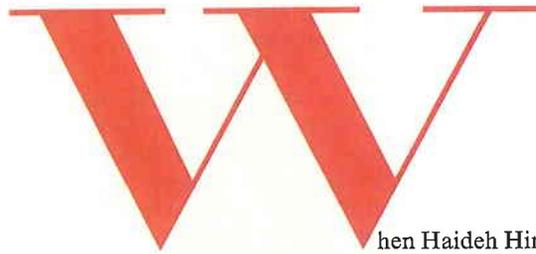


# woman's intuition

In a field dominated by men, surgeon Haideh Hirmand is redefining the plastic fantastic. By Julia Reed.



When Haideh Hirmand, M.D., was thirteen years old, she was walking down the street in Tehran when a concrete block fell from the fourth floor of a building, hit her in the back of the head, and slammed her, facedown, into the asphalt. Her nose was smashed; her mouth was smashed; the doctors checked her hourly for brain damage. "I thought I was going to die," she says, and when she didn't, she tells me, she learned two things. "One, I came from this traditional, conservative background, and the accident made me realize that your life can change in one second, that we all have to be very thoughtful and live life like *this is it*, because it could change tomorrow." Two—and here lies the impetus toward her chosen profession—"it drove home the meaning and value of appearance. I was a teenager, and all of a sudden I didn't have a face. I was absolutely horrified. And it started me thinking, Why is it so important to look normal? Why is it that people like good-looking things?"

Hirmand has a face now, obviously, and it is certainly good-looking, though not the homage to perfection created, and prized, by some of her colleagues in the field of aesthetic surgery. She jokes that her nose is in fact "a pinnacle of imperfection" and asserts that an entirely wrinkle-free face—"unless you're 20 or 25"—is just plain "weird." One of the few women in her field (more than 87 percent of plastic-surgery patients last year were women, while the number of female surgeons hovers, astonishingly, at just below 10 percent), she is self-effacing, funny, and refreshingly frank, but only if you ask her to be. On the subject of my upper eyelids, for example, she tells me I have "pretty deep shadow space and a really nice hangover without much fat loss." Good things, apparently. But when I press her on what she could do to improve them—or, more to the point, to make them look slightly more like those of the 21-year-old me whose photograph I have shown her—she says, "Look at me straight." After some scrutiny, she pronounces my "tiny bit

of skin excess” as “50-50. If you’re emotionally ready and you want to take out a small strip, do it.”

I am having this conversation in her elegant Upper East Side office, where an impressive amount of real patients have lately been coming to call. One of her mentors, the acclaimed New York surgeon David Hidalgo, M.D., under whom she worked at Memorial Sloan-Kettering during surgical rotations at New York Presbyterian Hospital, calls her, at 42, “one of the strongest surgeons of her generation.” He says there is no question that she’ll be “a leader in the field—she’s on the cusp of it now.”

“She is no longer a well-kept secret,” says a veteran chronicler of the Manhattan social scene. “Let’s just say that the vanity set has certainly been passing through the good doctor’s doors.”

What they find when they come in is a foyer full of Hirmand’s photographs—a good amateur photographer, she had adolescent dreams of becoming a photojournalist à la Oriana Fallaci. Instead she became an expert in eyelid and facial rejuvenation who also specializes in breast surgery. Her approach, she says, is “person- and age-appropriate. What I do is not anti-aging. What I do is about elegance and aesthetics and looking good at whatever age.”

