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## ADULT ACNE

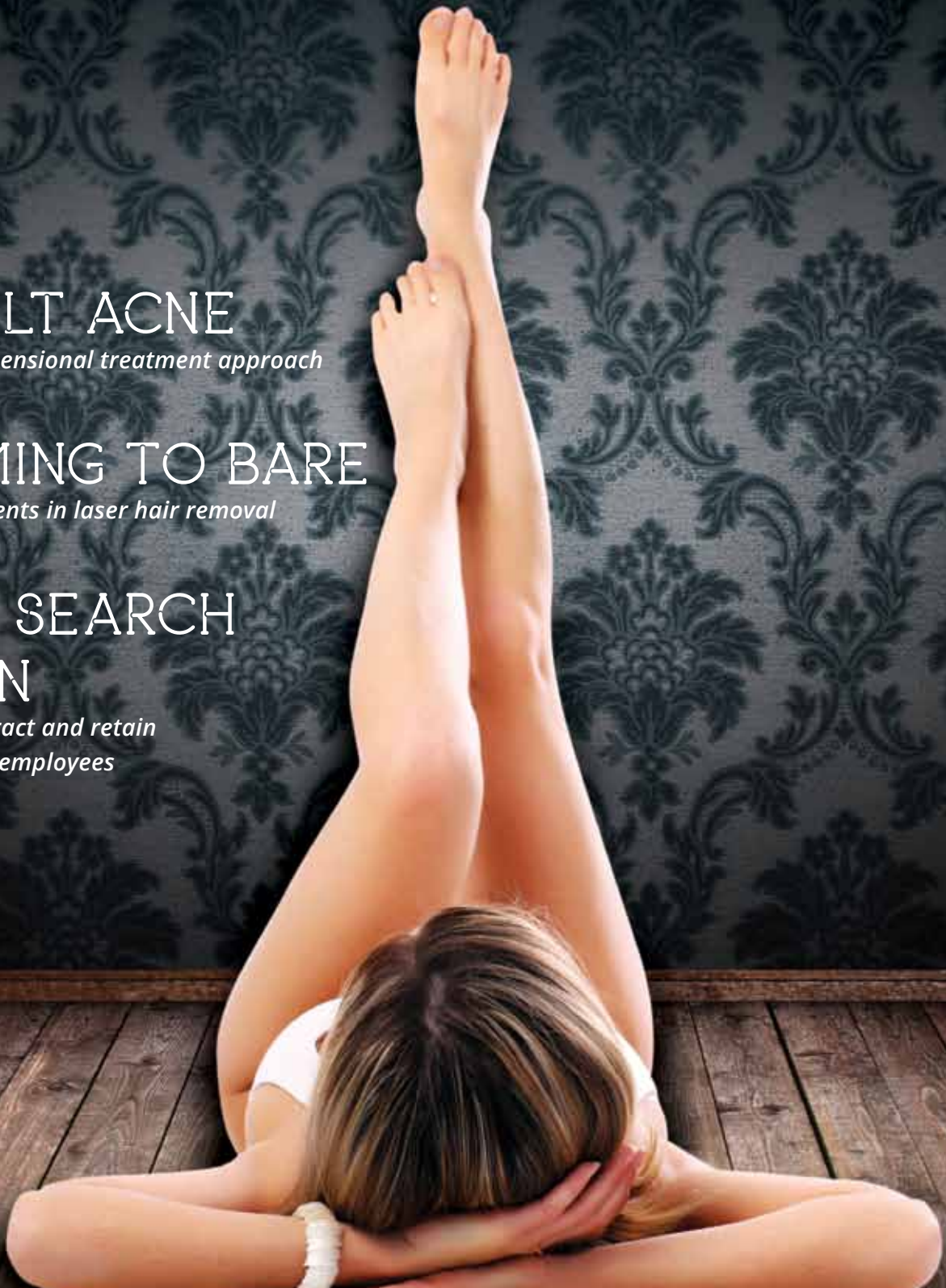
*A multidimensional treatment approach*

## COMING TO BARE

*Advancements in laser hair removal*

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VOLUME 5 NUMBER 2  
WINTER EDITION 2012

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# editor's note



## Aesthetic Medicine and Continued Education

**In life, most past mistakes can be reflected upon by, "If only I knew then what I knew now..."**

In medicine, this is not allowed. Doctors are taught from a young age in medical school to not make mistakes because of a lack of knowledge. A doctor is not supposed to perform a procedure if that doctor doesn't have sufficient knowledge and skills with which to perform it. We, as doctors, are not supposed to learn from our own mistakes, we are supposed to study the mistakes of doctors before us, to ensure that we do not repeat them. And, you dare not be the one who made the mistake that future doctors will learn from!

In most medical fields, this remains an unwritten rule that is relatively well respected – though, most of the medical specialty fields all have their cowboys. Some of these cowboys may be pioneers and others have jeopardized their careers for their acts of bravery, or perhaps stupidity.

However, as soon as business and financial matters begin to influence a medical career, many of the unwritten rules are thrown out of the window, with possible disastrous consequences.

Aesthetic medicine is notorious for corralling a number of cowboys. The "why" has been debated and speculated upon for some time now. So, how do we tame the cowboys in aesthetic medicine? The role of a medical society is to grow, protect and improve the specific field of interest. The AAMSSA (Aesthetic and Anti-aging Medicine Society of South Africa) has discussed various options for improving, protecting, regulating and respecting this unique medical field with various authorities, legal bodies and educational bodies for a number of years. It seems to all come down to better education.

The AAMSSA is therefore very thankful for the contribution to education that MedSpec Publishing has made by bringing MedEsthetics Southern Africa, to our members. Not all doctors are always in the position to attend all functions, CPD events and congresses. MedEsthetics Southern Africa brings local and international information on aesthetic medicine to all our doctors on a silver platter.

We would like to encourage everybody involved in this field of medicine to read all the articles, but also to use it as a tool to share their own knowledge. This issue of MedEsthetics Southern Africa, in particular, showcases a number of articles with the very latest updates in aesthetic medicine; including expert physicians sharing their opinions and skills.

We hope you enjoy reading this issue; and may it enhance your knowledge to improve your practice, skills and enthusiasm.

**On behalf of AAMSSA, thank you MedEsthetics Southern Africa!**

**Riekie Smit**

MEDESTHETICS SOUTHERN AFRICA EDITOR

AAMSSA President



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# TARGETING ADULT ACNE

By Cindi Myers

A proper diagnosis and  
multidimensional treatment  
approach are the keys  
to effectively treating adult  
acne patients.



While the general public may envision the typical acne patient as a pimple-ridden adolescent, dermatologists and estheticians know that one of the largest populations seeking treatment for acne is adults. The typical adult acne patient is a woman in her late 20s to late 40s. She may or may not have been troubled by acne in her teens, but is now experiencing breakouts, particularly along the jaw line, lower cheeks and upper neck area. The severity of adult acne breakouts varies from patient to patient and, in women, the outbreaks tend to wax and wane in conjunction with the menstrual cycle.

"Adult acne is hormone-related, but it's not a true hormonal disease," says Justin Haught, MD, of Dermatology, Laser and Vein Specialists of the Carolinas in Charlotte, North Carolina. "If you do a blood test to measure the hormone levels in these women, they're usually normal, unlike patients who have, for example, Polycystic Ovary Syndrome."

Amy Taub, MD, of Advanced Dermatology in Lincolnshire, Illinois, points out that some people theorize that adult acne is related to either waning estrogen or an increase in the male hormone androgen. The fact that adult acne all but disappears after menopause supports these theories.

*"Patients who stop retinoid use but continue other therapies don't do nearly as well as patients who consistently use retinoids."*

#### DIAGNOSING ADULT ACNE

According to Phil Werschler, MD, of Spokane Dermatology Clinic and Werschler Aesthetics in Spokane, Washington, the first challenge for dermatologists is to determine if the redness and papules the patient presents with are really adult acne. "There's a whole group of acne imitators that occur in women in their 30s and 40s, including rosacea and peri-oral dermatitis, as well as breakouts due to reactions to medication, makeup or skincare products," he says. "Almost all acne treatments will make rosacea worse."

Some women who seek treatment for acne suffer from Polycystic Ovary Syndrome, or PCOS. The hormonal irregularities of PCOS can trigger acne breakouts. Controlling the breakouts in these patients requires treating the underlying hormonal condition. Dr. Haught advises doctors to take a thorough patient history and look for clues—such as thinning of hair on the head, excess facial hair and irregular or infrequent periods—which may point to a hormonal condition. While he doesn't regularly do hormonal workups on women who come to him with fluctuating monthly acne outbreaks, he will ask for bloodwork if the patient's health history points to a hormonal imbalance.



