



All those buoyant breasts and
chiseled cheekbones don't
shape—or heal—themselves. A look
inside the rarefied world of the
celebrity cosmetic surgeon.

By Kristin Perrotta

SECRETS of CELEBRITY PLASTIC SURGEONS

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illions of people will sit in front of their television for the spectacle that is the Oscars. Among them: Hollywood's starmakers. The hairdressers who spent hours crafting updos, the designers who sketched and resketched gowns, the stylists who stacked the diamonds just so. With bated breath, they watch and wait, knowing that a red-carpet shout-out could be a career-making—and majorly revenue-boosting—moment. But there is one member of the so-called “glam squad” who knows his name will be spoken exactly nowhere near the red carpet. “It’s fun to watch the Academy Awards and see your work up there,” says Andrew Frankel, an associate clinical professor of otolaryngology at the University of Southern California’s Keck School of Medicine in Los Angeles and a facial plastic surgeon in Beverly Hills. But is it going to get Frankel any new clients? Hell no.

Welcome to the world of the celebrity plastic surgeon. Treating Oscar winners, royalty, billionaires, heads of state. Meeting, greeting, injecting—and, of course, operating on—VVVIPs the world over. The things you must see. The egos you must nurture. The tantrums you must tolerate. And, yes, the bald-faced lies you must witness.

“YOU’RE GOING TO SEE A BLACK VAN.”

In this world, a house call is hardly unheard of. But there is a line between a client expecting a little hand-holding and a client who equates her crow’s-feet with, say, the nuclear launch codes. “We got a call from the assistant of one of our A-list patients,” recalls Jason Diamond, a plastic surgeon with offices in Beverly Hills, New York City, and Dubai. “She said, ‘One of our friends wants to see Dr. Diamond.’ But she couldn’t tell us who it was. Then the assistant says, ‘I’m not going to tell you who she is, but if you’re willing to get in your car and start driving, I’ll tell you where to go.’ I get in the car and start driving.” Wait. It gets weirder. The woman on the phone gave specific driving directions until Diamond arrived at a particular address. “She said, ‘OK, now you’re going to come to this house. You’re going to see a black van.’” The tinted window of the van rolled

down, and the man inside said, “‘Who are you?’ I said my name, and he asked, ‘What’s your business here?’ I said, ‘I don’t know.’ The garage door opens, and a security guard asks, ‘What’s your business here?’ and I’m like, ‘I still don’t know!’ Then finally the door to the house opens. There is this A-lister at the kitchen table with her stylist working on her hair. She’s got a fashion person, too—there were ten people there. She wanted to talk about some procedures, so we went to another room, and that was it. Since that time, I’ll only go to people’s houses when I know who they are.”

“A 29-YEAR-OLD ACTRESS CAME IN FOR A FACE-LIFT.”

“As a general principle for all people, celebrity or not, there is an optimal window for a face-lift. It is my opinion [that it’s best] to do these things when they’re less severe because if you wait until you look like a droopy dog, people can see that dramatic change. If the change is subtle, you’ll get away with it. People will say things like ‘God, that woman never ages. She looks amazing,’” says Frankel. “But when I had a 29-year-old actress who didn’t like how she looked on a magazine cover come in here for a face-lift and say to me, ‘If I do it when I’m 29, I’ll always look 29,’ I had to explain that it doesn’t work that way. It’s almost as if they think the year that you have your surgery is when you stop aging. You have to just say no. I’m dealing with that right now with several clients. I can’t do enough to put them off.”

“THEY’LL DENY IT TO THE HILT.”

“It’s interesting what people relay in the media when they’re interviewed,” says Robert Singer, a clinical professor of plastic surgery at the University of California, San Diego, and a former president of the American Society for Aesthetic Plastic Surgery. “I’ve had situations where actresses have said that they’d never have plastic surgery but that they’d consider Botox or maybe fillers, and they had just had a face-lift. They’ll deny it to the hilt,” says Frankel. Even to each other: “There was a very well-known TV show. And one day I was operating on the two stars of the show. Total coincidence,” he says. “But since they don’t want anyone to know what they are doing, they don’t even tell each other. So after the surgeries, the nurses are freaking out trying to make sure they don’t see each other. But in the end they did, and it

"A LOT OF WHAT YOU READ IN THE TABLOIDS IS REALLY TRUE."

"We have five exits from our building—and we use them cleverly to divert and decoy the paparazzi," says Frankel. But sometimes the problems start on the inside. "Years ago, we were sued by a very famous actor and his wife because there was information about them having had surgery here. A HIPAA [Health Insurance Portability and Accountability Act] violation is a federal offense, so we called the FBI to investigate who might be our leak. The agents loved it because they were out here in Hollywood interviewing all these celebrities who had had surgery. The rags aren't all bad—a lot of what you read in the tabloids is really true. I can tell you firsthand."

BUT OCCASIONALLY THEY GET IT WRONG.

"I once had a female celebrity in for facial surgery, and we knew there was going to be a problem with the paparazzi," says Frankel. "She was my second case that day. The first was a regular woman from the Valley who was not famous. So we delayed discharging the first patient. When we did discharge her, we wrapped her up with a beekeeper's hat, a veil, a scarf, and really big sunglasses. The nurse walked her out as if she were someone very, very famous. Sure enough, later that week, that lady from the Valley's picture was on the cover of a magazine. She later called up laughing that she was on the cover of this magazine as so-and-so."

"IT'S AN UNDERGROUND, INVITE-ONLY KIND OF THING."

