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UNDER THE KNIFE

As doctors of all specialties flock toward a bright future in plastics, it can be a dangerous proposition for unknowing patients looking for a simple lift, nip or tuck. Some say the birth of the Botox nation has led physicians to abandon all restraint, leaving patients to pay the price.

By Samantha Melamed



Two years ago, when she was 57, JoAnne Blackwell decided that she needed a lift. She wanted something quick and easy, with minimal downtime and little risk. So, she followed an advertisement to an area facelift center — and that's where her nightmare began.

"It was a disaster," Blackwell recounts. "The highly advertised company that I went to went to did a botched job, and I developed keloids that grew to be an inch thick around my ears." She had undergone surgeries before and had never developed the oversize growths of scar tissue. "It didn't do anything — no one knew that I had actually had a lift done, because what they did didn't actually lift anything. But the keloids kept growing and growing. I was very conscious of it, and I didn't even want to go out of the house at one point because of this thick scarring. When people saw it, they would say, 'Wow, what happened to you?' It was very embarrassing."

Over a year later and at her own expense, Blackwell sought corrective treatment at the Brandow Clinic in Bala Cynwyd. She was lucky — Dr. Kirk Brandow was able to completely repair the damage. But she never received any acknowledgement or refund from the original firm, where she had also paid in advance for liposuction and an eyelift, a total of around \$4,800.

So where did Blackwell get this work done? Like so many others, she won't tell. "I don't want to get sued," she explains.

Today, cosmetic procedures are an indelible part of our culture. We speak of them in such blasé tones, it seems we'd as soon get a wrinkle-filler as a haircut. Some say it started with the birth of the Botox nation, but our casual attitude now extends to more than just simple injections. Cosmetic surgery has become a full-fledged service industry, from low-rent franchised operations like the one Blackwell went to, right up to clinics like Brandow's, which he describes as "the Gucci of cosmetic surgery." Doctors use rooms at the Four Seasons or the Radnor Hotel as recovery suites and offer package deals and discounts.

"I feel like people are not taking it that seriously anymore, and that's dangerous," said one extremely fit 40-year-old Mainliner. "I've had people tell me that I need plastic surgery, which I think is ridiculous."

But the reality, doctors say, is that as demand is booming, so are the number of practitioners, including doctors who are entering cosmetic surgery from such diverse fields as dermatology, cardiology, obstetrics and emergency medicine. As insurance reimbursements shrink, malpractice insurance skyrockets and overheads grow, some doctors find an obvious appeal in the cash business of cosmetics. And once you have a medical license, plastic surgeons say, there are

few or no restraints on what you may do.

The recent death of Donda West, the mother of hip hop star Kanye West, following a cosmetic surgery highlighted the seriousness of the risk involved — and not just for those who fly to South America or Europe to get their procedures on the cheap. Hundreds of complaints circulate on online message boards where patients compare notes, but relatively few are willing to truly speak out.

All this underlines the fact that, more and more, it is incumbent upon us as patients to be diligent in our research before committing to any procedure. Today's reality is, no one else will do that for us.

But the problem, surgeons say, is that patients are all seeking the same thing: less cost, less pain, less downtime and better, longer lasting results. So, manufacturers and doctors concoct more and more products and procedures, drumming up demand with media blitzes rather than meticulous clinical testing. We're seduced by wondrous new offerings: ThreadLifts, QuickLifts, S-Lifts, Lifestyle Lifts and mini-lifts, not to mention SmartLipo, CoolLipo, Lipodissolve, VASER LipoSelection, ultrasonic liposuction, tumescent liposuction and power-assisted liposuction. Each new development is hyped as a panacea, but surgeons say that by opting for quick fixes we may be cheating ourselves: either laying out thousands of dollars for a surgery that might not work or, even worse, incurring serious risks.

We all want the next miraculous quick fix. But do we really know what we're signing up for?

It's an uncertain endeavor — but one thing is for sure: Cosmetic procedures are on the rise.

