Introducing our Editor

Dr. Riekie Smit

Dr. Smit specializes in aesthetic and anti-aging treatments. She is currently the president of the Aesthetic and Anti-aging Medicine Society of South Africa and the chairperson of the Gauteng North South African Sports Medicine Association.

Dr Riekie Smit is an Aesthetic and Sports Physician. She has a private practice and a medical spa, Vivacité Medical Spa, in Pretoria and in Alberton. She specializes in aesthetic and anti-aging treatments. Dr Smit is the president of the Aesthetic and Anti-aging Medicine Society of South Africa and the chairperson of the Gauteng North South African Sports Medicine Association. She is also a member of the International Union of Aesthetic Medicine. Dr Smit is the chair organizer of the Aesthetic Medicine Congress of South Africa. She is the author of many articles and scientific publications. Dr Smit has a passion for research and she is currently busy with a number of studies. She does numerous training and consultations for various companies. She is also a regular speaker at international and local congresses or meetings. Most importantly, she is a proud mother of the 2 most beautiful children in the world!

NOTE FROM THE EDITOR

Aesthetic Medicine has continuously proven to be one of the fastest growing industries worldwide and subsequently exposed to tremendous change. We see new devices, techniques, products and information emerging from all the sides of the world. Unfortunately education on all the new material is not keeping up with the tremendous growth. The second problem we are exposed to is the fact that more of these services are becoming available in non-medical setups and in non-physician owned medical spas. This trend has not even reached its full growth in our country. These centres are much more retail oriented and marketing focused than physician centres. This is partly responsible for the growth in procedures in these clinics.

MedEsthetics Southern Africa is a wonderful magazine bringing very crucial information to physicians and other medical spas. It really fills a huge gap especially in a country like ours where medical practices are not marketing and retail oriented. Our strict professional guidelines do not permit many of the marketing methods. Regrettably, the non-medical centres are not always aware of important guidelines. The content is packed with information on retail skills, techniques, marketing of practices, legal information and ethical aspects. This is all the information that never reaches our practices. This gives all the clinics involved in the industry all the vital information needed.

MedEsthetics Southern Africa will also give exposure to all the latest trends, newly launched technology, industry gossip and product overviews. All the readers will benefit from being kept updated on everything you need to know.

I hope that this issue will inspire you and your clinic as much as it has inspired mine.

Greetings,

Riekie Smit
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Introducing the newest innovation in dermal fillers
Using the highest concentration of hyaluronic acid available
New hyaluronic acid products may outdistance their predecessors.

By Melvin L. Elson, MD

The modern era of soft tissue augmentation began when the FDA approved injectable bovine collagen in 1981. For many patients, collagen was a solution for correcting scars and filling lines and wrinkles. But it had its disadvantages. The results didn’t last long. Furthermore, patients needed skin testing, and adverse reactions at the injection site occurred.

Since then, we’ve seen tremendous breakthroughs in product development for soft tissue augmentation. Although no perfect material exists, some are better than others. Among them are hyaluronic acid products, which are the most reliable, most forgiving and most proficient on the market.

Although various HA soft tissue fillers exist, all are based on the same chemical: hyaluronan or sodium hyaluronate. This is a naturally occurring polysaccharide that’s highly concentrated in the extracellular matrix of connective tissue, synovial fluid and the eye. Because it’s species-nonspecific, it’s ideal to use as a filling material. Unlike collagen, there’s virtually no potential for adverse immunologic events, eliminating the need for skin testing.

HA attracts and binds water, which is the most important characteristic of this molecule. Therefore, it can form the elastoviscous fluid matrix of the skin, which supports the collagen, elastin and other structures, while adding turgor to the substance of the skin. Multiple chains of this structure entangle and interdigitate with one another in the dermis, which imparts to the skin its supple, resilient quality. With aging, however, HA decreases. The skin, therefore, begins to lose its ability to maintain a high degree of water, leading to dehydration, as well as fine and coarse wrinkling.

If HA is placed into the skin in its natural state, it’s rapidly removed from the dermis, metabolized in the liver and cleared from the body as carbon dioxide and water. However, it’s possible to form a more stable biocompatible molecule by cross-linking HA. It, therefore, becomes resistant to degradation and is no longer water-soluble. Yet, it maintains its nonimmunogenicity and increases its water-binding capacity over time.

Cross-linked HA not only retains its affinity for water, but it also forms a 3-D lattice in the tissue when it’s injected. As the lattice unfolds, more water is attracted, giving the cross-linked HA its long-lasting ability to bind water. This characteristic makes the implant long-lasting and the augmentation smooth.

In fact, about 95 percent of the weight of cross-linked HA is water. Temporary fillers, such as collagen, degrade rapidly over a short time. However, cross-linked HA follows isovolemic degradation. As individual molecules of this material are degraded, those that remain bind more water. Therefore, the concentration of the gel decreases, but the volume remains the same.

Other important characteristics of this molecule exist. One, in particular, is “dynamic viscosity” or “shear thinning.” Under the pressure of injecting the material through a fine gauge needle (high shear rate), the gel passes through. However, when the shear force is released, the viscosity increases and a thick gel

IN 2007, AMERICANS spent more than $13 billion on cosmetic procedures, $8.3 billion for surgical procedures, and $4.7 billion for non surgical procedures.

Source: American Society for Aesthetic Plastic Surgery
is formed at the augmentation site. This is not only important for volume correction, but it also assures that the material will not migrate. These flow characteristics are further influenced by molecular weight, concentration and the degree of cross-linking. Various fillers on the market use this HA molecule. Of note is a line of products from the Canadian company, Prollenium. As of now, the company plans to introduce only one product here—Revanesse Ultra. However, Prollenium offers five products that are available in Canada, Europe and Asia. They are Revanesse Pure, Revanesse, Revanesse Ultra, ReDexis and ReDexis Ultra. All are nonanimal-based materials that contain various forms and concentrations of HA.

Revanesse Pure. Hyaluronic acid helps moisturize the body. This is why joints glide over one another, why eyes are moist and why young skin has turgor. Revanesse Pure is noncross-linked hyaluronic acid and is used exclusively for moisturizing the skin—not for soft tissue augmentation. One ml contains 14 mg noncross-linked HA. It has some interesting uses in Asia as an injectable moisturizer, which is a popular concept there.

Revanesse. This product consists of cross-linked and noncross-linked HA, and each ml contains 25 mg of stabilized HA. The 1 cc syringe comes packaged with 30 g and 29 g needles. It’s indicated for fine and superficial lines, particularly around the eyes and lips, as well as nasolabial folds. It’s injected into the mid-dermis, and full correction, without overcorrection, is desired.

Revanesse Ultra. Like Revanesse, this product contains 25 mg stabilized cross-linked HA and the noncross-linked variety. But it is more cross-linked and, therefore, indicated for deeper wrinkles or folds. Injected into the mid-dermis, it’s particularly useful for soft tissue augmentation of the nasolabial folds and oral commissures. It’s also useful for defining the vermillion border of the lips, as well as adding volume to the lips.

Of products on the market in the United States, Revanesse Ultra is most commonly compared to Restylane (Q-med; Upsalla, Sweden). Restylane, however, doesn’t contain free HA, and the concentration of cross-linked material in 1 cc is 20 mg as opposed to the 25 mg in Revanesse formulations. More concentration equals a longer result.

ReDexis. Available in many countries, ReDexis uses the base technology of HA. In 1 cc, it contains 25 mg free and cross-linked HA and a biocompatible and biodegradable polymer DEAE Sephadex A 25 in a concentration of 25 mg. Because of its high viscosity, physicians must inject this material with a 27 g needle, which is supplied. Because this material contains the HA substances and dextranomer beads, it’s long-lasting (12 to 18 months). It also acts as a regenerator as well as a filling material.

The dextranomer beads attract the body’s own collagen and glycosaminoglycans to the injection site. The result is immediate smooth correction because of the free HA. The defect remains corrected for months due to the cross-linked HA. Then longer lasting correction occurs as the body’s own mechanisms for regeneration takes over when the cross-linked HA is metabolized.

With ReDexis, the beads are not permanent, which is one of the most important characteristics of this material. Studies have shown that at six months, the beads are 100 percent present. Ingrowth of collagen fibers and bundles exist as well. At 12 months, the beads are approximately 40 percent present. But they start to degrade, and extensive fibroblasts and collagen fill the intermaterial space. At 24 months, the beads have disappeared, and there’s an absence of neutrophils and lymphocytes, with extensive formation of fibroblasts and collagen.

This material must be injected into the lowest part of the dermis.
and can effectively fill deep nasolabial folds, oral commissures, scars, rhinoplasty defects, as well as contour the face. Because this material is robust, it should not be injected into fine lines, the lips or the glabellar area.

ReDexis Ultra. This is the most robust of the family, and each cc contains 17 mg of free and cross-linked stabilized HA and 50 mg Sephadex. It’s supplied with a 1 cc syringe fill and 26 gauge needle. It’s best injected at the junction of the dermis and subQ and is extremely beneficial for contouring the cheekbones and chin, as well as treating rhinoplasty defects, HIV and other forms of lipoatrophy.

As stated, Prollenium intends to seek FDA approval to market Revanesse Ultra in the United States. Studies have been completed in many countries and clinical trials are now ongoing in Canada. Let’s review some of the data from these trials.

Mark Palmer, MD, a cosmetic physician from the United Kingdom, performed a study to evaluate Revanesse Ultra for its ease of use, subject satisfaction, adverse events and direct comparison with Restylane.

Nineteen subjects were entered into the study. Thirteen received only Revanesse Ultra for various indications, while six received Revanesse Ultra to one nasolabial fold, and Restylane to the other in a single-blinded fashion. Only topical anesthetics were used. Patients were asked to evaluate several parameters, including pain during and after the injection, redness and tenderness, as well as swelling and lumpiness. Patients also were asked to rate their satisfaction with treatment outcome.

Nine patients were injected with Revanesse Ultra to correct the nasolabial folds. On a scale of 1 to 5, patients rated the pain on injection as mild, after injection (12 hours) even milder with very little tenderness or redness. Four were “very satisfied” with the treatment and four were “satisfied.”

Four subjects were injected to enhance the lips and the vermilion border. These patients had a nerve block, as well as topical anesthesia, and none felt discomfort during or after the injections.

All said they were “very satisfied” with the results.

In patients who had Restylane on one side of the nasolabial folds and Revanesse Ultra on the other, all parameters were essentially the same. However, the Revanesse Ultra side was smoother. Follow-up in this study was not long enough to determine differences in duration of the two products.

Prollenium is now conducting a multicenter double-blinded, randomized study in Canada to compare the efficacy and safety of Revanesse Ultra vs. Restylane for treating nasolabial folds. This six-month, prospective study includes 130 patients in four investigative centers and will conclude shortly. This is a side-by-side comparison study, the results of which will be used to present data to the U.S. Food and Drug Administration for marketing approval in the United States. The timeline for a U.S. debut is unknown.

