



THE COURIER-MAIL

Q W E E K E N D

AUGUST 29-30 2015

WE'RE SO VAIN

THE DANGEROUS DEMAND
FOR COSMETIC PROCEDURES

BY
SUSAN JOHNSON



LOOKS CAN KILL

MORE AUSTRALIANS
ARE HAVING
COSMETIC SURGERY
ON BODY PARTS
USUALLY HIDDEN
FROM PUBLIC VIEW.
AND SOMETIMES THE
RESULT IS FATAL.

STORY
SUSAN JOHNSON
PHOTOGRAPHY
DAVID KELLY

In today's world of selfies, buttock enhancement and Kim Kardashian famous-for-being-famous celebrity, it's hard to believe that plastic surgery began in the grim years of World War I as a way of giving hope to soldiers who'd had parts of their faces blown off. How did we get here from there? How did we arrive at a point where young women ask surgeons to make their lips look like Angelina Jolie's? And why are men and women wanting to bleach "discoloured" genital and anal areas, and young women asking doctors to give them a "Barbie doll slit" in place of the vagina they were born with?

According to new research at Flinders University in South Australia, almost one in five Australian women is interested in having "designer vagina" surgery. Liposuction procedures now extend to reducing the *mons pubis* in women wanting to "enhance" their fashion silhouette. And rib-cracking corsets are making a comeback (re-styled as "waist trainers"), just as "thigh gaps" are becoming so last year. It's not just ultra-white teeth and spray tans, you should also consider your "side bum" – think rapper Nicki Minaj and her tiny waist and plump behind. There's no longer any part of the human body that can't be improved. But there are risks.

In March, 29-year-old former Gold Coast woman Evita Sarmonikas, known to her friends as Eva, died on the operating table thousands of kilometres from home. She had travelled from Sydney to the Mexican town of Mexicali, near the US border, to have silicone implants in her buttocks. The doctor who operated on her was the same man threatened

with legal action in 2012 by the owner of the world's most famous butt, Kim Kardashian, for using her image in his advertising without permission. Mexicali is a hub for "medical tourism" and Dr Victor Ramirez, the surgeon who performed the surgery, has since been stood down by the Mexicali College of Plastic Surgeons until an investigation into Eva's death is complete. According to local media, the matter is being investigated by the Mexican attorney-general's department.

Although the hospital (since closed) where Eva died performed an autopsy and wished to cremate the body afterwards, her family demanded a second, independent autopsy. The first sourced the cause as a pulmonary embolism leading to a heart attack, but the second autopsy found that Eva's right lung had been perforated by an instrument, causing a haemorrhage that led to her death. Eva's sister, Andrea Sarmonikas, told *Qweekend* during a brief visit to Australia that the second autopsy is being reviewed and that the case has attracted national publicity in Mexico. She has been living there since her sister's death and is "pushing for a trial date".

"Because the other victims [of botched cosmetic surgeries] were Mexicans, nothing was being done, but because Eva was Australian and we've been doing a lot of media, we've been putting pressure on them," Andrea says. In a Facebook tribute page created for her sister, she wrote that she would remain in Mexico until the individuals "who caused my sister's death take full responsibility". In an interview with the ABC's 7.30, Andrea said Eva believed she had investigated Dr Ramirez's credentials and checked out various recommendations before proceeding.

A former captain of Coombabah State High School, Eva had moved to Sydney but previously worked as a receptionist at L.J. Hooker in Surfers Paradise. In an impassioned Facebook post at the time of her death (since removed), her family wrote: "As beautiful as Evita was, inside and out, she was filled with certain inadequacies ... her perfect and whole soul was not strong enough in light of a world that constantly bombarded her with an urgency to demand more from herself and her body. No woman should risk death to improve on perfection. Tomorrow morning when you look in the mirror, say to yourself, 'I am enough. I am worthy, I am perfect just the way I am.' Don't listen to a world that is hungry to fill your insecurities with poison. Stop feeding an industry that hates humans, especially women in the natural state and their perfect birth bodies."