"Do I see a trend toward increasing cosmetic surgery? Yes, I do," says Dr. R. Barrett Noone, a board-certified plastic surgeon in Bryn Mawr, executive director of the American Board of Plastic Surgery and former chief of plastic surgery at Main Line Hospitals. He describes it almost as a lifestyle for some Mainliners: "The cosmetic surgery procedures we do start basically with teenagers, with rhinoplasties; and then it becomes breast surgeries in the 20s and 30s; and then as people age, the surgeries that we do are to treat the appearance of the aging face or the aging breast or the aging abdomen."

Even breast augmentations, depressed by the silicone scare of the 1990s, have seen a renaissance, up 55 percent from 2000 to 2006 according to the American Society of Plastic Surgeons. Breast lifts were up 96 percent in that timespan, and tummy tucks were up 133 percent. Restylane-type fillers, which weren't even around five years ago, grew 59 percent from 2005 to 2006 alone.

But Noone also spots a concurrent trend —



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the influx of practitioners from a variety of specialties into cosmetic practices.

Six years ago, when Botox was introduced to the market as a cosmetic procedure, it was the realm of cosmetic and plastic surgeons. Now, Botox is the most popular cosmetic procedure in the country, with more than 4 million injections performed in the U.S. in 2006 alone. Doctors and patients host Botox parties; you can clip coupons to get a free treatment. At the 2007 Taste of Lower Merion auction run by the high school class of 2008, for example, guests could bid on Botox cosmetic treatments administered by Chester County Eye Care ophthalmologist Bruce Stark. And perusing the internet it's easy to find one-day courses with titles like Botox for Dentists. Companies like the Aesthetic Enhancement Institute or the Esthetic Skin Insti-

"It's a Pandora's box that they opened,"

Bala Cynwyd cosmetic surgeon Kirk Brandow says.

"There are ophthalmologists doing liposuction and tummy tucks; I have even heard of dentists doing facelifts. Because once they start with the Botox and Restylane, they think they can do anything, and there aren't any restraints on them.

And it's frustrating for me because I have to do the cleanup job."

tute, for example, promise training in Botox or fillers like Restylane and Juvederm for as little as \$1,200 and in just nine hours.

"There's no restraint," says Brandow. "The companies are primarily trying to sell their product, to market it to as many people as they can, to as many physicians as they can. They try to trivialize what it is, and a lot of unassuming physicians look at this as a way of supplementing their income.

"It's a Pandora's box that they opened. I used to say there were 10 guys in town who used to compete with each other as the experts in plastic surgery; now there are like a thousand. There are ophthalmologists doing liposuction and tummy tucks; there's some in town. And I see the spin-off from them, the complications and the unhappy patients. I have even heard of dentists doing facelifts," Brandow adds. "Because once they start with the Botox and Restylane, they think they can do anything, and there aren't any restraints on them. And it's frustrating for me because I have to do the cleanup job."

Corrective surgeries now comprise around 5 percent of his practice, Brandow says.

Louis Bucky, a board-certified plastic sur-

geon with offices in Center City and Ardmore and an associate professor of surgery at University of Pennsylvania School of Medicine, agrees that it's a growing problem.

"A lot of non-plastic surgeons or non-trained plastic surgeons are going into cosmetic medicine," Bucky says, "and how one is qualified to do that remains a controversial subject."

It seems that the mini-lift is a key crossover point, driven by patients who demand quick fixes and by physicians striving to expand their practices.

"There is obviously a strong marketing push even among surgeons to do mini-lifts, one-day lifts, overnight lifts, all kinds of names and trends, [but] it's about risk-reward," Bucky says. "Usually many of these procedures have a subtle improvement or an improvement that's very short-lived, but

they're not marketed to be that way. And the bigger issue is the safety of who's doing it."

Dr. Marlene Mash is one physician who started doing mini-lifts only three years ago.

About one year ago, she began marketing what she dubbed the Dr. Mash UP-LIFT — an in-office modification of the so-called S-Lift performed under local anesthesia. In the two-hour surgery, muscle and skin are pulled up toward small incisions that curve around the

front of each ear, instead of hiding within the

hairline. So far, she's performed around 250

mini-lifts on patients right in her office, which

is not accredited as a surgical facility.

