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In South Africa busy aesthetic practices can testify to the fact that uneven skin tone is a major concern for women of all ages and all skin types. A quarter of all consultations include some pigmentation problem ranging from melasma, sun spots to the post-inflammatory hyperpigmentation (PIH) of acne.

Hydroquinone (HQ) combinations, prescribed by doctors, have been the gold standard for treating all kinds of pigmentation, but HQ alone is not the answer and cannot be used for long term maintenance. The ‘Lighten Up’ article describes new innovations such as pigmentation peptides, as well as traditional skin lighteners and retinoids for managing this challenging problem in the long term. In addition, the formulation of the product is as important in order to ensure delivery of the active ingredient to the basal layer of the epidermis where the melanocytes are situated. The article also discusses how experienced dermatologists approach the problem using in-office solutions such as IPL technologies, Q Switched lasers and layered peels.

The variety of fractional devices available makes it difficult for the cosmetic doctor to choose the correct device for his or her practice. What must be considered when purchasing one of these devices is the demographics of the practice, the cost of consumables such as treatment tips and the downtime that can be expected with each procedure. In the article ‘Connecting the Dots’, physicians agree on one point. The results from an ablative fractional laser significantly exceed the rejuvenation one can expect to see from a non-ablative fractional device, but the downside remains the downtime and the healing period, which can be anywhere from a few to 10 days, depending on the aggressiveness of the treatment. In most aesthetic practices, only 4 % of the patient base is willing to undergo 10 days of downtime and this must be kept in mind when deciding on whether to buy an ablative or non-ablative device.

Unfortunately, fractional technology has not yet reached the point where treatments offer dramatic results with no downtime. There is a trade off and one cannot have dramatic results without the downtime associated with it. Most physicians agree that best results are seen when fractional resurfacing is combined with botulinum toxin, dermal fillers and skin tightening devices.

DR MAUREEN ALLEM
MBCh.BSc Med
WITS University

Dr. Maureen Allem qualified as a Medical Doctor in 1987 when she was already in her thirties and had two children. Following a 10 year career in the conventional medical profession, running a medical ward in a provincial hospital, she moved into the executive health field, doing annual medicals and life style assessments for top executives.

In early 2001 she became increasingly interested in non surgical aesthetics and the use of non invasive treatments to rejuvenate the face and body and since 2001 she has run her own private specialised aesthetic practice.

In mid 2005 she combined the use of injectables with lasers and other cutting edge therapies and established Skin Renewal. She travels the world to stay up to date with the latest non surgical techniques, attending congresses and forums. Her articles have appeared in numerous publications.
publisers note

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With regards this in our last edition (Volume 3 Number 1 Autumn 2010) please note that on page 10 under ‘Recent Body Contouring Arrivals’ the third and fourth paragraphs mention “SmartLipo Palomar Medical” In South Africa this product is called ‘Palomar SlimLipo.’ The Palomar SlimLipo has the dual wavelength 924nm and 975nm.

The SmartLipo is a cynosure system and is very different to the Palomar SlimLipo. It uses the wavelengths 1064 and 1320.

In South Africa the Palomar SlimLipo is available from Genop Healthcare on 011 545 6600.

We hope you enjoy this edition of the journal.

Reni Rouncivell
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Six years after the first fractional laser shipped, physicians share their views on how to deliver the safest and most effective fractional treatments for a growing number of indications.

Promising results that rival full surface CO\textsuperscript{2} ablation with downtimes that rival nonablative lasers, fractional resurfacing devices burst onto the scene in late 2004.

The growing number of fractional devices—both ablative and nonablative—on the market today is testament to the high patient satisfaction rates these systems can deliver. But risks remain, and the plethora of equipment options raises questions as to which device is right for specific practice and patient needs.
ABLATIVE VS. NONABLATIVE

Since the original 1550nm Fraxel restore shipped in 2004, several new fractional devices have surfaced offering a variety of wavelengths, spot sizes, scan patterns, densities and pulse widths. Each physician has his favorite, but all agree on one point: The results from an ablative fractional laser significantly exceed the changes you can expect to see from a nonablative device.

“You might think if traditional CO2 resurfacing ablates 100% of the epidermis, you see 100% improvement. If a fractional CO2 laser ablates 20% of the epidermis, you get 20% improvement, but that’s not true,” explains John H. Joseph, MD, Beverly Hills, California. “I tell my patients they’ll see a 60% to 70% improvement in fine lines, texture and tone with fractional ablation, and that is what we’re seeing. At the same time, patients don’t get nearly the wrinkle reduction that we see with full ablation. Fractional ablation is very good for pigmentation problems and fine lines, and you’ll see some textural improvement. If the patient has moderate-to-deep lines or severe textural problems, there is improvement, but it’s not dramatic.”

ERBIUM VS. CO2

The three wavelengths used for fractional ablative resurfacing include 10600nm CO2, 2940nm Erbium:YAG and the 2790nm YSGG wavelength. “Erbium lasers have a greater absorption by water and can ablate tissue at lower fluences (1 J/cm²) compared to CO2 lasers (5 J/cm²). The CO2 wavelength delivers a great deal of heat to the tissue during treatment so you get more tissue tightening when compared with erbium,” says Rebecca Small, MD, assistant clinical professor at the University of California, San Francisco and director of medical aesthetic training at UCSF-affiliated Natividad Medical Center. “Erbium devices with modified pulse widths, like Sciton’s Joule, for example, can offer deep heating. The companies will say the device offers ‘CO2-like effects,’ and they achieve this by lengthening the pulse width of the erbium laser.”

“CO2 offers better visual desiccation,” says Brooke Seckel, MD, Boston Plastic Surgery Associates and medical director, Palomar Medical (drseckel.com). “It’s so hot that you get what appears to be instant tightening. But long-term studies have shown that the skin tightening results at one year are the same with CO2 and erbium resurfacing.”

NONABLATIVE INDICATIONS

Nonablative fractional treatments leave the epidermis intact, which means shorter recovery times, but also less effect on superficial pigment concerns. They heat the tissue around the fractionated microthermal zones, triggering a collagen remodeling effect. Physicians find they are well-suited to patients with mild wrinkling and those who can’t tolerate downtime.

“These are professional people who can’t afford to take a week to 10 days off. Recovery time is considerably accelerated with a nonablative,” says Vic Narurkar, MD, a San Francisco-based dermatologist who utilizes both the Fraxel re:pair CO2 ablative and Fraxel restore nonablative systems in his practice. The reduced risk of PIH also allows physicians to address come to fruition. The claim is a little closer because the fractional ablatives offer less downtime and are clearly safer than the older CO2 lasers, but it isn’t yet to the point where treatments offer both little to no downtime and dramatic results. You have to pick one or the other,” says Joel Schlessinger, MD, FAAD, FAACS, board-certified dermatologist and cosmetic surgeon, and president emeritus of the American Society of Cosmetic Dermatology and Aesthetic Surgery.
overall rejuvenation, acne scars and some pigmentation problems in patients with darker skin types (IV-VI), says Roy G. Geronemus, MD, director of the Laser & Skin Surgery Center of New York.

The nonablative Lux1540 from Palomar Medical recently received FDA clearance for the treatment of striae. Clinical studies showed an average improvement of 51% to 75% in the appearance of stretch marks at three months post-treatment.

Desired expectations and your patient demographics will determine the best technology to suit your practice’s needs. “I always say, ‘Know your demographics,’” says Dr. Narurkar, who relies on his nonablative Fraxel restore to treat a large portion of his young and ethnically diverse patient base.

“I do think there is a place for each of these devices. If you want one treatment to reduce wrinkles, alleviate brown spots and smooth skin texture, you need a fractional CO2 resurfacing treatment because you must ablate to treat the epidermis. But only a limited number—maybe 4%—of my patient base is willing to undergo 10 days of downtime,” says Amy Taub, MD, Advanced Dermatology, SKINQRI, Lincolnshire, Illinois.

“Nonablative fractional treatments improve the overall tone and texture of the skin but they do not specifically address red or brown spots,” says Lori Brightman, MD, Laser & Skin Surgery Center of New York. “For acne scars and wrinkles, it does take multiple treatments. The results, even with multiple sessions are generally not equivalent to the results of an ablative laser. I am seeing similar corrective changes in fewer treatments with sublative rejuvenation.”

**SUBLATIVE REJUVENATION**

Falling between ablative and nonablative fractional lasers is the eMatrix radiofrequency-based fractional system from Syneron, used to perform what the company dubs “sublative rejuvenation.”

“The sublative RF of the eMatrix actually burns tiny holes in the skin, so you do ablate about 5% of the skin’s surface,” says Dr. Taub. “It then heats horizontally in the upper- to mid-dermis. You’re essentially poking a hole through the epidermis to put the nonablative energy into the skin to treat the dermis, as opposed to the epidermis.”

“The eMatrix cannot replace an ablative laser for patients with letigenes, melasma or brown spots,” continues Dr. Taub. “But it has allowed me to offer facial rejuvenation and reduce scarring in patients with skin types IV and V without the risk of scarring or PIH. What is most exciting about the device is its ability to tighten skin. With three to five sessions you can improve skin laxity and wrinkles with results comparable to ablative fractional lasers.”

The energy of the eMatrix penetrates in a pyramid versus a columnar form, allowing for minimal injury to the epidermis and increased energy to the dermis. “The sublative RF treatment is also great for red spots, which surprised me,” says Dr. Brightman. “Based on the results we were seeing on facial vessels, we have begun investigating the use of the eMatrix for port wine stains. The results we obtained in an initial, informal study led us to open a formal trial, now underway.”

**COMBINING TECHNOLOGIES AND TREATMENTS**

Many physicians are finding that, as each technology excels in specific indications, combining them to treat a variety of concerns can offer the best results.

Dr. Seckel treats patients with a nonablative 1540nm fractional laser for deep coagulation and immediately follows with a 2940nm ablative fractional resurfacing treatment. “We presented this technique at the ASAPS meeting in Seattle last year,” he says. “The results are phenomenal. You get wrinkle reduction like the old CO2, but the skin is not depigmented. The nonablative laser plumps the skin from underneath so wrinkles are reduced and the skin looks healthy. There’s good vascularity and the translucency is improved.”

Gilly Munavalli, MD, MHS, medical director at the Dermatology Laser & Vein Specialists of the Carolinas in Charlotte, North Carolina, offers combination treatments with the Lumenis UltraPulse, which includes the Active FX, a superficial treatment head for rejuvenating the face, and the deeper penetrating Deep FX handpiece to treat more severe wrinkles around the mouth and eyes.

Drs. Narurkar and Small are both proponents of combining multiple aesthetic treatments for optimal results. For lip lines, Dr. Small performs Botox Cosmetic injections, “then I perform fractional ablative resurfacing followed by a dermal filler,” she says. “You can achieve beautiful results, safely.”

“I see combination therapies, such as combining the fractional resurfacing with Botox, dermals fillers and Thermage, as the real future,” says Dr. Narurkar. “We can start with resurfacing, follow with skin tightening and then fill the face.”

Dr. Seckel recently began offering Botox Cosmetic injections in the glabellar, crow’s feet and jowl regions of his patients two weeks prior to resurfacing. “If you relax the muscles prior to resurfacing, the procedure is much more effective because the laser doesn’t have to get over little mountains of skin.”

**ADVANCES IN FRACTIONAL RESURFACING**

One of the latest advances in fractional resurfacing is the Lux2940 Groove Optic handpiece from Palomar Medical. “Instead of drilling tiny holes into the skin, the Groove Optic cuts a linear pattern through the skin,” explains Dr. Seckel. “Then we go back over the area at a right angle. The result is little square islands of isolated tissue. The geometric pattern results in better skin tightening and a quicker recovery. When you cut the linear flaps, you create more surface area of wounding, which leads to increased myofibroblast production. This may be why downtime...”
with the Groove is only about four days.”

Perhaps the most exciting advance for practitioners is that, as these systems have grown in popularity, they have also come down significantly in price. Alma Lasers offers the OmniFit Pixel Co2 handpiece that fits onto nearly any existing Co2 laser, allowing you to perform fractional treatments.

Lumenis recently introduced the AcuPulse Fractional CO2 Laser System, a mid-priced device based on the company’s high end UltraPulse Fractional CO2 System, and Lutronic is offering its MOSAIC CO2 fractional laser for under $50,000.

“I bought the Sandstone Matrix Fractional CO2 system and I chose it primarily based on price,” says Dr. Joseph. “I tried several pieces of equipment and performed split-face treatments. To make my decision I looked at results, purchase price, consumables, warranty and maintenance package.”

Laser equipment manufacturers are also creating new multifunction systems that allow physicians to perform a range of resurfacing treatments. HOYA ConBio recently introduced the DERMASculpt, an Er:YAG device that includes three delivery systems in one unit for fractional ablation, nonfractional ablation and a chisel tip for pinpoint resurfacing. “The chisel tip is good for raised lesions,” says Dr. Small. “It’s very precise. I actually chisel the raised area with the micro-tip and the lesion just flakes off.”

The full-field ablative module is recommended for a treatment the company calls the “Polish Peel.” “This is a new approach to resurfacing where you do a superficial full field ablation down to 10µ to 50µ in depth,” says Dr. Small.

Sciton’s Joule platform offers doctors a similar option with its Contour TRL and ProFractional-XC modules. “The primary indication for the nonfractional ablative Contour TRL is light microneeds for pigmentation concerns and improved skin radiance,” says Doug Carrow, director of sales development for Sciton.

In nonablatives, Solta Medical recently introduced the re:store Dual Wavelength System with a new 1927nm Thulium
wavelength in addition to the original 1550nm wavelength. “The nonablative devices are not great for brown spots because there’s no damage to the epidermis, and brown spots are a big issue for patients with sun damage,” says Dr. Taub. “Solta realized this and added the new wavelength to help address pigmentation concerns.”

Many devices are now offering greater variation in spot size, scan size and density for precise targeting of skin conditions. Soren Eremia, MD, director of cosmetic surgery for the division of dermatology at UCLA, and a dermatologist at the Brockton Cosmetic Surgery, Riverside, California, chose LaseringUSA’s MiXto SX fractional ablative for its variable spot sizes, large scan size, random scan pattern and longer pulse width. He feels the combination of factors provides an optimal thermal relaxation time that reduces pinpoint bleeding and offers better dermal heating for skin tightening.

Dr. Rohrer prefers the Candela QuadraLASE Fractional CO₂ laser based on its ability to vary the placement of the spot. “This eases the comfort for patients, because they don’t get as much bulk heating in one area,” he says.

NEW INDICATIONS
As fractional lasers become more commonplace in practices, physicians are widening the spectrum of indications. Many are reporting success using the fractional ablative devices on the neck, arms, chest, décolleté and hands.

William Hanke, MD, medical director, Laser & Skin Surgery Center of Indiana in Carmel, Indiana, has found positive effects on treating the neck with his DEKA Medical SmartXide DOT CO₂.

“I had one patient in her 70s who played a lot of golf and had lots of sun damage on her neck. After one treatment with the SmartXide, I could see a huge difference in the skin laxity on her neck,” says Dr. Hanke.

Most recently, fractional ablatives have garnered attention for their ability to treat surgical scars. Dr. Geronemus has seen significant improvement in scar depth following treatment with his fractional ablative laser. “Fractionals work great as a rejuvenating device, but now we’re subsequently using them for scarring due to surgery, skin cancer, trauma and acne,” he notes. “What we’ve learned is you need to use deeper dermal ablation to obtain optimal results. Superficial delivery won’t work as well.”

RISKS AND ADVERSE REACTIONS
Although fractional devices gained popularity due to a lower risk of adverse reactions and shorter downtimes, these treatments are not risk-free. “Scarring has been reported on the neck area following fractional ablative treatment, and there have also been reports of scarring on the infraorbital area of the face,” says Dr. Small. “This may be due to the thinner skin in these areas and fewer pilosebaceous units, which aid in healing.”

