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HAIRLESS WONDER

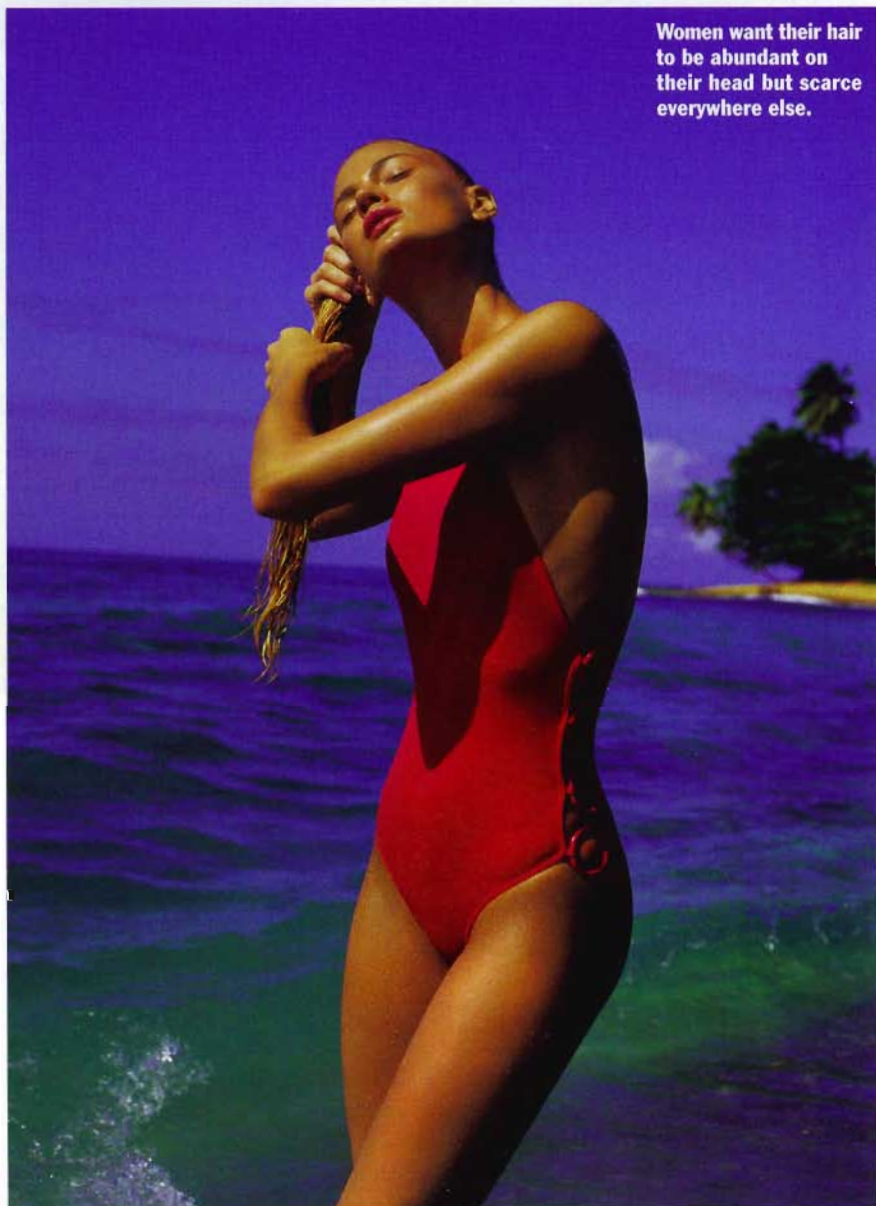
As laser hair removal comes of age, more and more women are discovering that it might not be the miracle they had hoped for. **By Lindsay Van Gelder**

When Joanna decided to get her bikini area zapped, she had high expectations. The 35-year-old fashion publicist acquired the name of one of the top dermatologists in New York City and happily forked over \$800 a session for a laser series that ultimately cost her about \$6,000. Sure, there were the papers to sign at every visit acknowledging that the procedures would probably achieve only an 80 to 90 percent hair reduction. But she considered those a mere formality. For years, Joanna had seen ads promising perfectly hair-free skin. "I went into this thinking that I wanted skin as permanently silky smooth as a baby's bottom, and laser was the answer," she remembers. "I would have paid anything to get it."