"We're achieving the same results as in a

more invasive facelift, but with less down-

time. The recovery is quicker, the scars are

smaller and also the results achieved are the

same — it will last 10 years," she says.

Mash, based in Plymouth Meeting, is a board-

certified dermatologist. She never completed a

residency in plastic or cosmetic surgery.

However, she says, she did learn from

Pittsburgh's Dr. Dominic Brandy, a hair-resto-

ration specialist who trademarked the QuickLift,

and from Dr. Ziya Saylan, a Turkish proponent

of the procedure.

"I've seen a lot of people who have had

these procedures and they look great. But

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of the S-Lift, (whose latest creation is a breast lift by implantation of "an internal titanium bra," as detailed on his website, saylanmd.com.)

But Mash charges around \$6,000, while a mini-lift or facelift by a plastic surgeon can cost anywhere from about \$8,000 to \$20,000.

Still, Bucky and other plastic surgeons say that's hardly a bargain; Bucky says he couldn't see a substantial or long-lasting benefit from the type of mini-lift Mash describes, as compared to a classic facelift, which works against gravity to reintroduce volume.

"I have a problem with a non-surgical specialist doing surgical procedures and calling them in general the same thing [as a facelift]," he says. "A dermatologist can say they do mini-lifts, but they weren't trained by plastic surgeons that did facelift surgery, that understood the entire gamut of facial rejuvenation and the facial anatomy, facial paralysis and the complications that can happen. And they're not in a surgical specialty, so how did they gain that training?" Even a dermasurgery fellowship is typically one year long, he says, whereas a plastic surgeon must undergo six years of rigorous surgical training in a certified program. "Who trained them? I want to know who the first [facelift] they did is."

Dr. James Fairfield, a cosmetic dermatologist who runs the Center for Aesthetics in Lansdale, says his own brand of mini-lift, dubbed the Aesthetic Quick-Lift, is "worth 10 to 15 years in about two hours." He argues that his in-office variation on the S-Lift — which places the scar in front of the ear — is preferable to a traditional facelift because of its more natural look. Fairfield hints that even Joan Rivers, to whom he slyly alludes a connection, prefers his brand of Quick-Lift. "All my buddies in the plastic surgery business who have been doing facelifts for years are swinging over to this variety of facelift — the QuickLift or S-Lift, or my modification," he says. And, he adds, as a dermatologist, he's uniquely able to understand how to finesse the skin — and there's none of the mortality associated with general anesthesia.

But Brandow — who, himself, trademarked the 48-Hour Facelift back in 1995 — says he no longer does lifts under local anesthesia despite the costs of a full operating room, and he questions doctors who do so. "The heart rate goes up, the patients become nervous and it's not safe," he says. "You don't have anesthesia there, and people could have a reaction to the medications. Patients who had it done said to me that they would never do that again. It's not worth it for patients to cut corners."

As for Mash, she sides with Fairfield, arguing that her surgeries are actually safer, since there's none of the risk associated with anesthesia or hospital-acquired infections. She says she's only had one case of scarring, and few other complaints. As a result, she says, she never turns anyone away.

"I say age is no limit. I have done people in their 70s and 80s. A lot of times patients went to plastic surgeons and were rejected because of their age. They also come in for fillers and so forth. I have a number of patients who are in their 80s; I have one 95-year-old woman who comes in," Mash says. "I don't like to turn anybody away. If they want to feel good about themselves, I want to be there for them."

Still, other surgeons say that, sometimes, saying 'no' is part of the job. "How do you teach judgment?" says Bucky. "You teach it by good training, you teach it by experience, you teach it by learning from people with experience who have been in this field for a long time."

But unfortunately, there's no certificate for that. So, say surgeons, patients need to find their own ways of checking up on a doctor.

One well-heeled Main Line socialite, who asked that her name not be used, learned firsthand of the potential dangers of cosmetic surgery. The Mainliner — call her Sophia — had some imperfections on her nose from a childhood injury, and she thought she had found the perfect doctor to repair them.

