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HAIR

INJECTABLES

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REGENERATIVE THERAPIES

SKINCARE

SKIN TIGHTENING

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SKIN RESURFACING

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MIND THE MICROBIOME

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CHOOSE WISELY

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PREMIER ISSUE


Chairman's Letter

MIKE HENNESSY, SR

Despite all of the recent changes in the way we do business, we know that economic revitalization is around the corner, and it is with great pride that we introduce you to the first print issue of *Aesthetic Authority*. Our vision with this brand is to be a trusted resource for the multi-specialty aesthetic practitioner who wants to be ahead of the curve for what's tried, what's new, as well as what is coming down

the pipeline. We cover everything from injectables, laser treatments and skin tightening procedures to body contouring, hair and regenerative therapies.

In this inaugural issue, we feature several physicians, including our Medical Advisor Dr. Randolph Waldman and his minimal-incision approach to submentoplasty; Dr. Kamakshi Zeidler, who suggests fat is here to stay, despite acknowledged obstacles; and Dr. Suneel

Chilukuri's protocol for treating new hair restoration patients. Dr. Anna Chacon tells us in her words that the microbiome has implications in aesthetics and Dr. Richard Gentile shares his experience with helium plasma. Importantly, several physicians offer their advice for knowing when to treat vs. when to refer, for patient safety. After all, it is patient safety, beautiful outcomes and practice success that is at the heart of everything we do. 



Tri-Luma[®]
Cream

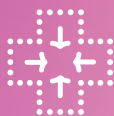
(fluocinolone acetonide 0.01%,
hydroquinone 4%, tretinoin 0.05%)

Gloves off. Fight on.

Unleash the power of Tri-Luma[®] (fluocinolone acetonide 0.01%, hydroquinone 4%, tretinoin 0.05%) Cream. This unique triple-combination topical therapy helps minimize dark spots associated with moderate-to-severe facial melasma.⁴

HELP

Fluocinolone Acetonide



A corticosteroid that reduces inflammation¹

EVEN OUT

Hydroquinone



Inhibits melanin synthesis to help lighten the skin⁴

PROTECT

Tretinoin



May help prevent corticosteroid-induced skin atrophy^{2,3}

SUBJECT #359, 39 YEARS OLD, SKIN TYPE III



SUBJECT #038, 57 YEARS OLD, SKIN TYPE IV



Two 8-week, multicenter, randomized, investigator-blind, active-control, parallel-group studies of 641 predominately white subjects, aged 21 to 75 years, with Fitzpatrick skin types I through IV, assessing the safety and efficacy of Tri-Luma Cream. Photographs were taken during a phase III clinical trial.

Important Safety Information. Indication: TRI-LUMA[®] (fluocinolone acetonide 0.01%, hydroquinone 4%, tretinoin 0.05%) Cream is indicated for the short-term (up to 8 weeks) treatment of moderate to severe melasma of the face in the presence of measures for sun avoidance, including the use of sunscreens. **Adverse Events:** In the controlled clinical trials, the most frequently reported events were redness, peeling, burning, dryness, and itching at the site of application. **Warnings/Precautions:** TRI-LUMA[®] Cream contains sulfites which may cause severe, life-threatening allergic reactions in people allergic to sulfites. TRI-LUMA[®] Cream contains hydroquinone, which may cause a gradual blue-black darkening of the skin. If you are pregnant, nursing or trying to become pregnant you should not use TRI-LUMA[®] Cream. Safety and efficacy have not been established in individuals with darker skin. Reversible HPA axis (adrenal function) suppression may result from exposure to the topical corticosteroid, fluocinolone acetonide, so discontinue use if signs and symptoms of this condition occur. Avoid products that may dry or irritate the skin, such as abrasive cleansers, scrubs, or skin-peeling agents. Exposure to sunlight, sunlamps, or UV light and extreme heat, wind, or cold should be avoided. If exposure cannot be avoided, sunscreen products [SPF 30 or more] and protective apparel should be used.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

1. Tri-Luma[®] Cream Prescribing Information (March 2014), Galderma Laboratories, L.P., Fort Worth, TX. 2. McMichael AJ, Griffiths CEM, Talwar HS, et al. Concurrent application of tretinoin (retinoic acid) partially protects against corticosteroid-induced epidermal atrophy. Br J Dermatol. 1996;135:60-3. Kligman LH, Schwartz E, Lesnik RH, et al. Topical tretinoin prevents corticosteroid-induced atrophy without lessening the anti-inflammatory effect. Curr Probl Dermatol. 1993;21:79-84. Taylor SC, Torok H, Jones T, et al. Efficacy and safety of a new triple-combination agent for the treatment of facial melasma. Cutis. 2003;72:67-72.

GALDERMA

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USMP/TRI/0013/0719 09/19

IMPORTANT INFORMATION ABOUT

TRI-LUMA® CREAM

(fluocinolone acetonide 0.01%, hydroquinone 4%, tretinoin 0.05%)

BRIEF SUMMARY

This summary contains important information about TRI-LUMA (try-LOOM-ah) Cream. It is not meant to take the place of your doctor's instructions. Read this information carefully before you start using TRI-LUMA Cream. Ask your doctor or pharmacist if you do not understand any of this information or if you want to know more about TRI-LUMA Cream. For full Prescribing Information and Patient Information see the package insert.

WHAT IS TRI-LUMA CREAM?

TRI-LUMA Cream is a medicine with three active components. You put TRI-LUMA Cream on your face to treat a skin condition called melasma. Melasma consists of dark (hyperpigmented) spots on facial skin, especially on the cheeks and forehead. This condition usually happens with hormone changes. TRI-LUMA Cream is for **SHORT-TERM (up to 8 weeks)** treatment of **moderate to severe** melasma of the face. **TRI-LUMA Cream may improve your melasma, but is NOT a cure.**

WHO IS TRI-LUMA CREAM FOR?

TRI-LUMA Cream is for use in adults. The safety and effectiveness of TRI-LUMA Cream in pediatric patients has not been established. Do **not** use TRI-LUMA Cream if you are allergic to the medicine or any of its ingredients.

WHAT SHOULD I TELL MY DOCTOR BEFORE USING TRI-LUMA CREAM?

If you are pregnant, think you are pregnant, plan to be pregnant or are nursing an infant, tell your doctor. Your doctor will decide with you whether the benefits in using TRI-LUMA Cream will be greater than the risks. If possible, delay treatment with TRI-LUMA Cream until after the baby is born. Tell your doctor about all the medicines and skin products you use, including prescription and non-prescription medicines, cosmetics, and supplements. They may make your skin more sensitive to sunlight.

WHAT SHOULD I AVOID WHILE USING TRI-LUMA CREAM?

- ☒ **Sunlight or ultraviolet light.** TRI-LUMA Cream can make your skin more likely to sunburn or develop other unwanted effects from the sun. Staying out of the sun is especially important for women who take birth control pills or hormone replacement therapy and for people who have had dark patches in the past.
- ☒ Use an effective sunscreen with an SPF of 30 or more **anytime you are outside**, even on hazy days.
- ☒ Weather extremes, such as **heat, wind and cold**, may irritate the skin of patients using TRI-LUMA Cream.
- ☒ Avoid products that may dry or irritate skin including soaps and cleaners that are rough or cause drying, certain astringents, such as alcohol-containing products, soaps and toiletries containing alcohol, spices or lime, certain medicated soaps, shampoos, and hair permanent products.
- ☒ Do not use any other medicines with TRI-LUMA Cream unless you have consulted with your doctor. The medicines and product you have used in the past may cause redness or peeling when used with TRI-LUMA Cream.

WHAT ARE THE MOST COMMON SIDE EFFECTS OF TRI-LUMA CREAM?

The most common side effects associated with use of TRI-LUMA Cream are redness, peeling, burning, dryness, or itching.

A very few patients may get severe allergic reactions from TRI-LUMA. This includes people allergic to sulfites. **They may have trouble breathing or severe asthma attacks, which can be life-threatening.**

Some patients using TRI-LUMA develop dark spots on their skin (hyperpigmentation), tingling, increased skin sensitivity, rash, acne, skin redness caused by a condition called rosacea, skin bumps, blisters, or tiny red lines or blood vessels showing through the skin (telangiectasia).

Stop using TRI-LUMA Cream and contact your doctor if you have:

- ☒ severe or continued irritation, blistering, oozing scaling, or crusting.
- ☒ severe burning or swelling of your skin.
- ☒ irritation of your eyes, nose, and mouth.

HOW SHOULD I USE TRI-LUMA CREAM?

- ☒ TRI-LUMA Cream should be used as instructed by your doctor.
- ☒ Gently wash your face with a mild cleanser, using just your fingers. Rinse and pat dry.
- ☒ Unless you have been instructed otherwise, put a small amount (pea sized or less) on your fingertip. Next, apply a thin coat onto the discolored spot(s), at least 30 minutes before bedtime. Include about ½ inch of normal skin surrounding the affected area.
- ☒ Rub the medicine lightly and uniformly into your skin. The medicine should become invisible almost at once. If you can still see it, you are using too much.
- ☒ Keep the medicine away from the corners of your nose, mouth, eyes and open wounds.
- ☒ **Do not** use more TRI-LUMA Cream or apply it more often than recommended by your doctor. Too much TRI-LUMA Cream may irritate your skin, waste medicine, and won't give you faster or better results.
- ☒ Do not cover the treated area with anything after applying TRI-LUMA Cream.
- ☒ You may use a moisturizer and cosmetics during the day.
- ☒ Use a sunscreen of at least SPF 30 and a wide-brimmed hat over the treated areas. It requires only a small amount of sunlight to worsen melasma.

You are encouraged to report negative side effects of prescription drugs to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088. You may also contact GALDERMA LABORATORIES, L.P. AT 1-866-735-4137.

WHERE SHOULD I GO FOR MORE INFORMATION ABOUT TRI-LUMA CREAM?

- ☒ Talk to your doctor or pharmacist
- ☒ Go to www.triluma.com or call 1-866-735-4137

GALDERMA LABORATORIES, L.P. Fort Worth, Texas 76177 USA
Revised: February 2013



**Tri-Luma®
Cream**

(fluocinolone acetonide 0.01%,
hydroquinone 4%, tretinoin 0.05%)

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Dr. Randy Waldman a facial plastic surgeon in Lexington, Ky.



The Aesthetic Authority has arrived

Aesthetic Authority is quite simply the first “true” multi-specialty aesthetic publication that is created by and designed for today’s aesthetic practitioners. Our goal is to provide useful information and tips and pearls that will help all of us in our practices. Little did any of us know how different the world and our practices might look just a few weeks ago when we began learning about and feeling the impact of COVID-19.

I am a private practitioner like many of you. For the past 30+ years, I have directed an aesthetic-oriented multi-specialty practice in Lexington, Ky., that has now grown to include four practitioners: two facial plastic surgeons and two plastic surgeons. To round things out, I have one daughter who is a senior dermatology resident and another who just finished a family medicine residency. We have a large, accredited surgicenter, a marketing director, five nurses, fifteen fulltime employees, and the very same challenges faced by every aesthetic practice.

Additionally, over the past 25+ years I have had the fortune and honor to direct over 30 “true” multi-specialty aesthetic conferences. Many of you are familiar with the annual Vegas Cosmetic Surgery meeting and the Global Aesthetics Conference. Through those journeys we have made a lot of friends, witnessed a lot of innovations and product rollouts, identified the importance of practice management and marketing, given speaking opportunities to the next generation and established a comradery and environment that allows competitive specialties to teach and learn from one another—all to the benefit of our practices and our patients.

The *Aesthetic Authority* is designed to provide advice and potential solutions to some of those questions shared by aesthetic practices across specialties. And why now? To answer this question I am going to borrow some of the dialogue shared with me in a recent phone discussion with a former industry executive turned practice consultant, Brian Hayes: “In the 20+ years I’ve worked with aesthetic physicians and surgeons,

I’ve never seen more clinical optimism and business pessimism. Objectively, industry reports revenues from aesthetic medical procedures are at record levels and continue to grow, but this trend is not reflected within local practices. Despite following the traditional formula for business success and incorporating the latest technologies, practitioner efforts are not producing the desired results. Individual practice numbers point to troubling trends, i.e., increasing costs combined with decreasing profit margins; however, financial metrics aren’t the only issue. What about the things the numbers don’t measure? The challenges that come with being both doctor and small business owner/entrepreneur have gotten more complex. You’re working harder for less... Less money. Less satisfaction. Less freedom.”

So it is with the above in mind that we initiate the *Aesthetic Authority* both online and in publication. We expect it to mirror the content of many of the conferences I have coordinated, including practice management, practice marketing and legal matters; tips and pearls; “How I Do It” features; industry executive interviews; featured skincare products; and technology advances. It will also spotlight industry innovations, letters to the editor, content relevant to office staff, legal and regulatory updates and outstanding aesthetic physicians. All of this comes from the publishers of well-known and respected medical brands *Dermatology Times*, *Ophthalmology Times* and *Medical Economics* who have many years of experience in bringing practical value to physicians and their staff members.

I hope you will join with me and our incredible multi-specialty advisory board on what I believe will be a fun and informative journey into a decade of exciting innovation and advances! Rest assured that the things we include in the publication will be meaningful, avoid commercialism as much as possible and reflect what all of us as practitioners and our assistants, nurses, and office staff want to hear. ■

Body Toning Technologies

Physicians talk ROI, protocols, patients and competition.

LISETTE HILTON

the latest evolution in nonsurgical body contouring began last year with muscle-toning technology Emsculpt (BTL). Two other similar devices entered the market soon after to claim some of that noninvasive market share: CoolTone by CoolSculpting (Allergan) and truSculpt flex (Cutera).

The muscle stimulating devices noninvasively tone and stimulate muscle just enough to give reasonably fit patients a more sculpted look and feel.

Unlike volume reduction devices, such as CoolSculpting, truSculpt iD (Cutera) or SculpSure (Cynosure), muscle stimulating technology works to tone and shape by hyper stimulating the underlying muscle. The ideal candidate—one that is fit with minimal body fat—will likely be most satisfied from the investment, according to experts.

But results are temporary and treatments expensive, often in the range of \$750 to \$1000 per treatment area. And having one of these devices is a sizeable investment for an aesthetic practice.

So, how does an aesthetic practice decide whether to invest in one of these technologies?

We asked several aesthetic physicians to share what they've learned about what differentiates the technologies and more.



Dr. Christie Prendergast

Santa Monica, Calif.

A QUESTION OF ROI

Plastic surgeon Christie Prendergast, M.D., Santa Monica, Calif., says Emsculpt has the advantage of being the first muscle-building and sculpting device on the market. That means it has more brand recognition to consumers than the others.

Adding Emsculpt to a practice, however, comes at a hefty price.

“CoolTone... in terms of value can be

more cost effective for those who already own a CoolSculpting machine,” according to Dr. Prendergast.

One of the differentiators with CoolTone is that Allergan claims its technology has a higher intensity than competitors' devices. That could mean fewer sessions and time to see the same results, but the jury remains out on that until there's more data, according to Dr. Prendergast.

“For truSculpt flex, one of the things that Cutera is marketing, which I think has some clinical significance, is that truSculpt flex has multidirectional electromagnetic therapy,” Dr. Prendergast says.

In theory, truSculpt flex might result in a more even, balanced result because instead of stimulating superficial muscle, like Emsculpt and CoolTone, it stimulates the superficial and deep muscle fibers. That, too, remains to be seen with more data, she says.