The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) – known for predicting trends later followed in Australia – suggests that our obsession with beautifying the self – or with



FATAL ERROR ...
GOLD COAST
WOMAN EVITA
SARMONIKAS DIED
AFTER COSMETIC
SURGERY IN MEXICO.

turning the “normal” into the idealised – is gaining momentum. It reports that the “selfie” trend shows no signs of expiring, and that “growing numbers” of people, from “teens to seniors”, are more cognisant than ever of their appearance because of social media, and more of them than ever are willing to resort to the knife if they don’t like what they see.

“Expect an uptick in requests for rhinoplasty, eyelid rejuvenation and neck contouring and other facial plastic surgery procedures,” an AAFPRS spokesman said earlier this year.

The leading body responsible for the collection of plastic surgery statistics in the US, the American Society of Plastic Surgeons, reported that buttock implants were among the fastest-growing procedures of 2014, up 98 per cent on the previous year. According to both the surgeons’ society and AAFPRS, any stigma that once surrounded plastic surgery has vanished as surely as bodily blemishes.

YOUNG AUSTRALIANS HAVE GROWN UP IN a selfie culture. They’ve never known life without a smartphone and catalogue their private lives for public appraisal, with the aim of perfecting the self. One 27-year-old woman I know arranges her best side for every photograph, so she looks exactly the same in image after image after image, whether she’s on top of a mountain or sitting at a restaurant table. In this new culture of vanity, plastic surgery has lost its stigma; vanity has too.

People are increasingly willing to travel overseas for surgical procedures, but at what cost? According

“GIRLS ARE
CONSTANTLY DEPICTED
IN A FAIRLY
STEREOTYPICAL WAY
– MOSTLY SKINNY – AND
MEN ARE USUALLY
MUSCULAR ... WE ARE
FLOODED WITH ALL
THESE IMAGES, AND
THERE’S NOBODY
SAYING, ‘HOLD ON
A MINUTE.’”

PROFESSOR DAVID CASTLE,
CHAIR OF PSYCHIATRY,
ST VINCENT’S HOSPITAL, MELBOURNE

to a new Queensland study published in the *Journal of Plastic Surgery*, botched cosmetic procedures on medical tourists are placing increased pressure on Australian public hospitals. The cost of treating 12 patients who presented to the Gold Coast Hospital in the year ending June 2013 with complications following procedures was more than \$150,000,

with the most common complications being infection after breast augmentation surgery. The report’s authors noted that all patients had “acute complications” ranging from nipple or penile necrosis to pulmonary embolism.

Dr Paul Belt, a Brisbane reconstructive and aesthetic plastic surgeon and president of the Queensland chapter of the Australian Society of Plastic Surgeons (ASPS), sees one or two cases every week of people admitted to hospital because of complications after plastic surgery performed overseas. “We see the whole gamut – breast augmentation, abdominal, liposuction,” Belt says. “Often patients are making decisions to have surgery purely based on price considerations, and they don’t take into account the cost of airfares, hotels ... which often makes the price comparable [to Australia] in the end. Then you have to consider sitting on a plane for eight hours immediately following surgery, and the added risk of deep vein thrombosis. If you have the surgery here, there’s a surgeon available for even the most minor of complications.”

In Australia, silicone buttock augmentations are relatively rare, and Belt has not treated a patient returning from overseas with complications from such a procedure. “It’s mainly an American thing, even though, in general, overall global trends are reflected in what’s happening here.”

In his private practice Belt has noticed a significant increase in procedures involving “injectables”, such as Botox and fillers, to plump creases in front of the ears and hollows in the face. “People are very busy and don’t want to lose time having surgery,” Belt says. “Injectables are certainly increasing, [with] people wanting Botox and short-term solutions that last nine to 12 months.”

Since late last year, Medicare has tightened various rebates on cosmetic surgery and most procedures aren’t claimable. While Australian figures for cosmetic surgery are not collected in a national database, the Australasian College of Cosmetic Surgery (ACCS) estimates that expenditure on cosmetic surgical and related procedures stands at more than \$1 billion annually. The ACCS also says that on an annual basis Australians have more than \$350 million worth of wrinkle reduction procedures using Botulinum toxin (commonly known as Botox), 8000 breast augmentation surgeries and 30,000 liposuction procedures.