Dr. Geronemus, who has performed hundreds of fractional ablative treatments on the neck without incident believes the complications may be attributed to “technique and not technology,” he says. The doctors we spoke with all agree that energy levels used off-the-face need to be lower than what is used for facial resurfacing.

Where fully ablative CO₂ lasers carry a well-known risk of PIH, the incidence of pigment loss with fractional ablative lasers is not significant, notes Dr. Geronemus. Nevertheless, fractional nonablative lasers are often preferred for darker skinned patients at higher risk of PIH. “I want to minimize risks so I do not use ablative lasers of any kind on my skin type IV-VI patients,” says Dr. Small.

Herpes outbreaks are also a known side effect with fractional ablative CO₂ lasers. Dr. Katz recommends prescribing an antiviral for use the day before the procedure and five days following to patients with a history of herpes.

Dr. Munavalli likes to prep the skin with Retin-A or Retinol and growth factors prior to fractional ablative procedures to promote faster healing, and he always prescribes stringent sunscreen use prior to and after the procedure. “If you can start a regimen six to eight weeks in advance of the treatment, you can promote optimal post-treatment recovery,” says Dr. Munavalli.

“There are no reports of scarring with fractional nonablative lasers, although prolonged erythema resulting in transient PIH is possible,” says Dr. Small. “Milia and acne are also common adverse reactions to these treatments.”

Fractional devices have already revolutionized the art of skin resurfacing by reducing risk and shortening downtimes for patients with all skin types. They’ve also become increasingly affordable to practitioners. All of these factors have helped to open these procedures up to a wider variety of patients. All indications are that the trend toward increased versatility, efficacy and safety will continue as equipment continues to evolve and practitioners
continue to perfect their techniques and share their outcomes.

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New ingredients and combination protocols offer improved outcomes for hyperpigmentation

By Linda W. Lewis
Adapted for MedEsthetics South Africa

Uneven skin tone is a major concern for women of all ages. Spotting from sun damage, post-inflammatory hyperpigmentation, dyschromia and melasma are among the most common reasons women visit skin doctors.

Hydroquinone (HQ) is the only ingredient approved by the United States Food and Drug Administration for use as a skin lightener, so when the FDA called for a review of the drug based on safety concerns in 2006, doctors leapt to its defense and manufacturers began frantically searching for alternatives. But HQ alone is not the answer to all of these problems. Most doctors use a range of treatments and topicals depending on the patient’s skin type, the underlying cause of hyperpigmentation and the physician’s own experience with the devices and products available.

TREATMENT PROTOCOLS
Melanogenesis and the methods of intervening in the pathways of melanin production have been studied extensively. Numerous publications on this topic
are published yearly in scientific journals. Though, physicians need more practical guidelines to incorporate this science and developments correctly to treat patients with pigmentation problems. Due to the risk of post-inflammatory hyperpigmentation and skin sensitivity in these skin types, it remains very important to treat slowly and cautiously. “All ingredients should be spot-tested for allergic reactions or sensitivity”, says Jim Krulisky, president of Axia Medical Solutions. “Skin reactions are always possible. This is especially true of nonprescription products, since most companies do not list the percentage of active ingredients present”.

For patients with fair skin tones and uneven pigmentation resulting from light to moderate sun damage, physicians use a combination of devices and topicals. “For mild photodamage, I start with antioxidants and retinoids, and then add peels or lasers for stubborn cases” says Marta I. Rendon, MD, a dermatologist at the Dermatology and Aesthetic Center in Boca Raton, Florida, and clinical associate professor, University of Miami School of Medicine.

“Typically, these patients do well with intense pulsed light (IPL) or laser treatments”, says Joel Schlessinger, MD, a dermatologist and cosmetic surgeon. “But these should always be accompanied by a home care lightening treatment regimen”. Home care treatments can include medical skin ranges focusing on pigmentation or some physicians have more success with prescription hydroquinone topical cream such as the Kligman’s or modified Kligman’s formula creams. “Conversely, patients with dark skin tones are not good candidates for laser or IPL treatments. Sometimes they can even experience paradoxical darkening if treated with these modalities”, Dr. Schlessinger continues.

Generally, patients with dark skin types are more likely to achieve success with less invasive medical skin regimens, used in conjunction with a retinoid.

Leslie Baumann, MD, cosmetic dermatologist and chief executive officer at Baumann Cosmetic and Research Institute in Miami, recommends a similar approach. “For patients with light skin, I recommend monthly IPL treatments - I prefer the LimeLight system from Cutera. For home care I suggest a glycolic cleanser, niacinamide or soy containing moisturizer and a good sunscreen in the morning. For nighttime use, I prescribe Tri-Luma”, she says. “For patients with darker skin, I use the same home care regimen but offer a Jessner’s peel solution every two weeks instead of IPL”. Tina Alster, MD, director of the Washington Institute of Dermatologic Laser Surgery and clinical professor of dermatology, Georgetown University Medical Center, Washington, DC, relies more on laser and light treatments and avoids hydroquinone. “For light-skin patients I use IPL or a Q-switched pigment-specific laser (alexandrite or Nd:YAG), with or without mild to moderate chemical peels. For daytime home care, I suggest a topical vitamin C with sunscreen (SPF 30 or higher) and at night glycolic/retinoic/kojic acid on an alternating basis”, she says. She uses the same combination of treatments for dark-skin patients except for the IPL.

“Melasma used to be my least favorite condition to treat in the office as it was nearly impossible to improve, and even if improved, it would nearly always recur”, says Dr. Schlessinger. Dr Schlessinger now achieve success with systems combining peels and home care, he prefers the Nu-Derm from Obagi. “The advantages of providing a system rather than one product is that patients need ongoing treatment for this condition, and one product alone often doesn’t result in enough improvement”, Dr. Schlessinger continues.

Many individuals with uneven pigmentation also have sensitive skin, so it is important to ease into any treatment regimen. Dr. Baumann creates her own combination system for melasma. “I recommend a glycolic cleanser in the morning, followed by a vitamin C serum, such as Skinceuticals CE Ferulic, and a moisturizing sunscreen. At night, the patient uses the same glycolic cleanser followed by Tri-Luma topped with a moisturizer if they have dry skin”, she says. Dr. Baumann also recommends microdermabrasion followed by Jessner’s solution TCA peels twice a week until the hyperpigmentation clears.

Tri-Luma is a prescription product by Galderma not yet registered in South Africa. It contains fluocinolone acetonide 0.01%, hydroquinone 4%, tretinoin 0.05%. Tri-Luma Cream is indicated for the short-term (8 week) treatment of moderate to severe melasma of the face.

Dr. Alster takes a gentler approach. “For melasma, I use only mild
to moderate chemical peels (resorcinol, glycolic/lactic/mandelic or trichoracetic acid) in the office”.

For hyperpigmentation resulting from skin trauma, both Dr. Schlessinger and Dr. Baumann recommend putting Tri-Luma directly on the discoloration, while Dr. Alster is more likely to offer in-office pigment-specific laser treatments with or without chemical peels or Fraxel re:store non-ablative laser treatments. For home use she recommends topical vitamin C and sunscreen in the morning and alternating glycolic/retinoic/kojic acid at night.

HQ ALTERNATIVES

Lumixyl, an amino acid complex developed by researchers at Stanford University and introduced in August 2009, is one of several new ingredients vying for a position in the marketplace. “I’m doing my own limited study right now on Lumixyl”, says Dr. Rendon. “My patients are doing well, but it’s still too early to form an opinion. The clinical information provided by the company sounds promising, but more research is needed”. While nearly all of our experts agree that HQ is currently the gold standard for treating hyperpigmentation, they also know that the FDA review has put HQ under a cloud. “While I don’t think any action will be taken that would affect FDA-approved prescription formulations”, says Jeannette Graf, MD, a dermatologist in private practice in Great Neck, New York and assistant clinical professor of dermatology at Mt. Sinai Medical Center, “companies have wisely begun work on other ingredients that interfere with one of the major pathways leading to melanin production”.

Tri-Luma, the best known HQ formulation, received FDA approval in 2002 for “the short-term treatment of moderate to severe melasma [hyperpigmentation] of the face, in the presence of measures for sun avoidance, including the use of sunscreens”. Therein lies the problem, says John Kulesza, president and senior formulating chemist, Young Pharmaceuticals who has worked in the industry for more than 30 years. “Most hyperpigmentation is a long-term problem and, yet, I advise against using hydroquinone as a maintenance treatment”, he says. “While there are limited studies in progress, I keep looking at a molecule that is structurally very close to one of the world’s most deadly poisons, phenol, and a well known carcinogen, benzene. So while I believe HQ is probably safe for short-term treatment of hyperpigmentation, it is probably wiser to move patients to other options such as retinoids, kojic acid and its derivatives, and antioxidants to manage this challenging indication for the long term”.

Dr. Graf gives this list of options:

- “Arbutin, a glycoside of HQ from bearberry extract, has been shown to inhibit tyrosinase and is a major ingredient in countries where HQ is banned. Alpha-arbutin, an epimer of arbutin, has been shown to produce even stronger effects and may be more stable than arbutin”.
- “Azelaic acid comes in different forms. The type used for hyperpigmentation is a good choice for dark-skin patients, because it doesn’t lighten the surrounding skin as it works on the hyperpigmentation. Azelaic acid is especially useful for acne-related post-inflammatory hyperpigmentation”.
- “Kojic acid, another natural form of HQ, has been used for years, often in combination with AHAs. I particularly like lactic acid, an AHA that not only exfoliates and renews the skin, but also has some tyrosinase inhibition. It’s a good ingredient to include in a lightening, brightening formula, as are licorice extract and paper mulberry, which have also shown some ability to inhibit tyrosinase”.
- “Procter and Gamble has done a lot of work with niacinamide, an anti-inflammatory that, like soy, inhibits tyrosinase enzyme production by modulating protease activity receptors. Another option is ascorbic acid, a form of vitamin C. “It has been shown to be a good skin brightener, and at least one study done in Japan in 1986 indicates it also has some ability to inhibit tyrosinase”, says Dr. Graf. Another important factor is how readily the ingredient “penetrates into the skin”, says cosmetic chemist Sam Dhatt, founder of DermaQuest. “For example, BV-OSC, INCI tetrahexyldecyl ascorbate, is an oil-soluble, stable form of vitamin C that exhibits skin lightening properties at concentrations as low as 0.1%”, says Dhatt. “Studies done by its manufacturers show that a 0.1% concentration reduces melanogenesis by more than 80%. What intrigues me about BV-OSC is not only its skin lightening properties, but the dual effect it has as an antioxidant, inhibiting lipid peroxidation and DNA damage to the cell. Because BV-OSC is lipid-soluble and can produce clinical results at lower concentrations compared to other forms of vitamin C, there is less risk for skin irritation”.

Another growing category of skin

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lightening ingredients is peptides. In addition to Lumixyl, Melanostatine-5 INCI Dextran, a nonapeptide, is making an impact. “It inhibits melanin production by blocking the receptor site that activates melanin synthesis”, says Dhatt, who believes peptides will play a part in new breakthroughs in skin lightening technology in the future.

“The best approach when using these ingredients seems to be to prepare a cocktail using several of them together”, says Krulisky. “This increases the possibility that an individual will respond to one or more of the ingredients”.

Chemists agree that the overall formulation is just as important as the active ingredients in delivering results.

“Since melanocytes live primarily in the lowest layer of the epidermis, it is necessary for lightening ingredients to travel from the skin surface down to the basal layer to affect their activity. The stratum corneum is a formidable barrier so this is no easy feat”, says Kulesza. “For example, HQ with two hydroxyl groups is a relatively polar molecule, meaning it doesn’t dissolve well in skin lipids that constitute a good portion of the epidermal barrier.

So the bad news is that HQ doesn’t penetrate very deeply into the skin, and this limits its clinical efficacy, especially in reaching melanocytes that have migrated into the dermis. The silver lining here is that this provides us with some degree of safety since it is extremely difficult for HQ to reach the microvasculature and be transported into other parts of the body”.

ON THE HORIZON

Researchers are actively searching for new ingredients to treat hyperpigmentation. “Recently, New York University discovered a molecule extracted from a plant used in traditional Indian medicine for unrelated conditions. This molecule, NYU- 201, is very potent compared to most currently available ingredients and works by a previously unknown mechanism. It prevents tyrosinase from entering melanosomes and forming melanin. It is in the early stages of clinical development, and I expect to see some results soon”, reports Richard Fitzpatrick, MD, a dermatologist at the La Jolla Cosmetic Surgery Centre in La Jolla, California and founder of SkinMedica. The company has signed a global license agreement with NYU giving it the right to develop NYU-201-based products to address skin hyperpigmentation.

TOPICAL LIGHTENING PRODUCTS

01 NeoStrata Brightening Cream SPF 15

This fast absorbing, yellow cream is formulated with Polyhydroxy acids (PHAs) gluconolactone and lactobionic acid and alpha hydroxy acids mandelic acid and citric acid. This cream contains arbutin to help lighten discolorations in the skin. This unique bionic PHA formula provides moisturization and light exfoliation. It also contains SPF 15 broad-spectrum sun protection (UVA/UVB) and antioxidants to help prevent future damage from the sun.

02 Environ Evanesce Clarifying Lotion

This lotion supplies the skin with important water-soluble ingredients that control the production of melanin in skin cells. It is acid-balanced to maintain the natural acid mantle and may be used on individual spots where the pigmented blemish is small and defined, or it can be used on the whole face and neck for extensive uneven skin tone. The main ingredients include niacinamide and Sepiwhite-MSH™, two active ingredients that help control the formation and dispersion of melanin. A penetration enhancer facilitates increased penetration of the active ingredients for quicker and more effective results.

03 Iklen Melano Expert

This cream contains 4 synergistic ingredients:

- Sophora Alpha: inhibits Melanocyte Stimulating Hormone, causing deactivation of the melanocyte.
- Rucinol: inhibits tyrosinase and TRP 1, the key enzymes involved in melanin synthesis.
- Centaureidin: activates Rho protein, responsible for shrinkage of the melanocyte dendrites.
- Vitamin C: inhibits melanin synthesis and helps repair photo-induced damage.

The tube and ingredients are designed for an intense and targeted action on brown spots (lentigo and freckles) on the face, neck and hands. Due to its specific formulation, Iklen Melano Expert is the first depigmenting product with a long lasting effect. It has been dermatologically tested and clinical results with Iklen Melano Expert were shown by a trial that demonstrated the reduction in size and colour intensity of brown spots during a 24 week treatment.
Melano-Expert

22-Hr targeted action

INDICATIONS
For local pigmentation disorders (face, neck, hands, decollete).

PRODUCT
The 1st depigmenting skin care product with a long-lasting effect due to a specific high-tech formulation.
A complete new concept with 3 synergistic active ingredients: Rucinol + Sophara-alpha + Centaureidin.

NEW "TIME RELEASE FORMULA"
Adjusts penetration speed of brightening ingredient (Rucinol). Delivers it continuously for 22 hours.

DERMATOLOGICALLY TESTED FRAGRANCE FREE
04 Filorga Professional Depigmenting Cream
This cream, for brown spots, contains a combination of kojic acid and bearberry, which targets tyrosinase and reduces the synthesis of melanin. It also contains white mulberry, which has anti-inflammatory effects and the antioxidant, vitamin E. Due to tyrosinase inhibition, the complexion becomes fairer, pigmented areas fade away and dark spots are brightened. The cream also contains shorea butter and almond oil, recognised for their emollient and smoothing properties. Clinical tests show 75% ‘good’ and ‘very good’ results after twice daily applications for 5 weeks and the beneficial effect can be noticed after the first week of application. It is non-irritant.

