



BEAUTY & THE BEASTS

A TALE OF COSMETIC TREATMENT CONS

Australia's cosmetic treatment industry is worth \$1 billion a year, yet it remains virtually unregulated. So what happens when things go wrong, and why is the government doing so little about the "cowboy" practitioners and dodgy clinics? Stephanie Osfield reports

Like thousands of Australian women, Ellie Browne is no stranger to the odd injection of dermal filler. The Sydney beauty therapy trainer has had shots to plump up her lips no fewer than five times with no problem. "The result usually lasted nine months to a year," says Ellie. "I loved having fuller, more pouty lips. It made me feel far more confident about my appearance." Although increasingly mainstream, such treatments are expensive: the nurse who previously injected Ellie at a specialist clinic charged \$620 per session. So in February, when a friend referred her to a "registered nurse" named Tracey*, who offered injections of the popular filler for \$400, Ellie jumped at the deal.

However, within hours of leaving Tracey's salon in suburban Sydney, she was mortified to find her cheeks and eyes swelling enormously, along with her lips, which looked like two inflated balloons. "I looked like a distorted cartoon character!" recalls Ellie, 24. The shock and pain left her "a complete sobbing mess" and although her husband begged her to go to hospital, she was too embarrassed. The next day, weeping blisters erupted all over Ellie's engorged lips. "I worried about what Tracey had used and when I called her, she admitted it was some product she'd bought in Sweden," says Ellie, who then raced to see her GP. He said she was suffering an infection and put her on strong antibiotics. But Ellie feared Tracey had poisoned her and thought she might die.

In agony and horrified at her disfigurement, Ellie lay on the couch and cried for days. "When I finally returned to work a week later, my lips had gone

down a little, but they still looked conspicuously big," she recalls. "I felt so self-conscious, ugly and ashamed. Everyone was shocked by my appearance and I was in constant pain. It hurt whenever I moved my mouth to speak."

Two weeks later, Ellie was stunned to discover that Tracey wasn't a nurse. The "nursing" certificates on her wall were, in fact, for dermal therapy and even they weren't in Tracey's name. Ellie suspects Tracey has done little more than a weekend training course in dermal fillers and isn't even a qualified beauty therapist.

Alarming, Ellie's story is an increasingly common one in Australia. In an era when cosmetic treatments have become so routine that many women view Botox, laser treatments, fillers – and even surgery like liposuction and breast augmentation – as no more serious than getting a pedicure, few realise there's a dangerous lack of regulation across the industry. ▶

PHOTOGRAPHED BY MATTHEW DONALDSON/TRUNKARCHIVE.COM/
SNAPPER MEDIA. *NAME HAS BEEN CHANGED



From left: Lauren Edgar, 28, died from multiple organ failure five days after undergoing liposuction in Adelaide in 2008; Ellie Browne, 24, suffered extreme pain, blisters and swelling after visiting a cut-price "registered nurse" for a dermal-filler procedure to plump up her lips in February; this is Ellie after receiving the same lip-plumping treatment successfully in the past.

Consumers might reasonably expect that the people jabbing them with needles in a beauty salon, or operating on them with scalpels, have been properly trained – but you can't count on it. Unlike plastic surgery, which requires years of additional training, "cosmetic surgery" isn't recognised as a separate area of medicine in Australia. This means that anyone with a medical degree can call themselves a cosmetic surgeon – even though they may have no specialist surgical training, or even comprehensive training in the procedures they're performing.

Lured by the opportunity to make a lot of money, some medicos are ditching careers in dental surgery and dermatology to set up as cosmetic surgeons. Some are boning up on their lucrative new field by reading books or watching videos that offer a quick "how-to" in procedures like liposuction, brow lifts and tummy tucks.

The booming nonsurgical area of chemical peels, laser treatment, dermal fillers and Botox is even more worrying: anyone at all can blithely start injecting

or zapping unsuspecting customers. It's this area that's currently generating the majority of complaints – which doubled between 2008 and 2012 – to NSW's Health Care Complaints Commission.

Many of these cosmetic clinics don't need accreditation, so there's no official body to ensure equipment is sterilised, hygienic operating procedures are in place, or if there's sufficient backup equipment to revive a client should they suffer an allergic reaction to sedation.