One cosmetic procedure no longer claimable on Medicare is labiaplasty, an operation in which the folds of skin of the vagina’s inner labia surrounding the vulva are “trimmed”. The increasing popularity of labiaplasty was an agenda item of concern at the Australasian Sexual Health Conference in Sydney last October. Medicare figures show the number of women undergoing Medicare-billed vulvoplasty or labiaplasty increased from 640 in 2001 to more than 1500 in 2013, a jump of 140 per cent.

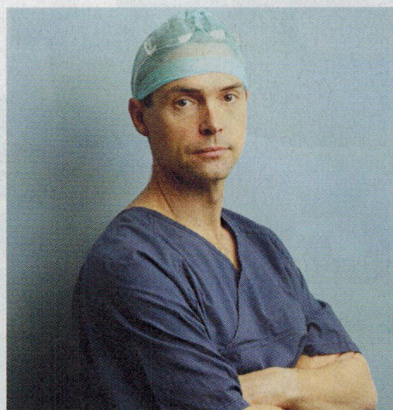
“There’s been a huge explosion in labiaplasty in Australia,” Belt says, even though the procedure “has effectively ceased to be claimable since November 2014”. He has put forward eight cases for Medicare

approval and all have been rejected. This is because the Medical Services Advisory Committee altered the Medicare Benefit Schedule item for labiaplasty to prevent it being used for cosmetic purposes only, and Medicare will now only approve labiaplasty in cases of congenital urogynaecological anomalies, female genital mutilation or localised gigantism.

Not all labiaplasties are performed solely for functional purposes: one of Belt's patients (who does not want her name used) said in an interview with magazine *marie claire* Australia that her problem was largely psychological, in that she was embarrassed by her genitals. It began during sex with a new boyfriend who put his hand between her legs and started laughing: "Wow! You've got a couple of wiener schnitzels here!"

In reality, most of Belt's patients have the surgery after experiencing "pain and discomfort wearing certain types of clothing, or problems with hygiene". One woman, who also did not want to be named, told *Qweekend* that her surgery was "life-changing": she can now ride a bike, wear jeans, and no longer suffers constant urinary tract infections. "I've got a level of comfort I'd never known before," she said.

One Melbourne GP, Dr Magdalena Simonis, has grown increasingly alarmed about the rising number of women, particularly young women,



COPY CATCH ... PLASTIC SURGEON DR PAUL BELT: GLOBAL TRENDS ARE REFLECTED LOCALLY.

seeking genital surgery purely for cosmetic purposes. So much so that she approached the Royal Australian College of General Practitioners late last year about developing an information kit for GPs to deal with labiaplasty requests, which has since been released. According to the new guidelines – authored by Dr Simonis with contributions from other specialists – figures from Medicare show the

number of women undergoing Medicare-billed vulvoplasty or labiaplasty increased from 640 cases in 2001 to more than 1500 in 2013, up 140 per cent.