"I was reading all the fashion magazines, and this guy had somehow infiltrated that scene, so his name kept coming up as this amazing expert on plastic surgery issues," Sophia says. "I was a dummy and I thought, 'Wow, this guy's phenomenal. I think he could correct my

issue.' And I went to him and it sounded so easy, so all encompassing, like one-stop shopping. But I guess I was duped."

She went to the doctor's private surgicenter, where he attempted to correct her nose by transplanting cartilage to the site of her old injury. "And then the infection set in — oh my god, you just have no idea," says Sophia, who grew very ill. "So I ended up going to New York to a reconstructive doctor, and he had to totally go through and correct everything. But when I walked in, the doctor said, 'I know who did this — we've been correcting his work.' And then he said the surgeon's name. It seems like they don't really like to tell on each other; maybe they have some sort of pact. This doctor was still out there promoting himself, and these surgeons were just quietly correcting the stuff he was doing."

Sophia, of course, didn't want to share the name either, for fear of litigation. In fact, several doctors — and reporters — have had to defend themselves in costly defamation suits after speaking out against surgeons who err. And now, perhaps as a result, none of the doctors interviewed for this story would name names, though most said they had undertaken a number of corrective procedures.

So, if the doctors won't speak out and the regulations won't protect us, patients need to do what they can to protect themselves.

For those considering a procedure, surgeons say there are several considerations.

First, there's the baseline: Board certification. Plastic surgeons say a surgeon ought to be certified by a board recognized by the American Board of Medical Specialists, ideally, the American Board of Plastic Surgeons. (However, Brandow, a board-certified cosmetic — not plastic — surgeon, notes the longstanding contention between cosmetic and plastic surgeons on this point.) As well, says Bucky, it's important to check on the physician's training and fellowships, and to determine that he or she graduated from board-certified programs.

Another key indicator is whether the doctor has hospital affiliations and admitting privileges — Sophia's surgeon, for example, did not. These affiliations not only help ensure a response in case of complications, but they also provide a secondary check on the doctor's qualifications. "If you're a licensed physician, you can do whatever you want: there isn't a whole lot of credentialing that is required," Bucky says. "But if you're affiliated and credentialed by a hospital, the hospital assumes some of the responsibility."

Furthermore, even within plastic surgery, doctors have various areas of expertise — and some don't even focus on cosmetic procedures. So, says Noone, you need to get more specific: "Patients should ask how long the surgeon has been doing that particular operation. Patients should ask if they can speak with other patients who have had the surgery, and learn all the details of the operation: what are the expected results and what are the complications they can have."

And then, Noone adds, make sure the operation takes place either in a hospital or in an accredited or licensed outpatient facility.

"None of these things in isolation can guarantee you a good, safe result, but many of them all together do help," Bucky says. "The best reason to see a physician is to do your research, talk to other patients you know and find out how the process has been for them. That doesn't guarantee a perfect result but it does help inasmuch as, when things aren't perfect, how do they manage their problems."

Still, it can be difficult to remember all that when we're constantly learning of new ways to look younger, thinner and more beautiful. Just look at the wrinkle fillers: Five years ago, we made a mad rush for Restylane when it first came on the market. Now, we're already looking past it to the next best thing, Juvederm.

The obsession with the latest and the greatest has become an epidemic, thanks in large part to the well-paid marketing teams that shill new products and procedures. "Every year, there are 20 new lasers that are supposedly better than the last," says Bala Cynwyd plastic surgeon



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"The problems come," says University of Pennsylvania-affiliated plastic surgeon Louis Bucky, "when physicians over-utilize technology to try to correct things it wasn't meant to correct for, [resulting in] people who are over-pulled, over-filled, over-sucked. It's not so much a technical problem as a judgment problem."

Richard Dolsky. "They're brought directly from the manufacturers to the media to the public, and of course if you tell people it's new, better and more wonderful, people are going to want to have it whether or not there's any evidence. But what I don't understand is how the physicians who do these things then deal with the dissatisfied patients when they have less than optimal results."

Most such offerings are merely ineffective or short-lived, but some can actually result in adverse effects.

"I don't think the patients really realize some of the big bombs that have occurred lately," Brandow says.

