

A VACUUM CLEANER FOR FAT

Why Suck It In When Dr. Litton Will Suck It Out?

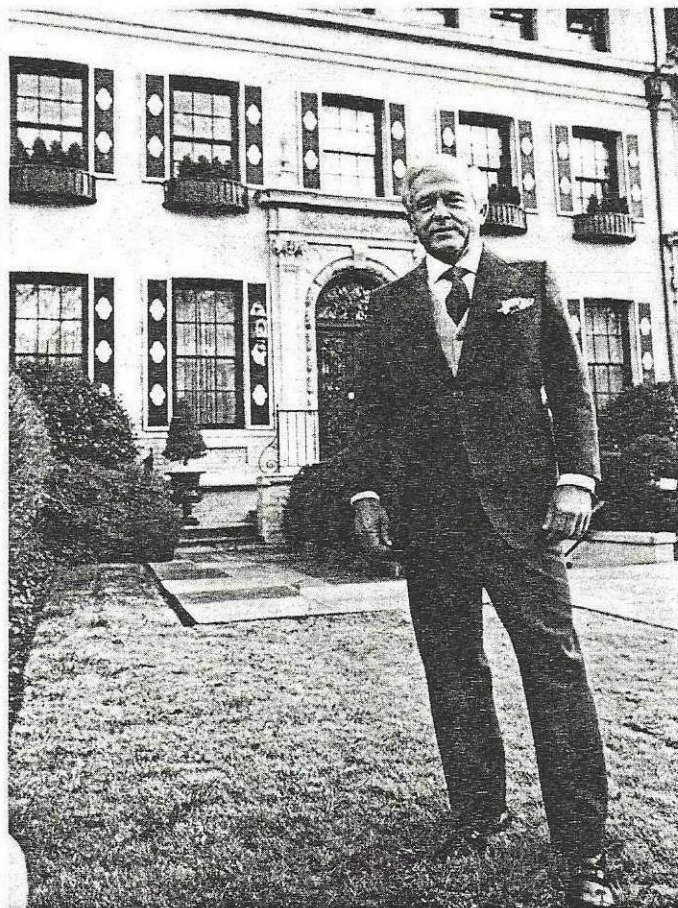
A stylishly dressed woman climbs out of the black limousine that picked her up at National Airport. She enters an ornate, gray-brick, Mediterranean-style townhouse—once the German Embassy—in the Kalorama section of DC. The woman, who stands five feet, seven inches tall and tips the scales at 122 pounds, is generally slender, but her eyes focus on the reason for her trip from New York as she glances in an eighteenth-century Florentine mirror decorating the ten-room medical office. She's got saddlebag thighs, localized fat deposits on the hips and thighs that can make a woman look as if she's wearing riding breeches.

The woman has come to see flamboyant plastic surgeon Dr. Clyde Litton, who has nipped and tucked a long list of politicians, socialites, and less-visible Washingtonians. Dr. Litton has introduced to this country a relatively simple surgical technique to remove unwanted fat from the human body. Because of him, Washington is becoming the fat-suction capital of the world.

Dr. Litton's remedy, the Closed Suction or Collapsing Technique, was developed by Dr. Yves Gerard Illouz in Paris six years ago. Litton is currently the only board-certified plastic surgeon in the US using it. Tubes are inserted into the fatty layers, between the skin and underlying muscle, and a powerful suction machine such as those used for abortions pulls the fat out. The technique can be used anywhere on the body where there's a localized fatty deposit—most frequently, thighs, buttocks, abdomen, knees, and back.

Not only the rich and famous, but dozens of women—airline attendants and lawyers and housewives, ranging in age from late teens to early sixties—have come from as far as Palm Beach to rid themselves of saddlebags and "love handles," the term used to describe an excess bulge at the waist.

According to Dr. Litton, fat suction differs from other fat-removing surgical techniques in that the patient heals quickly with virtually no bleeding, only a small residual scar, and minimal risk of complications. It is also relatively painless, although one patient recently reported that the operation



Dr. Clyde Litton

So Long, Saddlebag Thighs and Love Handles

was more painful than her eyelift, and another complained that for a week or ten days after her thigh reduction she couldn't bend her legs. She said: "You try going to the john when you can't bend. You lie down across the commode. Just try stepping into pants when you can't bend."

The technique eliminates bulges and inches rather than pounds, because fat weighs very little. Says Litton: "You can reduce bulges to a straight line or a nice contour. Most women want to be slim enough to wear tight jeans and look good in bathing suits or the nude." But he adds: "This is really a last-resort technique. Most have tried diet, exercise, massage—the whole gamut. But once you see this trochanteric deformity [saddlebag thighs], you can see they're wasting their time on other methods."

The procedure is carried out in an operating room under general anesthesia. The patient stays in

the hospital one night. And while the procedure may be relatively painless, the cost is not. The base surgical fee for the hips and buttocks, which Dr. Litton prefers to combine, is \$2,000. Each additional area, such as love handles or abdomen, adds another \$500 to \$1,000 to the bill. Anesthesia and hospital costs generally run another \$2,000.

More women than men are candidates for the fat-suction procedure, although Litton has used the technique to do breast reductions on several men. He prefers patients under 38 years of age, because their skin retracts better. In older patients, some waves remain after the bulge is removed. But the fat problem does not reappear; unlike a facelift, where the eyes get puffy and the jowls may sag after a few years, this is a once-in-a-lifetime ordeal. "We don't leave many fat cells there to enlarge again, so it's improbable that it would need to be re-

peated," Dr. Litton says. "But that doesn't mean it gives an individual carte blanche to gorge herself."

The medical risks, according to Dr. Litton, are minimal, the most dangerous resulting from complications of general anesthesia. Infection or seroma (a collection of fluid in the tissues) is rare, but can be of concern. Another risk, in theory, is that removing a large amount of fat in too short a time can cause a fall in blood pressure and possible shock.

Other plastic surgeons take a more conservative approach. While agreeing that the fat-suction technique is not medically dangerous, Dr. Richard Stark, professor of clinical surgery at Columbia University, fears that surface areas could become irregular, because the surgeon cannot see beneath the skin to mold the remaining fat. Fat, Dr. Stark points out, is easily fragmented, and a misshapen contour can result. The American Society of Plastic and Reconstructive Surgeons is currently conducting an investigation of the process and will soon sponsor symposiums, led by prominent practitioners from Europe. The results of that investigation are expected within six months.

The urbane Dr. Litton, now in his late fifties, has been practicing cosmetic plastic surgery in Washington since 1965. A native of Charleston, West Virginia, he trained in both medicine and dentistry at New York University and in plastic surgery at the University of Michigan.

Two decades ago he popularized the chemical face peel, a procedure in which a chemical agent is applied to remove the outer layer of skin and erase fine wrinkles and acne pits. In Argentina, he learned the Juri hair-flap technique, in which a flap of hair from the back of the head is transplanted to the front to provide a better hairline. He cornered the US market with that procedure.

Of his controversial new fat-suction procedure, Dr. Litton cautions, "Every surgeon who tries this will not necessarily be successful with it. You're working through tactile sensations, which has some shortcomings. There are good sculptors and bad sculptors." —KAREN FELD

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