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## Looks of DESIRE

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### THE RISE OF THE FUNNY GIRL

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youthful  
EYES

## The fantastical Jessica Chastain

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# eyes WIDE open

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What can you do when skincare and makeup are no longer a fix for tired-looking eyes? Lots, says SARAH BROWN, who discovers firsthand the tricks New York City's top dermatologists and cosmetic surgeons can employ to revive your most expressive feature

*The biggest cliché in beauty* has got to be someone telling you, with melodramatic resignation, that they look tired all the time. Well, I am not tired all the time, but I am tired of looking tired all the time. If you want to get specific, I look pouchy. It's genetic – prominent pockets of fat under the eyes – and lately, it's got worse.

A year or so ago, I stopped enjoying looking at myself in the mirror (which, admittedly, in my bathroom, is accompanied by lighting that seems designed to make you want to throw yourself off a cliff). Something had changed. I have big, expressive green eyes which change color, from

deep moss to cool olive to an almost sparkling chartreuse, depending on the light. They are my mother's eyes, my favorite feature. But those little poufs underneath had become bigger, more pillowy, as if someone had inflated them gently with a straw. The skin there appeared almost translucent and the texture was no longer even and smooth.

Eyes, as plastic surgeons and cosmetics companies are always reminding us, are the first features to show age. What befalls you depends on the individual architecture of your face. Normal movement, accumulated sun exposure and the inevitable march of time – bringing with

it the breakdown of collagen and elastin, which give skin its resilience and bounce; the loss of fat, responsible for padding and volume; and even the thinning of bones – can contribute to crow’s feet and fine lines, droopy upper lids, hollowing out (that witchy skeletal effect in the socket, with raccoon-like circles down below) and the general perception that everything has gloomily slid downward. Instead of a chiseled, youthful heart shape, the face starts to acquire the dimensions of a jowly square. It’s like watching a candle melt. It’s depressing, especially when it starts happening to you.

My pouch problem, and chief cause of ire, is fairly common: everyone has three fat bags under each eye, and for some of us they are more pronounced. As time goes by, they can loosen, shifting position, and puff out further (‘herniate’ is the term). “The fat pad used to be stuffed into a certain compartment and now it’s bulging out a little bit. You also have a loss of volume below it,” says Dr Ellen Marmur when I visit her office on New York’s Upper East Side. “It’s a topography problem,” adds Dr Elizabeth Hale, another top Manhattan dermatologist. “Instead of a smooth contour, you have a hill and a valley.” And this is why the color-correcting concealers and stardust-sprinkling highlighters I’ve stockpiled can only do so much: you can spackle all you want (it’s helpful for correcting some of the purple coloration, a result of blood vessels showing through naturally thin under-eye skin), but without evening out the plane, light will keep reflecting off that dent in your face, casting shadows. “It’s like the dark corner in a room – it’s hard to light properly,” explains New York dermatologist Dr Lisa Airan. “If you correct the contour, it will look a lot better.”

There are two ways to go about correcting the contour: the needle or the knife. Not everyone is a surgical candidate and to see if I am, I dash up to the elegant Park Avenue office of plastic surgeon Dr Haideh Hirmand. “The first thing for me to determine is, is it a real fat bag issue or just a loss of volume around it?” she says, pressing on the bag under my eye with a very long Q-Tip. My skin’s surface evens out – the fat bag is like a raft submerging under water – but we can

both still see it bobbing upward. “Hollowness I can correct with filler,” she says, pointing to the loss of volume in my tear troughs and beneath my lower lids, “but it’s not going to magically improve the fat bag.” Magic, for me, apparently involves a scalpel: Hirmand recommends “taking just a little fat out of the bags,” smoothing out the under-eye skin (either through a surgical tweak or with a fractionalized laser) and plumping the surrounding hollows with filler. “It’s not a big surgery, by the way,” she intones brightly. “A week to 10 days downtime.” The result, she says, will be “a slam dunk”. >

## DERMATOLOGICAL EYE TREATMENTS

*With increasingly effective alternatives to surgery available to treat everything from genetic eye bags to aging eyelids, dermatologist DR. NICK LOWE outlines the best*

### UNDER-EYE HOLLOWS

**the cause:** For about 60 percent of people, under-eye hollows are caused not by a lack of padding under the skin, but by a variety of issues including pigmentation, fine lines or the naturally purplish tinge of particularly thin skin.

