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[Future of Plastic Surgery Is Stem Cells](#)

May 18, 2007 in [Facial Plastic Surgery, Plastic Surgeon Articles & Interviews](#) by sarahl | [Leave a Comment](#)



The future of plastic surgery according to renowned plastic surgeon Richard Ellenbogen, M.D. will be all about injecting stem cells into the target body areas and procedures will have no scalpers or scars and require no surgical operations. But you're still going to need a surgeon and you'd be lucky to be in the hands of Dr. Ellenbogen. "I am convinced that in the future facial aging surgery will be operationless. Stem cells being extracted from other areas of the body and being compressed and concentrated and injected in the proper areas will rejuvenate the face without surgery," says Dr. Ellebogen, one of the world's best face lift surgeons.

Dr. Ellenbogen was already revolutionary 25 years ago when he went against the industry convention of tightening inner facial layers and realized that the key to achieving most natural-looking face lift entails adding fat to areas that have lost volume, not tightening the face. Now, many plastic surgeons follow his lead in this important trend in face lifts. As one of the world's best face lift surgeons, Dr.

Ellenbogen is always on the cutting edge of plastic surgery. At the recent annual American Society of Aesthetic Plastic Surgery meeting held in New York City, Dr. Ellenbogen received a standing ovation from his colleagues after presenting information on how he uses the stem cells found in fat to mold, sculpt and rejuvenate his patient's faces. Known in plastic surgery circles as the "father of fat grafting", Dr. Ellenbogen has been using a patient's own fat to restore volume and youthfulness to the face for nearly thirty years. Now, Dr. Ellenbogen is back with another major breakthrough as he has discovered that not only does fat help give back volume to weakened and aging facial structures, but it also rejuvenates the skin because it contains stem cells.

In this exclusive Make Me Heal interview, Dr. Ellenbogen talks about his philosophy on face lifts, reveals a few of his secrets, and gives the lowdown on how the future of plastic surgery will be all about stem cells and scar-less procedures that require no incisions.

Make Me Heal: As a doctor who's been on the scene for the last 25 years, what are the major innovations in face lifts that you have seen? How are you doing face lifts differently today than say 10 years ago?

Dr. Richard Ellenbogen: I have actually been performing plastic surgery at my office on Sunset Boulevard in Los Angeles for 31 years. The facelifts of today are totally different than the facelifts of yesterday. The scars are shorter and the actual principal that most advanced plastic surgeons use nowadays is different. Previously we felt that there was a layer within the face, called a SMAS, that we had

Basically, the principal is that the face simply deflates as you get older. Fat is lost and descends in the face and if this fat is not replaced someone will simply look pulled because that is all the alternative facelift is. So what I have been doing for the past fifteen years is adding fat to the various areas that have lost fat and not tightening the inner layers at all because in certain studies with MRI's these inner layers have been proven not to have fallen at all. Consequently, my operations look very realistic and this is why I have had such a healthy facelift practice with every patient bringing in another patient. I can actually tell my patients nowadays that you will look even younger, whereas fifteen years ago I could say only that you will look more rested. Adding fat and understanding the addition of fat in the amount and how to make it last has been the greatest innovation in facelifts in the past 31 years and I am glad that this is something that I am responsible for and many other plastic surgeons are now following my lead.

Make Me Heal: What are the main types of face lifts that you perform? When discussing each face lift type, please briefly describe with technical details (i.e. incisions, anesthesia, etc.) how the facelift type is performed, what aesthetic concerns it addresses, and who is the ideal candidate for each type.