The reality is that Australia's cosmetic treatment industry has become

I NEVER IMAGINED LIPOSUCTION WOULD PUT MY LIFE ON THE LINE CLAIRE*

something of a Wild West, where cut-price practitioners play fast and loose, and clients can be left maimed or disfigured with little or no recourse.

"It is shameful that any cowboy can hang up their shingle in Australia and call themselves a cosmetic surgeon, and the consumer is often completely unaware that no government body has stepped in to ensure they are in qualified hands," Greens Senator Dr Richard Di Natale tells *marie claire*. "Far more stringent regulation is long overdue and should involve mandatory standards and training for both surgical and nonsurgical cosmetic surgery."

So what's being done? An Australian Medical Council (AMC) report is due for release this year to determine whether cosmetic surgery warrants being called a specialty. So far, the investigation has progressed at a glacial pace. It began in June 2009, the same year a coronial inquest probed the death of Melbourne woman Lauren James, 26, who died after liposuction in 2007. She'd suffered septic shock and respiratory failure, which the coroner said went unrecognised by her doctors due to poor follow-up care.

In a similarly chilling case, Lauren Edgar, 28, died from multiple organ failure five days after undergoing liposuction at a North Adelaide clinic in early 2008. Edgar, self-conscious about her thighs, had borrowed \$7000 for the procedure. Within days, she was in severe pain and her legs were swollen. Her mother, Leila, rushed her to hospital. Once there, doctors realised Lauren was suffering from the flesh-eating infection gas gangrene, which was once commonly suffered by wounded WWI soldiers.

After days of agony, where Lauren slipped in and out of consciousness, Leila, her husband, Adrian, and their two sons watched helplessly as Lauren passed away on March 10. "Instead of helping her choose her bridal veil, I picked out her favourite embroidered silk pashmina to veil my daughter's beautiful blonde hair in her coffin," says a devastated Leila.

An inquest found that the deadly *Clostridium perfringens* bacterium was introduced to Lauren's body during the liposuction procedure, most likely

via an instrument. But nothing definitive was proven and the surgeon who did the procedure faced no consequences.

Five years on, regulations remain lax and some practitioners believe it's a miracle there haven't been more deaths. Meanwhile, the Medical Board of Australia (MBA) can do little more than "encourage" best practice with a code of conduct and new guidelines they're currently working on, at the urging of federal Health Minister Tanya Plibersek (*marie claire's* repeated requests for an interview with the minister were unsuccessful). "Until they do more, women like Lauren risk having their lives tragically cut short," says Leila Edgar.

Queensland bride-to-be Claire Forster, 28, came frighteningly close to that. She'd been filled with excitement when she booked liposuction for her tummy and thighs in May 2012. "I'd dropped from a size 16 to a 12 over the previous 18 months, but had persistent cellulite that exercise just wasn't shifting," says Claire. To her, lipo seemed a perfect, if slightly painful, route to becoming svelte for her Fiji

honeymoon. "I never, ever imagined it would put my life on the line."

On the day of the procedure at a Brisbane clinic, Claire was given needles in her stomach and thighs followed by an injection in her arm. Minutes later, she felt an uncontrollable tremor in her upper body – then she blacked out. Claire suffered a 10-minute seizure due to a severe drop in blood pressure, the result of being given an accidental overdose of anaesthetic. Her breathing became so dangerously shallow that she had to be given adrenalin.

As a shaky and furious Claire was leaving the clinic, she spotted the nurse who'd administered the anaesthetic having a cigarette outside. "She came over to me in tears and apologised, saying that she was still finishing her nursing degree and had barely any training in what the doctor was asking her to do," says Claire. "I thought that any person giving a drug that strong would need to be fully qualified! Clearly, she should have only given me the drugs under the doctor's supervision and he wasn't even in the room at the time."

There are many topnotch cosmetic practitioners in Australia, but it's the cowboys – and girls – who are causing concern. Breast implant recipient Talia Ryan, 24, was the victim of one such doctor who, although a GP, had no serious surgical training in any area of medicine. "I chose him because he was \$2000 cheaper than everyone else – now I know why," says the Sydney secretary.

Months after her surgery, Talia's implants are still sinking towards her stomach, creating a pressure that's led to constant stabbing pains when she moves. Sydney plastic surgeon Dr Kourosh Tavakoli has been booked to perform corrective surgery on her. About 20 per cent of his patients are women who need to have their bungled breast augmentations corrected.

