



COMFORTABLY NUMB

AS THE "ANTI-ANESTHESIA" MOVEMENT GAINS MOMENTUM, MORE PLASTIC SURGERY PATIENTS ARE WIDE AWAKE IN AMERICA.
BY SARAH BERNARD

Just over two years ago, two sisters went to see surgeon Zachary Gerut, MD, at his Long Island, New York, office for face-lift consultations. Both women were physicians in their midforties—one was an ER doctor, the other an endocrinologist—and they had an unusual request. They wanted Gerut to perform their lifts without anesthesia of any kind.

Today's anesthesia options are exponentially safer than ever, thanks to better-trained doctors, much-improved monitoring devices, and an array of ultra-short-acting drugs. Still, it's the aspect of surgery that frightens patients (even doctor-patients) the most. "Most of the time when there's a surgical problem," says David Colbert, MD, a New York City dermatologist, "it's from the general anesthetic." Under general anesthesia, a patient is completely asleep and a machine regulates her breathing. There are blood clots, intubation complications, and post-op nausea to worry about. The other option to go completely under is IV sedation without a breathing tube. Much more of an art, it requires a constant calibration of the patient's vital signs and an arguably more skilled anesthetist. The patient may unexpectedly slip into such a deep level of sedation that she essentially "forgets" to breathe; with no breathing tube in place doctors have only moments to rectify the situation.

At the very same time the sisters were considering their procedures, *The First Wives Club* author Olivia Goldsmith

slipped into a coma after being sedated for a chin tuck at New York City's prestigious Manhattan Eye, Ear, and Throat Hospital and later died. "I'd been thinking about having something done, but I was also thinking about my four young kids," says the younger of the pair. "It's so vain and so selfish to put them at risk. What if my kids ended up without a mother because I needed to go off and fix the creases around my mouth?"

And so they developed their plan. Since both women were in the medical profession, Gerut didn't try to talk them out of it. Instead, with their prompting, he began perfecting a technique that has become his signature, even though many other plastic surgeons have yet to approve it. The surgical part of what he calls "the Gerut lift" is the same as the lifts he'd been performing under IV sedation, or, occasionally, general anesthesia. What's different is what happens beforehand. When patients arrive at his office, they're given a 5 mg Valium pill. They sit and talk. He draws on their face. When they walk into the OR, he adds a small amount of Diprivan, a short-acting sedative, to their IV. Then, he gently injects all of the areas of the face to be worked on with a solution of lidocaine, epinephrine, and saline, the same combination used in tumescent liposuction, until the face is swollen to two or three times its normal size. (The sisters refused both the Valium and the Diprivan.)

For 10 years Gerut had been injecting the tumescent

cocktail into the face to reduce bruising and swelling even when his patients were under general or IV sedation. (The epinephrine constricts vessels for less blood loss.) Slowly he began to increase the dosage and saw results improve. He learned from experience how to contour a distended face.

With the small amount of localized numbing, Gerut is able to make his incisions using a radio-frequency scalpel to seal blood vessels and further reduce bleeding. It takes him about two hours to lift the skin, remodel the fat, and trim the excess, with patients experiencing about as much pain as they would during a haircut. As he snips behind their ears, they're not watching him, of course, nor are they sipping a glass of pinot grigio or flipping through a magazine. But they are alert. Chatty, even. The sisters, who had their procedures 15 minutes apart, kept up a constant dialogue with him as he worked. "There was no, 'Oh, my God, what are you doing?'" he says. "Just, 'I'm fine, keep going.' Sometimes we talk about music, their work."

Joanna Ortiz, 43, who was the fourth patient to get the Gerut lift, remembers telling Gerut she was hungry. "I was thinking about rice and beans," she says. For Ortiz, being able to talk helped assuage her fears of not being in control. "At any point in the middle of the case, I could have gotten up," she says. "Not that I would have looked nice. But it's a great feeling."

No anesthesia means no nausea or vomiting or coughing, which can disturb stitches and further increase bruising by raising blood pressure in the face. When patients do walk out of Gerut's OR, they spend an hour in recovery, then head home without bandages or drains.