Best candidates for all muscle sculpting or toning technologies are generally physically fit and should be counseled that results are not permanent and need to be maintained with diet and exercise. Treatment enhances what patients have at baseline and is ideal for busy professionals who cannot dedicate the amount of time in the gym needed to achieve their body goals, according to Dr. Prendergast.

The temporary boost in muscle tone and function comes at a pretty steep price, so proper patient selection and counseling patients on what to expect is very important.

“I don't think patients will see good ROI if they're using this as a substitute for diet and exercise,” she says.

DEFINING MAINTENANCE PROTOCOLS

Dermatologist Dan Belkin, M.D., who practices in New York City and South Hampton, N.Y., uses CoolTone. He says the technology is attractive to patients, offering more defined abs and rounder buttocks without the work, by stimulating “supramaximal” contractions that one cannot (and need not)



...RESULTS ARE TEMPORARY
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muster on one's own.

At his practice, CoolTone is an adjunct to other body contouring techniques like noninvasive fat reduction, such as CoolSculpting; biostimulatory fillers, like Sculptra (Galderma) and Radiesse (Merz); and subcision, or Cellfina (Merz).



Dr. Dan Belkin

New York City &
South Hampton, N.Y.

"CoolTone is FDA-cleared for buttocks, thighs and abdomen. It is at a lower price point than Emsculpt, which is important given any muscle stimulation device is going to require maintenance. It also delivers 50% more magnetic intensity than Emsculpt at both of their maximal operating strengths, which is typically how they are applied," Dr. Belkin says. "It has not yet been established, however, whether this makes a difference in outcome."

CoolTone has fewer cleared treatment areas than the other devices, and, as with the entire class of these devices, an optimal protocol for maintenance has not been established, he says.

"Any muscle stimulation device will need some sort of

maintenance protocol that is yet to be well defined. It seems effects from this technology last at least a month, but patients may require a treatment every few months for them to persist," according to Dr. Belkin.



Dr. Michele Green

New York, N.Y.

CONSIDER COMPETITION

New York City cosmetic dermatologist Michele Green, M.D., says having a muscle stimulating device can boost a practice's bottom line but that's not a given.

"The HIFEM magnetic field technology (electromagnetic energy) is similar to that of an MRI machine," she says. "Having Emsculpt as a part of your treatment offerings can boost a practice's revenue, as patient's need approximately four treatments two to three days apart. The cost per treatment ranges from \$750 to \$1000 per treatment area. In addition, treatment can be done by a trained technician under the supervision of the physician."

CoolTone, uses magnetic muscle stimulation to penetrate deep into the muscle layers, but CoolTone is only FDA approved for the abdomen, thigh and buttock area, according to Dr. Green.

"Emsculpt is the gold standard body sculpting device. It is FDA approved to treat the calves, biceps, triceps, abdomen and buttocks areas with good results," she says.

One thing for practices to think about before taking the body toning device plunge is that the overall body sculpting market

→ TECHNOLOGIES CONTINUES ON PAGE 8

Hyperdiluted CaHA_{for} Summer Body Fixes

A CONSENSUS PAPER was published last year that offers guidelines for how and where to use hyperdiluted CaHA as a biostimulatory agent for body, face and skin. This is a snapshot of their recommendations:

Arms

FOR fine wrinkles, skin laxity

APPLICATION OPTIONS Cannula via retroinjection using 2 to 4 fanning injections on inner arm.

DILUTE 1:2 to 1:4 (3 mL to 6mL diluent).5 to 1 syringe per arm.

Buttocks, Thighs

FOR cellulite dimples, skin laxity

APPLICATION OPTIONS Cannula using the fanning or asterisks technique, or needle using short linear threading technique.

DILUTE 1:1 to 1:4 (1.5 mL to 6mL diluent) for laxity; 1:1 or 1:2 for dimples. 1 syringe for buttock.

Neck, Décolletage

FOR fine wrinkles, skin quality, skin laxity

APPLICATION OPTIONS Cannula via retroinjection using 3 to 5 entrance points or needle using short linear threading technique.

DILUTE 1:1 to 1:4 (3 mL to 6mL diluent) according to patient skin type. 1 syringe for neck; .5 to 1 syringe for décolletage.

Abdomen

FOR skin laxity/flaccidity

APPLICATION OPTIONS Cannula using the fanning or asterisks technique, or needle using short linear threading technique.

DILUTE 1:1 to 1:4 (1.5 mL to 6 mL diluent) 1 syringe for upper abdominals; 1 syringe for lower

REFERENCE:

De almeida AT, Figueredo V, Da cunha ALG, et al. Consensus Recommendations for the Use of Hyperdiluted Calcium Hydroxyapatite (Radiesse) as a Face and Body Biostimulatory Agent. *Plast Reconstr Surg Glob Open*. 2019;7(3):e2160.

Paper also includes recommendations for face, knees & elbows.



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➔ TECHNOLOGIES FROM PAGE 5

is saturated. Medspas offer services in this category at prices that can make it hard for physicians to compete, according to Dr. Green.

And these machines are expensive to maintain. While Dr. Green says the Emsculpt doesn't use consumables, practices pay \$10,000 to change the applicator pads after 300 to 450 treatments.

"The deciding factor is the open-ended question of ongoing maintenance treatments and how many treatments are needed after the initial treatment on an ongoing basis. Also, there are no studies that have been published analyzing the long-term efficacy of the treatments," she says.

Benefits Beyond Aesthetics

Cosmetic Physician Tahl Humes, D.O.,



Dr. Tahl Humes

Denver, Colo.

who practices in Denver, Colo., describes the market for these devices as broad and going beyond purely cosmetic indications.

"Of course, these devices are popular in aesthetic practices, but can also be used in a practice doing medical weight management or rehab," she says. "In a medical weight management practice, a device like truSculpt flex can be used alongside a fat reduction technology like truSculpt iD to take body shaping results

to the next level. This way, patients get full body sculpting instead of just fat loss. The technologies can also be useful for rehabbing sports injuries to build strength in a recovering area or for elderly patients who want to strengthen muscles."

There are differences in the devices that providers might consider, according to Dr. Humes.

Emsculpt and CoolTone cover the whole treatment area and providers hope to capture the muscle in order to stimulate it, she says.

"Kind of like throwing a blanket over a field," Dr. Humes says. "With truSculpt flex, we are placing each handpiece applicator directly on the muscle for direct stimulation. truSculpt flex is a direct stimulation where the others are indirect stimulation of the muscle."

Emsculpt and CoolTone treat only one muscle area at a time, for example the abs or glutes. truSculpt flex allows providers to treat two areas at a time.

"You can treat two areas with truSculpt flex in 45 minutes, whereas you would need 30 minutes for each treatment area

“Emsculpt and CoolTone treat one muscle area at a time. truSculpt flex treats two at a time.”

for an Emsculpt treatment," she says.

Dr. Humes recommends that doctors who are considering investing in one of these devices do the following:

- Look at before and afters from peers and other doctors, not just company studies.
- Ask their peers questions, such as: What kind of results are you seeing? What has your patient feedback been like? How does your staff like performing the treatment?
- Do research and look at the studies that are out there.

"Compare them and make the ultimate decision on your own," Dr. Humes says.

COMPARING ENERGY OUTPUT

Boca Raton, Fla., dermatologist Jeffrey Fromowitz, M.D., points out a few differences among these three primary players in noninvasive muscle stimulation.

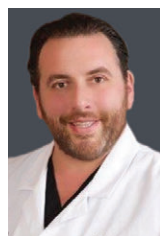
Emsculpt, he says, uses electromagnetic muscle stimulation to target a general area of muscle stimulation. It produces an energy of 0.9 tesla at 100%. CoolTone is similar in that it too uses magnetic field to stimulate muscle contraction.

"The difference here is the strength of the magnet at 1.35 Tesla. The significance of this clinically is still yet to be determined as more studies are completed using the device," he says.

TruSculpt flex uses direct and even delivery of electrical current to stimulate muscle contraction.

"The energy delivered at the skin is 10 to 30mA. This is similar to the energy created by 0.9 Tesla of the Emsculpt which is also around 30mA," he says. "A

unique feature of the truSculpt flex is the number of applicators included in the device and the ability to treat around 1000 cm2 of body area. For comparison the Emsculpt treats around 364cm2 area during one session." ■



Dr. Jeffrey Fromowitz

Boca Raton, Fla.

DR. FROMOWITZ reports no conflicts of interest and does not own the devices.

DR. BELKIN practices at the Laser & Skin Surgery Center of New York, which was one of the research facilities that tested CoolTone.

DR. HUMES reports no conflicts of interest.

DR. GREEN reports no conflicts of interest.



Your thoughts?

Email us at aestheticauth@gmail.com

PRP for Hair: A Global Update

PRP is a revolutionary hair restoration therapy for some patients, but there are still limitations and unknowns.

LISETTE HILTON

When New York City facial plastic surgeon Anthony P. Sclafani, M.D., presented on platelet-rich plasma (PRP) for hair restoration last fall at the Global Aesthetics Conference in Miami, Fla., there were research gaps that left him and colleagues wanting more.

"There's not a lot of uniformity in the studies in the sense of what is PRP," Dr. Sclafani says. "It's not a single item. There's a lot of variation to what's being produced and what's being used. And that's a big part of the problem in terms of making the statement that PRP works or doesn't work."

Dr. Sclafani, who uses PRP as a hair restoration option for some patients in his practice, says there's some scientific proof and good anecdotal evidence that PRP works.

"In the last five years, there have been a number of quality studies, again with issues, but they've been good enough to where I think you can really analyze them and make some sense out of them," he says.

According to Alan J. Bauman, M.D., full-time American Board of Hair Restoration Surgery (ABHRS)-certified hair transplant surgeon, Boca Raton, Fla., his hair restoration practice has performed over 7,000 individual PRP treatments for

men and women to protect and enhance hair growth.

"It's a wonderful 'tool in the toolbox' because it leverages the patient's own platelet-derived growth factors and natural healing/regenerative pathways with minimal risk and no downtime to improve hair follicle function," Dr. Bauman says. "PRP has been used as a regenerative medicine modality for decades in the areas of sports medicine, orthopedics, dentistry, cardiothoracic surgery, dermatology and many others. What PRP does in the specialty of hair restoration is limited to its effects on follicles that can still be rejuvenated and are not yet 'beyond repair.' It can also be used in hair transplant surgery to improve the graft take-rate, as well as accelerate the healing and hair growth results of the transplanted area."

Studies show that PRP works best as a treatment for androgenetic alopecia (AGA). "That's where it has been studied and vetted the most vigorously," according to Amelia K. Hausauer, M.D., a cosmetic fellowship trained dermatologist and director of dermatology at Aesthetix in Silicon Valley, Calif.

Dr. Hausauer, who ran one of the largest randomized, controlled trials on PRP in androgenetic alopecia to date, also



Dr. Anthony P. Sclafani

New York, N.Y.



Dr. Alan J. Bauman

Boca Raton, Fla.

➔ PRP CONTINUES ON PAGE 10

BEFORE

AFTER



Female patient shown before and 12 months after PRP plus extracellular matrix treatment for hair loss.

Photos courtesy
Dr. Alan Bauman

➔ PRP FROM PAGE 9

co-authored a two-part comprehensive paper on the use of PRP in *Dermatologic Surgery*.^{1,2} She teaches internationally on the topic and was chief editor for the textbook *PRP and Microneedling in Aesthetic Medicine*, which is the first of its kind.



Dr. Amelia K. Hausauer
Silicon Valley, Calif.

While she believes that PRP can be revolutionary for some patients, she concedes that there are still limitations and unknowns that need to be addressed.

"In my experience, and the published literature supports this, the best results are seen in patients with mild-to-moderate patterned hair loss, who are early in the process. It's very difficult to grow hair on an area that's completely bald,"

she says. "Our study showed that people who were in the first five years of apparent hair loss had a much more reproducible and robust response to PRP. For example, I have had some with 60% hair regrowth."

Dr. Sclafani says he uses PRP mostly in patients who are Norwood class 5 or less, with some thinning. But it's not a treatment for bald spots.

"I have injected PRP into long-standing bald scalp, and I've seen some sprouting of new hairs but it's really insignificant clinically...", he says. "For me, PRP is for the person who doesn't want to use Propecia [finasteride, Merck] and who wants to maintain and thicken the hair they have. I think PRP is a viable alternative to Propecia."

FIRST-LINE TREATMENT FOR HAIR LOSS

Valerie D. Callender, M.D., medical director of the Callender Dermatology & Cosmetic Center, Glenn Dale, Md., says she also recommends PRP mainly for androgenetic alopecia patients. She considers PRP, low-level light treatment and hair

transplantation to be adjuncts to first-line options for hair loss. In men, those first-line therapies include topical minoxidil, finasteride or drug-free Nutrafol (Nutraceutical Wellness), which contains saw palmetto. In women, first-line treatments are topical minoxidil, spironolactone, Nutrafol or another drug-free supplement Viviscal (Church and Dwight Co.).

While Dr. Callender says PRP works to treat androgenetic alopecia, there isn't enough data to predict response rate. "So, I do not guarantee results," she says.

PRP has also shown some efficacy in alopecia areata, but Dr. Hausauer says, it's not a first-line treatment and there are new promising therapies on the horizon. "And when you're talking about scarring type of hair loss, it has not been as well explored or shown to have as much efficacy especially as monotherapy," she says.


While PRP hasn't been well vetted in the literature as a treatment for earlier phases of traction alopecia, Dr. Hausauer says she has experienced some success.



Dr. Valerie Callender
Glenn Dale, Md.

"I've had a couple of patients who were actually able to abandon extensions," she says.

Treatment tends to be more complicated than PRP-only for female skin of color patients, who typically have central centrifugal cicatricial alopecia as their primary form of hair loss, according to Dr. Callender.

"They may also have other forms of hair loss, such as female pattern hair loss/androgenetic alopecia and traction alopecia," Dr. Callender says. "Therefore, treatment is more complicated and involves a multimodal approach." 



**More on PRP
for hair online.**

Nutraceuticals for Hair Health ?

Complementary hair treatment options carve out a place in the aesthetic practice.

KATIE HOBBS

NUTRACEUTICALS HAVE recently overwhelmed the market with promises of creating a healthy scalp for better quality hair and to aid in the hair restoration process.

But, deciphering whether they work and how they're best used can be difficult.

Unlike prescription medication, dietary supplements are not tightly regulated by the U.S. Food and Drug Administration (FDA) and may contain fillers not on the ingredient list or have an incorrect amount of an ingredient listed on the label, according to a study by *Consumer Reports*.



Dr. Glynis Ablon

Manhattan Beach, Calif.

"For example, in 2008, one brand of multi-vitamin was found to have 200 times the labeled concentration of selenium — after it had caused hair loss and discolored, brittle nails in about 200 people across 10

states," they report.

In a panel discussion at South Beach Symposium 2020, Glynis Ablon, M.D., board-certified dermatologist, Manhattan Beach, Calif., offered guidance on how to identify the safety profile of supplement products despite the fact they're not regulated by the FDA.

BEFORE AFTER



Patient before and after using Deeply Rooted from Hush and Hush.

Photos courtesy of Dr. Marc Ronert.

what companies call overall hair health, instead of simply focusing on a single ingredient or cause of loss.