During my teaching sessions, I’ve used Revanesse Ultra in more than 100 patients in Asia. I’ve found this to be superior to any product that’s been FDA-approved for soft tissue augmentation. The full line that may eventually be approved will offer the complete range for soft tissue augmentation, from simple moisturization to correction of deep defects to true facial contouring.

Melvin L. Elson, MD, has carried out extensive research in the areas of aging, photoaging and the evaluation and treatment of related disorders, particularly in the areas of soft tissue augmentation and topical vitamins. He has taught and traveled extensively throughout the world, sharing his techniques in the use of soft tissue augmentation materials. He is a member the American Academy of Dermatology, the American Society for Dermatologic Surgery and the International Society for Dermatologic Surgery. He has authored more than 200 scientific papers and chapters and has written two books, a textbook on the aging face and a book for laymen on appearance. He is president and CEO of Global Cosmeceutical Innovations LLC in Nashville, Tenn.

Disclosure: Dr. Elson indicates he is reviewing the data from the Revanesse Ultra clinical trial for presentation to the FDA and is receiving a consulting fee from Prollenium for this service.
Introducing the newest innovation in dermal fillers
Using the highest concentration of hyaluronic acid available

Revanesse® - cross-linked hyaluronic acid
Revanesse® Ultra - high viscosity cross-linked hyaluronic acid
ReDexis® - cross-linked hyaluronic acid with dextranomers

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In today’s competitive market, owners of medspas and aesthetic practices must consider all aspects of retailing and maximize every opportunity to keep clients happy and returning for services. Retailing appropriate homecare products is an essential part of most aesthetic treatments. It encompasses two major components: visual merchandising and the sales process. In this article we will focus on merchandising.

Merchandising is the foundation of retail sales. It should be an integral part of your build-out, marketing plan and budget. If you don’t update your retail area regularly, clients may assume you have nothing new to offer. By simply rotating merchandise, changing displays, shifting signage and featuring new products, you create the perception that your medical aesthetic business is on the cutting edge of technology and trends.

Merchandising begins with spatial arrangements. When a patient enters your medspa, the initial few feet of space are considered the transition zone. This area should fill a client’s senses with appropriate music, a balanced view of the retail area and a pleasant scent, setting the stage for her overall experience. The basic idea is to make your product offerings extremely visible while keeping the environment peaceful and appropriate. Even before a patient speaks with a staff member, she forms perceptions and makes judgments. Her first impressions can alter her mood and make her more or less receptive to everything she encounters during her visit.

A clearly defined pathway to the retail area is the next key to success. Studies show that most people will veer to the right when first entering any retail space. This behavior is known as the “invariant right” and occurs simply because most clients are right-handed. Take this into consideration when planning traffic flow in your facility. Setting up a product display to the right of the transition zone will allow you to maximize your merchandising opportunities.

Investing in multifunctional fixtures is another key to successful merchandising. By using high quality wall-mounted and...
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Breast Implants
IMPROVE YOUR FACIAL LINES WITH NON-SURGICAL ALLERGAN OPTIONS

Option 1  Dynamic Lines: Relax muscle

Before  After

Frown Lines

Option 2  Static Lines: Fill volume loss

Lines around mouth

Before  After

Cheek wrinkles

Before  After

Corners of mouth

Before  After

Ask your Doctor about the Allergan non-surgical facial aesthetic solutions.
freestanding floor displays, you can effectively change your retail space seasonally. Whatever fixtures you use, proper lighting is essential to savvy merchandising and is often underutilized in medspas. You want to choose lighting that can be adjusted easily to highlight different displays. Track lighting is a simple and easy solution that lets you enhance specific areas of the retail space and draw attention to the merchandise you wish to spotlight.

Engaging Senses
Great retail areas are designed around the senses. Retail products sold in medspas will primarily engage the senses of touch, sound, smell and sight. Studies show that skincare products sell better when patients can pick them up, smell them and try them. To effectively merchandise around the sense of touch and smell, you will need to consider sample trays with multiple products appropriately grouped together. You can group similar products, such as a variety of masks, or feature an entire treatment regimen like a cleanser, toner, serum and moisturizer. Be mindful of product scents and group complementary aromas together. Ancillary products such as candles and reed diffusers create an additional opportunity to fill your retail space with pleasant scents and additional products to sell.
Placing multiple sample trays in one area is effective on many levels. Patients will be more likely to try more than one type of product. Staff members can more easily demonstrate products, answer questions and keep the displays tidy and stocked with the spatulas and tissues you will need to prevent any cross-contamination. Include samples of as many products as possible, while taking care not to overwhelm patients with clutter.

When deciding what sounds will fill the retail area, it is best to choose music that is set at a tempo to relax clients and slow their sense of time. Selecting music that is wordless is wise, for it allows clients to focus on browsing and making selections. Many top spas play only music that they sell in the retail area. The element of sight is the final sense that ties all others together into a cohesive and effective merchandising area. Ensuring that the space appears appealing and organized is sometimes challenging for business owners new to merchandising. Choose an overall plan for the space—a specific theme or a unifying purpose—and stick to it. One safe direction for beginners is a monochromatic theme. Grouping products by package color can create a clean, uncluttered feel. Accent the groupings with architecturally pleasing art pieces and mix in shelf-talkers that give details about each product.
Color is an important merchandising element; it can change a person’s mood and has the ability to influence decisions. It can convey a festive holiday mood or a dramatic change of seasons. Choose a few colors your target market can identify with and add complementary splashes of color to that basic palette.
KEY FEATURE visual merchandising

Selective Placement
We all know the importance of location to business success. That same theory applies when placing products in your retail space. Product placement can be the difference between rapid sales and products that grow old on your shelves. Here are six basics of proper product placement:
1. Have a major focal point for every display. The easiest way to produce a focal point is to place the featured product directly in the line of vision and then surround it with complementary products. The products on the periphery will not only frame the featured product but create a natural opportunity for up-sells.
2. Be conscious of the average height of your patients. If you are shorter or taller than your average client, be sure to create the focal point at the client’s average height, not yours. This may sound silly, but it can make a dramatic difference in sales.
3. Strive for balance. Asymmetrical displays can be stunning, as long as the balance and perspective are appropriate. The goal should always be to create a sense of organization and harmony. “Many merchandising mavens draw a design plan before beginning to move products around,” states Coty Long, Durocher Enterprises’ visual merchandising guru with 20 years of experience. “Before beginning to shift things around, think about whether you want to organize product from front to back, right to left, in a curved pattern or a triangular shape.” Taking the time to map out a plan for product placement will save time in the long run and will make it easier for additional staff members to help with the process.
4. Give new products prime placement. Introduce new products with shelf-talkers that explain the product’s unique selling points. If your patients are price conscious, you can increase sales by creating an attractive price-point display.
5. Change the focus. Prime placement should not always go to a new product. It is equally important to keep best-sellers and top moneymakers front and center. Knowing which products are your top five retail drivers and keeping them in a prime location makes good merchandising sense.
6. Take advantage of high traffic areas. While it is important to keep the reception/checkout areas clear of clutter, there are many ways to create opportunities for “impulse” buys. Small products such as lip plumpers or travel-size sunscreens can be tempting add-on purchases. If you pay attention to merchandising, the little sales will add up to a big number by the end of the year. Understanding the reasoning behind every single product placement will help you increase sales.

Suggestive Selling
While often overlooked, suggestive selling—having your staff mention specific products to patients in a low-key way—is one aspect of merchandising that can make a tremendous difference in medspa retail sales. This technique is great for seasonal specials and time-sensitive products. A good way to assist your staff with suggestive selling is through the creation of simple scripts. Choose two to three products that you wish to feature during a defined period and script their key features and unique selling points. If you find the scripting process challenging, ask product suppliers to help. When the scripts are complete, ask staff members to get comfortable with the language and then require them to mention at least one product to every patient they serve. The “every client gets one mention” is a great way to boost sales of a new product, turn a seasonal item before it becomes dated or move overstocked products off the shelves.
Suggestive selling can also take other forms. Studies show that close to 40% of customers will say yes when asked by a staff member if they wish to upgrade in size or quantity. One of the best times to suggest up-sells is when you are checking patients out and scheduling future appointments.
Celebrity endorsements are another form of suggestive selling. Like it or not, beauty product sales are celebrity driven. Many clients will be more likely to purchase a product used by their favorite musician, actor or performer. Ask your product representative for any and all product endorsements and introduce one when you need to do a mid-month merchandising touch-up. Create visual aids that can assist with sales in the form of photos of the celebrity and what the person said.
Have staff members master the art of cross-merchandising, a technique routinely used by top retailers. Cross-merchandising is simply suggesting products that complement each other. Displays using this tactic present a wonderful opportunity to introduce clients to services they haven’t yet tried. Just like its counterpart cross-marketing, cross-merchandising creates opportunities to increase sales while creating loyalty to your medspa. It is highly effective and is the suggestive selling technique that can offer a significant reward to your business when applied consistently.
As long as you keep looking for creative and innovative ways to use your retail space, you will guarantee continued growth in retail sales. Merchandising thrives on creativity. Ask your team to help—a fresh pair of eyes can bring new ideas and inspiration. The right merchandising can be the difference between products flying out the door or moldering on the shelf. And in addition to the added revenue, a comfortable, well-appointed, properly stocked retail area gives patients another reason to return to you. If you implement only a few of the ideas presented above, you will most likely have a leg up on the competition.

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Noninvasive skin tightening technologies have taken the aesthetics industry on a bit of a roller-coaster ride. The enthusiasm surrounding the original Thermage, developed specifically for skin tightening, quickly gave way to doubt amidst reports of inconsistent results and adverse reactions. Now the future of noninvasive lifting is ascending once again as manufacturers introduce new and improved skin tightening technologies and physicians work to fine-tune protocols—all in an effort to meet continued patient demand for less sagging sans the scalpel.
In 2000, the Thermage ThermaCool system received FDA approval for noninvasive lifting. The system utilized radiofrequency (RF) to tighten skin and a cryogen cooling system to protect the epidermis. "Prior to the development of Thermage we tried to accomplish tissue tightening with lasers, and while the lasers were great for honing in on and destroying specific cutaneous targets, they didn’t produce the bulk tissue heating necessary to elicit a profound tightening and collagen rebuilding effect," says Tina Alster, MD, Washington Institute of Dermatologic Laser Surgery, Washington, DC. "RF allows for bulk heating of the tissue to build collagen and tighten the skin."

Originally approved for eyelid lifting, the Thermage quickly expanded its indications offering a variety of tips to help tighten skin on the face, neck, arms and abdomen. But the initial excitement surrounding this noninvasive tightening technology was dampened by reports of highly variable results, pain and adverse reactions. "Initially we used very high energies to produce skin tightening," says Dr. Alster. "The good news is it worked for many patients; the bad news is it was painful. The original system also packed in so much energy that instead of just tightening and building collagen, you could actually liquefy fat in thin-skinned areas, causing the skin to dimple or scar."