**the treatment:** All of these can be treated with specialized lasers, and frequently there is an overlap in their uses. Fractionated laser (Fraxel) reduces pigmentation and lightens and tightens the skin, and if the problem is exacerbated by fine lines, then we use it in conjunction with Botox. If it is a case of hollows under the eyes, injecting filler into the tear troughs (which run down from the inner corners of the eyes) can cause more discoloration from damaged blood vessels, and there is the possibility of blindness from the filler getting into the fine blood vessels that drain into the eye. If I do use filler, then I use a very fine cannula (tube) to gently push the blood vessels aside, as this drastically reduces any risks, and I tend to inject it laterally along the cheekbone rather than down the tear trough itself.

### EYE BAGS

**the cause:** This is often a genetic trait, or a result of weight gain or thyroid disease. We all have little pads of fat that protect the eyeball; however, in some cases the tissue membrane that holds this in place weakens, and the pads push out and become visible under the skin.

**the treatment:** We can tighten the membrane non-invasively using radiofrequency, fractionated laser or ultrasound, but if it’s more severe we use surgery under a local anesthetic. Working from inside the lower eye so there’s no scarring, the membrane is tightened with a stitch, and if necessary some fat will be removed. We can then use lasers, ultrasound or radiofrequency to tighten up any loose skin. Expect about two weeks of downtime with some bruising and puffiness.

### NARROWING OF THE EYES

**the cause:** Over time, the brow and forehead drop down, making eyes appear smaller and narrower.

**the treatment:** We use Botox to lift and widen the eyes. Injecting half the usual amount used to treat crow’s feet, we work in a semicircle about one centimeter out from the outer corner of the eye, to lift the outer brow and open up the eye. We can also inject the muscle under the eyes that attaches to the side of the nose, as this has a narrowing effect on the eyes, while the corrugator muscles (which make brows furrow) also pull them down, which in turn closes up the eyes. Releasing these specific muscles can transform the entire eye area. For the eyelid we now use either radiofrequency, which tightens the tissue, or ultrasound, which also tightens the muscles to work non-invasively over the upper lid, above the brow and the forehead, giving a good lift to the whole area.

At the moment I don't have 10 days to pretend I am on vacation (nor the Instagram posts to prove it), so I inquire about what else can be done. If surgery is a slam dunk, what's the layup? "Non-surgical dabbling," as Hirmand calls it, using filler to rebalance the planes of my face, "will overall make you look fresher, but it's never going to be perfect – that fat bag will still be in the way. It's a sub-optimal solution," she says (ouch), "but for some people, a good compromise. Try some level of filling and see if you like it."

So off to the dermatology offices of Dr Patricia Wexler I go. Wexler's solution is similar to what Marmur had recommended: start by injecting filler in the hollow at the temple, which serves, architecturally, as an anchor for the face, and everything else will be correspondingly lifted up along with it. Lifting the upper margin of the cheek a millimeter or so (more filler) will help restore the "infra-orbital groove", helping to mask the eye issue and provide what Wexler calls "scaffolding" in the area. Wexler also suggests a series of treatments with her latest obsession, a tissue-tightening radiofrequency device called Thermi-Smooth.

"It's fabulous. Everybody loves it," enthuses Wexler. "When you give heat greater than 40 degrees but less than 45 degrees, you are contracting the collagen. It's like putting shrink-wrap – or Spanx – over the eye pads. The heat also stimulates fibrogenesis, the creation of new collagen. You can literally see the improvement over several months as the area gets tighter."

With that, she whips out her iPhone and starts scrolling through pictures. "You're going to be impressed. Here, recognize her?" she says, displaying before-and-after snapshots of a famous 1980s supermodel. "This is only Thermi," she continues, pointing to visible improvements in the hooding of the eyelid, brow elevation, under-eye bags and forehead lines. "The texture – look at the difference! She got a cosmetics contract after this."