"What we found is a lot of hair loss is caused by nutritional deficiencies and lack of vitamins and minerals," says Marc Ronert, M.D., founder of nutraceutical company, Hush & Hush. "We have

half a segment of the product focusing on

vitamin D, other vitamins, antioxidants and minerals that are necessary to have enough nourishment for your follicles to grow healthy hair, and then we have active ingredients that focus on hormonal balance and the DHT."



Dr. Marc Ronert

Founder, Hush & Hush

Nutrient deficiencies can be a cause of hair loss, meaning patients could potentially benefit from taking nutraceuticals as a supplement in order to maintain and strengthen their hair, while also experiencing new growth.

While there is slight concern about patients taking vitamins that they may already be getting from their diet, Gary Linkov, M.D., NYC-based facial plastic

"We want to make sure that we have active ingredients in our products, that we don't have any kind of toxicity in those products. We get that with clinical evidence done by appropriate research facilities," she says. "There's also what's called a cGMP, which is a current good manufacturing practice and that is something that the FDA has established for these kinds of products, and it is third-party tested."

Additionally, outside of the FDA there are four seals that have been found to hold some merit, U.S. Pharmacopeia, NSF International, Consumerlab.com and UL.

A new crop of nutraceutical products with scientific backing boast medical-grade formulas containing various forms of biotin; vitamins A, C, D and E; selenium and other minerals; refined ingredients and transparency of production. Adding ingredients to aid in stress relief — a common cause of hair loss — like Ashwagandha, create a solution for

➔ NUTRACEUTICAL CONTINUES ON PAGE 12

BEFORE



AFTER



➔
Male
patient
before and
after using
Deeply
Rooted
by Hush
& Hush.

Photos courtesy
of Dr. Marc
Ronert.

➔ NUTRACEUTICAL FROM PAGE 11

surgeon specializing in hair, says that in most cases the body is equipped to handle it.



Dr. Gary
Linkov

New York, N.Y.

"Of course, there's a way to go completely overboard..., but if you're taking the recommended concentrations from these companies, it usually is not going to result in some sort of overdose situation," he says.

WHAT THE SCIENCE SAYS ABOUT SUPPLEMENTS FOR HAIR HEALTH

Nutraceuticals that are medical grade are known for having ingredient integrity

that physicians trust and recommend when compared with drugstore or pharmacy alternatives.

"For hair restoration medical therapy, I always recommend at least two modalities, with nutraceuticals being one possible modality. Others include laser light, PRP, propecia and minoxidil," Dr. Linkov says.

He explains that when he does use nutraceuticals, he uses Nutrafol for men or Viviscal for women. How he chooses

what's right for whom? "Clinical observation and patient feedback on what seems to be helping them most."

The use of Viviscal in women with thinning hair was studied in the *Journal of Drugs in Dermatology* and showed "the mean number of terminal hairs increased by 211% after 3 months of treatment and by 225% after 6 months."

"Subjects in the treatment group also reported improvements in overall hair volume and scalp coverage, as well as in hair shine and body thickness," study authors write.

Another study published in the *Journal of Drugs in Dermatology* found that daily use of Nutrafol's Women's Capsules vs. placebo resulted in a significant increase in the number of terminal and vellus hairs ($P < .009$) in the target area at the 3- and 6-month evaluation. Blinded investigator Global Hair Assessments also showed significant hair growth ($P = .016$) and overall hair quality improvements ($P = .005$).

"A significant percentage of subjects receiving active treatment also reported improvement in hair growth, volume, thickness, and hair growth rate, as well as decreased anxiety and other wellness parameters," study authors write.

While some companies have studies quantifying improvements of their products, Dr. Linkov explains that there are many available products that are not supported by data. Most clinical trials or

studies are conducted using only one ingredient, like biotin, to test effectiveness, which he says could be misleading.

“Just because biotin in general works doesn’t mean that the formulation or the way that they’re recommending dosing it is going to be effective,” he says.

For those seeking to prevent hair loss, there’s not much incentive to continue taking a nutraceutical, he explains.

“Prevention is absolutely helpful but [if] someone has a full head of hair and really hasn’t noticed much thinning, the incentive to consume another vitamin is low,” he says. “... I would say the majority of people probably would get benefit to some degree, but it’s very hard to quantify.”

Dr. Linkov understands the toll hair loss can have on his patient’s lives and creates treatment plans on a case-to-case basis, whether that be external or internal options.


LOCK RX – DEFENSE, BLOCK, GUARD

Lock RX is a 3-step ingestible system. Step 1 addresses gut health with a powdered prebiotic supplement containing L-Glutamine, licorice, turmeric, spirulina, aloe vera, beta-glucan and piperine. Step 2, in pill form, includes saw palmetto, ashwagandha root and resveratrol. Finally, Step #3, also in pill form, is filled with a complexed vitamin B with “quatrofolic” folate and biotin.

NUTRAFOL

Nutrafol’s range of targeted products based on gender and age all include saw palmetto, sensoril ashwagandha, curcumin, marine collagen and tocotrienol complex. Both the men and women’s formulation contain hyaluronic acid, while the women’s balance product contains maca root and astaxanthin.

HUSH & HUSH – DEEPLY ROOTED

Hush & Hush’s hair supplement, Deeply Rooted, contains two separate parts, the hair health complex and polypeptide complex that make up the supplement. The hair health complex contains KSM-66 ashwagandha root extract, cococin coconut water, tocotrienol/tocopherol complex, resvenox resveratrol saw palmetto 45% fatty acids, natural astaxanthin, primavie organic Himalayan shilajit, bioperine, horsetail whole extract, green tea leaf, amla fruit and pumpkin seed oil. The polypeptide complex contains hydrolyzed fish collagen I & II, arginine HCL, amino acids (L-lysine, L-cysteine, L-methionine), hyaluronic acid, Korean ginseng root, vitamin C, rhodiola rosea root, iodine, vitamin D, zinc, vitamin A, niacin, selenium, pantothenic acid, biotin and vitamin B12. 

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Dr. Suneel
Chilukuri

Houston, Tex.

A Hair Treatment Protocol

IS THERE AN IDEAL PROTOCOL available for hair loss treatment? At this year’s South Beach Symposium, Suneel Chilukuri, M.D., suggested that PRP + Nutrafol seem to work better together and shared his current treatment protocol with us:

INITIAL VISIT

Pre-treatment photos. Nutrafol (Woman’s Balance vs. Woman’s vs. Men’s) — provide the patient with 3 to 6 months of tablets. If the patient is not willing to commit to their scalp health and wants only a 1-month supply, I do not partner with her or him.

SCHEDULE A 1-MONTH FOLLOW UP

VISIT 2

Take scalp photos (1-month follow up photos). Patient must bring back the bottle of Nutrafol (this is encouraged by offering a small amount off towards their next Nutrafol purchase).

Add Revian Red cap. Our team will download the app at the time of purchase and start the patient on their first cap treatment in the office. Review how to use the cap and the app.

SCHEDULE A 1-MONTH FOLLOW UP

VISIT 3

Take scalp photos (2-month follow-up photos). Review Revian app data with patient. Screenshot the app data and upload to patient’s medical records. Collect second month of empty Nutrafol bottle from the patient. Add topical Kerafactor at this visit.

SCHEDULE A 1-MONTH FOLLOW UP

VISIT 4

Take scalp photos (3-month follow up photos). Compare pre-treatment and 3-month photos. Download and electronically send to patient’s phone (Air Drop or USB stick). Review Revian app data with patient. Screenshot the app data and upload to patient’s medical records. At this time, consider in-office scalp/hair treatment (PRP vs. Keralase vs. other) if appropriate. Collect third month of empty Nutrafol bottle from the patient. Refill Nutrafol (provide 10% “recycling” discount if patient returned all three empty Nutrafol bottles).

The Cosmetic Toxin Pipeline

Investigational toxins offer short and long duration benefits and a ready-to-use liquid formulation.

LISETTE HILTON

Regardless of which professional society reports its numbers, statistics suggest cosmetic botulinum toxin type A injections are among the most popular minimally invasive treatment options today, and their popularity is only growing. The latest statistics by the *American Society of Plastic Surgeons* pegs Botox, Dysport and Xeomin injections as number one among minimally invasive options with 7.4 million procedures performed in 2018, an increase of 3% over the previous year.

The four toxins approved for cosmetic indications offer options but not much in the way of variety. Newcomer Jeuveau (prabotulinumtoxinA-xvfs, Evolus), which the FDA approved for glabellar line treatment in February 2019, is similar to market leader Botox (onabotulinumtoxinA, Allergan) and competitors Dysport (abobotulinumtoxinA, Ipsen) and Xeomin (incobotulinumtoxinA, Merz).

"In general, the market for toxins is expanding at a rapid rate

due to the wider acceptance of these non-invasive procedures," says Ava Shamban, M.D., a cosmetic dermatologist practicing in Santa Monica and Beverly Hills, Calif. "One of the downsides to the currently available toxins is delayed onset of action, as well as relatively short time of persistence of effect."

Solutions could be on the way with a variety of novel products in the cosmetic toxin pipeline. Investigational toxins include one that has a longer duration

(DAXI, Revance Therapeutics), a short-acting, short-duration product (BoNTE, Allergan) and a ready-to-use liquid formulation (QM1114, Galderma).



Dr. Ava Shamban
Beverly Hills, Calif.



Dr. Joely Kaufman
Coral Gables, Fla.

DAXI FOR DURATION

The U.S. Food and Drug Administration (FDA) could approve DAXI for use in moderate-to-severe glabellar lines as early as November 2020, according to dermatologist Joely Kaufman, M.D., of Skin Associates of South Florida and the Skin Research Institute in Coral Gables, Fla.

Dr. Kaufman, principal investigator for Revance's phase 3 SAKURA trials, says she's excited about DAXI's potential to be a true innovator among cosmetic toxins. DAXI is

not entirely different than approved toxins, as it has the same active molecule, the 150 kilodalton toxin.

DAXI differs in that it has a nonhuman, nonanimal based proprietary peptide that adds to the toxin's stability. The peptide prevents it from sticking to the surface of the bottle and prevents the molecules from sticking together, according to Dr. Kaufman.

"We've seen in clinical studies that people can expect longevity of around six month's duration from DAXI," she says.

In comparison, toxins on the market at their approved doses have three to four months duration.

"These additional peptides, while not an active ingredient, are helping the 150 kilodalton work better," Dr. Kaufman says.

Many filler regimens are about twice a year. The twice-annual DAXI regimen, she says, could fit seamlessly, with patients having their fillers and toxins all in one visit.

There's also more than seems to stand out about DAXI, she says. "I think it is the first toxin that's going to look a little different to us clinically."

SAKURA 3 trial data suggests 96% of patients injected with

**BOTOX, DYSPORT AND XEOMIN
INJECTIONS ARE NUMBER ONE
AMONG MINIMALLY INVASIVE
OPTIONS WITH**

**7.4
MILLION
PROCEDURES PERFORMED IN 2018,
AN INCREASE OF 3% OVER THE
PREVIOUS YEAR.**

DAXI had a clinically measurable improvement of one or more grade changes in their glabellar lines four weeks post treatment.

According to Dr. Kaufman, that's an impressive endpoint.

"DAXI is probably going to look a little stronger for some people when you inject it," she says.

DAXI's safety profile in phase 3 trials is similar to that of the approved toxins, and that's for neurotoxin-naïve patients, as well as those who have had Botox or other toxin injections.

Dr. Kaufman points out that while DAXI appears to last longer than toxins on the market, complications such as ptosis resolve as quickly as they do for approved toxins.

"As a treating physician, our biggest worry with a long acting toxin is that, 'If this lasts longer, are my complications going to last longer also?'" she says. "The nice thing about our current toxins is in the rare instances that we inject somebody, and they get brow or eyelid ptosis, we know that it will not last nearly as long as the toxin. In the DAXI studies they also show that the ptosis rate and duration are the same as our current neuromodulator products."

Providers would use DAXI as they use current toxins, by reconstituting it with saline. However, the units used will be different. Whereas clinicians use 20 units of Botox to treat glabellar lines, they'll use 40 units of DAXI.

There's something else that Dr. Kaufman noticed about glabellar line patients in the phase 3 SAKURA studies: "Patients were incredibly happy because they noticed some smoothing of their forehead lines. That is something very unique. It's not really captured in the data but rather patient feedback."

Aesthetic physicians will learn more as they gain experience with DAXI, Dr. Kaufman says.

"It will come through approved for glabellar lines and, of course, as physicians we'll start using it in other places. So, we will need to be cognizant that there may be some slight clinical differences in a toxin that really seems to have much longer duration," she says.

Revance is conducting a phase 2 open-label study looking at using the toxin to treat forehead lines and crows' feet.

"It will be nice to see those studies so that when this reaches the market, we'll have some more data available about how it behaves in other areas," Dr. Kaufman says.

The potential place for DAXI in the cosmetic toxin market is huge, but it won't be for everyone, she says.

"There are a lot of people who don't want to come back every four months for Botox. But then there are also a lot of people who may want a weaker look to their toxin, where they don't have quite as much weakness in the muscle," she says. "DAXI botulinum toxin is a great choice for people who have already had Botox or Jeuveau and love the results but really don't want to come every three to four months. I also see a place for DAXI in those patients with stronger muscles, like in men."

➔ COSMETIC PIPELINE CONTINUES ON PAGE 16

→ COSMETIC PIPELINE FROM PAGE 15

BoNTE BENEFITS

If approved, BoNTE would likely be the first non-serotype A toxin available to patients, according to Steve Yoelin, M.D., a board-certified ophthalmologist with a private facial aesthetics practice in Newport Beach, Calif. Dr. Yoelin conducted research on BoNTE and DAXI.

BoNTE is in phase 2 trials and features a different clinical profile, characterized by a rapid onset of action within 24 hours and a two- to four-week duration of effect. It would have a limited but useful place in practice, experts agree. For example, it could be used in patients who have an event and need results quickly. Another potential use is as a training tool, according to Dr. Yoelin.

"You could treat a group of patients and have them come in the next day and see results. It would be nice to get closer to that immediate feedback when training injectors," he says.

BoNTE would also be a good option for patients who are new to toxins and want to test the waters, according to Dr. Kaufman.

"I would not be considering DAXI for those patients," Dr. Kaufman says.

Still another use, according to Dr.



Dr. Amelia Hausauer

Silicon Valley, Calif.

Kaufman, could be to treat pain. Neurotoxins have been shown to effectively manage acute and postsurgical pain, she says.

Amelia K. Hausauer, M.D., a cosmetic fellowship-trained dermatologist and

director of dermatology at Aesthetix in Silicon Valley, Calif., agrees that BoNTE could be used for new and hesitant patients and as a quick fix, either as a full treatment or touch up, she says.

"However, I see this more as a complement to our longer lasting agents," Dr. Hausauer says. "People generally want to come in less frequently rather than more frequently."

You could treat a group of patients [with BoNTE] and have them come in the next day and see results. It would be nice to get closer to that immediate feedback when training injectors."

Steve Yoelin, M.D., Newport Beach, Calif.

QM114 FOR CONVENIENCE

QM114, developed specifically for the aesthetic market, differs mechanistically from other toxins in that it features Galderma's proprietary strain of clostridium botulinum bacteria and is manufactured using an animal origin-free process, according to a Galderma press release.

Galderma announced positive phase 2 results for QM114 last October and is going into phase 3 research.

