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It is certainly a privilege and honour to be invited as guest editor for this issue of MedEsthetics.

Experts across the Country agree that the demand for non-invasive procedures is increasing as patients are in search of less costly alternatives to surgery.

The modern trend and expectations of society today are to maintain, apart from a good facial appearance, a better posture and body contour to improve one’s self image.

Contents of this publication discuss the new trends of body contouring which has become less invasive. Examples of these include lipolaser and ultrasonic lipolysis. The whole concept of microliposuction, micro lipolysis and cryolipolysis, which is in its infancy, are all aimed at the non-obese patient with small pockets of fat which need to be removed. It is also used as an additive to traditional surgical procedures.

To address the common problem of cellulite, the combination of manipulation with bi-polar radio frequency and infrared seem to be the most successful modalities in cellulite reduction and temporary circumference reduction. Maintenance treatments combined with a healthy diet and exercise programme are essential.

It is important to note that the time pressured society of today has moved away from invasive treatment options and we must therefore focus our approach on non-invasive treatment recommendations. CO2 Fractional Laser Resurfacing and tightening of eyelids are discussed and are proven to give good results. These type of treatments will continue to be used more frequently in future.

The holistic approach of anti-aging with the use of mechanical devices and oral anti-inflammatory and anti-oxidants should be considered in every practice. The article on anti-oxidants and the use of Vitamin C gives a succinct explanation of their role and importance in preventing the signs of aging.

Standardised imaging systems are excellent communication, marketing and record keeping tools. Greater emphasis should be put on a more effective way of communicating in your practice and mastering communication skills that would improve your patient satisfaction.

I trust you will enjoy this issue and benefit from the advice in order to enhance and grow your practice.

DR ALBERT NIEMANN

Dr Niemann qualified as a Medical Practitioner in 1974 from The University of Pretoria and as a Senior Aviation Examiner in 1978. He became a Member of the College of Medicine in 1979 and has been a practising Family Physician since 1981. In 1988, Dr Niemann completed his Masters Degree in Pharmacology at The University of Pretoria. He then became a fellow of the College of Family Practitioners of South Africa in 2008. Dr Niemann is a founding Member of the AAMSSA (Aesthetic and Anti-Aging Medicine Society of South Africa) which is affiliated to the International Body Union Internationale de Medicine Esthetique. In the last 16 years Dr Albert Niemann has developed an interest in anti-aging treatments and is the proud owner of The Renew Time Restoration™ in both Umhlanga Rocks and Bryanston.
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A patient who seeks out your practice is clearly open to your recommendations and values your clinical judgment, but this may not be enough to convince her to sign onto a treatment plan. Absent a clear picture of how your proposed treatment could ultimately make her look, a new patient may be hesitant to commit. This is why before-and-after photography has become a staple in the medical aesthetic and medical spa industries. Additional tools offered by skin imaging systems, including subsurface UV photography and three-dimensional imaging can help reassure and instill realistic expectations in prospective patients.

Books of generic before-and-after images do have value as a waiting room tool, but many physicians find they are less effective than images generated within the practice. “Seeing someone else’s pictures is not as engaging for my patients as seeing pictures of my work, so I have my own before-and-after images that I show to patients,” says George Anterasian, MD, a head and neck surgeon at the Santa Monica Laser and Skin Care Center in Santa Monica, California. “Manufacturers have a vested interest in showing only the patients who have spectacular results, not necessarily representative ones. My photos give a more accurate representation of the results a patient can expect.”

In addition to their value as a conversion and marketing tool for prospective patients, before-and-after images also provide a good visual benchmark for both you and your patients. “Photos are an important part of the medical record—we have to know what the patient
looked like prior to any medical intervention,” says Dr. Anterasian. “We all tend to forget what the baseline state was without a visual reminder, particularly with procedures that involve collagen remodeling and gradual improvement. Unless you have a ‘before’ picture, the patient might not realize how much benefit she’s received from the procedure.”

Dr. Anterasian achieves consistent images by using a digital camera on a tripod with a sitting stool in a dedicated space within the practice he shares with his sister, dermatologist Dr. Mary Lee Amerian. “I take all my own photos and find it takes me just five minutes to get six consistent views of the patient,” he says. In-office photo studios are a relatively inexpensive way to help patients track their progress, but in recent years, skin imaging technologies that offer a variety of skin analysis tools in addition to surface photography have been growing in popularity.

THE SHIFT TOWARD IMAGING
To date, thousands of successful medical spas and cosmetic practices have incorporated computerized skin imaging systems as a standard component of patient care. The multifunction software plays a role throughout treatment from the initial consult through post-care. Public interest in these systems, which allow you to take standard before-and-after images in addition to illustrating a range of dermal characteristics like ultraviolet or vascular damage, P. acnes count, and wrinkle or pore size, soared following a 2008 appearance on The Oprah Winfrey Show.

By all accounts, patients almost universally find their imaging experiences to be positive, even when they’re disappointed to see the amount of sun or vascular damage developing beneath their epidermis. “People are shocked but fascinated and they love the quantitative nature of my imaging system,” says Lisa Jenks, MD, owner of Genesis MedSpa in Colorado Springs, Colorado. “My VISIA system is part of every consultation we’ve done since opening two years ago, and it still amazes me how much more engaged patients become in their treatments when they can literally see the problems and their solutions.”

Most manufacturers of skin imaging technologies offer multiple systems at a variety of price points. Virtually every system offers a fixed camera and facial positioning system to provide consistent before-and-after images. Subsurface and cross polarization technologies that capture underlying photodamage and pigmentation problems plus vascular concerns and acne lesions are also standard in most systems. More expensive units offer additional tools and upgrades that may include automatic masking that automatically delineates facial areas for ongoing analysis; personalized, printable reports complete with product and treatment recommendations; and 3D imaging that allows you to generate a three-dimensional image of the skin’s surface. One feature of today’s skin imaging systems that has created a lot of excitement among patients is the ability to “sculpt” potential outcomes of procedures like breast enhancement and rhinoplasty onto the patient’s own three-dimensional face and body images, allowing her to visualize the potential outcome of her procedure. Canfield Imaging Systems (canfieldsci.com) recently introduced Body Sculptor, a new addition to its VECTRA 3D imaging system with Face Sculptor and Breast Sculptor modules. Body Sculptor allows physicians to provide three-dimensional simulations of body contouring treatments as well as augmentation procedures. These tools often spur the patient to sign on the dotted line. Accordingly, providers encourage physicians to incorporate these technologies into their patient consults.

Skin imaging systems help to identify and track a variety of skin concerns including photodamage, pore size, wrinkles and vascular concerns.

“It still amazes me how much more engaged patients become in their treatments when they can literally see the problems and their solutions.”

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MORE COMPELLING CONSULTS

“The main purpose of having an imaging system is to take the consult to a whole new level,” says Roy Wallace, president of Enhanced Image Technologies, manufacturer of the Image Pro II imaging system (enhancedimagetech.com). “That’s the ‘money time,’ when prospective patients are most willing to commit to a treatment plan.”

Jim Larkey, director of product management and marketing for Canfield Imaging Systems, manufacturer of the VISIA imaging system, agrees. “Practices that integrate imaging into their consultations reap a direct economic reward. Their revenues can increase from 15% to 30%,” he says. “You’re giving the patient a unique set of feedback she can’t possibly get from looking in her own mirror. You have the ability to show her the extent of her problems and what the outcomes of treatment modalities could be, personalized to her own face.”

“These visuals are compelling to the patients. They can see very clearly and objectively what needs to be done to improve their skin,” says Dr. Jenks. “Without seeing surface and subsurface images the patient may think I’m going to tell her that she has a lot of wrinkles and damage just to make more money. Instead, she sees it for herself.”

Still, Dr. Jenks stresses that the imaging system is a complement to her expertise, not a substitute. “I always tell the patient that we are only using the imaging system and its skin database as a tool,” she says. “When a patient’s skin is analyzed, the system provides comparable rankings by percentage based on age, gender and locale. If the software places her in the 98th percentile for wrinkles, but her wrinkles are really bothering her, that’s what we’re going to focus on alleviating. By the same token, if the database says her wrinkles are more severe than average, but they don’t bother her, I’m not going focus on wrinkles in my treatment plan.”

Similarly, plastic surgeon Marc J. Salzman, MD, FACS of Louisville, Kentucky, finds that his imaging system gives him the chance to showcase his skills when the patient is most receptive. “Patients want to see what’s truly achievable before they sign on,” he says. “People have their own perceptions of what their faces or breasts look like. Being able to show a patient her own image with the eyelids lifted, for example, can really motivate her to book a procedure.”

Imaging systems can also help you manage patient expectations more effectively. “The patient expectation gap is getting wider because product claims are getting stronger. It’s easier than ever for people to misinterpret the benefits they can achieve,” says Laura Goodman, senior scientist at Procter & Gamble Beauty Skin Care (pgpro.com). “When a patient comes in to inquire about a procedure, you don’t know what her expectations are. Image analysis helps bring her expectations to life, and then back to reality, so you can find a compromise on what is really possible.”

According to Wallace, one of most common questions he receives is: How much time will an imaging system add to my patient consults? “We find that performing the skin imaging adds about four minutes to the appointment,” he says. “But the resulting consults do tend to last a little longer because the patients are asking more questions based on the imaging results. This is quality time when they’re most receptive to your treatment plan, so it’s not necessarily a drawback to take that extra time.”

Jason Baechler, manager of sales and marketing at Moritex, manufacturer of the Clarity Pro skin imaging systems (moritexusa.com), notes that today’s skin imaging systems are designed to be user-friendly. “Anyone in the practice can be trained to use the system, and we often find that the nurses, physician assistants or aestheticians perform the actual imaging. Once the system has analyzed the results, the doctor comes in for the consult and has this information available to go over with the patient,” he says. The variety of tools available mean the software can be used to support skin care, dermal filling and surgical procedures. “All of these imaging systems are designed to be versatile enough to fit in with a wide variety of practices and procedures,” says Baechler.
CAPTURING QUALITY BEFORE-AND-AFTERS

Whether you choose a skin imaging system, like Dr. Jenks, or a simple digital camera, like Dr. Anterasian, the quality and effectiveness of your pictures will only be as good as the process you design and the parameters you set for your staff.

“People are often surprised to hear that a trained staff is the most important variable of all,” says Larkey. “We have customers who get some of the best photos in the industry using still cameras because these physicians are exacting in their standards. And we have customers who invest significantly more money in imaging but end up with mediocre photographs because their staff training is lax, or they don’t insist that their staff adhere to set procedures.”

Dr. Salzman, who recently added a new imaging system to his practice, has found that there is no substitute for giving his staff a clear imaging protocol. “For several years I used a manual imaging protocol for myself and my staff,” he says.

Like Drs. Amerian and Anterasian, Dr. Salzman set up an imaging area within his practice to capture before-and-after images of both his face and body patients. “I used a good quality 35mm SLR camera mounted on a counterweighted transverse beam and bracket similar to what a wedding photographer would use to ensure standardized composition,” he says. “I was even able to morph the images for my consults by using a high-end Photoshop-type program.”

Imaging systems offer unique tools to assist you and your staff in capturing consistent images. Mediscope’s (Fotofinder, fotofinder-systems.com) Guided Photography, for example, features a virtual patient on screen to guide you through proper positioning for each series of images. The photos are then automatically labeled by treatment and view.

Whether you’re using an imaging system or digital camera, standardization of technique is key to obtaining effective before-and-after images. When you’re establishing standards for your practice, consider ways to control these six variables.

• **ANGLE** The patient should be photographed in the same position and at the same distance from the camera in each shot.
• **BACKGROUND** Nothing distracting, please: Avoid doorways, picture frames and medical equipment. Many practices hang a light blue, dark blue or black fabric backdrop in their photo areas to achieve a uniform effect.
• **HAIR STYLE** Ideally, the patient will wear her hair pulled back for both the before and after shots. Dramatic changes in hairstyle and/or hair color can be distracting and should be avoided. Some practices favor using a wide black or white headband to serve as a visual equalizer.
• **JEWELRY** It’s best to have the patient remove all visible jewelry for both the before and after images. If that’s not possible, have her wear the same—preferably low-key—jewelry for all photographs.
• **LIGHTING** Again, consistency is key. Go for bright, even lighting that won’t cast shadows.
• **MAKEUP** A clean, makeup-free face is always best. For post-treatment photos, encourage the patient to bring in her skincare products from home and wash her face in the office prior to shooting to ensure a photographic match with the pre-treatment, before image.

Then get ready to reap the rewards of consistent, high-quality before-and-after images: higher patient satisfaction rates and a new avenue for good word-of-mouth referrals. “Patients love receiving prints of their pre- and post-treatment images so they can show their friends,” says Dr. Salzman. “It’s an inexpensive, yet valuable way to get great referrals.”

Darcy Lewis is an award-winning Chicago journalist specializing in healthcare and business topics.

**Beyond the Basics**

Patients love to flip through before-and-after scrapbooks in office waiting rooms, but if this is the only place you’re using these images, you may be missing out on marketing opportunities. On our website, consultant Catherine Maley offers some innovative ideas on how to use before-and-after images to attract new patients and cross promote new procedures. You can download this free article at medestheticsmagazine.com

Canfield’s Body Sculptor is the latest 3D software that allows physicians to “sculpt” the patient’s own image to illustrate possible outcomes of surgery.
Body contouring options continue to expand as researchers work to substantiate claims in the growing field of fat reduction devices.

By Linda W. Lewis

Although tumescent liposuction has been the gold standard in body contouring since 1985, this may soon change for some patients. New technologies—including laser- and ultrasound-assisted lipolysis—are offering proven fat reduction results with additional benefits including skin tightening and shorter downtimes. In addition, emerging noninvasive devices have the potential to attract a brand new patient base to body contouring procedures.

Manufacturers began introducing devices combining laser energy or ultrasound with liposuction in 2006. In “Shape of Things To Come” (November/December 2008 MedEsthetics) author Inga Hansen highlighted two ultrasound-assisted systems—the UltraSculpt (Mentor Corporation, mentorcorp.com) and the Vaser Lipo System (Sound Surgical Technologies, vaser.com)—and several laser-assisted liposuction devices including SmartLipo (Cynosure, cynosure.com), ProLipo (Sciton, sciton.com), CoolLipo (Cool Touch, cooltouch.com) and LipoLite (Syneron, syneron.com), as well as the Vaser-assisted High Definition Liposculpture Technique. Since 2008, innovations in minimally
and noninvasive body contouring procedures have continued. Here’s a rundown on all the latest.