Dr. Ellenbogen: Most plastic surgeons become comfortable with a facelift technique and perform it on most of their patients with varying degrees. Unfortunately, some of these facelifts that are used for much older women do not work very well for early aging women in their 40's and can make them look pulled, strange, and actually accelerate the aging process. I too perform a certain operation which I call the volumetric facelift. I presented this to a number of peer reviews, plastic surgical societies, and published it in the major plastic surgical aesthetic surgery journal. I am the director of a postgraduate plastic surgery training program and almost all of my students now practice this technique. The volumetric facelift takes into consideration that the greatest cause of aging is a loss of fat in the face and this fat is replaced in various areas of the face to reconstruct the shape of a young

woman's face. It is combined with a removing of the fat in the neck and the tightening of the muscles in the neck and also removing some fat underneath these muscles in an extremely heavy neck. So there are variations of this operation I do; putting in more fat, less fat, tightening the skin more, tightening it less, tightening the muscles less, tightening it more, varying it to the person. I was so pleased to recently at the Aesthetic Surgery Meeting in New York take the course of William Little who I consider my worthy competitor in Washington, D.C. He also has undergone an amazing transformation to modern day facelifts and performs almost the same operation that I do. He has gone through many complicated steps to come to the simple operation and simple conclusion that I have, and it is interesting that just as heart transplants were performed at the same time in South Africa and in Stanford, two heavy facelift practices like his and mine, have come to the same conclusion in the operation that we do.

Make Me Heal: You have pioneered your own face lift procedure that you call the "volumetric face lift". How is the procedure performed and what makes it unique from other available techniques?

Before
Face Lift,
Facelift, Plastic
Surgery, Dr,
Richard
Ellenbogen



After

Dr. Ellenbogen: The volumetric facelift takes into consideration the face that as it ages changes shape. Almost all of this change in shape is a loss of fat and I have pioneered a way of replacing the fat in the face and making it last. I wrote the first article on fat replacement in the American Literature in modern times and for five years, although I lectured on it, it was not accepted in the Peer Review Journals. The difference in my facelift is that it depends on the lifting of the face by placing fat in certain areas as well as a tightening of the skin. It also depends on removing fat underneath the jawline and tightening the muscles there to get a perfect 90 degree jawline. The whole operation has minimum scar and probably nine out of ten patients do not even take a pain pill during the entire course. There is no bandage after the first day and patients can wash their hair the first day. I actually allow patients to drive their car within the first week because they can turn their neck comfortably. And a great California question, "when can I go back to the gym," I have cut that time in half for most of my patients.

Make Me Heal: There's been a lot buzz made about "lunch-time", scarless, and weekend facelifts. Do any of them work and if so, which ones do you recommend?

Dr. Ellenbogen: Lunchtime and weekend facelifts, "do any of them work?" Quick answer, "no." Even the doctor who started the barbed sutures and the quick suspensions now tell patients that this is an alternative to Botox or injectables. It is a short-lived operation and will probably need to be redone. Most patients that I have seen in my facelift practice who have had this procedure are quite displeased not only with the look of it, but the fact that they were misled somewhat that it was very noninvasive and easy, whereas in fact it requires incisions, local anesthesia. One patient, in particular, who went in during her lunch break spent the rest of the day recovering in the doctor's postoperative facility with another patient and heard that this is actually the norm, not the exception.

Make Me Heal: What procedures (i.e. brow lift, blepharoplasty) do you often combine with a facelift? When naming a procedure please explain which issues the procedure addresses.

Dr. Ellenbogen: What operations do I combine with a facelift? Frequently, a browlift to change the expression, get rid of the wrinkles in the forehead, and less frequently eyelid surgery (upper and lower). We no longer perform the deep upper eyelid that was so popular in the last ten or fifteen years. We leave the eyelid a little bit heavier which is more like what an eyelid would look like. We do not like that bug-eyed look that was so popular in the 1980's and the 1990's. In all facelift procedures, I replace fat. I replace it in the jawline, in the cheeks, in the cheekbones, in the temples, in rather thin patients, in the eyebrow area to assist in lifting the eyebrows; it is all known to reshape the face to a younger shape of a face. There is only so much that can be done by pulling in a facelift; the rest has to be done by volume replacement and thus I call it the volumetric facelift. Only recently we have discovered that liposuction fat is the richest source of stem cells next to embryonic fat cells and these are utilized in many uses now in surgery. We have noticed for many years in using fat in the face that people's skin has gotten wonderful after the surgery. Pores have gotten smaller and pigmentations have gotten less. At first we thought the reason for this was just writing on a balloon; you write with a magic marker on a balloon and you blow it

corners of the mouth and improves the expression of the face. In my course that I gave at the Aesthetic Society on expressional surgery, improving the expression in people who are starting to look old, the most important thing that I mentioned was the lifting of the corners of the mouth with a chin implant.