05 NeoStrata Pigment Lightening Gel
This non-hydroquinone gel has been formulated with a combination of 10% AHAs / PHAs in addition to 2% Kojic acid, 1% Citric acid, 0.5% Vitamin C and skin lightening extracts to lighten discolorations in the skin.

06 Filorga Meso-White
This cream softens pigmented lesions and smoothes and lifts skin complexion. It may be used as a daily treatment or following depigmenting laser treatments and peels. It contains a combination of alpha arbutin (for fast and efficient depigmentation) and azelaic acid (depigmentation and keratolytic actions), which lightens the skin. These ingredients inhibit tyrosinase to prevent melanin synthesis and further pigmented lesions. Acceleration of cell renewal removes existing pigmented lesions.

Linda W. Lewis, a MedEsthetics contributing editor, is based in Orange County, California.

Syneron’s elōs technology uses combination IPL light and radio frequency to treat HYPERPIGMENTATION. It’s safe for skin type I-IV. Quick results can be combined with Microdermabrasion and/or products. Pigmentation treatment can be done using Syneron’s SR or SRA applicators on both the eStyle and eMax systems. Contact Radiant Healthcare.

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A newly published study and BioForm Medical’s agreement to become a wholly owned subsidiary of Merz Pharma Group have put radiofrequency for glabellar lines in the news again. So you want to help patients control those frown lines between their eyes. Do you recommend botulinum toxin injections every three to four months or radiofrequency (RF) nerve ablation that can last 18 months or longer—and may even be permanent. Most doctors aren’t willing to offer patients the latter quite yet, but events are moving in that direction.

Last December, K. Wade Foster, MD, PhD, Edgar F. Fincher, MD, PhD, and Ronald L. Moy, MD published “Radiofrequency Ablation of Facial Nerve Branches Controlling Glabellar Frowning” in Dermatologic Surgery. The physicians studied 29 patients who were willing to try a unique RF device to ablate nerves controlling the corrugator and procerus muscles to correct glabellar furrowing. Researchers concluded that RF nerve ablation effectively eliminates the muscle contractions that lead to glabellar furrowing.

Originally called GFX by Advanced Cosmetic Intervention (ACI, acisurgery.com) when it was introduced in 2007, this unique RF device uses needle-like probes placed under the skin to emit a precise amount of RF to heat up and injure specific nerves controlling the muscles used to create frown lines. BioForm Medical purchased ACI in April 2008 and renamed it the Relaxed Expression System (REX). The REX device is FDA approved and has been successfully used for nerve ablation with cardiac patients for 10 years, but it has not yet been approved for cosmetic use.

“I am impressed by its safety and efficacy,” says Ronald L. Moy, MD, dermatologist and cosmetic surgeon in private practice in Beverly Hills, California. “We have had to repeat the procedure in a few patients, but we have never had any complications. Side effects included mild to moderate swelling in most patients and purpura in a few. We are cautious about what we promise, because multiple nerves are involved and branching nerves can regrow. Until we have reliable data from larger, long-term studies, we would not make any promises of longevity beyond one year.”

Has word-of-mouth from study subjects generated a lot of new patients for Dr. Moy? “We have had some referrals, but REX is a hard sell,” he reports. “It requires a lot of patient education. It is more invasive than injections, and patients have a harder time understanding how it works. The procedure isn’t really uncomfortable. We use local anesthesia, and the patient does feel a sharpness when we turn on the current. We are more likely to recommend this procedure to patients who are already undergoing other procedures that require anesthesia.”

Cost is also a consideration. REX treatments cost $1,000 to $3,000. Since botulinum toxin injections cost $300 to $500 and have a well-known history of success, patients are reluctant to pay so much more in the short-term when they can’t be assured of savings in the long-term.

The chances of realizing the promise of this technology grew brighter in January when BioForm Medical (bioform.com) signed an agreement with Merz Pharma Group (merz.com) to become one of its wholly owned subsidiaries. Merz includes clinical and aesthetic dermatology among its core competencies and is a leading provider of OTC medication, dietary supplements and skincare products in German-speaking countries.

According to company officials, BioForm Medical will maintain its headquarters in San Mateo, California, and its manufacturing, distribution and other operations in Franksville, Wisconsin. In addition to REX, BioForm offers the dermal filler Radiesse and is developing a sclerotherapy treatment for spider veins and a surgical adhesive for brow lifts.

We’re sure to hear more about REX as BioForm Medical and Merz complete their merger and move forward with product development.
At face value, marketing and privacy are two separate legal and ethical issues. However, new legislation, current before Parliament, as well as the Consumer Protection Act, has brought these two issues closer than ever before.

As the field of aesthetic medicine develops, practitioners become familiar with more treatments and techniques, and may even be approached by the marketers of such, to co-market such treatments or techniques, or may even inadvertently be promoting or endorsing it.

There is a host of legal and ethical rules governing the matter and no practitioner should enter into such arrangements without consideration of all of these aspects.
1. THE ETHICAL RULES OF THE HPCSA

1.1 INFORMATION AND CONSENT

The main responsibilities of health practitioners are found in ethical rule 27A, which includes to:

- act in the best interests of his or her patients;
- respect patient confidentiality, privacy, choices and dignity;
- maintain the highest standards of personal conduct and integrity;
- provide adequate information about the patient’s diagnosis, treatment options and alternatives, and costs associated with each such alternative to allow the patient to make an informed decision;
- keep his or her professional knowledge and skills up to date;
- maintain proper and effective communication with his or her patients and other professionals;
- obtain informed consent from a patient; and
- keep accurate patient records.

Although it might be argued that, in aesthetic medicine, emphasis is more on what the patient wishes, such wishes should not lead to a practitioner dispensing of the above requirements and, in particular, not to withhold available treatment options and all relevant information from the patient. Even if the patient and practitioner prefer a particular treatment, all available options should be discussed.

1.2 PRACTITIONERS AND MEDICINES AND MEDICAL DEVICES

Ethical rule 23 prohibits practitioners from participating "in the manufacture for commercial purposes or in the sale, advertising or promotion of any medicine or medical device or in any other activity that amounts to selling medicine or medical devices to the public or keeping an open shop or pharmacy."

This means that a practitioner may not, from his or her practice, sell products and devices to the public, or in a manner that could be construed so that s/he is selling products as if in a pharmacy. The practitioner may, however, prescribe such products for his or her patients, but may not sell it if s/he is commercially involved in such products or devices, and may also not sell it to walk-in customers (i.e. to the public as part of an "open shop").

The rule, secondly, prohibits practitioners from advocating preferential use or prescription of treatments, unless the treatment is clinically appropriate or the most cost-effective option.

Practitioners in the field of aesthetic medicine should therefore not get involved in marketing activities per se, but may, as part of the treatment information provided to patients, explain what would be clinically most appropriate, or most cost-effective.

If the practitioner owns shares or has a financial interest in a company or is in the employ of or contractually by such a company (e.g. to do promotional talks), s/he must obtain the patient’s informed written consent prior to prescribing such medicine or medical device for that patient.

1.3 SECRET REMEDIES AND CLAIMS

Ethical rule 19 requires of practitioners to not use any technology or product which is secret, or claims to be secret. S/he may also not use any technology which, “upon investigation” is found not to be capable of fulfilling the claims made in regard to it. Practitioners should therefore ensure that all products and devices used can scientifically back up the claims made for it, and that its mode of operation is not secret.

1.4 MAKING PROFESSIONAL SERVICES KNOWN

The Policy on Making Professional Services known states that practitioners, who are in a contractual relationship with any entity, should -

- “avoid personal involvement in promoting the services of such an organisation, for example by public speaking, broadcasting, writing articles or signing circulars” and
- “ensure that his or her name and qualifications are not used on reports, notices, notepaper or other stationery of such organisations.”

1.5 PERVERSE INCENTIVES POLICY, 2008

Par 3.3 of the Policy states that:

“Health care practitioners shall not advertise or endorse or encourage the use of any health establishment or orthodox medicine, complementary medicine, veterinary medicine, medical device or scheduled substance or health related product or health related service in a manner that unfairly promotes the practice of a particular health care practitioner or a
health care facility for the purpose of financial gain or other valuable consideration.”

This means that advertisements, marketing and endorsements for which the health care practitioner is paid, or gains some advantage, are prohibited.

Par 3.6. limits the use of technological equipment in a medical practice, or in this case, in an aesthetic practice:

3.6.1 Health care practitioners shall only own and use technological equipment if it forms an integral part of their scope of the profession and practice and on condition that the health care practitioner concerned has received appropriate training in using and managing such equipment.

3.6.2 Health care practitioners shall not over-use equipment for procedures, tests and other applications that are not indicated, scientific or based on evidence. This constitutes over-servicing and is prohibited.

3.6.3 Health care professionals shall not use technological equipment, health care products or devices for profiteering and must refrain from charging patients fees for the use of such products or devices that are not market related.

This means that, in particular, frequent use of certain equipment, and in particular if there are some financial benefit for the practitioner in such equipment use, might be regarded as suspected over-servicing. Practitioners should therefore take care that equipment is used appropriately, and is preceded by proper information-sharing and consent processes. The motive for using a certain piece of equipment should not be any financial consideration for the practitioner or any contractual relationship they may have with any third party, but the best interests of the patient.

It is also clear that the HPCSA prefers the practitioner, and not a third party, to own and use the equipment.

2. THE CODES OF MARKETING PRACTICE FOR MEDICINES AND MEDICAL DEVICES

Section 18C of the Medicines and Related Substances Act, as amended by Act 72 of 2008, provides for the Minister of Health to promulgate Codes of marketing practices for all medicines and medical devices. Companies have already, through their trade associations, signed up to such Codes. These Codes also regulate the relationship between commercial entities and health care professionals.

The following provisions are relevant when practitioners interact with the suppliers of products, treatments and/or devices:

In terms of clause 7, the manufacturer or supplier of a product has to provide a practitioner without delay “substantiation for any information, claim or comparison … at the request of members of the health professions”. Claims and comparisons are all subject to scrutiny by relevant authorities and practitioners should take care not to entertain or base information provided to patients on unsubstantiated claims.

Clause 18 prohibits companies from offering or providing any “gift, benefit in kind, rebate, discount, kickback or any other pecuniary advantage … to members of the health professions, administrative staff, government officials, or the general public as an inducement to prescribe, supply, stock, dispense, administer or buy any medicine.”

The Medical Device industry code prohibits the payment of “unacceptable fees”, i.e. -

“the payment of data, marketing, formulary, managed care or similar types of fees which are used to encourage or increase the purchase, loan or use of a medical device and which … is bought solely, or mostly in order to reward or secure a particular purchase or utilisation behaviour, whether under implicit or explicit conditions relating to such behavioural change or sustained behavior.”

The Device Code allows practitioners to be consultants for medical device companies, but only under the circumstances (and obviously within the limitations placed on endorsements and promotion by the HPCSA) stipulated by the Code, such as that there should be an agreement in place, and that only bona fide consulting services should be rendered at fair market value.

3. THE CONSUMER PROTECTION ACT

This law will come into full force and effect in October 2010. It applies to all entities that sell products and services, and therefore applies to aesthetic practices and the treatments provided in such practices.

In general, the law protects consumers and provides them with remedies when there is non-compliance with the Act. Key rights awarded to consumers (patients) include, amongst others:

- The right to expect that a product or service will reasonably serve the purpose for which it has been promoted or offered;
- The right to hold all suppliers in the supply chain liable for products causing harm;
- The right to be informed of all the terms and conditions relating to the provision of products and services in plain language and information that is not misleading or exaggerated;
- The right to, under certain circumstances, return products;
• The right to contractual terms which are not unreasonable and unconscionable;
• The right to be made aware specifically and explicitly if certain risks are inherent in a product, and if no guarantees can be made (i.e. a general informed consent on general risks would not be sufficient).

This Act places additional burdens on all involved in the marketing, promotion and use of aesthetic medicine products, and requires very clear communication.

4. THE PROTECTION OF PERSONAL INFORMATION BILL

This Bill, once passed in Parliament and brought into force, will regulate the collection, storage, use and destruction of personal information. It will apply to companies who are holding personal data from practitioners, but also practitioners holding personal data of patients and others.

All practices that communicate from time to time with their bona fide patients have to ensure that the following are in place:

a. The patient has explicitly consented to form part of the database;
b. The patient has consented to his/her data being used for specific purposes only (e.g. receiving health-related information only, and/or for updates on appointments only, and/or for information to be passed on to product marketers and to receive marketing information from such suppliers, etc);
c. The patient understands and is assured that information will be held securely;
d. The patient has the right to demand that s/he be removed from the database; and
e. The patient has the right to update his/her details on the database and to know what information is being held on his or her.

It should be borne in mind that the information provided to patients is limited by the HPCSA’s Policy on Making Professional Services Known, i.e.:

• Health care professionals may communicate with their bone fide patients via practice notices, but such communications may not be distributed to the public at large. These notices may include information about the health care professional’s own practice arrangements (e.g. new partners), health care information (e.g. flu vaccinations) and changes in tariff structures.
• As far as the address, special interest and contact details of a practitioner is concerned, this information may be provided in the formats of:
  • A health care professional may make information about his or her practice known by publishing notices in any medium, printed or electronic, including the Internet and television, provided that they comply with all the provisions of these guidelines.
  • Direct mailing of pamphlets is permissible, i.e. mailing to post boxes or direct delivery to homeowners.
  • Bulk pamphlets may be made available for issue individually to existing patients at the rooms of health care professionals and also at local information centres such as libraries and museums to persons enquiring about a health care professional’s practice or available services.
  • Bulk distribution of pamphlets, for example, at shopping malls and to passing motorists, is not permissible.
• The use of photographs on notifications is not permissible.

Elsabe Klinck, Benguela Health Group
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The use of APRACLONIDINE EYEDROPS to treat ptosis after the administration of botulinum toxin to the upper face

ABSTRACT
A side effect of the injection of botulinum toxin into the upper third of the face is ptosis or lid droop. A therapy recommended to treat ptosis resulting from administration of botulinum toxins A and B is lopidine™ (apraclonidine 0.5 %) eye drops. Apraclonidine is an 2-adrenergic agonist, which causes Müller muscles to contract quickly elevating the upper eyelid 1-3 mm. Little published data discusses the use of apraclonidine to treat such ptosis. This communication discusses the extant literature on this usage. Research needs to be done to establish the utility and dosing of apraclonidine for botulinum toxin-induced ptosis.
COMMUNICATION

A side effect of the injection of botulinum toxin into the upper third of the face is ptosis, or lid droop. The incidence of ptosis after such injections is reported to be about 5 percent, and it can happen up to 2 weeks after injections.

Ptosis results from migration of the botulinum toxin to the levator palpebrae superioris muscle.

The levator allows the eyelid to open properly and fully. To avoid ptosis, injections should occur at least 1 cm above the eyebrow and should not cross the midpupillary line.

A therapy recommended to treat ptosis from administration of botulinum toxins A and B is the use of Iopidine™ (apraclonidine 0.5 %) eye drops [1], Apraclonidine is an 2-adrenergic agonist, which causes Müller muscles to contract, quickly elevating the upper eyelid 1-3 mm. Apraclonidine is used to treat glaucoma and Horner syndrome because of its effects to increase muscle tone and decrease intraocular pressure. Apraclonidine has been reported to cause contact dermatitis [2,3].

Despite the apparent widespread recommendations for the use of apraclonidine to treat botox-induced lid lag, we were unable to locate any literature that has formally evaluated its use. One possible reason of the paucity of reports on this subject is the reluctance of physicians to report iatrogenic side effects. The Emedicine online medical encyclopedia sections on dermatology [4], plastic surgery [5], and otolaryngology [6] recommend apraclonidine’s use for ptosis, as does the web site of the New Zealand Dermatological Society [7]. Apraclonidine’s use is mentioned briefly by Klein [8], who cites a presentation by Burns on the side effects of botulinum toxin [9]. A posting regarding iopidine use on the RxDerm-L online dermatology discussions elicited four responses from three dermatologists who used iopidine [10].