**NEW EVIDENCE OF EFFICACY FOR LAL**

“The whole body-contouring field is bursting at the seams with new technology,” says Lori Brightman, MD, a dermatologist specializing in cosmetic dermatology, laser and Mohs surgery at the Laser Skin and Surgery Center in New York. “A few of the major companies are now trying to focus on not simply launching a new device but taking the time to do clinical trials first to prove efficacy and monitor safety. The onus is also on clinical researchers to look for quantifiable data that proves the safety and efficacy of these technologies. We need to be able to tell our patients that we know the device we’re using works and we need to be able to guide them to the procedure that’s best suited for their particular goals.”


Barry DiBernardo, MD, medical director of New Jersey Plastic Surgery & MedNet Technologies, presented the first head-to-head quantitative study comparing procedures using the Smartlipo MPX with standard liposuction (SAL). The 10 study subjects received SAL on one side of the abdomen and SmartLipo MPX on the other. Skin shrinkage was evaluated through photographic imaging and measurement of temporary ink markings, while an elasticity device was used to evaluate skin tightening at baseline, one and three months post procedure. Of the nine patients who were fully evaluated at three months, 89% showed an average of 54% greater shrinkage on the Smartlipo side. Skin tightening on the Smartlipo side was 62% compared to 5% with SAL.

The second study by Bruce Katz, MD, clinical professor of dermatology at The Mount Sinai School of Medicine and director of the Juva Skin & Laser Center in New York, demonstrated new collagen formation and an 18% decrease in skin surface area (measured with the use of temporary tattoos) in a limited number of subjects, using biopsies before the SmartLipo MPX procedure and at three days and one month post treatment to determine the presence of new collagen markers.

Paul Vanek, MD, FACS, Vanek Plastic Surgery, presented “A Multi-Center, Prospective, Randomized, Single-Blind, controlled Clinical Trial Comparing Vaser-Assisted Lipoplasty and Suction-Assisted Lipoplasty” at the 78th Annual American Society of Plastic Surgeons Meeting in October 2009. The 20 study subjects received contra-lateral treatment with SAL and Vaser Lipo in one or more anatomical regions. Aspirate was compared for blood loss, and UV tattoos placed prior to surgery were used to measure skin retraction. Results demonstrated a 53% improvement in skin retraction per cc of aspirate removed relative to the standard SAL method and an average reduction in blood loss of 26% compared to SAL.

**RECENT BODY CONTOURING ARRIVALS**

Many of the latest introductions in body contouring technologies have been in the laser-assisted liposuction (LAL) category. These include SlimLipo (Palomar Medical, palomarmedical.com), SmoothLipo (Eleme Medical, elememedical.com), Lipo/therme/LipoControl (Osyris Medical, osyrismedicalusa.com), ProLipo PLUS (Sciton), AccuSculpt (lutronic, lutronic.com) and Cynosure’s updated SmartLipo Triplex.

“Laser-assisted lipolysis is a wonderful tool that I use for small pockets of fat,” says Dr. Brightman. “I do not perform traditional liposuction (SAL). With LAL there is less bleeding, bruising and downtime—and the results are quite nice. I recently performed...

![Before and After Images](image_url)

*These results were obtained with 1319mm and 1064nm ProLipo PLUS laser-assisted lipolysis.*
LAL on two women with stretch marks on their upper arms. The procedure not only reduced the circumference of the arms but also the appearance of the stretch marks. Histology samples taken after the procedures showed significant increases in new collagen in treated areas.

“I have used the Palomar SmartLipo since I opened my practice in 2008,” says Jeff Angobaldo, MD, Renaissance Plastic Surgery in Plano, Texas. “I used to hate liposuction because it was a physically challenging procedure for me. Now I enjoy it; the SlimLipo melts the fat so I can focus on the sculpting portion of surgery as opposed to stubborn pieces of fat.”

The SmartLipo features dual laser wavelengths of 924nm and 975nm plus continuous wave technology to improve thermal control. “This system has a wavelength specific to fat, not water. Because of this, there is less risk of burning. The proof is in the aspirate as the fat is truly melted and is creamy yellow in color,” Angobaldo continues. “The system’s added ability to tighten skin is great for patients who would otherwise have needed a tummy tuck or brachioplasty following liposuction.”

“I really like Osyris Lipotherme or Syneron LipoLite combined with MicroAire Power Assisted Lipoplasty,” says Vivek Bansal, MD, a plastic and reconstructive surgeon who founded Elite MD Advanced Dermatology, Laser and Plastic Surgery Institute in Danville, California, with his wife, Sonia Bansal, MD, a dermatologist. Osyris Medical, based in Lille, France, introduced its Lipotherme LAL unit into the United States market early in 2009. The 980nm semi-conductor (diode) laser features a 600µ fiber to reduce breakage. Osyris is currently awaiting FDA clearance of its next generation LAL device, LipoControl. The device offers more control of energy delivery and an onscreen electronic mapping system that shows real time distribution of heat/energy and automatically adjusts the laser power to compensate for movement of the cannula.

SciOn debuted the ProLipo PLUS + TempASSURE in March 2009, offering physicians more power and flexibility plus improved internal temperature monitoring to reduce the risk of burning. Physicians can use the system’s 1319nm and 1064nm wavelengths individually or in combination. Both wavelengths offer 40 watts of power.

AccuSculpt (Lutronic), the first 1444nm wavelength device for laser-assisted lipolysis, gained FDA clearance in February 2009. The device was designed to emulsify fat, improve physical contouring and the appearance of skin laxity, and reduce bruising and other side effects commonly associated with liposuction. “The AccuSculpt is more accurate, which allows you to remove fat only from fatty compartments without hurting other important structures like nerves and vessels,” said Daniel Man, MD, a plastic surgeon in private practice in Boca Raton, Florida. “It significantly reduces postoperative discomfort and pain. Patients often return to work and other activities in a few days.”
Cynosure introduced the SmartLipo Triplex at the October 2009 American Society of Plastic Surgeons Annual Meeting in Seattle. The SmartLipo Triplex offers a 1440nm wavelength, in addition to the system’s 1064nm and 1320nm wavelengths. The SmartLipo’s patented MultiPlex technology, allows physicians to fire the wavelengths sequentially, creating a blended thermal and photomechanical effect that liquefies fat and tightens skin through collagen remodeling. According to the company, the 1440nm and 1064nm wavelengths disrupt fatty tissue for faster and deeper treatments. The 1320nm and 1064nm wavelengths aid in tissue coagulation and skin tightening.

New Noninvasive Devices

“For some patients the focus is laxity, not fat reduction and for these patients noninvasive treatments like those we offer with VelaShape are the answer,” says Dr. Brightman. “I participated in the clinical trials for the VelaShape and many of the women I treated were so happy with the results they became long-term patients.”

The VelaShape II (Syneron), introduced in 2009, is the first FDA-approved noninvasive solution for circumferential and cellulite reduction. The new device is 20% more powerful than its predecessor for shorter treatment sessions and includes a user-friendly terminal that indicates when to change accessories. “With the new VelaShape II, I can get significant results in about 20 minutes with minimal discomfort and without the need for any pain medications,” says Dr. Brightman. “The clinical endpoint hasn’t changed with the updated device, but we are able to get patients there more quickly.”

In January 2009 Alma Lasers (almalasers.com) announced FDA clearance for its Uniform handpiece, the fifth module available on the Accent XL radiofrequency device. The Uniform received FDA clearance for “temporary reduction in the appearance of cellulite.”

Perhaps the most controversial new noninvasive device is the Zerona (Erchonia Medical, erchonia.com), a low-level laser designed to remove fat and contour the body.
The device has FDA clearance for use in pain reduction but is still awaiting clearance for body contouring. In the meantime, physicians all over the country are already reporting significant fat reduction using the noninvasive device. Results of a pilot clinical trial presented to the American Society of Lasers in Medicine and Surgery in April 2008 showed an average loss of five to six inches from the waist, hips and thighs without surgery, diet restrictions or any other adjuncts. A double-blind randomized, multisite and placebo-controlled study is currently underway and Erchonia reports that results so far are consistent with the pilot study.

Noninvasive fat reduction devices using high intensity ultrasound, such as the Liposonix (Medicis Aesthetics, medicis.com) and UltraShape (ultrashape.com), continue to await FDA clearance in the U.S. Both have completed clinical studies and have been licensed in both Canada and Europe. A new study, “Characterization of Non-thermal Focused Ultrasound for Non-invasive Selective Fat Cell Disruption (lysis): Technical and Pre-clinical Assessment,” by S. Brown, PhD, et al, has been accepted for publication in the Journal of the American Society of Plastic Surgeons and is currently available on PRS Advance Online.

WAITING IN THE WINGS

In addition to the ultrasound devices, three novel fat reduction technologies are now in clinical trials and awaiting FDA clearance: radiofrequency-assisted liposuction, cryolipolysis and the ATX-101 injectable from Kythera Biopharmaceuticals (kytherabiopharma.com).

BodyTite (Invasix, invasix.com) uses radiofrequency internally to remove fat and tighten skin. The BodyTite RFAL unit allows the physician to coagulate and aspirate the fat at the same time, making the procedure significantly quicker than LAL. An external temperature monitor and an internal probe ensure even heat distribution for added safety and more consistent fat removal. The system also boasts skin tightening benefits. Side effects of bruising, swelling and pain are minimal as is patient downtime. The device has already received CE and ISO clearance. Dr. Brightman, who took part in the clinical trials for this device, says, “RFAL produces significant tightening effects. I am enthusiastic about the technology.”

In September 2009 Zeltiq Aesthetics (zeltiq.com) announced European CE Mark approval for noninvasive fat reduction using cryolipolysis. Its Zeltiq System, the first and only device of its type, uses controlled cooling to target and eliminate fat cells. The science behind cryolipolysis was discovered by dermatologists Dieter Manstein, MD, and R. Rox Anderson, MD, of the Wellman Center for Photomedicine. During the 5 Continent Congress of Lasers and Aesthetic Medicine in September 2009 Dr. Manstein reported that his Harvard-based research team had “published clear evidence of selective fat layer reductions of up to 1cm in a single exposure.”

“Cryolipolysis is in its infancy, and the results so far are promising,” says Dr. Brightman, “For fairly lean people who want to address small pockets of fat, this can be an attractive option. It does take time to see results—upward of four months.”

In October 2009 at the Joint Annual Meeting of the American Society for Dermatologic Surgery and the American Society of Cosmetic Dermatology and Aesthetic Surgery, Kevin C. Smith, MD, FAAD, presented study results from two Kythera Biopharmaceuticals Phase 2 studies of ATX-101. This novel injectable drug is selective for adipocytes. At effective concentrations, it preferentially lyses adipocytes while leaving surrounding tissue largely unaffected. In the randomized, double-blind, placebo-controlled studies of 157 subjects conducted across 10 centers in the United Kingdom, Canada and Australia, patients received one of five dosing regimens. Submental fat was evaluated at baseline and week 16 using a five-point Submental Fat Rating Scale. Two of the three dosing regimens yielded statistically significant reduction in submental fat compared to the placebo. The 2mg/cm² dose gave the best response at -0.9. “The significant reduction we saw in submental fat for patients treated with ATX-101 illustrates its potential as a safe, simple prescription aesthetic product,” says Dr. Smith.

Linda W. Lewis, a MedEsthetics contributing editor, is based in Orange County, California.
Imagine the art of true body sculpting using a laser-assisted lipolysis device with a unique blend of highly selective wavelengths, for superior body contouring, laser induced fat melting and superior skin tightening. Imagine being able to fulfill the needs of a sophisticated set of patients who are becoming more educated on the benefits of advanced, minimally invasive procedures and are demanding excellent results without the extensive tell-tale bruises of previous procedures. With Palomar SlimLipo you no longer have to imagine...

Genop Healthcare is putting the power of True Laser Body Sculpting Laser-assisted lipolysis in your hands with Palomar’s SlimLipo. Palomar’s SlimLipo offers several innovations that set it apart from traditional liposuction and other laser-assisted lipolysis procedures.

Culminating ten years of research, SlimLipo is the first system with wavelengths designed specifically for laser-assisted lipolysis. Every detail, from the choice of wavelengths and the unique treatment tip design, to the continuous wave energy delivery, was developed to give physicians the first true laser body sculpting system.1

Palomar SlimLipo turns the art of laser body sculpting into a science with innovative technology that stands apart from the rest

Palomar SlimLipo has penetrating effects with selective laser-induced melting and superior skin tightening. Palomar SlimLipo is equipped with selective dual laser wavelengths of 924 nm and 975 nm for preferential absorption by adipose and dermal tissue with maximal penetration and minimal trauma.

Selective thermolysis with the 924 nm wavelength effectively “melts” adipose tissue for easy aspiration and significant fat removal, whereas the 975 nm wavelength heats dermal tissue, resulting in skin tightening effects for improved body contour.1,2

Palomar SlimLipo delivers technology that allows for smooth precision. The smooth treatment tip ensures continuous wave delivery for smooth, even heating, minimizing the mechanical damage caused by heat spikes and bubbles as seen with the blunt tips of other laser-assisted lipolysis equipment.3 An aiming beam facilitates good visualization of the treatment tip and precise sculpting.2

Palomar SlimLipo attends to the finer detail beyond traditional liposuction. Palomar SlimLipo has been shown to be effective even in patients where traditional liposuction would not normally be indicated and difficult areas such as the submental area and triceps. Skin is left tighter and smoother with less contour deformities.1

Palomar SlimLipo shapes the needs of physicians and patients

Palomar SlimLipo allows for faster procedures and less physician fatigue, as a minimal amount of effort is required to move the laser tip through adipose areas, or even fibrous tissue.1,2

From the patients’ perspective, Palomar SlimLipo treatments are minimally invasive, lead to much less bruising, pain and swelling than traditional laser-assisted lipolysis procedures, and are associated with little to no patient downtime with many patients returning to work the very next day.1

Turn the science of laser-assisted lipolysis into an art with Palomar SlimLipo

Now you can offer your patients dual wavelength technology, with laser assisted melting and effective skin tightening and smoothness to ensure impressive and dramatic results. In addition, the ability to precisely sculpt small areas, with an easier and less tiring procedure, and high patient satisfaction with minimal downtime and adverse effects, takes you and Palomar SlimLipo to a new level of performance in laser assisted lipolysis.3

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New York City-based dermatologist Bruce E. Katz, MD, of Juva Skin & Laser Center credits a quiet moment during a vacation getaway more than a decade ago with helping him envision what was then a groundbreaking concept in dermatology. “I remember distinctly that I was on a chair lift at a ski resort, going up the mountain, thinking about someone recounting [her experience] at a spa,” he says. “All of a sudden, this idea popped into my head,” he says. The idea - to combine a medical dermatology practice with dermatology-based spa services and spa-worthy customer care - would change the course of his career and give name to an emerging trend in cosmetic and antiaging medicine.