My non-surgical dabbling begins with filler. Wexler has chosen Restylane for me, a robust, hyaluronic acid-based injectable that, placed under the muscle, also has the

capacity to lift. I have a three year old's pain threshold and even après numbing cream, I am gritting my teeth and squeezing little rubber balls in both hands with white knuckles as Wexler plunges the needle into my face again and again (and again). After the first side is complete, she stands back to inspect her work. "That's a lot of change in five minutes," she marvels. In addition to subtle improvements in the temple and cheek (and thus, lower eye), "it raised the jawline, the corner of your lip, even your brow. This nasolabial fold is miniscule compared to the other side. Look at that! Yay!" I look for myself in a hand mirror and am reminded of a car that has been left dented only on one side. It works!

Later that week I go in for my first Thermi session with Wexler's resident pro, dermatologist Dr Shereene Idriss. Idriss attaches an adhesive silver grounding pad to my back ("Or else you'll get electrocuted") and starts rhythmically moving a wand back and forth over my upper and lower lids while I lie on my back. "You'll feel the heat slowly building up," she says. "It's very relaxing; patients actually fall asleep. It's the only enjoyable thing we do here." Indeed, the heated wand feels like hot wax – imagine a paraffin pedicure for the face. It's a series of four to eight weekly treatments (a significant investment of both time and money); in terms of seeing results, "Three is usually the magic number," says Idriss. And by week three, Idriss, whom I now call Shereene, tells me I look markedly better. Where? "Everywhere. The texture and quality of the skin looks tighter and brighter. Your eyes look more open." She flips to a mug shot in her phone of a glum, dejected-looking person (me), and holds it up for proof while I gaze at my new and improved self in a mirror. "There's more space between the lid margin and the fold," she says. (True.) "Look how heavy it was, drooping down," she continues, not one to mince words. As for the eye-bag-masking supermodel Spanx effect, I'm still waiting for that. But now, after four Thermi sessions, the skin around my eyes does feel slightly more taut. The Botox Idriss gave me has wiped away the beginnings of crow's feet and has smoothed out the top quadrant of my face, which adds even more lift.

I've noticed that an expertly groomed eyebrow really perks things up, too. There's something about a clean, defined arch (in my case, tinted a shade darker than my blond hair) that neatly brings my face into focus and seems to draw attention upward. I have been a bit of a brow delinquent of late, letting my appointments slide (beauty upkeep takes a lot of time), but now I'm back on schedule every four weeks with Dede at the Warren Tricomi Salon at the Plaza Hotel. My eyes sparkle, my lashes

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flutter, everything appears just a little sharper.

I still crinkle a bit under the eyes when I smile (smiling is a good thing), but those lines can be addressed by more non-surgical dabbling. All of the doctors I spoke to ardently recommend deep glycolic acid peels (which exfoliate over the course of a week) around the eyes for texture refinement. “Every time I do a TCA peel I remember how great they are,” enthuses Wexler, who flips automatically to a picture of one of Manhattan’s most impeccable doyennes – a longtime patient – who is inexplicably in her upper seventies. “You don’t have to look old,” she says matter-of-factly.

Hale recommends a few carefully administered zaps with a resurfacing CO<sub>2</sub> laser like Fraxel – for her patients, and herself. (“I’m doing my annual Fraxel this week,” she tells me.) Airan favors the more intense MiXto, requiring five to seven days of downtime, which she uses in combination with PRP (platelet rich plasma – your own growth factor) injections to further improve skin quality. On the home-maintenance front, retinol-based eye creams do their part as well.

Eight weeks after my eye intervention, I find myself cautiously approaching the mirror, fraught with terror that the Restylane and Botox will soon wear off, I will deflate and all will be lost. That’s the caveat with these miraculous, non-invasive procedures: they only last so long (four to six months for Botox; three to four months for hyaluronic fillers). Sooner or later you are back to Cinderella, pre-ball. My needle will eventually turn into a pumpkin.