For one, he says, there's the thread lift; the product, Contour Threads, was recently taken off the market. Fairfield, the dermatologist, and Dolsky both say they regularly used the threads — permanent barbed sutures threaded through the skin to lift and pull it — until they were discontinued. They say they and their patients were satisfied with the results. But Brandow notes that these lifts have "had a tremendous amount of problems. They could come through the skin or they could bowstring — and we haven't even seen what's really going to happen with them as the tissue ages. And they only last for about a year, so patients were paying \$4,000 or \$5,000, and it would look good in the first three months and then the threads loosened up, they went back to where they were before — and they got dimples and dents and other strange things." Neither Bucky nor Noone had used the threads, but both concurred that they had seen and corrected problems with Contour Threads either buckling or extruding through the skin.

And now, a next-generation production called Silhouette Threads has been brought to market to take the Contour Threads' place.

Brandow puts the highly advertised, mass-production facelift franchise in a similar category. "They have a lot of complications. There's no doctor on call: They close at 5 p.m., and that's it. I have two patients who had hematomas from that [lift], and they had no place to go. These franchises just get ear, nose and throat doctors or dermatologists to work in their offices — they're untrained physicians. They haven't gotten quality people, and they have a lot of complications from it. They dupe patients into believing that you can have a facelift within an hour, and they don't deliver. Patients have been very frustrated, and I've seen a whole bunch of them now."

Another offering that some plastic surgeons see as a fleeting novelty act is the über-trendy SmartLipo — a laser-assisted form of liposuction that was approved by the FDA just last January.

Dr. Victoria Falcone was an emergency medicine physician until three years ago, when she decided to switch tracks, entering the cosmetic field. One year ago, she opened her own practice, The Center for Body Contouring in Philadelphia, with a focus on SmartLipo. According to Falcone, it's a slower process than traditional liposuction, but the incisions are smaller, there's less bruising and recovery is faster; patients are back to work in two days. And, she adds, "The skin tightening is tremendous, because the SmartLipo laser stimulates collagen production." She was featured on the evening news and is now booking three

months in advance for the outpatient procedure. According to Falcone, she's as qualified as anyone to do this procedure, given how recently it was released in the United States. And as to plastic surgeons, she posits, "The reason they don't want to use it is it's slow, and they may just not want to take the time to train in the technology."

Fairfield also enthusiastically advocates for SmartLipo. And Mash, the dermatologist, says she purchased a SmartLipo device three or four months ago and now uses it with all her facelifts to tighten the skin, whether she needs to remove fat or not.

But cosmetic and plastic surgeons are skeptical. "I do a lot of liposuction, and every case I do is tricky," Brandow says. "I don't know how a general practitioner does it in their office under local anesthesia." He and others note that SmartLipo hasn't been the subject of much study, and that it may be driven by hype more than any real success — especially as traditional liposuction is extremely tried and true.

These type of practitioners, says Bucky, "don't have enough experience from this technique to compare it to classic liposuction, or of knowing what laser does to the skin. The reality is that laser technology in itself has some modicum of ability to shrink skin, so to add laser to liposuction you can get some mild skin shrinkage maybe, but it isn't very significant. Years ago when lasers first came out, we thought weren't going to have to do any more facelifts — the laser was going to shrink the skin that much — but that just doesn't hold. Our society has a significant attraction to the concept of lasers, but that doesn't mean that adding a laser to a procedure makes it any better."

"If you look historically at new advances in liposuction, new advances in minimally invasive facial surgery, there's always this period of popularity and enthusiasm right in the beginning because there's a lot of marketing, there's the newness factor," Bucky says. "And then there's a period of plateau to that curve, where the marketing push is diminished, the efficacy starts to be really evaluated ... and then if it has staying power, it remains in the marketplace. Most of these things diminish and go away."

But the basic issue, as one surgeon after another will tell you, is a disturbing one: Cosmetic surgery is as much an art as it is a science.

We want clear-cut answers, and what we get is a slew of options and grades of quality that can be difficult to sift through. Contrary to what Botox bargain shoppers might like to think, there's an art to injectables — in knowing where to place them and how much to inject. And the same goes for cosmetic surgery options, especially when each face, each body and each lifestyle is different.