In 1998, Dr. Katz registered the name that came to him that day on the ski slopes with the United States Patent and Trademark office. He then set out to create a plan to reinvent his longstanding business model, gambling that the name he coined and the innovative concept of adding spa services founded in dermatological medicine would attract more patients and strengthen the bonds with his loyal client base. In 1999, Dr. Katz vastly increased his practice space, staff levels and expenses. He leased new office space across town and opened the first practice in America to be officially branded and known as a “MediSpa.” A scant three months later, Dr. Katz knew he was on to something big.

Today, Dr. Katz is one of the best-known dermatologists in the nation. His New York City-based Juva Skin and Laser Center/MediSpa occupies 5,000 square feet and supports a staff of 50—10 times the number of employees at his pre-1999 medical office. He is an educator, researcher and physician. In addition, his entrepreneurial skills have made him a sought after speaker on practice management and business development.

The son of a pharmacist, Dr. Katz recalls deciding upon a career in medicine at an early age. “I used to work in my father’s pharmacy and interacted with many doctors,” he says. “I heard them chatting with my father and I visited them in their offices. Medicine seemed like fun to me, and it was a helping profession.”

Dr. Katz received his medical training at McGill University in Montreal, Quebec, Canada. After finishing medical school and internal medicine training in 1977, Dr. Katz completed his dermatology residency in 1982. The specialty first beckoned during a rotation in dermatology, where he worked with Ralph Wilkinson, MD, chief of dermatology at the University. “He really piqued my interest in dermatology and specifically cosmetic procedures. I did my rotation paper on hair transplants,” explains Dr. Katz.
THE PSYCHOLOGY/DERMATOLOGY LINK

Although dermatology was high on his list of specialties, Dr. Katz was also drawn to psychology and psychiatry. "My honors thesis at the University was in psychology," he says. The topic of his paper was an innovative research study on medical marijuana backed by the government. Dr. Katz studied the effects of marijuana on human perception. His research project made him a popular man on campus. "We had no problem finding volunteer [subjects]," he laughs.

This early interest in psychology has served Dr. Katz well in his dermatology career. "One of the key ingredients to becoming successful in cosmetic dermatology and surgery is having the ability to determine whether the patient has realistic expectations and understanding what her motivations are for wanting to improve her appearance. Sometimes a patient sees a minor cosmetic issue as a problem, when what is actually bothering her is her career or family life or sex life. Correcting that minor [cosmetic] imperfection isn’t going to make her happy," explains Dr. Katz. "You really have to understand a person’s [motivations and] expectations because that has a lot to do with her ultimate satisfaction or lack of satisfaction with the procedures you perform. Knowing which people to say ‘No’ to is very important."

INFLUENTIAL ENCOUNTERS

In addition to Dr. Wilkinson, three dermatologists have had a profound influence on Dr. Katz’ career. Alexander Fisher, MD, one of the “fathers” of contact dermatitis, who taught at New York University and wrote Fisher’s Contact Dermatitis, is a former partner. "When I finished my residency, I went to work with Dr. Fisher part-time and eventually became his partner," says Dr. Katz. "His career was a perfect blend of private practice and academia."

Sam Stetman, MD, another prominent dermatologist, was also instrumental in helping Dr. Katz combine the practice of medicine with an academic career. "He was a very well-known dermatologic surgeon in the ’70s and ’80s, and just meeting him at various meetings and talking with him was very helpful," Dr. Katz says, adding that blending the two disciplines is what “keep everything related to your practice more interesting.”

From Larry Field, MD, Dr. Katz learned to ask tough questions during clinical studies, and the importance of teaching—and learning from—doctors around the globe. "Dr. Field approached me at a meeting and critiqued one of my first papers on dermabrasion in the treatment of scars. That really helped me to ask the tough questions and make sure our studies were rigorous," says Dr. Katz. "Seeing how other
doctors in other parts of the world do things is exciting. I just got back from lecturing in Japan. If I didn’t pursue academics as part of our private practice, I wouldn’t have that exposure.”

The national media has taken note of Dr. Katz and his practice, too. “I think the media exposure we’ve received has to do with the fact that we’re always coming out with new things,” he says. “Trying new technologies and new treatments is what keeps me excited. Because we perform clinical studies, and we’re usually one of the first practices to try the latest technologies and techniques, reporters come to us.”

Media attention also attracts more patients. “We’re always looking to be on top of the newest technologies. It helps that I’m lecturing in different parts of the world,” says Dr. Katz, who learned about SmartLipo (Cynosure, cynosure.com)—a technique he pioneered in New York—from his travels. “I was in Italy at a meeting and heard that a doctor was using a laser to do liposuction. I visited him in Pavia, outside Florence. He told me he learned it from a guy in Brazil. So I went to Brazil and worked with the doctor who was really the first pioneer of SmartLipo. That’s how I brought it back to New York,” he explains.

CONTINUED GROWTH

At Juva Skin and Laser Center, Dr. Katz offers patients a complete array of invasive and noninvasive cosmetic treatments in addition to his trademark MediSpa services. “We also have a plastic surgeon practicing onsite, so we are a one-stop shop, and we’re continuing to expand,” he says. The practice recently added a nutritionist, an acupuncturist and a personal trainer to its staff. “We continue to grow through the addition of new services that we feel will improve the experience for our patients,” he says.

Dr. Katz recently completed a study on the use of lasers for nonsurgical eyelid lifts. “I think this is going to be a big thing in the specialty,” he says. “We’re using a fractional CO2 laser to tighten the eyelid skin, elevate the brows, take away dark circles under the eyes and remove crow’s feet,” he explains. “I lectured about the procedure in Japan and at the ASDS meeting in Phoenix. I believe that, eventually, we won’t have to do surgical eyelifts because of these lasers, so I predict this will be a big thing, at least for us.”

A TEAM-ORIENTED ENVIRONMENT

According to Dr. Katz, one of the most enjoyable and satisfying aspects of his career has been the opportunity to build a strong team at his business. His employee management philosophy is based heavily on the teachings of former General Electric President Jack Welch, who has written several books on business management and team building. “He gives a lot of great examples on how to manage people effectively,” says Dr. Katz. “A medical practice is obviously a lot smaller than General Electric, but those management tips have worked incredibly well at Juva.

“One of the things that separates us from other practices is that we’ve been successful in getting our staff to understand that this is not just my practice. It’s their practice, too,” he says.

“They see Juva as their business and they want it to grow. They want our patients to be happy and they try to give 110%. It’s an exciting thing to watch.”

As to the challenges that keep Dr. Katz up at night? Well, he says he sleeps like a baby—because he doesn’t take his work home. “It’s important to work hard but it’s also important to relax, enjoy yourself and spend time with your family. Your career can get stale if you’re only focused on what you’re doing during the workweek,” he explains. “If you take the time to get away from the office and involve yourself in other activities—skiing, boating, whatever—when you return to your practice, it’s surprising how often you come up with fresh ideas.”

Pamela Oldham is a Round Rock, Texas-based freelance writer, whose work has appeared in The Washington Post, MSN and DM News.
Management Tips for a Healthy Practice

Following up on his well-received presentation on practice management at the annual American Society for Dermatologic Surgery meeting in Phoenix, we asked Dr. Bruce Katz of the Juva Skin & Laser Center/MediSpa to share some of his favorite practice building and management tips with MedEsthetics. Here are his top five strategies for success.

Stay at the forefront of your specialty. "Stay abreast of what's new and different to make your practice stand out. This is important for any business, but particularly for a cosmetic practice. Even for a general dermatology practice, it's important to have the latest treatments and the newest technologies," he says.

Take care of your staff and surround yourself with good people. "A lot of doctors think they should pay their staff as little as possible because they [the doctors] should be making the lion's share of the money. This is a very short-sighted, silly approach," says Dr. Katz, who notes that his staff members continually improve the quality of care at his practice and their own education through incentives he offers. He seeks employees who view their work as a career, not merely a job.

Meet regularly with staff. Dr. Katz believes communication within the practice is crucial to success. In addition to regular staff meetings, he holds monthly and quarterly meetings with the practice’s Executive Council—a team that includes all physicians and department heads, including front office, billing, spa and nursing managers. "Everyone has to bring one new idea to improve the practice and one to reduce costs. Again, [the practice] isn’t just about the doctors," he says. "It's everyone's practice. [The entire team] has control of what goes on and, as a result, they are a lot more invested in our success. They see it as their own business."

Benchmark your business. "A lot of doctors don’t really have a pulse of their practices because they don’t get regular reports. I think it’s important to get reports of every aspect of your practice on a monthly basis—not just about revenues, but about the productivity of your doctors and PAs as well," explains Dr. Katz. "What are our expense ratios? How do we compare to other practices of comparable demographics? How well is the staff doing in comparison to other practices?"

Get feedback from patients. Dr. Katz sends out five to six page surveys to his patients on a regular basis, asking for feedback on several areas of their experience at Juva. "You may think you know what’s going on in your practice, but it’s amazing what you find out from these questionnaires," he says, adding that cosmetic dermatology is "a service industry." The practice also uses secret shoppers—generally friends and family members of practice staff—to pose as patients and deliver feedback on service delivery.
Antioxidants are powerful tools in the fight to prevent the signs of aging, and advances in formulation are helping to improve penetration and stability.

By Inga Hansen

With their ability to neutralize free radicals and protect skin against photodamage, antioxidants have become an integral ingredient in antiaging formulations. The challenge for formulators has been to create topical products that allow these ingredients—which are easily oxidized by light and air—to penetrate the stratum corneum and maintain their integrity even after spending time on your retail shelves.

“Antioxidants are very important in the management of skin aging,” explains Anne Marie Schmitt, head of clinical research, Pierre Fabre Dermo-Cosmetique (glytone.com). “They play an important role in postponing and ameliorating the signs of aging, and in reducing photodamage before skin aging occurs. They are also beneficial when used in conjunction with chemical peels, intense pulsed light and laser treatments. While antioxidant research is not a new field, new innovations that are improving penetration and the metabolism of the ingredients within the skin make it a very exciting field to be in today.”
NEW ADVANCES FOR KEY ANTIAGING ANTIOXIDANTS

Vitamin C is one of the most beneficial antioxidants in antiaging skincare products. “It protects against free radical damage and has been shown to inhibit redness. Vitamin C is also a co-factor in collagen synthesis so you get multiple benefits in one ingredient,” says John Kulesza, president and senior formulating chemist, Young Pharmaceuticals (youngpharm.com). “These qualities are what make vitamin C one of the most important topicals in aesthetic medicine. Unfortunately it oxidizes and turns brown in aqueous solutions when exposed to air or light.”

One of the latest advances in topical antioxidant formulations is tetrahexyldecyl ascorbate (BV-OSC). “This is an oil-soluble vitamin C ester with four fatty groups attached,” says Kulesza. “Developed in Japan, tetrahexyldecyl ascorbate is a liquid at room temperature. The older vitamin C esters are solid at room temperature, and are difficult to emulsify.”

“Tetrahexyldecyl ascorbate is the latest trend in the industry. It is the most stable and effective form of vitamin C ever,” says Sam Dhatt, CEO of DermaQuest (dermaquestinc.com). “Many companies are changing their formulations to utilize this new ester even though it is significantly more expensive than previous forms of vitamin C.”

Commonly appearing alongside vitamin C in antioxidant formulations is vitamin E. “We don’t use the word synergy unless we really have a one plus one equals three reaction,” says Laura J. Goodman, MS, senior scientist, Procter & Gamble Skin Care (pgpro.com). “And there are published studies showing that vitamins C & E do indeed work together synergistically.”

While oil-soluble vitamin E—commonly used in the form of tocopherol for skin care—penetrates skin more easily than water-soluble vitamin C, it is also easily oxidized. Glytone is currently using delta-tocopheryl-glucoside in its formulations. “It’s a glucose vitamin E conjugate that is stable and can penetrate the skin,” explains Schmitt. “The glucoside protects the vitamin E from oxidation.”

A cell culture study using keratinocytes and adhesive tape stripping provided by Glytone showed not only a release of tocopherol in the skin but also a reservoir effect of “both precursor (70ng/cm²) and the released molecule (6ng/cm²) following 14 days of treatment with delta-tocopheryl-glucoside.”

Richard E. Fitzpatrick, MD, La Jolla Cosmetic Surgery Center, San Diego and founder of SkinMedica (skinmedica.com) is a fan of tocotrienol, a class of vitamin E that is “40 to 60 times more active than tocopheryl. This ingredient is definitely of value in protecting cell membranes,” he says.

IMPROVING PENETRATION OF ANTIOXIDANTS

Oil-soluble esters are popular in antioxidant formulations because, in addition to reducing oxidation in the bottle, they better penetrate the stratum corneum. “The ester bond is very weak,” says Kulesza. “It breaks down in the skin into free L-ascorbic acid. The fatty bond of the ester helps to keep the vitamin C stable in the bottle, but it will break down in the skin. The esters are also nonacidic so they’re less irritating and, because they’re oil soluble, they penetrate the stratum corneum better than more polar water-soluble ingredients.”

Phospholipid liposomes have also been popular in skincare for several years due to their ability to trap, protect and deliver active ingredients into the skin. “Phospholipids interact with the skin lipids and can allow topically applied antioxidants to penetrate the stratum corneum,” says Chim Potini, PhD and consultant to Hale Cosmeceuticals (halecosmeceuticals.com). “Liposomes can protect antioxidants until they get into the skin where they need to be released,” says Hilton Kaplan, MD, PhD, DermoGenesis (dermogenesis.com). “The downside is that they don’t release the contents quickly enough to get a high concentration of antioxidants when the product is applied topically.”

“There are only a few antioxidants that penetrate the skin well—vitamin E, ferulic acid and phloretin, an apple-based antioxidant,” says Sheldon R. Pinnell, MD, J Lamar Callaway Professor Emeritus of Dermatology, Duke University Medical Center, Durham, North Carolina. “The best results we get in terms of penetration are with these ingredients and with...
vitamin C products formulated at a low pH. Changing the pH level of vitamin C to a pH <3 removes the charge. Although this makes the molecule quite unstable, it penetrates quite well.”