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The majority of adult acne patients, however, fall into the category of women of childbearing age who are concerned about outbreaks on their chins and cheeks. For these women, doctors have a wide variety of treatment options from which to choose.

### TOPICAL MEDICATIONS

By the time a patient seeks out dermatological care, she may have already tried several over-the-counter benzoyl peroxide or sulfur-based creams. Still, topical medications—particularly retinoids—are the first line option for most physicians. “Retinoids are the cornerstone of any acne treatment,” says Dr. Haught. “I’ve found that patients who stop retinoid use because of irritation but continue other therapies don’t do nearly as well as the patients who consistently use retinoids.”

Vic Narurkar, MD, of the Bay Area Laser Institute in San Francisco, agrees. “Topicals are still the gold standard for acne treatment,” he says. He particularly likes Retin-A Micro (Ortho Dermatologics, [retinamicro.com/hp](http://retinamicro.com/hp)) and Atralin (Coria Labs, [atralingel.com](http://atralingel.com)) retinoid creams. In addition to helping clear up acne, these medications help treat discoloration, fine lines and other signs of photoaging—all concerns of women in this age group.

Dr. Taub notes that some patients don’t want to use topicals. The patient may find them irritating, or she may not like the messiness or smell. For others, topical medications alone aren’t enough to clear up their acne.

*“Ultralow dose isotretinoin works almost like magic.”*

For these patients, oral medications—used alone or in conjunction with topicals or other treatments—hold the promise of clearing up even the toughest outbreaks.

### ORAL MEDICATIONS

Charles Crutchfield, MD, of Crutchfield Dermatology in Minneapolis, finds that oral antibiotics are helpful in reducing the inflammation and accompanying redness of severe outbreaks.

Roger Moore, MD, of Dermacenter MD in Elkhart, Indiana, often prescribes tetracycline antibiotics for patients who experience larger bumps and acne cysts, which raise concerns about scarring. Dr. Moore prescribes the antibiotics for as short a time as possible. “Our ultimate goal is to get the skin as clear as possible, then wean the patient to the least amount of treatment that is effective,” he says. This could mean taking an antibiotic only a few times a week, then switching to the use of topical medications only.

“We are moving away from antibiotics in the treatment of acne,” says Dr. Werschler. “At some point, antibiotics

will play a secondary role in acne treatments. I still use them regularly, but I always ask if there are other ways to treat this.”

Another type of oral medication that some doctors have found very effective for treating adult acne in women is oral contraceptives, particularly the ethinyl estradiol and drospirenone combinations Yaz (Bayer, [yaz-us.com](http://yaz-us.com)) and Yasmin (Bayer, [yasmin-us.com](http://yasmin-us.com)). For women who are already on birth control pills or those who are interested in starting them, these prescriptions can prove very effective, notes Dr. Haught. Oral contraceptives are contraindicated in patients who have risk factors for blood clots, such as older age, smoking, or a personal or family history of blood clots.

Dr. Taub avoids birth control pills for her adult acne patients due to concerns about blood clots and an increased risk of breast cancer. For her, the oral medication of choice is spironolactone. She prescribes 100mg of spironolactone once a day. “Once the patient sees that this works, she’s so happy that her face is clear, she’s very compliant,” says Dr. Taub.

Dr. Haught agrees. “Spironolactone is my go-to therapy for women over 35,” he says. He prescribes 100mg to 200mg per day. Spironolactone works as an androgen suppressor. Sold as a diuretic, it can decrease potassium levels and lead to low blood pressure. “Potassium monitoring is not required in otherwise healthy, well-hydrated patients,” says Dr. Haught. “I tell patients who are long-distance runners not to take their spironolactone the day of a big race.”

A few of Dr. Taub’s patients have experienced dizziness and light-headedness with spironolactone. She has found that lowering the dosage to 50mg a day reduces these symptoms while still controlling the acne outbreaks. Spironolactone can have a feminizing effect on male fetuses, so it should not be given to women who are pregnant or trying to become pregnant.

The final weapon in the arsenal of oral medications for treating adult acne is isotretinoin. Isotretinoin has the potential for serious side effects—ranging from miscarriage and birth defects to suicide ideation—and it is heavily regulated. For this reason, some physicians are reluctant to prescribe it or they will prescribe it only as a last resort medication for the most severe acne cases.





Dr. Crutchfield finds that for adult patients with acne with a papular and pustule component, "Ultralow dose isotretinoin works almost like magic," he says. He has successfully used doses as low as 10mg a day, or even 10mg once or twice a week to clear up breakouts. This compares to the 80mg a day he might prescribe for a teenager. Dr. Taub also reports success with low dosages of isotretinoin for patients with acne that doesn't respond to spironolactone therapy.

#### DEVICE-BASED TREATMENTS

Beyond topical and oral medications, dermatologists have a variety of light- and laser-based treatment options that are often offered in conjunction with esthetic services. Drs. Narurkar and Taub both use the Isolaz (Solta Medical, solta.com), which combines suction and Intense Pulsed Light (IPL) to extract excess sebum and kill acne-causing bacteria.


Dr. Crutchfield employs Advance Fluorescence Technology, or AFT, a second-generation IPL device from Alma Lasers (Harmony XL AFT, almalasers.com). "I usually do two treatments per month for two months for a total of four sessions," he says.

Dr. Narurkar finds chemical peels helpful for drying the skin and reducing acne outbreaks. He likes Theraplex salicylic acid peels (Theraplex, theraplex.com). Dr. Werschler uses fruit acid peels and microdermabrasion to support acne treatments.

Home-use blue light devices are also available for patients to use between in-office treatments. They can be used in conjunction with topical and oral therapies. Devices include the Tria Skin Perfecting Blue Light (TRIA Beauty, triabeauty.com), Tanda Zap and Tanda Clear+ (tanda.com) and the Omnilux Clear-U (Photomedex, phototherapeutics.com).

According to Dr. Narurkar, the Fraxel laser (Solta Medical, solta.com) does a good job of treating both scarring and hyperpigmentation for patients who have experienced acne scarring. While dermal fillers, such as Juvederm Ultra (Allergan, juvederm.com), are an option for more severe scarring. Dr. Narurkar is also excited about a new product, LaViv (Fibrocell Sciences, fibrocellscience.com), which uses the patient's own collagen as a filler. The doctor takes skin from behind the patient's ear and sends it to a lab where

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fibroblasts are grown from the tissue. The doctor can then inject these fibroblasts into the scar. (For more information on LaViv, see "Biologic Response" on page 56.)

### WHO PAYS?

With so many options for treating adult acne, it can be difficult to stay up-to-date on insurance company reimbursement policies. Most insurance companies will cover antibiotics and prescription medications—such as isotretinoin—which are clearly targeting acne. But insurance companies will deny payment for any treatment they feel has a cosmetic benefit. Since retinoids and IPL help reduce the signs of photoaging as well as clear acne, patients should be prepared to pay for these treatments out of pocket.

To counter these objections, pharmaceutical companies are producing topical creams that combine retinoids with other approved acne treatments. Two examples are Ziana (Medicis, [medicis.com](http://medicis.com)), which combines the antibiotic clindamycin with the retinoid tretinoin; and Epiduo (Galderma, [epiduo.com](http://epiduo.com)), a combination of the retinoid adapalene and the drying agent benzoyl peroxide. Dr. Moore has found that insurance companies are more willing to pay for these acne-targeting medications.

### DEVELOPING A TREATMENT PLAN

With so many treatment options available, the doctors surveyed reported the best approach is to sit down with the patient and develop a treatment plan that takes into consideration the extent of the problem, the patient's



Microdermabrasion and chemical peels can be very effective adjunct treatments for adult acne patients.

lifestyle and her compliance level. For many women, taking multiple pills a day and using messy or irritating lotions aren't tasks they're willing to tackle long-term. "This is a very discerning group," Dr. Taub says. "You have to find the treatment that will fit with the woman's life."

Dr. Narurkar stresses a multidimensional approach to treat all aspects of the disease. "At any

one time you can be treating an active outbreak, acne in a dormant phase, as well as discoloration or scarring from previous outbreaks," he says. "When I see an adult acne patient, I stress that this is a long-term relationship. I can't just prescribe a pill once and the patient is cured."