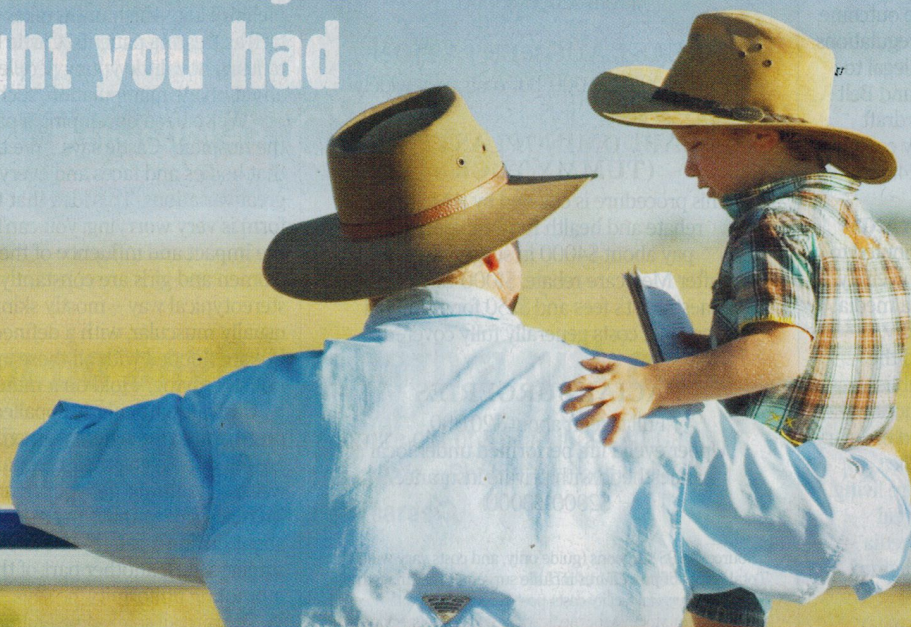
The report noted that the rise in numbers appeared to be a response to "changing cultural norms" and that surgery was increasingly "being sought by women who want to either feel 'normal' or look 'desirable'". The highest number of claims was equally distributed between three age groups: 15-24, 25-34 and 35-44 (the figures don't necessarily reflect the whole picture, however, since many procedures are done through private healthcare or else don't meet Medicare rebate criteria).

Simonis told *Qweekend* she decided to act after a 17-year-old girl and her mother asked her about plastic surgery following the girl's Brazilian wax treatment (total removal of pubic hair). The mother feared the girl's vagina had prolapsed, but in fact her genitals were normal.

Simonis suggests that the fashion for removal of pubic hair has revealed not only that which is normally concealed but also widespread ignorance about what a normal vulva looks like. She says media and online images, including pornography, promote the idea that women should have a "neat, single slit with nothing hanging out".

Simonis's observations are supported by the new >

Find the time you never thought you had



There's something about this country that makes you realise what matters. Like taking as long as you want to catch up with family. Losing yourself in the moment, open space and total freedom. Or simply wondering why you took so long to discover the real Australia. Come see it all far and wide, feel it all deep within and live Australia's story, your way.

Experience it all with our new holiday packages outbackqueensland.com.au

**Outback
Queensland**
Live Australia's story

study from the School of Psychology at Flinders University, which found in its survey of 351 women that those who had a greater exposure to images of female genitals were more likely to consider the procedure. The study found 17 per cent of women aged between 18 and 69 were interested in undergoing a labiaplasty, and that 13 per cent of women had received negative comments from romantic partners about the appearance of their genitals. PhD candidate Gemma Sharp, who conducted the study, says the findings suggest “a worrying trend of women becoming dissatisfied with the appearance of their genitals. We think that if women and their partners were made aware of the large variation in normal genital appearance, this might help to alleviate some of their concerns about their own genitals.”

Part of a qualified plastic surgeon's skills is allaying patients' fears and concerns and educating patients about what is “normal”, as well as distinguishing real psychological need from possible mental health issues. Dr Paul Belt says ASPS members have a minimum 12 years' medical and surgical training, including at least five years of specialist postgraduate training. “I'm quite happy referring people to a psychologist, especially younger people, even if I think a patient doesn't particularly have psychological issues but may have limited coping skills and limited social support; then it's good for them to talk to someone,” he says.

Only rarely does Belt see cases of body dysmorphism (a body-image disorder, sometimes associated with anorexia, characterised by persistent preoccupations with an imagined or slight defect in one's appearance). Sometimes he'll decide against surgery because he judges a patient to have unrealistic expectations about the outcome.

Queensland has some of the tightest regulations around plastic surgery in Australia – it's illegal to operate on anyone under the age of 18 – and Belt supports the Medical Board of Australia's draft recommendation to extend the seven-day cooling off period after an initial consultation to 14 days.

REALITY TELEVISION, SOCIAL MEDIA AND a fascination with celebrity all have contributed to the culture of vanity, says Queensland University of Technology's Professor Brian McNair, a media researcher in the Creative Industries faculty.