Revamping Radiofrequency
Thermage responded to concerns with the updated ThermaCool NXT system, which uses lower energy with more passes. Other manufacturers also entered the market with lower energy systems that utilize different types of RF energy. While the Thermage uses monopolar RF that uses a grounding pad placed on the flank, bipolar RF is the choice of several new devices. "With bipolar RF, the current goes from one electrode to another on the tip of the device," says Macrene Alexiades-Armenakas, MD, PhD, assistant clinical professor of dermatology, Yale University School of Medicine, and director of the Dermatology and Laser Surgery in New York. "There is less depth of penetration than we see with monopolar. Bipolar devices penetrate about 4mm but this is adequate to create skin tightening."

Bipolar systems include the Alma Accent, Syneron ReFirme (which is combined with red light) and Lumenis Aluma. "Bipolar may be classified as second generation RF," says Dr. Alexiades-Armenakas. These devices...
tend to cause minimal discomfort and require no grounding. Results are more consistent and patient satisfaction is high. A study of the Alma Accent for the treatment of rhytides and lax skin by David J. Friedman, MD, and Leon T. Gilead, MD, published in Dermatologic Surgery (May 2007), concluded that the Accent system is an effective and safe modality for the improvement of "age-related rhytides and lax skin."

"The Aluma is unique in that it added the use of suction, which very precisely controls the depth of penetration," says Dr. Alexia-des-Armenakas. "Unlike other systems that use two electrodes to deliver energy in a U, where it penetrates skin and then comes back up, the Aluma uses parallel bipolar RF. The two electrodes face each other and the current goes straight from one to the other through the skin that has been pulled up into the handpiece. The width of the tip controls the depth of penetration." The system includes a variety of tips for the face, neck and body.

Expanding Light-based Options
Concerns that RF-based systems were not living up to their initial expectations, coupled with a continued demand for noninvasive lifting, led to a renewed interest in light and laser technologies to tighten lax skin. The wavelengths believed to offer the most promise are in the infrared range of 1100nm to 1800nm. Current equipment options fall into one of three categories: 1100nm to 1800nm intense pulsed light (IPL) systems including the Cutera Titan and the Sciton SkinTyte; 1064nm Nd:YAG lasers; and 1310nm and 1320nm lasers such as Cynosure Affirm.

Sumayah Jamal, MD, PhD, Keris Dermatology, New York, and clinical assistant professor of dermatology, New York University School of Medicine, chose the Sciton SkinTyte pulsed light system for her patients. "The SkinTyte filters out everything below the infrared range," says Dr. Jamal. "The infrared light heats the dermal layers of the skin, inducing collagen production by fibroblasts so you see both immediate and long-term improvement." The treatments are performed in a series of four to six sessions spaced three to four weeks apart.

"The immediate effect does fall off after a few weeks with just one session," says Dr. Jamal. "But if you repeat the treatments several times, after four to six sessions you get improvement that lasts up to 18 months." Dr. Jamal chose the SkinTyte largely because it requires no numbing or oral pain medication, and it’s safe for all skin types. The main concern with the device, as with all IPLs, is the potential for burning if an area is overheated. "The patient does not need to be uncomfortable to see results with this system," says Dr.
Jamal. “So her feedback provides a built-in safety feature. If the patient is complaining or feeling significant discomfort, you’re going too far and need to turn the power down to prevent burning.”

Lorrie Klein, MD, of Lorrie Klein, MD—Dermatology and Laser Center in Laguna Niguel, California, works with Candela’s Gentle YAG laser. She was attracted to the laser’s ability to provide skin tightening with no downtime combined with its versatility. “I purchased the Gentle YAG primarily for skin tightening but I also use it for laser hair removal and other treatments,” she says. “It generally takes six months to see results for lifting.” Dr. Klein chose to keep her prices reasonable at about $350 per session when purchased in a package of six to allow more patients to try the new service. She also offers a discount when the Gentle YAG is purchased in conjunction with the Fraxel.

“We see the best results when we combine these two treatments,” she says. “The Fraxel offers a little bit of tightening but when you combine them, we see a deeper tightening of the skin.”

The second concern that led to the affordable pricing strategy is that results with noninvasive skin tightening continue to be less consistent than most practitioners would like.

“The amount of tightening can vary dramatically, anywhere from 20% to 80%,” says Dr. Klein. “I don’t want patients who experience less than profound results to feel like they’ve thrown away a lot of money on a treatment that didn’t live up to their expectations.”

**Perfecting Patient Selection**

To minimize disappointment and maximize results with RF and light-based systems, physicians who offer nonablative skin tightening recommend careful patient selection and honest education.

“In the initial Thermage studies we looked at a number of factors including age, body location and skin types, and we didn’t identify any differences in clinical results with the exception of older patients,” says Dr. Alster. “The average age for patients with the
One month after a single Thermage treatment, Bonnie Straka, MD, recorded these pleasing results. 

Courtesy Thermage

PHYSICIANS WHO OFFER NONABLATIVE SKIN TIGHTENING RECOMMEND CAREFUL PATIENT SELECTION AND HONEST EDUCATION.

greatest improvement was 50 years. The average age among the unsatisfactory group was 58 years.”

"With skin tightening devices you’re treating skin that has become lax,” adds Dr. Jamal. “What these devices cannot do is decrease fat pockets. You need to look very carefully in the area of the jowls and chin and evaluate whether the sagging is a result of skin laxity or fat deposits.” In these cases, Jamal recommends liposuction in conjunction with skin tightening.

In her work with the Thermage NXT, Dr. Alster finds that, “the people with the best clinical outcomes are those who show the most improvement immediately after the first procedure.” Consequently, she does not recommend a series of treatments until the first session is completed. “I tell patients, ‘Let’s see how you do after the first treatment,’” she says. “It’s certainly safe to perform multiple treatments, and additional sessions tend to produce further skin tightening, but people who don’t have noticeable tightening after the first treatment are not inclined to have more.”

Maximizing Protocols

Dr. Alexiades-Armenakas has taken part in multiple clinical trials for noninvasive skin tightening. She has worked to develop optimal protocols after FDA approval for both RF and light-based systems. “It’s my opinion that whichever device you offer in the skin tightening arena, you can adapt the protocol to achieve similar results,” she says. “The Accent at a low fluence with only four passes offered very small improvement. But once we doubled and then tripled the number of passes the results improved. Just as with the Thermage, we doubled and tripled the pass count and have really improved the percentage of patients responding.” She advises other physicians to maximize the results they can get with the technologies they have before investing in new systems.

“Unlike with some lesions such as telangiectasias and enti-gos when I can tell my patient, ‘We can eliminate that. It may take several sessions, but we’ll get rid of that vein or sun spot,’ I do hedge my bet on skin tightening,” says Dr. Alster. “There are certainly some people who have been saved from undergoing a face-lift. Others get a little bit of skin tightening so we buy them some time, but the improvement is not profound. The most important thing is to prepare patients for the results they’re likely to see. If only modest improvement is achieved, no one will be disappointed, whereas patients who see a dramatic change will obviously be thrilled with the results.”

Inga Hansen is a Los Angeles-based freelance writer.
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KEY FEATURE

Akin to an artist carefully preparing brushes and paints, finding just the right lighting and meticulously smoothing his canvas, a cosmetic surgeon takes much care in prepping patients for invasive procedures, such as ablative resurfacing or face-lifts.

With plastic surgery the final result is always dependent on where you start,” says David Reath, MD, a Knoxville, Tennessee-based plastic surgeon and a member-at-large of the board of directors of the American Society for Plastic Surgeons. “Many people expect a face-lift to make them look years younger, yet surgery does nothing to improve the skin’s clarity or treat hyperpigmentation. That’s why skin care is so important and goes hand in hand with everything we do in our office.”

Putting patients on appropriate skin regimens prior to surgery and invasive treatments speeds up the healing process, minimizes scarring and lowers the risk of discoloration.

“It’s very important that patients use medical skin care prior to surgery,” says Bobbi Hamilton, lead medical esthetician at SK Sanctuary in La Jolla, California. “We know that patients who comply with their home-care program and have peels prior to surgery heal faster and experience less downtime.”

Doctor Recommended

Dr. Reath and his staff are proponents of using the Results Rx line prior to facial plastic surgery due to its chiral properties and its state-of-the-art ingredients: epidermal growth factors, peptides, AGP complex and specialized botanicals. “It contains the highest available concentrations of active ingredients delivered by Fullersomes,” Dr. Reath says. “Which means, a little goes a long, long way.”

Farrokh Shafaie, MD, a plastic surgeon in Summit, New Jersey, recommends products from the Adorage MD line to prepare the patient’s skin for the stress of plastic surgery and ensure her comfort afterward. The presurgical regimen involves an application of hyaluronic acid followed by a moisturizing cream and, for those with very dull and aged skin, anti-stress serum and cream.

“When we engage a patient in a proper skin-care regimen, she will notice improved skin texture, returning elasticity, smaller
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KEY FEATURE preparing the canvas

pores, less noticeable discoloration, a brighter complexion and a reduction in fine wrinkles,” Dr. Shafaei explains.

Lisa Danielle Grunebaum, MD, an assistant professor of facial plastic and reconstructive surgery at the University of Miami Cosmetic Group, recommends a prescription topical retinoid product to upregulate collagen production preoperatively. “I feel that patients can use this product right up to the day before surgery,” says Dr. Grunebaum. For patients whose skin is too sensitive for a prescription-strength retinoid, she considers the following products as good alternatives: RoC Retinol Correxion Deep Wrinkle Night Cream and a topical antioxidant such as SkinCeuticals C, E Ferrulic Serum. “Of course, sunscreen remains a vital part of any skincare regimen. My favorite is Neutrogena Ultrasheer SPF 45,” she adds.

Recipe for Success

When it comes to choosing the right preoperative topical, it’s all about the ingredients. While most of the doctors we talked to prescribe retinoid products, Leslie Baumann, MD, director of the University of Miami Cosmetic Group and author of several books on skincare including The Skin Type Solution, adds something extra to the mix. “I add antioxidants when I give them retinoid. It helps prevent the redness and scaling. Replenix CF Cream is my favorite,” says Dr. Baumann. Prior to any treatment, Dr. Baumann also advises patients to take an arnica montana supplement and to avoid aspirin, ibuprofen, green tea and vitamin E to minimize bruising.