"As well as implants 'bottoming out' and travelling to the abdomen like Talia's, other common problems occur when incorrectly sized or shaped implants shift sideways below the armpits, or move to the middle of the chest to create a kind of mono-boob," says Dr Tavakoli.

As nip-tuck makeovers become more mainstream, procedures that



Rebecca Jorgensen, a former swimsuit model, says her confidence has been shattered by a ruptured breast implant that has left her disfigured.



GREAT SURGEON, TERRIBLE IMPLANTS

Former swimsuit model and Queensland medical receptionist Rebecca Jorgensen says women need to know that no matter how good their surgeon is, complications can arise. In 2003, at age 22, she underwent breast augmentation surgery to go from a B to a D cup. "Since the age of 15, I'd always been self-conscious about my flat breasts," says Rebecca. "When I finally had them done, I had a fantastic surgeon and a great result and I felt so happy because they looked great."

Four years later, Rebecca's breasts began to droop and feel squishy, but she thought it must be normal. Then, in 2009, she started experiencing burning, tingling and shocks down her left arm, exhaustion and headaches. An ultrasound revealed her left implant had ruptured and was leaking. An MRI showed silicone had leaked into seven of her lymph nodes, which had to be removed. After the operation, a large fluid ball developed under Rebecca's left arm, which spurted a stream of yellow silicon fluid while she was in the shower. "I was almost hysterical," she recalls. "I felt like a toxic freak."

Rebecca discovered her implants had come from a company whose product caused problems worldwide due to their tendency to rupture. "The company were offering the piffling sum of \$1500 in compensation for women, but I took it because I so desperately needed the money," says Rebecca, who grew anxious, panicky and depressed, suffered from insomnia and became a recluse.

"Three years later, my breasts are hideous and oddly shaped," she says. "I have severely inverted nipples, which I don't have the money to fix – it kind of looks like my breast is eating my nipple, which has caved in completely. I will never feel comfortable wearing a bikini again and I certainly don't have the confidence to return to swimsuit modelling."

renovate the skin, cleavage or facial features are increasingly regarded as standard beauty maintenance. And yet they involve invasive procedures such as incisions, injections and removal of skin and tissue. "Cosmetic surgery is not like having your nails done," says Dr Mark Magnusson, president of the Queensland chapter of the Australian Society of Plastic Surgeons. "Even if correctly done, complications may occur and may include infection, blood clots, permanent nerve damage and all the risks of having a general or local anaesthetic."

Unlike cosmetic surgeons, plastic surgeons undertake an additional five to seven years of training on top of their medical degree. Then they jump through accreditation hoops under close supervision by bodies like the AMC and the Australian Health Practitioner Regulation Agency, which also approves their fitness to use the title of plastic surgeon.

This doesn't mean that doctors who aren't plastic surgeons are the Keystone Cops of the sector. Recognising the erratic nature of the industry, The Australasian College of Cosmetic Surgery (ACCS) has set up its own faculty, which accredits cosmetic surgeons. "To be recognised as a fellow of the ACCS, doctors need to have undergone appropriate training, plus specific procedural training and they must also have demonstrated substantial clinical experience," says Dr John Flynn, a spokesperson for the college. "We also ensure our fellows are participating in continuing education and, where needed, recertification."

The problem is that it's a voluntary scheme, so it fails to weed out the shonky doctors and operators dragging standards down – particularly in the area of ►

*NAME HAS BEEN CHANGED. **THE INTERNATIONAL SURVEY ON AESTHETIC COSMETIC PROCEDURES PERFORMED IN 2011, THE INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGEONS (ISAPS)



Left: this Sydney mother suffered horrific burns to her décolletage from a bungled laser treatment in 2011.

laser treatment and injectables. “I worked at a Botox clinic back in 2011 where I was told to double dip into a vial of Botox with new patients, but I refused,” says Rachel Tate*, a Melbourne nurse. “The owner was a doctor, but he acted like a used car salesman. I suspect he was re-using needles to save money, putting clients at risk of contracting diseases like Hep C and HIV. I was horrified, so I left.”

Australians spend around \$300 million a year to have the immobilising botulinum toxin injected into their faces, yet anecdotal reports abound of inexperienced operators giving too much Botox in the wrong place, leaving clients with drooping eyes or partially paralysed faces. According to Therapeutic Goods Administration (TGA) regulations, only trained nurses are supposed to inject Botox and dermal fillers, and those fillers should always be given under the supervision of a doctor. In this anything-goes climate, though, it’s just as likely to be the local hairdresser administering it.