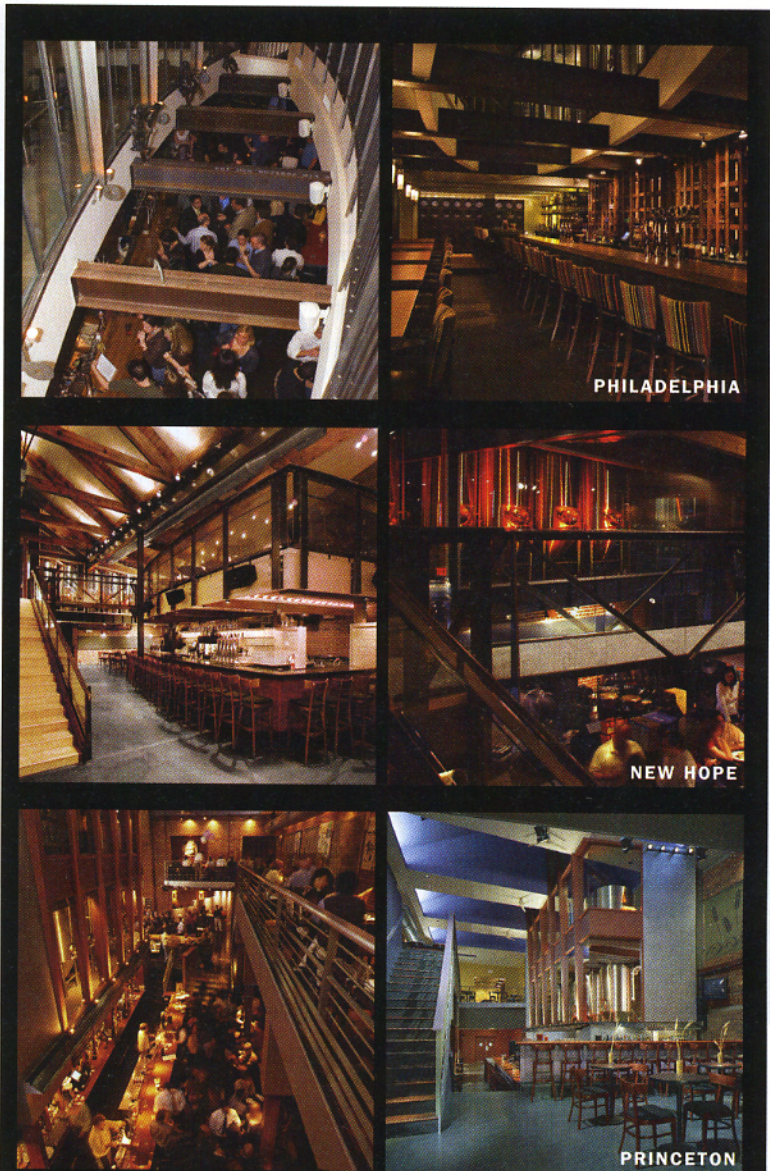
"The good news is we have a series of options for patients. The bad news is I think that it takes someone with a broad background and being trained by someone with a historical background to know what [those options are]," says Bucky. In other words, a doctor who has just begun offering Restylane or mini-lifts or SmartLipo may not be offering you the full range of options. "If all you do are fillers," he adds, "many times the whole world is appropriate for fillers. If all you do are lasers, many times the whole world is appropriate for lasers."

And in today's cosmetic culture, the last thing we want is to have to exercise restraint — we expect that to come from the physician.

But surgeons say that when octogenarians are encouraged to go for Restylane, and SmartLipo is viewed as the cure-all for loose skin, it's time for us to take matters into our own hands. We put our hopes and dreams for rejuvenation in these surgeons — and dermatologists and nurses and aestheticians — but we need to do so with care.

After all, says Bucky, "The problem patient is the patient who's over-liposuctioned by the doctor who didn't have a perspective on how much liposuction to do. The problems come when physicians over-utilize the technology to try to correct things it wasn't meant to correct for — people who are over-pulled, over-filled, over-sucked.

"I think it's not as much a technical problem as it is a judgment problem, and that's the bottom line here." ■



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