Make Me Heal: You've recently spoke at a plastic surgery convention about using stem cells through fat grafting to fill in wrinkles and rejuvenate the skin of your patients. Please describe this technique. Are you using stem cells for any other purposes?

Dr. Ellenbogen: The highest concentration of stem cells besides embryonic stem cells is in our own body fat. Consequently, when we inject liposuction fat to build out a cheekbone or fill out a gaunt face we also inject stem cells which are contained within the fat which treat the area. We have noticed for years that people who have fat injections in the face that their pigmentations are less visible and the pores are much smaller. Many experience a decrease in wrinkles in the area. A few patients with chronic acne are improved. In some patients we simply inject a thin layer of liposuction fat under the entire facial skin and within weeks the improvement is seen. It is essentially treating skin from the inner layers not from the outside. The surgery is performed under general anesthesia in an anesthsized skin. Once local anesthesia is used we believe the stem cells and fat cells do not survive as well. We remove the fat and have found back fat or love handle fat survives the best. The fat is centrifuged, purified and injected with special needles from inside the mouth. There is no bandage and the swelling subsides within weeks. The entire procedure takes 30 minutes and the only complaints of pain are usually from the donor site.

Make Me Heal: What role do you think stem cells will have 5-10 years from now on plastic surgery? Please describe what procedures stem cells will be used in and how they will benefit the patient and surgeon?

Dr. Ellenbogen: The future of plastic surgery and all surgery I believe is stem cells. I believe that someday in the future we will be able to take a purified extract of stem cells and inject them in various areas of the body, and the face and the organs or racial structures which are aging and breaking down will be rejuvenated. At present, we are cognizant of the fact that liposuctioned fat itself, something we used to throw away, is replete with fat cells. Including this in various areas of the face, in our article that we wrote, actually improves the skin, gets rid of wrinkles, gets rid of pigmentations, and hypothetically prevents the facial skeleton from decreasing in size as people get older which is one of the major causes of the sagging and change in the shape of facial structures. I am convinced that in the future facial aging surgery will be operationless. Stem cells being extracted from other areas of the body and being compressed and concentrated and injected in the proper areas will rejuvenate the face without surgery, but I am sure this is many years to come.

Make Me Heal: Do you think that in the distant future there could be a scarless facelift, face transplant, stem-cell or nano-technology aided facelift technique that could replace the traditional facelift?

Dr. Ellenbogen: Once we understand more about injected stem cells and we have a way to concentrate them it is possible traditional facelift procedures requiring cutting and tightening could be eliminated or augmented. Perhaps the aging factors could be eliminated even reversing the aging of tissue. This is probably not to take place soon since moral and ethical issues must be addressed.

Make Me Heal: What are your favored facial fillers that you use for addressing different areas of the face? Please discuss your experience with various fillers and which last longer and achieve better results. For example, where do you like to use Botox, where do you use Restylane, Juvederm, Collagen, etc.