“PPG-15 [polypropylene glycol stearyl ether] and PPG-2 [polypropylene glycol methyl ether] are relatively new delivery systems used to improve penetration of antioxidants, but they also have another benefit,” says Dhatt. “They reduce skin irritation so they allow you to offer the benefits of ingredients like glycolics and retinoids even to patients with sensitive skin.”

BUILDING A STABLE PRODUCT
Manufacturers must go to great lengths to formulate and package these products in a way that offers optimal stability of ingredients.

“The antioxidants must be handled in a red light environment to avoid exposure to ultraviolet radiation,” says Dr. Kaplan. “To exclude air molecules, the products are mixed in a vacuum mixer and/or under nitrogen blankets. When you store or ship them, you want to use airtight containers and store the products in a low heat environment.”

Packaging with airless pumps or collapsible tubes with small openings helps to prevent oxidation from exposure to air. “They don’t suck air back into the bottle as the product is used,” explains Dr. Kaplan. “In addition, these tubes have an aluminum lining to protect the product from light.”

SkinMedica uses a water-free formulation to prevent oxidation via the oxygen in water molecules. “The vitamin C is not encapsulated,” says Dr. Fitzpatrick. “It’s in an anhydrous base of silicone and the packaging features an airless pump.”

Thiotane, a relatively new antioxidant for skin care, which is also a scavenger of hydrogen peroxide and hydroxy radicals, is also used in formulations to “recycle” vitamin C by donating electrons and returning it to an effective form, according to Dhatt.

“When it comes to creating a stable formulation, other antioxidants are the most important factor,” says Dr. Pinnell.

“We start with vitamin C and add vitamin E, for example, which stabilizes the vitamin C and improves its efficacy. Then we add ferulic acid, which makes the product even more effective.”

“We use food-derived products in our formulations, including ginger-derived materials and rosemary acids extracted with oil,” says Potini. “These antioxidants are very stable and help prevent oxidation and rancidity among the more unstable antioxidants in the formulation. It’s important to use a variety of antioxidants in your products both for results and shelf life.”

“The most important message is: There is no magic bullet,” says Dr. Kaplan. “If you deliver just one antioxidant—a mitochondrial antioxidant, for example, it won’t work on the cell membranes. Each works on different parts of the cell, and on top of that different people metabolize antioxidants differently. A product with a cocktail of four or five antioxidants will increase the chance that the entire population will be able to metabolize and get value from the product.”

A TREND TOWARD PLANT-BASED ANTIOXIDANTS
Polyphenol and epigallocatechin gallate (EGCG)-containing teas have become wildly popular antioxidants, particularly among consumers seeking “green” products. Glytone recently launched a new antioxidant line combining vitamins C & E with red tea. “Polyphenols and plant extracts are very exciting ingredients right now for antiaging,” says Schmitt. “The polyphenols in tea are highly reactive. They neutralize free radicals and initiate biologic activities. By combining tea with vitamin antioxidants and oil-soluble esters, we are able to dramatically decrease free radicals.”

“Green tea is a wonderful antioxidant. In vitro, it appears to have 100 times the ability of vitamin C to neutralize certain free radicals,” says Kulesza. “There are many studies showing oral and topical efficacy of green tea and there is also an FDA-approved ointment for the treatment of genital warts called Veregen with
15% green tea polyphenols. But aqueous solutions of green tea are very unstable. If the product was compounded a year ago, it’s unlikely to have any active polyphenols left in it. In addition, green tea polyphenols are very water soluble and have difficulty penetrating into the lipid-based epidermal barrier, so both penetration and shelf life are problematic.

The benefits of polyphenols in antiaging care and as adjunct treatments to light- and laser-based procedures have formulators working hard to improve delivery systems. Two recent studies—by Bruce Freedman, MD, in the Journal of Cosmetic Laser Therapy (September 2009) and Matsui et al in the Journal of Investigative Dermatology Symposium Proceedings (August 2009)—showed a decrease in DNA damage and lipid peroxidase when skin was treated with polyphenolic antioxidants prior to irradiation. The results are amplified when the polyphenolic antioxidants are combined with vitamins C & E.

“One benefit of antioxidants is that they protect against UV radiation, but the protection reported in these studies is often trivial,” says Dr. Pinnell. “In SPF terms, they probably have an SPF <2, but they also work to protect against DNA damage associated with exposure to sunlight so this is where protection with antioxidant formulations is important.”

Another category of plant-based antioxidants generating excitement is plant-derived stem cells. “The stem cells are extracted by wounding the tree,” says Dhatt “They’re being used as very powerful antioxidants to protect the DNA and RNA against UV damage. They may also offer additional benefits including collagen synthesis and increasing hyaluronic acid in the skin. There are currently several studies underway on the efficacy of these plant-derived stem cells.”

In addition to stability concerns, some plant-based antioxidants provide an additional challenge: They are not cosmetically actionable. “Some of these plant-derived ingredients have strong colors and scents so you have to purify the molecule while preserving its potency to bring it to a cosmetically actionable state,” says Goodman.

Turmeric, a member of the ginger family, has been garnering a great deal of attention lately, based on its antioxidant, anti-inflammatory and anticarcinogenic properties. “The turmeric is bright orange and has a strong scent so we were getting a yellow reaction,” says Goodman. “We worked with a distiller who purified it to the point that it was no longer effective so we had to start over with a new distiller.”

**DETERMINING EFFICACY**

To determine the efficacy of an antioxidant ingredient, manufacturers use a multiple-step testing protocol. “First, we have what we call the quick and dirty antioxidant test that is done on the purified antioxidant ingredient,” says Goodman. “We create an oxidative reaction in a test tube or well plate, and we add the antioxidant to see if it squelches or neutralizes the reaction. If the antioxidant is effective, the oxidizing liquid will turn blue. At this point, cell culture testing begins. “We culture skin cells, add a fluorescent dye and irradiate the cells with UV to create oxygen species,” says Goodman. “The dye captures the oxidation and turns the oxidizing areas red. When you add the antioxidant formulation, it should prevent or squelch the oxidation, and you see a green-blue reaction instead. At the third level we go into clinical testing, which looks at the antioxidant effect of the product on human skin. For antiaging formulations we also measure improvements in the appearance of skin tone, texture, fine lines and wrinkles.”

“These formulations are not used for the correction of deep wrinkles, but we do have data showing effectiveness in fine lines and wrinkles and a reduction in photodamage, compared to placebo, and with imaging we’ve seen increased skin lightening and a decrease in fine lines and wrinkles as well,” says Schmitt of the new Glytonte antioxidant line. Restorative benefits of antioxidant-based formulations have been supported by researchers, including Cho et al (Photodermatol Photoimmunol Photomed, 2007).

The challenge for practitioners who want to offer effective antioxidant-based lines to their patients is that these products are considered cosmetics and as such, they remain unregulated. Thus, reliable clinical studies on efficacy are scarce, and manufacturers have wide latitude to claim ingredients that may appear only in trace amounts. “The question I get most often is if company A and company B both offer products with this ingredient, why does one line cost twice as much as the other?” says Dhatt. “This usually relates to the concentration of the raw ingredient—are they using 1%, 5% or 10% vitamin C? So you need to ask about antioxidant concentrations. Reputable suppliers also perform clinical studies and should be able to provide some research on their formulations and ingredients.”

One way to determine if you’re working with a reputable supplier is to look for an expiration date. “If there is no date, that is a warning sign,” says Kulesza. “How can something that reacts with oxygen be infinitely stable? If there’s no date, ask for a written stability study.”

“Marketing people may bring up ORAC [Oxygen Radical Absorbance Capacity] scores, but these have no value in topical solutions,” says Dr. Fitzpatrick. “They represent a method of measuring antioxidant activity in food. Antioxidants are metabolized differently in edible versus topical products.”

Once the products are in your practice, there are some steps you can take to help maintain their integrity. Don’t place products under hot light display case lights—this can speed degradation of the antioxidants. “You can keep a couple of samples on display that will never be sold and store the backup in a cool, dry, dark space in the office,” says Goodman.
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DERMAWAVE NO-NEEDLE MESOTHERAPY WRINKLE TREATMENT

Fifteen women between 35 and 50 years with advanced photaging received facial treatment with the Dermawave™ for 5 sessions. Advanced photoaging is characterized by early wrinkling, sallow complexion with early actinic keratoses. The forehead and periorbital areas were divided into two regions left and right. Only one side of the facial area was treated with a cosmetic gel preparation containing a combination of hyaluronic acid, retinoic acid and DMAE. In this single blind study, sides were randomized and each volunteer was used as their own control. Before treatment photographs were taken and again after one week (after 5 treatments). Photographs were rated with the Bissett et al. (1987) wrinkle scoring.

Examples of positive results in reducing wrinkles and fine lines and improving facial complex are demonstrated in the figures below. After 5 treatments a decrease in the appearance of fine lines and wrinkles around the eye is clearly visible (indicated by arrows) (Figure 1). After 5 treatments a decrease in the appearance of fine lines and wrinkles around the mouth is clearly visible (indicated by arrows) (Figure 2). The deep marionette line is softened and there is an overall improvement in the texture and moisture of the skin.

DERMAWAVE NO-NEEDLE MESOTHERAPY CELLULITE TREATMENT

Twenty women between the age of 35-50 with cellulite of the thighs and buttocks took part in a 5-week trial with 1 treatment per week. One thigh of each participant was randomly chosen as the “experimental area” (A4 size) and was treated with the DermaWave™ Aquaphoresis system using a cosmetic gel preparation containing methylxanthines and L-carnithine. The other thigh (control area) was not treated at all. Standardized photographic documentation was done before the 1st session and after the 5th. An example of a positive result in reducing cellulite appearance is demonstrated in Figure 3. After 5 treatments a definite decrease in the padded appearance of the skin were seen at the treated side (a) compared to the non-treated side (b).
CALENDAR OF EVENTS

Calendar of Aesthetic / Anti-Aging Medical Events
Supplied as a service by the Aesthetic and Anti-aging Medicine Society of South Africa (AAMSSA) amcsa@ackmain.com

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24 - 28 APRIL
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Cape Town
Catherine Anderson
manager@thebayskincare.co.za
021 438 9800, 082 738 3551

3 - 6 MAY
Module 1,2,4 & 5
Botox & Filler Introductory + Business Dev, Chemical peels & Mesotherapy + Advance Combination Therapy
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Catherine Anderson
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4 - 6 MAY
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6 MAY
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Johannesburg
Neokit - Gary Garbutt
gary@neokit.biz
082 451 6343, 021 975 5333

6 MAY
New Hyacorp Dermal Filler training by Dr Jacques Otto
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Neokit - Gary Garbutt
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travelon@mweb.co.za
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27 - 29 MAY
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19 JUNE
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5 AUGUST
AAMSSA CPD EVENT
Improving acne scars
Co-Sponsor: Galderma Laboratories
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2 days practical and exams
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31 AUGUST
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12 - 14 OCTOBER
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Nonsurgical Periorbital Rejuvenation

A combination of fractional CO₂ laser resurfacing and botulinum toxin injections can lift sagging lids and improve fine lines without incisions. These combined modalities produce outstanding results with minimal downtime of three to five days. Using state-of-the-art fractional CO₂ resurfacing technology in combination with botulinum toxin injections, I have been able to offer eyelid rejuvenation that produces a refreshed periorbital complex without surgery. These combined modalities produce outstanding results with minimal downtime of three to five days.

For this procedure, I use the Smartxide DOT CO₂ laser (DEKA Medical, dottherapy.com). This particular device allows me to vary the power, dwell time, spacing and dot pattern of ablation to meet each patient’s individual needs. The DOT laser features an advanced computer pattern generator to produce microablative zones in a dot pattern with untreated skin interspersed to speed healing. Users can vary the depth of the microablative zones by increasing or decreasing the dwell time and power. Spacing between the microablative zones can also be adjusted based on the patient’s skin type and condition. The laser offers up to 30 watts of power with a cleaver handpiece. Buttons on the handpiece allow me to change the dot pattern—rectangle, triangle, hexagon, parallelogram or line—dot size and ratio on the fly without recalibration. The spot size is 350µ and maximal scanning area is 20mm x 20mm.

The depth of penetration of the microablative zones is 60µ to 330µ. The depth of penetration for the microthermal zones is 90µ to 950µ. This variability allows me to effectively customize each procedure to the needs of the patient. The untreated areas and lack of confluent epidermal thermal damage, enables the unaffected hair follicle stem cells and fibroblasts to aid in rapid post-procedure healing and collagen remodeling.

PATIENT SELECTION

Ideal candidates for this procedure are middle-aged men and women with moderate brow ptosis, minimal dermatochalasis of the lids...
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and minimal to moderate crow’s feet. Fitzpatrick skin types I-IV can be safely treated. Patients with more severe eyelid aging who do not want to undergo surgery are also excellent candidates for this procedure provided realistic expectations are managed during the initial consultation. Unlike fully ablative CO2 resurfacing, it is not necessary to pretreat the skin with hydroquinone or Retin-A.

**PROCEDURE PROTOCOL**

Dysport (Medicis Aesthetics, dysportusa.com) is the recently FDA-approved abobotulinumtoxinA for glabellar liners and cervical dystonia. It is used in nonsurgical periorbital rejuvenation to soften the crow’s feet area and produce brow elevation. I typically use between 50 units and 70 units of Dysport to achieve excellent aesthetic results. I reconstitute the Dysport with 3cc of preservative-free saline. For the brow elevation I perform two injections per side—one in the tail of the brow, the second I place by identifying the lateral limbus and following that straight up, placing the Dysport at the inferior margin of the brow hairs. Treatment of the crow’s feet involves placing four to five injections of five units of Dysport per injection. These injections are all performed prior to fractional CO2 laser resurfacing. Following the injections, I perform the Smartxide DOT fractional resurfacing. The typical settings are 25 watts with a dwell time of 1200 microseconds and spacing of 400µ. I will vary these settings depending on the depth of the crow’s feet and amount of dermatochalasis. The patient wears laser-safe contact lenses so I can treat the entire periorbital area including the upper and lower lids right up to the eyelashes. I also cover the entire crow’s feet area until I reach the temporal hair. I use the rectangular dot pattern and will often make a second pass right on the crow’s feet using the parallelogram-shaped dot pattern.