The most common dosing scheme used for iopidine is one or two drops three times daily until ptosis resolves. It is applied to the effected eye only.

Some dermatologists recommend keeping in the office to use in case of ptosis and to obtain pre-administration images of the patient [10].

Other possible agents useful for the treatment of ptosis include brimonidine (0.1 % or 0.2 %) and neosynephrine hydrochloride (2.5 %). These agents also increase muscle tone, thus causing the eye to open more fully. Neosynephrine is contraindicated in patients with narrow-angle glaucoma and in patients with aneurysms. The risk of developing an allergic reaction to brimonidine in patients known to be allergic to apraclonidine is 22.7 percent, making it an alternative in allergic patients [11].

In conclusion, research needs to be done to assess the role of apraclonidine in treating the ptosis that can result from botulinum toxin injections into the upper face. Its optimal dosing needs to be established and the number of physicians using it needs to be established to understand fully its role in enhancing patient health.

Noah Scheinfeld MD
Dermatology Online Journal 11 (1): 9
Department of Dermatology
St Luke’s Roosevelt Hospital
New York

REFERENCES

There are definite differences in approaching the male patient with regard to dosing and positioning of the brow.

Requests for aesthetic procedures are increasing dramatically among male patients, with botulinum toxin injections leading the growth, followed by dermal fillers. This column will discuss practical aspects of botulinum toxin and dermal filler injections in the male patient.

Botulinum toxin injections are the No. 1 requested procedure in our practice, regardless of the sex of the patient, closely followed by dermal filler injections. Male patients typically tend to act more on impulse and be less patient than their female counterparts. Thus, it is critical to achieve optimal results with this patient group. Botulinum toxin injections offer consistent results and reproducibility with very little to no downtime. Dermal fillers are also very gratifying for male patients, particularly tear trough injections (for dark circles) and volumization of the midface. Hyaluronic acid-based fillers offer the greatest versatility and safety, followed by calcium hydroxylapatite.

**DOSING AND POSITIONING**

As with any procedure, a careful consultation explaining the procedure is critical to optimal satisfaction. There are definite differences in approaching the male patient with regard to dosing and positioning of the brow. On average, male patients require two to four times the dose of botulinum toxin in the glabella when compared to female patients, and it is important to dose patients adequately as underdosing will lead to poor results. The horizontal forehead lines also need to be taken into consideration with male patients. These are often associated with lower eyebrows, and excessive dosing in the frontalis can lead to further dropping of the brow. Crow’s feet are a common concern for male patients and many require circumferential treatment to achieve optimal results, again generally with higher dosing.

The most common requests for dermal fillers in male patients are associated with general volume loss, as opposed to fine lines and augmentation of areas such as the vermilion, both commonly treated concerns for females. Under eye circles, which are generally related to volume loss in the tear trough, are the most common complaint from men. The ideal fillers for this indication are the hyaluronic acid-based fillers, including Juvéderm (Allergan, juvederm.com), Restylane (Medicis Aesthetics, restylaneusa.com) and Perlane (Medicis Aesthetics). Midface volume loss is the second most common indication for dermal fillers in men. Our initial fillers for “virgin” patients are still the hyaluronic acid-based fillers, due to their reversibility. Seasoned male patients will do well with calcium hydroxylapatite (BioForm Medical, radiesse.com) for this indication.

**PROTOCOLS AND POST CARE**

The areas to be injected should be cleaned thoroughly prior to injection. We utilize topical anesthesia for both botulinum toxin and dermal filler injections. All dermal fillers are now routinely mixed with lidocaine in our practice, making the use of nerve blocks exceedingly rare. The mixture with lidocaine has revolutionized the flow of certain fillers such
AN APPROACH FOR NON-SURGICAL FACIAL AESTHETICS

FULFILLING CHANGING NEEDS

There are two major types of facial wrinkles

Dynamic Lines: Muscular Hyperactivity

- GLABELLAR LINES

Static Lines: Volume Loss

- SCARS & DEPRESSIONS
- CHEEK VOLUME
- NASOLABIAL FOLDS
- VERTICAL LIP LINES
- VERMILION BORDER
- ORAL COMMISSURES
- LIP VOLUME
- CHIN & JAW VOLUME

Botulinum Toxin Type A

BOTOX®

Juvederm® Ultra
<table>
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<th>Event Description</th>
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<td>AAMSSA CPD Event</td>
<td>Pretoria</td>
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<td>6 JULY</td>
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<td>Cape Town</td>
<td>Catherine Anderson, <a href="mailto:manager@thebayskincare.co.za">manager@thebayskincare.co.za</a>, 021 438 9800, 082 738 3551</td>
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<td>Botox Cosmetic &amp; Dermal Fillers (Beginners &amp; Advance)</td>
<td>Cape Town</td>
<td>Dr van Aardt, <a href="mailto:drvanaardt@nslaser.com">drvanaardt@nslaser.com</a></td>
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<td>25 JULY</td>
<td>Tumescent in office Power Assisted Liposuction</td>
<td>USA</td>
<td>Dr Ayman Elattar, <a href="mailto:drvanaardt@nslaser.com">drvanaardt@nslaser.com</a></td>
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<td>2 – 3 AUGUST</td>
<td>Technolase – Medical Laser technologies training</td>
<td>Pretoria</td>
<td>Johan Op’t Hof, <a href="mailto:technola@mweb.co.za">technola@mweb.co.za</a>, 012 349 1750, 083 379 3988</td>
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<td>FPD Postgraduate program Aesthetic medicine 2 days practical and exams</td>
<td>Pretoria</td>
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<td>Johannesburg</td>
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<td>25 – 28 AUGUST</td>
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<td>1-2 SEPTEMBER</td>
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21 – 23 SEPTEMBER
LIPOMASSAGE™ by ENDERMOLOGIE®
Cape Town
Decade Marketing – Inez
decade@endermologie.co.za
021 683 8505

23 – 27 SEPTEMBER
Module 1 – 5
Botox & Filler Introductory & Intermediate + Business Dev, Chemical peels & Mesotherapy + Advance Combination Therapy
Cape Town
Catherine Anderson
manager@thebayskincare.co.za
021 438 9800 | 082 738 3551

8 – 9 OCTOBER
31st Aesthetic Medicine Congress
FRANCE

12 – 14 OCTOBER
LIPOMASSAGE™ by ENDERMOLOGIE®
Cape Town
Decade Marketing – Inez
decade@endermologie.co.za
021 683 8505

18 – 19 OCTOBER
Technolase – Medical Laser technologies training
Pretoria
Johan Op’t Hof
technola@mweb.co.za
012 349 1750 | 083 379 3988

19 – 21 OCTOBER
LIPOMASSAGE™ by ENDERMOLOGIE®
Johannesburg
Decade Marketing – Inez
decade@endermologie.co.za
021 683 8505

21 OCTOBER
AAMSSA CPD EVENT
New technique using dermal fillers with an injector system
Co-Sponsor: Pharmaplan
Johannesburg
Mareli J v Rensburg
mareli@ackmain.com
084 300 3899 | 012 548 6374

23 – 25 OCTOBER
LIPOMASSAGE™ by ENDERMOLOGIE®
Cape Town
Decade Marketing – Inez
decade@endermologie.co.za
021 683 8505

25 – 28 OCTOBER
Module 1 – 4
Botox & Filler Introductory & Intermediate + Business Dev, Chemical peels & Mesotherapy
Johannesburg
Catherine Anderson
manager@thebayskincare.co.za
021 438 9800 | 082 738 3551

4 – 7 NOVEMBER
8th Aesthetic Medicine Congress
URUGUAY

16 – 18 NOVEMBER
LIPOMASSAGE™ by ENDERMOLOGIE®
Johannesburg
Decade Marketing – Inez
decade@endermologie.co.za
021 683 8505

23 – 25 NOVEMBER
LIPOMASSAGE™ by ENDERMOLOGIE®
Cape Town
Decade Marketing – Inez
decade@endermologie.co.za
021 683 8505

**Testimonials**

“Skeptical at first but now with my fabulous, long, healthy lashes I am convinced!” - LT

“I’m amazed with the result. My lashes have never been this long. To see this change at this time of my life is amazing! Because I’m old! In my sixties!” - JM

- Dermatologist and Ophthalmologist Tested
- Hypoallergenic
- Paraben Free
- Safe for Contact Lens Wearers and Sensitive Eyes

BEWARE OF IMITATIONS
as Radiesse, and, for all dermal fillers, has reduced post-injection edema and ecchymoses. Post-treatment, all injectable patients are iced. Bruising is a significant issue with most male patients, as makeup is not generally an option. While careful technique will avoid most bruising, large volume injections almost inevitably lead to some bruising. For large volume injections, patients are advised to start oral arnica prior to treatment. Prior to the procedures, patients are instructed to avoid anticoagulants and supplements such as fish oil, gingko biloba and vitamin E, which may lead to greater bruising. The mixture of dermal fillers with lidocaine with epinephrine also reduces bruising. If bruising does occur, pulsed dye laser therapy and topical agents may shorten the duration.

MALE VS FEMALE TECHNIQUE

Botulinum toxin injections in male patients require considerably higher dosing in the glabellar complex than we use with female patients. Our longest experience has been with Botox Cosmetic (Allergan, botoxcosmetic.com), with men generally requiring 40 to 80 units. It is critical to remember that botulinum toxin dosages are not quickly interchangeable, and simple dose conversions from Botox to Dysport (Medicis Aesthetics, dysport.com) are not recommended.

Other critical concerns for men are low brow positioning and severe forehead lines. Our dosing in the frontalis in men is generally 10 to 15 units of Botox Cosmetic. Over-dosing may lead to further drop of the brows. Periorbital rhytids may necessitate a more circumferential treatment, typically with 15 units of Botox Cosmetic per crow’s feet area. We advise all botulinum toxin patients to return in 10 days to assess outcomes.

Male patients tend to be more impatient so it is critical to review that optimal results of botulinum toxin injections may not be evident for up to 7 to 10 days. At this juncture, there is no evidence-based study that shows a difference in onset of action or duration between Botox Cosmetic and Dysport.

With dermal fillers, regardless of the patient’s sex, adequate volume correction is necessary to achieve optimal results.

RISKS AND ADVERSE REACTIONS

The main risks with botulinum toxin injections, in any patient, is bruising and ptosis. Careful technique prevents the former, and proper injection sites prevent the latter. While not necessarily a risk, underdosing in the glabella of a male patient may lead to inadequate response; overdosing in the frontalis may lead to a further brow droop. Staying above the midline in the forehead avoids this response. The “Spock effect” can be an issue and generally resolves on its own, but overarching of the brows can be corrected with injections in the lateral superior forehead. If a man has a prominent infra-orbital fat pad, circumferential injection of botulinum toxins should be avoided, as this can result in festooning, and the injection should be confined to the lateral crow’s foot.

The main adverse effects of dermal filler injections are bruising, which was discussed in the previous paragraph. In addition, different classes of fillers carry different risks. The workhorse category of fillers, regardless of the sex of the patient, are the hyaluronic acid-based fillers. They offer versatility and can be completely reversed with the injection of hyaluronidase. Calcium hydroxylapatite is a very useful dermal filler for men, as it offers excellent volume restoration and immediate results, as do the hyaluronic. Polyactic acid (Sculptra Aesthetic, sculptraesthetic.com) is the least popular filler in male patients, as it requires multiple sessions, and male patients tend to be less compliant. Improper planes of injection of this filler may result in nodules. All dermal fillers, if injected too rapidly, can produce intravascular injury, which is generally manifested as a blanching to the skin. Areas particularly vulnerable to this injury are the glabella and the upper aspect of the nasolabial folds. If this occurs, close follow up with the use of nitropaste, hyaluronidase (if HA fillers are used) and vigorous massage can potentially prevent necrosis.

LONGEVITY OF RESULTS

The longevity of injectables is dependent on several factors. Botulinum toxin injections show the greatest longevity in the lower face, followed by glabella and forehead, with the crow’s feet showing the shortest duration. The longevity of dermal fillers is dependent on the anatomic location, class of filler and the

Bruising is a significant issue with most male patients, as makeup is not generally an option.

The most common requests for dermal fillers in men relate to general volume loss and undereye circles as opposed to fine lines and the vermilion area for women.
patient’s metabolism. This is critical to discuss with the male patient, as they are generally seeking fewer treatments. Combination therapies using botulinum toxins, different classes of dermal fillers, lasers, light sources and skin care are optimal for facial rejuvenation. Same day laser, botulinum toxin and filler injections are often requested by the male patient. Photofacial treatments are optimal for this regimen. Ablative and nonablative fractional resurfacing procedures should be staged to avoid potential diffusion of botulinum toxins and to avoid edema, which may obscure the optimal filler dosage.

PATIENT SATISFACTION
Botulinum toxin injections and dermal filler injections produce the highest satisfaction rates among all noninvasive procedures in male patients, as results are dramatic with good onset of action (immediate with most dermal fillers and in 7 to 10 days with botulinum toxins). To achieve this satisfaction, it is critical to dose them adequately. I often tell my male patients, “Botox is the one thing we pay more for than our female counterparts—unlike shoes, dry cleaning and clothes.” The most dissatisfied male injectables patient is the one who has been underdosed and/or underfilled.

Male patients are becoming increasingly interested in aesthetic procedures. Injectables are a perfect entree into the aesthetic practice, with botulinum toxins being the initial step. Over the next few years, multiple new toxins and fillers will be introduced. It is critical to understand the various classes of toxins and fillers, to master them, and not simply switch products using simple conversions.

Vic A. Narurkar, MD, is the chief of dermatology at California Pacific Medical Center in San Francisco and associate clinical professor of dermatology, University of California Irvine Medical School.
Buying a medical practice can be daunting and medical practitioners may not know what to look for. Apart from normal legal concerns, business and financial evaluations, compliance with various regulatory frameworks, some of which are outlined in this article, should form part of any analysis.

When selling a practice, assuring prospective buyers of one’s compliance with regulatory frameworks may give one a competitive edge. Although focused at the buyer, the principles outlined in this article also apply to sellers, and adhering to the aspects outlined below may actually increase one’s chances of a successful sale.

**GETTING EXPERT HELP**

It is wise to seek professional help when deciding to buy, or sell a medical practice. Your financial advisor should be an integral part of the process, with a reputable financial institution to guide you through the process. A financial institution specializing in the health sector knows, for example, how to evaluate the goodwill value of a practice.
buying or selling a medical practice

**KEY FEATURE**

**TYPES OF PRACTICES**
Medical practitioners may only practice in incorporate practices (a special form of company), partnerships, or in solus practices.

As a potential buyer you need to know what it is you are buying, the most basic questions being: are you buying into a practice (i.e. buying shares in an existing incorporated practice or buying into a partnership) or are you buying a practice which will, after the sale, be transferred into your (or you and your co-buyers’) names.

As all of these types of practices are intrinsically related to the practitioner(s) who own it, a sale of a practice does not mean that the name of the previous practitioners continue to be the name of the practice thus bought.

Practitioners should also not confuse the medical practice with utility entities which may render services to the practice or a group of practices. Such services may include accounting/billing, reception, maintenance, rental and other staff and infrastructure services. Before buying a practice located within such a setting, the terms and conditions of the sale as it pertains to the future relationship with the utility entity should be made clear. In some cases it is expected that practitioners in such arrangements also take up shares in the utility entity (which could, for example, take the legal form of a company, a close corporation or a trust).