Dr. Ellenbogen: I was a silicone researcher for two years and an article that I published in the Journal of American Medical Association was spread by the Food and Drug Administration where I was asked to go to Washington when injectable silicone was taken off the market because of its migratory effects and the hardness and how it deformed so many people. That of course is my least favorite injectable. After I published that article, I saw virtually thousands of patients who had defects from silicone injections and I had no treatment for them. Many were grossly deformed. There was one major ballerina who could not open her mouth after having silicone injected into her lips and many people also know of the late Elaine Young, Michael Corleone, Young's ex-wife, who had in the area of fifty operations to remove silicone from her face because it deformed her. I am very watch and wait on new injectables. I have liked collagen for four years, but I know it's limitations and that it is short-lived in what you can do with it and I do not ever

the areas that are absolutely full proof; the forehead for wrinkles, between the brows, and at the corners of the eyes. It still takes a certain amount of skill not to inject too deeply and affect the muscles of the eyes or the muscles of the lids and deform someone with it, but I think Botox by an experienced injector, like myself, is a very good tool. Some of the tools that people have tried to use it with; torticollis neck muscles that are visible, wrinkles under the eyes, wrinkles around the mouth, tend to change certain expressions very subtly. I have seen it injected in hyperactive mentalis muscles in the chin, changing someone's smile almost to a grotesque form in patients, so we have to be very careful with these injectables and not do harm and understand their limitations and anything new that comes out we have to wait a significant amount of time to make sure we do not have the same difficulty that we had with the injectable silicone.

Make Me Heal: Do you change your technique when you perform a face lift on a Caucasian patient, versus a Black or Asian patient? Is skin type and color a relevant factor when considering a face lift? What are the aesthetic differences that exist when performing face lifts on different ethnic groups?

Dr. Ellenbogen: I change my technique in my facelifts for every patient; thin-faced, thick-faced, fat-faced, heavy neck, thin neck. The flexibility of the volumetric facelift is the beauty of the technique. It is somewhat like painting or sculpting, that you can add more fat to an area, to create a higher cheekbone, a gaunt cheek can have more fat added to it, and there are certain differences certainly in different races. Asian skin is thicker, more oily, in general, than Caucasian skin. Asians are very particular that they do not want to look different or weird, so in Asians the surgery is quite underdone. In many Asians who have a small chin, a chin implant or fat in the chin is added to give a stronger jawline. Many Asians hate the heaviness of their face and a buccal lipectomy will be included with it. In the volumetric facelift and facial reshaping in black patients, Caucasian, or Asian patients, I try to find exactly what the patient wants and if indeed I can do what they want, that I am their humble servant to take them from point A to point B. The results of the volumetric facelift are so extraordinary I can actually tell my patients that you will look younger after the surgery, not more rested or thinner or better that I used to have to do fifteen years ago.

Make Me Heal: What can a patient expect after 4-5 years of performing a face lift? How long do the rejuvenating effects last? Should a patient return for a second face lift after a certain number of years have passed?

Dr. Ellenbogen: Our goal in facial aging surgery is to set back the clock not stop it. People will continue to age regardless of how hard their surgeon or they fight it. Aging is related to stress, heredity and so many other factors it is impossible to have a facelift for life but forehead and browlifts last the longest. I published a paper showing eyebrow position and forehead wrinkles still unchanged after 20 years. Jawlines can remain unchanged for many years if the fat is artistically and completely removed beneath the jawline and the platysma muscle tightened and elevated. Being in the same office for 31 years, I have the opportunity to see patients who return over a long period and see when a patient will by no fault of their own will need a touchup. The best an honest surgeon can do is select a technique that will prolong the inevitable touchup if the patient lives long enough and maintains a feminine desire to appear younger. That is why the volumetric facelift I have been performing is what I believe to be the golden standard. Touchups are easy and generally just an injection of fat in the proper areas 5 to 15 years later. All I can say is in the many volumetric facelifts I have performed in the last 10 years, only 10% required a touchup which is a fraction of the surgery of the original procedure

Make Me Heal: What are the real risks of a face lift (not the ones that are extremely rare)?