But it didn't quite work out that way. She still has far more hair than she bargained for, and no areas are completely bare. The hair overall is definitely much sparser, though—she estimates that it has thinned out by 30 to 40 percent. The doctor "told me she thought I should be happy with the results," Joanna says, "but let's put it this way: A week doesn't go by when I don't take a razor down there."

Laser hair removal is a multibillion-dollar business in the United States. Yet most customers don't really know how lasers work. A quick primer: Hair-removal lasers are beams of spe-
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Women want their hair to be abundant on their head but scarce everywhere else.

tor. IPL also has a somewhat bigger satisfaction since the machines were first approved in the United States in 1995. But a study at Technion



a third of all clients aren't satisfied or wouldn't recommend the treatment, that translates into a whole lot of hairy, ticked-off people.

The disillusionment may stem in part from an unrealistic view of what to expect. The FDA permits laser operators to claim that they offer "hair removal" or "permanent hair reduction." The crucial point is that they can use the word "permanent" only with "reduction"—not "removal." But those phrases have blended together in the public mind to become a promise of "permanent hair removal." "Even the word 'removal' implies that there's nothing there; it's all gone—and that's not the case," says Rox Anderson, professor of dermatology at Harvard Medical School, who developed the first laser for hair reduction.

What lasers do provide is "partial short-term hair reduction up to six months" and probably beyond with repeated treatments, according to research last year at the University of Copenhagen, one of the few long-term studies on the topic. However, the report notes, "today there is no evidence for complete and persistent hair-removal efficacy." In other words, no baby butts, no way.

For many women, just having a lot less hair is good enough. They're willing to get touch-ups and augment the results with the hair-growth-slowing prescription cream Vaniqa. "I don't regret getting lasered, because now when I get waxed, it's so much less painful," says Jessica, 27, a beauty writer in New York City, who had her underarms and bikini area lasered a few years ago at the Colorado spa. "I have evidence for complete and persistent hair-removal efficacy." In other words, no baby butts, no way.

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Lasers are controversial not only in terms of how well they work, but also which one is best for a particular woman. There are thousands of different brands of lasers on the market today, and the FDA's own website delivers the disconcerting news that "the market is growing so quickly that the FDA cannot maintain an up-to-date list of all laser manufacturers whose devices have been cleared for hair removal." In the end, though, they all come down to low-, high-, and medium-wavelength lasers.

"The important thing is that the lower the wavelength, the better absorbed it is by the pigment," says Arielle Kauvar, clinical associate professor of dermatology at NYU School of Medicine. Generally, low-wavelength lasers are safest on lighter skin; medium-wavelength on medium-toned skin; and high-wavelength on dark skin. IPL is said to be adjustable across skin types, but the darker the skin, the less

successful—and higher risk—it is.

Many dermatologists agree that all these variables mean it's important to find a practitioner with multiple machines in the office. Even in the treatment of one person, the operator sometimes has to switch to a machine with a different wavelength and recalibrate it as the hair gets progressively finer. "If you truly want to be an expert who covers the full range, you probably need a minimum of four machines," says Eliot Battle, assistant clinical professor of dermatology at Howard University Hospital in Washington, D.C. (He personally has eight dedicated to hair removal.) But many spas and smaller facilities have a single machine—sometimes rented for a day each week.

When the lone machine is an IPL, things get confusing. IPLs are cheaper, more versatile (they're also used on rosacea, sun damage, and veins), and in some states are less regulated than lasers—which makes them extremely popular. But "the market is flooded with low-quality IPLs," says David J. Goldberg, clinical professor of dermatology at Mount Sinai Medical Center in New York City. "Half the IPLs on the market are cheap" and have a higher risk of burning the skin. Since it's difficult for consumers to gauge which machines are good and which are bad, he thinks it's prudent to choose a facility with lasers (even if they also use IPLs, which he does).