**PAIN MANAGEMENT AND POST-PROCEDURE CARE**

Patients tolerate this procedure very well and are extremely satisfied with the results and the rapid recovery. To ensure patient comfort I apply 4% lidocaine topical cream 30 minutes prior to the procedure and administer diazepam (Valium) for sedation. During the procedure, I use the Zimmer chiller (zimmerchillers.com) to maximize comfort. No nerve blocks are necessary. I prep the skin by cleansing the face to remove any unabsorbed topical numbing cream. I also use acetone to help dehydrate and decrease the skin to ensure maximal absorption of the CO2 laser energy. Following the procedure the patient’s skin is cooled with wet towels that have been soaking in an ice bath. I hand the patient the Zimmer chiller to hold so she can direct the cold air wherever she feels she needs it most. It takes about 10 minutes to 20 minutes for the patient to cool down enough to apply post-treatment ointment. I use Procycline CU3 Intensive Tissue Repair Creme (procycline.com). I also recommend that the patient continue post-procedure skin care with Neocutis Bio-Serum (neocutis.com) starting two days after treatment. The patient is given a prescription for Medrol Dose Pack to help reduce eyelid swelling (which occurs in less than 50% of these cases). Most patients are able to apply makeup by post-op day three and have complete resolution of redness by day five. I schedule follow-up appointments in the office at one week, four weeks and three months post procedure. One of the most exciting aspects of this procedure is the continued improvement we see over the next three months.

**ADVERSE EVENTS**

I have not experienced any permanent complications with this procedure. Risks include infection, scarring and pigmentation changes. I did have one case of hyperpigmentation in a checkerboard pattern in the crow’s feet area that required topical hydroquinone to resolve and two cases of prolonged erythema that lasted 10 days. In summary, if you are looking for a nonsurgical, in-office procedure to rejuvenate the periorbital area, this is my procedure of choice due to excellent, predictable results; high patient satisfaction; short treatment time; and minimal down time.

Daniel Leeman, MD, is the medical director of New U Plastic Surgery in Austin, Texas. He is board certified by the American Board of Facial Plastic & Reconstructive Surgery and the American Board of Otolaryngology/Head & Neck Surgery.
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The DMK concept is based on the principle that cells of human skin do not positively react to any chemical(s) they do not recognise. The cells of the skin will react in a positive and correct manner when confronted with similar chemistry to that which they manufacture on their own.

Excellent results can be achieved on thick, uneven textured skin, wrinkles, fine lines, pigmentation, sun damage and scarring.
Labour law
for medical aesthetic practices
Elsabé Klinck, Benguela Health

Medical practices are in a special position, apart from being professional practices, subject to the rules and regulations of the Health professions Act of 1974, and the authority of the Health Professions Council of South Africa (HPCSA), they are also subject to all the “normal” laws that bind businesses. With awareness rising amongst employees as to their rights and entitlements, medical practices face an increased risk of action been taken by employees, on any of the grounds addressed below. Practitioners may also face disciplinary action by the HPCSA for employing staff they are not permitted to employ to HPCSA rules.

WHO MAY BE EMPLOYED BY MEDICAL PRACTITIONERS?

A practitioner may only employ other practitioners, provided that such employees (“professional assistants”) are not exploited. Care should therefore be taken to ensure that the employment contract, the remuneration and general conditions of employment are fair towards such employees. A practitioner may not, for example, run four or five practices with doctor-employees, as the owner-practitioner must him- or herself, be active in each practice. The HPCSA has found that a practitioner can, at most, be active in two practices.

Medical practitioners can also employ staff such as accountants, reception staff, accounts...
clerks and professional nurses. Such staff supports the practice, and do not render any accounts for the practice for services the provided within the course of the business of the practice.

Medical practitioners may not employ any person not registered at the HPCSA to render any service associated with the medical professional service. It is there not permissible for a Practice to employ a beauty therapist, massage therapist or even a person registered at the Allied Health Professions Council of South Africa (AHPC), such as an acupuncturist. Although a premise may be shared by a medical practice and another service (such as beauty salons or spa’s), they must be separate legal entities, have separate entrances, separate reception and waiting areas, etc. and there should be no confusion as to when which type of service is being rendered.

VICARIOUS LIABILITY

It should also be noted that the practice-owner practitioner (the Practice) is vicariously liable for all the actions and conduct of all the staff employed by the practice, including the medical practitioner in its employ. The Practice may therefore face legal action if there is any wrongdoing by a staff member (e.g. a breach of confidentiality, or a fraudulent/erroneous account being submitted, or negligence).

EMPLOYMENT CONTRACTS AND CONDITIONS OF EMPLOYMENT

No employment contract can go below the standards set by the Basic Conditions of Employment Act of 1997 (BCEA).

Key provisions in the BCEA include:

- **WORKING HOURS** should be no more than 45 hours per week, with a maximum of 15 minutes per day, up to an hour a week more, to accommodate the need to serve the public. The contract should stipulate working hours, for example from 08:00 – 17:00 every week-day. A contract of employment may set a lunch break (of at least 30 minutes) and tea breaks of up to an hour. However, the BCEA recognize that certain aspects of work cannot be left unattended (e.g. the phone) and that employees may be required to still be available to do such tasks, even if they are taking lunch. It is also advisable that Practices have a smoking policy in place, which should also cover the issue of smoke breaks.
- Three options exist for **OVERTIME**:
  - 90 minutes’ paid time off for each hour overtime worked, or
  - Overtime paid at 1.5 time the employee’s hourly wage, or
  - Paying the employee no less than his/her hourly wage and grant him/her 30 minutes’ paid time off for every hour worked overtime.

- **Sundays** and **Public Holidays** have to be paid at twice the employee’s ordinary salary.
- **ANNUAL LEAVE** of either 21 consecutive days’ annual leave (which includes Saturdays and Sundays); or one day for every completed 17 days’ work (which amounts to 15 days’ annual leave taken over various periods during the leave cycle) must be granted. The Annual Leave cycle could run from 1 January of each year (adjusted accordingly if employee started somewhere in the middle of a year) or from the date of employment until the end of the first year of employment and so forth). The Practice may require of all staff to take part of their annual leave between Christmas and New Year, for example.
- The employee is entitled to paid **Sick Leave** of up to 36 days within a three year employment cycle. During the first six months of employment, the employee is entitled to one day paid sick leave for every 26 days worked.

The BCEA also contains provisions on maternity leave, family responsibility leave, remuneration and deductions, severance pay, etc.

POLICIES THAT EVERY PRACTICE NEED

Apart from the employment contract, which should include the provisions of the BCEA, or conditions more generous than the BCEA, it is recommended that a Practice have at least the Forms and Policies set out below. These should be provided to all new employees, and could be updates, with input from staff, from time to time.

A Disciplinary Code or Policy is imperative. It should include reference to the procedure that will be followed by the Practice in cases of misconduct, poor work performance and/or prolonged absence from work, and should include a list of sample offences, and the severity of possible sanctions for each. Severe sanctions would include for example final written warnings or possible dismissal, whereas less severe sanctions include verbal warnings or written warnings. “Fraud” would for example attract a serious penalty, such as dismissal, whereas not answering the phone within a reasonable time would merit a warning. Repeat-offences could, even if they are not labeled as “severe” or “serious” lead to a sanction that is severe.

Basically, there are three forms of disciplinary action:

- Disciplinary discussions, where the Practice aims to discuss the conduct or performance of the employee with him/her, in view of ensuring correction in future. The fact that such a discussion took place should be noted on the employee’s file, as well as the corrective action.
- Warnings, which could be verbal, written or final written
warnings. As long as a warning is in place, a repeat of that offence could trigger a more severe sanction. Warnings are only a place for a certain number of months, and if the offence is not repeated, the warning is removed from the employee’s record.

- Disciplinary hearings, which has to be conducted in line with labour legislation, including that the employee is provided with a letter outlining the complaints against him/her, the date and place of the hearing (providing the employee with enough time to prepare), and an explanation of the process that will be followed.

The flipside of a Disciplinary Code and Process is having a Grievance Policy and Process. This allows employees to complain in a formal manner about their conditions of employment, the behavior of co-workers or others, and also of harassment. The most important part of such a policy is the form on which employees would record their grievance, and the process which will be followed.

Other policies that are absolute necessities are:

- A confidentiality policy, which highlights to conditions under which patient, and other information may be disclosed, to whom, etc. It should make it clear that it is expected of all employees to keep all patient information in the strictest of confidence, and that unauthorized disclosure will lead to disciplinary action.
- A Leave policy, that also includes a leave application form, and sets minimum leave entitlements at least at BCEA level for family responsibility leave and maternity leave.
- A Policy on Harassment and Professional Conduct, which should set out the expected levels of behavior set for staff. It could include provisions on dress, and uniforms, but should be sensitive towards various types of persons, as well as religious and other beliefs. It should also explain what harassment is, and that employees are also protected from harassment by patients, suppliers or other third parties.
- An IT and Communications policy, which should set the conditions for the use of the phone, internet and fax/copy machines in the Practice, which should include stipulations on personal use.
- A Reimbursement Policy, to cover cases where staff may from time to time, out of their own pocket, has to buy things for the Practice, or use their own transport for Practice business.

**STATUTORY PAYMENTS AND LEVIES**

Various statutory deductions must be made on employee’s salaries. These include, at a minimum, Unemployment Insurance Fund payments, PAYE and Skills Levies. If other benefits are provided, expert advice would be needed in terms of the tax benefits for cell phone allowances, etc.

**TERMINATION OF EMPLOYMENT**

Some contracts are fixed-term, for example be in effect for one year. At the end of the year, the contract expires and, unless renewed, the Practice has no further obligation towards the employee and vice versa. Care should, however, be taken in relation to repeat-renewals of fixed-term contracts, as it would mean that the person is actually employed full-time.

The parties to the employment contract must, in terms of the BCEA, give each other notice of termination, as follows: with up to 6 months complete service, one week notice, after 6 months complete service and up to one year, two weeks’ notice, and after one year of service, four weeks’ notice.

**Sources:**

HPCSA Ethical Rules, as amended 2 February 2009
Basic Conditions of Employment Act, 1997

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Combined Modality of Focused Ultrasound & Radio-Frequency for Non-Invasive Fat Disruption & Body Contouring

Results of a Single Treatment Session

a report by Dr. Hector Leal, UltraLaser, Monterrey, Mexico

**INTRODUCTION**

Current invasive technologies for local fat disruption for the purpose of body contouring include liposuction, ultrasound-assisted liposuction and laser-assisted liposuction. There is an increasing demand for non-invasive body contouring treatments that effectively and safely reduces unsightly local fat deposits in men and women.

Focused ultrasound (FUS) applied by Contour I, UltraShape®, targets and selectively destroys local subcutaneous adipose tissue (1). This focused ultrasound technology does not damage neighboring structures such as blood vessels, nerves, connective tissue, or muscles.

Radiofrequency (RF) technologies, which use electrical current, have been introduced as a new approach for the purpose of body contouring although not for local fat disruption.

Combined treatment modalities for fat disruption for the purpose of body contouring are frequently used in order to achieve a synergistic effect. These modalities are usually used with time intervals due to safety concerns. Focused Ultrasound (FUS) is a well known method to disrupt fat tissue. This technology has a high safety profile when using cavitation effect as opposed to a thermal effect. Our objective was to prove that treating with FUS technology and RF in one session is safe and can achieve meaningful results.

**Material and Methods:** 24 subjects were treated in the abdomen during a single session which included RF treatment (Reaction™, VIORA) immediately before and after a treatment with non-thermal focused ultrasound (Contour I, UltraShape®). Two ultrasound treatment protocols were used, each in 12 subjects. Subjects were evaluated at day 7, 14 and 28 after the day of treatment. Safety variables included adverse event collection for the whole study population and laboratory evaluation in 12 subjects. Primary efficacy variables included circumference measurements.

**Results:** At 28 days, combined ultrasound-RF treatment resulted in mean circumference reductions of 3.0cm - 3.4cm depending on the ultrasound protocol used. 93% of subjects experienced a circumference reduction greater than 1.5cm. Only one mild adverse event was reported and was attributed to operator misuse of the RF device. Lab tests were normal throughout the study.

**Discussion and Conclusion:** Using FUS combined with RF, in one treatment session to disrupt fat tissue for the purpose of body contouring, is safe, effective and well tolerated.

**Background:** Combining treatment modalities for fat disruption and body shaping has been frequently performed to achieve a synergistic effect. These modalities are usually used with time intervals between treatments due to safety concerns. Focused Ultrasound (FUS) is a well known method to disrupt fat tissue. This technology has a high safety profile when using cavitation effect as opposed to a thermal effect. Our objective was to prove that treating with FUS technology and RF in one session is safe and can achieve meaningful results.

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**Discussion and Conclusion:** Using FUS combined with RF, in one treatment session to disrupt fat tissue for the purpose of body contouring, is safe, effective and well tolerated.
TABLE 1: Circumference reduction in all treated subjects

<table>
<thead>
<tr>
<th></th>
<th>Combined group A+B</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 14</td>
<td>-3.1</td>
<td>-2.8</td>
<td>-3.5</td>
</tr>
<tr>
<td>Day 28</td>
<td>-3.2</td>
<td>-3.0</td>
<td>-3.4</td>
</tr>
</tbody>
</table>

Mean weight change was -0.8% (0.5kg). At 28 days, three out of 24 subjects had a weight change greater than 2 percent compared to baseline. When excluding these subjects from the analysis, combined ultrasound-RF treatment resulted in mean circumference reductions of 3.1 cm and 3.6 cm in group A and in group B, respectively (Table 2).

TABLE 2: Circumference reduction in treated subjects with less than 2 percent weight change

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 28</td>
<td>-3.1</td>
<td>-3.6</td>
</tr>
</tbody>
</table>

In the combined group A and B, ninety three percent of subjects experienced a circumference reduction greater than 1.5 cm, almost 60 percent experienced a circumference reduction greater than 2.5 cm, and 33 percent experienced a circumference reduction greater than 4.0 cm (Figure 1). Photographic assessment revealed a significant body contouring improvement in the treatment area at day 28 (Figure 2 & Figure 3).

Subject satisfaction
100 percent of subjects indicated they are satisfied by the treatment results.

Safety
No serious adverse events were reported throughout the study. Only one mild adverse event consisting of small blisters was reported and was attributed to faulty operation of the RF device. The combined treatment was well tolerated in both groups, and no clinically significant treatment-associated changes in laboratory values were observed. Notably, no treatment-induced elevations in serum lipids, lipoprotein levels or liver markers were detected.