Dr. Ellenbogen: The real risks of a facelift are quite minor. The volumetric facelift has decreased the risks of a facelift. The scar is much shorter, so the previous problems of scarring and keloid are usually not there. The scar on the volumetric facelift does not extend into the hairline, so the problem of hair loss that used to be a problem with a wide forehead is not a problem any more. Of course one of the difficulties in volumetric facelifts is that it must be performed by someone who is expert in it. It is creating asymmetry of the face. The fat is very carefully marked, the areas that it is being injected into have to be marked very carefully, and I would say that most complaints that I have received in the volumetric facelift is, "when will the swelling go down," and "when can I get my hair colored?" Since there are incisions in the hairline itself, this is not a problem.

somebody has had a facelift they look around the ears for the scarring. We try to do the most minimal and most precise closure around the ears making the contour in the area around the ear and behind the ear as natural as possible. Probably in the entire time in the volumetric facelift, which is probably two and one-half hours to perform, probably one hour is taken to close the incisions to make sure that the patient will heal well. The scar of course is shorter and this certainly minimizes the scar.

Make Me Heal: If you were to have a face lift, what plastic surgeon would you entrust your face to? Feel free to list more than one name.

Dr. Ellenbogen: If I were to have a facelift, I would entrust my face to Gary Motykie, my associate, William Little, my worthy competitor in Washington, D.C., and I do not think there would ever be a third place. I choose Dr. Motykie because he knows exactly what my operation was and does it very well. I choose Dr. Little because he has innovated a technique so similar to mine and is so consistent in his technique that I would trust him to do my surgery.

Make Me Heal: What is the strangest request you've gotten from a patient? Did you do it?

Dr. Ellenbogen: Unfortunately, I cannot show the pictures of this patient, but he was a patient who looked very much like Fredo in the first Godfather, the wimpy middle brother. And I asked him what I could do for him and he asked if he could look like Michael Corleone, who was played by Al Pacino. We took a picture of Al Pacino and on the computer we deciphered all the various proportions of Al Pacino's face; the cheekbones, the jaw, the projection, and we did this on this patient's face; and although he is not the spitting image of Al Pacino he no longer looks like Fredo and looks very close to Michael Corleone.

Make Me Heal: Following a facelift, what daily beauty regimen do you recommend to prolong the aesthetic results?

Dr. Ellenbogen: Following a facelift, the beauty regimen I recommend to most patients really is quite simple. No sun and maintain a proper diet and exercise. I have a personal product which I give to them which is not available commercially that is called "Peel and Bleach". It is a combination of number of different items for the face that tend to get rid of pigmentations, heal wrinkles, and tighten the skin. Someday I will put it out on the market for other patients to get, but for right now it is just available for my patients who have had surgery. The important thing also is that certain women are programmed to stay young, other women are not. They feel that coming into me and doing a facelift solves all their anti-aging problems and they do not have to do anything to maintain it themselves and what I try to do with these women is educate them that there are certain things that they can do to keep themselves looking younger or feeling younger, staying younger, making the facelift look good. I try to prolong the joy that they have had from looking so young.

About Dr. Richard Ellenbogen:

As medical director of Beverly Hills Body, Dr. Richard Ellenbogen is a multiple recipient of the American Medical Association Physicians Recognition Award, a member of the American Society of Plastic Surgery, the American Society of Aesthetic Plastic Surgery, a Fellow of the American College of Surgeons, and a Fellow of the International College of Surgeons. Dr. Ellenbogen attended the University of Florida and has become one of the most published and innovative plastic surgeon in the US. Dr. Ellenbogen has written textbooks and scientific journal articles on facelift, eyelid surgery, forehead lift, cosmetic nasal surgery, underarm breast enlargement, liposuction techniques, and is considered the "Father of Fat Grafting." He has also conducted research on silicone and is Program Director of a very desirable Post-Graduate Advanced Aesthetic Surgery Fellowship Program. Many of the techniques he has helped create are used and referred to by plastic surgeons all over the world. Dr. Ellenbogen has also been named "Best Plastic Surgeon" on many published lists including Town & Country Magazine. He has also been featured in Angeleno Magazine, New York Times, GQ Magazine, CBS's Early Show, KTLA Morning News, Dr. 90210, Entertainment Tonight and more.

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