I see Dr Idriss at a breakfast event and she tells me to wait a few weeks, then come in for a tune-up. She may even add a few “micro-droplets” of Belotero, a lightweight hyaluronic injectable that’s ideal for shallow areas like the tricky under-eye. Because it is less dense than other products, Belotero does not risk the dreaded Tyndall effect (when the under-eye appears bluish as a result of filler not being placed deeply enough beneath thin skin). “It disperses evenly; it doesn’t clump,” she explains. The idea is to “soften the ledge” further, for a more uniform contour. “Is it going to mask the bags completely? No. But this is a good option.”

Overall, I really do look fresher, as Hirmand predicted. And while “fresher” seemed like a paltry concession at the time, it’s actually going a long way to making me a lot happier. For now, the poufs are still there, but they seem less glaring and the surrounding skin looks creamier, more even. I not only look fresher, I feel fresher, more polished. Friends and acquaintances keep telling me I look “less stressed”. And do you know what? I am! My paranoia that everyone is looking at the bags under my eyes and wondering why I haven’t “done something about them” has subsided. These days, I’m busy playing with black liquid liner. ■

## GLOBALA-LIST COSMETIC EYE SURGEONS

*DANIELLE FOX tracks down the international surgical elite who, with a deft hand and the safest, subtlest and most scrupulous procedures, have the power to roll back the years and open your eyes to a brand-new, youthful look*

### Dr Naresh Joshi *London*

Dr Joshi’s meticulous attention to detail and 20 years of practice have garnered him a global reputation as the plastic surgeon to see in London for eyes – it’s all he does. “This is a high-stakes area, so surgery has to be impeccable to avoid affecting the functions of the eye,” explains Joshi. His forte is blepharoplasty – both upper-lid correction for hooding and lower-lid treatment for puffy bags. His technique is so precise and subtle that it’s hard to tell if his patients have had a post-holiday refresh or just changed their makeup. [bupacromwellhospital.com](http://bupacromwellhospital.com)

### Dr Jennifer Levine *New York*

Dr Levine’s goal is to preserve the natural shape of the eye using a range of techniques: she tightens and smooths skin with a combination of surgery (an incision is made inside the eyelid so there is no scarring) and light laser peels. She often asks patients to bring in old photographs so she can see the results they’re aiming for: “I look at the face as a whole to get a balanced look and work with the patient to develop a plan that will meet – and hopefully exceed – their expectations.” [drjenniferlevine.com](http://drjenniferlevine.com)

### Dr Paraskevas Kontoes *Athens*

Fêted for his precise laser technique, Dr Kontoes is known for evolving the classic laser blepharoplasty treatment into his patented SSTT (single suture traction technique), a procedure that requires just one incision on the upper eyelid and none on the lower. This honed technique ensures a minimal downtime of three to four days and the fine lines around the eye are softened at the same time. The result? A subtle change in structure, leaving the eye with a natural, elegant shape. [kontoes.gr](http://kontoes.gr)

### Dr Cynthia Boxrud *Los Angeles*

With her motto, “Don’t alter what mother nature has given you, just enhance it,” Dr Boxrud, whose legion of patients love her subtle periorbital injectable layering to fill in hollows, is something of a surgical maverick. But when it does come to surgery, “Fresh is what I strive for,” she says. Analyzing old photos helps her understand a patient’s aging process. “Many come in thinking surgery is the only solution, so matching the extent of surgery to the patient’s expectation is paramount. Often smaller techniques and tweaks are better.” [drboxrud.com](http://drboxrud.com)

### Dr Alexis Verpaele *Ghent*

Dr Verpaele’s specialist surgical technique, MACS-Lift – a minimally invasive facelift procedure – has earned him and co-creator Dr Patrick Tonnard international recognition among the surgical elite. His eye-augmentation blepharoplasty is just as innovative, restoring volume and fullness through fat reshaping. “As the lower eyelid is very delicate, I limit my surgery here as much as possible,” he says. “Fat reshaping and skin peeling are gentler to the eyelid.” [coupurecentrum.be](http://coupurecentrum.be)