Strict sun avoidance for at least a month is part of the regimen that Jeannette Graf, MD, puts her patients through prior to deep laser resurfacing or plastic surgery. Graf, a board-certified clinical and research dermatologist based in Great Neck, New York suggests a combination of tretinoin cream and hydroquinone (Tri-Luma) at night to prevent post-inflammatory hyperpigmentation. “I have female patients wear Jane Iredale mineral makeup over a sunscreen to enhance their sun protection,” says Dr. Graf. “Before laser resurfacing it is quite helpful to perform glycolic peels at the start of Tri-Luma treatment and one week before the procedure to create as even an epidermal surface as possible.” She also suggests that patients drink plenty of water and cut down on sugar, alcohol and cola drinks since they are acid producers. “To optimize health and alkalinity I recommend plenty of organic fruits and vegetables with a supplemental powdered green drink daily—an alkalinizing cocktail.” Pre-operatively, I have patients take Arnika-Forte from DermAvance to minimize bruising,” explains Dr. Graf.

At SK Sanctuary, they use a variety of medical products to prepare the skin for laser resurfacing and plastic surgery. According to Hamilton, the ingredients they look for in prepping the skin include: hydroquinone 4%, AHAs, topical vitamin C, polyphenols, retinols and human growth factors. These ingredients, she says, have been tested in controlled clinical studies for safety.

At Wellquest Medical Clinic and Spa, they are partial to ingredients that promote hydration, says Molly Meredith, lead licensed esthetician at the Bentonville, Arkansas-based facility. “Glycerin is a great humectant and we use sodium lactate a lot,” she explains. “We also recommend ingredients that stimulate lipid production, such as ursolic acid.”
"Through proper analysis, we identify the actual 'causes' of the patient’s skin concerns and that allows proper treatment to take place. Sometimes a patient may come in saying, 'I want a laser peel,' and their primary concern is redness in the skin. When we analyze and find a combination of facial veins and bacteria causing the redness, we can recommend custom home care to address bacteria, custom facials to prep the skin and broadband light to treat the facial veins."

It is common for practitioners at Wellquest to recommend customized facials prior to or the day of laser treatments even if the skin is well hydrated or has a healthy barrier. She says the facials allow them to properly prep the skin to increase efficacy of the advanced treatment. "Facials are also relaxing to the patient, make the treatment more enjoyable and ease any stress about the procedure," she adds.

Wellquest might also recommend skin-lightening products, especially for those with melasma or those prone to skin discoloration. These products are either custom formulated by the Skinprint lab or, in more severe cases, prescribed by the medical director.

Scott Wells, MD, of Skin NY, New York, believes that any comprehensive plan to repair skin damage must first begin with a plan to prevent ongoing damage. His Skin Refabrication system, which he refers to as “a gym membership for the skin,” involves topicals such as retinols, antioxidants and protective formulations. In conjunction with proper skin nutrition, he says that an effective regimen of "exercises" is beneficial in maintaining optimal skin health and fitness and explains that the trend of using laser and/or light-based therapies to simulate the body’s inherent repair processes is one of the most exciting new directions in skin care and antiaging. The basis for these therapies involves either injuring the skin in a minor or controlled fashion, or "tricking" the skin into thinking it has been injured.

"In this way, it can be understood that this is a physiologic and ongoing process more 'organic' than single treatment therapies," Dr. Wells says. "A good analogy to understand this process is to visualize the structural integrity of our skin as a brick wall. If we can slow the rate by which the bricks are popping out of the wall and simultaneously speed up the rate and efficiency of the bricklayer replacing the lost bricks, we can better maintain the integrity and appearance of that structure. A potential cosmetic surgery candidate may consider Skin Refabrication to improve her skin’s quality prior to surgery, optimizing the fabric to improve the tailoring."

Whether the long-term goal is a complete face-lift or ablative skin resurfacing, these experts agree that the only way to end up with a flawless finish is to begin with a fresh, smooth canvas.

Candy T. Cuenco is managing editor of MedEsthetics.
Submitting facial skin to the knife or the needle in the name of beauty may not be an issue with some youth-conscious consumers, but many more would prefer to take a less invasive route. The cosmeceutical industry has obliged with an increasingly sophisticated and active generation of topicals formulated with powerful corrective ingredients. The drawback with many of these supercocktails is that they are comprised of weighty molecules too large to pass through the skin barrier without the use of a needle.

Fortunately, the permeability of these cosmeceutical advances is being enhanced by a growing host of noninvasive delivery systems. The goal of these modalities is to create cytokine pathways to allow active cosmetic ingredients to pass through the upper dermal layers and into the circulatory system where it can bring about change. Penetration enhancers include fruit acid peels, mechanical exfoliation and molecule transporters using a variety of energy channels: iontophoresis, electroporation, sonophoresis, or photomechanics. This review looks closely at the strengths and limitations of some of these methods and reveals what may be ahead for dermal infusion as new methods emerge from the research pipeline.

Exfoliation
The first step in topical penetration is to remove the uppermost layers of the epidermis to allow topicals better access for penetration. For this reason, chemical peels have a long and successful track record in skin...
rejuvenation. Their function is to wound the epidermis and dermis for the removal of superficial lesions, make skin more receptive to topicals and improve its overall texture. Their proven efficacy in penetrating the skin has spawned a generation of enhanced formulations that deliver corrective ingredients into the skin alongside the acidic or basic chemical agents for a more active treatment of conditions such as acne, hyperpigmentation, rosacea and photodamage. The limitation is the length of the healing process, which may take a few days for a superficial peel to several weeks for a more aggressive deep peel.

Microdermabrasion operates similarly, except that superficial cells are removed mechanically rather than chemically. Newer generations of microdermabrasion technology are being combined with transdermal infusion methods to improve topical penetration and bypass the limitations on patient selection. The HydraFacial (Edge Systems) integrates cleansing, exfoliation, extraction and hydration using pressure. SilkPeel Dermalinfusion (eMed) “wet” microdermabrasion treatment delivers simultaneous mechanical exfoliation and pressurized cosmeceutical infusion. This delivery method utilizes a patented diamond wand that eliminates the need for abrasive particles against the skin along with customized serums designed to treat fine wrinkles, hyperpigmentation and acne. Customized serums include ingredients such

Newer generations of microdermabrasion technology are being combined with transdermal infusion methods to improve topical penetration.
Another way to create transdermal microchannels is with microneedling. A study published online by the Society of Photo-Optical Instrumentation Engineers in April 2008 used cross-polarized images to compare how well topically applied glycerol penetrated into porcine skin samples alone and after samples were treated with a microneedle roller. Skin samples treated with the roller showed an approximately 2-fold increase in contrast compared to the control samples 30 minutes after application. Two microneedle therapy systems to investigate are the MTS-Roller (microneedle.com) and the Enciron Cosmetic ROLL-CIT (environ.co.za).

Enhanced Penetration
Sonophoresis, or ultrasound, uses the mechanical pressure of sound waves to bring about change in the body. Depth of penetration into tissue is determined by the frequency of the sound waves. The lower the frequency is, the deeper the penetration. Ultrasound is readily recognized as a modality used in physical therapy and diagnostic medicine, but its application as a transdermal delivery system for cosmeceuticals is quickly gaining ground.

Medical researchers at the University of Tokushima, Japan, published a study in Skin Research and Technology (2006; 12: 105-113) on using ultrasound to drive a skin-lightening gel of vitamin C and niacinamide into cutaneous hyperpigmentation. Results showed significantly reduced hyperpigmentation spots compared with both no treatment and skin-lightening gel alone after four weeks.

Ultrasound’s ability to increase percutaneous absorption may be enhanced when paired with microdermabrasion, according to a clinical study awaiting publication in the Journal of Cosmetic & Laser Therapy. Using the new Parisian Peel Suffusion System (Aesthetic Technologies), which...
includes microdermabrasion, ultrasound and a proprietary topical solution, David Goldberg, MD, and his colleagues at Skin Laser & Surgery Specialists of New York and New Jersey conducted a study using histologic and electron microscopic changes to demonstrate sonophoresis. In addition to digital photographs taken before and three months after treatment, and subject and investigator assessments, researchers took biopsies before treatment and three months later to ascertain microscopic and ultrastructural changes. These included a slight increase in vascularity within the papillary dermis, increased reticulin stain (type III collagen) and ultrastructural evidence of increased type I collagen, indicating dermal injury with resulting new collagen formation. Dr. Goldberg found that along with an increase in collagen production, study participants reported a 25% or more improvement in skin hue, as well as visible improvements in skin tone and dryness. The greatest advantages of sonophoresis are that the process is painless and does not alter the chemical composition of the topical being infused. Perhaps the most established method for enhanced transdermal penetration is iontophoresis, which transports electrically charged chemicals called ions through skin using galvanic current. The amount of cosmeceutical transport depends on current intensity, duration of the iontophoresis and the area of application (Abia N, et al., Pharm Res 2005; 22: 2069-78). When iontophoresis is performed correctly, ions in the cosmeceutical ingredients increase skin permeability and drive product into the deeper layers. This method has the distinction among transferal technologies of acting primarily on the molecules within the bioactive topicals it is trying to deliver through the skin, thereby reducing the risk of irritation that can occur with chemical penetration enhancers such as fruit acid peels. Its greatest limitation, however, is that it will only occur if the targeted active chemicals have the appropriate electrical charge. The transdermal delivery system of choice for Dr. Jaggi Rao, an associate clinical professor of dermatology at the University of Alberta, Edmonton, Canada, is the Transderm Ionto by Mattioli Engineering, a system that pairs dermabrasion with iontophoresis. He uses it to administer the topical anesthetic, lidocaine, prior to surgery, and to deliver hyaluronic acid to periorbital rhytides. "The system is relatively painless, safe and has been shown to infuse molecules well into the skin’s dermis," states Dr. Rao. In a study of 10 patients with symmetrical periorbital rhytides, Dr. Rao delivered hyaluronic acid using iontophoresis to only one side of each subject’s face during two sessions, two weeks apart. The results showed visible and histological improvement in the retention of hyaluronic acid in the areas treated. While additional studies are underway, Dr. Rao is encouraged by the positive outcome of this preliminary study. "Theoretically, the devices should be superior to peels and microdermabrasion, which do not address penetration of the deeper areas of the epidermis beneath the stratum corneum." The newest transcutaneous delivery device to tap electric energy is the Transepidermic (TMT) System by Mesoesthetic Laboratories. This system is based on the mechanics of electroporation. Unlike iontophoresis which applies a low voltage (typically, 10 volts or less) continuous current to push a charged drug into skin or other tissue, electroporation applies a high voltage (typically, 100 volts or more) pulse for a very short duration to penetrate the skin (J Pharmaceutics, March 1999, 1-19). This electric assistance of drug delivery across skin expands the scope of transdermal delivery of macromolecules. These two techniques differ in several aspects such as the mode of application and pathways of transport but can be used together for effective drug delivery. With the TMT System, a roll-on electrode is applied on the skin to deliver with square wave pulses a solution dedicated to one of three skin conditions: photodamage, white stretch marks and cellulite with orange peel aspect. The system has received FDA approval and will be available this summer. On the Horizon One of the most novel modes of delivery comes from an unexpected energy source. Pantec Biosolutions, a German medical technology company, recently released pre-clinical data on a needle-free transdermal delivery system called P.L.E.A.S.E. (Painless Laser Epidermal System). The company initially developed the laser microporation device for large molecular weight drug delivery of IVF hormones and pain relief, but the platform offers the potential for active intraepidermal delivery of dermatceuticals, such as proteins and peptides. According to company data, a handheld laser device creates controlled micropores in the epidermis for drug delivery. Due to the special features of the device the micropores do not reach the dermis, where nerves and blood vessels reside. An intelligent graphic interface guarantees simple and safe use by medical personnel or patients, who can use the device without supervision. Driving product deeper into the skin may deliver more satisfying results, but it must be done responsibly, says Dr. Patterson. “It is precisely because we are now seeing significant delivery potential to the dermis and deeper layers of the skin that we must only use infusion solutions that are well researched and safe. Tests available to scientists, including human cell culture and Mattek DNA microanalysis, can prove that peptides and supporting nutrients have beneficial effects on human skin and that they are, above all, safe.” Dr. Rao adds that the growing demand for noninvasive modalities will lead to further refinement and better results. “Dermal infusion is an excellent innovation that is good for patients with needle phobia and/or who cannot tolerate pain from needles. As the technology improves, the limitations of these techniques will improve, making them more practical for everyday practice.”
In health-conscious Miami Beach, dermatologist Betty Bellman, MD, PA, serves a growing number of self-proclaimed “green” patients. “There’s a huge population of people in Miami, especially women 30 years and older, who are starting to cook with organic foods and use more organic products in their homes and on their bodies,” says Bellman. But their attitudes don’t always fall along a well-defined line when it comes to embracing the organic lifestyle.

