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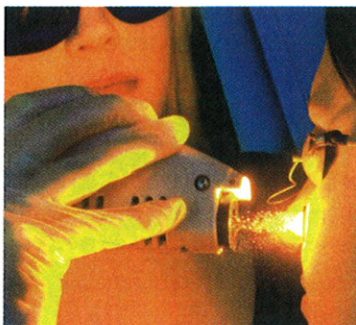
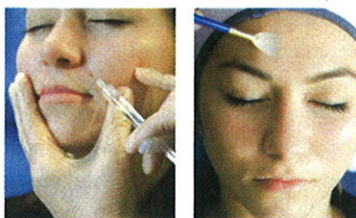
MIXING MODALITIES

A COMBINATION APPROACH ADDS DEPTH TO COSMETIC PROCEDURES.

BY KENNETH BEER, MD, FAAD

Patients come to see us with specific requests in mind. They want their lips filled, the lines softened and their years erased. Often, because they've researched online or consulted with friends, they know exactly what procedure or treatment they want. Sometimes the patient is right, and her desired treatment is exactly what the situation calls for. Other times, it's up to the physician to take a broader look and evaluate what combination therapies will add up to the best outcome.

Combination aesthetic treatments are becoming more common as fillers, lasers and peels become more effective and make dramatic changes in the appearance of the surface, texture and volume of the skin. Advances in fillers mean that we can repair volume deficits and rhytids with products and techniques that did not exist years ago. Changes in the way we address superficial skin whether they involve salicylic acid peels, TCA peels, fractional lasers or cosmeceuticals have altered the landscape in which we can address photodamage. However, it is how we combine these treatments for the superficial and deep skin layers that holds the most promise.



» **TAKING YEARS OFF A FACE** requires more than just one treatment. Combining modalities allows physicians to customize their approach to their patients for better outcomes as well as increased revenue.

Peels and Injectables

Patients are often amazed at how modern medical science can restore the youthful look of skin. Advances in fractional laser resurfacing have made that modality popular with patients and physicians. However, fractional lasers only remove a fraction of the epidermis (as the name implies) and

this may not be adequate superficial texture and pigmentation improvements for some patients. For these patients, TCA or salicylic acid peels (Theraplex) can help to provide more even color and texture. Chemical peels are making a comeback due to their unsurpassed ability to render global aesthetic changes to the epidermal and superficial dermal layers. Combining a peel with one of the fractional lasers can help enhance the efficacy of both.

Using a chemical peel following a nonablative fractional resurfacing will help to increase the penetration of the peel, but there is no data to determine optimal intervals or parameters at the present time.

Priming the skin with chemical peels prior to a resurfacing procedure has some intuitive advantages, and it is likely that clinical trials will evaluate this combination as physicians look to optimize outcomes. Priming with a retinoid, followed by a light chemical peel or peels may help to prepare the skin and enhance the quality and duration of the fractional resurfacing.

Filler and Toxin Synergy

The best combination procedures (and also the ones with the most supporting



» **KENNETH BEER, MD, FAAD**, is the owner of Beer Dermatology. He is a voluntary assistant professor at the University of Miami and a consulting associate in the department of medicine at Duke University. He is the founder of The Cosmetic Bootcamp and a member of the Allergan National Training Center as well as the Sculptra Training program for Dermik. **Disclosure:** Dr. Beer indicates that he is a consultant and investigator for Allergan and Medics and and director and shareholder with Theraplex.

KYLE KIELINSKI

data) are for fillers and toxins. Botulinum toxins and fillers have been used synergistically for years¹. For static and dynamic rhytids of the glabella, hyaluronic acid fillers can provide dramatic results that are more durable than those seen when either treatment is used alone.

When injecting the glabella area, I inject my fillers first and make sure that I massage them into the conformation that I want. Once this has been accomplished, I will use between 20 and 30 units of Botox or 50 to 70 units of Dysport. Restylane, Juvederm and Prevelle may all be utilized to fill the rhytids in this area. Caution should be used when injecting here, and low pressure, low volume injections are advised. In the event that you see blanching or a sign of impending necrosis, inject hyaluronidase and apply topical nitroglycerin to the involved areas. Using thicker products in this area may provide more durable results but may increase the risk of badness.

Defects of the lower face and periorbital areas may also be effectively improved with combination treatments of botulinum toxins and fillers. Periorbital rhytids may be

Clinical trials have demonstrated that laser treatments do not affect botulinum toxin performance or migration and that the use of botulinum toxins enhances the outcomes from resurfacing procedures.

addressed with soft fillers such as hyaluronic acids, but in patients with dynamic orbicularis muscles, the muscles may pump fillers away from the injection site over time. Decreasing the activity of this muscle with a few units of Botox or Dysport will enhance the duration and effect of the filler. Caution should be exercised when placing toxins in this location, and it is better to use small amounts (two units Botox or four units of Dysport) in two locations on the upper lip (just above the vermilion) and a similar amount in the lower lip.