The selling point for this potential newcomer is that providers do not have to reconstitute it with saline and calculate their units. It'll come ready to go.

"... this is interesting because all the current products come as a dry powder that needs to be diluted with normal saline," Dr. Hausauer says. "Eliminating this extra step makes clinics run more efficiently and standardizes dosing. There

is no room for error in mixing incorrectly. On the flip side, some providers prefer to use different dilutions in different areas based on desired outcomes (i.e., want increased spread). This would limit that flexibility and control."

Dr. Yoelin agrees that while some would view having prefilled syringes as convenient, seasoned injectors may choose to reconstitute on their own.

"I'm very comfortable reconstituting these products," she says.

Karen Soika, M.D., a cosmetic surgeon and owner of the aesthetic training company called The Aesthetic Masters, says reconstitution isn't an issue for her.

"... if the cost [of QM114] is higher, it may not be worth it if this is its only advantage," Dr. Soika writes in an email to the *Aesthetic Authority*.

MARKET OPPORTUNITY

While the corporate marketing and consumers on social media will help to drive integration of the new product options, aesthetic providers will also fuel the

market by deciding whether to incorporate the new products in their practice.

And many doctors say they'll at least try them once they're approved.

Houtan Chaboki, M.D., a facial plastic and reconstructive

surgeon in Washington, D.C., says potential benefits of alternative neuromodulators include much of what the pipeline has to offer, including onset of action, and duration of results or reduced side effects. Dr. Chaboki says he plans to test the new aesthetic products as they become available.

"Choice is important," he says. 

DISCLOSURES:


Dr. Shamban is an investigator for Revance, Allergan, Merz and Galderma. Dr. Kaufman is a principal investigator for Revance, Galderma and Allergan. Dr. Hausauer was a sub-investigator on Revance's SAKURA 3 trial. Dr. Yoelin is an investigator for Revance and Allergan. Drs. Soika and Chaboki report no conflicts.

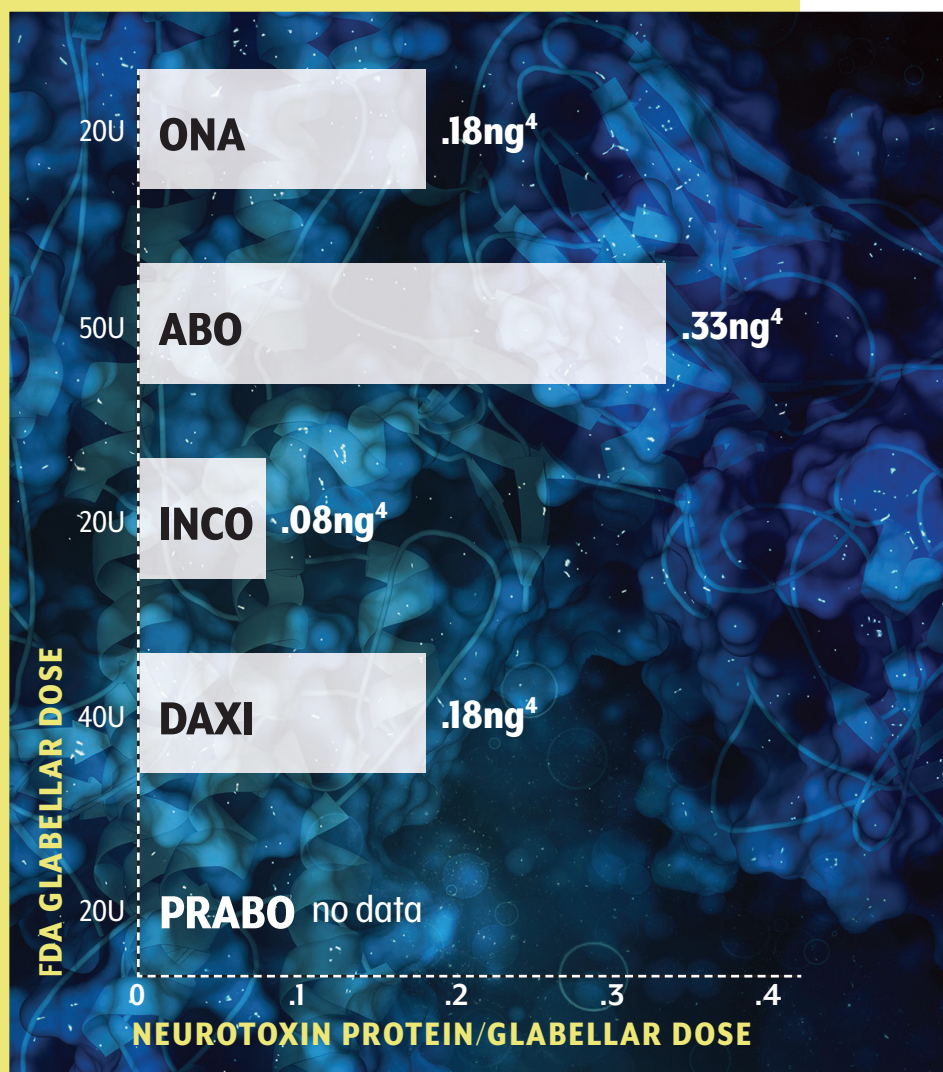
A Comparison of Neurotoxin Protein per Glabellar Dose

BOTULINUM TOXIN TYPE A is widely used in aesthetics to prevent the muscle contraction that leads to wrinkles. In terms of the glabella specifically, a team of researchers reported a systematic analysis of total protein and pure neurotoxin protein for the FDA approved dose in a poster presented at Cosmetic Surgery Forum 2019, held last December in Nashville, Tenn.

According to authors Tiffany Alexander, M.D., and Ania Ginter, M.D., Duke University Medical Center, “These proportion loads are usually described per vial which can be confusing to the injector.”

To make an effectual comparison, they conducted a literature search in August 2019 using the search terms “botulinum content,” “botulinum preparation,” “prabotulinum” and “daxibotulinumtoxinA.” The search returned 674 articles that included numerical values of clostridial protein content, neurotoxin protein load and specific biologic activity of the botulinum toxins, according to the poster.

Noting the similarities and differences in botulinum toxin type A products, where onabotulinumtoxinA (ONA), abobotulinumtoxinA (ABO) and prabotulinumtoxinA-xvfs (PRABO) are composed of clostridium botulinum toxin type A and non-HA proteins, incobotulinumtoxinA (INCO) is clostridium botulinum toxin type A only, and daxibotulinumA (DAXI) includes clostridium botulinum toxin type A plus a proprietary peptide, the researchers were able to identify the neurotoxin protein per aesthetic dose injected as indicated in the chart. 



REFERENCE:

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The Laser Pendulum Swings

A growing number of patients may be willing to take more time off for more dramatic laser results.

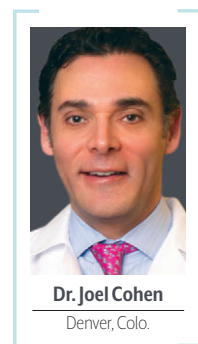
● LISETTE HILTON

It's not that people are happy about enduring the recovery associated with full-field facial laser resurfacing; rather it's that some patients are realizing that the downtime comes with dramatic results that simply aren't possible with less aggressive lasers, according to Joel L. Cohen, M.D., director of AboutSkin Dermatology and DermSurgery in Denver, Colo.

Even a series of fractional ablative lasers aren't going to make much of a dent in severely photodamaged skin of patients with deeply etched lines around the mouth, eyes and even cheeks. And

in some practices, patients are beginning to buy into the reality that when it comes to treating deeply etched lines on the face, full-field erbium 2940 is the right tool for the job, according to Dr. Cohen.

Dr. Cohen, who uses Sciton's Contour, a full-field ablative erbium resurfacing 2940 nm laser for heavy facial resurfacing, says erbium 2940 nm full-field laser devices are safer and more versatile than CO2 full-field lasers of the past. He will often treat a patient's deeply etched facial lines with



Dr. Joel Cohen
Denver, Colo.

heavy full-field erbium resurfacing, and then use fractional ablative resurfacing — either erbium or CO2 — for the rest of the face.

"I'm still using the ablative fractional devices every day for facial

resurfacing and for scars, but we need to realize that different areas of the face have different degrees of photodamage, etched lines and elastosis," he says. "If you take somebody's cheek and compare it to the upper lip, or someone's forehead and compare it to the upper lip, these regions look very different. The etching is much more significant for most people on the upper lip, so it makes sense to use different settings and different types of modalities and in some cases a combination of modalities — both full-field ablative and fractional ablative in combination to the same area — to do this."

Patients are more willing to listen to the concept of doing something with more significant downtime once, maybe twice, when Dr. Cohen explains that the alternative is taking the day off multiple times for smaller procedures, like fractional ablative lasers, which cumulatively may amount to about the same actual aggregated number of days in recovery time, according to Dr. Cohen.

"I think the key is showing them my own patient photos of one to two full-field erbium 2940 laser sessions with the associated photos of downtime, compared to a series of even higher density just fractional laser resurfacing sequences," he says.

Like other aesthetic medicine experts, Rebecca Kazin, M.D., associate director, Washington Institute of Dermatologic Laser Surgery, Chevy Chase, Md., realizes that results from noninvasive treatments don't often equal those of more aggressive laser treatments. But she says it remains a challenge to recommend

more aggressive treatments where she practices.

"Where I practice, patients are extremely conservative about having a treatment that has a prolonged healing time. They do not want to take off work and are very concerned about looking overdone. They prefer having multiple lighter treatments versus one heavier treatment, even when they understand that they may be compromising somewhat on the results," she says.

Dr. Kazin, who uses a fractionated CO2 laser, says that she also often uses a combination approach, focally treating deeper lines with the more aggressive treatment to lessen overall healing time.

"I'll do an ablative treatment to a focal problem area like the upper lip, and then do a lighter ablative or a non-ablative treatment for the rest of the face. This is a useful strategy that seems to satisfy a lot of patients," she says.

Dr. Kazin will also combine focal fractionated CO2 laser treatment with a non-laser modality.

"Most recently, I have been applying carbolic acid directly into the deepest etch lines of the upper lip then lasered over the entire treatment area," she says. "I have also combined the fractionated ablative laser with post laser application of a collagen stimulator like hyper-dilute poly-L-lactic acid (Sculptra, Galderma). I have found this to have a synergistic effect for stubborn etched lines."



Dr. Rebecca Kazin
Chevy Chase, Md.

THE PENDULUM SWINGS

The pendulum has by no means swung away from less aggressive lasers, which remain an important part of facial rejuvenation.

Dr. Kazin says lasers have revolutionized her practice, and she agrees that they've gotten safer and more powerful.

"When advising patients on treatment options, I first determine what concerns they have and what is the most safe and effective treatment. Many times, for issues like redness, brown spots, wrinkles, pores and acne scarring, a laser can be used to at least partially if not fully address their concerns," Dr. Kazin says.

IMPROVED SAFETY, SHORTER RECOVERY

The old CO2 laser treatments came with an aggressive four-week healing window, followed by redness that persists for two to three months, according to Robb Brindley, vice president of North American sales and a board member at Sciton.

With today's technology, recovery time from full-field erbium laser resurfacing is less than with the older CO2 lasers, but it's still something for which patients need to be prepared. Most patients with moderate-to-severe facial lines need a single treatment with the full field ablative erbium resurfacing 2940 nm laser, but some with severe etching need two treatments, according to Dr. Cohen.

"The healing is about 10 to 12 days. Then, they can go back to activities, but they need to... really try to camouflage that post-inflammatory redness. For full-field erbium, that post-inflammatory redness can sometimes last several weeks or even a couple

of months," he says.

Aesthetic physicians can recognize safety endpoints with full-field erbium 2940 nm resurfacing. That's not always possible with full-field CO2.

"With full-field erbium, you can recognize pinpoint bleeding as the point to stop. So, I go back and efface these lines and wrinkles, but then I look at my overall depths, which will vary depending on the area of the lines that I'm treating. The fact that the erbium 2940 nm allows you to see that pinpoint bleeding and recognize that endpoint as the point to stop, even if you do see a little bit of a line that remains, is really helpful," Dr. Cohen says.

He controls patient pain with a topical anesthetic on the full face, then uses regional nerve blocks throughout and an infra-orbital block around the mouth.

"For the majority of patients, probably 90%, that's enough," he says.

Still, he has a patient-administered ProNox nitrous oxide unit in the office if patients need it during laser resurfacing.

SKIN OF COLOR

Dr. Cohen commonly treats patients with Fitzpatrick skin types 1 through 3 with the full-field ablative erbium resurfacing 2940 nm laser. For darker skin types, he'll use that laser at lighter settings but more commonly uses fractional ablative erbium, as, he says, very deep etching in darker skin types is not common.

"Also, for darker skin types, I tend to use the Lutronic LaseMD Ultra thulium 1927 nm laser, which is the most popular overall non-ablative fractional laser in my practice for any skin type," Dr. Cohen says.

Aesthetic laser technology still isn't always ideal for skin of color and others with pigmentary concerns like melasma, but it does continue to improve with newer technologies, according to Dr. Kazin.

"If I determine it's the best option for the patient, I tend to use a series of lighter lasers in skin of color patients—lasers that, when done in a series, have more of a cumulative effect, versus a more aggressive one-time laser," Dr. Kazin says. "For example, I'll use a low-power fractionated 1927 nm thulium device that can resurface gently, but when repeated on average four times, two to four weeks apart, can really help improve the appearance of the skin by improving discoloration and decreasing the appearance of pores and fine lines."¹¹

DISCLOSURES:

DR. COHEN IS A CONSULTANT, SCIENTIFIC ADVISORY BOARD MEMBER AND SPEAKER FOR SCITON, AND HE HAS PARTICIPATED IN CLINICAL TRIALS AND SCIENTIFIC BOARDS FOR LUTRONIC. DR. KAZIN HAS NO CONFLICTS.



Your thoughts?

Email us at aestheticauth@gmail.com

3 Applications for Helium Plasma-RF

PHYSICIAN EXPERIENCE, RESEARCH WITH COLD HELIUM PLASMA ADDS TO GROWING BODY OF KNOWLEDGE OF THERMOPLASTIC TECHNIQUES FOR RHYTIDECTOMY.

RICHARD D. GENTILE, M.D., M.B.A.

ENERGY HAS been applied in some form to tissue since the beginning of recorded history. The practice of applying heat to tissue with the use of cauters was used for thousands of years as an invaluable method of controlling hemorrhage. Continuous improvement of methods for utilizing the beneficial effects of heat on tissue eventually led to the development of the basic concepts of electrosurgery as we know it today.

One of the newer entrants to the energy-based device market is Renuvion® (Apyx Medical, Clearwater, Fla.), which is powered by cold helium plasma. We have been using this advanced energy device in our practice for about three years and find it to have certain favorable features.^{1,2,3} Its unique energy — helium plasma and proprietary radiofrequency (RF) — allows for precisely controlled delivery of heat to tissue, with minimal thermal spread and rapid heating with near-instantaneous cooling aided in part by the

cooling effect of helium gas under the skin (in subdermal applications), which allows for shorter duration of activation, and therefore less diffusion of heat to the skin. Studies show that during subdermal use of Renuvion, temperature at the surface of the skin does not rise by more than 4°C and, because of this, external temperature-monitoring is not required although it may be beneficial for treatment observation for uniformity of treatment as well as a safety monitor.