“There are women who are purists. They live a green lifestyle, and they want to age gracefully,” says Bellman. “And there are women who are just the opposite, where everything is artificial. But then there’s a huge group in between who dye their hair and wear acrylic nail enhancements but choose to eat only wild-raised salmon and refuse to use synthetic fillers.”

This seemingly contradictory behavior comes as no surprise to researchers. The Natural Marketing Institute (NMI), which seeks to identify the buying habits of green consumers, sorts the estimated 35 million to 50 million Americans who identify themselves as eco-conscious consumers into four groups:

- **Naturalaires (18%)** are dedicated to an organic lifestyle. Their purchasing decisions are driven by the all-natural market.
- **Minimalists (17%)** want to live a green lifestyle as long as it fits into their easy-to-maintain routines.
- **Indulgents (29%)** prefer natural ingredients but they are willing to compromise to treat themselves to a more luxurious product or service.
- **Seekers (36%)** are driven by results and, while they also prefer eco-conscious companies, they will sacrifice natural ingredients for proven results.

“In the past year I’ve become much more concerned with the ingredients in the food I eat and the skincare products I use. But when it comes to haircare I’m a bit of a hypocrite.”

By Inga Hansen in Los Angeles-based freelance writer

Going green is all the rage but as practitioners in the aesthetics industry seek to better serve eco-conscious consumers they are encountering some interesting contradictions.

- Seekers (36%) are driven by results and, while they also prefer eco-conscious companies, they will sacrifice natural ingredients for proven results.
- "In the past year I’ve become much more concerned with the ingredients in the food I eat and the skincare products I use. But when it comes to haircare I’m a bit of a hypocrite,” admits Enuka Okuma, a Hollywood, California-based actor. “I want what works.” A true seeker, Okuma looks for effective and eco-conscious products, “but if I can’t get both, I do tend to choose results over natural ingredients,” she says.
- “I see a lot of women who are embracing a healthier lifestyle in terms of diet and exercise, and as they begin to feel great, they also want to look great—even if that requires some synthetic procedures,” says Bellman. “At the same time, I often encounter patients who use plenty of chemical-based beauty products yet are just not comfortable with the idea of putting fillers or Botox Cosmetic (Allergan) into their bodies.”

Rather than address contradictions or try to guess which procedures will be acceptable to eco-conscious patients, Bellman tries to ascertain the patient’s desired results, gives her information on treatment options and lets her make the decision. “Some patients choose to go with the procedures I recommend even if they involve synthetic ingredients; others will bypass services like synthetic fillers and opt instead for microdermabrasion, LED treatments or laser rejuvenation with the understanding that these services may offer less dramatic results,” she says.

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The Pearl from Cutera, the first application of the 2790nm laser wavelength for cosmetic dermatology, offers some unique benefits for physicians and patients.

With a midrange water coefficient, the 2790nm Pearl laser (Cutera) procedure takes advantage of the amazing results from deeper CO₂ technology, with downtime more in the range of a light erbium peel. The trifecta of skin improvement occurs as a result of this procedure. Within one week, the skin is renewed and significant improvement may be seen in fine lines, abnormal skin texture, and normalization of skin tone. Most patients require only one treatment, which is a bonus over partially ablative technology, both to the patient and the practitioner. The skin will rejuvenate with three to five days of downtime, and adult skin of all ages can be treated.

The Pearl procedure has become an incredibly popular treatment choice in my office due to many factors: the downtime is minimal, the results are outstanding, and the cost is in the R5000 range per treatment. Men also find this procedure acceptable in terms of downtime, and they are thrilled with results. They find it is incredibly easy to shave after healing because their skin is baby smooth!

Patient Selection and Prep

Ideal candidates for the Pearl procedure have light to medium skin tones and mild to moderate sun damage. For patients with darker skin tones—beyond type III—I recommend other lasers because of the risk of postinflammatory pigment changes.

When a patient arrives, consent forms are signed, photos are taken and the skin is cleansed thoroughly. Topical anesthetic is required; we apply a generous amount of a cream containing benzocaine 20%, lidocaine 6% and tetracaine 4% to the entire treatment area, including below the lash line and under the eyebrow, avoiding the eyelid. Since patients typically want their necks treated as well, we also apply the cream there. The patient relaxes for 30 to 60 minutes, allowing the topical anesthetic to activate. Generally, no further anesthetic, oral pain medication or antianxiety agents are used.

Just before the procedure begins, we cleanse the patient’s skin once more and use medical-grade acetone to remove any surface oils.

The procedure requires knowledge of indications and contraindications for ablative laser technology. Remember to provide prophylactic antivirals to patients who have had herpes simplex. The risk and side-effect profile of the treatment includes one day of a burning sensation...
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on the skin, possibility of wound infection, scarring, postinflammatory hyperpigmentation (PIH), permanent hypopigmentation and prolonged healing. Serious side effects such as PIH are rare when the device is used on appropriate skin types and the physician employs proper technique.

The Procedure
The actual Pearl treatment time is approximately 30 minutes for the full face and neck. During the procedure, the top layer of skin is treated with light pulses in a preselected pattern. The laser simultaneously sends heat to the deeper layers of skin to provide longer-term benefits. Make one pass holding the laser perpendicular to the skin. On areas with deep wrinkles or scarring, I will occasionally do a second pass using a lower energy setting.

Most patients need only one procedure, while a few with deeper wrinkling or more skin laxity may benefit from two or more. The depth of wrinkles and the amount of discoloration will direct how many treatments you recommend. For many patients I combine the Pearl treatment with intense pulsed light (IPL), skin tightening procedures, and/or injectables. For patients with significant laxity without fat deposition issues, I recommend a skin tightening procedure two weeks before the Pearl treatment.

I treat areas of wrinkling with Botox Cosmetic (Allergan) at the time of the Pearl procedure. This decreases the amount of movement in the area during the healing process and results in a smoother appearance. I find I use 20% less Botox Cosmetic for future treatments. At the follow-up visit, every patient is given the possibility of an IPL treatment to complete the process of evening out skin tones, and for patients with areas of folding, I recommend fillers.

Post-Procedure Course
A natural protective dressing forms on the skin to minimize downtime during the restorative process. Hydrophilic petrolatum or ceramide lotion is applied immediately after the treatment and during the first 48 hours to protect and soothe the skin. A headband is recommended to keep hair away from the treated area. A fan or cool compresses may aid with any discomfort.

Instruct the patient to stop using the protective lotion about 48 hours after the procedure, when the skin turns from red to brown/tan. We suggest they use a mild pineapple enzyme scrub, along with extra hydration, on days 3 through 10 to speed the exfoliation process.

Initial improvement in skin tone is noticeable by day three or four when the superficial tissue has peeled off, revealing fresh, new, healthy skin. Makeup may be applied at this time. We recommend mineral-based makeup. Once the initial dehydration resolves and the edema improves, patients will be able to appreciate the reduction in fine lines. Usually this is by the end of the second week but, occasionally, wrinkle reduction is not apparent until two months post procedure. Textural changes and improvement in fine lines will continue for up to six months.
Pearl offers a highly effective treatment to address fine lines, uneven texture, discoloration and sun damage without wound care and the lengthy downtime required with certain erbium and CO₂ laser procedures. Compared to today’s fractionated technologies, Pearl offers noticeable results in just one treatment versus four to six treatments. The cost is less, results are similar, and the discomfort is significantly less.

Carol L. Clinton MD is the founder of Timeless Skin Solutions (timelessskinsolutions.com), a Dublin, Ohio-based cosmetic dermatology practice specializing in lasers, light therapy, injectables and topical skincare products. She has received numerous national academic honors and lectures internationally on business practice development and the use of lasers and lights in skin rejuvenation for Cutera and other companies.
LEGAL ISSUES

The first step would be to establish a prepayment or payment verification policy, which is not unusual in service businesses.

The issue can be preventing theft without jeopardizing the patient/doctor relationship.

Mrs. Richman comes in for Botox Cosmetic and dermal filler injections totaling $900. At checkout she discovers her wallet is missing and remembers she left it in her glove compartment. She rushes out to retrieve her credit cards, never to return. If this has happened to you, you are far from alone, and the trend will likely continue as the number of aging Americans who desire to look younger grows. With the burgeoning popularity of cosmetic medical procedures, there has been an alarming increase in the number of patients who do not pay for services provided.

There are now more options for improving our appearance and the cost of these procedures has decreased. Historically, there was little patients could do medically to improve their appearance for less than $500. The introduction of injectables and certain laser procedures has changed this, allowing more patients access to affordable cosmetic enhancements. However, the number of patients who desire a more youthful appearance but are unable or unwilling to pay for the procedures is also growing. Some affluent patients have even begun to treat non-payment for cosmetic procedures as a “game,” played to see how many services they can score for free.

So, what are the rights of medical practices when patients do not pay? There are two issues that need to be addressed. The first is the legal rights of the medical practice and the second is the practical aspects of the doctor/patient relationship as it is related to generally acceptable business practices.