The morning after her surgery, Ortiz took a shower, washed her hair, and went out to breakfast. The sisters went to an outdoor jazz concert the night after theirs. "To this day," the ER doctor says, "my husband has no idea I had it done. In fact, if he walks in while I'm talking to you, I'm going to just hang up, okay?"

Clearly Gerut and other doctors and dermatologists who work with minimal or local sedation are onto something. Anesthesiophobes from as far as Texas and Beverly Hills (which Gerut refers to as "plastic surgery heaven") are calling him and flying across the country for appointments.

When Sandi Bachom, a writer and filmmaker, wanted to address what she calls her "turkey neck," she sought out Colbert, who uses injections of novocaine around the nerves for minor lifts. After a hysterectomy under general anesthesia a few years back, she was unable to move or speak to the nurses because the sedative had not worn off. "It was one of the worst experiences of my entire life," she says. "I will not forget that till my dying day."

Colbert knows exactly where his patients are coming from. "When I had my knee done at NYU, I refused to be intubated," he says. Instead, he insisted on IV sedation plus an epidural. "If you don't need to get general anesthesia," he says, "then you shouldn't."

NYC dermatologist Pat Wexler, MD, has taken liposuction patient interaction to another level. While she works, they're listening to Carly Simon's "You're So Vain." (It's the right rhythm for the cannula's back and forth, she explains.) She puts them on speaker phone to call their spouses. She even

had a patient buying and selling on his BlackBerry while she tended to his love handles. Halfway through, everyone gets a hot cocoa to "keep their adrenaline up."

Wexler also uses the swelling technique. (If the case calls for anything heavier, she'll bring in a board-certified anesthesiologist.) Her twist is that she insists her charges stand up during the operation so she can examine how they look when gravity comes into play. "I'll have them raise one arm like a ballerina so I can get a great waist," she says. "I can't do that when they're lying like a lox on a table."

A lot of the lipos she does, she claims, are redos for patients who've had the procedure before under IV sedation or coupled with larger procedures that required general with intubation. "Most people who go to plastic surgeons are expecting to be put to sleep," she says. "To me it's a standard of care to contour them when they're awake and standing." Howard Sobel, an NYC dermatologist, agrees. He even has his patients watch the procedure (if they can) and give their feedback.

As the trend of reducing anesthesia takes hold, more plastic surgeons and anesthesiologists like Hector Vila, MD, anesthesiology chief at the University of South Florida H. Lee Moffitt Cancer Center in Tampa, are calling the approach "dangerous" and, as he says, "seductively easy." Local anesthesia has its own risk, after all. There's a toxicity level to lidocaine, notes Lawrence Reed, MD, an NYC plastic surgeon and a clinical assistant professor at New York Presbyterian Hospital. Patients can seize unexpectedly, especially if their system takes an unusually long time to metabolize the drugs. In certain cases, general can be more accurately cast as the hero instead of the villain. Should any unexpected complications occur, well, the patient is already being closely monitored with her airway properly secured.

The length of the procedure is also an issue. "Something you can get done in an hour or two you can generally do very well with local or IV sedation," says Mark Jewell, MD, an Oregon plastic surgeon and the outgoing president of the American Society for Aesthetic Plastic Surgery (ASAPS). "But a long case of combined procedures like face, eyes, and brow lift is asking more than what a patient can reasonably handle awake."

This past April, Gerut was invited to present his procedure at ASAPS's annual meeting. More than likely that means the Gerut lift will be learned and implemented by his colleagues around the country. If patients talking through face-lifts becomes an industry standard, five years from now will they be chatting on their cell phones while doctors hammer away at their noses? Will they be scoring restaurant reservations while C-cups of silicone are jimmed under the muscle of their chests?

Even Gerut admits there is a line that can't be crossed. In his opinion, although no doubt someone else will try it, certain surgeries are simply too bloody and too violent for patients to witness. "The bottom line is, yes, it's possible to do many surgeries under local. But the procedure shouldn't be affected by the fact that the patient is not asleep; and the patient has to be comfortable," Gerut says. "We can't give them a pleasing physical result on one hand and nightmares on the other." □