**GOING IT ALONE, OR WITH OTHERS?**
Medical practitioners may only practice in a legal entity (e.g. a partnership or incorporated practice) with other persons registered with the HPCSA, unless there are specific limitations (such as pathologists only being allowed to practice with other pathologists). Under no circumstances can a medical practitioner and, for example, an external investor or a beauty therapist, who is not registered at the HPCSA, buy and own a medical practice together.

**LICENSING AND REGISTRATIONS**
There is currently no requirement that a practice has to be licensed or registered at, for example, the Department of Health. However, after having bought the practice, and if you have decided to practice in an incorporated practice, documents have to be filed at the Department of Health’s Companies and Intellectual Property Registration Office (CIPRO). No registration is required if one practices in a partnership or as a solus practice. When buying a practice which has been an incorporated practice, there is no need to start the new practice in the same form.

A dispensing licence is linked to a specific medical practitioner and the fact that the seller has one, does not guarantee that the buyer would obtain a licence as well, however it is indicative that a licence might be granted. In order to facilitate the process of acquiring a new licence, ask the seller for the information provided when the licence was obtained and renewed.

In order to claim from medical schemes, a practice code number is required. This practice number is related to the specific facility, and is different from, for example, the MP numbers of practitioners obtained from the HPCSA. Ask the seller whether s/he has a practice code number (obtainable from the Board of Healthcare Funders). The practice code also identifies the type of practice and could have implications for the billing codes used by the practice. Practicing under a practice code issued under the identity number of another practitioner would lead to medical scheme reimbursement issues later-on.

**LOCATION AND VICINITY OF OTHER HEALTHCARE FACILITIES**
The 2003 National Health Act envisaged that all health facilities should obtain a Certificate of Need (CON) prior to commencing business. The CON would then only be granted if there is a need for such a facility in a particular area, and regard would be had for other health facilities in the vicinity. The CON provisions are not in force, but might in future influence the ability to buy or sell a practice.

It is, however, important to do your homework as to who your competitors would be in an area.

One should be mindful that competition may also come from other healthcare professionals (e.g. a pharmacy with primary care services), from allied professionals, or from a municipal clinical, a private hospital or from one of the “chains” of utility entities. If you are buying, ask the seller what the relationships have been with these establishments and what type of competition and/or support they have been.

Also ask the seller where s/he is going to set up their practice. If in the immediate or close vicinity of the practice they are selling, you may find that a substantial portion of patients may leave with them. They may therefore be entering into direct competition with you, but with the added advantage that they already have patients who know them. It may be necessary that the contract of sale include provisions that limit the duration and manner in which the seller may contact existing patients, or tout for patients within the area of the practice you are buying.

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**SCOPE OF PRACTICE ISSUES**

Remember that when buying a practice, you will be limited by your scope of practice. Scope of practice is the range of competencies which someone in your position and with your qualifications and experience would have. You always have to keep your practice within that range. The HPCSA issues scope of practice notices from time to time, which guides practitioners as to what they should, or should not, be doing.

There is nothing wrong in showing an interest in specific fields, but the HPCSA requires that, should one want to make such special interest known, that one should actually be devoting the bulk of one's time to that special interest. Ask the seller whether s/he had such special interest, and how that special interest affected the patient profile. If there is a substantial difference in scope of practice and special interest, the patient profile may differ to such an extent that there may be limited guarantees as to patient numbers.

**GOODWILL**

Goodwill comprises aspects such as patient numbers and profile, reputation, perceptions, intellectual property, ways of managing the practice, unique processes, brand value, stability, etc. All of these contribute to the earning power of the practice. Financial experts may translate these “intangibles” into calculations that could give a better “Rands and cents” indication of the value of the business to be bought (or sold).

**DISCLOSURES**

When buying a practice, demand that the financial records of the practice be disclosed. It is preferable that you go back as far as, at least, five years. You may be required to sign a non-disclosure agreement, to prevent you from discussing the information with anyone not involved in the discussions or negotiations, for cases where you decide not to buy the particular practice. It is important to ask for more than the audited annual statements and you may want to ask the seller to obtain a professional opinion of what s/he estimates the future growth of the business to be. One should also ask about the rate at which rental in a specific building has increased over the years and the relationship with the property owner and service providers, such as cleaning services and maintenance staff.

**ALSO ASK FOR:**

- Patient numbers, including
  - the total number of patients on practice’s books
  - number of repeat-patients
  - average visits per year per patient;
- Demographics of the area in which the practice is located and any specific disease patterns which have been visible,
- e.g. a practice in the vicinity of old age homes, or in the vicinity of an university will have unique features and demands on the practice;
- The split between cash-paying private patients, medical scheme patients and cash-paying (more) indigent patients;
- Rates charged (e.g. medical scheme rates, varying rates depending on patients and funding method, discounts, etc) and payment methods accepted (e.g. debit cards, cash, etc) and whether accounts were submitted on behalf of medical scheme patients to scheme or not;
- If the practice is a designated service provider for some schemes, and what the conditions of such arrangements are;
- Information on bad debts, ease or difficulty of debt collecting and write-offs;
- Copies of all existing agreements binding the practice, with particular reference to the duration of such agreements, transfer and termination clauses, etc;
- Information on monthly payments by medical schemes, issues/challenges with such scheme(s) and the predominant schemes to which patients in the practice belong;
- Systems being used, such as practice software, clearing houses, accounting software;
- Current staff, their roles, tasks, experience, education, etc (refer to the discussion on “going concern” below);
- Contracted-in services without which the practice cannot operate (e.g. external debt collecting agencies, external coding consultant, etc);
- Availability of locums in the area;
- Current hours or practice and periods during the year that the practice might have been closed, or operating to a limited extent;
- Etc.

**VISIT THE PRACTICE**

It is important to get a feel for the practice you are interested in buying. When still operating, visit the practice at various hours and days of the week. This will also give you an indication of how busy the practice and surrounding businesses are, and give one first-hand experience of other issues such as parking, accessibility, visibility, etc.

**WHAT FORMS PART OF THE DEAL?**

Be very explicit in asking what forms part of the deal.

For example, does the sale include any or all medical equipment, furniture, fittings, filing cabinets, systems, etc.?
When included, some assurance may be required in terms of the age of the equipment, guarantees and warranties, etc. or the usefulness or applicability of systems and software. Sales and maintenance records may be required in order to ensure the fruitful future use of such equipment. Licences for, for example, software packages may be required to be transferred or renewed, and the costs of those have to be disclosed and discussed.

**GOING CONCERN**

If a business changes owners, the Labour Relations Act stipulates that such a business has to be sold as a going concern and that all staff have to be taken over as employees by the new owner. All rights and liabilities are transferred to the new employer. This means that current staff arrangements and policies must be considered as part of an evaluation of the possible purchase of the practice. An evaluation of disciplinary action taken should provide an assessment of the risks that could be involved in possible legal action by aggrieved employees, as the new employer takes over such liabilities.

An agreement must be reached between the buyer and seller in relation to accrued leave, severance pay and any other payments or benefits, such as pension or provident fund entitlements, but both old and new employer are held jointly and severally liable to make such payments if resulting from retrenchment or the employer’s liquidation or sequestration, unless the old employer is able to show that they have complied with the provisions of the law.

The old and new employer are jointly and severally liable in respect of any claim concerning any term or condition of employment that arose prior to the transfer.

**DEALING WITH PATIENTS AND PATIENT RECORDS**

Agreement must be reached as to communications to patients prior to the transfer or the business. If patients and patient numbers formed part of the goodwill that was incorporated into the selling price, the old practice owner should not take patients, or patient records, with him/her.

After transfer has taken place, the new practice owner should inform patients of this fact, and any financial or other arrangements (such as hours of business), special interests or even general healthcare information which could relate to services rendered at the practice. This type of communication may however only go out to existing patients of the practice, and may not be communicated to the public at large.

When patients wish to leave the practice, they are entitled to copies of their records. The practice may also adopt a policy whereby records of patients who have not visited the practice within, for example, three or five years be archived. Should any medico-legal issue arise, the absence of medical records, pertaining to either a previous practice owner or a current owner could create difficulties in proving that due care was taken in a particular case. The HPCSA also issues guidelines from time to time on record-keeping that should be adhered to.

**CONSIDERATIONS OF WHAT THE FUTURE MAY HOLD**

A practice that relies heavily on technology may find that the envisaged medical device regulations may impose restrictions on the use, licensing and monitoring of equipment, as well as on the ownership of such equipment or the business deals relating to such equipment. Expert advice should be sought if the practice to be bought relies on such technologies, or on currently unregistered treatments or remedies, which are all aimed to be subject to regulation in the near future.

As South Africa is moving into broadening health insurance cover, possibly through a system of National Health Insurance, changes in the healthcare environment must be considered when buying a practice. For example, if the practice relies on medical scheme patients and the cover provided by certain types of medical scheme options, the future of such schemes and options influence the prospective growth of the practice.

Development plans of municipalities may similarly affect growth prospects, e.g. the building of a new road, shopping centre or taxi rank, as would the bringing-into-operation of the CON.

**LAST WORD...**

In the final analysis, buying or selling a medical practice goes beyond the advertisements one often sees in medical journals. A comprehensive financial, legal and compliance, market and human resource analysis is required.

Also remember that offers to purchase are contracts like any other, and should be entered into with the same caution as the actual contract of sale.

Elsabe Klinck, Benguela Health Group
www.benguelahealth.com

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buying or selling a medical practice KEY FEATURE
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 chemical peels and how they have developed over the centuries.

This timeline shows the evolving of chemical peels over the centuries. Physicians have experienced and studied various types of formulas for improving the skin over the years. Most of these experiences unfortunately had devastating results. This has caused many patients and physicians to fear chemical peels going into the deeper skin levels.

But, thanks to all these experiments over the years, we now understand chemical peels and their effects on the skin. Peels and the research behind them have developed into such detail that there are various formulas for various skin types and indications. The latest being the combination peels where multiple agents are used to obtain benefits from each of them.
WHAT HAS PAST CHEMICAL PEEL 'EXPERIMENTS' TAUGHT US?
- Regular superficial peels are safe and effective for melasma.
- TCA higher than 35% has a too high risk of postinflammatory hyperpigmentation.
- Too high % of Phenol causes hypo-pigmentation and has a scarring risk
- Each peeling ingredient has its own benefits and risks. Combining them in low percentages gives optimal results and reduced risks.
- Prepeeling depigmenting protocol combined with postpeeling depigmenting protocol and sun avoidance significantly reduces the risk of postinflammatory hyperpigmentation.
- Pretreatment with topical tretinoin enhances epidermal healing after a peel.
- Experience and research has determined each peel ingredients individual peeling depth into the skin. This ensures accurate peel selection according to the skin indication for treatment.

PAST PEELING MISTAKES THAT OCCUR LESS NOW

1. POST-INFLAMMATORY HYPERPIGMENTATION
   This is a common side effect when too high concentration of peel is used especially on skin types III and higher. Now, practitioners realise that with a conservative and slow progressing peel regimen in darker skin types, results are optimal without the risk of hyperpigmentation. Pre- and post-treatment depigmenting regimes also further eliminate this risk.

2. HYPOPIGMENTATION
   Hypopigmentation occurs when the peel formulation penetrated too deep into the skin. This risk is especially possible with too high percentage phenol containing peels. New deep peel formulations has reduced this risk tremendously. Doctors therefore need to be cautious when formulating their own peels because their formula is not tested as the laboratory formulated ones.

3. SCARRING
   Scarring also occurs when the peel formulation penetrated too deep into the skin. This risk is especially possible with too high percentage phenol containing peels. This risk can be eliminated with correct and tested formulations as well as knowing the different levels of frosting that occur during peeling. Doctors should observe the skin continuously during the peel to ensure the frosting level does not become too deep.

WHAT DID THEY ACHIEVE WITH THESE ANCIENT PEELS?
- The noble Egyptians who bathed in sour milk actually performed full body lactic acid peels. Lactic acid is a superficial peeling agent that improves cell turnover and has a significant moisturizing effect.
- In the middle ages where they used old wine for skin rejuvenation, they were performing an anti-oxidant rich superficial peel that improves skin tone and texture.
- The Turkish experiment with fire was a bit devastating, but probably obtained significant skin tightening (with unsightly scarring!). Nowadays, we have advanced devices controlling the heat to tighten skin but without scarring.
- Then the peels started evolving after the German dermatologist defined various peel ingredients and their results of use on the skin.

LESSONS WE HAVE LEARNT
- Evaluate your patient’s skin type and indications accurately to ensure correct peel selection
- Stick to well researched formulations instead of formulating your own mixtures.
- Pre- and post treatment protocols remain important to obtain results and minimize side effects.
- Be cautious in darker skin types by starting conservatively (superficial peels) and progressing slowly with peel depth.
- Follow up evaluation of patients to identify postinflammatory hyperpigmentation early will ensure effective treatment of this side effect.
01 UPGRADEABLE AND EASY TO USE
The new M22 tabletop modular platform from Lumenis features IPL and an Nd:YAG laser with the company’s proprietary Optimal Pulse Technology (OPT) and Multiple-Sequential Pulsing. The easy-to-install unit comes out of the box ready for treatments and offers multilingual capability, a user-friendly touchscreen and hundreds of presets. The M22 enables permanent hair reduction for darker skin types, and vascular and pigmented lesion treatments. “The M22 delivers everything you’d expect from a multi-application platform, but it takes performance to the next level with accuracy, simplicity and expediency,” said Matthew Knight, MD, Knight Dermatology Institute, Orlando, Florida. “And it’s set up for expansion, allowing for the treatment of multiple skin conditions with one device.” Contact 877.586.3647, lumenis.com

02 FROWN LINE REDUCER
Ionzyme Focus Frown Serum from Environ works to reduce and prevent fine lines on the forehead and periobital region with a cocktail of three wrinkle-reducing peptides. Argireline, the “Botox” peptide, softens muscle activity to reduce the depth of wrinkles caused by muscle contraction; Leuphasyl complements the affects of argireline by helping to block muscle contraction; and Violox, a pentapeptide, makes muscles less responsive to nerve impulses. Contact: 877.337.6227, dermaconcepts.com.

03 C LINE EXPANSION
Obagi Medical Products has expanded its Obagi-C Rx System to include two new products. C-Balancing Toner helps to balance the pH of the skin, cleanse and prepare skin for optimal penetration of products. C-Clarifying Serum for normal to oily skin combines 10% L-ascorbic acid with 4% hydroquinone to reduce melanocyte activity for a more even skin tone and improved skin radiance. Contact: 800.636.7546, obagi.com.

04 AFFORDABLE 3D IMAGING
Canfield Imaging Systems introduces the VECTRA M3, a compact and cost effective 3D imaging system for aesthetic practices. The VECTRA M3 captures high resolution images to create three-dimensional simulations of the face, neck and décolletage. The system includes Canfield’s FaceSculptor software that simulates the outcomes of rhinoplasty, injectables and resurfacing, and Mirror medical imaging software for image management and integration with practice management systems. System purchase includes hardware, software, installation and training. “3D imaging has become the de facto standard for aesthetic medicine, and the attractively priced, high performance VECTRA M3 puts this technology within reach of any practice,” said Doug Canfield, president of Canfield Imaging Systems. Contact: 800.815.4330, canfieldsci.com.
05 SCITON’S CLEARSCAN ALX represents the next generation in Alexandrite lasers for permanent hair reduction which provides maximum comfort for patients without compromising efficacy or speed.

Building on their large area pattern generator technology, ClearScan ALX provides rapid treatment through a high speed scanner in a non-sequential delivery for precise, uniform coverage, and comfortable hair reduction with continuous contact cooling.

