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What is Face Equity? When It Comes to Beauty, Here's How to Buy, Not Rent.

Jamie Rosen | May 8, 2024



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Much like the moment when *The Wizard of Oz* moves from black-and-white to Technicolor, there is a new awakening in aesthetics, and everyone is Dorothy. The road to beautification is paved with an increasing array of possibilities, from facials, threads, and needles to lasers, surgery, and a sonic wave or two. It's hard to know what to do—and what's going to have the most enduring results. For a long time, quick fixes have reigned supreme: temporarily erase a wrinkle with a neurotoxin; lift a sagging cheek with filler. But everything has its limits. Now the strategy is shifting, as is the key question: Are you solving a problem in the here and now or investing in your future appearance? In other words, are you building face equity?

Dermatologist Shino Bay Aguilera uses that term, *face equity*, which he says is about differentiating between staving off the aging process by “renting” and investing in what you already have by “buying” to replenish bone, tissue, and fat. To do the latter, he’s increasingly turning to bioregenerative treatments like **Renuva**, an injectable substance derived from purified human fat that comes from...cadavers. These fillers work differently from hyaluronic acid injectables because they trigger the body’s own fat to return, “replacing like with like,” he says. He also uses Sculptra, a poly-L-lactic acid filler that stimulates collagen, to “preserve and imitate the architecture of the bone,” and Radiesse, another biostimulator, to address changes in collagen and elastin. As Aguilera puts it, “I can see my patients age more slowly with them.”

Proceeding with caution—and knowing the difference between aesthetic fads and long-term solutions—has never been more important. Formerly trendy procedures like microblading have even begotten their own corrective treatments. Brow specialists Kristie Streicher and Eric Podnar have developed a service to remove oddly fading pigments used in permanent or semipermanent treatments intended to create fuller brows. And buccal fat pads, a much discussed topic on plastic surgery TikTok, are now more likely to be cautiously repositioned rather than removed entirely, so patients can get softly sculpted cheeks without losing precious fat.

Both plastic surgeon Sam Rizk and cosmetic dentist Michael Apa describe a landscape of overzealously injected fillers gone wild—or, more accurately, heading south. “Fillers have a role to play conservatively, to fill dents in places like the temple,” Rizk says. “But filler never migrates up. It always goes down.”

Rizk now recommends that at least half of his deep plane facelift patients dissolve their filler before surgery to get a more durable result. He says that the average age of those patients has dropped from 55 to 45, in part because many hit the so-called filler wall, and the other noninvasive fixes they were seeking, particularly to keep the jawline defined and the neck tight, were no longer doing the trick. Rather than considering this surgery a dramatic overhaul, he now calls it “a preservation lift.”

It would be ideal, Apa says, “if every doctor and specialist were all on the same page and looking at people through the same lens. Most of the good ones know what controls what.” In Apa’s world that means understanding the importance of the teeth, which he says control the lower third of the face and naturally shift over time. He often sees patients whose teeth have shifted who have also had so much filler put into their lips, cheeks, and nasolabial folds that they report that they’ve “lost their smile.” “The only thing a cosmetic dentist can do then is catch the entire mouth up to where the face is, to rebuild the bite,” he says.

At home there is a long game to play, as well. Prescription retinoids and topical retinols are not sexy, but they have stood the test of time for a reason. Not only can they improve fine lines, pigment, texture, and acne, they have been shown to thicken the deeper layers of the skin. There is a common misconception that retinoids thin the skin; in fact, they do the opposite, which makes your complexion look healthier over time—unlike, say, a hyaluronic acid-based moisturizer, which will deliver only a quick fix. And a few new entrants, including Dr. Few Clean Retinol and Dr. Diamond’s Metacine InstaFacial Emulsion, make the case that glamorous vitamin A can exist. Looking into the future, there is currently a lot of excitement about exosomes—bubbles on the outside of cells that help them communicate and function optimally—and while

they may be the buzziest new ingredient in skincare, the jury is still out on topical efficacy.

It turns out there is no free lunch in aesthetics. The best route is to take cautious steps at the right time and with the right providers. The key to building face equity is always to be mindful of the overall picture. “There should be no fashionable trend of how someone’s face or teeth look,” Apa says. “It should always be that quiet luxury.”

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