Ablative Skin Rejuvenation

Ablative skin rejuvenation for deep rhytids and elastosis has, in the past, involved both laser and chemical alternatives. For years, phenol peeling and trichloroacetic acid were frequently used.

The pendulum switched to lasers in about 1994 when we purchased our first laser. The pendulum then swung away from ablative treatments with newer technologies

featuring fractionated or hybrid lasers.

Renuvion represents the first fractional device available for highly ablative skin rejuvenation. The U.S. Food and Drug Administration (FDA) approval for Renuvion is for delivery of RF energy or helium plasma for cutting, coagulation and ablation of soft tissue. A more specific indication for rhytid reduction is being pursued by the company in order to facilitate marketing for wrinkle reduction.

The skin rejuvenation aspects of this technology were first noted by Dr. Joseph DeLozier, a plastic surgeon in Nashville, Tenn., who first introduced the freehand technique. With Renuvion treatment, energies of 20% to 40% with helium flow rates of 4 are generally utilized for the treatment. Treatment can be performed with either a painting, pulsed or fractionated method. The pulsed and fractionated treatment techniques were developed by the author³ and represent a method of reducing energy treatment levels

BEFORE AFTER



59-Year-old female patient with significant facial aging, sun damage, volume loss and rhytids shown before and 4 and 10 months after Renuvion for skin rejuvenation. Micro- and nano-fat grafting were performed concurrently with the procedure. Her left ptosis improved after treatment.

All photos courtesy Dr. Gentile.

(morbidity) as this is a highly ablative treatment. One to two passes are typically done.

Renuvion is also helpful for treatment of Rhinophyma (phymatous rosacea).^{1,2}

Subdermal Facial & Neck Contouring with Skin Tightening

We introduced concepts and techniques for subdermal facial and neck rejuvenation in 2007 after being introduced to subdermal laser lipolysis concepts of skin tightening⁴⁻⁸ at about the same time. These concepts were first considered controversial but have subsequently evolved with the advent of temperature-regulated monopolar, bipolar and ultrasound devices that all work in the same paradigm for thermal mediated fibro liposculpture with remodeling.

The evolution of devices has advanced from SmartLipo lasers to Precision TX to ThermiRF to FaceTite and now RF-helium plasma. Higher levels of temperature monitoring are implemented on the more recent devices but only the Renuvion device has a self-limiting ability to avoid temperature extension to the dermis which can result in thermal burns.

We utilize the subdermal facial and neck approach to reduce fat and tighten skin and soft tissue in the submental area mandibular angle and the jowls. Procedures can be done as a stand-alone (device only) technique or combined with minimally invasive surgical techniques (hybrid procedures). The settings for the device for subdermal procedures differs from the settings on the skin rejuvenation technique. Usually 75% power and 1.5 liters of helium flow are used. The subdermal



58-Year-old female patient concerned with submental fat and loss of mandibular contour shown before (a) and 4 months after (b) a minimally invasive neck lift with Renuvion. Patient also had medial platysmaplasty. Increased definition of jawline and jawline etching are evident.

technique also involves more passes, as typically six subcutaneous passes are done in the midline followed by left and right cervical and then left and right facial if indicated for jowl reduction. A video highlighting the facial and neck treatment is shown in Video 2 and a preop and postop photo of a patient undergoing a non-excisional face and neck treatment is shown in Figure 2.

IN SEARCH OF THE HOLY GRAIL

Thermoplastic techniques for rhytidectomy and the holy grail of the “Shrink Wrap” facelift continues to evolve and improve with the advent of new technologies such as Renuvion RF-Helium Plasma. While these techniques are not positioned to replace facelift surgery, they do offer a suitable alternative to those patients who refuse rhytidectomy surgery. ¹¹

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Disclosures: Dr Gentile is a medical advisory board member of Apyx Medical.



Dr. Richard Gentile is a board-certified facial plastic surgeon practicing in Northern Ohio. He is recognized as the leading advocate for using energy-based devices during facial and neck rejuvenation and lectures world-wide on many of the techniques he has developed.



4 Plasma Devices

PLASMA HAS BECOME a buzz word in the aesthetic specialty, and a growing number of plasma devices are entering the market that may offer the possibility of complete nonablative resurfacing, including less downtime and fewer complications. But results may depend on factors such as tissue resistance and the energy arc generated between the tip of the device and the skin. Here we examine what plasma is, how it works and four different plasma devices.



Scan to read the full article online.

Stem Cell Recruitment Therapy™

The framework of the products behind Russell Health's mission to provide physicians with products and tissues to help the body heal itself.

By Russell Health, Inc

Today we are a leader in advanced wound care, dental, cosmetic and sports medicine with significant scientific, clinical, operational and commercialization expertise. We aim to contribute to human welfare by application of regenerative medicine in the research, education, distribution and sale of amniotic fluid products that alleviate pain, restore health, restore beauty and extend life.

Russell Health is devoted to advancing access and quality care in the area of regenerative medicine to help people suffering from a variety of inflammatory and degenerative conditions. Our credo stems from a belief that "consumers, employees and the community are all equally important." This statement shows that we are passionate about inclusivity and treating everyone with absolute respect and care.

Stem Cell Recruitment (SCR) Facial™

Stem Cell Recruitment (SCR) Facial™ combines DermaFlo™ and our patent-pending SCR Facial™ Procedure Guide that utilizes a minimally invasive technique. DermaFlo™ is an acellular, chorion-free, pure amniotic fluid product. Amniotic fluid surrounds a baby during pregnancy and has evolved over the millennia to create the ideal environment for fetal development. This complex fluid is a rich source of nutrients, cytokines and growth factors that manage cellular activity. Russell Health's tissue bank partner receives amniotic fluid from full-term C-section mothers who agree to donate their amniotic fluid to help others. All donors comply with our tissue bank's extensive screening policy to ensure the fluid is safe for patient use. Patients have reported a dramatic improvement the appearance of aging, damaged, and post-procedure skin.

The biological components in amniotic fluid help to stimulate collagen production, healthy circulation, antioxidant activity and cellular renewal. Physicians have also reported that this ground-breaking therapy helps to diminish the appearance of post acne scarring and soothe skin traumas. This pure amniotic fluid will not clog pores, leave a greasy feel or irritate sensitive skin.

Stem Cell Recruitment Therapy™ Treatment Areas

- › Dental
- › Elbow
- › Foot & Ankle
- › Hand & Wrist
- › Hip
- › Knee
- › Shoulder
- › Spine
- › Wound Care
- › And more



Dr. Yula Indeyeva performing the Stem Cell Recruitment Facial™ on one of her patients.

BEFORE



Female with skin laxity, photodamage, and volume loss. -0 weeks

AFTER



Reported decreased skin laxity and fine rhytids. Improved dyschromia. -6 weeks after 2nd treatment

BEFORE



Female with acne scarring & CO2 laser scarring. -0 weeks

AFTER



Reported improved texture of her skin, decreased severity of scarring and improved tone of her skin. -6 weeks after 2nd treatment

BEFORE



Female with skin laxity, photodamage, and volume loss -0 weeks

AFTER



Reported improved laxity of her skin and improved telangiectasias in her pre-auricular region. -6 weeks after 2nd treatment

“Fountain of Youth” in Amniotic Fluid

The Growth Differentiation Factor 11 (GDF11) in amniotic fluid is being referred to as the “Fountain of Youth” protein by researchers at Harvard. A recent study showed that a protein called GDF11 helps explain why young blood can rejuvenate several tissues, such as dermal tissues.

Patients have reported the following:

- › Improved coloration of skin (skin pigmentation) and definition of jawline
- › Diminish appearance of post acne scarring and telangiectasias
- › Improved laxity of facial skin
- › Reduced skin lines around eyes and upper lip
- › Softer and improved skin texture

The Stem Cell Recruitment (SCR) Facial™ follows our patent-pending SCR Facial™ procedure that micro needles amniotic fluid into the epidermal layer of the skin on the face and neck. The amniotic fluid helps to promote the body's own healing process to assist in the reconstruction and regeneration of injured tissue within the epidermal layer.



Review our research here

The Russell Health Story

In January 2017, Ryan Salvino and Jonathan Benstent founded Russell Health, Inc., on the premise of helping others achieve pain relief and healing with regenerative medicine derived from acellular placental tissue and fluid products.

Salvino and Benstent were childhood friends who grew up in the suburbs of Chicago. Both attended Butler University in Indianapolis, where they bonded over a mutual passion for entrepreneurship. By the early 2010s, both had moved to the Chicagoland area — Salvino working on an MBA, and Benstent studying advanced software engineering.

Inspired by the positive effects that amniotic fluid and placental tissue has on the body to promote healing and decrease inflammation, Salvino and Benstent founded Russell Health, Inc., with the goal of providing medical professionals with the tools to treat patients with Stem Cell Recruitment™. This led to the creation of the Stem Cell Recruitment Facial™ treatment utilizing DermaFlo™. Stem Cell Recruitment (SCR) Facial™ combines DermaFlo™ and the patent-pending SCR Facial™ Procedure Guide that utilizes a minimally invasive technique. DermaFlo™ is an acellular, chorion-free, pure amniotic fluid product that manages the cellular activity within the dermal layer. Patients have reported improved laxity and coloration of skin and reduction of fine lines and definition of jawline, as well as diminished appearance of post acne scarring. •

DISCLAIMER:

Stem Cell Recruitment™ (SCR), Stem Cell Recruitment Therapy™ (SCRT), SCR Facial™, DermaFlo™, OrthoFactor™ and Vivaderm™ are trademarks of Russell Health, Inc. The treatments described on this marketing are not considered to be standard of care for any condition or disease. SCR, SCRT, SCR Facial and Vivaderm™ attempt to utilize acellular, minimally manipulated tissue allografts and are comprised of tissue allograft components intended for homologous use to supplement tissue. SCRT products are classified by the Food and Drug Administration (FDA) as Human Cell, Tissue and Cellular and Tissue-Based Products (HCT/P) that are regulated solely under section 361 of the Public Health Service (PHS) Act. FDA recognizes that human tissue was designed, or evolved, to perform certain functions in the human body with exquisite safety and effectiveness. See more information about safety and compliance at www.russellhealth.com.

ABOUT

Russell Health is a national marketer and distributor of specialty medical products and services. Together with our partners and suppliers, we work to provide innovative life-changing and sustaining products and therapies to patients and healthcare providers around the world.

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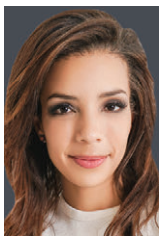
Russell Health™
Regenerative Medicine is our Specialty

Fat Grafting: Problems & Opportunities

Despite issues with processing and predictability with fat grafting, long-term results and near-future technologies secure its place in aesthetics.

— JOHN JESITUS

don't count out fat grafting as a safe, reliable means of producing long-lasting aesthetic enhancement, says Kamakshi Zeidler, M.D., who performs 250 to 300 fat-grafting cases annually. The Campbell, Calif.-based plastic surgeon and managing partner and founder of the multi-specialty practice, AESTHETX, admits that while many aesthetic physicians are interested in fat grafting, they may also be concerned the procedure has unpredictable results.¹



Dr. Kamakshi Zeidler
Campbell, Calif.

Presently, she says, significant variability exists due to patient-related factors, and the multiple methods used to harvest, process and deliver fat grafts. Additional concerns include potential complications such as fat necrosis, cysts and donor-site irregularities.

Poor retention and predictability can also be barriers to patients' considering fat grafting a viable option, she says.

"As somebody who's been doing this for a decade, I say there's a real equation for success," says Dr. Zeidler. "It has to do with processing and removal of contaminants that decrease the concentration of viable fat cells and also lead to

inflammation. When all these contaminants are removed, we can get the best 'take' possible. We want to reduce these free lipids, red blood cells, white cells and free fluid because we know that they incite inflammation and kill the new fat grafts."

American Society for Aesthetic Plastic Surgery 2018 statistics show that the number of fat transfers to the breast grew 7.5% compared to the previous year, while buttock augmentations — which includes implants and fat transfers — rose 15.8%.²

Although the process may seem complex, says Dr. Zeidler, it is fairly straightforward. When plastic surgeons talk about achieving the best percentage take, she explains, success rests upon the quality of the fat that is injected. "If half of that is garbage, your take is only going to be 50%."

To provide patients interested in fat grafting and other treatments with the full spectrum of aesthetic medicine in one location, Dr. Zeidler's practice employs two senior plastic surgeons and a dermatologist.

"We think of it as a new aesthetic paradigm to offer everything in one spot," Dr. Zeidler says. "When I see a patient for facial rejuvenation, they're often meeting with a dermatologist and a plastic surgeon in the same appointment and going through short- and long-term plans to achieve the best overall aesthetic results now and in the future."

She also adds that many of the practice's patients seek long-lasting results.

NOT ALL FAT PROCESSING IS EQUAL

Over her decade of fat-grafting experience, she's used every system available. However, she likes the Puregraft system (Puregraft LLC) for its effective filtration and ease of use.

"Not all fat processing is equal," she emphasizes.

Removing blood and contaminants during processing removes a significant volume before arriving at pure fat, she says, but it's absolutely crucial for optimal results.

In one study, researchers found that processing fat with Puregraft produced significantly higher adipose tissue viability and significantly less red blood cell and free lipid content compared to gravity separation and Coleman centrifugation.³

Fat-grafting results have been studied most thoroughly in corrective breast procedures. In a 26-patient prospective study of the Puregraft procedure, Sforza et al. showed a resorption rate of $27.5 \pm 0.8\%$ (mean \pm standard deviation) at one year.⁴

"We tell patients they can expect roughly a 75% take," says Dr. Zeidler.

In the midface, one study showed an average retention rate of 41.2% at 17 months.²

However, some patients clearly require surgery. In other cases, she says, the need for surgery is debatable.

"Various products can be used in various areas to achieve very beautiful, natural results. My counterargument is that it's sometimes hard to compare with the long-lasting results of a very mini facelift with fat transfer, particularly in the upper cheek region, to achieve a radiant, youthful glow."

For the eyes, Dr. Zeidler frequently uses nanofat — essentially broken fat cells — in conjunction with upper and lower blepharoplasty. She says that although data are lacking in this area, she employs nanofat in much the same way that platelet-rich plasma is used.

In calculating fat volumes, Dr. Zeidler typically overcorrects by 25%. Three months post-procedure, she says, patients may have a minimal amount of residual swelling and a significant improvement in upper-face volume and skin tension.

"Younger patients are looking for this, particularly in the tear-trough region." Here, she says, many aesthetic fillers can provide durable results, but not the long-lasting corrections

“We want to reduce these free lipids, red blood cells, white cells and free fluid because we know that they incite inflammation and kill the new fat grafts.”

Kamakshi Zeidler, M.D., Campbell, Calif.

of fat transfer.

Often, adds Dr. Zeidler, younger patients seek augmentation of the lid-cheek junction, along with the lips, which are a very popular treatment target. Fat transfer can provide lasting results in these areas as well, including correction of lip asymmetries, she says.


"As a caution, filler is much more powerful in changing the shape of a lip. If patients really want to 'poof' their lips, fillers are going to be more successful."

Overall, Dr. Zeidler says, fat grafting presents both problems and opportunities. Presently, she explains, the technique is rarely used for facial filling. "But could it be? It's perceived as invasive, surgical, messy, unsterile and time-consuming — an operating-room procedure."