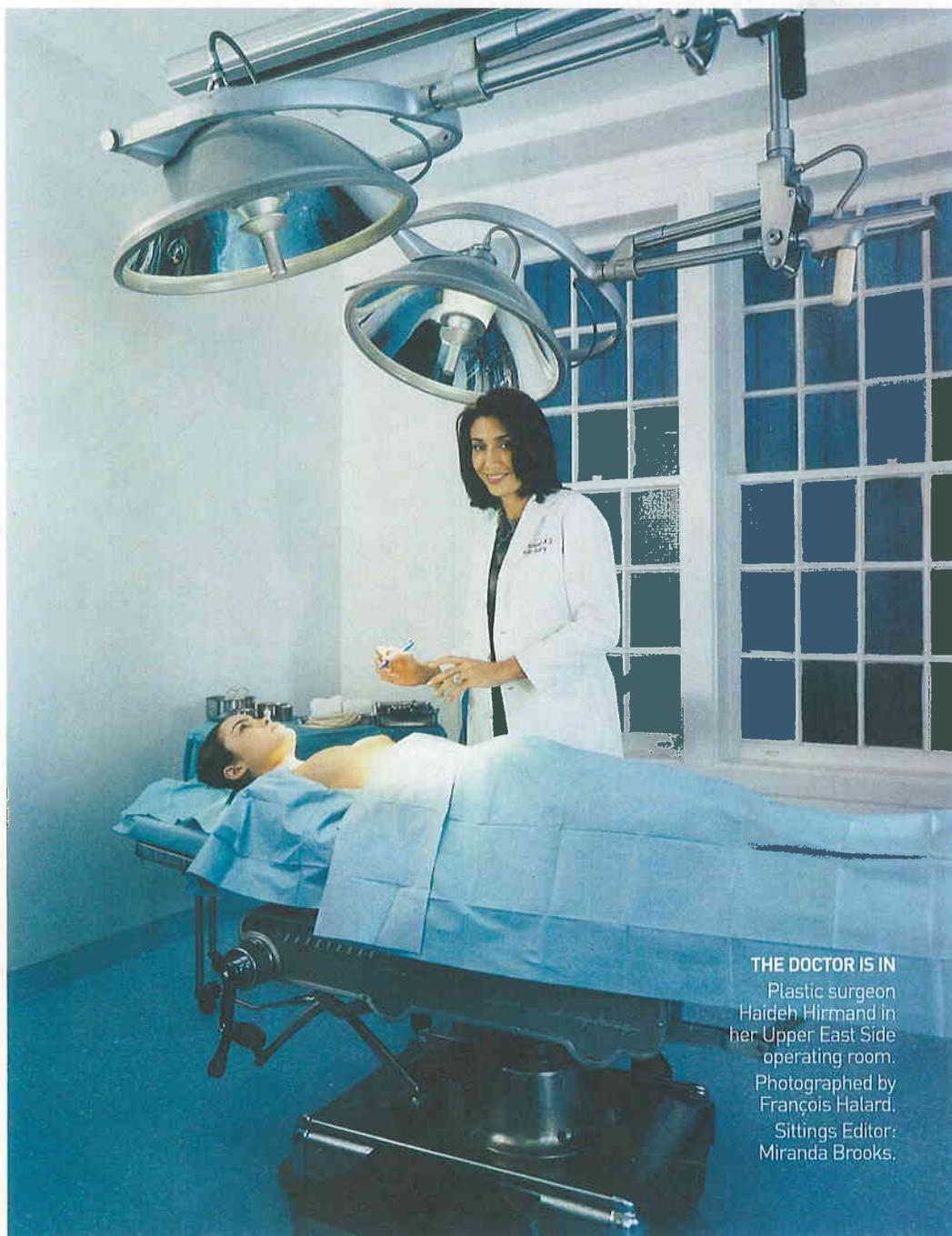
On the latter subject, she has firm ideas. “Number one, what looks good on a person when they were young does not necessarily look good on the same person when they are older. On a younger person the eyebrows are up here,” she says, pointing to a spot on her forehead slightly higher than her own brows. “If you’re 60 it doesn’t look good to have your eyebrows in the same place; they should be a bit lower. It’s an aesthetic thing, a viewpoint, but I’m convinced of it.”

Hirmand puts great stock in customizing her work. When she asks patients coming in for eye surgery to bring photos of their younger selves, she says, “I’m not trying to make them look exactly the same. I’m looking for a sense of the evolution of the eye.” With me, she pulls out a book she has put together of varying eye shapes and types. I am lucky, she says, because with my particular eyelid type, the shape of my eye will not change with a conservative procedure (the aforementioned “tiny” skin trim). I am relieved to hear this, since my grandmother, an early and avid aficionada of plastic surgery, disappeared for a couple of weeks in the sixties and returned with a completely different set of eyes, which none of us ever quite got used to. They were, it turns out, of another type, one where the upper-lid skin hangs significantly

as the person ages. “The best way to treat them is to clean up all that excess skin, but it does change the shape of the eye slightly,” says Hirmand. “So I tell my patients to do it in the mirror, and if they don’t like the way it looks then they will not be happy even if the results are good. It’s as simple as that.”

Hidalgo attributes his former student’s straightforward approach to her gender. “Male plastic surgeons have more respect for beauty in women,” he says, while female surgeons, especially when they are talking “woman to woman,” tend to “see things more matter-of-factly.”

It’s a provocative assessment, and one Hirmand agrees with. “Female beauty—and certainly youth—has a higher value in the male world,” she says, adding that it’s all about biology. “Men are far more sensitive to aspects of carnal beauty in an instinctive way, while the way women experience beauty may be more inclusive and affected by other characteristics. So a female plastic surgeon’s concept of beauty may be less objectified and more in context of the whole person.” (She cautions that there “must be female surgeons who have internalized the male approach and male surgeons who are (continued on page 598)



#### THE DOCTOR IS IN

Plastic surgeon Haideh Hirmand in her Upper East Side operating room. Photographed by François Halard. Sittings Editor: Miranda Brooks.

female doctor, but that her surgeon's gender was not her first priority. "It was nice having a woman, but I really liked her as a professional. She didn't pull any punches. She didn't minimize the ordeal of the procedure, nor did she tell me it would solve all my problems." Initially, Mary was "casually interested" in having eye work; by the end of her first appointment she decided to "go whole hog," opting not just for the eyelid lift but for a facelift as well. "You can tell immediately with doctors—it's obvious when they touch you, and she had that healing touch," she says. "She certainly didn't try to sell me anything. She was very respectful of my own judgment. With male doctors I find that there is a lot of 'Don't worry; I'll take care of everything.' She treated me not just like a human being but like a mature human being."