Some unscrupulous operators are also importing dodgy, untested versions of Botox and collagen, even though their safety hasn’t been approved by the TGA. The ACCS is taking one such complaint before the TGA on behalf of Mary Phillips*, a 49-year-old teacher’s assis-

“THE OWNER WAS A DOCTOR, BUT HE ACTED LIKE A USED CAR SALESMAN” RACHEL*

tant who discovered that her doctor had been buying cheap product – which cost a paltry \$20 for five vials – from China. “Within hours, one of my eyes was drooping and the left part of my mouth would not move when I smiled,” says Mary. “It stayed like that for months.”

Although cosmetic procedures are spruiked online, it’s an offence under the TGA Act to name fillers and Botox in advertising because they’re considered Schedule 4 substances under the Poisons Standard. In the UK, 160 different injectable substances are available, but only six are on offer in the US. According to Dr John Flynn, around 15 to 20 substances

are approved for cosmetic use in Australia, yet many of the operators injecting them have little education about facial anatomy and best management should complications arise.

“Even if the specialty of cosmetic surgery becomes recognised, the regulations may not apply to these kinds of nonsurgical procedures,” says Dr Joanna Flynn, chair of the MBA. “This means that in places like beauty and hairdressing salons or anti-ageing clinics, underqualified and undertrained operators may still fly under the radar.”

At her practice in Sydney, laser therapy expert and founding member of the Australasian Society of Cosmetic Medicine, Dr Sharron Phillipson, has treated many patients for laser burns. She says her peers are seeing a startling growth in casualties. This has caused the Australian Radiation Protection and Nuclear Safety Agency to call for tighter regulation and better training in laser treatment. “But until then, anyone who has money and rooms – including bikies at tattoo parlours in NSW – can buy a powerful laser machine and use it on people to remove scars or tattoos or treat broken capillaries, even if they have next to no training,” warns Dr Phillipson.

In one case in November 2011, a young Sydney mother was referred to Dr Phillipson after suffering second to third-degree burns all over her chest during laser surgery to “even out” the skin tone on her décolletage. “The laser operator, who was in her early 20s, had turned the machine up far too high and then clearly didn’t know how to treat the resulting burns,” says Dr Phillipson.

“If a doctor or nurse did something like this, they’d go before the Medical Board, but when we took this case to the Health Care Complaints Commission, nothing could be done because the procedure was performed by a beauty therapist and not a medical practitioner. All I could do was treat the devastated woman with steroid cream and hope the scars would fade over several years.”

Despite such horror stories, the cosmetic treatment industry continues

to boom. Women, who make up 92 per cent of the clientele, are lured in by clinics selling procedures as though they’re shoes or lipstick, and made even more enticing by bargain prices, time-limited coupons and two-for-one deals. “Sadly, after an adverse outcome, many women are too embarrassed to come forward,” says Dr John Flynn.

Ellie Browne is one who has found the courage to speak out. Two months after her botched treatment, her lips remained visibly large and misshapen, and there were clear pools of filler visible just below the surface of her still obviously uneven and uncomfortable lips. As the filler can’t be dissolved, she is undergoing surgery to have it removed.

“I feel sick and distraught every time I look at myself in the mirror,” says Ellie quietly. “I feel so stupid that I didn’t know better, given that I work in the beauty industry. I should have twigged that a cheaper price usually means that corners are being cut somewhere.” ■

MAKE A DIFFERENCE

marie claire believes women who choose to have cosmetic procedures shouldn’t have to face unnecessary risks because of a lack of regulation in the industry. It’s time the dodgy operators were held to account and the unskilled properly trained. Measures the federal government should consider to protect women include:

- Introducing mandatory training, registration and a code of practice for anyone administering nonsurgical cosmetic treatments, and insurance as a condition of registration.
- Ensuring cosmetic surgery is declared a specialty in its own right, ensuring practitioners are subject to the highest standards of training and professional oversight.
- Appointing a dedicated ombudsman, separate to state Health Care Complaints Commissions, to deal with cosmetic surgery complaints.

To call for changes to the industry, visit www.marieclaire.com.au.