"I go to Dubai every three months and Moscow once a year," says Diamond. "In the Middle East, I have a license. In New York, obviously I have a license. But in Russia, I go without a license because most of it is underground. That's why when I go to Moscow we have to be very, very discreet. It's an underground, invite-only kind of thing. We'll do injectables and consultations in very wealthy people's basements. So when you ask how Russian celebrities avoid paparazzi? It's literally underground. It's not a clinic; it's not an office."

IT'S TAKING A SHOWER WITH THE ROYAL.

"NO! THAT'S WHY I HAVE NURSES."

"I guess I'm known for doing revision surgery—doctors will send me patients who have had unsatisfactory results," says Simeon Wall Jr., an assistant clinical professor of plastic surgery at the University of Texas Southwestern Medical Center in Dallas. "I treated a royal, and unfortunately she had previously had some pretty bad plastic surgery: a tummy tuck, liposuction, fat grafting, and breast work. I pretty much did an overhaul of everything on her. It was a huge case that seemed like it took forever." Wall's office has guest suites so the most famous patients can bruise for days in privacy—this patient was staying in the VIP suite. "The day after surgery, I said, 'You can shower—we'll change you out of your surgical dressings,'" says Wall. "My nurses were there, but she wouldn't let them touch her." So this royal did what royals do and asked the good doctor to shower her. "I'm like, 'No! That's why I have nurses. Your husband's here. He can do it.' She refused." So the good doctor relented: "I'm standing half in, half out of the shower in my scrubs, trying unsuccessfully not to get soaked while washing a grown woman. My wife [another plastic surgeon in the practice] asked one of the nurses, 'Where's Simi?' And the nurse said, 'He's taking a shower with the royal.'"

LET'S JUST SAY MONEY WAS NO OBJECT.

Celebrity patients expect their surgeons to make them comfortable. There are the pain meds, sure. And sometimes, there's also furniture shopping. That royal? She had very specific ideas about where she should sit. "She moved out of our guest suites and into a hotel," Wall recalls. "She had liked a recliner from our guest suite, so they called us and said, 'We want that recliner.' I said, 'You can't have the recliner because we have another patient using it now.' They said, 'Just get one.' I called the manager of her hotel downtown, who is used to requests like this. He said, 'Send me a picture of it. I'll have one there in an hour.'"

“SHE IS TO BREASTS WHAT MOZART WAS TO MUSIC.”

“Celebrities do not say who they don’t want to look like,” says Steven Teitelbaum, an associate clinical professor of plastic surgery at the David Geffen School of Medicine at UCLA. “Instead, they’ll say they like Kate Hudson’s boobs for their size and perkiness. But the name most mentioned as having perfect breasts—though bigger than some patients want—is Emily Ratajkowski. I tell patients, ‘I get it. But I’d be misleading you if I suggested that you’d look like her. She’s a genetic rarity; she is to breasts what Mozart was to music and Usain Bolt is to sprinting.’”

“THEY HAVE TO BE THE SAME AGE FOR 35 YEARS.”

“There are different considerations [with different types of celebrities]. For the average rock star or movie star, the more their life demands that they are in public getting photographed and making appearances, the harder it is to find a window to perform a procedure,” says Frankel. “So while doing subtle changes in stages is a nice idea, you really have to get it all done in one procedure. Now, soap-opera stars are the exception. They have to kind of be the same age for 35 years. Yet they’re not supposed to look any different from day to day to the viewer. Those changes need to be done subtly and regularly to keep them going. And HDTV is extremely revealing.”

“THERE ARE ANATOMICAL LIMITATIONS.”

“Celebrities tend to have expectations that are out of line with reality because they’re used to just being able to have everything,” says Wall. “They don’t understand that this is a surgical procedure; there are anatomical limitations. For example, someone with a boxy waist or narrow buttocks won’t understand that you can’t give them the shape they want. I’ll say, ‘I can reduce your waist by six inches or eight inches.’ But they’re like, ‘No, I want it reduced by a foot.’ And I have to tell them, ‘No, this is not reality. We can’t do this.’ They just don’t like hearing any of that.”

“POSSESSION OF AN ASSAULT RIFLE IS A FEDERAL CRIME.”

“I operated on the wife of a royal—she always had bodyguards,” says Teitelbaum. “During her surgery, they wanted to stand at the door to the OR. When I walked from the scrub sink into the OR, I saw that one of them had a machine gun partially hidden under his jacket. Possession of an assault rifle is a federal crime, but what was I going to do as I was walking into the OR with the patient already asleep? Call the ATF [Bureau of Alcohol, Tobacco, Firearms, and Explosives] and risk a shoot-out in my office? Or perhaps they had some special clearance? I put it out of my head, focused on the case, and then did all the follow-up visits at her home so I didn’t have to worry about guns in my office again.”

“THERE’S AN EMPTY BEER, A FRESH CIGARETTE....”

“I have an A-list person who always wants surgery at night to avoid being seen,” says Diamond. “After surgery—and this is past midnight—I go to his house to check on him. Normally people go to an aftercare facility, but he refuses—he wants to go to his house. I’d given him very specific instructions: ‘You leave the pressure wrap on for 48 hours, no smoking, et cetera.’ He’d been home for an hour. I get there and his assistant says, ‘He’ll be ready in a minute.’ I’m thinking, ‘What do you mean? He should be ready right now.’ I go upstairs, and there are girls running around, an empty beer, a fresh cigarette in the ashtray. He’s sitting in a lounge chair, and the pressure wrap was completely a mess. You could obviously tell he had taken it off and put it back on completely wrong. So I’m like, ‘What the hell is going on? You can’t do this!’ I probably gained 30 points on my blood pressure.”

O, THIS IS NOT REALITY. WE CAN'T DO THIS.