However, that may not always be the case. Dr. Zeidler says she's excited about new technologies under development, particularly the Dermapose Access and Dermapose Refresh devices (Puregraft), which are kits designed to allow office-based procedures. Using a small suction cup much like Cellfina (Merz) or CoolSculpting (Allergan), the

new devices suck up a small bulge of fat and withdraw tumescent liposuction contents straight into a syringe.

"The syringe has a built-in filtration system. You can just push the fluid through," says Dr. Zeidler. "The system processes and cleans it with the same type of predictability and reduction of contaminants that we see in the operating-room system." Within 20 minutes, the technology can provide a very fine filler for injection through a syringe.

"Think about fat as an option as new techniques and devices come out," says Dr. Zeidler. "Consider joining the trend. These new technologies may make it a little bit easier to do office-based procedures." 

Article based on Dr. Zeidler presentation "Fat transfers versus fillers: a plastic surgeon's thought process on choices," last year at The Cosmetic Bootcamp, Aspen, Colo. June 21, 2019.

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DISCLOSURES:

Dr. Zeidler reports no relevant financial interests.

The Stem Cell Recruitment Facial

Stem cells in a facial? That was our question too.

ELIZA CABANA

AS LUCK WOULD HAVE IT, the *Dermatology Times/Aesthetic Authority* booth was side-by-side with Russell Health's at South Beach Symposium 2020. And we couldn't help to notice all the materials on something called the "Stem Cell Recruitment Facial." You're probably thinking what I initially thought: The word "facial" conjures up images of salon and spa treatments. But add in "stem cells" and suddenly maybe we're looking at something with medical-grade chops. We had a few questions for Russell Health, and they were more than happy to answer.

I sat down with Ryan Salvino, director of sales for the company. What exactly is the Stem Cell Recruitment Facial? Here's what you need to know:

The "facial" is an amniotic fluid product manufactured by Russell Health that is injected into the skin using a patent-pending process that includes multiple steps, from product preparation to administration. The product itself is an adjunct to microneedling (with or without RF).

"[The amniotic fluid] comes from a live c-section birth and the mother must give consent," says Salvino. After going through the FDA-regulated testing process to ensure safety parameters are met, the donated fluid is put through a complex filtering system and frozen.

"We're freezing it because we're able to maintain all the biological components: cytokines, extracellular matrix proteins and growth factors," says Salvino.

Still, there is a shelf life. The company's procedural guidelines point out the need to

check the label on the product box before opening it because the graft must be used before the expiration date.

The amniotic fluid is acellular and exhibits low immunogenicity. There have been no reported cases of immune rejection.

Notably, the product is FDA regulated and 361 compliant.

The procedural guide provided by Russell Health includes a protocol and offers detailed guidance such as needle depth for each area of the face and the back too.

Each treatment session involves two passes of microneedling with radiofrequency, separated by topical and intradermal application of the amniotic fluid. The full treatment protocol includes two sessions spaced 3-4 weeks apart.

"The protocol is [to] do one treatment, wait three weeks, do a second treatment, and you'll see the effects six weeks after the first treatment," says Salvino.

As for how long results last, "It varies for every patient. What happens is the amniotic fluid helps with the regeneration process." Which, he says, continues after each treatment. "We've seen results that last eight to 12 months."

So really, this isn't simply a facial — it's a "super" facial.

"It's approved for homologous use, which is lubrication of the skin, regeneration, repair," says Salvino.

To date, physicians have used it with microneedling to improve post-acne scarring, skin laxity, fine lines, wrinkles and jawline definition.

Of course, one question I always have for

product reps: Have you used it yourself?

Salvino says he has not, but his fiancée has had the recommended two treatments.

"She actually had scalp psoriasis and it is completely gone. She doesn't need to fold her hair over in front anymore [like] she used to. She had [psoriasis] since she was in fifth grade and now she's... super confident."



Dr. Yula Indeyeva
Gulf Shores, Ala.

PART II: THE LIVE DEMO

Yula Indeyeva, M.D., a facial plastic surgeon in Gulf Shores, Ala., demonstrated the Stem Cell Recruitment Facial in a non-CME session at the meeting.

"I'm here to

demonstrate my approach and technique to skin rejuvenation using Stem Cell Recruitment Facial in conjunction with microneedling and radiofrequency," she told the audience, explaining that her patient had already been prepped by washing off makeup, applying a topical anesthetic and performing a perioral block.

THE FACIAL PROTOCOL:

- **Step 1:** Microneedling Pass 1
- **Step 2:** Application of amniotic fluid topically and via transdermal injection
- **Step 3:** Microneedling Pass 2

"The way I do this is in two passes. I do the first pass all over the face, varying depths of my microneedling based on the patient's skin condition, concerns and areas of the face."

The first pass creates the micro channels necessary for the growth factors in the amniotic fluid to pass through the epidermal barrier.

After performing the stem cell recruitment therapy — a combination of very superficial hypodermal injections and topical application — she follows up with a second pass to push the product through.

“This is not a peer-reviewed claim, but my thought is that the second microneedling pass pushes the product into the dermis a little bit deeper and that’s why I tend to increase my depth on the second pass, after administering the product topically.

STEP 1: FIRST PASS

As she performed the first pass using the PiX-el8-RF Microneedling System (Rohrer Aesthetics), she talked about the product itself.

“This is a cryopreserved, acellular amniotic fluid that’s used very similar to how we would use PRP in terms of skin rejuvenation. I became interested about a year ago after PRP was just getting to be a little cumbersome, so when a promising alternative came up I wanted to try it and I’ve seen really good results, just the ease of preparation, speeding up the procedure itself and the results really made me want to continue.

“It comes in 1 cc and 2 cc vials that are the cryopreserved amniotic fluid. They are then diluted with normal saline at a 1:1 ratio so that we would add 1 cc to the 1-cc vial and 2 cc to the 2-cc vial.”

Generally, Dr. Indeyeva says she uses two 2-cc vials, which provides her with a total of 8 cc product to use for the treatment.

However, cutting the amount in half would probably be enough, she admits.

STEP 2: STEM CELL RECRUITMENT

“As you can see, I’m just injecting tiny little aliquots, placed pretty evenly apart,” she says. “And oftentimes as you’re injecting, there’s a little bit of a runoff and that’s enough for a topical application.”

Not to be confused with exosomes, “It’s acellular embryonic fluid, which contains a lot of growth factors, cytokines, but it’s not exosomes.”

Exosomes are extracellular messenger vesicles containing mRNA.

The treatment is called stem cell recruitment because the aforementioned agents recruit the endogenous stem cells and set off a regenerative cascade, she explains.

“It’s a complex set of molecules such as proteins, growth factors, cytokines, hormones that are secreted or shed off the

surface of stem cells that are responsible for creating the regenerative microenvironment that supports the reparative and regenerative cellular mechanisms that ultimately lead to skin rejuvenation.”

STEP 3: SECOND PASS

For the second microneedling pass, Dr. Indeyeva says she increases the needle depth.


“I like doing it in two sessions spaced three weeks apart. I found that to be to be effective in my practice but there really is no clear particular formula. I used to do it six weeks apart. And then I’ve had to do it closer together for some patients just because of timing constraints. And I actually found that they did better with decreasing the interval between treatments, so now I recommend 3 to 4 weeks apart for all of my patients.”

POST-PROCEDURE PROTOCOL

Dr. Indeyeva’s post-procedure protocol includes a topical antioxidant and sunscreen. For the first 24 hours, the patient is instructed not to wash the face or apply any product. Starting at 24 hours after the procedure, she instructs patients to wash with a gentle soap and apply a topical antioxidant twice daily, followed by 100% mineral sunscreen.

“I love using SkinBetter Alto Defense Serum for a topical antioxidant because of its additional hydrating and anti-inflammatory properties and the SkinBetter Sunbetter Tone Smart SPF 68 Sunscreen compact because of its 100% mineral formula and slight tint to camouflage any redness and bruising, which can occur with this procedure.”

After 72 hours, patients can return to their regular skincare regimen, she says.

Dr. Indeyeva says she’s also used this microneedling-RF-amniotic fluid approach with the chest and back. 

DISCLOSURE:

Dr. Indeyeva is a medical advisor for Russell Health.

BEFORE



AFTER



39-Year-old (above) and 71-year-old (below) patients shown before and 3 weeks after second treatment session with stem cell recruitment facial with microneedling + RF.

Photos courtesy Dr. Yula Indeyeva.

Sunscreen and Skin Barrier Health

Can a healthy skin barrier optimize sunscreen efficacy and safety? Yes! Not only does a healthy skin barrier protect against external environmental factors, including pollutants and UVL, it also protects against active ingredient absorption to deeper skin levels, which can affect proliferating cells and their organelles.

The Scenario:

Sunscreen photoprotective molecules bind to cholesterol and phospholipids on the corneocyte membranes and to stratum corneum barrier lipid lamellae which contain cholesterol, ceramides and free fatty acids. If the skin barrier is healthy, these structures remain intact and sunscreen has enough surface area and molecules for binding, thus providing prolonged substantivity and photoprotection. If the skin barrier is not healthy, sunscreen ingredients can penetrate through the stratum corneum into the epidermis, reducing its protection exponentially, while also creating greater systemic absorption and toxicity.

The Solution:

Repair and optimize the stratum corneum barrier! Epionce Renewal Facial products were the first barrier repairing products that use the ideal ratio of three key lipids on the market. They were proven to be twice as effective as petrolatum in barrier repair and four times better than other leading moisturizers.

Barrier Repair Technology

The main function of the stratum corneum, or skin barrier, is to protect the body against damage caused by environmental insults — including UV exposure and pollution. It is a shield and first line of defense against the outside world.

A healthy skin barrier protects the young, maturing skin cells deeper in the skin from being damaged. Therefore, it is vital to care for this protective barrier.

Lipids (oils) in the skin are critical to its function and structure because they act like the glue that holds the skin cells of the stratum corneum together. A normal, healthy ratio of lipids in the skin is 1:1:1 — 1 cholesterol, 1 ceramide and 1 free fatty acids. Epionce founder, Dr. Carl Thornfeldt, and his research team discovered that adjusting the lipid ratios to 3:1:1 — 3 cholesterol, 1 ceramide and 1 fatty acids — triggered skin healing. This original proprietary concept was built into the foundation of the Epionce product line as the Barrier Repair Technology (BR).

Key Benefits of Barrier Repair Technology:

- › The first cholesterol-dominant barrier repair moisturizer on the market based on completely original scientific research
- › Repairs and optimizes the skin's natural protective barrier
- › Clinically proven to improve signs of skin aging
- › Clinically proven to rapidly repair wounded skin post-treatment
- › Helps improve symptoms of skin disease, like eczema, psoriasis, acne and keratosis pilaris

Dedicated to Delivering the Beauty of Healthy Skin

In 1977, Dr. Carl R. Thornfeldt received his medical degree from Oregon Health & Science University (OHSU) in Portland, Oregon. In the years since, he has dedicated his life to help alleviate problem skin conditions and improve the overall health of his patients.

After years of skin barrier research and seeing first-hand the effects of skin disease in his private practice, Dr. Thornfeldt developed the Epionce brand to help him be a better doctor. As a physician, he understood the importance of prescription therapies to clear conditions but needed a safe and effective product to help patients maintain and enhance their results.

In 2002, he launched the Epionce flagship product, Renewal Facial Cream and quickly began seeing dramatic improvements in his patients.



Dr. Carl R.
Thornfeldt

Idaho

Dr. Thornfeldt was adamant about performing double-blind, independent clinical trials using the market-ready product — even against prescription products — to prove Epionce is safe and effective. After nearly 20 clinical studies, Epionce is one of the most rigorously tested cosmeceutical lines available today. It's Dr. Thornfeldt's passion and care for others that has led to Epionce being highly regarded today by dermatologists and other skincare professionals alike — both in the United States and abroad.

With the corporate office and FDA inspected manufacturing facilities headquartered in Boise, Idaho, Dr. Thornfeldt works closely with the Epionce team to ensure the highest quality skincare is produced. Furthermore, he continually researches new theories in skincare to bring the newest and most innovative products to market. •

Clinical Results

The Barrier Repair Technology is clinically proven for optimal skincare results.



In a 12-week study, Intensive Nourishing Cream alone reduced tactile roughness by 60% and reduced wrinkles by 31%.



Medical Barrier Cream was shown to rapidly normalize barrier function by 89.6% within 45 minutes after application and had repaired the skin barrier 100% within 2 hours.



Renewal Calming Cream statistically significantly improves symptoms of eczema such as redness, itching and scaling/dryness.



In a 12-week study, Renewal Facial Cream alone reduced tactile roughness by 56% and improved clarity by 53%.

Professional Tip

Your patients will experience a fraction of down-time and faster results post-treatment with the help of an at-home barrier repairing skin care regimen such as the Epionce Essential Recovery Kit. Clinically proven to reduce downtime and improve the anti-aging results following the treatment procedure.



ABOUT

Epionce is an award winning physician-dispensed skin care line. In over 15 independent clinical studies, Epionce has been proven safe and effective in reducing the visible appearance of skin aging and problem skin – without irritation.

CONTACT

www.epionce.com
1.866.EPIONCE
info@epionce.com





The Microbiome: Implications in Aesthetics

ANNA CHACON, M.D.

As physicians who specialize in treating the skin, we need to be mindful of beneficial bacteria in skin-care. The skin and microbiome are highly interconnected, particularly in the areas of pre-, pro- and postbiotics. We know that commensal bacteria are a major factor in human health and the pathogenesis of various medical conditions; however, interest has expanded beyond disease pathogenesis and the gastrointestinal microbiome to include that of the skin and impact in aesthetics.

We know that a diverse microbiome is associated with

healthier skin, and an overgrowth of abnormal bacteria is associated with unhealthy skin or skin disease.

Researchers have examined the role of the microbiome in dermatology, considering both the microflora of the gut as well as the skin. While clinical data support the utility of certain oral and topical products (pre-, pro- and postbiotics) for certain dermatologic conditions, could these or similar recommendations also apply in the aesthetic specialty?

Cosmeceuticals with pre-, pro- and postbiotics may be useful in treating multiple aspects in skincare and dermatologic

IMAGE: BLANCH/STOCK/ADOBECOM

conditions, according to Joshua Zeichner, M.D., Director of Cosmetic & Clinical Research in Dermatology at Mount Sinai Hospital in New York City.¹

Cosmeceuticals and cosmetic formulations contain preservatives that are intended to prevent contamination with bacteria. This prevents a presence of live bacteria in many skincare products. Instead of true probiotics, cosmetic products contain prebiotics, and extracts of probiotics or postbiotics. While there is data showing that this could be beneficial in restoring healthier looking skin, there is insufficient data showing if probiotic skincare is more effective than traditional products.¹



“While we know that pathogenic bacteria on the skin is linked to a wide range of dermatologic diseases, the implications of cosmetic factors such as aging, body odor and blocked sebaceous glands are huge regarding product development and treatment recommendations.”

Commercialization of the skin microbiome is currently taking two approaches: maintaining viable bacteria in live bacterial products — which can prolong benefits by colonizing the skin — and the use of bacterial products called lysates that prove a practical solution to the challenges of handling live bacteria, including keeping specific bacteria alive and limiting contaminants. With studies² <https://www.ncbi.nlm.nih.gov/pubmed/31021014> suggesting that lysates aid in protection against inflammation and improve barrier function, these bacterial-based products may be effective in improving skin appearance and health.