It's a long road from the asphalt of Tehran to the landmarked Manhattan town house containing Hirmand's office and accredited operating room. After she recovered from her teenage accident, there was upheaval of a different kind in her life: the revolution that ousted the shah and put the Ayatollah Khomeini in power. She and her sister went to stay with relatives in northern California, while her parents, both doctors, could not make it out for several more years. Her father was the general director in the ministry of public health; her mother, a surgeon, had been chief of staff at a gynecological hospital and wanted her daughters to get an American higher education as opposed to the European schooling their father favored.

Despite her accident and the interest in the importance of appearance it raised, hers was not a straight line to plastic surgery. In her family, "it was all about your value as a person, growing your mind, contributing to society. It was never, ever about looks, which I think is actually very healthy," says Hirmand. She graduated from the University of California at Davis as valedictorian of her class, with a degree in molecular biology. By this time, her mother had made her way to the States and "saw that we weren't drug addicts," so Hirmand was allowed to take off to Harvard, where she earned a masters from the Kennedy School of Government (in the economics of health development and finance) along with her doctorate in medicine. "I started med school with no preconceived notions," she says. "But I'm not very patient, and I like to be able to make something with my hands and see it." She hadn't considered plastic

surgery until her last year of school, during a rotation at Stanford. "I had always been an aesthetic person, and I'm very detail-oriented. When I went out there it just hit me," she says. Unlike other specialties, she found plastic surgery to be "truly creative. You never do the same operation twice, even if you're doing the same operation. In other surgeries, the person's psyche is not as big a variable, but in plastic surgery you cannot detach the patient from the endeavor."

Her mother always told her that the most important thing a doctor can do is to listen to the patient. To that end Hirmand meets, pre-op, at least twice with each patient. "Some people say that's excessive, but I don't think so. The patient's psychosocial history is important. I want to get a feel for their aesthetic concerns but also for where they are in life," she says. "I had a patient the other day start crying because she was going through a divorce. Her self-esteem was in jeopardy, and she was looking for an escape mechanism. That may be natural, but it's not healthy, so I told her this is just not the best time."

Much to my relief, no hidden psychological issues came up during our own chat, and she deemed my feeble and all too sporadic attempts at maintenance "appropriate." She told me to stick with the Botox that diminishes the crevice between my eyes but not, surprisingly enough, to get rid of all the lines in my forehead. "For you, I would say keep some of the lines—it's a nice balance," she tells me, though she does suggest that I consider filling up my tear troughs with Restylane—since as you age and they hollow out, it creates an effect of consistent dark circles.

She assures me that even my tear troughs can be done down the road: "It sounds like you're not all about wanting to be filled up, perfect." Well, I say, I made peace with the perfection issue a long time ago, but I am a tad interested in what I can do about the ever-so-slightly but terrifyingly slackening skin lurking around my neck. "We can attenuate the muscle bands with Botox," she says, "but if the other lines really bother you, you could benefit from a limited neck lift." Aaarrgh. I so want there to be a quick fix, and she tells me there is one, sort of: a controversial new procedure that's still in the process of evolving. "The reason I bring it up is that it may be an option for you one day," she says. "But to be honest, if I won't do it on myself, I won't do it on anybody else."

This is one of the very palpable ben-

efits of going to a female surgeon. You can look her in the eye and ask, "Would you do this?" When she does breast surgeries, for example, she talks to women about the possibility of losing nipple sensitivity. "Some women depend on that sensation for orgasm," she says. "If you lose that, then, God, you're screwed." She says women are equally screwed if they get implants out of proportion to their bodies. "That I won't do," she says. "Your anatomy defines how big you can be. If you violate those principles you have serious problems."

She cites the gruel factor as one reason her field is still so heavily dominated by men. "Surgical training is very long, very arduous. It is not accessible and it's not friendly"—think of the sleep-deprived denizens of *Grey's Anatomy* without their exciting love lives. "Women have traditionally sought more balance in their lives," she says, though more and more are entering the field. Hirmand herself didn't marry until she was 39 and had already set up her own practice.

Since then, though, she has managed to find balance—or at least time to squeeze in lots of activity. Her husband—a Frenchman, Olivier Lebret—is a lawyer by training who used to run the North American subsidiary for Baron Philippe de Rothschild before starting his own spirits company. The two of them are almost obsessive windsurfers and skiers. "Olivier is always out there skiing off cliffs—he's very European," she says, adding that he insists that they spend each New Year's holiday at a European mountain resort (this past one at Courchevel) but that they love Telluride, too, because they can ski off the trails.

Among her other ambitions are to learn Italian (which she's doing) and to have a professional photography exhibition (she's working on a series of eyes). "The expression in the eye changes as people go through life; their look changes," she says. It is perhaps this sensitivity to the character that the eye reflects—and not just to the sagging skin or hollow tear troughs around it—that makes her such a well-regarded surgeon. She thinks both men and women are hardwired toward an appreciation of beauty, "but there are all kinds of beauty, not just the physical, and I'm convinced the other kinds really affect the physical kind."

Though the slim, five-foot-ten Hirmand loves fashion—she admits to a closetful of Manolo, Prada, Oscar, Hermès, and Tom Ford's Gucci—she says she "can't imagine being" (continued on page 600)