ClearScan ALX is designed for the practitioner to comfortably treat a patient in record time, all while maintaining efficacy. In combination with Sciton’s other hair removal and skin rejuvenation products, Sciton offers the most complete and highest quality aesthetic laser solutions available.

Zoë C. Beh, International Marketing Manager, Sciton, Inc.
E: zoe.beh@sciton.com

06 TRINITI PROTOCOL COMBINATION TREATMENT

Total facial renewal in three steps of same day treatment using Syneron’s eMax system. Step One Renew – Colour Correction with the SR or SRA applicators: pigmentation, sun spots, acne scars, vascular lesions. Step Two Refirme – Firming and Tightening with the ST applicator: Wrinkle reduction together with tightening and contraction of lax skin zones. Step Three Fractional Remodeling with the Matrix IR Applicator: Fractional non ablative deep wrinkle treatment. The above treatment of 60 minutes offers unparallel non ablative clinical results. Three treatments | Same day | Highly effective | Proven patient satisfaction | Excellent patient compliance | Saves time for doctor and patient. Contact Radiant Healthcare for more information. Office: 011-794-8252
Jacques 082-829-9300 Melissa 082-306-5138,
Email: sales@radianthealth.co.za, Website: www.radianthealth.co.za

07 New affordable and efficient solution to pulsed fractional skin resurfacing needs - acupulse fractional CO2. Hitech Lasers introduces the ACUPULSE FRACTIONAL CO2 LASER SYSTEM. AcuPulse Fractional CO2 Laser System is Lumenis’ latest fractional, ablative CO2 solution. This FDA cleared system offers less thermal damage per treatment spot than standard continuous wave lasers and is a mid-priced device for the treatment of wrinkles, skin dyschromias and certain types of scars. AcuPulse™ gives physicians an affordable and efficient solution to their Pulsed Fractional Skin Resurfacing needs. AcuPulse™, with SuperPulse® capability, provides the lowest level of thermal damage with the same precision scanning technology already proven by its “big brother”, the UltraPulse®. The AcuPulse scanner provides the same spot size and variability in the size, shape and density of the patterns of Lumenis’ UltraPulse Deep FX. With ablative fractional laser treatments patients are offered significant wrinkle resolution and tissue tightening with minimal downtime lasting only 4-7 days.

Contact: Hitech Lasers 012 349 1250 or 082 5753755
www.hitechlasers.co.za
INTRODUCTIONS

08 FIRST BREATHABLE CAMOUFLAGE POST-PROCEDURE MAKE-UP IN SA

Developed exclusively for the professional skincare community, Lycogel’s Breathable Camouflage and Breathable Concealer is now available in South Africa. The first breathable colour corrective treatment that combines cosmetic and skincare technology to promote post-procedure healing, Lycogel may be applied to the skin immediately after most cosmetic procedures. 1a,b,c

Not only does Lycogel soothe and help rejuvenate sensitive skin 1a, it also effectively camouflages the after-effects of cosmetic procedures such as Fractional Laser Skin Resurfacing, Laser Skin Peels, plastic surgery, cosmetic injections and tattoo removal. 2a

Lycogel’s revolutionary and unique technology, however, combines a breathable Triple Silica Gel Base with a carefully-balanced set of bio-active agents that work synergistically to improve the skin. 1e Non-comedogenic and hypo-allergenic, 2b Lycogel increases collagen and elastin synthesis, 2c,d whilst also reducing trans-epidermal water loss. 2e

Lycogel’s Breathable Camouflage and Breathable Concealer is available in 10 different shades. 2i,j For additional information please contact Helena Westwood at Genop Healthcare. Telephone: 011 545-6600 or email: Helena@genophc.co.za

09 COAX CRF – CAVITATIONAL RADIOFREQUENCY

The Coax CRF device is a state-of-the-art RF heating and cavitational source for aesthetic and cosmetic applications. The Coax CRF consists of a 350 watt Radiofrequency generator that operates in a frequency of 0.5-1 MHz range and a low frequency wave generator that operates in a frequency of 40 - 50 KhHz.

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.

Benefits of Reform: Face & body treatment, Cellulite treatment - active, Reduction of fatty areas, Monopolar Radio Frequency, Lymph drainage, Vacuum Cryo action, Fully transportable
10 FRACTIONALISE YOUR PRESENT CO² OR ERBIUM LASER

Alma Lasers has released a Pixel Omniffit which is the perfect solution for any practice with an existing CO² / Erbium system looking to offer fractional laser treatments. The Pixel Omniffit hand piece combines the proven effectiveness of an ablative approach with a level of patient comfort and convenience that approaches a non-ablative solution.

**Pixel Omniffit offers:** Your choice of 7x7 or 9x9 pixel array, Pixel perfect skin revitazation, Significant reduced downtime, compared to traditional resurfacing.

Contact: Best Lasers, 012 998-9844, info@bestlasers.co.za

11 REFORM

Shape your body with no surgery. Reform actively fights cellulite and localized fatty areas in a simple and safe way, guaranteeing the maximum effectiveness and safety, for a shaped up body.

Reform’s active technology is cavitation, which brings results very close to liposuction’s and works by delivering low frequency ultrasounds, which create small bubbles, designed to destroy fat cells. Waste materials, such as toxins, cholesterol and fatty acids, are then eliminated by the body through the lymphatic system. Coax CRF received the CE mark approval. It carries out according to UNI EN ISO 9001 regulations.

**Benefits of Reform:** Cavitation - destroys fat cells, Reduction of localized fatty areas, Body reshaping, Reduction of orange peel-looking skin, Strong liquids drainage.

12 GALDERMA CETAPHIL SNIPPET

As one of the world’s leading dermatological therapy brands, Cetaphil® emerged as brand of choice for many. Application of well-formulated moisturisers can modify the physical and chemical properties of the surface of the skin, leaving the skin smooth and hydrated. New Cetaphil® DailyAdvance™ Ultra Hydrating Lotion’s formulation is designed to soothe and protect very dry skin and is clinically proven to significantly improve skin barrier function. Cetaphil® DailyAdvance™ Ultra Hydration Lotion contains 5 key ingredients to provide 24-hour long lasting moisturization for very dry skin. Clinical trials have shown that it will moisturise the skin for 24 hours after a single application providing lasting relief.

Cetaphil® DailyAdvance™ Ultra Hydration Lotion is a high tolerance fragrance-free, non-sensitizing and non-comedogenic formulation, which makes it suitable for all patients with very dry sensitive skin. Product Information and references available on request.

Galderma Laboratories South Africa (Pty) Ltd. PO Box 71150, Bryanston, 2021, Tel: 011 706 2339. www.galderma.com
PRODUCT REVIEWS

01 ADVANCED FLUORESCENT TECHNOLOGY
Alma lasers has implemented its state of the art technology, namely Advanced Fluorescent Technology (AFT) and In Motion (virtually pain free) Technology into the Spa SHR device. The Spa SHR is a platform that is used the treatment of:
Unwanted body hair
Skin rejuvenation
Skin tightening
Active acne
Contact: Best Lasers, 012 998-9844
info@bestlasers.co.za

02 SCITON’S CONTOUR™ dual-mode 2940 Er:YAG
is used frequently to perform the Micro-LaserPeel® (MLP) procedure, which removes the top skin layer treats mild wrinkles, scars, keratoses, and dyspigmentation. The mid to deep epidermal peel (10 to 50 microns in one pass) requires only topical anesthesia and patients can return to work in three to four days.
As the skin heals, fresh cells grow and resurface the treated area. The result is healthier-looking skin, often with reduced wrinkles and improved color evenness. Patients often say that it looks like their skin went from looking tired to vibrant.

03 SYNERON’S LIPOLITE 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. Featuring SelectPulse™ for precise control of both the pulse energy and repetition rate, Lipolite gives you the flexibility you need to treat even stubborn areas. Its compact size allows for easy integration into any treatment environment.
Contact Radiant Healthcare Office 011-794-8252
Jacques 082-829-9300 | Melissa 082-306-5138
sales@radianthealth.co.za | www.radianthealth.co.za
The Harmony XL is the world's most versatile and expandable platform for aesthetic laser and light treatments. Its modular design provides your practice multiple distinct cosmetic solutions all built into one compact unit. With Harmony XL, you can purchase only the handpieces you require today and add new technologies as your practice grows.

Over 60 different clinical and aesthetic applications

The Harmony XL gives you ultimate flexibility to treat a wide variety of patient-requested procedures. The system’s modular handpieces are designed to deliver effective and reliable results with minimal to no patient discomfort and downtime.

No single device will do more than the Harmony XL to expand your aesthetic treatment offerings and help grow your practice revenue.

* Ten distinct technologies, with many integrated contact cooling
* 60 + aesthetic/medical applications
* High output energy for greater efficacy
* Expandable and upgradeable
* Easily transportable from room to room and between facilities
* Offers Alma’s exclusive patient-preferred treatments of Laser360™, Pain-Free, Hair-Free™ and Pixel Perfect™.
* Customised to fit your practice
* Affordable with a high return on investment
* IN-Motion™ Technology
The relative safety and ease of performing liposuction explains it becoming the most common aesthetic procedure worldwide for excess fat removal. Tumescent liposuction proved a major advantage to dry liposuction by reducing complications and conveying better aesthetic results.\(^\text{(1,2)}\) Mechanical liposuction presents several limitations: e.g., it is time consuming and affords insufficient skin tightening. Also, local complications i.e., infection, fat or blood clot embolism, excessive fluid loss, hemorrhage, and damage to skin or nerves may occur.\(^\text{(1)}\)

More recently, various energy-assisted systems have been added to the myriad of liposuction technologies available to physicians to serve the growing body contouring market. The newer devices include Ultrasound Assisted Liposuction (UAL), Laser Assisted Liposuction (LAL) and finally the newest and most versatile member of the family, Radio Frequency Assisted Liposuction (RFAL).\(^\text{(3)}\)

**ULTRASOUND LIPOPLASTY**

Ultrasound Lipoplasty employs mechanical and acoustic forces to emulsify fat within the target area. The tumescent fluid infused throughout the target area, contains small gas bubbles in the order of 5 – 10 microns. As the fluid is infused, the microbubbles become dispersed throughout the tissue matrix. Due to the relatively loose packing of adipose tissue, the tumescent fluid surrounds the fat cells, allowing gas bubbles to infiltrate between the fat cells.\(^\text{(4,5)}\)

Through cavitation, the Ultrasound pressure waves produce high and low pressure resulting in a push/pull force on dispersed gas microbubbles affording in and out diffusion of gas in the microbubbles. The expanding microbubbles act as a wedge between fat cells dislodging cells from adipose matrix.

This effect can also be achieved by a vibrating cannula, which is much cheaper. In fact, in certain areas e.g., upper abdomen, upper part of leg, down to knees or lower part of upper arm, Ultrasound and microair systems are less satisfactory. The tissue contraction of Ultrasound is limited.\(^\text{(6)}\) Thermal effect by Ultrasound cannot be controlled and side effects like burns can occur.

**LASER LIPOLYSIS**

Laser lipolysis was first developed in Europe and South America in the 1990’s. LAL is based on manual coverage of the subcutaneous treatment volume with optical fiber delivering laser radiation through a very small area fiberoptic diameter 600 micron. Recently LAL has received a lot of media attention and gained strong physician popularity in cosmetic surgery.\(^\text{(7 – 10)}\) The main reason for
the surge in popularity is the expectation and proposition of a gentler contouring procedure and skin tightening improvement as result of laser thermal effect on collagen and connective tissue (11). Also cited are reduced bruising, minimal blood loss and skin tightening. However negative effects may include cautzerization of viable fat cells and lack of purported tissue specific activity. The main limitation is relatively long treatment time and focal burns. (12)

All of these techniques are not precise, as there is no closed-loop system to monitor power delivered, impedance and total or uniformity of energy delivered. (8)

**RADIOFREQUENCY ASSISTED**

Recently radio frequency assisted liposuction was demonstrated (13) consisting of a directional RF energy from an internal electrode inside the fat layer to the outside skin surface electrode. See fig bellow

The internal electrode also acts concurrently as the aspirating canula i.e. all in one one stage procedure unlike the two stage LAL.

Paul and Mulholland (12) have shown the technique to be 4 x faster than LAL. The system, BodyTite TM, has a unique built in temperature safety control monitored by the external electrode i.e. feedback control.

**UNIFORM TEMPERATURE DISTRIBUTION**

Thermal images showed that LAL thermal distribution is not uniform and is concentrated in “hot spots” as apposed to twice the uniform temperature distribution wit RF liposuction. (12)

**FAT NECROSIS**

From histological images of fat from control biopsy and post treatment zones it is seen that PAL creates channels in the adipose tissue with strong bleeding. In RFAL the channel is free of blood and strong fat cell membrane defragmentation is absorbed.

**BLOOD VESSEL COAGULATION**

Histological analysis of blood vessels on the RFAL treated zones showed coagulation of small and medium sized blood vessels, where as the subdermal plexus vessels were not damaged. (12)

**COLLAGEN TISSUE AND SKIN CONTRACTION**

Histological observation show significant changes in the structure of connective tissue (12). It appears that a powerful contraction and retraction of the entire subcutaneous fibrons and dermal matrix occurs after RFAL stimulation leading to significant three dimensional soft tissue contraction and contours. (12)

The closed-loop feedback system provides save application of pre-set energy, skin temperature and impedance limits.

**TREATMENT SAFETY**

In the 20 patients, with 40 lipoplasty zones, no complication or any long lasting negative side effects were observed for any patients. All patients experienced minimal pain, swelling and ecchymosis. (12)

**CONCLUSION**

The RFAL is considered safe and affording significant skin tightening, reduced bleeding and bruising, minimal pain or swelling. (11,12)

The main advantages:

1. The ability to heat quickly and uniformly a significant volume of tissues with the effects of coagulation of blood vessels, dissolving of fat (lipolysis), and tightening of the skin by controlled subdermal heating; and,

2. The ability to control tissue heating via the direct monitoring of temperature and tissue impedance on a userfriendly, touch screen-based, narrowfootprint computer device.

**REFERENCES**


For more information on this device contact Technolase cc 012 349 1750 or technola@mweb.co.za
01 TOP 10 AESTHETIC PRACTICE BUSINESS TIPS

Based on its experience, aesthetic medical practice and medspa consulting firm Acara (acaramedspas.com) has released its Top 10 business tips for cosmetic practices and medspas. “This list represents the tactics that have the most impact in the shortest amount of time,” said Francis X. Acunzo, CEO and founder of Acara.

Follow Up Consistently follow up with leads, unclosed consults and existing patients. Top aesthetic practices are very good at managing their sales pipelines.

Stick to the Plan Develop and implement a bi-monthly marketing plan with a budget.

Capture All Leads Train your receptionist to document the name, phone number and email address of each individual who calls to inquire about your services, and ask, “How did you hear about us?”

Set Goals Establish yearly and monthly sales and operating goals, and then track them through your financial statements with budget comparisons.

Hold Monthly Events Hold monthly educational seminars that are open to the public either at your location or, if you expect a crowd, off-site.

Maximize Your Website Search Engine Optimize (SEO) your website and make sure the site includes your phone number on every page, a lead generation form, patient testimonials and before-and-after images.

Staff to Market Demand Staff your business according the busiest days of the week and times of day.

Distribute Online SEO-Optimized Press Releases Write, search engine optimize and distribute an online press release each month.

Market with R&R Implement a repeat and referral program for patients.

Prioritize Your Business Decisions Before you launch a new venture, ask yourself, “Will this make money for the practice and increase patient satisfaction?” If you answer yes to both, make it a high priority. If you answer yes to only one part, make it a lower priority. If you answer no to both, stop and do not allocate any company resources.