A legally binding agreement is formed when a patient requests or accepts a medical procedure. The patient is agreeing to pay a sum of money for a procedure. Once the procedure is performed (and even in many cases when it has not yet been provided), the obligation to pay is triggered. Traditionally, nonpayment has not been a problem even for cosmetic procedures because patients genuinely valued the services of a medical provider. The lower-cost options now available and the burning desire of many to receive such treatments, however, seem to have caused some to deviate from their morals and values. I have personal experience with just how strong the desire to improve our appearance can be. As a former chief executive officer of a dermatology and plastic surgery network, I was informed by a New Jersey dermatologist within our network that a patient had received $700 in collagen injections just a few days before she lost her home in a sheriff’s sale. Clearly, our priorities have changed as societal pressures to look our best have increased.

Practical Policies
The legal remedy for nonpayment for a procedure is a breach of contract. If a medical practice initiates legal action, it will likely prevail. However, most doctors hesitate to embark on this course...
of action. Since that is historically the case, it would certainly be better to put policies in place to prevent such losses.

As a practical guideline, my vast experience indicates that new patients are more likely to skip out without settling accounts. Many medical providers do not realize that today’s new patients may be coming through the door because they have tarnished their relationship with another provider by not paying for services. Some patients actually “doctor shop,” going from one provider to another without paying for services.

In any event, the best course of action is to adopt practical and legal policies to prevent the loss. The first step would be to establish a prepayment or payment verification policy, which is not unusual in service businesses. It is difficult to receive a manicure or massage today without some form of payment on file. The policy should indicate to patients that payment is due days prior to surgery or at the time they arrive in the facility for cosmetic procedures, and that the policy is for their privacy and benefit. It will allow them to leave the facility much sooner, and other patients in the waiting room will not be aware of the purpose of their visit. Where privacy is concerned, such policies are sounder than stating upon checkout: “Mrs. Jones, your Botox Cosmetic treatments are $500 today; how would you like to pay?” Many physicians tell me that they have separate check-in and checkout areas so privacy is not an issue. Trust me, it is an issue, and if you explain to patients in advance that the prepayment policy is for their protection and privacy, they will actually appreciate the expeditious checkout and your consideration. While half of your patients will gladly tell others that they have had a procedure performed, the other half would rather walk on hot coals than admit to medical aesthetic enhancements. It is for these patients that you need to protect the privacy of all patients.

So, the question becomes how and when do we ask for prepayment? This has rarely been a problem for surgical procedures in which the facility, anesthesia and surgical fees are prepaid. The rise in popularity of injectables and the immediate availability of such options have triggered the current phenomenon. Typically, the decision to obtain treatment is made in the exam room after a consult (especially with new patients, and they are a primary concern). The prudent approach in all scenarios would be to have a medical assistant or other ancillary staff member take the credit card information while the patient is being prepared for the procedure. This gives staff time to verify the form of payment. This policy also allows you to discuss a declined card in the privacy of an exam room. Imagine the feeling of having a card declined in front of staff and a waiting room full of patients.

There are many check verification devices that are invaluable for this purpose. It literally takes only seconds to run a check through the verification process. A credit card can be run while the patient is still in the exam room. If the patient states that she is going to pay cash, explain that you will bring a receipt so that she will not have to wait at checkout. Frequently, patients will say they are paying in cash only to remember that they just came from the fitness center and left their wallet in their gym bag! Beware of new patients making such claims. A well-documented prepayment policy that is communicated to patients in advance is the best way not only to ensure payment but also to keep your staff and patients feeling positive about you, your practice and the procedure. You do have legal remedies and you will prevail, but the time, effort and costs far outweigh the benefit.

Padraic B. Deighan, MBA, JD, PhD, is president of Aston McLaren LLC, a medical and spa consulting firm, and the former president and CEO of DermAmerica, the largest network of dermatology and plastic surgery centers. A partner in AmeriDerm LLC and former American Bar Association committee chairman for Health and Insurance law, he frequently speaks and writes for numerous publications about cosmetic surgery, dermatology, medical management, spa and medical spa issues.

Despite a weakening economy, the number of people desiring cosmetic enhancement procedures has not diminished but more may be using plastic to pay for such procedures. “No interest financing has been particularly popular with patients over the last six months,” says Brian Post, senior vice president of marketing at CareCredit.

“Patients can pay over time, and the doctor receives the funds immediately so there are no concerns with late payments or collections.”

Post reveals that they have seen a steady increase of interest in CareCredit since the downturn in the economy. CareCredit works like a typical credit card, with two main exceptions: Patients can only use it for healthcare treatments and procedures, and every transaction on their card qualifies for a no interest or extended payment financing plan. “If a practice is trying to build its patient base or maintain treatment levels, CareCredit provides a financial incentive to patients without discounting doctors’ fees.” For more information visit carecredit.com.
The staff you employ can make or break your aesthetic practice. Patients paying for elective procedures demand a positive experience with you and your staff every single time. If you let them down, they will go where they are treated better and they’ll take their friends with them. Frankly, your staff’s people skills are just as important as your procedural skills when it comes to growing your aesthetic practice.

Since patients will spend more time with your staff than with you, it’s imperative they be as committed to the success of your practice as you are. Getting a return on your investment of time and money will rest on your staff’s ability to bond with aesthetic patients so they return to you again and again. Efficient, enthusiastic and well-trained staff members are your most valuable practice-building tools. They are the first voice the patient hears on the telephone, and the first and last face they see at every visit. Your staff needs to be presentable, personable, caring, friendly and compassionate to every patient, whether on the telephone or in person, every single time.

Staffing Tips

How do you get your staff operating at 110%? Anybody who has been in practice even a short time knows how difficult it is to find and keep good employees. You have probably hired people you thought would be perfect only to discover in a few short weeks that they are not living up to the expectations set during the job interview. You may have other staff that you love who have personality flaws that upset other employees, which can also affect patients.

“It is human nature to work more efficiently, enthusiastically and effectively when you understand the goal.”

The first rule of hiring support staff is to hire personality and train competency. It is much easier to train someone to do the job than it is to change his or her personality. You want people on
your team who are innately friendly, positive and eager to learn. With that attitude, they will be well-liked by other staff members and can easily learn to run your office exactly as you want. Your practice is different from every other practice because you set the tone for how you want things done and your staff reflects that.

To save time and money think creatively when putting a team in place. Always be on the lookout for new employees from the following sources:

- patients, vendors and their friends and family
- hospital staff looking for a change
- estheticians in your community
- salespeople at makeup counters
- past employees of other medical offices
- online sources and employment agencies

Meeting Staff Needs

Turnover is expensive and can cost you patients as well as money. During my years as an aesthetics marketing consultant, I interviewed many staff members and compiled a list of what they want in the workplace:

- recognition and reward
- a stress-free environment
- opportunity for growth
- ongoing training on new topics
- organized work environment
- clear understanding of expectations
- competitive salaries
- incentives—financial and otherwise
- attractive working conditions/hours
- ownership in their work
- camaraderie

Meeting these needs starts with complete job descriptions and effective training. One of the biggest complaints I hear from staff is that they did not fully understand what was expected of them. As a result, they would use their best judgment, only to be reprimanded for not doing it right. This leads to embarrassment, low self-esteem and unhappiness with the job.

Patient Perspective

Here is what 75 aesthetic patients had to say when I interviewed them about the importance of staff in their decision to have services at a specific practice:

- 79% surveyed said the staff was very important
- 18% surveyed said the staff was important
- 3% surveyed said the staff was somewhat important

Nobody said staff was not important in their decision.

This is easily remedied. Write down all job duties in detail. Take the time to explain and train exactly what you expect of each staff member. Don’t just say “answer the phone.” Specify how to answer the phone and provide scripts for answering general questions, describing procedures and closing the appointment. Don’t leave anything to chance. You never want to hear, “That’s not my job” or “I didn’t know that.”

Every staff member needs to be able to handle all normal patient activities (checking patients in/out and scheduling appointments) so they can pick up the slack during busy times. Some offices start every staff member at the reception desk for a week or two. This helps them understand your processes.

Establish Goals and Incentives

It is human nature to work more efficiently, enthusiastically and effectively when you understand the goal. Formulate aggressive, quantifiable, measurable goals and write them down. Staff members can wrap their minds around specific goals much more easily. For example, rather than write, “We will be successful this year,” write, “We will perform 10 aesthetic procedures per week.” Be sure you get staff members to support these goals. You want them working with you, not against you, to grow your practice.

It is also human nature to do more when you are rewarded for your effort, so develop an incentive program that works for everyone. Meet with every staff person individually to find out what motivates them to bring their best to the table every day. Possible incentives include commissions, cash bonuses, complimentary services, continuing education, promotion, flexible hours and personal acknowledgment, especially in front of other staff. Think incentives cost too much? Consider this: The No. 1 reason employees leave jobs is not money. It is because they do not feel valued and appreciated. Everybody wants a pat on the back. How difficult is it to praise employees when you see them doing something right? How much time does it take for you to say “thank you” at the end of the day? It costs you nothing to show appreciation and thanks for a job well done. Heartfelt words can go a long way toward creating happy, loyal staff members and a great team.

Create a practice your staff cares about and obtainable goals that encourage them to manage themselves to achieve those goals. An incentive plan will also help them police each other and do their best even when you are not there.

Catherine Maley, MBA, is president and senior marketing strategist of San Francisco-based Cosmetic Image Marketing, a public relations, advertising and marketing firm that specializes in aesthetic practices. Some of the information in this article was taken from her latest book, Your Aesthetic Practice/What Your Patients Are Saying, which is available at cosmeticimagemarketing.com. Contact her at catherine@cosmeticimagemarketing.com.
As the number of consumer goods containing nanotech-based ingredients expands, the National Nanotechnology Initiative (nano.gov), a new body established to investigate the potential risks nanomaterials pose to the environment and human health, is poised to invest $254 million in research designed to assess the technology.

Visible skin aging is the result of chronic inflammation, says Carl R. Thornfeldt, MD, in an article entitled “Chronic Inflammation Is Etiology of Extrinsic Aging” (J Cosm Derm, March 2008). The review presents the scientific rationale behind his conclusion.

David J. Goldberg, MD, headed a study of 30 patients treated with a unipolar radiofrequency device (Alma Lasers) designed to tighten skin. The report, published in Dermatologic Surgery (February 2008), concludes that “upper thigh skin cellulite can be improved” with the device “without undesired complications.”

Which dermal filler is best? While there is no conclusive answer to this question, scientists are hard at work amassing information they hope will shed some light on the subject. At the American Academy of Dermatology Annual Meeting in San Antonio in February, Jessica Wu, MD, a clinical instructor of dermatology at the University of Southern California School of Medicine in Los Angeles, presented preliminary results of a study of 30 patients treated for moderate to severe nasolabial folds (NLFs) with Juvederm Ultra (Allergan). All of the women had been treated with Restylane (Medicis Aesthetics) injections for their NLFs during the previous year, but the effects had worn off. The volume of Juvederm Ultra injected was equal to or less than what Restylane patients had previously received. The women were then asked to compare the two treatments.