While we know that pathogenic bacteria on the skin is linked to a wide range of dermatologic diseases, the implications of cosmetic factors such as aging, body odor and blocked sebaceous glands are huge regarding product development and treatment recommendations.

A study³ conducted in Japan consisting of two different age groups — 21 to 37 and 60 to 76 — showed a striking alteration and diversification in the skin microbiome with aging, supporting this theory.

Current data supports the use of probiotics in the prevention and treatment of skin diseases, including acne vulgaris, atopic dermatitis and eczema, psoriasis, seborrheic dermatitis, skin cancer and chronic wounds. Still, more research and studies are needed to confirm these results, including which products can be safely recommended to patients.

Oral and topical probiotics appear to be effective for the treatment of certain inflammatory skin conditions, even


demonstrating a promising future within wound healing and cutaneous oncology. Thus, oral and topical probiotics may have a future role in expediting wound healing after certain minimally invasive cosmetic procedures, like injectables, lasers and tumescent liposuction.

In consumer media, the skin microbiome was recognized by popular publications *Vogue* and *Harper's Bazaar* as one of 2019's biggest skincare trends.

With a scientific understanding of the skin microbiome taking the potential for modulation into new territories, now is the time for understanding, applying and developing prod-

ucts that influence the skin's health through the microbiome.

All three, - pre-, pro- and postbiotics, are derived from the gut, skin, soil or water. While there is no consensus as to which particular products we should recommend to patients, biotics are present in some, such as thermal spring water. Thermal spring water from La Roche-Posay contains high levels of selenium, which has anti-inflammatory properties, protects against UVB-induced skin damage and enhances the microbial diversity in the skin through probiotic benefits. Avene's thermal spring water contains *Aquaphilus dolomiae* bacteria which is anti-inflammatory, anti-pruritic and immunomodulatory, making it valuable as an ingredient in topical preparations for cosmetic products.

Colloidal oatmeal, a prebiotic, contains proteins, vitamins B and E, lipids and polysaccharides, and has both anti-inflammatory and antioxidant properties, which help it serve as a skin protectant and useful in restoring the skin barrier and soothing the skin. It increases skin hydration, decreases skin pH, and improves microbial diversity, exhibiting prebiotic benefits to enhance the growth of healthy bacteria on the skin. 

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FEATURED

Skincare for the Aesthetic Practice



COTZ SPORT SPF 45

A new product this year to the sun protection category, COTZ Sport SPF 45 is designed for those with active lifestyles who care about the environment. Non-tinted, smooth and easy to blend, the company says it disappears evenly into all skin tones. The product is chemical free, gluten free and free of oils, preservatives, parabens, phthalates and fragrance. COTZ Sport SPF 45 is not tested on animals. www.cotzskincare.com



DEFENAGE LUXE KIT

It's a brand that's taken the aesthetic specialty by storm and this year, DefenAge celebrates its 5th Anniversary this year with the release of The DefenAge Luxe Kit, which includes the brand's signature Clinical Power Trio plus the 1-step Multi Cleanse and 3D Eye Radiance Cream as well as a free luxurious silk pillowcase. The limited-edition Luxe Kit launches in April and is available in both the standard and a fragrance-free formulations. Their 5-year Anniversary in May. www.defenage.com

CALECIM® PROFESSIONAL

As regenerative medicine continues to carve out a place in aesthetics, so too do complimentary products. CALECIM® Professional is a skincare line that boasts an extensive body of science behind its umbilical cord lining-derived technology. The active ingredient in all CALECIM Professional products is produced in a certified stem cell lab. According to the company, their patented source of stem cells, Rejuvenating Conditioned Media, secrete a mix of proteins, growth factors and cytokines send signals that help with glycoprotein production, encourage cell mobility and activate cells to divide or self-destruct, effectively restoring a healthy epidermal cell turnover.



CALECIM® Professional products include Professional Serum, Recovery Night Complex, Multi-Action Cream and Restorative Hydration Cream. www.calecimprofessional.com

Physician Innovator

ONE OF THE FIRST PLASTIC SURGEON-DEVELOPED SKINCARE LINES GOES BEYOND AESTHETIC CONSIDERATIONS IN PURSUIT OF A SKIN BURN SOLUTION.

ELIZA CABANA

PLASTIC SURGEON, DR. JAMES BECKMAN, CEO and founder of Therapon Skin Health, didn't envision starting a skincare company over two decades ago. He set out to develop products not available at the time to improve the overall skin health and appearance of his own patients. Since then, he has created a solid, but simple, product line based on science, with a burn treatment product in the pipeline.



Dr. James Beckman

Fayetteville, Ark.

FAYETTEVILLE, ARKANSAS, 1988

Five female facelift patients inspired Dr. Beckman to use his biochemistry expertise to create a skin solution.

"Interestingly, they all had a one-sentence statement that just stuck out in my mind. And that statement, pretty much was, 'At

20 feet away, I look 20 years younger. But I'm putting my makeup on 18-inches from the mirror, and I don't like what I see in terms of pigment change and fine lines and wrinkles.'"

Dr. Beckman points out that in 1988 there weren't any medical skincare companies yet. "Obagi was just getting out of medical school and Skin Medica hadn't even become a company yet."

So he went to the drawing board to find a solution. Dr. Bookman pulled out his books and studied the science of skin cell turnover and noted that it slowed over time. He discovered that every time a cell exfoliates, it stimulates new a cell division at the basal layer.

"So I said, well, if I could cause those surface cells to come off quicker at age 40, then it would build new cells quicker and it would be younger looking skin."

Thus, Dr. Beckman created glycolic acid and lactic acid prototypes.



More on Dr. Beckman online.



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“We preach keeping the cannula turned down towards the fat and the muscle in most areas of liposuction. But in this case, we want to create some slight injury to the fat on the undersurface of the skin.”

—Randolph Waldman, M.D., Facial Plastic Surgeon, Lexington, Ky.

The Isolated Submentoplasty

ELIZA CABANA

non-surgical neck rejuvenation solutions are easy to incorporate into the aesthetic practice. But according to Randolph Waldman, M.D., a facial plastic surgeon in Lexington, Ky., the isolated submentoplasty is a minimal-incision surgical solution that quickly and effectively reduces submental fat and retracts the skin.

Importantly, it's safe, repeatable and results in high patient satisfaction, he says.

“This is a small procedure we do in our practice that probably takes me about 20 to 25 minutes... it's one of the best ROI and best appreciated by our patients of the procedures that we do. The level of satisfaction with this procedure is very, very high. The complication rate is almost zero,” says Dr. Waldman, who presented “Submental Liposuction: The Poor Man's or Poor Woman's Facelift” at South Beach Symposium 2020 in Miami, Fla.

The concept behind this closed neck-lifting technique is not to remove excess skin, but to use liposuction with minimal incisions to remove fat, redistribute the skin and to allow the body's natural fluids to “glue” things into a more youthful place.

“Dr. Feldman in Boston, a well-known plastic surgeon, preached this principle for years, which basically was not to remove any skin and to do minimal incision remodeling of the neck by redistributing the skin,” says Dr. Waldman.

Joel J. Feldman, M.D., is credited with being an early developer of small incision techniques for the face and neck and well known for his neck lifting results. He retired in 2015.

While the isolated submentoplasty is a tried-and-true approach for Dr. Waldman, there are several important considerations for a successful result, including skin elasticity, patient age, effective redistribution of the skin, cannula type and technique, anesthesia and incisional approach.

Of them all, “Skin elasticity is probably the most important consideration when you analyze a patient [for this procedure],” says Dr. Waldman.

While age is a consideration, it's also necessary to evaluate patients on an individual basis, he says, as chronological age doesn't always indicate skin quality.

“Aging can be a factor, but really in today's world, skin elasticity can be very poor in younger people or can be extremely good in some people well over the age of 45.”

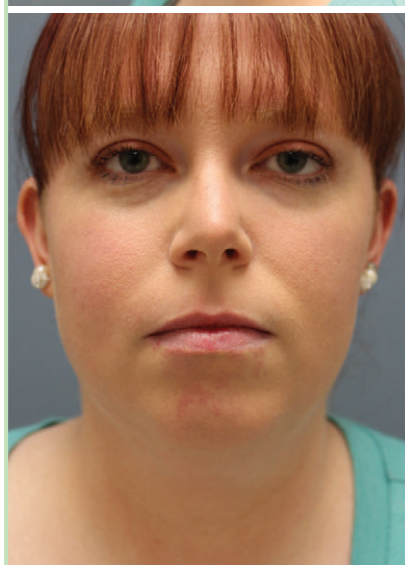
As for anesthesia, Dr. Waldman prefers propofol. He says he uses it for everything from tummy tucks to breast reductions and augmentations. “But particularly with facial procedures we can pretty much do it all with propofol anesthesia.”

The specific cannula type is key to the technique.

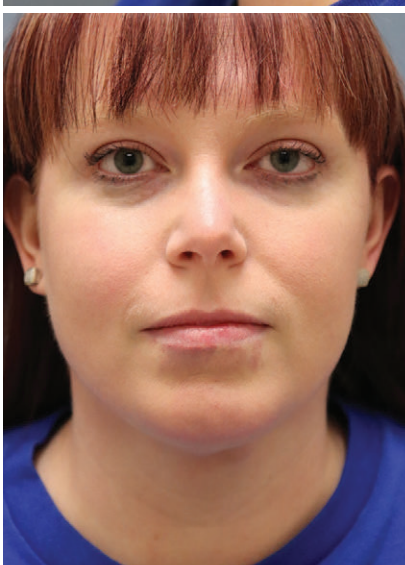
“We use ‘accelerator-style’ cannulas,” says Dr. Waldman, “These are shorter cannulas designed specifically for the neck. I like the #3 and the #4, which have side ports that can actually be directed superficially.”

“I know that's not what we preach. We preach keeping the cannula turned down towards the fat and the muscle in most areas of liposuction. But in this case, we want to create some slight injury to the fat on the undersurface of the skin.”

BEFORE



AFTER



Dr. Waldman points out that an open technique is possible and perhaps even necessary when faced with patients who have excess skin laxity. However, his preference is the closed technique, with three small incisions: first in the submental area, where a small tunnel is created with the cannula and behind each earlobe.

Once you've reached the end of the liposuction process, "It's very important to kind of pinch the skin across the neck to feel any irregularities or areas of persistent fat accumulation. Very carefully retract the skin laterally and you'll see any dimpling or excess fat and you can correct that immediately," Dr. Waldman says.

After closing the incisions with 6-0 nylon, comes the critical final step: After retracting and redistributing the skin, the dressing then holds it all together.

"As we put the dressing on, we're holding everything laterally so we can get things to heal in the proper position. This is a fairly tight dressing. We're not worried about perfusion here. We've elevated no significant flaps and so the dressing will be removed the next morning. We generally will put a garment on the patient for seven days fairly continuously except for showering and then again for another three weeks at night."

One day post-op, it's normal to have some ecchymosis and slight bruising, says Dr. Waldman, but you'll already see how that patient's skin has redistributed, along with a visible reduction in fat.

Skin redistribution and fat reduction results are immediately noticeable but remember, says Dr. Waldman, "As it is with any liposuction, this will improve over the next two or three months." ■

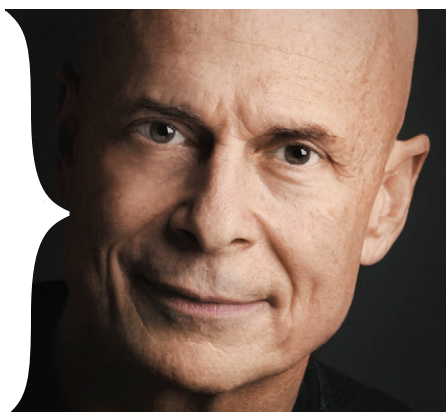


34-Year-old female patient underwent chin augmentation using extended Silastic Implants as well as three-incision "closed" submental and submandibular (upper neck) liposuction.

Photos courtesy Randolph Waldman, M.D.

Dr. Joe Niamtu, III,

An internationally
recognized
cosmetic facial
surgeon practicing
in Richmond
Virginia



Do This Don't Do That. Can't You Read the Signs?

THOSE WERE THE WORDS of an oldie but goodie song originally done by the Five Man Electrical Band in the 70's. In a way, it applies to cosmetic treatments among various specialties. You look at their marketing and the sign says, "Get rid of your double chin."

If everyone is honest and fair, puts their ego and profit aside, they would agree that there are numerous specialties that do numerous surgical and nonsurgical treatments in aesthetics. Unfortunately, a lot of professional bickering and jealousy still goes on, especially for those doctors with antiquated thoughts and their heads in the sand. The truth is that a plethora of cosmetic treatments are available for the average patient from their primary care doctor, their dermatologist, their maxillofacial surgeon, facial plastic surgeon and otolaryngologist, ophthalmologist/oculoplastic doc and plastic surgeon to name a few. This also extends to RNs, general dentists, medspas and even health clubs. The bottom line is there is no shortage of providers for cosmetic procedures, especially the nonsurgical variety.

This can be very confusing for patients and even confusing to a certain extent to professionals. Contemporary cosmetic procedures involve many surgical and

nonsurgical treatments from a variety of specialties. So, if a patient has some fullness, do they get Kybella from their dermatologist, Coolsculpting from their local medspa, lipo or submentoplasty or facelift from their surgical specialist? That is the question. The answer is somewhat harder.

We all have something to offer. I personally feel that the biggest advances I have seen in my three-decade surgical experience have been mostly nonsurgical. In the mid 1990s a whole lot of stuff happened at once. This period ushered in neurotoxins, fillers, liposuction, laser technology, tumescent liposuction, endoscopic surgery and other advances. It was a beautiful time for progress, but a somewhat slippery slope for treatment as much of what we regard as "standard" today was hashed out by trial and error in the 1990s. When I purchased my first CO2 laser then, there was no "instruction manual" and the evidence-based literature was in its infancy. The settings that many providers take for granted today were hashed out by pioneers and often fraught with overtreatment and lawsuits.

Although some of this will always occur with new technology, I feel that today's providers are on much more solid ground with treatment protocols.

Back to my initial question, what is the correct treatment for the patient that walks in with submental fullness? Well, it is provider driven. Let's start with the least invasive. In my hometown, there are many places where one can receive treatment with various devices for skin tightening, fat freezing or fat melting. If they have a relationship with an office that does these procedures, they may think that this is the precipice of treatment. These treatments, for the most part, do something, but are usually limited to conservative cases with minimal skin excess. The next step up may be Kybella or similar mesotherapy injections, which are pretty noninvasive. Again, they have their place but usually don't produce earth-shaking results and do nothing for skin excess. Thread lifts are a little more invasive but don't have a great track record for longevity. I mean no ill press to those providers who offer this, but it seems to come in and out of vogue every decade. Perhaps the technology will continually improve. Finally, the patient could find themselves in a surgical office and may opt for liposuction, chin implant, submentoplasty or facelift. Yep, it is surgery, I admit it. But I also think it remains the gold standard for most advanced aging problems. Yes, I am a facial surgeon — full disclosure!

I recently saw a news clip from a major Derm meeting in Hawaii and the author of the article is a friend. However, she said something like “surgery is out, no one does that anymore.” Well, I beg to differ as I performed 109 facelifts last year.