By most accounts, the machines have become much safer and more reliable since the 1990s, thanks to advances in the ways that skin is cooled during procedures. Lasers burn skin for the same reason they burn hair follicles—they're heat-producing devices. But topical gels, sprays, and built-in cooling tips help compensate. Since it's difficult for consumers to gauge which machines are good and which are bad, he thinks it's prudent to choose a facility with lasers (even if they also use IPLs, which he does).

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FUZZ-BUSTING CHECKLIST

1. Look for a facility that has multiple lasers. Experience counts, and several machines are a sign that the facility works with a lot of lasers.

2. Ask questions. Is the medical director on site? Will a doctor be running the laser? If not, what are the qualifications of the laser practitioner? (If he's a tattoo artist by trade, look elsewhere.) Has the doctor or technician had experience and success with your particular skin and hair type? How many laser treatments has he done on your skin and hair type? (At least 250 ensures enough experience.) What kind of equipment does he have? (The correct response? Multiple lasers, even if he also uses IPLs.)

3. Demand a patch test before you sign up, says Cindy Barshop, owner of the [redacted] on site? Will a doctor be running the laser? If not, what are the qualifications of the laser practitioner? (If he's a tattoo artist by trade, look elsewhere.) Has the doctor or technician had experience and success with your particular skin and hair type? How many laser treatments has he done on your skin and hair type? (At least 250 ensures enough experience.) What kind of equipment does he have? (The correct response? Multiple lasers, even if he also uses IPLs.)

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with Alexis Wall,
Merchandising Promotion Manager

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was red and itchy afterward, and the blisters didn't go away for a month." Worse, they left scars.

Her experience is not uncommon: The Israeli survey on patient satisfaction found redness for more than a week in over 16 percent of all cases, blisters in over 6 percent, temporary hyperpigmentation in over 8 percent, and one case each of persistent hypopigmentation and leukotrichia (whitening of hair that was previously dark). These should not be issues if the right laser is used by a trained operator.

Then there are persistent questions about whether lasers work on all skin and hair colors. White and blonde hair generally can't be removed because the beams are attracted to dark pigment. Red hair, even dark red hair, can also be problematic, Kauvar notes. A fair person with a suntan is more at risk of burns from laser damage than someone born with that same skin tone, and there is debate among dermatologists over whether it is safe for women who have taken Accutane within six months prior to treatment.

Ethnicity is a little-understood factor, too. Patients of Mediterranean descent sometimes respond poorly to lasers and can even have more hair grow back, Battle says. Some Asians who look pale to the naked eye may have to be treated with a laser for dark skin. Even very light-skinned, dark-haired women from India have disappointing results, and though no one knows exactly why. "I could treat five people with exactly the same skin color, but if one was Indian, one Korean, one Japanese, one Latin, and one African-American, I'd get five different results."

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crucial to "find out who is going to be pointing and shooting this laser at you. A laser is like a camera. Someone could use the same camera as Annie Leibovitz, but the results just aren't going to be the same."

Regulations for laser technicians vary wildly. In some states, pretty much anyone—a tattoo artist, for instance, or a hair stylist—can buy a laser and open a hair-removal salon at the local strip mall. Training standards are patchy. Even in states that require a physician's assistant, nurse, or licensed aesthetician working under the supervision of a doctor, the doctor may not have to be on the premises. So in most places, your chances of getting an M.D. to actually aim the laser at you are not much bet-

"It burned me. I leaped up—I felt like I was a cat with my claws on the ceiling."

ter than those of getting your dentist to personally clean your teeth. Even the question of whether a doctor is going to do the best job—and if so, what kind of doctor—is debatable.

Battle frequently lectures around the country about laser physics and business. "My audience five years ago was dermatologists and plastic surgeons, but now it's everybody else." Ophthalmologists, gynecologists, and other specialists already use lasers in their work and are arguably well-qualified to supervise them in hair removal. But many dermatologists believe that they bring special knowl- to personally clean your teeth. Even the question of whether a doctor is going to do the best job—and if so, what kind of doctor—is debatable.

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