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THE NEW MOMMY MAKEOVER

Experts reveal what's new in the world of postpartum plastic surgery.

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By Alyssa Hertzig Dec 28, 2016

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Pregnancy can be tough on a woman's body. From the rapid weight gain (and subsequent loss), to ever-expanding skin, to an eight-pound kid pressing against your internal organs for months on end, it's no wonder there's a cultural fascination with pre- and post- baby bodies.

Because after nine months of carrying around a human bowling ball, most of us have some degree of battle scarring to show for it. There's likely excess fat around your stomach. Your breasts may have performed a disappearing act—while making a simultaneous run for the southern border. And then there's likely to be a network of stretch marks on your stomach or brand new brown patches of pigmentation cropping up on your face. Or maybe all of the above.

Women have been turning to surgery for years to reclaim their body confidence—but new technologies and treatments are making it easier and faster than ever before to look (and feel) your best post-pregnancy. "I hate the term mommy makeover. It's *reconstructive*," says **Melissa Doft**, clinical assistant professor of surgery at Weill Cornell Medical College. "Women want to look restored and just get things back to where they were. They want to feel confident."

We tapped top doctors to find the most innovative treatments for rehabbing your stomach, breasts, and complexion. And if you're wondering, yes, you can do any of these procedures and still have more kids afterwards. Just be prepared to sacrifice some of the progress. "Having a kid after surgery will probably stretch out your results," says Doft. "It's not the smartest use of your money or your time."

STOMACH

"After having children, you do not have the abdominal tightness you had before," says Doft. "No matter how much SoulCycle or Exhale you do, you cannot get the same tone." The problem is usually two-fold. First, during pregnancy, abdominal muscles are stretched and separated to accommodate the growing baby. For many women, the muscles never completely return to their original position and remain at least somewhat separated, a condition known as diatasis recti; in more severe cases, the muscles remain separated so significantly that the woman may actually still look pregnant. And second, compounding the problem is the lax, loose skin that often occurs when a belly has been stretched to the limit for nine months.

Only one thing is pretty much guaranteed to bring it all back: abdominoplasty (a.k.a. a tummy tuck). In a tuck, your doctor first brings the ab muscles back together to tighten the core. "It's like an internal corset," says Doft. Next, they re-drape the skin between the bikini line and the lower ribs. "This tightens and flattens the skin of the abdomen and can also get rid of stretch marks," she says.

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For women with less significant belly bulge, doctors may perform a version known as a mini-tuck, which focuses only on the area below the belly button. And in either procedure, doctors may add on a little bit of liposuction. "Using it on the sides of the body creates a beautiful silhouette," says Doft.

Some women opt to treat their ab issues with lipo only, but doctors say this is less common and should be reserved for the rare unicorn women who just have a little bit of a pooch of excess fat, without any abdominal separation. And in those cases, the best results are achieved with liposuction that also uses lasers (Smartlipo or SlimLipo) or ultrasound (Vaser). "With energy assisted lipo, you're looking to get skin contraction; the heat helps stimulate collagen production," says Doft.

And sorry, but with a tuck or lipo, results are maintained only if you work at it. "This is not a free pass to eat every chocolate bar you want," says Doft. "The best candidate—and the ones who get the best results—are people who are at their baseline weight, are done having kids, and are ready to maintain a healthy lifestyle going forward."

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Recovery for a tummy tuck takes time. You'll likely have to wait at least ten days before you return to work (longer if you have a physically demanding job) and you'll wear compression garments for six weeks. And you will have a scar, though doctors can usually hide it enough that it will be covered by a bikini. With lipo, recovery usually takes three to seven days; you'll need to wait a few weeks before you work out, though.

And for women who do not want surgery, newer non-invasive options such as CoolSculpting and Vanquish are growing in popularity. These treatments use either cold or heat to kill fat cells, which are then eliminated naturally from the body. In most cases, these treatments are completely painless and have zero recovery time. But many doctors caution that their effects may be limited. "There is a huge misconception about what these noninvasive modalities can achieve. Their effects are more often psychological than physical, akin to the Emperor's New Clothes, where a woman comes to *feel* like something was done without measurable improvement," says **Adam Kolker**, associate clinical professor of Surgery at the Icahn School of Medicine at Mount Sinai. "Surgery that both removes fat and excess skin remains the gold standard. Bearing this in mind, surgery is not for everyone, whether due to personal choice or resources, but the individual's expectations must absolutely be well-managed."

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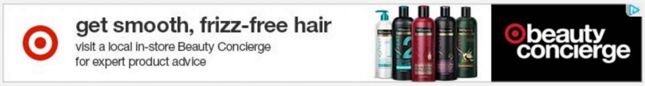
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BREASTS

The potent combo of age and gravity causes most women's breasts to droop at least somewhat over time. But when you add pregnancy and breastfeeding to the equation, it puts the process into overdrive. And postpartum breast changes go beyond the sagging. Nipples can change, areolas can grow in size, and breasts can actually lose volume. "Breast deflation or decreased breast size is by far the most common complaint," says Kolker. "While some degree of breast droop is frequently present as well, it is the deflational change, and consequent loss of youthful shape and size, that predominates."