Adult acne patients may be in treatment for years, if only on maintenance medications once the initial outbreak is controlled. This provides the opportunity for doctors to develop an ongoing relationship with the patient and to address other concerns she may have about her skin. As Dr. Narurkar points out, this is a patient population that is beginning to think about the effects of photoaging on their skin. They want to maintain a youthful appearance as well as clear skin. "I tell doctors in talks I give that if they take care of their adult acne patients and make them happy, they'll have a happy practice," says Dr. Narurkar. "These women will return to them for more treatments and they will refer others to them."

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*Cindi Myers - Colorado-based freelance writer  
Specializes in business and healthcare-related topics.*



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# COMING TO BARE

By Linda W. Lewis

Laser hair removal was first reported 15 years ago by scientists at Massachusetts General Hospital and Harvard Medical School," says Omar A. Ibrahimi, MD, PhD, assistant professor of dermatology and director of cutaneous laser and cosmetic surgery at the University of Connecticut Health Center in Farmington, Connecticut, and visiting scientist at Massachusetts General Hospital. "Since then, many advances have been made which make laser hair removal highly effective, long-lasting and safe when performed by a properly trained professional."

The most commonly reported side effects of laser hair removal are "blistering and scarring or changes in skin pigmentation—hyperpigmentation or hypopigmentation," says Bruce Katz, MD, clinical professor of dermatology, The Mount Sinai School of Medicine, and director of Juva Skin & Laser Center, New York. "Occasionally, reticulate erythema—the inflammation and reddening of the skin in a net-like pattern—has been reported in patients who have a history of chilblains. These events are certainly decreasing with improved devices and better protocols." While previous technologies removed hair effectively, they also damaged the surrounding skin, notes Dr. Katz. "Newer lasers penetrate the deep dermis instead, decreasing the damage to surrounding skin," he says.

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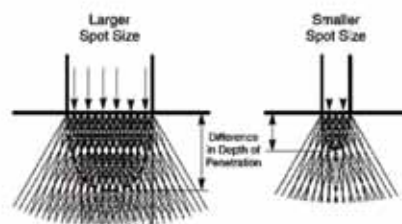
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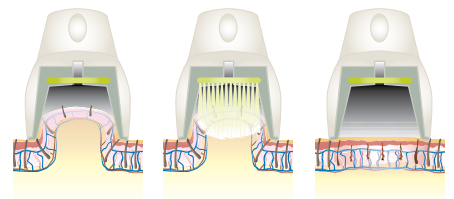


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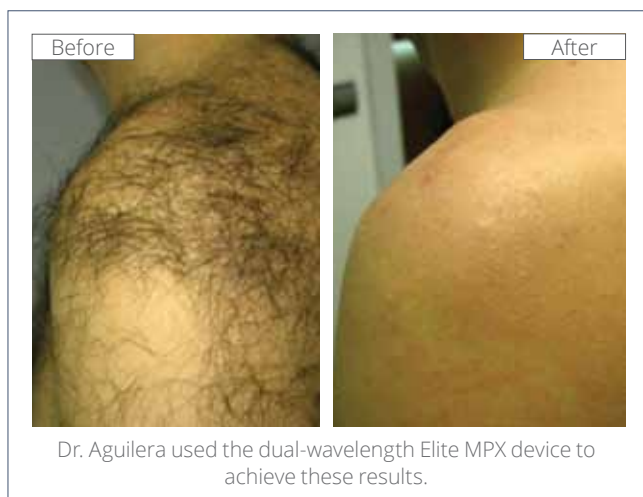
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### FINDING THE GOLD STANDARD

As practitioners and engineers continue to refine both techniques and technologies, opinions vary regarding the most effective wavelengths for permanent hair reduction. "We have sorted out over the years that the alexandrite, ruby and YAG lasers can do a good job, but we can argue that the diode 810nm wavelength is the best," says Corey S. Maas, MD, FACS, Maas Clinic, San Francisco. "One of the newest laser hair removal devices is the LightSheer Duet from Lumenis. Combining vacuum with lower power settings has added considerably to advancing this technology by reducing pain and increasing the speed of treatment. In practiced hands, many devices can produce comparable results, but in my opinion the Duet system is the best."

The LightSheer Duet ([aesthetic.lumenis.com](http://aesthetic.lumenis.com)) was introduced in March 2009 and features two hair removal systems on one platform. In addition to the LightSheer ET system—which is ideal for smaller or bony areas such as the chin and ankles—the new high speed (HS) handpiece features a 22mm by 35mm diode array designed for large areas, such as the legs and back. The HS handpiece also employs vacuum assist technology, which lifts the skin into the treatment aperture before applying laser energy. This has been shown to decrease pain and improve energy delivery, allowing clinicians to treat large areas quickly with minimal discomfort to patients.

"The pain factor is big for patients," continues Dr. Maas. "With the Duet you don't need a topical painkiller in most cases, although I do often suggest one for patients having hair removal done in sensitive areas such as

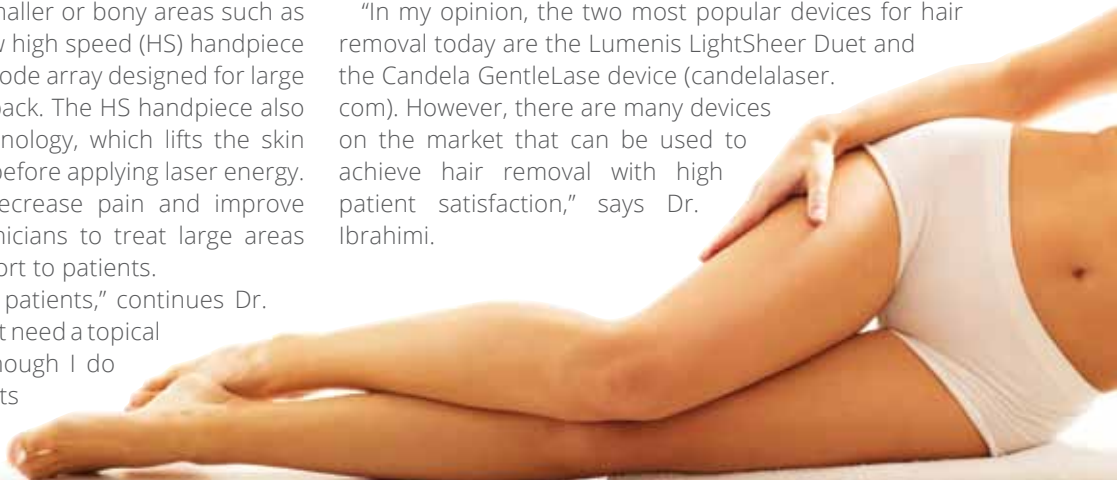
been the gold standard in laser hair removal," he says. This system combines up to 20 J/cm<sup>2</sup> power with the company's IN-Motion sweeping technology, and it includes pre-programmed settings for all male and female face and body parts.

"Unlike earlier systems, the SopranoXLi uses high power and a rapid, 10 pulse-per-second repetition rate to penetrate deep into the dermis where hair follicles are located. This diode laser is FDA-cleared for Fitzpatrick skin types I–VI—even patients with tanned skin—and has consistently positive results. In addition, patients have indicated that SopranoXLi offers a comfortable treatment, especially compared to other hair removal procedures they have experienced in the past," adds Dr. Katz.

"I think it's a common misconception that the gold standard in laser hair removal is the diode laser," says Shino Bay Aguilera, MD, Cosmetic Dermatology & Laser Institute, Fort Lauderdale, Florida. "What you are trying to do with the laser is deliver enough energy to the hair bulb to destroy the root of the hair, and the 755nm alexandrite does this the most efficiently. To me, physics proves that the 755nm alexandrite laser—which has more affinity for melanin—is the ideal wavelength for hair removal and should be considered the gold standard for hair removal on lighter skin types."

Dr. Aguilera prefers the Elite MPX from Cynosure ([cynosure.com](http://cynosure.com)), which includes both the 755nm alexandrite wavelength and the 1064nm Nd:YAG wavelength. Introduced in March 2009, the Elite MPX incorporates Cynosure's proprietary MultiPlex technology, which sequentially fires two wavelengths, a built-in Zimmer SmartCool skin cooling system and eight different spot sizes. "The 755nm alexandrite is ideal for skin types I–III; the 1064nm is safest for skin types IV and above," says Dr. Aguilera.

"In my opinion, the two most popular devices for hair removal today are the Lumenis LightSheer Duet and the Candela GentleLase device ([candelalaser.com](http://candelalaser.com)). However, there are many devices on the market that can be used to achieve hair removal with high patient satisfaction," says Dr. Ibrahimi.