“Partly, this obsession with the self and the heightened desire to expose oneself in public – whether it's the physical body or the emotional self – began with the exposure of so-called ordinary people on [reality TV] shows like *Big Brother*, which started in 2001,” says McNair. “We're living in a culture where people increasingly reveal themselves in the public domain. Social media – especially Snapchat, Facebook and Instagram – have made it possible for young people to instantly put up images of themselves, so we've got a situation where ordinary people who are not celebrities can act like them because technology makes it possible.” McNair says we have created



BOTTOM LINE ... KIM KARDASHIAN'S CURVES ARE A TEMPLATE FOR COSMETIC SURGERY.

THE PRICE OF PERFECTION

LIPOSUCTION

Costs depend on how many areas of the body are treated in one procedure. Typical costs for one area average \$3000-\$5000; \$5000-\$6500 for two, and \$6500-\$8000 for three.

LABIAPLASTY

From \$2000-\$3000.

BREAST AUGMENTATION

From \$9000-\$10,000, but costs vary widely.

ABDOMINOPLASTY (TUMMY TUCK)

This procedure is covered by a Medicare rebate and health funds. Expect to pay about \$4000 in surgery fees after Medicare rebate, \$1000-\$1300 in anaesthetist's fees and \$250 for garments (hospital costs generally fully covered).

FACIAL SURGERIES

Full facelift about \$20,000. Upper eyelid lift, performed under local anaesthetic with private insurance, \$2000-\$3000.

Source: ASPS surgeons (guide only, and costs vary widely). Total prices of procedures include surgeon's fee, anaesthesia, hospital or surgical facility costs, post-surgery garments, medical tests and prescriptions for medication (except where otherwise stated). These are average costs of plastic surgeries (for a more exact figure, consult a member of the ASPS).

a society with an appetite for wanting to know what other people do in private. “There's a culture of emotional confession going on and that's something that's partly developed through the daytime talk show phenomenon, through programs such as *Oprah*.”

But a confessional, celebrity-obsessed culture isn't all bad. Dr Hugh Bartholomeusz, newly elected president of the ASPS, says there are unexpected benefits. “Movie stars like Angelina Jolie highlighted a really important problem when she went public about her double mastectomy [in 2013]. It caused a lot of women to go off to their doctors and it did an enormous amount of good,” Bartholomeusz says. “The problems come when someone says they want to look like Angelina Jolie, or X, Y or Z. Our job is to assess them, to look at the proportion of facial contours, and say, yes, you're fine as you are – is this what you really want? Sometimes there's a mismatch between expectation and reality.”

Professor David Castle, Chair of Psychiatry at St Vincent's Hospital, Melbourne, has long been interested in the influence of the media in what he terms “the relentless pursuit of the perfect body image”. In 2007 he co-authored (with social worker Roberta Honigman) *Living With Your Looks*, in which he argues that the message from the media – TV, movies, magazines and the internet – is that “life is apparently better for good-looking people, and that only such perfect specimens of humanity can be truly happy and successful”.

Castle says reality shows such as *Extreme Makeover* send covert and overt messages about needing to look a certain way in order to be fulfilled. In his work with the St Vincent's Mental Health Unit, which undertakes educational work as well as treating patients, Castle has been surprised to learn how little young people recognise or know about image manipulation, such as airbrushing.

“We've been developing a package for kids at the hospital,” Castle says. “We try to push the fact that bodies and faces and every part of us have great variations. This idea that there is an ideal form is very worrying; you can't underestimate the impact and influence of the media where women and girls are constantly depicted in a fairly stereotypical way – mostly skinny – and men are usually muscular, with a defined, robust look. We are flooded with all these images, and there's nobody saying, ‘Hold on a minute.’”

Castle is particularly appalled at the fashion for post-baby snaps, where women, often celebrities, are feted for losing their pregnancy weight within weeks. “It's fine to get your figure back, but are we really saying that's the most important thing about having a baby?” The rise in “designer vagina” surgery is just another part of the alarming trend promoting uniformity, he says.

“We are all so gloriously different. How about we start giving people ideas about believing in themselves not based on what they look like but as whole human beings?” ●