02 HOME CARE COMPLIANCE HELP

Proper compliance with homecare regimens can help to improve both the results and the longevity of in-office treatments. In the case of chronic skin disorders, proper home care may also allow patients to enjoy a better quality of life. Nonetheless, patient compliance continues to be a challenge for most practitioners. To help both physicians and patients stay on top of prescribed homecare regimens, PCA SKIN offers the daily regimen pad. The pad includes a take home form that clearly indicates what products the patient is to use, how to use them and when to use them. The forms offer an easy-to-use format plus a carbon copy for the patient’s file. For more information contact 877.722.7546, pcaskin.com

03 NEW RESOURCE ON BODY CONTOURING

Body Contouring, the latest addition to the Procedures in Cosmetic Dermatology series edited by Jeffrey S. Dover, MD, offers a wealth of information on the latest fat and cellulite reduction techniques and technologies. Chapters include: the history of body sculpting and cellulite treatments; pathophysiology of skin laxity and cellulite; anatomy and physiology of adipose tissue and cellulite; identifying appropriate candidates for body sculpting and skin tightening; management of complications; and the latest body contouring technologies, including laser lipolysis and focused ultrasound. In addition, international contributions equip physicians to master the newest approaches from around the world. The book also offers a bonus DVD of key body contouring techniques performed by authors Bruce E. Katz, MD, and Neil S. Sadick, M.D. Body Contouring, is available at us.elsevierhealth.com.
04 SCIENCE LOG

Three new hyaluronic acid dermal fillers formulated with lidocaine have been approved by the FDA for the correction of moderate to severe facial wrinkles and folds: Allergan’s Juvederm-XC, a smooth consistency HA dermal filler; Restylane-L from Medicis for implantation in the mid to deep dermis; and Perlane-L, also from Medicis, for implantation in the deep dermis to superficial subcutis.

... A comparative study of wavelengths for laser lipolysis conducted by members of Osyris Medical and published in the journal of Photomedicine and Laser Surgery found that “the penetration depth of wavelengths between 900nm and 1320nm are largely similar, around 1.5mm. The only minor difference is at 1440nm, which is more absorbed by subcutaneous fat,” said authors Benjamin Wassmer, et al.

... Excaliard Pharmaceuticals has announced the initiation of three proof of concept Phase 2 trials of EXC 001, an antisense medicine that reduces fibrosis for the amelioration of skin scarring. The U.S.-based, multicenter trials will test the efficacy, safety and tolerability of EXC 001 in subjects undergoing elective abdominoplasty surgery and breast surgery-associated scar revision.

05 EFFECTIVE DELEGATION

No manager or owner can handle every detail himself, but effective delegation does require forethought and planning. To help practice leaders delegate more effectively, PBP Executive Reports offers five questions to help you determine whether to delegate a task or continue to handle it yourself.

1. Is there someone who you believe has what it takes to handle this task in terms of background, expertise and access to information? Absent that, is there someone you can get up to speed quickly to take over the job?
2. Does the task provide an opportunity to grow and develop another person’s skills, or are you just foisting an unpleasant task on someone else?
3. Is this a task that is likely to come up again so that you’ll get multiple payoffs if you invest time in training now?
4. Do you have enough time for training, feedback and a possible redo to delegate this task effectively?
5. Using your instincts, ask yourself, is this a task I should delegate?

06 SOPRANO XL 810MM diode laser is the solution to eliminate any unwanted body hair. The Soprano is a revolutionary diode laser system for permanent hair reduction and also skin tightening. It is the world’s first hair removal system that is virtually painless. The reason it is virtually pain free is because Alma has developed an in motion technology that means that one does not need to keep the hand piece in a stationary position, but move it around in a circular motion which will also minimize the chance of missing a hair and also speeds up the procedure. Conventional lasers use a “high peak power”, but the “in motion” technique uses a “high average power” and the cumulative energy is important. But if you like the traditional method you now have the choice between the two. The Soprano can treat all skin types even tanned skin. The size of the tip is a 12x10mm spot and up to 10Hz. There are no disposable tips on the Soprano. In addition, the new skin-tightening module can further expand your aesthetic offering by tightening and re-contouring loose skin. Its another in demand application for today’s aesthetic minded consumer. Contact: Best Lasers: 012 998-9844, info@bestlasers.co.za
DMK Cosmetics has launched the first-ever high-definition make-up range to be made available in South Africa.

The brainchild of Dr Danne Montague-King, the founder of DMK Skin Revision, these products are based on the same sound science that informs DMK’s well-known and much respected para-medical range. They have already been extremely well received by the USA’s entertainment industry - but it’s not only movie stars who can benefit from these unique products.
A unique range of HIGH-DEFINITION MAKE-UP makes its South African debut

“Age doesn’t matter; looking good does,” says Dr Montague-King, who has more than 30 years of experience in helping people look better and thus feel better about themselves. This is something he is passionate about – and he has made it his life’s work.

The range currently comprises a comprehensive range of foundation creams – and will be expanded to include lipsticks and eye shadows in future. Dr Montague-King explains further. “I feel confident in saying that we have created the best high-definition make-up in the world – and that’s a great feeling. It lasts for more than 12 hours without turning greasy, allowing the skin to look perfectly natural, even in broad daylight. It’s the first make-up to deliver that. Comparing this range to what else is available – even from top brands – is like comparing Avatar to Star Wars! I haven’t felt this excited and galvanised about something for a very long time.”

The creams contain a special blend of silicones, combined with 53% pigment and a few occlusive ingredients. “They offer complete coverage, allowing skin to appear completely normal, even in the presence of bruising and swelling,” continues Dr Montague-King. “Doctors now have an answer for their patients with rosacea, vitiligo, acne or port wine stains who ask, ‘What make-up can I wear?’

“Because as a company we think both medically and remedially, the creams also contain a remarkable antibacterial preservative called Biocence, invented by biochemist, Allyn Lord. “It’s a wholly natural substance, which kills all bacteria and fungi, and is even used in hospitals. My team and I decided to include it in our make-up range as a subliminal or top-up treatment. We thought, ‘Why not?’ An acne patient using the products not only looks good, but at the same time is actually being treated for their condition as the creams kill bacteria on the skin.”

DMK has always been a very medical-centric company and Dr Montague-King feels strongly about the importance of good science and his responsibility to customers and patients. “There is a strong link between medicine and cosmetics. The ‘para-medical’ (i.e. adjunctive or assistant to medicine) aspect is something we take very seriously – and have done for more than 35 years. We did a lot of sound research into skin revision, which is a complex area, and have invested time and money to get things right. It’s not just a matter of slapping an M.D’s endorsement onto a product and deluding the public into thinking that an ordinary cosmetic is somehow extraordinary; this is, sadly, a common occurrence in the USA.”

Neither can one or two ‘miracle’ products or therapies, randomly applied, address all the potential abnormalities and dysfunction of skin – a holistic approach guided by a qualified skin revision therapist is needed and it is important for doctors and therapists to maintain their skills with ongoing education, another area that DMK places great emphasis on.

“Products are just tools,” says Dr Montague-King. “One also needs to take into account diagnosis, chemistry, anatomy, histology, skin structure, cause and effect. Taking the skin back from where it is to where it’s supposed to be takes time. The good news is that the body is predisposed to the process.”

He has some controversial opinions about much of what goes on in contemporary aesthetic medicine, including some of the terminology bandied about. He is dismissive of the term ‘cosmeceutical’, which he feels is a false buzzword meaning nothing. (He had sharp words for a radio interviewer who once introduced him on air as ‘the godfather of cosmeceuticals’.) Similarly, he laments the widespread use of the term ‘anti-ageing’ as highly misleading.

“Everyone ages – that’s just a fact. We prefer to use the term ‘age management’; properly done, it allows you to look the best you can for the age you are.”

DMK has an obligation to doctors and therapists everywhere, Dr Montague-King believes. “This means giving them the best tools, along with the best mindset and education to optimise their efforts.” His parting words: “Don’t just throw machines and products at patients without thought.”

Peter Wagenaar
EVERYTHING YOU WANTED TO KNOW ABOUT

ENZYMES

BUT WERE AFRAID TO ASK

My readers have questioned my many references to enzyme treatments over the years. Many assume I am talking about a specific product and several have queried where do I get these products? Actually I was not referring to any one product but treatments involving one of nature’s phenomenons. So, here at last I will explain what I have meant all these years when I write about enzymes.

If there were extraterrestrial beings who, coming to the planet earth approached some of our top scientists to describe the human body at its fundamental level, the scientist would have to truthfully say “We are nothing more than a bag of fluids, proteins and amino acids, orchestrated by enzymes and held together by electromagnetic energy!”

It is surprising to me that science has identified less than 2000 enzymes that control every molecular aspect of our bodies, I am convinced there are many more. It is not surprising to me that enzymes play an important role in the treatment of the disorders of the skin. It is a series of enzymatic activities that maintain the skin at its healthiest in the first place.

WHAT IS AN ENZYME?

Enzymes are nature’s biological catalysts. It was commonly believed by skin therapists and even physicians for many years that enzymes were not suitable for real skin therapy because they were huge, protein molecules--too big to penetrate the skin. The fact is enzymes are not proteins any more than a light bulb is electricity. Skin therapy enzymes use proteins formed in plants and some animal cells to act as organic catalysts in initiating or speeding up specific chemical reactions.

HOW DOES AN ENZYME WORK?

Research shows that enzymes combine temporarily with a reacting molecule. Mutual contact and interaction of surrounding molecules is then no longer a matter of chance but a matter of certainty. Hence a faster reaction or result. As an example, when the body breaks down a carbohydrate, the energy used to hold the carbohydrate is released and immediately used or stored in the body. This is called “metabolism.” Metabolism is divided into two functions: anabolism (for synthesis of cell material) and catabolism (for the decomposition of cell material).

These reactions would be very slow unless assisted by proteins orchestrated by enzymes. Without enzymes the entire concept of metabolic function would be lost. Enzymes actually work by joining to the substrate (reactant) to form an enzyme-substrate complex and then produce the products of the reaction. The enzyme itself never changes and is not used up in this reaction but is released for repeated use. Think of an enzyme as a space station in outer space. Around this station could be many different types of space ships flying at random, not interacting with each other at all thus accomplishing no missions. Each space station has a docking port for a SPECIFIC style of space ship. If the ship docks in its own port and another ship lands in its correct place on the space station—they’re held in “stasis” and can interact with each other and then things happen. This is how an enzyme works.

ENZYMES AND SKIN REVISION TREATMENTS:

There are many enzyme and coenzyme (vitamin) activities in the skin that regulate its normal functions. For example, the enzyme collagenase helps to regulate the synthesis of collagen fibers. If collagenase is destroyed by invasion of an aggressive treatment-such as the drug Ro-Acutane or severe laser skin resurfacing normally given to acne patients, the collagen fibers rush to any source of trauma to the skin such as laser resurfacing or acid peels. The result may be a keloid or hypertrophic scar. This is one of the reasons the old time; phenol acid or trichloracetic acid peels left the patient’s skin looking plastic or waxy. The NORMAL proliferation of collagen fibers was accelerated and rushed to the surface in an effort to participate in repair and re-modeling of the skin too quickly.

However, there are many enzymes that can be applied topically to the skin that are extremely beneficial. They can assist in removing the build up of dead skin cells, often misdiagnosed as “dry skin” that manifest in superficial wrinkles. Enzymes can also release gases, impurities and other effluvia from the skin as well. This type of treatment can actually result in a younger and tighter skin. It is not a case of “how many enzymes are used in formulation” to accomplish this, but the stimulation of enzyme activity in the skin itself. If the
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rebuilding skin, rebuilding lives
correct formulations of enzymes are applied to the skin, hydrolysis of the dead cells and the impurities burdening the living cells begins in about twenty minutes.

TOPICALLY APPLIED ENZYMES

We have found that enzymes are categorized into several groups. Some dissolve dead protein; others digest starches and excess glucose. Still others help to break up solidified oils in the shunts or openings of the skin. A special enzyme, transferase, can send messages across cell membranes. This is called Transcription

In this process, a strand of messenger RNA is synthesized according to the nitrogenous base code of DNA. The Enzyme RNA polymerase binds to one of the DNA molecules in the double helix. The other strand remains dormant. RNA moves along the DNA strand reading the nucleotides one by one. The enzyme selects complementary bases from available nucleotides and positions them in an mRNA molecule according to the principle of complimentary base pairing. The mRNA molecule then carries the genetic message to the cytoplasm for protein synthesis. This is vital information for all skin cells as well in an effort to keep them alive longer and healthier-while removing the burden of the dead cuticle.

TYPE OF FORMULATION USED

I have discovered over thirty-seven years ago that the best base to store inert, yet still living enzymes was in the zygote base Albumin. Albumin is from the inside membrane of egg shells and makes an ideal storage place for live enzymes who deactivate once exposed to aqueous fluids and air in about 45 to 60 minutes. Laboratory grade albumin however, must not be mistaken for ordinary raw egg white, often used in bygone era’s to refresh and tighten the skin (it doesn’t)

In addition I add lysozyme and Amylase. Amylase initiates the hydrolysis of glycoside linkages--part of the so-called “cellular glue” that helps bind dead cells to the underlying living cell stratum.

The starch-eating enzyme, Agrozyme, is also part of the formulation as well as Grozyme, Rapidase and Superclastase. These enzymes are used for the treatment of sewage and human waste products. These are especially vital in the treatment of acne skin conditions. Lipase is another “message carrying” enzyme that deals with lipids and fats in the skin and in addition to the above-mentioned enzymes I add the following components:

Aspartic Acid - a roborant strengthens the tissues.

Lysine - an amino acid improves protein quality in tissue and is one of the three amino acids necessary for collagen production.

Proline and Glycine - the other two amino acids in collagen production, are energized into action by vitamin C. Glycine is also anti-punctic (anti-itch) which is of great benefit to eczema type skin conditions.

Lecithin - rich in linoleic acid.

Copper Chlorophyll - promotes healing and phyto synthesis of any active botanical used in formulation.

Other enzyme treatments bring about a plasmatic action in the skin by dilating all of the peripheral capillaries. This brings about improved oxygen uptake from INSIDE the body. This increased oxygen is deposited in the correct amounts into the mitochondria, which requires oxygen for the production of sufficient ATP for anti-aging results. You can literally see this effect on the skin of the neck, face and decollate following an enzyme treatment. There is very little, if any, superficial erythema, but the capillaries stand out like a road map—proving the effects of the enzymes treatment goes deep enough for total dilation of the peripheral capillaries. This is true oxygen therapy as opposed to the dangers or lack of positive results from applying oxygen cremes (merely peroxide) or spraying the skin with compressed oxygen.

REVERSE OSMOSIS

Properly formulated an enzyme stimulating masque can create reverse osmosis deep within the epidermis. This in itself is probably the most stunning and miraculous effects of enzymatic therapy. Reverse osmosis is a high osmotic pressure IN the capillaries that pulls fluid from the extra-cellular-volume (ECV) into the veins This forces a large amount of effluvia and toxins from INSIDE the cell out through the cell wall, leaving a nice, clean, healthy matrix around the cell. This creates a fantastic environment for co-enzymes and antioxidants to flourish and ward off attacking free radicals and other inflammatory agents.

But like all other aspects of the body, there has to be balance to maintain the results of reverse osmosis (RO).

The negative pressure of RO has to have equal positive pressure as well. This is accomplished by the pulsing effect of an enzymatic masque. Pulsing creates a positive or est phase which allows the osmotic pressure to smooth out naturally. The smoothing out effect means that fluids are pulled from a place in the skins tissue that has a low osmotic pressure due to trauma or dermatitis to a higher reverse osmosis pressure/ The higher pressure, referred to in healthy skin as Hydrostatic (equilibrium of fluids). Normally we always have this hydrostatic status in our capillaries that are in the ECV outside the cell membrane. SO, all the nutrients we need for healthy skin go from our blood to the ECV. It is important to maintain this hydrostatic pressure during enzyme treatment to prevent the absorption of nutrients, immune stimulators and anti-inflammatory agents from going back into the blood too slowly. If the absorption is too slow, we end up with edema, too much heat and inflammation of the skin.