*"The alexandrite, ruby and YAG lasers can do a good job, but we can argue that the diode 810nm is the best."*

the bikini line."

Dr. Katz also likes the 810nm wavelength but prefers a newer system. "Since its introduction in 2010, the SopranoXLi from Alma Lasers ([almalasers.com](http://almalasers.com)) has

### RECENT LITERATURE

Clinical trials are offering some guidance when it comes to comparing and contrasting different methods of hair removal, but much more needs to be done to determine





Don't forget male patients when promoting laser hair reduction.

which wavelengths are most efficient. A study in the October 2011 issue of the British Journal of Dermatology compared the long-pulsed Nd:YAG laser with IPL for hair removal in subjects with dark skin. Each of 50 women with skin types IV-VI received five IPL treatments on one leg and five Nd:YAG treatments on the other. Overall evaluations were performed by subjects and clinicians at the end of the study. For the 39 females who completed the study, hair count reduction was significantly higher (79.4% vs. 54.4%) on the Nd:YAG side. There were no long-term adverse effects with either device. Although subjects reported more pain and inflammation on the Nd:YAG side, 29 of the 39 women preferred it to IPL. Researchers concluded that dark skin can be safely and effectively treated with either device but the Nd:YAG is

## Perceptions Persist

When I told my hairdresser I was writing an article on laser hair removal, she immediately offered details about an unsatisfactory laser hair removal treatment she experienced 10 years ago. I'm sure she relates this same negative information to dozens of clients year after year. An inability to overcome the stories of pain, injury and poor outcomes



generated by first-generation laser hair removal devices may be preventing many patients from seeking these services today. My hairdresser had only one treatment and complained that it hurt and hardly did anything. When I explained that the stages of hair growth

dictated multiple treatments, she showed real interest and asked, "Why don't people who offer hair removal tell us this?"

Minimizing negative events and explaining why good results require multiple treatments will improve demand for everyone.

# SLIMMING

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★★★★★

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more effective.

A second study conducted in Bangkok appeared in the September 2011 issue of the Journal of the European Academy of Dermatology and Venereology. It compared the Nd:YAG laser with a low fluence, high repetition rate 810nm diode laser. The 49 subjects each received five treatments using the diode laser on one leg and the YAG laser on the other. Hair counts and patient and clinician assessments were made at one month and six months. Researchers concluded that the Nd:YAG laser provided superior hair reduction and higher patient satisfaction, but the diode laser was less painful.

A third study, published in the October 2011 issue of the Journal of Cosmetic Laser Therapy compared IPL, a combination of IPL and radiofrequency (RF), and an 810nm diode laser. The 40 subjects were treated with all three devices on standardized squares on lateral sites on their legs. Each site was treated twice at four- to six-week intervals. Blinded physicians counted hairs after the first treatment and eight months after the second treatment. Hair count reductions were highest for the diode laser (49.90%) and IPL with RF (47.15%), compared to 39.16% with IPL alone. At the end of the study, patients were offered free hair removal treatments on both legs with the device of their choice: 20 selected the diode laser, 10 chose the IPL and 8 opted for the IPL with RF.

An ongoing study being led by Christopher Zachary, MBBS, FRCP, at the University of California, Irvine, is undertaking a side-by-side comparison of two 810nm diode lasers, the Soprano XL and the LightSheer Duet. The stated goals are to determine the effectiveness of each device and to assess tolerability and effectiveness from the subject's perspective. The expected completion date is May 2012.

## MAKING YOUR CHOICE

As technologies continue to advance, the trend is toward more versatile devices. "No one laser wavelength works best for all patients," says Dr. Aguilera. "The ruby laser can be better for fine hair but will burn even the lightest skin. The alexandrite is better for skin types I-III, but skin types IV and above are safest with the 1064nm wavelength. Safety is highest when the operator is experienced in choosing the right wavelength and fluence for the right skin type. I train other doctors to use lasers for hair removal and I know there is a learning curve with these devices."

What do you need to consider when deciding which device to buy?

Safety. Most experts agree that adverse events are usually not attributable to the device but result from operator error—using the wrong fluence, overlapping too many pulses or failing to recognize tanned skin.

"There are still two major variables in laser hair removal: the Fitzpatrick skin phototype of the patient and the laser operator's understanding of the laser-tissue interaction and his knowledge of the patient's medical history, allowing him to identify contraindications for treatment," says Dr. Ibrahim.

"Laser hair removal is not in the same category as salon cosmetic procedures. Operators need thorough training and physician oversight. Laser treatments are not without risk," adds Dr. Maas. "When an unskilled operator burns a patient, everyone offering laser hair removal is hurt. Clinics and medical spas offering laser hair removal need to establish excellent clinical care standards and careful, thorough protocols. Doctors monitoring these procedures need to insure that all adverse events are reported promptly."

That said, when evaluating a purchase, it is important to consider ease of operation, built-in safety options and availability of training for you and any additional operators.

Range of skin types. Platforms that include both the 1064nm wavelength and either a diode or alexandrite laser can be safely used with most patients, but there may be trade-offs in efficacy with different skin types. If you can afford only one machine or the time to become expert in the use of only one device, it might be best to purchase the most efficient device for the majority of your patients and refer other skin types to colleagues.

Patient comfort. "Unfortunately, pain control remains a major issue in hair removal treatments," says Dr. Katz. "Patients still report hesitation because of past procedures that burned or damaged their skin. There is no reason for an extremely painful hair removal experience when there are devices built for efficacy and patient comfort. I always recommend hair removal lasers that have built-in cooling."

"Pain has been greatly reduced with newer devices," says Dr. Aguilera. "Some use vacuum, some use cold plates or cryogen cooling, but I think the best cooling devices use air cooling that's integrated into the handpiece. They work best because they cool at all times—before, during and after the energy pulses. There is still some discomfort, but it's a lot less. Remember, too, that pain can aid safety. If a patient is experiencing more pain than usual, check your settings."

Ease and cost of operation. Long-term hair removal has become a very competitive business. Before choosing a device, you need to consider not only patient outcomes but the cost of delivering each treatment, including the initial purchase price of the equipment, consumables per treatment, space requirements and operator time. "Because of competition, hair removal is a lot cheaper for patients than it was five years ago," says Dr. Aguilera. "Prices are dependent on where the clinic is located and the patient's hair and skin type. We offer package prices from \$250 to \$1500."

Can we expect major improvements in laser hair removal devices in the near future? "We can only destroy hair in the anagen growth stage, when the hair shaft is directly attached to the area where the cells that create the hair reside," explains Dr. Aguilera. "This means laser hair removal will always require multiple treatments and be dependent on skin type. We may be able to make additional refinements but I don't see any major breakthroughs in the pipeline."

*Linda W. Lewis is a MedEsthetics contributing editor.*

# TREATING ONYCHOMYCOSIS WITH AN ND:YAG LASER

Onychomycosis is a fungal infection of the fingernails or toenails. The most common symptom of such a fungal nail infection is the nail becoming thickened and discoloured: white, black, yellow or green with accompanying roughness and splitting of the nails. As the infection progresses, the nail may become brittle, with pieces breaking off or coming away from the toe or finger completely. If left untreated, the skin can become inflamed and painful underneath and around the nail. There is usually no pain or other bodily symptoms, unless the disease is severe. Aging is the most common risk factor for Onychomycosis due to diminished blood circulation, longer exposure to fungi, and nails which grow more slowly and thicken, increasing susceptibility to infection. Treatment with an Nd:YAG laser has proved to be an efficient and relatively fast procedure to cure the infection.

An elderly male complained about an infection of the toes (Fig.1). After securing the diagnosis of Onychomycosis with a positive culture (*Trichophyton rubrum*), it was decided to use a 1064 nm wavelength Fotona Nd:YAG laser to perform the treatment.

First the infected nails were filed down in order to allow for full penetration of the laser light into the nails. A Fotona S11 scanner with a 6 mm spot size was used to treat the nails. The treatment only took about 10 minutes. Four treatments were performed in a period of two weeks with two treatments per week. No topical anti-fungal creams were necessary.

#### Parameters:

##### Laser source: Nd:YAG

Wavelength:	1064 nm
Fluence:	45 J/cm <sup>2</sup>
Scanner spot size:	6 mm
Pulse duration:	35 ms
Frequency:	1 Hz

After four treatments a culture-proven clearance of the nails was achieved, meaning that the fungus was successfully eradicated. After a period of 4 months, the growth of clear nails was observed (Fig. 2). The patient returned for a check-up visit after 27 months. The nails were still clear and there was no sign of reoccurrence of Onychomycosis (Fig. 3). The patient was highly satisfied with the results.