DISCUSSION
This study results indicate a significant effect on circumference reduction and body contouring by UltraShape® focused ultrasound when combined with RF & vacuum treatment. These results were achieved by only one single treatment session, and can be noted as early as fourteen or twenty eight days after treatment. This significant circumference reduction effect may indicate a 50% greater mean circumference reduction than was achieved by a single treatment session of focused US alone in the Teitelbaum et al study published in Plastic and Reconstructive Surgery, September 2007.2,3,4. These results also indicate a trend toward greater efficacy of the combined focused ultrasound and RF & vacuum by applying a double pass of focused ultrasound.

The UltraShape® focused ultrasound system induces focused ultrasound wave to disrupt adipocytes by a mechanical effect in order to improve body contouring. This specific effect, termed a cavitation effect, is different from the thermal effect induced by other ultrasound systems intended for body contouring. The cavitation effect induced by UltraShape® system enables selective fat disruption without harming surrounding tissues such as blood vessels and nerves. This selectivity permits treatment sessions with no down time with patients resuming normal activity immediately after treatment.

RF treatment is indicated for body and faces contouring, temporary reduction in the appearance of cellulite, improvement in local blood circulation, wrinkle reduction and skin tightening. Today, RF treatment is not approved for fat reduction purposes. RF treatment goals are achieved by selection of different operation modes which use different RF frequencies and vacuum level.

Several explanations may exist for the increased efficacy of the combined US and RF modalities found in this study. While the disruption of adipocytes is achieved only by the focused US, the application of RF treatment may increase its effect and the free fat clearance from the treated area. The application of RF in its deep layer mode (low frequency) immediately

Fig. 1: Subject percentage in different circumference reduction categories after only one single treatment session (Combined group A+B)

Subject Percentage for Different Circumference Reduction Categories

Fig. 2: Before and 28 days after treatment photos of 45 years old female, circumference reduction of 6.8 cm and weight change of 0.2kg.

Photographic assessment revealed a significant body contouring improvement in the treatment area at day 28 (Figure 2 & Figure 3).
effect. Therefore, the combination of therapies does not add up to a thermal injury to adjacent tissues such as blood vessels, nerves or skin. The study results also indicate a normal lipid profile and liver markers throughout the study for the intensive treatment group. This fact may be explained by redundancy of normal metabolic pathway involved when focused ultrasound is applied by UltraShape® technology.

CONCLUSION
A single treatment session of combined modality of focused ultrasound and radio-frequency for non-invasive fat disruption and body contouring is safe and well tolerated. The single treatment protocol presented here shows significant circumference reduction achieved as soon as 14 days after the treatment, and provides a new opportunity for clinics who want to offer a single session with immediate outcome.

REFERENCES

Fig. 3: Before and 28 days after treatment photos of 24 years old female, circumference reduction of 4.9 cm and weight change of 0.5kg

prior to focused US may increase the disruptive effect on adipocytes by increasing the dissolved gases in the affected area (thus reducing the cavitation threshold for the ultrasonic wave). When used in this deep layer mode, RF application may also accelerate the clearance kinetics of the released triglycerides from the disrupted adipocytes by inducing vasodilatation and increased blood flow. Thus, the natural metabolic pathway in which triglycerides released from adipocytes treated by UltraShape and ultimately travel to the liver (5) may be accelerated.

Another explanation for the increased effect achieved by the combined treatment is the fact that RF applicator utilizes RF and mechanical vacuum manipulation to maximize the penetration of RF energy into the treatment area.

The vacuum used to induce coupling of the RF applicator to the skin and mechanical massage, may accelerate lymphatic drainage of released triglycerides from the disrupted adipocytes.

The combined single treatment session was well tolerated even when intensified by a second RF session (immediately after the US session) and a double pass US session.

In this study, no serious adverse events were noted and only one local mild adverse event appeared following faulty operation of the RF device. The high safety profile of this combination of body contouring modalities may be explained by the fact that focused ultrasound applied by UltraShape® technology induces a cavitation effect rather than a thermal
The Aesthetic Timeline

Dr Riekie Smit

The Aesthetic Timeline will show us with each issue that we should not disregard the past, but that we can learn from it to improve our knowledge and skills today.

With this issue we look at how beauties from the past still remain beautiful today because of their facial proportions. This is because years ago man discovered that all beauty and nature remains loyal to the ‘golden ratio’ or the ‘divine ratio’.

‘Beauty is only skin deep, but it’s a valuable asset if you’re poor or haven’t any sense.’
– Kin Hubbard-

This timeline shows the evolvement of the golden ratio from 490BC up to now. Dr Stephen Marquardt, a maxillofacial surgeon, went further to develop a mask according to these ratios. These discoveries assist us in aesthetic medicine by giving us guidelines to beautify faces. It may not always be very practical to measure your patients, but nonetheless one should take note of these ratios especially when you address facial proportions and volumes.

Where can we use these ideal proportions in aesthetic procedures?
- Dermal filler procedures: cheeks, lips & nose proportions
- Botulinum Toxin injections: Brow position
- Cosmetic Surgery
- Maxillo Facial Surgery

It is important to evaluate your patient from all angles, keeping in mind the divine proportions. This will ensure you decide on the best procedures for your patient’s face.

References:
2. Golden Ratio, Wikipediea.com
Conflicts commonly occur when people misinterpret each others' intentions.

Poor communication can take a toll on patient care and practice operations. A recent study conducted by the American College of Physician Executives (acpe.org) found that nearly 85% of practices report that yelling and cursing between staff members is a common occurrence as is the refusal of staff members to work with one another. These communication breakdowns are apparent to patients and can have a devastating effect on your ability to create a team environment focused on top-notch patient care, profitability and practice growth.

The good news is that you can improve communication skills—both your own and those of your staff members—by understanding some basic differences in work style and personality types. It's a skill called Action Typing.

UNDERSTANDING ACTION TYPES

Action typing allows us to build rapid trust and establish immediate rapport with any individual. The results of successful action typing include streamlined communication, increased productivity and a dramatic reduction in workplace conflict. Have you ever wondered why you find one patient to be difficult while a staff member adores her and thinks she's a sweetheart? The answer is simple: We tend to trust those who we perceive to be most like us, and people are most like us when they share a similar structure to their thinking. By understanding the different Action Types, you can recognize how someone structures her thinking and subtly shift your behavior to more closely match hers. In short, even if you don’t naturally share a co-worker, staff member or patient’s thinking structure, you can learn to “speak her language” and build a relationship of trust and cooperation.

It's important to note that the goal is not to "act" like someone else, but rather to subtly shift how you interact with others in terms of word choice and behavior to help them feel more comfortable in your presence.

Improved communication in your practice can lead to better patient care and a more cohesive staff, and it all starts by understanding that different personality types communicate differently.

The first step is to identify an individual’s Action Type. Once you master the technique, you’ll be able to find and act on the information in less than 30 seconds.

INDIRECT VS. DIRECT ACTION TYPES

If you pay close attention to people when they walk and talk, you will see that there are two sets of distinct patterns of actions. Some people are soft spoken, slow paced and subtly expressive while others are loud, fast and dramatic. The first set is called “Indirect” and the second is “Direct.” At the extreme end of the scale, indirect people are shy and speak in very low volumes. They keep their arms close to their bodies and use subtle (if any) facial expressions. They are slow paced (both physically and verbally).
and take their time making decisions. They are quiet when they enter a room and may stand at a distance patiently waiting to be noticed. These individuals are methodical and have long attention spans.

On the other end of the scale we find direct people. They are loud and dramatic, and can be wildly expressive in their facial expressions and body language. They swing their arms away from their bodies and use their hands when they talk. When these individuals enter a room they are bold and loud, slapping the counter, tables, chairs and others to get attention. Direct Action Types are spontaneous and change subjects rapidly.

**PEOPLE- vs. TASK-ORIENTED ACTION TYPES**

We can also divide people into two other sets of actions: people-oriented and task-oriented. People-oriented brains focus on (i bet you didn’t see this coming) people. They make eye contact immediately, touch you when they talk and may hug strangers as soon as they are introduced. At a party or a professional function, these individuals will get right up in your face, standing within three feet of your body and shake your hand. If there were a fire in the building, their first concern would be getting the people in the building to safety. No matter what they’re doing, they always take people into account.

Task-oriented brains are all about the task at hand. When they speak with you, they will focus their eyes on objects (files, instruments, computer screens or walls) rather than make eye contact. They prefer a rigid social distance of three feet or more, and unless they are with close family and friends, they just don’t do the huggy-touchy thing. In a fire, these individuals will be the first to ring the alarm and grab the fire extinguishers. You can count on task-oriented employees to get the job done, particularly if they don’t have to deal with people.

It’s not that people-oriented folks don’t get tasks done or that task-oriented people don’t care about other people. But, under stress, we all go to our original brain-wired natural behaviors and focus on what we were born to see.

If you put it all together, you get a grid that looks like this:

All of the categories come together to form the four distinct types of behaviors that I call “Action Types,” specifically Relater, Enthusiast, Thinker and Commander.

**RELATERS** People-oriented and indirect, relatiers are the people who will make sure that you get introduced to everyone sitting at your table. These are the people in your office who always have candy in their desk, just in case someone needs a snack. They are the ones who will keep track of birthdays, get cards for others to sign and make sure that everyone has what they need and want—often at their own expense. These are the “warm and fuzzy” people who remember names and avoid confrontation at all costs. They make your practice successful by focusing on the relationships among people.

**ENTHUSIASTS** Enthusiasts have many of the same qualities as relatiers in that they are all about the people. Contrary to relatiers, however, enthusiasts are direct, so their behaviors look entirely different. Enthusiasts are dramatic, upbeat entertainers who always have a story or joke to tell. They love to talk and talk (and talk). Enthusiasts are always creating a party atmosphere, decorating and rearranging the furniture, putting smiley faces on daily sheets and exclamation points in their emails. Enthusiasts appreciate public recognition, applause and awards. Their flair for drama and excitement will help make your practice positive and fun.

**THINKERS** Task-oriented and indirect, thinkers are the detail-oriented people who focus on precision, accuracy, information, technology, data and research. Meticulous and purposefully slow, thinkers will do whatever they can to avoid mistakes. They prefer order and predictability and may get testy if you surprise them with a change in their schedule. Thinkers keep your practice safe by focusing on the details and avoiding error.

**COMMANDERS** Task-oriented and direct, commanders are bottom-line, no-nonsense, get-to-the-point people. Commanders are results-oriented and goal-driven. They multitask and never lose focus (although they may often lose sight of people). Commanders will organize, strategize and take control of any situation without being asked. These are the people who will keep your practice on target.

Of course, not everyone falls into a pure category of Action Types. There are wide variations between people. For example, while...
### Action Type Characteristics

<table>
<thead>
<tr>
<th>RELATERS</th>
<th>ENTHUSIASTS</th>
<th>THINKERS</th>
<th>COMMANDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance tends to be</td>
<td>Casual</td>
<td>Fashionable</td>
<td>Formal</td>
</tr>
<tr>
<td>Workplace tends to be</td>
<td>Personal</td>
<td>Stimulating</td>
<td>Structured</td>
</tr>
<tr>
<td>Social distance preference</td>
<td>Less than three feet</td>
<td>Less than three feet</td>
<td>More than three feet</td>
</tr>
<tr>
<td>In an argument will usually</td>
<td>Submit</td>
<td>Attack</td>
<td>Withdraw</td>
</tr>
<tr>
<td>Enjoys</td>
<td>Appreciation</td>
<td>Recognition</td>
<td>Accuracy</td>
</tr>
<tr>
<td>When making a purchase, needs to know</td>
<td>How it will affect their personal circumstances</td>
<td>How it enhances their status</td>
<td>How to justify the purchase logically</td>
</tr>
<tr>
<td>Looks for</td>
<td>Close relationships</td>
<td>Flexibility</td>
<td>Preparation</td>
</tr>
<tr>
<td>Values</td>
<td>Conformity</td>
<td>Playfulness</td>
<td>Correctness</td>
</tr>
<tr>
<td>Wants communication to be</td>
<td>Pleasant</td>
<td>Stimulating</td>
<td>Precise</td>
</tr>
<tr>
<td>Wants to be</td>
<td>Connected</td>
<td>On stage</td>
<td>Correct</td>
</tr>
<tr>
<td>Gets frustrated by</td>
<td>In sensitvity</td>
<td>Boredom</td>
<td>Surprises</td>
</tr>
<tr>
<td>Decision-making</td>
<td>Careful</td>
<td>Spontaneous</td>
<td>Researched</td>
</tr>
</tbody>
</table>

one person may be a full-time commander, someone else might be a mix between commander and enthusiast. The most important thing to remember is this: You will communicate most effectively with those people who are the same Action Type as you. Next best will be those who are on your vertical or horizontal axis. For example, relaters do best with enthusiasts because they are people-oriented or with thinkers because they are indirect.

Your most difficult communications will be on your diagonal poles: Relaters and commanders often rub each other the wrong way, and enthusiasts and thinkers drive each other bonkers (technical term).

### USING ACTION TYPES TO IMPROVE YOUR PRACTICE

Once you’ve identified your Action Type, the next step is to develop proficiency in identifying others. This is simply a matter of watching their actions (or listening to their words on the phone). Begin first by determining whether they are indirect—soft, slow and subtle, or direct—loud, fast and dramatic. Now all you have to do is determine whether they are people-oriented—eye contact, touching, in your face, or task-oriented—focused on objects, no touching, maintaining three or more feet of personal distance. On the phone, it’s easy to distinguish people-oriented types from task-oriented types. Relaters and enthusiasts will say “hello,” use your name, and may even say things like, “How are you?” or “I’m sorry to bother you.” Thinkers and commanders will get right to the task at hand with statements like “I’d like to make an appointment,” “Is Dr. So-and-So available?” or “How late are you open?”

Now, here’s the secret: To create an instant air of trust with the caller, shift your Action Type to match her’s. If you are direct, and she is indirect, slow down, soften your voice and pull back a notch on the drama. If you are people-oriented and a new patient is task-oriented, then get to the subject at hand and fight the urge to give her a welcome hug.

Some people intuitively shift their behaviors and always seem to know precisely how to comport themselves to make instant connections with all types of people. Others need to study this a little more carefully. The important thing to recognize is that there is a science to this. It’s a skill like any other, and you can master it. When you do, you will be amazed at how much time you will save in your appointments, how your productivity and case conversions will soar, and how seamlessly you connect with people you used to find problematic. (For more information on how to communicate with the four Action Types, see “Speaking the Language of Action Types” on this page.)