A good test to see if an effective enzyme masque treatment is really working is when the masque is removed after around 45 minutes. If the osmotic pressure is not balanced and the absorption of nutrients is too slow, the skin will be uniformly red and warm or hot feeling. This also means that the oxygen in the skin has not successfully reached the mitochondria making the treatment...
practically worthless. The best one could hope for in this case is that a few dead cells are lifted off the surface of the epidermis, which is usually a mechanical action of a paste masque after it is dried up. This would be compared to the old fashioned egg white masques of our ancestors.

On the other hand, if the enzymatic masque treatment IS properly formulated and performed, the test of success after it is removed is that rather than red skin, all the peripheral capillaries are sharply outlined on the client’s face and neck in various configurations (sort of like a road map) the skin should feel cool and firm to the touch, not hot or warm. This proves that equal osmotic pressure has been maintained and vital therapeutic activity has taken place in the deeper regions of the skin. Most patients are quite alarmed when they see this map on their skin for the first time, but the visible effects last only 20 minutes.

There has also been strong evidence from teachers of the Doctor Vodder Method of Lymph Drainage that this type of pulsing enzymatic treatment mocks the subtle and fine tuned movements of manual lymph drainage massage. Many doctors and therapists claim this to be true from their experiments and apply the enzymatic masques over all the focal areas of lymph nodes including the body.

**FACIAL MUSCLES AND ENZYMES**

The fragile, underlying facial muscles can be pumped up to a stronger level much as any muscle in the body can with exercise. However, facial exercises are tedious and require a religious daily routine to achieve and maintain results. Most patients will not devote the appropriate time to this type of a regimen. Electrical stimulation with the so-called face-lift machines offers only about a 20% result in muscle stimulation. Research of this modality has shown that treatment every day using specific micro-current results in the 20% muscle increase and has to be maintained nearly on a daily basis.

**VOLUNTARY contraction of facial muscles using enzyme treatments has a much more natural and lasting effect inasmuch as the muscles themselves are moving on their own accord against resistance. This is also known as isometric exercise. In a voluntary reaction of a muscle there is an asynchronous firing of motor neurons in a smooth contraction. The more units that are involved, the further increase of muscle force being achieved.

If you apply very strong enzyme masque “bands” to the skin from motor control point to motor control point, you can accomplish this voluntary action. Most facial, neck and decollate muscles are lateral, horizontal or vertical. These can be worked with predictable results. The oris occuli and oris obicularis (muscles of the mouth and eyes) however, should not be treated in this manner inasmuch as they are round and unpredictable as to the direction they may contract.

**THE MEAT EATING ENZYMES**

There are three crude enzymes commonly used in skin therapy for many years. Of all groups, these are the most aggressive as far as sensitizing the skin. These types of enzymes are also used in ordinary cooking in several countries under the label “Meat Tenderizers.” Once sprinkled on a tough, inexpensive piece of beef, they will soften the meat almost to the point of desquamation in a few hours. Likewise, if applied to the skin more than 15 minutes, they will irritate the skin and the mucous membranes of the mouth, nose and eyes. These are bromelain (pineapple source) papain (Papaya source) and pancreatin (hog belly source). I use these only in cases of very thick, greasy type skins that have a great deal of congestion and thick, dead cell build up.

Probably the best feature of enzyme therapy is that it has no real pH factor, either extremely acid or extremely alkaline. Therefore, contraindications must be more prevalent and/or severe. However, each enzyme in the skin and the body has an optimal range for their particular activity. A good example would be the enzyme pepsin. On its own, outside the body, pepsin has no radical pH factor. Yet its reactivity is engineered by nature to have maximal reactivity under extremely acid conditions. Likewise, most enzymes can be denatured quickly when placed into an extreme alkaline environment.

Enzymatic reactions occur within a narrow temperature range (normally from 30°C to 40°C). Being very complex biological molecules, each enzyme has its own reaction when confronted with aqueous solutions and temperature changes. Some of the crudest type enzymes speed up their action when applied to heated skin react powerfully in a short period of time and then denature quickly.

Other, more sophisticated enzymes react to the individuals skin temperature and adjust their activity accordingly.

Enzyme therapy formulation is not an easy process from the manufacturing level. It can be costly and time consuming in production. Numerous enzymes are required for efficient catalytic functions in the presence of atoms of small, non protein molecules. This includes ingredients that stimulate enzymes already present in the skin and coenzyme molecules, many of which are only transiently associated with primary enzymes.

Then there are the side-chain groups of amino acids residues that make up the enzyme molecule at or near the active site in the skin that requires a catalytic event.

All of these factors alone do not make true enzymatic therapy attractive to most manufacturers of skin treatment products.

For over 39 years I have depended upon the art of enzyme therapy as my primary form of skin revision and find its uses to be applicable in nearly every skin disorder or aging skin situation. If by some stroke of fate I was forced to relinquish all of the many tools we have at our disposal as professionals, and pick only one tool to keep, I would choose enzyme therapy.

By Dr Danné Montegue-King
Coax CRF is a patented technology that works combining Radiofrequency and Cavithetional High Frequency 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 cavithetional 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 celluitite 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 thought 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 cavitational 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.

For more information on this device contact Technolase cc 012 349 1750 or technola@mweb.co.za
01 PCIS ISSUES WARNING ON BUTTOCK INJECTIONS
Following the untimely death of former Miss Argentina Solange Magnano, the Physicians Coalition for Injectable Safety is cautioning both physicians and patients that the trend toward buttock augmentation and other large-volume body enhancing injections is alarming and potentially deadly. “Permanent fillers such as polymethylmethacrylate (PMMA), silicone and polyacrylimide used in augmenting buttocks, hips and even breasts can not only result in disfigurement but have resulted in death and serious injuries in both the United States and abroad,” said the PCIS in a released statement.

The coalition reminds physicians and consumers that autologous fat and FDA-approved gluteal implants are the only researched and accepted procedures for buttock augmentation.

02 PHOTOMEDEX AND GALDERMA TEAM UP FOR PDT
Photomedex and Galderma Laboratories have entered into a three-year agreement to co-promote Galderma’s photodynamic therapy application for the treatment of actinic keratoses. Under the agreement, the Photomedex sales force will promote Galderma’s Metvixia (methyl aminolevulinate 16.8%) Cream and Aktilite CL128 LED lamp to healthcare professionals. Galderma will provide marketing support and distribution.

03 MERZ ACQUIRES BIOFORM MEDICAL
Frankfurt, Germany-based Merz Pharma Group is continuing its foray into medical aesthetics with the purchase of San Mateo, California-based BioForm Medical. In January, Merz’s board of directors unanimously approved an agreement under which Merz will acquire all outstanding shares of BioForm Medical (makers of Radiesse) for $5.45 per share for a total equity value of approximately $253 million.

Read more about their latest long term frown control in the News Makers Section.

04 CYNOSURE EDUCATES END USERS
Cynosure, developer of the SmartLipo LaserBodySculpting procedure, has launched smartlipocynosure.com, a web portal designed for patients. The site includes answers to frequently asked questions about laser lipolysis; patient testimonials; before-and-after images; and a guide to help patients find qualified SmartLipo physicians in their area.

05 VELASHAPE II
More than 10,000 treatments per day are done on Syneron’s Velasmooth and Velashape systems. This amounts to over R12 MILLION per day on Syneron’s market leader Cellulite and Body Contouring systems! Contact Radiant Healthcare Office 011-794-8252
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sales@radianthealth.co.za | www.radianthealth.co.za

06 SOMATOLOGY STUDENTS GET COMPREHENSIVE TRAINING IN ADVANCED AESTHETIC TECHNOLOGY.
The Central University of Technology, Free State (CUT), is the first South African University of Technology to acknowledge the need for quality training of their students in advanced aesthetic technology. CUT recently invested in advanced aesthetic technology that will give their learners the opportunity to be trained and skilled in light based technology before they enter into business.
CUT decided to invest in a Lumenis Quantum IPL, one of the best IPL (Intense Pulsed Light) devices manufactured by Lumenis. Lumenis, as developer and patent holder of IPL, is the world’s leading manufacturer of IPL devices. Quantum IPL is supplied by Hitech Lasers.
Wicus Olivier (Jnr), director of Hitech Lasers, gave a two day theoretical and practical training to 5 lecturers at the Somatology Department of CUT. The theoretical course content covers amongst others: the difference between laser and IPL, operating principle of IPL, IPL variables that will influence the quality of treatment, light penetration into the skin, treatment principles (Photothermolysis), treatment protocols for skin rejuvenation and hair removal.
etc. A full day of practical training followed the theoretical training. The Somatology Programme of CUT is proud and thankful for the opportunity to live up to the name of advanced technology at their university. From beginning 2010 the CUT Somatology Department will include the theory and use of an IPL system in the course content of third year and B-Tech students.

Hitech Lasers, who is celebrating 35 years as leading supplier of Laser and IPL technology, has again set the benchmark for delivering quality instruments and training to aesthetic practitioners.

For more information contact: Hitech Lasers +27 12 349 1250 or hitech@hitechlasers.co.za.

07 NEW APPOINTMENTS AT HITECH LASERS

Wicus Olivier (Jr) has been appointed as Director of Hitech Lasers. Wicus joined Hitech Lasers in 1996. For the past 10 years he worked as technician in the service department of Hitech Lasers. Hitech Lasers only uses resident technicians for service and repairs of their products and Wicus, who has been factory trained, gained extensive technical knowledge on all Lumenis, Optima and UltraShape products. The past year he also did various clinical training courses at the manufacturers. As a director of the company Wicus (Jr) now heads the Aesthetic Sales Department of Hitech Lasers.

He can be contacted on 082 575 3755.

08 AAMSSA TRAINING STATIONS

The Aesthetic & Anti-aging Medicine Society of South Africa focuses on training and education to ensure ethical and safe practice of aesthetic medicine. The AAMSSA has a number of events and methods to obtain more knowledge on these fields of medicine. The latest is the Galderma journal room on the website, where members can read online journals to learn more about procedures and techniques. The past MedEsthetics journals are also available online on the website.

AAMSSA WEBSITE – UP AND RUNNING!

The society website is live and running. The website contains information for both patients and doctors. AAMSSA members have a secure log on area where access to free online journals is available. The doctor's corner contains information regarding upcoming events and free journal issues. In the patient's corner, patients can obtain valuable information regarding Aesthetic procedures. Members, please feel free to submit any new information should you want to communicate it to the public. Patients can also reach their nearest doctor with an easy access map of members of the AAMSSA in their area. A list of the doctors in the area with their contact details is supplied. (Members, please check that we have all your contact details correct on the site) The website is advertised in public magazines and also on the internet. www.aestheticdoctors.co.za

AAMSSA JOURNAL – MEDESTHETICS SOUTHERN AFRICA

The official society journal, MedEsthetics, was ranked as the most read medical journal in a survey by delegates attending the AMCSA 2009 last year. The journal contains updated articles and information regarding aesthetic medical procedures and business related matters for your practices. Should you, as a member, not receive your quarterly journal free in the post, please let us know ASAP. Please contact MedSpec publishing should you wish to submit articles, adverts or other related news and events information for the journal. Lelani@medspec.co.za

FOUNDATION FOR PROFESSIONAL DEVELOPMENT & AAMSSA

The 1st Official Post Graduate Program in Aesthetic Medicine in SA has started! Finally, the 1st official postgraduate educational program in Aesthetic Medicine has commenced. Enrolled students have received their first study guides and course material on Module 1. The 1st Module of the program covers basic medical sciences review in relation to aesthetic medical procedures. Students have also received their homework tasks to be completed before or on 18 August 2010. Lecture and examination days at the end of module 1 are scheduled for 18 & 19 August 2010 at the FPD training centre in Pretoria. Module 2 will cover subconcepts on nutrition, obesity, endocrinology, anti-aging medicine, medical emergencies and medico-legal aspects. Module 3 and 4 is scheduled for 2011 and will cover more aesthetic
medical procedures and topics. After the 4 modules, a complete research task will be the final qualifying aspect for qualification for the appropriate certification. For more information contact Ronel at the Foundation:
ronelc@foundation.co.za

AMCSA 2010 – ABSTRACT SUBMISSION DEADLINE NEARING

The annual Aesthetic Medicine Congress of South Africa 2010 will take place from the 2nd to the 4th of September 2010 at the newly revamped CSIR ICC in Pretoria. The congress has an added half day at no cost to registered delegates with hands-on company workshops and exhibition. This will take place from 12h00 to 17h00 on the 2nd of September 2010. The pre-congress workshops will take place from 1 -2 September 2010 up to 12h00 and the congress scientific lectures and workshops will take place from 2 – 4 September 2010. The congress Gala Dinner will be a spectacular event this year and is scheduled for the 3rd of September 2010 at 18h30 for 19h00. Should you wish to present your knowledge, experience or research on any related aesthetic medical topic, please submit your CV and a summary of your presentation (abstract form) to the scientific committee ASAP.

Online abstract submission on www.aestheticcongress.co.za or email amcsa@ackmain.com

UPCOMING AAMSSA EVENTS

Lasers & Light based Treatments 22 June 2010 at 19h00
An overview of understanding lasers and light based treatments

Acne & Acne Scars Management, 5 August 2010 at 19h00, Co-sponsor - Galderma

FPD Post Graduate Program in Aesthetic Medicine Module 1 18 - 19 August 2010
Lectures and examination days

AMCSA 2010
Pre-congress workshops 1 - 2 September 2010
Aesthetic Medicine Congress of South Africa 2010
2 - 4 September 2010
CSIR ICC, Pretoria

New technique using dermal fillers with an injector system 21 October 2010 @ 19h00, Co-sponsor - Pharmaplan

Please remember to RSVP
Mareli J v Rensburg
AAMSSA Secretary
mareli@ackmain.com

Please ensure that you have completed a membership application form or renewed your 2010 AAMSSA membership to ensure that you continue to receive all the benefits of our members. Benefits include free attendance to our bimonthly AAMSSA events and CPD functions, quarterly journal, bimonthly newsletter, online access to related medical journals, discount for AMCSA congress registration and workshops and free contact detail placement on the website for patients to reach you.

Contact Mareli if you have not renewed your membership or want to join, alternatively you could find the forms online: www.aestheticdoctors.co.za
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.

Featuring SelectPulse™ for precise control of both the pulse energy and repetition rate, LipoLite gives you the flexibility you need to treat even stubborn areas.

Its compact size allows for easy integration into any treatment environment.

VelaShape™ High Powered Body Contouring and Cellulite Reduction
VelaShape is the first FDA cleared device for circumferential and cellulite reduction. VelaShape is CE marked for body contouring and cellulite reduction. Four treatment protocol for visible results. Shorter treatment times

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high powered body contouring and cellulite reduction
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max

- 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

velashape ii

- fractional sublative treatments
- all skin types
- less downtime
- faster treatment

Janus
Facial Analysis System
Observation and measurement of
• Pores
• Wrinkles
• Spots
• Sebum
• Porphyrin
• Skin colour & tone
• Image processing via normal image, polarised light & UV light images
• 3D display of each area
• History and comparison analysis

eMatrix

- Fractional sublative treatments
- All skin types
- Less downtime
- Faster treatment

VeloLite™ 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.

Featuring SelectPulse™ for precise control of both the pulse energy and repetition rate, LipoLite gives you the flexibility you need to treat even stubborn areas.

Its compact size allows for easy integration into any treatment environment
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MEDIUM WRINKLES
DEEP WRINKLES
LIPS

Safe and easy to inject
Natural and durable results