#### Reference:

TA Sult and R Sult, Onychomycosis Treatment with Nd:YAG Laser. *Clinical Bulletin*, 4/12. Published by the Laser and Health Academy, 2012



Dr. Thomas A. Sult co-runs a private practice in Minnesota where he provides a wide variety of surgical and laser-based procedures and is actively involved in laser clinical research and protocol development. Dr. Sult is a faculty member of the Institute for Functional Medicine and Aesthetic Lasers Inc., an expert clinical lecturer for the Laser and Health Academy and a member of the American Society for Lasers Medicine and Surgery.



Robin Sult co-runs Aesthetics Inc., an aesthetic laser practice, as Director of Laser Services. She is actively involved with clinical research and protocol development in laser aesthetics and a frequent presenter in both domestic and international laser conferences. She is also an expert clinical lecturer for the Laser and Health Academy.



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# FDA-approved LaViv may offer LONG-LASTING WRINKLE RELIEF

but will patients pay to wait six months  
or more for unknown results?



By Linda W. Lewis

When the United States Food & Drug Administration (fda.gov) cleared LaViv (azficel-T, Fibrocell Science, fibrocellscience.com) in June 2011 for the treatment of moderate to severe nasolabial folds, it was hailed as a more natural alternative to Botox. Unlike neuromodulators or hyaluronic acid-based dermal fillers, LaViv does not offer instant relief from wrinkles. Its effects depend on a biologic process. The physician extracts skin cells from behind the patient's ear. Fibroblasts are extracted from the sample and cultured to create hundreds of millions of new cells—a process that takes 90 days. The cultured cells are then ready for dermal injections. The company suggests three treatment sessions at three- to six-week intervals. Doctors charge \$300 to \$500 per session. The skin cells can be frozen and stored for years.

The injected fibroblasts stimulate production of

*The injected fibroblasts stimulate production of collagen, elastin and hyaluronic acid that can return the patient's skin to a younger version of itself.*

collagen, elastin and hyaluronic acid that can, over time, return the patient's skin to a younger version of itself, filling in wrinkles and improving tone and texture. Since the trials for FDA approval were limited to six months, there are no real data on how long LaViv results might last. David McDaniel, MD, director of the Institute of Anti-Aging Research and assistant professor of clinical dermatology, Eastern Virginia Medical School, Virginia Beach, Virginia, worked on some of the early studies of LaViv but not the FDA trials. He believes results may last for years. "There is some interesting anecdotal data from a number of investigators where patients have returned for unrelated reasons years later and we have seen a nice response. We saw one person a few months back who was still pleased with the response over four years," he says.

Vic Narurkar, MD, director of the Bay Area Laser Institute, San Francisco—who uses LaViv in his practice but has no other involvement with the company—believes that autologous cell therapy opens a whole new class of skin treatments. "I began using LaViv late last year with a subset of my patients who don't like the idea of putting any foreign substances into their bodies," he says. "They are excited about being able to rejuvenate their skin with

their own cells. I don't think LaViv will replace other fillers, but it's an important addition to our armament. It offers a solution for two unique problems that fillers don't: fine lines and acne scars."

"In early trials we saw ice pick scars and scars in skin of color patients respond well," agrees Dr. McDaniel. "I plan to use it for patients who have already been lasered. I think they will show continued improvement."

In November 2011 Fibrocell Science presented data at the annual meeting of the American Society for Dermatologic Surgery demonstrating the efficacy of LaViv in treating acne scars. In the multicenter study of patients with depressed acne scarring on both side of their faces, 99 patients received up to three LaViv injections at two-week intervals on one side of the face and placebo injections on the other. Final assessments were conducted four months

after the final treatment. There was a 2-point or greater improvement on a 5-point Subject Live Acne Scarring assessment scale and a 1-point or greater reduction in cheek acne severity on a physician-assessed 5-point Evaluator Live Acne Scare assessment scale for all patients. No serious adverse events were recorded and no patient discontinued treatment or withdrew from the study.

Fibrocell is currently conducting additional studies involving 2,700 women in hopes of obtaining FDA clearance to cover the whole face.

"LaViv's ability to improve fine lines and skin texture give it potential for use in global rejuvenation, using mesotherapy-like injections," says Dr. Narurkar. "It also opens up the possibility of harvesting and storing your young healthy skin cells for other purposes."

"If you want to 'imagineer' for a minute, envision fixing burn scars or replacing melanocytes in vitiligo patients," suggests Dr. McDaniel.

"The buzz on LaViv will take a while to develop, because the process takes months and patients are just now beginning treatments," says Dr. Narurkar. "We'll be hearing a lot more about it in 2013 and beyond." z



Linda W. Lewis  
MedEsthetics contributing editor.

### **THE LaViv® REJUVENATION CELL-THERAPY PROCESS: SMILE LINE AND FACIAL WRINKLE AMELIORATION WITH AUTOLOGOUS CULTURED LIVING HUMAN FIBROBLASTS.**

In sophisticated cosmetic-clinics and practices, a surgical face-lift or modification thereof combined with judicious fractional light-therapy is considered the "gold standard" of facial-rejuvenation and can turn back the clock 10-years. Further enhancement with injectables predictably reaches desired beauty targets and client aspirations. The second most popular anti-aging modality in the history of facial aesthetics has been the introduction of injectable botulinum toxin type-A (Botox®) which renders predictable, consistent facial enhancement and augmentation. Clearly, now the number one modality for temporary correction and sculpture of disfiguring glabella lines of the tired-face, a dimpled-chin and "crow-feet".

There are many other non-operative anti-aging options now available for facial rejuvenation, but need repeated follow-up therapy at the salon or spa over months to avoid and counteract loss of correction. Sometimes there is no-response and results are frequently at best, minimal, non-permanent, operator dependent and variable. Cosmetic-clinic options include skin-renewal peels, radio-frequency, fractional-laser, micro-dermabrasion, rollers, platelet-rich plasma (PRP), IPL, hyaluronic acid-fillers, fat-cell injections, cosmetic-creams, botulinum and stem-cells.

Facial-rejuvenation and regeneration by focused cell-therapy and cultured autologous-fibroblasts ("your own living cells") is now FDA approved and suitable for improvement of the appearance of moderate to severe naso-labial fold wrinkles in adults and sometimes acne-scarring ("off-label"). The same end-points are not achieved by the use of allogeneic cultured-fibroblasts, that are rejected by the body soon after dermal injection. Dr William Boss invented the LaViv® process in the United-States in 1995 (previously branded the Isolagen® procedure) and coined the unique biological concept of "a protein repair-system by injection of cultured living-fibroblasts"). The biotechnology is supported by robust science and proof-of-concept and the product is safe to inject intra-dermally. The transplanted new-cells imbed or engraft, form collagen and hyaluronic acid naturally, and this cellular-action ameliorates the dermal-wrinkle defect by a volumetric, controlled expansive principle. Three interval fibroblast injections of the LaViv® cellular repair-therapy is needed and administered at 3-6 week intervals. Visible results have been documented as early as 4 weeks and anecdotal reports show maintenance of correction at 4-years in about 30% of cell-recipients. The tissue-cultured fibroblasts generated in the FibroCell™ Laboratory, allow for correction of smile-lines and in many cases the result is sustained without loss of correction over months. Minor side-effects at the injection-site include redness and swelling that vanish spontaneously at 6-12 hours and no down-time is experienced. It is a "walk-in, walk-out" procedure offered by board-certified

plastic-surgeons and dermatologists to both gender clients seeking special beauty-therapy a radiant face with renewed and glowing complexion. The client has to be patient and allow sufficient fibroblasts to be cultivated or expanded and these are derived from a tiny skin-biopsy sited behind the ear. The ex-vivo cell-culture period varies and is in the range of 6-8 weeks. For optimal rejuvenation 3 injections of living-cells are needed. With wrinkle-correction and renewal by the patient's own cells, the skin is rendered firmer, softer and has a silky appearance. Objective results of clinical improvement after cell-therapy can be confirmed using a fine wrinkle-scanner (Dermascan®). Costs are about \$300-\$500 per injection.

Ref: Du Toit DF and Geldenhuys KM. Biotechnological anti-aging cell-therapy treatment of facial wrinkles with cultured human fibroblasts. The Specialist Forum: 2005;5: 38-46.