So what's the best route? The primary choices are a breast lift, implants, or both. "For women who have a loss of volume after giving birth, but the nipple is still in a good position, sometimes a simple breast augmentation can restore the appearance of their breasts without the need for a lift," says **Thomas Sterry**, clinical assistant professor of plastic surgery at Mt. Sinai Medical Center in New York City. "A lift is a much more invasive procedure and has a bit more scarring than an implant." In a lift, your doctor will make an incision (usually either in an anchor formation underneath the nipple or in a 'lollipop' shape around and below it), then reposition the breasts and nipples. You'll likely return to work in a week and can start major exercise in a month. But you'll also need to wear a supportive, underwire-free bra for a month. Breastfeeding is still possible after a lift or enhancement, but you should still speak to

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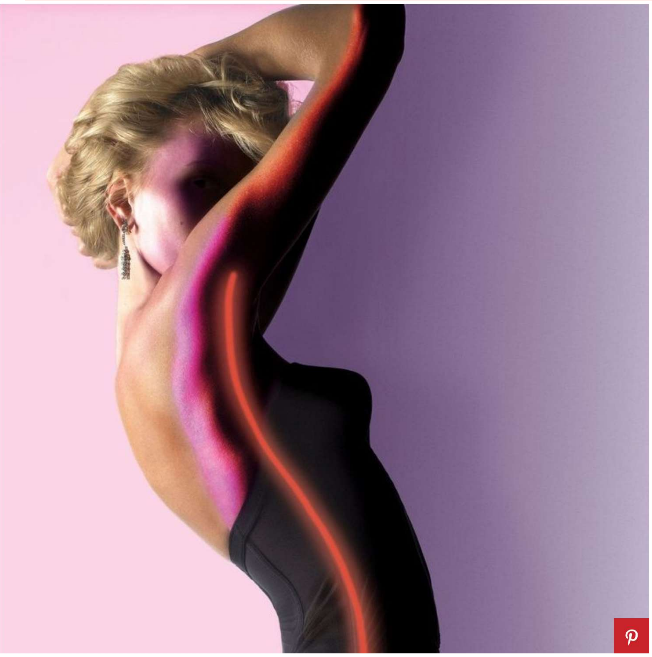
your doctor about any potential complications after the surgery.

The way to know if you're an ideal candidate is to map your nipples. "Youthful breasts typically, though not always, have a nipple above the skin fold where the breast meets the chest wall, also known as the inframammary fold or IMF," says Sterry. "After pregnancy, the nipple might be found at the IMF, below the IMF, or at the bottom of the breast facing the floor. Depending on the exact situation, these patients may need a lift." Women who have both issues—a loss of volume and some drooping—will benefit most from having implants *and* a lift, says Kolker.



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STRETCH MARKS

Those telltale marks on your stomach or hips are perhaps pregnancy's cruelest souvenirs, and one of the hardest things to get rid of. Forget creams—they just don't work. But some in-office treatments have begun to show promise. "I have had great results with microfocused radiofrequency systems like Lutronic's Infini, which delivers radiofrequency energy through insulated microneedles," says dermatologist **Annie Chiu** of The Derm Institute in Redondo Beach, California. "Microneedling breaks down fibrous tissue of stretch marks and stimulates neocollagenesis, while the radiofrequency heat stimulates a cascade effect that helps the body remodel collagen and improve the appearance of stretch marks."

And these marks are one issue that you really shouldn't wait to tackle until you're done having kids. "Stretch marks are better addressed sooner, while the collagen is more open to remodeling and before the skin becomes less responsive to treatment over time," she says. "Then, consider touch-up or maintenance treatments with following pregnancies." What's more, the earlier you start, the more treatment options you'll have available to you. "If stretch marks are 'early'—meaning still pink—fractional non-ablative lasers are a great option," says Chiu.

> Stretch marks are better addressed sooner...

PIGMENTATION

The estrogen and progesterone hormones that surge during pregnancy help the growing fetus—*and* the formation of brown spots and melasma on your skin. And after the baby is out, you're left often with the lingering patches. "Melasma is worsened with heat, so lasers can be a bit risky," says Chiu. "So, I am a big proponent of using a series of chemical peels. And the bottom line is committing to home maintenance with skincare." This means wearing an SPF 30 or higher broad-spectrum sunscreen every single day, and for best results, choosing a formula that also protects against infrared light such as **Skinmedica Total Defense and Repair**. "Recent studies show not only UV light, but infrared light—which is experienced by us as heat—can worsen melasma," she says.

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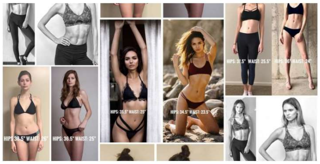

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