Study patients reported that Juvederm Ultra produced better overall improvement (97%) and lasted longer (83%). When asked what they would prefer for their next treatment, 93.1% named Juvederm and the remaining 6.9% had no preference. The poster presentation at AAD was an interim analysis of data through three months.

Juvederm is the only hyaluronic acid dermal filler cleared by the FDA to correct moderate to severe facial wrinkles and folds for up to one year. All others are approved to offer six months’ correction.

Universal Companies asked the dozens of suppliers it works with to look for ways they could implement green processes in their facilities and reformulate or redesign products to incorporate earth-friendly materials for its 2008 Spa Resource Book. In addition, Universal Companies’ buyers prioritized its selections to focus on products that were sustainable, recyclable, compostable and, whenever possible, organic. A special designation makes it easy to identify products deemed to be environmentally friendly. The 450-page Spa Resource Book is, itself, printed on recyclable paper produced from well-managed and responsibly harvested forests, which meet strict environmental and socioeconomic standards. Call 800.558.5571 for a free copy or visit universalcompanies.com for more information.
body after baby with VelaShape™

Post-Partum Body Contouring and Cellulite Reduction

MARC WINTER M.D., OB/GYN

Case Study Overview: Post-Partum Body Contouring and Cellulite Reduction* with VelaShape™ Orange County, CA

VelaShape is a valuable addition to the growing aesthetics portion of my OB/GYN practice. It has been a natural, immediate fit in treating very common patient concerns regarding post-partum physiologic features such as a circumferential increase in areas of the abdomen, thighs and buttocks mostly accompanied by skin laxity. I am pleased to share key findings of a Body After Baby clinical study conducted at my facility. Download complete clinical results at www.syneron.com/BAB.

The clinical study found that with five VelaShape treatments each spaced one week apart, patients measured an average circumferential reduction of 5.93 cm (2.33 inches) on the buttock, 2.5 cm (1 inch) on the thigh and 7.37 cm (2.9 inches) on the abdomen area.

**PATIENT CASE STUDY: L.D., 43 YEARS OLD.**

<table>
<thead>
<tr>
<th>Area Treated</th>
<th>Baseline (cm)</th>
<th>After 2 Visits</th>
<th>After 4 Visits</th>
<th>At Follow up</th>
<th>% Change</th>
<th>Centimeters Lost</th>
<th>Inches Lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td>85</td>
<td>82.5</td>
<td>81</td>
<td>79</td>
<td>7%</td>
<td>6</td>
<td>2.4</td>
</tr>
<tr>
<td>Thighs Right</td>
<td>56</td>
<td>54.5</td>
<td>52</td>
<td>52</td>
<td>7%</td>
<td>4</td>
<td>1.6</td>
</tr>
<tr>
<td>Thighs Left</td>
<td>58</td>
<td>55.5</td>
<td>53</td>
<td>53</td>
<td>9%</td>
<td>5</td>
<td>2.0</td>
</tr>
</tbody>
</table>

14 months post delivery, patient L.D. complained of the inability to lose her excess stomach despite diet and exercise. She underwent 5 VelaShape treatments and experienced an average reduction of 7.6% in each of her body parts treated. Her diet, exercise and fluid intake remained constant during the treatment period.

“I can’t believe how easy and well this has worked. This experience has made me feel much more attractive and less frumpy. I can now wear shorter shorts, I dropped 2 dress sizes.”

L.D.
Adding aesthetics to an OB/GYN practice requires a change of mindset in how you offer your services to patients. These elective, self-pay procedures require that you add a marketing and promotional aspect to your traditional role of an analyst and problem solver. For many OB/GYN physicians, this first step may not be familiar or even comfortable, but with a plan in place and a commitment to seeing it through, you can become successful.

Below are some key promotion tactics I’ve successfully implemented along the way:

**CHANGE YOUR ENVIRONMENT.**
Add a fresh face to your office environment. Update waiting and treatment room areas with touches and amenities that suggest a more comfortable, spa-like environment. Even small touches like fresh paint and draperies and can make a difference. Consider changing the name of your practice to reflect a change from simply your name to something more warm, personal and descriptive of your new business.

**SALES 101**
There are certain universal sales tactics that also apply to offering aesthetic services. Understand your audience and their needs, and be able to clearly communicate the features and benefits of what you’re offering. Sales can be done simply with visual proof by creating a book with before and after photos along with patient and staff testimonials. Combine this with your staff’s ability to bring an educated approach to your practice. Lastly, close the loop by creating urgency and add value with special pricing and treatment package offers.

**INTERNAL MARKETING**
First promote to your existing patient base – these are women who come to you regularly and see you as their primary care physician. Your patients already approach you about changes in their body, now you can offer them solutions. Signage and literature in your office, along with newsletters are an important first introduction to these services. Promotion is a team effort between you and your staff. Educate your staff on how to properly discuss aesthetics, and set measurable goals to reward your staff for increased successful procedure volume.

**EXTERNAL MARKETING**
In addition to traditional advertising outlets like newspaper, magazine, radio, television and direct mail, consider adding promotional campaigns and partnerships to the marketing mix. Approach fitness clubs, salons and new mother organizations with cross-promotional opportunities. Develop a strategy and a business model that you are comfortable accomplishing. Use the expertise and education that your suppliers offer. For example, Syneron has multiple marketing sessions for physicians looking to add aesthetics (www.syneron.com).

About 10 years ago, I was quite dissatisfied with the challenges presented by managed care and reimbursement issues. As a possible route for change, I then decided to add aesthetics to my practice, starting with a laser hair removal system. Aesthetics is now a very rewarding aspect of my life. I’m effectively providing patients desirable services, while also increasing revenue for my practice.

Adding aesthetics to an OB/GYN practice requires a change of mindset in how you offer your services to patients. These elective, self-pay procedures require that you add a marketing and promotional aspect to your traditional role of an analyst and problem solver. For many OB/GYN physicians, this first step may not be familiar or even comfortable, but with a plan in place and a commitment to seeing it through, you can become successful.

**PRODUCT REVIEWS**

**WILLIAM PHILLIPS, M.D., OB/GYN**
Integrating and Promoting Aesthetics into Your OB/GYN Practice
Danville, CA

About 10 years ago, I was quite dissatisfied with the challenges presented by managed care and reimbursement issues. As a possible route for change, I then decided to add aesthetics to my practice, starting with a laser hair removal system. Aesthetics is now a very rewarding aspect of my life. I’m effectively providing patients desirable services, while also increasing revenue for my practice.
MARK P. GOLD, M.D., OB/GYN

Why I Added VelaShape into My Practice
New York, NY

The day I heard about VelaShape was a pivotal time period for me. I was sitting in my office, reviewing my year-end financials and trying to determine how to improve them, as well as re-energize my practice. It happened that I was going through the mail and I opened a letter from a prominent cosmetic dermatologist asking for referrals of my patients for a VelaShape clinical study.

I began researching VelaShape as an option for my own practice. After all, why would I send my patients elsewhere if this is something that I could do in my own practice?

The timing for the venture was perfect; I had open space in my office that I had been trying to lease out, and the product was a great complement to my existing OB/GYN services.

About five years ago I had added laser hair removal and vein treatment to my practice, with satisfactory results. But hair removal as a procedure was becoming a commodity, and the procedures were no longer generating buzz. VelaShape was a much more exciting procedure — with appearances on television shows ranging from the Real Housewives of New York to Dr. Phil and Rachael Ray.

I decided to add VelaShape, as well as a licensed aesthetician, and in just three months, I had a second business. We now have the ability to successfully cross-sell more aesthetic procedures and have built a tremendous amount of momentum in this area.

Through adding VelaShape I have been able to expand

body after baby with VelaShape
my practice and provide my patients with medical and aesthetic procedures to improve their post-pregnancy appearance of body contouring and cellulite.

**Key Body Shaping Market Statistics in the USA**

*Procedure volume will rise by 17.6% from 14.4 million treatments in 2005 to more than 32.5 million treatments in 2010.*

*Total body shaping fees earned by practitioners will grow by 11.9% per year, from $4.2 billion in 2005 to $7.5 billion in 2010.*

(Source: Medical Insight)

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**PRODUCT REVIEWS**

Body after baby with VelaShape

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* FDA cleared for temporary reduction of thighs circumference

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PB70811EN

www.syneron.com/BAB
Sciton’s Contour TRL emulatesthe Entire Spectrum of Ablative Modalities

By Bob Kronemyer, Associate Editor

Sciton, Inc.’s (Palo Alto, Calif.), new Contour TRL (Tunable Resurfacing Laser) is a significant improvement to the dualpulse mode erbium laser, with the ability to precisely adjust ablative depth and thermal coagulation depth to emulate any ablative laser on the market.

According to Dale Koop, Ph.D., general manager at Sciton, “The ablative zone can be adjusted with each pulse, making the Contour TRL equivalent to anything from an erbium: YAG laser to an erbium:YSGG laser to a CO2 laser. This is the first laser system to offer precise and independent control of ablation depth and the thermal zone.” The Contour TRL achieves roughly from 4 to 200 microns of clean vaporization, while at the same time 0 to over 125 microns of coagulation in a single pass. “You can independently control each of these two variables,” Dr. Koop said. The laser system also features a weightless computerguided scanner for uniform and consistent application of a flat-top beam.

“Because the Contour TRL can emulate anything from a pure erbium laser to a CO2 laser – and anything in between – it eliminates the need for existing single modality lasers,” Dr. Koop stated. The TRL can be used to leave any desired level of coagulum covering the resurfaced skin, and enough of a thermal zone to affect collagen remodeling or skin contraction.

Sciton developed the Contour TRL mostly in response to limitations of non-ablative procedures. “Although non-ablative procedures have been, and still are, extremely popular, patients often do not achieve the results they expect, or they like their results but want more,” Dr. Koop said. “We have seen a resurgence among physicians who want greater results with less downtime. Being able to adjust the thermal zones and vaporization zones precisely with the Contour TRL will offer physicians the ability to provide their patients better results with minimal downtime.”

In the late 1990s the Contour (a dual-pulse erbium laser) replaced standard erbium lasers, giving physicians the ability to move beyond superficial peels with the popular MicroLaserPeel (Sciton). However, for resurfacing, physicians were limited to four discreet levels of thermal zone. “But with the TRL, we can fine tune to anything in between, and even go beyond that,”

Dr. Koop explained. Dr. Koop noted that physicians can now personalize a procedure to each patient’s expectation and desired amount of downtime. “Most patients do not want CO2 because it is so drastic and there is a risk of hypopigmentation,” he said. “On the other
hand, erbium is very superficial, so patients may want something in between. The Contour TRL creates an infinite number of laser modalities that never existed before.” Options such as intense pulsed light (IPL) or fractional can be added to the Contour TRL system.

For complete resurfacing and fractional applications, the ProFractional module can also be added to most systems with a Contour or Contour TRL. Furthermore, by adding broadband light (BBL) and the SkinTyte accessory for skin tightening, “physicians can offer their patients unique combinations all with one system,” Dr. Koop said.