*Author: Don du Toit: MD, FRCS, PHD.*

*Date: 14/5/2012.*

### **COMMENTARY ON FDA-APPROVED LaViv MAY OFFER LONG-LASTING WRINKLE RELIEF BUT WILL PATIENTS PAY TO WAIT SIX MONTHS OR MORE FOR UNKNOWN RESULTS?**

Although the LaViv™ - FDA trials have only recently been completed, the process of re-injecting cultured fibroblasts for skin rejuvenation, pioneered by the company, has been around since the late 1990s. Previous research by the company has reported great improvement in skin smoothness and overall texture, especially when used in burn wounds.

The ex vivo cultured fibroblasts, taken from a skin behind the ear, has had very little exposure to damaging UV rays, these undamaged cells therefore has great potential to produce new extracellular matrix or stimulate the remodelling of existing damaged tissue, be it in the form of solar elastosis or burn wounds.

There is definitely a trend towards more autologous aesthetic therapies where patients are given the option to appear more youthful without clear signs of any intervention. The downside of these therapies is that it may take a few weeks for results to become visible as it involves kick-starting the normal biological processes.

Autologous therapies are justly rejuvenating, as they focus more on skin texture and tone than just filling out the wrinkle with the advantage that it can be used in combination with standard therapies such as Botox and fillers.

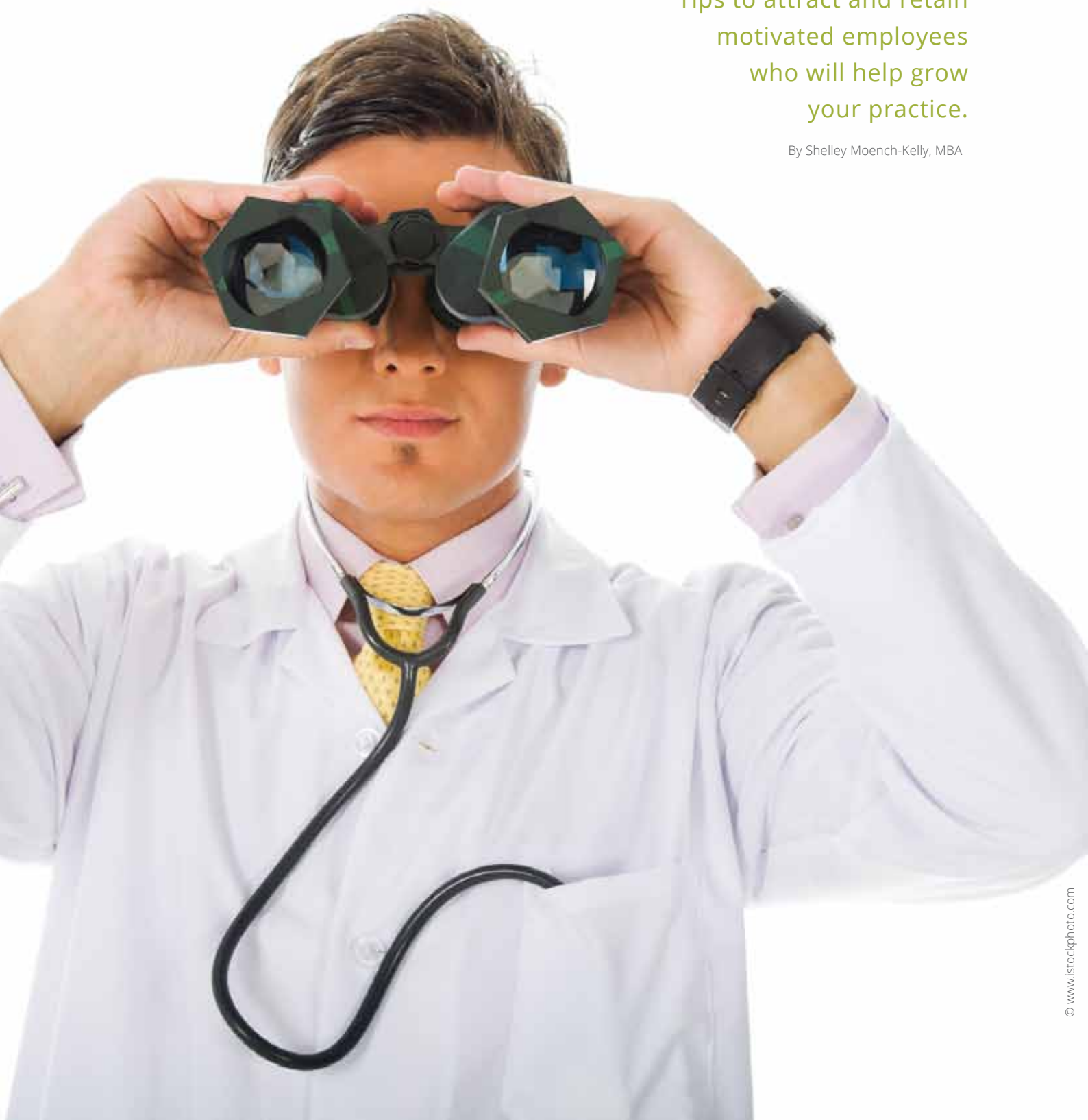
How soon this type of treatment will reach our South African shores is unclear as it would probably require culturing facilities in the major cities to reduce the cost involved and shorten the culture-to-injection time. I look forward to seeing the long-term results of LaViv™ from a truly innovative product.

*By Ilze Laurens (BSc Hon Pharmacology)*

# THE SEARCH IS ON

Tips to attract and retain  
motivated employees  
who will help grow  
your practice.

By Shelley Moench-Kelly, MBA







In this ultra-competitive industry, where patients entrust their looks and their lives to their doctors' care, it is of the utmost importance that practice owners bring in employees who are conscientious, caring and highly motivated. We spoke with industry experts who shared their tactics for attracting, recognizing and retaining topnotch team members. Gone are the days of standard interviews that start with a simple "Tell me about yourself." Welcome to a new era of guerilla networking, social media and unique compensatory tools that help businesses corral the best and the brightest.

### ADVERTISING THE POSITION

Aaron Feldman, founder of Boca Raton, Florida-based Medical Practice Specialists ([medicalpracticespecialists.com](http://medicalpracticespecialists.com))—a firm that assists physicians in planning, designing and managing their practices—says that "Writing a job posting is the same as any writing assignment. When I write the help wanted ad, I'm trying to sell the position to attract qualified candidates who are excited to come to work for us."

Likewise, Laurie Morgan, a senior consultant with Oxnard, California-based Capko & Company ([capko.com](http://capko.com))—a consulting firm that specializes in improving medical practice operations and profitability—notes that you can create a job posting with wording that will encourage more motivated employees to self-identify and less ambitious or low-energy candidates to look elsewhere. "Speak clearly about the demands of the job, the pace of your office, the expectations of employees to take initiative and perform at a high level," she says. Are you able to offer advancement potential, training or other job features that would appeal to motivated, committed, high-energy employees? If so, Morgan advises owners to mention those perks in their job postings. A second tool for identifying motivated employees is via the applicant's cover letter. "Employees with a genuine interest in your practice are more likely to be engaged and motivated. A generic cover letter indicates that the applicant doesn't have a specific interest in your position or your practice."

### FOCUS ON THE INDIVIDUAL, NOT THE EXPERIENCE

Now that you've crafted a strong job posting, what are the best venues to publicize the position? Sites such as LinkedIn.com, Careerbuilder.com, Job.com, Simplyhired.



### RESUMES 101

Aaron Feldman, the founder of Boca Raton, Florida-based Medical Practice Specialists ([medicalpracticespecialists.com](http://medicalpracticespecialists.com))—a firm that helps physicians plan, design and manage their offices—offers tips to help practice owners and managers sort through resumes to find the perfect candidate.

#### Look at work history

What was the candidate's previous position? Where did he work and for how long? What were his responsibilities? What is his education and training? Red flags include short stints in past or current positions, gaps in work history and whether the person is currently employed or not. "Someone who is currently employed is generally looking to better himself," says Feldman. "Prospective candidates who are not employed often send resumes to numerous postings, hoping to wrangle something, even though they may not be qualified."