So what procedure should a patient undergo and whom should they see? The honest answer is, “Every one [with relevant training] is right and you should do the procedure that best fits your budget, recovery, lifestyle and desires.” Sometimes this is difficult due to misinformation from nonsurgical providers overhyping the results and longevity of a given procedure or a surgeon prematurely operating on a patient that may benefit from less invasive treatment.

Ethically, all providers are charged with three main things: Patient safety, predictable outcomes and honesty. I have seen numerous patients that had significant neck skin excess waste thousands of dollars on skin tightening devices, thread lifting and other undertreatments. Over the years, I have seen many patients for a facelift consult that did not desire surgery and opted out, only to see them two years later after they spent more than the facelift would have cost on devices and therapies that were ineffective. I have also seen patients from other offices that had minimal aging and were way overtreated with surgeries, so it happens on both sides of the non-invasive/surgery coin.

Our job, our charge, our goal is to do what is right for the patient. It takes an ethical doctor to tell patient that they could undergo a given procedure, but it just won't meet the patient's expectations or provide longevity. It is hard (especially for younger doctors) to turn away a patient, an aging problem and a check book, but it is ethically imperative. For every surgical patient I evaluate, I ask myself “would I do this procedure on a family member?” That credo has served me well for decades. There have been hundreds of patients over my career that I told that they were not ready for a facelift and that they should see a colleague for a less invasive procedure. It all comes back to you in the end as our reputation is our only brand. Do what is right, do what is best for the patient regardless of economics and you will be respected and appreciated.

When I look around at the most successful practitioners I know from all specialties, they have some common denominators: They are joyous, they love their profession, they care deeply about their patients and they are always honest with their patients. ■

A Question of Skin Tightening

FOR YEARS physicians have discussed which nonsurgical device works best and how well it actually tightens the skin. But this begs the question: What role does energy play in treatment for the patient who wants or needs skin “tightening”?

**Sheila Barbarino, M.D.,
FAAO, FAACS,
FACS**

Barbarino Surgical Arts
El Segundo, Calif.



“We’re putting energy into the skin to create a heat reaction. Depending on laser energy variables, we target melanin, hemoglobin or water in the tissue itself. Some treatments rely on stimulating blood flow and coagulation,

while other applications may seek to vaporize tissue in an ablative treatment. The end goal of any energy-based treatment for skin tightening is to break down and subsequently stimulate collagen and elastin growth. The more energy we use, the greater the impact in the skin, which will result in more restructuring, and therefore tightening, to restore a more youthful appearance.

The work we’re doing in my [stretch mark] study uses energy in two different laser pulse formats to improve the appearance of stretch marks with a fractional ablative Er:YAG laser. The purpose of those two formats is to cause ablation in a shorter pulse, and then coagulation in a longer pulse. Energy-based treatments to reduce skin laxity aim to stimulate collagen and elastin production by causing tissue ablation and/or coagulation.”

Vivian Bucay, M.D., FAAD

Bucay Center for Dermatology and Aesthetics
San Antonio, Texas



“Energy-based devices have a definite role for the

patient seeking skin tightening, but it's important to understand that radiofrequency and ultrasound-based treatments will not replace the need for volume restoration in those individuals who have significant loss of bone and soft tissue. These devices are useful in improving skin quality and can work well in areas of the face where the skin is thinner, such as around the eyes. It's also important to clarify the difference between skin tightening, which can be achieved by just about every device that heats tissues, versus lifting, which to date, according to the FDA, can only be accomplished using micro-focused ultrasound.”

Joel Schlessinger M.D. FAAD, FAACS

Skin Specialists P.C.
Omaha, Neb.



“Energy is everything at present. While nips and tucks are still the gold standard, methods such as Ultherapy or radiofrequency along with microneedling are fast becoming indispensable.

While they are expensive and out of the reach of many patients, there is a subset of patients — mainly those who have less time and more disposable funds — who want what they want and don't want to be under the knife, whatever the cost.

The most important aspect, however, of using these machines is to set expectations. No energy device is the equivalent of surgical procedures... yet. Additionally, pain control is essential. We have nitrous oxide in our office, and it is a game changer. We simply couldn't do many of these procedures without it.

The take home message here is that the field is advancing and as settings and paradigms evolve, we will see results that come close, if not surpass traditional methods.”

Smart consolidation in aesthetics is finally here

and investors
are paying
top dollar for
practices



Viper Equity Partners

Consolidation continues to gain momentum in aesthetics and has marched onwards since 2014, when dermatology first transitioned from practice management integrations into a prime niche target for private equity portfolio investment.

“In 2017, we saw the business of plastic surgery become the next big target of private equity (PE) after a nascent dermatology run,” states David C. Branch, Founder of Viper Equity Partners. “It only made sense with people living longer and so many minimally and non-invasive procedures becoming available to the population as a whole.”

Strategic alignment goes beyond the benefits of a PE-backed exit or growth strategy to increase shareholder value and relieve you of day-to-day backend operations, important though these are. Joining with the right PE partner means aligning with healthcare innovators who have your best interests at heart, so you can capitalize on the planned growth of your practice in a definitive time frame, with the terms you choose.

“My experience with Viper has been amazing! They exceeded my expectations on every level. The deal they negotiated for me was exceptional.” — Dr. David Rankin, Founder, Aqua Plastic Surgery and Partner, Water's Edge Dermatology

Besides, the benefits and financial options available today are tremendous, regardless of the temporary public health challenges we currently face. It is still possible to plan your exit and growth transition with operational freedom, create value with millions in investor backing, and mitigate your risks regardless of current market disruptions. However, it is imperative to engage a well-connected, knowledgeable M&A advisor to access the majority of your equity with a smart deal structure to assure your legacy.

Choosing the right M&A advisor will ensure your investor partner brings C-suite business savvy to the table and allows you to scale up into new geographies or procedures, without excessive leverage. The right advisor can also negotiate for



David C. Branch, Principal, Viper Equity Partners

you multiple bites at the apple, including initial cash payouts, equity, and bonus structures, as you benefit from economies of scale and bargaining power to boost your profitability.

“Viper has set the bar on valuation multiples in this space, successfully completing several marquee aesthetics deals and a strong proprietary pipeline in the Southwest, including California, as well as the East Coast from New York to Florida,” David C. Branch adds. “Our latest focus of merging medical and cosmetic dermatology offices into non-integrated roll ups with each other and plastic surgeons has proved monumental, due to the cross-referral opportunities. Not to mention the cross-training opportunities using the latest high-tech surgical and cosmetic treatment trends.”

“Times have changed, and Viper is ahead of the curve,” Nina Das, SVP of Aesthetics at Viper Equity Partners, explains. “The time is now for practice owners to explore options to gain access to the equity and growth potential of the practices they have painstakingly created over years. Why wait and choose to be lost at sea, if you will?”

Moreover, Viper has the right investor connections in place. “We provide guidance based on decades of PE and medical platform experience. We put doctors first, so you remain in the driver's seat and make 100% of all clinical and key business decisions. We assure silent acquisitions — your brand equity and organizational culture will stick, and key employees stay. All while you co-plan your succession and growth trajectory by integrating the right mix of doctor partners and recruit new



Nina Das, SVP of Aesthetics, Viper Equity Partners



The Viper Value System™ delivers high valuations, lucid guidance with velocity, and efficient processes towards victory at the closing table.

associates, fellows, and clinical assistants to become the next generation of medical and cosmetic leaders,” Nina Das says.

Few investment bankers are in the know and own the aesthetics space and investor network like Viper does. Viper's top-notch team of in-house M&A experts has a strong track record and will package your practice elegantly, negotiate the best offers, and take you to a successful close. With Viper Equity Partners, you profit from our intimate relationships with high-end investment partners to garner synergies with the highest price for your practice.

Nina Das asserts: “Presently, our aesthetics team is working with 22 PE firms looking to start new verticals, up from two just 24 months ago. The bottom line is aesthetics consolidation is happening and will continue to happen. And it will grow aggressively over the next 10 years. I tell all practice owners that being on the sidelines is a monumental mistake.”

About The Author. Nina Das, MBA is SVP of Aesthetics at Viper Equity Partners. Contact Nina today to schedule a free M&A evaluation for your dermatology or plastic surgery practice.

When connecting to an M&A advisor counts, count on Viper.

ABOUT

Viper Equity Partners is America's leading M&A advisory and investment bank in dentistry, dermatology, and plastic surgery, with over \$1.8 billion closed since 2009.

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Viper Equity Partners

An Honest Consult: Know When to Refer

KATIE HOBBS

PATIENTS ARE ASKED to have trust in their physicians, but can physicians trust themselves to refer when they don't have the expertise or tools to give the best care?

The answer is complicated, and sometimes includes a hard look in the mirror.

Interpreting a well-known saying, Randolph Waldman, M.D., facial plastic surgeon, Lexington, Ky., says, "If you only have one thing that you do, and it's a hammer then everything looks like a nail."

He urges physicians to take stock of their expertise and experience before accepting a case, because if you're a hammer, you have no business with a screw.

"Keep in mind that physicians specialize in different areas of cosmetic surgery. Most are not experts in every area. The surgeon who did a fantastic facelift on a

Randolph Waldman, M.D.

Waldman Schantz
Plastic Surgery Center
Lexington, Ky.



"Most [physicians] are not experts in every area. The surgeon who did a fantastic facelift on a friend may not be the most experienced to perform breast augmentation."

friend may not be the most experienced to perform breast augmentation."

Dr. Waldman explains that just because you can do a procedure, it doesn't always mean you should.

For example, "We don't do ptosis surgery every day," he says. "We have the skill level to do it. The people that do five of those a day are always going to do it better than I do."

If he doesn't do a procedure often, he will refer a patient to a physician who does.

"I don't think that anyone should do an occasional procedure just because they have 'plastic surgeon' behind their name," he says. "We understand the anatomy, but we tend to refer to people with even more expertise, because they do five a day, and we may do five a year."

He urges those in the industry to think of their patients as family, then decide if you would be the first choice to do the procedure. If not, refer.

"I think you [should] consider every patient as if they are your spouse or your children and try to determine who you would have treat those people," he says. "If you're not the person that can give that type of treatment, then you really need to think long and hard about sending them to somebody that can."

As for money and ego, neither should ever be part of the equation, says Dr. Waldman.

"In spite of being able to get \$3 or \$4,000 from the ptosis repair, I refer my ptosis surgery to someone outside our clinic, an eye plastic surgeon," he says. "I choose not to do it because there are

people that do it better than me. Anything more becomes money and ego, and those are the two things that will drag anybody down."

'FIRST DO NO HARM'

Associations like the American Academy of Cosmetic Surgery (AACS) and the

Chris Lowery, D.O.

Hamilton Surgical
Arts
Noblesville, Ind.



"If we don't know a provider in our area to refer to, the AACS is often helpful in assisting us in finding a specialist in our area to refer a patient for a particular procedure."

American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) offer resources to discuss difficult cases and gain rapport with physicians in other specialties, so when it comes time to refer, a colleague can give guidance.

"One of the nice things about [AACS] is its collegiality," Chris A. Lowery, D.O., AACS president 2019-2020, says. "The AACS is a multispecialty organization that includes board-certified physicians from multiple specialties including ENT, general surgery, dermatology, oculoplastics, plastic surgery, oral maxillofacial surgery,

etc. Physician experience in the academy is widespread. If we don't know a provider in our area to refer to, the AACS is often helpful in assisting us in finding a specialist in our area to refer a patient for a particular procedure."

Most physicians, he says, are aware of their strengths and weaknesses and will refer accordingly, with additional help from AACS's resources.

The AACS also advises patient—every physician may be right for every procedure.

Mary Lynn Moran, M.D., president of AAFPRS, explains that there are also confidential Facebook pages for when physicians need help with challenging cases. She says, "[We] call colleagues — both within the specialty and outside of our subspecialty — when we are not sure about how to proceed with a patient."

She adds that the AAFPRS and the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) Code of Ethics "binds physicians to the highest quality ethical care and prohibits in several instances placing any interest above that of the patient's wellbeing."

Both Drs. Moran and Waldman say that physicians taking stock of their competencies and being transparent with any treatment gaps is as easy as remembering the Hippocratic Oath.

Mary Lynn Moran, M.D.

Mary Lynn Moran M.D.
Franklin, Tenn.



“Referring a patient to another physician if you don’t think you are the best one to treat them is part of the ‘first do no harm’ oath that we all take as physicians.”

"Referring a patient to another physician if you don't think you are the best one to treat them is part of the 'first do no harm' oath that we all take as physicians," Dr. Moran says. "The modern version of the Hippocratic Oath explicitly states, 'I will not be ashamed to say, 'I know not,' nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.'"

For those seeking to become more knowledgeable and learn new procedures out of their current scope of knowledge, Dr. Waldman says that there are ways to learn without putting patients in danger.

"There are videos that you can buy or purchase. I have a lot of visitors that come and see me do things... [You can] establish a relationship with [a] doctor or go to a live surgery course," he says. "... observe firsthand at their office for a couple of days to see what the nuances of everything are, because you can't pick up everything from a lecture and slides."

It's not enough to go to a lecture or conference and then come back to the practice and immediately start offering the procedure to patients, Dr. Waldman says.

"I have a slide at the end of a couple of my lectures [and] it says the most dangerous time for a patient is the first two weeks that a doctor returns from a conference," he says, explaining that physicians can attend a lecture and want to immediately incorporate it into their practice.

Though there can be nuances in knowing when to refer a patient, three facts remain clear:

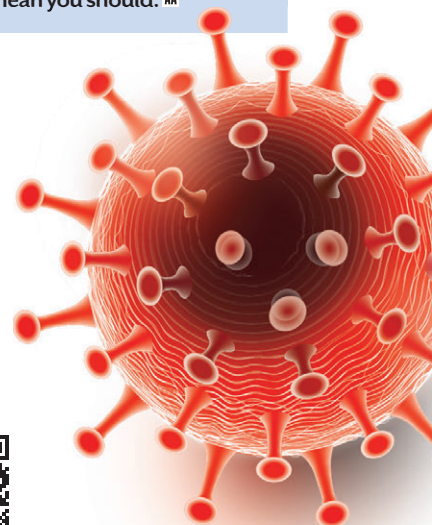
- It's important to take stock of your experience and expertise, then decide if you're the best choice to provide care to a patient.
- Never consider monetary gain when taking on cases.
- Just because you can do a procedure, it doesn't mean you should. **AA**

Keeping Up With COVID-19

WHEN WE MAPPED OUT the content for our Spring print issue, concern over Coronavirus was nominal. We — and many of you — attended South Beach Symposium in early February and the annual meeting of the American Academy of Cosmetic Surgery at the end of the month. Even then, there was no way anyone could have predicted the turn we were about to take, with shelter-in-place mandates affecting not just everyday life, but the very survival of the private practice. Today we wonder when the practice doors will reopen and when they do,

what the aesthetic practice will look like in terms of safety, functionality, legal concerns and more. To address these uncertainties, we hosted our first live roundtable event in mid-April featuring our medical advisor, Dr. Randolph Waldman, and a multi-specialty faculty, including legal and practice development experts. We have several follow-on virtual sessions planned and will continue to publish the much-needed practice management and marketing content that you're looking for to make your practice successful in this new reality.

Join us online for the latest COVID-19 coverage for The Aesthetic Practice.



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Yula Indeyeva, MD

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