### USING ACTION TYPING TO AVOID AND RESOLVE CONFLICTS

Conflicts commonly occur when people misinterpret each others’ intentions. People-oriented staff members think that their task-oriented administrators don’t like them because there is no eye contact. Indirect medical assistants feel intimidated by the direct style of their doctors. Enthusiast cosmetic coordinators find the thinkers in the billing department to be slow and tedious, while commander nurses find their relater colleagues to be obnoxious touchy-feely.

When everyone understands each others’ Action Types, they can laugh at the miscommunications and make allowances for their differences. While this communication technique won’t solve every challenge that arises in a practice, it will go a long way towards creating smoother operations.
Fat cell disruption, body contouring and skin tightening in one treatment session.

The all NEW UltraShape System Redefines Focused Ultrasound and Non-Invasive Body Contouring and sets the new standard for non-invasive fat reduction & body contouring.

Liposuction, ultrasound assisted liposuction and laser assisted liposuction are invasive technologies for body contouring. Patients increasingly demand non-invasive treatments. The 3rd generation UltraShape system with a combination of two propriety technologies: Vertical Dynamic Focus™ (VDF) non-thermal selective focused ultrasound and RFVac™ Bi-polar Radio Frequency with integrated vacuum now offers a new safe, no downtime, comfortable, efficient and effective non-invasive body contouring treatment.

The new multi-application platform was launched in Paris at IMCAS 2010. Fat cell disruption, body contouring and skin tightening can now be done in one treatment session with one mobile platform.

THE SYSTEM

With a variety of ultrasound and radio frequency body contouring systems on the market, it is important to know the differences between technologies offered. Dr. Hector Leal of Ultralaser, Monterrey, Mexico explains: “The UltraShape focused ultrasound system induces focused ultrasound waves to disrupt adipocytes (fat cells) by a mechanical effect in order to improve body contouring. This specific effect, termed a cavitation effect, is different from the thermal effect induced by any other non-focused ultrasound systems intended for body contouring. The cavitation effect enables selective fat cell disruption without harming blood vessels, nerves or connective tissue”. It is a fact that non-focused ultrasound treatments do not deliver measurable and lasting results because it does not disrupt fat cells. Focused ultrasound is the only non-invasive technology clinically proven to disrupt fat cells. RF technology, not approved for fat reduction purposes, is only indicated for body and faces contouring, reduction of the appearance of cellulite, wrinkle reduction and skin tightening. UltraShape Contour 1 Vers 3 is the ONLY body contouring system available in South Africa that has the advantage of the combination of fat cell disruption and skin tightening technologies.

A SINGLE ULTRASHAPE TREATMENT IN 3 STEPS:

Step 1 15 minutes before focused ultrasound treatment the treatment area is prepared with the integrated vacuum assisted Radio Frequency technology (RFVac™). Two Bi-polar RF modes deliver RF at different depths within the body. RF energy increases circulation in the tissue and prepare the tissue for the focused ultrasound treatment.

Step 2 The fat cell disruption treatment is performed. Non-thermal Vertical Focused Ultrasound is delivered. VDF™ technology ensures immediate multi-depth selective fat disruption in a single pulse without any damage to surrounding blood vessels, nerves or connective tissue.

Step 3 10 minutes immediately after the focused ultrasound treatment another treatment with RFVac™ follows to accelerate circulation for better and faster fat clearance and tissue tightening. The clearance of triglycerides and cell debris from the disrupted fat cells are processed by the body’s natural physiological and metabolic pathways.

In a clinical study Dr. Hector Leal found that 28 days after treatment of 24 subjects with a combined therapy, the mean circumference reductions were 3.6cm. The mean weight change was 0.5kg and 100% patients were very satisfied with the results. UltraShape redefines non-invasive body contouring.

For more information, please contact Hitech Lasers on Telephone +27 12 349 1250
Coax CRF is a patented technology that works combining Radiofrequency and Cavitation waves to achieve a powerful synergy able to penetrate deeper into the skin and affect the deeper dermis and subcutaneous layers, causing tightening and improvements to the underlying structure.

The Coax CRF devise a state-of-the-art RF heating and cavitation source for aesthetic and cosmetic applications.

The Coax CRF consists of a 350-watt Radiofrequency generator that operates in a frequency of 1-7 MHz range and a High Frequency wave generator that operates in a frequency of 40 - 50 KHz. The differentiating factor between the Coax CRF system and other Radiofrequency devices is the versatile treatment applications.

Through the use of both monopolar and stable cavitation phenomena, deep and superficial uniform heating can be delivered to tighten the skin and to break down fat in the interstitial tissue. This stimulates fat drainage, while concurrently the thermo-electric coupling tip cooler protects the epidermis.

**THE RESULT IS A NON-SURGICAL, NON-LASER, USER-FRIENDLY DEVICE THAT CONSISTENTLY PROVIDES**

* Immediate collagen contraction
* Long-term collagen remodelling
* Elimination of cellulite symptoms
* Reduction of fat store
* Superficial and deep dermal heating
* No patient recovery time
* Outpatient treatment

Coax CRF Face & Body RF Monopolar procedure

Face and body monopolar procedure is primarily used to treat skin laxity by facial and body tightening and is best suited to patients with mild to moderate sagging of facial or body tissues, usually those in their mid thirties to fifties, with any skin colour.

It is commonly used to treat the forehead (lift brows and tightens forehead skin), under the eyes (thickens skin and tightens and lifts the upper cheek skin), cheeks (lifts slightly and diminishes enlarged pores), midface, jaw line (diminishes jowling and sagging along the jaw line), neck (tightens skin and diminishes wrinkling of the neck) loose body skin especially on the stomach and arms.

It works by producing heat when the tissue’s electrical resistance converts the electric current to thermal energy deeper within the dermis. Initial collagen structural change within these thermally modified deep tissues is though to be the mechanism for immediate tissue contraction; subsequent formation of collagen the further tightens the dermal tissue and reduces skin laxity.
COAX CRF BODY PROCEDURE

In cellulite, fat is stored in cells which lie between the skin and the underlying muscle. These fat cells are grouped together into large collections separated by fibrous filaments that run between the muscle and the skin. In fact, these fibrous filaments surround and hold the fat in place in small compartments. As fat cells expand with weight gain, the gap between muscle and skin expands, but the fibrous filaments cannot stretch and thus cannot support the skin.

The skin is tethered down by string-like tissues that pull it inward, toward the interior of the body. The tension of these filaments pulls in sections of fat along with them, causing the fat cells in the subcutaneous layer to increase in number and stick together within the connective tissue fibers, resulting in a dimpling effect (“orange pill”).

Body CRF procedure alleviates cellulite symptoms by means of several mechanisms: cellular and fibrosis disruption due to ultrasonic cavitation, dermal tightening of fibrous filaments due to thermal injury affecting the network of blood vessels, which in turn triggers a cascade of inflammatory events, including fibroblastic proliferation and apparent up-regulation of collagen formation; Enhancement of local blood circulation (vasodilatation and hyperemia) and drainage of fatty deposits to the lymphatic system; and fat cell disintegration and thermal-induced fat cell apoptosis. The procedure can be performed both in dynamic (rubbing) technique and in stationary (static) technique.

QUESTIONS & ANSWERS

Q : What is the Coax CRF Face procedure??
A : The Coax CRF procedure uses Radiofrequency technology. It has been clinically proven to tighten and gently lift the skin to smooth out wrinkles and renew facial contours. The incision-free procedure is fast and easy, and requires no downtime from normal activities. Unlike lasers, the procedure can be performed on patients of all skin types.

Q : How does it work?
A : The Coax CRF system uses a sophisticated solid gel tip, which delivers a controlled amount of RF energy. With each touch to the skin, the gel tip device uniformly heats a large volume of collagen in the deeper layers of the skin and its underlying tissue while simultaneously protecting the outer layer of the skin with cooling. This deep, uniform heating causes structures deep in the skin to immediately tighten. Over time, new and remodelled collagen is produced to further tighten the skin, resulting in healthier, smoother skin and a more youthful appearance.

Q : How does Coax CRF get rid of cellulite?
A : The machine uses cavitation ultrasound and radiofrequency. Cavitational low frequency ultrasound waves propagate in skin freeing dissolved gas in the form of tiny bubbles, causing cellular and fibrosis disruption. RF heats up fat cells, breaking them apart and sending them to the lymph nodes for the body to dispose of naturally. By reducing the number of fat cells and affecting the intra-fat structure, the treated area becomes smoother and more elastic. The Radiofrequency also causes a mild contraction that visually lifts and firms the area, especially noticeable in the buttocks.

Q : How long does it take?
A : The Coax CRF procedure can take anywhere from 15 to 45 minutes depending on the size of the treatment area and the number of passes required.
A popular glaucoma drug, has long been causing an annoying side effect for some patients – unwanted hair growth. However, the aesthetic industry has turned this frustration into a positive by using the active ingredient to produce longer, fuller eyelashes.

“We’re now able to treat a condition that was believed to be untreatable,” said Joel Schlessinger, M.D., F.A.A.D., F.A.A.C.S., immediate past president of the American Society of Cosmetic Dermatology and Aesthetic Surgery. “Women are tired of having to put on false eyelashes or use smoke-and-mirror makeup.”

Eyelash growth products are now specifically formulated for cosmetic practices. "Some of These products as a whole contain prostaglandin analogs that result in eyelash growth,” Dr. Schlessinger explained. These products come in tubes and are applied by a brush or tip along the base of the lashes, similar to mascara, once or twice a day.

According to Dr. Schlessinger, Jan Marini Skin Research voluntarily withdrew Age Intervention Eyelash from the market in January due to a patent battle with Allergan and the cost of pursuing a lawsuit. ”I am hopeful that the two companies will work out their differences and that Age Intervention Eyelash will return to the marketplace.” Meanwhile, ”Jan Marini retains the rights to distribute the product internationally,” he added.

MD Lash Factor, By Dr. Susan Lin, may be a safer product than either Age Intervention Eyelash or RevitaLash from Athena Cosmetics Corp. (Henderson, Nev.) because MD Lash Factor is the only one of the three products that actually underwent FDA testing and approval, according to Janet Allenby, D.O., a cosmetic dermatologist in private practice in Boca Raton, Fla. MD Lash Factor’s active ingredient is a molecule altered to be a prostaglandin analog. It is similar to the Lumigan ingredient (bimatoprost), but not the same. Therefore, you don’t have the problem of eye discoloration and ocular pressure changes associated with Lumigan.

”Dr. Allenby said MD Lash Factor is very popular at her practice. ”Most of my patients use it once a day, usually at night, although FDA approval is for twice a day. By the fourth week, there is noticeable eyelash growth, and by six weeks you probably gain an extra 3 mm in length, which is a lot for an eyelash.”

MD Lash Factor is distributed in South Africa by Intamarket Medical Technologies (Pty) Ltd. Contact Gary Wachsberger on 011 444 0404 or by e-mail gary@intamarket.co.za
01 VISIA COMPLEXION ANALYSIS, NOW WITH ADDED FEATURES

A VISIA Complexion Analysis is the first step to your patient’s most radiant complexion. VISIA Complexion Analysis measures skin conditions for wrinkles, textures, pores and pigmentation, providing for an invaluable guide for optimal rejuvenation.

VISIA launches 3 new features: namely 3 dimensional viewing, automatic masking and product recommendations. VISIA can display a selected area of skin in 3D and allows for heat map viewing. With regards to automatic masking, the software automatically identifies the critical facial areas for analysis and draws the facial boundary. This makes it easier to use and quicker for the doctor to get accurate visuals. It also ensures optimal, consistent feature analysis.

Now, through VISIA’s in-depth analysis of your patient’s individual facial characteristics, it is possible to recommend specific skin care programs based on their individual complexion.

VISIA imaging is an invaluable tool in your practice, allowing you to develop a targeted treatment, communicate with your patient clearly and track the effectiveness of your proposed skin care regimen over time. Now your patient can really see the difference.


01 CHRISSARDELIS AS SERVICE ENGINEER

The medical aesthetic industry has a shortage of good qualified service engineers. Several companies sub contact this service function out, and as many as seven different companies use one contractor for servicing and repair of their equipment. Radiant Healthcare being a service orientated company believes in providing the best service. Chris has been factory trained on all Radiant Healthcare products and has extensive (over 25 years) electronic service, repair and design experience. Soon Radiant Healthcare will also offer a service and repair function on other laser/IPL/Cellulite systems. He can be contacted on 011 794-8253/2.
The main goal of the AAMSSA is to improve the standards of knowledge of practitioners involved in aesthetic or anti-aging medicine. The society initiates, delegates and cooperates in a number of trainings, courses and congresses throughout the year.

**FPD POST GRADUATE PROGRAM IN AESTHETIC MEDICINE**

One of the major milestones in aesthetic medicine has been reached when the society cooperated with the Foundation for Professional Development (FPD) to eventually start a recognized postgraduate academic program in aesthetic medicine. This program started with its enrollment of students this year in February. The FPD is a private higher education institute well known to numerous doctors over Southern Africa for its workshops, courses, certificates, diplomas and degrees offered on various medical topics.

This professional institute has made it possible that the aesthetic medical industry receives the credibility it deserves. This part-time FPD program will run over a 2 year period divided into 4 modules of 6 months each. The first module is a revision of applied basic medical sciences, followed with more detailed and advanced aesthetic medical topics in the following 3 modules. Each module will include numerous self study tasks, 2 full days of lectures with practical classes and examination on each module. After completing the 4 modules students will either receive a diploma or be able to qualify for a degree if a certain standard of scientific research task is then completed.

**AAMSSA CPD TRAININGS AND EVENTS**

The society hosts bimonthly CPD events on specific topics related to aesthetic or anti-aging medicine. This year started off with a non-academic event in the form of a Society Golf day. This was very successful in bringing doctors and companies involved in aesthetic medicine together in a social atmosphere. The event was very enjoyable and included a gathering of doctors of various specialties.

The next event planned will be on the 15th of April 2010 on the topic of reducing fine lines with fillers. The June CPD event will cover the topic of understanding lights and lasers for various
indications followed by the August CPD event on the topic of improving acne scars.

In September the AAMSSA partners with the AMCSA as usual in hosting the 5th Aesthetic Medicine Congress of South Africa from 2 – 4 September 2010. The congress will be held at the newly renovated and enlarged CSIR ICC in Pretoria. This year’s congress has an extra half day with hands on trainings, company workshops and exhibition. During the rest of the congress a wide range of aesthetic medical and anti-aging medicine topics are presented over the 2 ½ days of 3 parallel running auditoriums combined with a large exhibition to meet leading companies involved in these fields. Additional new topics added to the program include treatments for ethnic skin, the male aesthetic patient and managing difficult skin problems (acne scars and stretch marks). International and local experts will enlighten the audience with their amazingly updated knowledge on the latest innovations. The society is especially involved with the organization of the pre-congress trainings in the form of basic and expert courses in Botulinum Toxin injections and Dermal filler techniques.