For Feldman, the following resume mistakes are immediate disqualifiers:

- Resumes that list work history in reverse chronological order. "I want to read your work history current to oldest. I want to know what is most relevant. I don't care what you did in 1984. Doing it backwards tells me you don't know how to prioritize."
- Candidates who send email attachments that read, for example, "Jenny's Banking Resume," when Jenny is applying for a receptionist job. That tells me that being a receptionist is not her first love or her first choice.
- Candidates who send their attachments in oddball programs. If you have to spend 10 minutes downloading a program to read it, it's not going to happen. All resumes should be sent in Microsoft Word.
- If your job posting requires specific requests and the candidate doesn't fulfill those requests, it indicates that she doesn't have great attention to detail and can't follow directions.



com and Craigslist.org are some of today's most popular job listing locales.

Jennifer Reichel, MD, director of Seattle-based Pacific Dermatology & Cosmetic Center, hired a medical assistant and sterilization technician from Craigslist more than a year ago. The MA was "so good that I sent her to aesthetician training and now she is our aesthetician/MA." The sterilization tech finished nursing school and is now Dr. Reichel's head cosmetic nurse. She advises practice owners not to shy away from hiring employees who are "green," noting that if you're a good leader—or have one on your staff—it can be an advantage to hire someone that you can train entirely. Dr. Reichel relies also on the expertise of her supply representatives, noting that they're key in finding candidates for "really important positions, such as associates, PAs, ARNPs, management, receptionists and nursing staff—the reps have their ears to the pavement all the time."

Robert Ruck, executive vice president of sales and marketing at Palo Alto, California-based Sciton (sciton.com), concurs, adding that his recruiting method is threefold: he networks constantly, uses LinkedIn and other social media outlets, and keeps in close contact with traditional recruiters. "I'm not concerned about the industry a person has been in. We've hired people with nontraditional backgrounds. But the common thread is that they've been successful in whatever they've done," he says. "We can train them."

#### DIGGING DEEP TO FIND THE BEST

Traditional interview questions tend to focus on a candidate's background and experience, followed by the open-ended "Tell me about yourself" query. As a



**Jennifer Reichel, MD**, is a Seattle-based dermatologist, and founder and director of the Pacific Dermatology & Cosmetic Center. Dr. Reichel is a faculty member of dermatologic surgery at the University of Washington. She also teaches residents and performs surgery at the Veterans' Affairs Puget Sound Health Care System Hospital.



**Robert Ruck** is the executive vice president of sales and marketing at Sciton, a leading developer and supplier of medical aesthetic laser and light-based systems.



**Aaron Feldman** is the president and founder of Medical Practice Specialists, a consultancy that specializes in medical aesthetic practice management. Feldman is also a co-founder of the Foundation for Hair Restoration and Plastic Surgery and advisory board member for the Association of Medical Ethics.

**Laurie Morgan** is a senior consultant with Capko & Company, a medical practice and practice management consulting company. Morgan has an MBA from Stanford University and BA from Brown University as well as 20 years experience as a general business consultant.

result, candidates often have rehearsed answers that may sound good on the surface but often belie faults in their qualifications or character. "It's always useful to ask open-ended questions that get the candidate talking and revealing her work style, goals and ambitions," says Morgan. "Always encourage the candidate to ask questions as well—these can be very telling."

Feldman treats interviews as a "first date," and encourages candidates to talk about themselves. "They open up and let their guards down," he says. "Their answers flow more openly, honestly and they speak with candor."

Ruck uses a similar tactic. He doesn't use a set list of

responsibility leads to accountability. If the hire is not up to the task, there need to be consequences. But there are also good consequences [for good work], whether it's a bonus or a raise."

Employee retention is a major factor in keeping a practice running smoothly, and it's high on the list of management challenges. Ruck feels that it's his primary responsibility as a leader to develop his team both personally and professionally. "When a new hire comes in, I don't ever envision him being in the same role for years. I find new ways that he can grow, perhaps by adding new aspects or responsibilities to his job," he says. "We seek to promote from within, and Sciton is very committed

## *People either have these character traits inherently, or they don't. You can't train a person to have them*

questions or scenarios. Rather, he tries different topics until he finds one that helps the candidate open up. "Once the candidates feel comfortable, they'll say some amazing things," he says. Ruck looks for character attributes first and foremost, such as a candidate's work ethic, humility, integrity and respect for others, noting that while professional expertise is something that can be learned, "People either have these character traits inherently, or they don't. You can't train a person to have them."

Dr. Reichel adds, "It's hard to know at a sit-down interview whether or not a candidate is going to be a good fit." In her practice, select applicants interview with the practice manager, and those who pass muster are invited back for a half-day working interview. Dr. Reichel's staff is polled about each candidate after the working interview, and each new employee is given a 30-day trial period once hired to assure she possesses the right qualities to succeed in the position.

### **YOU'RE HIRED, NOW WHAT?**

As any hiring manager or boss will attest, finding the right candidate is only half the battle. Providing a challenging work environment where growth is fostered is key to employee retention. Morgan notes that motivated employees thrive when they have autonomy with their work and are in an environment where their suggestions are heard and their accomplishments recognized, as motivation can wane when people feel unrecognized or unappreciated. She adds that it's important to allow people to build skills that support their long-term goals, provided these skills have some benefit to the practice. Feldman agrees, "Additional training leads to responsibility, and

to helping its employees grow from within, and they respond well to this practice." He adds that all employees have clear, established performance objectives that are discussed openly throughout the year, and every member of the company has stock options and the ability to exercise those options. "They are a part of the company's success," he says.

Dr. Reichel provides her nursing staff involved in cosmetic procedures with a weekly bonus based on the revenue collected as a "thank you" for working hard and being flexible. It is not a bonus to entice her employees to sell procedures. "This is clear to them. The biggest motivator is to let my staff know that, without each one of them, we could not run," says Dr. Reichel. "Patient care is the most important thing, and without a happy, cohesive staff, we can't have good patient care. So I remind them of how important they are to me."

Dr. Reichel also allows her staff to receive cosmetic procedures at a greatly reduced cost and conducts a review for every employee after three months of employment, then at the end of each year. "They look forward to it, and it helps to make sure that they know we are looking at them, and out for them. I also do daily feedback and we have a monthly staff meeting," she says.

Hiring and retaining motivated employees is a significant time commitment, but the extra time and effort you take to find just the right person for your practice will pay dividends. So don't just hire a body, the difference will show in both your patients and your practice's long-term success.

*Shelley Moench-Kelly,*  
MBA is senior editor of MedEsthetics.



# CALENDAR

## OF AESTHETIC ANTI-AGING MEDICAL EVENTS

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

### MAY

#### 31 May

AMCSA Pre Congress  
\*Level 1 Botulinum Toxin course  
\*Advanced Mesotherapy course  
CSIR ICC - Pretoria  
AMCSA organising committee  
info@aestheticdoctors.co.za  
www.amcsa.org  
012 548 7152

### JUNE

#### 1 & 2 June

7<sup>th</sup> Aesthetic Medicine Congress of South Africa (AMCSA)

#### 09 – 10 July

I2PL Training  
CSIR, Pretoria  
Technolase – Louise  
technola@mweb.co.za  
012 349 1750 · 083 379 3988

#### 21 July

Deep Volumising  
Pretoria  
Soy Secrets of Youth  
Marissa Stadler  
support@secrets-of-youth.co.za  
082 422 7000 · 0123 46 1552

### AUGUST

#### 1 August

Filorga Product & Glykopeel training  
Pretoria  
Filorga Laboratoires  
Colette@filorgasouthafrica.co.za  
012 548 3943 · 082 494 7670

#### 2 August

Filler & Mesotherapy workshop  
by Dr Riekke Smit  
Pretoria  
Filorga Laboratories  
Colette@filorgasouthafrica.co.za  
012 548 3943 · 082 494 7670

#### 4 August

Weight loss Training  
Pretoria  
Soy Secrets of Youth  
Marissa Stadler  
support@secrets-of-youth.co.za  
082 422 7000 · 012 346 1552

#### 16 & 17 August

Botulinum Toxin & Dermal Filler  
training – Beginners  
Cape Town  
Dr Alek Nicolici · 021 797 0960  
info@aestheticfacialenhancement.co.za

### SEPTEMBER

#### 4 – 7 September

International Society of  
Aesthetic Plastic Surgery  
ISAPS 21st Congress  
GENEVA  
isaps@conmx.net · 1-603-643-2325  
www.isapscongress2012.org

#### 10 – 11 September

IPL Training  
CSIR, Pretoria  
Technolase – Louise  
technola@mweb.co.za  
012 349 1750 · 083 379 3988

#### 15 September

TMJ/Bruism & Gummy Smiles Training  
Pretoria  
Soy Secrets of Youth  
Marissa Stadler  
support@secrets-of-youth.co.za  
082 422 7000 · 012 346 1552