Fillers are frequently used to buttress the corners of the mouth and to fill out the marionette lines. Radiesse, Restylane, Perlane and Juvederm may all be used, and the product selection depends on the thickness of the skin and the amount and type

of correction (filling vs. lifting) required. Irrespective of the type of product used, many patients who require filler have the corners of their mouths tethered downward by the depressor anguli oris muscle. Synergistic injections of botulinum toxins into this muscle can decrease the downward pull and provide significant improvement in the orientation of the mouth. As with other injections into the lower face, use small quantities in this area. Injection sites should be at the anterior border of the masseter along the inferior ramus. Typically, injections of two units of Botox or four units of Dysport in this area will solve the problem.

The mentalis is another area that is undertreated but amenable to combination treatment. Some of my most grateful patients



» SELLING SUN PROTECTION

AGING AND SUN EXPOSURE are the two biggest enemies to youthful skin. There's little that can be done to prevent the first, but the second saboteur can be defended against with broad spectrum sunscreen. Aesthetic medical practices are the perfect place to promote sun protection because your clients already understand the dangers, and they know you are a trusted source of information. Better yet, you can offer them higher quality products and explain how the ingredients work.

Sun protection products can be an important revenue stream that can add to your bottom line with minimal effort. Here are a few effective methods for promoting sunscreen sales in a medical aesthetics practice:

- Set up eye-catching retail displays where patients will see them—the reception area, exam rooms and at the check-out counter. Have testers and samples on hand so patients can interact with your products.
- Use a skin analysis system to show patients their solar damage. This technology helps promote safe skin for

you so you don't have to push.

- Design a "get to know us" specially priced package and include a skin analysis session, a facial and a sunscreen sample.
- Institute a Refer-a-Friend Program using sunscreen. When a patient refers someone, send her a sunscreen sample as a thank you.
- To help boost the response rate of your ads, e-blasts and newsletters, offer a free sunscreen with treatment. A free sunscreen is cheaper than discounting the procedure and it has a higher perceived value by the patient.
- Encourage your staff to use the product to ensure they're better prepared to discuss it with clients and offer testimonials.
- At check-out, try to attach sunscreen with every transaction. Simply ask, "So Sara, need any sunscreen today? Or "Sara, need a sunscreen refill?"

Catherine Maley is president of Cosmetic Image Marketing and author of Your Aesthetic Practice. Her firm specializes in attracting cash-paying patients to a medical practice using PR, advertising and creative marketing strategies. www.cosmeticimagemarketing.com



are those that have had chin augmentation with fillers. For many patients, this alteration of their profile makes a huge difference in their appearance. In others, their mentalis muscle is so dimpled that a few units of toxin, combined with some fillers in their mental crease provides a change that not only provides significant gratification but one that lasts for many months.

Lasers and Injectables

Another effective approach to the face is to combine laser therapy (ablative or non-ablative) with injectables (fillers or toxins). Lasers are remarkably helpful for smoothing and tightening the periorbital and perioral areas and for stimulating collagen growth. Typically, I will use a botulinum toxin to relax the orbicularis muscle in these locations. I will then inject filler to rhytids that are especially deep and etched in. Once this is completed, I use a CO2 laser (I use the Lumenis UltraPulse Deep FX.) to resurface the epidermis and tighten the collagen. Clinical trials have demonstrated that these treatments do not affect botulinum toxin performance or migration and that the use of botulinum toxins enhances the outcomes from resurfacing procedures.² Many of my laser patients will then get treated with the Lumenis Active FX for the entire face. The difference between these two modalities enables me to treat both the superficial and deep components of facial aging. In conjunction with fillers and toxins, I have been impressed with the synergy between Deep FX, toxins and some fillers. The relatively new filler, Sculptra may also be complementary with laser treatment, but clinical trails have yet to establish that synergy.

Combinations are particularly effective for challenging areas such as the neck. When treating the neck, injections of botulinum toxins into the platysma can relax the bands that are the hallmarks of aging. Resurfacing the neck with either the nonablative Fraxel or Active FX then helps to smooth the surface and improve the tone and texture of the skin. Usually, you will want to apply the laser shallower and with less energy on the neck than with the face in order to avoid scars.

The hands are another overlooked area that is ideal for combination treatment.

Injections with Radiesse or Perlane can help to replace the volume lost with aging. Treating the dorsal surface with either non-ablative Fraxel or the Lumenis Active FX or salicylic acid will renovate and strengthen the skin. Hands are probably one of the treatment areas that provide the most dramatic difference. In addition, the contrast between a youthful face and old hands or neck is one of the hallmarks of suboptimal treatment.

Whether lasers, fillers, peels or toxins are used in combination, the patient's skin should be treated afterwards with topical anti-aging management agents. Tretinoin, in any of its incarnations, has a long and well-documented ability to improve fine lines and pigment. It also helps the organization of the stratum corneum and collagen fibrils. Topicals that include growth factors and antioxidants are also effective complements to most combination treatments.

Multiplying Options

The rapid developments in the science of cosmetic medicine make this a stimulating industry. As devices, drugs and techniques mature, the art of mixing and matching procedures allows us to tailor our treatment to the patient with precision not possible when simply relying on a standard menu of single treatment options. The ultimate results include more satisfied patients and a growing practice that's able to differentiate itself from the crowd.

Several of these procedures are likely to improve the health of the skin as well. Choosing the right combination for an individual patient requires knowledge of the specific physical properties of the filler, toxin, laser or peel as well as an understanding of their anatomy, goals, budget and risk tolerance. Therein resides the art of aesthetic medicine. ■

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