborn adolescent acne. For almost 20 years since, I've wished I'd told the man in the lab coat to leave the spots alone, a sentiment I expressed casually to my husband one night at our favorite restaurant. His response was disheartening. "You can barely see it," he said. "It blends in with the lines."

The lines? As he backpedaled frantically, I whipped out a mirror to inspect my 33-year-old forehead. The pale crater was, indeed, bisected by a few wispy lines. "The light's really bad in here," my husband mumbled quietly.

The call from my editor came later that week, and not a moment too soon. She was planning a story on dermatologic lasers, lights, and energy sources, a burgeoning class of devices that promise to zap away hair and uneven pigmentation, wrinkles, fat, and veins—and, some fast-talking doctors claim, erase

Dior-esque safety goggles. Sadick glows when showing off his Vectra 3D supercamera, whose eight lenses document even the most minute changes in patients' skin texture, pore size, pigment, translucency, and facial contours. Conservatively speaking, there is more than \$2.5 million in technology behind these Park Avenue doors.

**BALANCE
BEAMS**

Evening texture, erasing sun spots... and acne

Sadick first started tinkering with Intense Pulsed Light (IPL) back in the late eighties as a treatment for leg veins and noticed it left the skin smoother. These days, IPL is one of the most popular devices for smoothing red and brown blotches on the face, chest, and hands—and can put acne into remission for about six months. The Pulsed Dye Laser—which debuted nearly 20 years ago as a treatment for red port-wine-stain birthmarks—is now the weapon of choice of Jeffrey Dover, M.D., associate clinical professor of dermatology at Yale University School of Medicine, for treating facial redness and dilated red blood vessels over the entire body. And doctors have long banished individual brown spots on the face, chest, and hands in a single shot with the Nd:YAG. Several years after the FDA approved photodynamic therapy (PDT)—which uses a topical acid called Levulan to maximize laser absorption—for skin cancer treatment, dermatologists discovered that it, too, had potential for sun spots and acne.

Even the mighty carbon dioxide (CO₂) laser, which was heralded and then feared in the nineties for its resurfacing blowtorch effect on the skin, still makes cameo appearances in some offices. One treatment takes care of lines, spots, scars, and blemishes, getting you as close to perfect as you can without a magic wand—if you don't mind the crusting, oozing, and a week or two of postop seclusion. (These days, doctors wield it less aggressively to minimize the risk of scarring, potential changes in pigment, and recovery time.)

**EASY
DOES IT**

Stimulating collagen and tightening skin

Sitting at his sleek, marble-topped desk, Sadick explains that few of his busy, well-heeled patients have the time, or the stomach, for ablative (i.e., surface-wounding) anti-aging treatments like the CO₂. In many cases they're "willing to settle for less effective results and multiple treatments" in exchange for the freedom to leave home the next day. True, the results unfold gradually, but that's the beauty of it, says Sadick: "People don't necessarily want to look a decade younger anymore. They just want to look better and fresher.

That's why there's such a boom in the noninvasive, non-ablative world."

I'm all for better, fresher, and gradual, but if I spent upward of \$5,000—and many precious hours—on a round of treatments, I'd want to see meaningful change. And not just with a high-resolution supercam. Sadick admits that until recently, much of the non-ablative anti-wrinkling technology was something of a black box.

Collagen-stimulating lasers like the CoolTouch, Polaris, and SmoothBeam, which use heat to even texture and reduce wrinkles, do wonders for some—and squat for others. "I'd say about 25 to 33 percent have an excellent response," says Sadick. "Maybe 50 to 60 percent have some improvement that makes them happy, and then there are 20 to 30 percent who don't have enough of a response for either themselves or the physician." Surely there must be a way to predict who will go home disappointed? Not really, Sadick answers. For whatever reason, some women's collagen is more resistant than others'.

Sadick glows when showing off his Vectra 3D supercamera, whose eight lenses document even the most minute changes in patients' skin texture, pore size, and pigment

For a time, Thermage's track record was even sketchier. This deep-heating radio-frequency device was touted four years ago as a scalpel-less alternative to plastic surgery: a way to tighten the inevitable sagging and crepiness that creeps in around the mid-40s to 50s. "But it turns out it was really slow, very tedious, and very painful," says Dover. "Only 30 percent of patients saw improvement, which meant that 70 percent did not." What a difference a few years makes. After a much-needed extreme makeover, Thermage is back with larger hand pieces to cover wide swaths of skin more quickly and less torturously, and smaller ones to lift and firm the delicate eye area. (The lower face and neck are still the most responsive to the treatment.) Technique has changed, too: Most doctors use several lower-energy passes rather than a single high-energy

shot, which cuts down on pain... though not usually enough to eliminate the need for Percocet or Valium beforehand. In a recent study of fourteen laser centers around the world, including Dover's, 94 percent of 5,700 patients were satisfied with their results.

And suddenly, those looking to firm jiggling jawlines have other options as well. The Titan employs a broad-spectrum infrared lamp to deliver

heat—almost painlessly—to the deepest layers of the skin. (Sadick is even treating some patients' arms, thighs, and postpartum bellies.) The eMax delivers a one-two punch of radio frequency and laser. Dover is optimistic about the new Palomar LuxIR, which pulses a check-board of tiny infrared beams, leaving squares of flesh untouched. Theoretically, this allows collagen tissue to repair and regenerate at lightning speed—and virtually eliminates downtime. Dover suspects that patients may need more than one treatment with these new devices to achieve the results of one round of Thermage, but no one's tested his theory yet.

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