AAMSSA:  
www.aestheticeducators.co.za / mareli@ackmain.com  
AESTHETIC MEDICINE CONGRESS OF SOUTH AFRICA:  
www.aestheticcongress.co.za 012 548 6374  
FPD Post Graduate Program in Aesthetic Medicine  
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01 GET IN THE GROOVE

Palomar Medical Technologies introduces the Lux 2940 Groove Optic handpiece for use with the StarLux 500. The single-treatment fractional laser handpiece creates a unique grooved injury pattern on the skin that increases ablative tissue coverage while preserving the low downtime benefits of traditional fractional treatments. Unlike traditional fractional devices that remove vertical columns of tissue, the 2940nm Lux2940 Groove Optic ablates lines of tissue creating a uniform, high coverage and visible pattern that effectively disrupts the structural memory of wrinkles and promotes younger looking skin. “Single treatments with the Groove Optic resulted in consistent and substantial reductions in wrinkles and dyschromia with excellent overall enhancement in the appearance of the skin without increased side effects and downtime. This strategy improves the ratio of clinical benefits to side effects and downtime,” said E. Victor Ross, MD. Contact: 800.725.6627, palomarmedical.com.

02 FILORGA LAUNCHES NEW ADDITION TO ITS CURRENT RANGE OF MESOTHERAPY PRODUCTS

The new NCTF 135HA+ is perfecting the NCTF range with a very high concentration of free hyaluronic acid. NCTF is well known by doctors worldwide for over 20 years already. Since the formulation and packaging upgrade 2 years ago, more than 1.2 million treatments have been performed using this product to reduce skin aging changes. NCTF 135HA contains 55 rejuvenating ingredients plus 5mg/ml of free Hyaluronic acid. Now, with the new NCTF 135HA+, this new addition contains 55 ingredients plus 10 mg/ml of free Hyaluronic acid. NCTF 135HA+ offers intense and complete cutaneous rejuvenation. The product is injected with mesotherapy techniques to obtain very intense biorevitalisation and hydration of mature skins. Accelerated treatment of wrinkles and dermis redensification will ensure quicker and more intensified results for patients. Less treatment sessions are needed for correction of the skin problems. The complete range of mesotherapy products therefore now includes: NCTF 135 for the prevention and treatment of the first signs of ageing; NCTF 135HA for biorevitalization and hydration of mature skins and NCTF 135HA+ for intense, accelerated biorevitalization and hydration of mature skins.

For more information, clinical data or studies on the product contact GA Active Wholesalers 012 548 3943 or colette@filorgasouthafrica.co.za
INTRODUCTIONS

03 RADIANT HEALTHCARE INTRODUCES VARIABLE PULSED CAVITATION

In February 2010 Radiant Healthcare introduced the CAVIX Variable Pulsed Cavitation system for body shaping and contouring. Unlike other costly ultrasound or Cavitation systems on the market CA VIX uses low frequency ultrasound sweep technology which reaches the deeper fat deposits.

CAVIX transmits ultrasonic waves that cause the adipose fat cells to compress and decompress until they implode at a frequency of 36 to 40 KHz. The system does not damage blood vessels or adjacent lymphatic vessels because of their difference in consistency and elasticity.

CAVIX is extremely simple and safe to operate. The procedure is painless with unparalleled results.

Treatment Areas
• Abdomen (lateral and central)
• Gluteus
• Thighs
• Legs
• Arms

CAVIX is also an ideal complement for pre and post liposuction and other body contouring systems as Velashape.

PS: It’s also the most cost effective, easy to own system of its kind presently on the market.

04 PREVAGEMD™

PrevageMD™ contains the active ingredient Idebenone which penetrates deep into the skin to trap and neutralise every free radical it touches. It forms an antioxidant shield to protect your skin cells and allow them to form more healthy cells.

PrevageMD™ turns back to the clock on free radical damage to the skin. It helps to reduce the appearance of fine lines and wrinkles. It helps to protect the skin from environmental stressors known to accelerate ageing.

PrevageMD™ has an EPF (environmental protection factor) of 95, the high EPF activity, compared to other antioxidants tested in clinical studies, forms a powerful protective shield against free radical damage.

Prevage MD™ should be applied directly after cleansing, before other products.

PrevageMD™ is only available from your doctor. For any questions, please ask your doctor or call 0860 110 876.
01 REVERSE SUN DAMAGE

The three-step Kinerase PhotoFacials Sun Damage Reversal System was designed to offer patients similar benefits to an in-office photofacial through the use of a topical homecare regimen. The system addresses mottled pigmentation, rough texture, and fine lines and wrinkles with three products: Daily Exfoliating Cleanser, Day Moisturizer with SPF 50, and Night Moisturizer. Ingredients include kinetin, antioxidants, fruit enzymes, natural skin lighteners and a patent-pending ozone protector to repair environmental damage. Contact: 800.321.4576, kinerase.com.

02 IMPROVED TEMPERATURE MONITORING

Sciton introduces TempAssure, a temperature sensory accessory for laser-based treatments that accurately measures tissue temperature in real time. TempAssure monitors changes in tissue and body temperature and indicates fluctuations through light and sound. “TempAssure is the state-of-the-art in temperature monitoring for the higher power laser lipolysis procedures,” says Marc Salzman, MD, Louisville, Kentucky. “It allows for direct feedback of temperatures at all levels of the laser application for increased safety and efficacy.” Contact: 888.646.6999, sciton.com.

03 THE NEW ELITE

The new Elite MPX aesthetic laser workstation from Cynosure offers three new features to speed treatment times and improve ease of use. The dual wavelength platform combines a 755nm alexandrite laser and 1064nm Nd:YAG laser for vascular treatments, hair removal and skin rejuvenation. New features include a built-in Zimmer SmartCool skin cooling system to save valuable practice space while reducing treatments times; Xenon Pulsed Light (XPL2) technology with interchangeable filters that allow you to treat sun damaged skin, dyschromia and rosacea; and Graphic User Interface, a new graphically enhanced software system that makes the station easier to learn and operate. In addition, the Elite MPX offers eight different spot sizes with adjustable pulse durations. Contact: 800.886.2966, cynosure.com.
New Clinical and Financial Advantages of LipoLite

By Bob Kronemyer, Associate Editor

For body contouring, the 1064 nm LipoLite™ laser from Syneron, Inc. (Irvine, Calif.), with SelectPulse™, offers physicians unparalleled peak pulse power and the ability to deliver the optimal amount of energy for mechanical lipolysis or heating of the dermis.

“The LipoLite is proving to be a very unique laser in the industry,” said Tal Raine, M.D., a plastic surgeon in private practice in the Chicago, Ill. area. “It breaks down the fatty tissue in the superficial layer for much faster aspiration and also heats up the dermis so we can tighten it from underneath, rather than above.”

Dr. Raine also frequently uses the SelectPulse component. “With SelectPulse the user can tune the amount of energy and pulse length.” Hence, “you can selectively perform mechanical lipolysis of the fat cells or heating of the dermis.”

Patients require only one session with the LipoLite and treatment typically lasts two hours for selected areas. “There will be a noticeable change in the contour and shrinkage of the skin,” Dr. Raine noted. For optimal results, “you need a good plan and you want to limit your areas so that you don’t take on too much territory at any one time.” The neck, saddlebag region, the small lower part of the abdomen and arms are usually “perfect areas for this procedure.”

For most patients only local anesthesia is needed. “By treating limited areas I’ve seen very little bruising,” Dr. Raine reported. “Patients are fairly comfortable and can return to work literally the next day.”

According to Mark Sachs, M.D., who practices cosmetic surgery in Miami, Fla., compared to other laser-assisted lipolysis (LAL) devices, “the LipoLite allows you to vary the frequency and intensity of the laser pulse for a more precise, more comfortable, safer treatment, providing better skin tightening. It produces the greatest amount of heat at the tip of the handpiece when set at its highest photothermal effect.”

Dr. Sachs has found success using the LipoLite off label for treating C-section scars and other types of scars. He first delivers tumescent lidocaine anesthesia under the scar, followed by the LipoLite to melt any adhesions tacking the scar down to underlying structures like muscle. “For the first time, the skin lifts and is free.”

The second half of the procedure occurs one month later, which involves generally one, sometimes two sessions (spaced one week apart) of ablative fractionated laser treatment on the surface of the scar. “This shaves down the top of the scar,” Dr. Sachs explained. After completing the protocol, patients can expect approximately 70% to 90% reduction in scar appearance.

Syneron’s new LipoLite Energy Access Program (LEAP) offers physicians the option of a one year subscription, rather than purchasing the laser outright. “This is a low-cost opportunity to use a very expensive laser,” Dr. Sachs added. At the end of the contract, physicians have the option of extending their subscription, purchasing the laser or returning the system. “LAL procedures are extremely profitable in my practice and the clinical efficacy is unlike any other device in the market. LipoLite allows you to vary the frequency and the intensity of the laser pulse for a cleaner lipolysis and a more comfortable procedure for patients.”
01 VIRTUAL APPOINTMENTS
At TriBeCa Surgical (tribecasurgical.com) in Manhattan, Evan Goldstein, MD, is using the latest technology to offer his patients personal attention while keeping overhead costs in check. In addition to offering a contact page on his website that allows patients to email questions to the practice, Dr. Goldstein offers Skype office hours—featured on his website—that allow patients to make virtual appointments with the doctor. “There are times when a patient just wants simple advice, and it may be too inconvenient for her to make an appointment to come in just for a quick question,” said Dr. Goldstein, who notes that the technology also allows him to confer in with colleagues for patient consultations and vice versa.

02 ADDRESSING ANGRY PATIENTS
A run-in with an angry patient doesn’t have to blow your patient/practice relationship sky-high, says Maribeth Kuzmeski, author of The Connectors: How the World’s Most Successful Businesspeople Build Relationships and Win Clients for Life (Wiley, 2009). In fact, you can use these conflicts as an opportunity to truly connect and create a long-term patron.

“Quite often, unhappy clients will not even tell you that they have a problem,” says Kuzmeski. “They simply move their business elsewhere. So, if a client thinks enough of you to give you the chance to repair a bad situation, take it.” Kuzmeski offers a few tips on how to handle uncomfortable confrontations.

Extend a peace offering. It’s easy to reach out to patients when things are going well. However, it’s all too easy to avoid them when hard feelings are present. Proactively reaching out to your patients can squash any negativity they may feel for you. Offer an apology when you’ve made a mistake. Then, make things right by extending a peace offering. It doesn’t need to be extravagant. It can be as simple as a handwritten note, a refund or a coupon toward a future treatment.

Don’t follow your “strike back” instincts. If an angry patient calls you fuming mad, your knee-jerk reaction might be to argue. No matter how tough it is, do the opposite of what you feel. Take a deep breath and remain calm. Diffuse your patient’s anger by immediately assuring her that you will make it right.

Get them to listen to you by listening to them. Patients will listen to what you have to say if you respectfully listen to what they have to say first. Knowing that you are truly listening to their concerns can lead patients to agree to your
suggestions much more quickly.

**Have a standard service protocol at the ready.** Create standards, procedures and methods of dealing with dissatisfied patients. This allows you and your employees to more easily resolve issues and deal with consistently difficult patients.

**Ask for feedback.** You can avoid some conflicts by ensuring that patients aren’t suppressing problems. “Don’t be afraid to engage your clients,” says Kuzmeski. “Ask them what you can do better, how you can improve. Supply them with feedback surveys so that they can anonymously share their thoughts, ensuring that they are as honest as possible.”

**03 SCIENCE LOG**

A recent study in *Lasers in Surgery and Medicine* (November 2009) examined the comparative efficacy of the 532nm versus 940nm diode laser in the treatment of facial telangiectasias. The randomized split-face comparative trial of 10 subjects showed a 63% mean improvement in sites treated with the 940nm diode laser versus a 47.8% mean improvement in sites treated with the 532nm wavelength. The 940nm was reported as “significantly more efficacious for larger caliber vessels...Both wavelengths were equally efficacious for smaller caliber vessels.” Tierney, et al, also reported less pain, post-treatment erythema, crusting and swelling in 940nm treated sites when compared to the 532nm sites.

... An independent investigator study published in *Dermatologic Surgery* (December 2009) demonstrated that Levulan Photodynamic Therapy (PDT) may reduce the rate of squamous cell carcinomas (SCC) in solid organ transplant recipients. Conducted by researchers at the University of Minnesota, the study found that the median number of SCCs was reduced by 79% at 12 months after cyclic Levulan PDT treatments and by 95% at 24 months.
Dear Reader

With MedEsthetics Southern Africa being 18 months old we the publishers have conducted a short reader survey to ascertain if we are on the right track with regards our reader satisfaction levels. While the response rate was low (33 out of a potential 1600) it falls within the norms for a survey of this type.

The overall results are very positive for a publication that has been available for such a relatively short period of time and we are delighted with the response. We have graphed the responses for your information. Further to this we are always happy to receive comments / suggestions that can make our publication even better and be of further value to you, the reader!

Yours Sincerely,

Reni Rouncivell
Publisher

HOW DO YOU RATE MEDESTHETICS SA WITH REGARDS THE FOLLOWING?

(10 being high and 1 being low)?

- Usefulness: 9
- Up to date: 9
- Relevant: 9
- Interesting: 9
- Easy to read: 9
- Keeps me updated: 9
- Valuable: 9

Questionnaire results from November 2009 edition of MEDESTHETICS SA | n=33
Beautiful - Growth - Opportunities

Radiant Healthcare

Syneron™
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eMax

- ReFirme Skin Tightening
- Fractional wrinkle reduction (non-ablative)
- Skin rejuvenation (vascular & pigmented lesions, fine lines, wrinkles, scarring, discoloration, etc.)
- Hair removal – All hair types! (Blond, Red, Grey)
- Acne care (Active acne)
- Leg veins / Facial veins

eStyle

Janus
Facial Analysis System
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- Wrinkles
- Spots
- Sebum
- Porphyric
- Skin colour & tone
- Image processing via normal image, polarised light & UV light images
- 3D display of each area
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eMatrix

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- All skin types
- Less downtime
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LipoLite laser lipolysis system allows you to enter the body shaping market, affordably. LipoLite destroys fat cells and coagulates tissue leading to skin tightening in problem areas.

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