

# VOGUE

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# Ripple Effect



Kate Christensen takes the plunge with a radical new treatment for cellulite.

Last summer, while vacationing in the White Mountains of New Hampshire, I emerged from the cool, pristine lake to stretch out on the dock. As I lay back, dripping wet, on the sun-heated boards, I caught a glimpse of the slight ruffling of the skin on my thighs that, along with many other signs of aging, intensified with every passing year. I glanced over at my sunbathing summer neighbor, a tanned and toned competitive athlete around my age. She rose from the dock, sleekly lean, almost all muscle in her racing-back maillot. As she dove into the water, I saw that she, too, had orange-peel skin. I had been watching her with detached envy, but now I felt perversely relieved.

According to Jeremy Green, M.D., a Miami dermatologist, more than 90 percent of women have cellulite. It's caused by genetics, hormones, and skin structure. "Cellulite can start any time after puberty," Amy Wechsler, M.D., a New York dermatologist, tells me. "I see it often in 20-year-olds." Cellulite is frequently mistaken for a lumpy, puckered expression of body fat. But the dimples are actually caused by fibrous strands of connective tissue compressing the subcutaneous layer of fat, which tends to concentrate in the thighs and buttocks of even the most slender women. Green likens the effect to a tufted sofa.

Since my own indentations first surfaced, around fifteen years ago, I've resigned myself to their permanence. Treatments such as caffeine creams, scrubs,

**A LEG UP**   
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THAT CAUSES  
PUCKERING.



wraps, myofascial massages, and vitamin injections can provide a temporary improvement in appearance, but none of them confers any long-term solution. Losing weight reduces the fat but, alas, not the dimples, which are caused by the fishnet-stockings-like structure of the connective tissue itself. Staying in shape doesn't prevent or banish cellulite; my condition had persisted despite my twice-weekly Pilates practice and conscientiously nutritious diet.

Every spring, I admire the gazelles I see stepping out of taxis in their abbreviated skirts and dresses, their skin "as luminous as the finest of seashells," in the words of the great sensualist Anaïs Nin. I recall with nostalgic appreciation the days I'd stride the city streets in summertime, taking backward glances for granted. At 53, I've long retired my short, frothy skirts, even on the hottest days. In a boutique last summer, I was tempted by a Lisa Marie Fernandez one-piece bathing suit with a zip front, cut daringly high on the thighs, but reluctantly bought a less revealing one.

Acceptance recently gave way to hope, however, when I heard about a new technique called Cellfina, FDA-approved since 2014. The first of its kind, using a tiny blade to permanently sever the bands of connective tissue, it promised to address the underlying cause of cellulite, not simply its appearance. In a clinical study, 55 patients underwent a single treatment. Two years later, independent physician evaluators declared improvement in the appearance of cellulite in 98 percent of those treated.

"It's the first thing that's worked," says Daniel R. Foitl, M.D., a Manhattan dermatologist. The downside, he adds, is that the procedure, which costs around \$5,000, doesn't remove any fat. "I sometimes tell patients they need liposuction or CoolSculpting," he says. Wechsler sounds another note of caution: "Cellfina is painful and causes swelling and bruising," she says. "It is not a 'lunchtime' treatment."

To learn more, I make an appointment with dermatologist Michael S. Kaminer, M.D., who was one of a team of three doctors who developed the procedure; he regularly performs it at his Boston area practice.

In a well-lit consultation room, Kaminer examines my skin. "You have between ten and 20 dimples per side," he tells me, "and very few ripples. That makes you a perfect candidate." I smile, oddly pleased; I've never imagined I'd find myself happy to have the "right" kind of cellulite. As Kaminer explains, "With a lot of dimples, over 50 per side maybe, there is a point beyond which

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it really just isn't worth it. It doesn't fix skin laxity. And it doesn't work on longer horizontal lines, only shorter ripples and discrete dimples."

Cellfina originated as a less-invasive iteration of a common treatment for pitted acne scars. Kaminer describes its elegant simplicity: On numbed skin, an iPhone-size suction cup lifts and stretches each dimple, and then a tiny blade performs a subcision to release the connective bands. The bands fall apart, and the skin floats up again, smooth. "Within a month, you'll look better. In six months, you'll really see it, and after a year, you should be very, very happy," the doctor tells me. Best of all, I would likely have to do it only once. "Most women seem to have all the dimples they are going to get by their mid-40s," Kaminer says. Although the technology is still too young for claims that the results are permanent, dimple-causing bands do not grow back once they are destroyed.

After my initial appointment, I call one of Kaminer's former patients, Paola Pacella, a 46-year-old personal trainer who had Cellfina performed five years ago as part of the clinical trial that resulted in the FDA clearance. "No matter how lean I got, even down to 13 percent body fat," she tells me, "I still had cellulite." She tried topical lotions, scrubs, professional wraps. Nothing worked. And then she heard about the new treatment. "Five years out, my cellulite is still gone," she says.

Two weeks later, I lie facedown on a table in the surgery room while Kaminer's team of technicians—four funny, chatty women—sticks me a few times per side with anesthetic needles. Within ten minutes, I am completely numb, and Kaminer warns me, "The noise might be the worst part of this whole thing."

The machine did indeed whine and gurgle as Kaminer began placing the suction cup over my dimples, one by one, and releasing the villainous fibers. I am no fan of needles, yet I felt nothing but anticipatory happiness. I wouldn't feel sore until two days later. Back at home, I followed Kaminer's instructions and wore Spanx, took showers instead of baths, and didn't engage in any strenuous exercise for four days. As the doctor had promised, there were plum-colored bruises, but they faded as fast as the pinpricks healed. By day five, I felt nothing.

A week after the procedure came the unveiling: I stood in daylight in front of my boyfriend after a shower. He pronounced my derriere beautiful, smooth. In the days that followed, I found myself running my hand over my newly released flesh, which felt satiny and taut, as if it had been flat-ironed.

In a few months, it will be time to put on a bathing suit again. I look forward to buying a new one, with a zip front, cut high on the thighs. □