Current users of the configurable Profile platform, with the Contour module, can easily upgrade to the TRL module. “Users will now have access to the entire spectrum of ablative laser modalities – from erbium to CO2 – for application tailored treatments,” Dr. Koop said. “Users will also be able to offer popular treatments such as MicroLaserPeel, the S.T.A.R. procedure, the Lamellar Peel, Arctic Peel and additional advanced peel methods that will be announced soon.”
INTRODUCING THE NEW FILORGA GLYKOPEEL

Filorga Laboratories launched the NEW formulation GlyKopeel in stunning new packaging and an added advantage of being more cost effective. Filorga has been a market leading company for more than 30 years, used by dermatologists, plastic surgeons and aesthetic practitioners worldwide. GlyKopeel is a dermatological peeling that improves the cutaneous state visibly without requiring social eviction. It has a unique sequential variation of pH in 4 steps that minimizes the downtime.

It can be carried out on any skin type (sensitive to tolerant and phototypes I-VI) and any time of the year. The new formulation is Laboratory certified ISO 13485, specialised in preparation of injectable medical devices. The kit contains 50 patient labels that can be used for clinical notes and reference. A new addition to the range is the GlyKopeel 70% Max for intensive and radical results.

GLYKOPEEL® kit
Unique: The first peeling PROGRAMME in 4 steps

The complete kit for 25 treatments contains Pre-peel 60 ml, Peeling 60 ml, Post-peel 125 ml and Isotonic Mist 50 ml, Dispenser + 25 disposable applicators + 50 patient labels.

NEW FORMULA: 18 ingredients
Immediate efficiency (brightness and softness) and progressive efficiency (anti-wrinkle and brown spots)

In 4 steps for 4 anti-ageing actions
1 Exfoliating action - purifying and radiance activator - Glycolic acid
2 Protecting action - anti-radical, anti-inflammatory and hydrating - white mulberry, brown algae and glycerine
3 Stimulating action - anti-wrinkle and toner - Vitamins A, C and E
4 Correction and Treating action - for hyperpigmentation and superficial pigmentation spots - Kojic acid and Bearberry

The peeling comes in 3 different glycolic acid concentrations and with 4 pH levels: 70 % with a pH of 0.8 and 1.6 / 50 % with a pH of 1.8 / 20 % with a pH of 2. Choice of peeling is made according to the skin type indication:

GlyKopeel® 20% is reserved to hyper-sensitive skins and can be performed by a medical assistant.
GlyKopeel® 50% is specifically indicated for sensitive skins or to be used in first sessions.
GlyKopeel® 70% enables a higher efficiency level on more tolerant skin or skin used to peelings.

For an intensive treatment and a radical result, FILORGA® laboratories have developed the new GlyKopeel® max, composed of 70% glycolic acid buffered at pH 0.8.

Efficient and doesn’t require social eviction, GlyKopeel® allows an immediate appreciation of the results:
- restores and enhances the skin’s radiance
- smoothes features
- diminishes wrinkles
- improves suppleness
- reduces brown spots
- tightens pores

GlyKopeel® MAX provides a more radical result. It can be followed by minor side effects for 3 to 7 days: slight erythema, dryness and possible superficial desquamation.

A suitable post-peeling treatment allows to reduce potential discomfort linked to these side effects and avoid social eviction.

Tel 012 548 3943 · Fax 012 548 6299

Spring Edition | MedEsthetics 45
micro meso therapy

treatment indications

PREPARATION

CLEANSING
Cleanse the skin with CLEAN & ACTIVE CLEANSING LOTION (Art. No: 201)

TONE
Tonify with CLEAN & ACTIVE TONIC WITHOUT ALCOHOL (Art. No: 204) Remove access with a tissue. The skin must be dry

STEP 1

ACTIVE INGREDIENT
Evenly apply AMINO to face, neck and Décolleté, and massage in (by gently patting the skin with your fingertips)

APPLICATION MICRO MESO ROLLER
1. PLEASE USE GLOVES

MICRO MESO ROLLER
2. Move the MICRO MESO ROLLER over décolleté, neck and face, one area after the other, pressing slightly. While doing so, change direction of movement (vertical, horizontal and diagonal). All in all, apply the roller approx. 10-15 minutes according to skin sensitivity.
STEP 2

MASK
1. Remove the HYDRA FLASH MASK from package, unfold it, take off foil and place firmly. Avoid air bubbles. Wait approx. 15 minutes while the HYDRA FLASH MASK takes effect.

2. Remove Mask

STEP 3

ACTIVE INGREDIENT
Evenly apply HYALURON to face, neck and décolleté and gently massage in using the GK4 FACE PUSH-UP – run the program ‘Nutrition’ twice (3 minutes each time) or run the program ‘Lifting’ once (4 minutes). If GK4 FACE PUSH-UP or a comparable device is not available you can apply HYALURON giving a short massage.

STEP 4

FINISHING CARE
Apply the FINISH MASK and gently massage it in. In case of very sensitive skin distribute the FINISH MASK over skin and wait 10 minutes while it takes effect. Massage remaining product into the skin.
Stretch Marks: matrix degradation by activated inflammatory cells: (1) mast cells and (2) macrophages

Function:
Anti-stretch marks

Definition:
Combination of *Phascolus lunatus* extract, rutin and 2 matrikines (Pal-GHk and Pal-GQPR).

NO PRESERVATIVES

Properties:
The Phaseolus extract and rutin antagonize the activated inflammatory cells responsible for tissue degradation.
The matrikines stimulate repair of the damaged extracellular matrix.

Characteristics:
The inflammatory reaction begins before stretch marks are visible and continues as they appear on the skin from a pink colour fading to white.

Regestril™ prevents and reduces stretch marks by slowing down the degradation and by promoting regeneration of the extracellular matrix.

INCI name:
Butylene Glycol - Water - Cetyl Hydroxyethylcellulose - Rutin - Palmitoyl Oligopeptide - Palmitoyl Tetrapeptide-3 - Phaseolus Lunatus (Green Bean) Extract

Applications:
Anti-stretch mark products

Formulation:
Water soluble. Incorporated at the final stage of the formulation

Recommended use level:
2 to 4%

Regestril™ prevents and rubs away stretch marks

Reduces the depth of stretch marks by: -72%
**In vitro tests**

- **Inhibition of proteolytic enzymes**
  
  During the inflammatory phase contributing to the formation of stretch marks, proteolytic enzymes are released such as trypsin, chymotrypsin (mast cell degranulation) and leukocyte elastase (macrophages).

  Trypsin, chymotrypsin or elastase are incubated with REGESTRIL™ at different concentrations. The inhibition kinetics are monitored for a few minutes.

- **Synthesis of matrix macromolecules**
  
  Human fibroblasts are incubated with REGESTRIL™ at 2%. After incubation, the collagen I and the fibronectin produced are quantified by immunodot assay and visualized by immunofluorescence.

  | Synthesis of collagen I | +102% |
  | Synthesis of fibronectin | +91% |

REGESTRIL™ fights against the degradation of the extracellular matrix contributing to the formation of stretch marks by:

- antagonizing the destructive effect of proteolytic enzymes.
- stimulating the neosynthesis of the matrix macromolecules.

**In vivo test: Anti-stretch mark efficacy**

13 women with stretch marks on the abdominal area (post pregnancy) / Twice daily application of a cream containing 2% REGESTRIL™ / 56 days / The anti-stretch mark efficacy was assessed by echography and dermatological evaluation.

| Colour | -21.7% | p<0.05 |
| Relief | -21.9% | p<0.05 |
| Width | -26.7% | p<0.01 |
| Skin thickness | +10.8% | p<0.05 |
| Stretch mark depression | -72.5% | p=0.07 |

REGESTRIL™ shows a visible and significant anti-stretch mark efficacy. After 2 months use, stretch marks fade and skin becomes smoother.
The Michelangelo Hotel in Sandton was the venue for the breakfast launch of *MedEsthetics Southern Africa* on the morning of the 18th of August 2008.

Guests enjoyed breakfast while being introduced to the new publication in this fast growing field of medicine in South Africa. Reni Rouncivell, the publisher mentioned that as established medical publishers representing some of the top medical publishers in the world this was an ideal time to enter this market as clinicians, beauty therapists and salons are really struggling to keep pace with all the latest international developments. *MedEsthetics Southern Africa* should therefore fill an important gap giving the readership some insight into both new clinical and business practices in the USA.

Dr. Riekie Smit our editor and current president of the Aesthetic and Anti-aging Medicine Society of South Africa and chair organizer of the 3rd Aesthetic Medicine Congress of South Africa mentioned the following in her talk:-

"The mission at *MedEsthetics Southern Africa* is to provide the business information that physicians operating medical aesthetics facilities will need to succeed. We will keep you up to date on the latest equipment and treatment protocols, where to find specialized training, how to market your services, how to improve profitability, and how to find and work with allied professionals. We’ll focus entirely on medical aesthetics on every page of every issue, offering in-depth coverage of the entire industry”.

The morning ended with guests enjoying some champagne and getting to know each other better!

**Reni Rouncivell**

1. Reni Rouncivell - Publisher
2. Michelangelo Hotel - Sandton
3. Dr. Riekie Smit - Editor and Reni Rouncivell - Publisher
4. Albert van Rensburg & Elzette Hay - Sport skin
5. Kim Louw & Marc Russel - Bioderma
6. Julie Spearman & Julia Kelley - Dermalogica
7. Reni Rouncivell - Publisher, Henriette Harmse & Vanessa Ernst - Cipla Medpro
9 Dinette Snyman & Jopie Muller - Danne
8 Dr Riekie Smit - Editor, Elsabe Roubroeks - Moscon, Monica Koorneef - Imago Medical, Mareli Janse van Rensburg & Colette de Wet - Filorga
10 Michelangelo Hotel · Sandton
11 Elsabe Roubroeks - Moscon, Naomi Olivier - Hitech lasers, Mareli Janse van Rensburg & Colette de Wet - Filorga
12 New Ads: Launch Kiekies en editorial:

Sonja Howell, Tim Malone & Debbie Roberts - Blue Parrot
13 Joanne Danvers & Mike Danvers - Ergon
14 Dr. Riekie Smit - Editor & Gene van den Ende - Genop Healthcare
15 Nelson Mandela Square
16 Trevor Kalil - MedEsthetics SA & Monica Koorneef - Imago Medical
17 Karen Avnit & Dante Bertani - RegimA
IN THE LIMELIGHT...

MedEsthetics
SOUTHERN AFRICA

18  Lelani Wearing - Sales Executive for MedEsthetics Southern Africa, Nadine de Freitas - Les Nouvelle Aesthetique
19  Mike Danvers - Ergon, Dr Riekie Smit, Liz Dunsmuir - Whodunnit, Reni Rouncivell
20  Dr Riekie Smit - Editor
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