### OCTOBER

#### 4 & 5 October

Botulinum Toxin & Dermal Filler  
training – Beginners  
Cape Town  
Dr Alek Nicolici  
info@aestheticfacialenhancement.co.za  
021 797 0960

#### 13 – 14 October

Basic Aesthetic Training  
Cape Town  
Soy Secrets of Youth  
Marissa Stadler  
support@secrets-of-youth.co.za  
082 422 7000 · 012 346 1552

#### 19 – 22 October

APRSSA  
Drakensburg  
Elite Conference  
Hendrika v d Merwe  
eliteconfer@iafrica.com  
021 910 3322 · 083 270 6344

#### 20 – 22 October

Basic Aesthetic Training  
Pretoria  
Soy Secrets of Youth  
Marissa Stadler  
support@secrets-of-youth.co.za  
082 422 7000 · 012 346 1552

#### 24 – 27 October

3rd Continental Congress of the  
International Society of Dermatology  
Durban  
sarini@telkomsa.net  
043 743 5353

#### 31 October

Filorga Product & Glykopeel training  
Pretoria  
Filorga Laboratories  
colette@filorgasouthafrica.co.za  
012 548 3943 · 082 494 7670

### NOVEMBER

#### 1 November

Filler & Mesotherapy workshop  
by Dr Riekke Smit  
Pretoria  
Filorga Laboratories  
colette@filorgasouthafrica.co.za  
012 548 3943 · 082 494 7670

#### 3 November

Lips Training  
Pretoria  
Soy Secrets of Youth – Marissa Stadler  
support@secrets-of-youth.co.za  
082 422 7000 · 012 346 1552

#### 13 – 14 November

I2PL Training  
CSIR, Pretoria  
Technolase – Louise  
technola@mweb.co.za  
012 349 1750 · 083 379 3988

#### 17 November

Deep Volumising  
Pretoria  
Soy Secrets of Youth – Marissa Stadler  
support@secrets-of-youth.co.za  
0824227000 · 0123461552

#### 23 – 25 November

American Academy of Aesthetic Medicine  
(AAAM): Level 1 – CERTIFICATE in  
Aesthetic Medicine  
Johannesburg  
AAAM SA organiser - Mareli J v Rensburg  
info@aesmedsa.co.za  
www.aesmedsa.co.za · 012 548 7152

#### 25 – 26 November

American Academy of Aesthetic Medicine  
(AAAM): Level 3 – BOARD EXAM in  
Aesthetic Medicine  
Johannesburg  
AAAM SA organiser - Mareli J v Rensburg  
info@aesmedsa.co.za  
www.aesmedsa.co.za · 012 548 7152

#### 29 – 30 November

Botulinum Toxin & Dermal Filler training –  
Beginners - Dr Alek Nicolici  
Cape Town  
info@aestheticfacialenhancement.co.za  
021 797 0960

## PER REQUEST

Training provided on request

- Sclerotherapy, Nutrition & Weight loss, Mesotherapy, Chemical Peeling, Aesthetic practice management & staff training, etc. Pretoria

Soy Secrets of Youth – Marissa Stadler  
[support@secrets-of-youth.co.za](mailto:support@secrets-of-youth.co.za)  
082 422 7000 · 012 346 1552

- Microdermabrasion – all manufacturers and also on Synergie AMS systems Anywhere  
Stern Laser – Valerie van Zyl  
[www.sternlaser.co.za](http://www.sternlaser.co.za) · 083 628 9946

- Lasers, IPLs, Slimming and Cellulite units training  
Johannesburg  
Radiant Healthcare  
[sales@radianthealth.co.za](mailto:sales@radianthealth.co.za) · 011 794 8253

## FEBRUARY 2013

### 8 – 12 February 2013

American Academy of Aesthetic Medicine (AAAM): Level 2 – DIPLOMA in Aesthetic Medicine  
Cape Town  
AAAM SA organiser - Mareli J v Rensburg  
[info@aesmedsa.co.za](mailto:info@aesmedsa.co.za)  
[www.aesmedsa.co.za](http://www.aesmedsa.co.za) · 012 548 7152

### 10 – 12 February 2013

American Academy of Aesthetic Medicine (AAAM): Level 1 – CERTIFICATE in Aesthetic Medicine  
Cape Town  
AAAM SA organiser - Mareli J v Rensburg  
[info@aesmedsa.co.za](mailto:info@aesmedsa.co.za)  
[www.aesmedsa.co.za](http://www.aesmedsa.co.za) · 012 548 7152

### 13 February 2013

WCAM 2013  
Pre Congress:  
Cadaver Dissection at Stellenbosch University  
Cape Town, Stellenbosch University  
AMCSA organising committee  
[info@wcam2013.org](mailto:info@wcam2013.org) · [www.wcam2013.org](http://www.wcam2013.org)  
012 548 7152

### 14 – 16 February 2013

19th World Congress of Aesthetic Medicine 2013  
Cape Town CTICC  
AMCSA organising committee  
[info@wcam2013.org](mailto:info@wcam2013.org) · [www.wcam2013.org](http://www.wcam2013.org)  
012 548 7152

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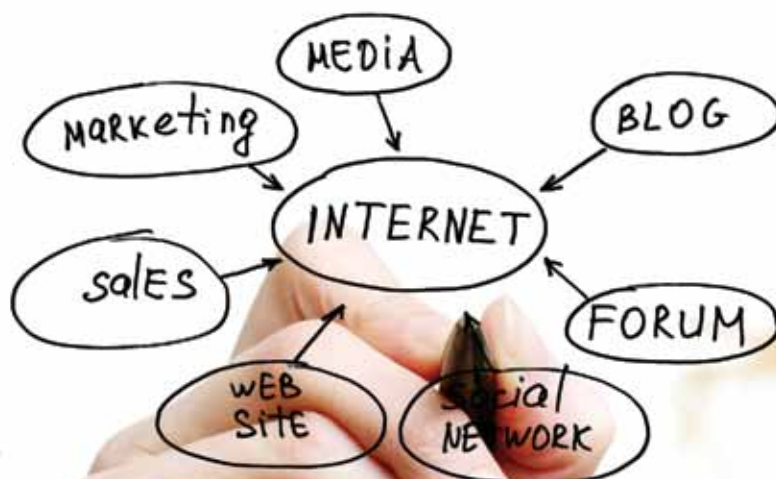
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- Hair Restoration





## THE POWER OF

By Katherine Rothman

# PR

**Investing in public relations can give you an edge in today's competitive medical aesthetics market — and the investment does not have to be financial.**

As recently as a decade ago, most physicians who had achieved a certain level of peer and patient recognition were loath to advertise their practices. But the rise of HMOs combined with rapid advances in noninvasive cosmetic treatments brought about a shift in healthcare. Both core and non-core specialists began adding lucrative elective procedures that were once the sole domain of a select group of plastic surgeons and dermatologists. This increased competition raised the stakes in elective medicine and soon even the most conservative plastic surgeons and dermatologists knew they had to change with the times or risk an empty waiting room. Advertising was the first phase in the evolution of practice promotion, followed by intense media coverage that opened a new door for cosmetic practice marketing — the public relations campaign.

Public relations — or PR — differs from advertising in that it uses editorial coverage in newspapers, magazines, radio, television and the Internet to highlight a physician and his practice. A PR campaign can focus on new trends, techniques, controversies, safety issues or any host of topics deemed press worthy by publicists and media representatives. Essentially, a plastic surgery PR campaign works by taking information the consumer needs and wants and presenting it in the form of a news story related to dermatology or plastic surgery. This media exposure

serves to reinforce that a physician is the expert in his subspecialty. In addition, it lends a cachet to the practice or product that cannot be achieved even by an aggressive ad campaign.

### D-I-Y PUBLIC RELATIONS

The media wants to write about what's new and what's different, and it wants to cover topics that have inherent value for its readers or viewers. The key to a successful PR campaign is pitching topics on which you are an expert that meet this criteria. Professional PR agents do this for a living. If you'd like to wade into the waters of PR but aren't ready—or able—to invest in a professional campaign, there are some D-I-Y strategies you can employ on your own or in conjunction with a local freelance PR professional.

- Subscribe to vocus.com. This media research module enables you to find almost any media contact in the United States.
- Email the local media with your CV and a link to your website explaining that you would be a good source for interviews. Cite any new or innovative techniques you are implementing in your practice.
- If you perform pro bono or volunteer work, let the media know. These stories are good human interest pieces.
- If you would like media training to prepare for press coverage, call the Public Relations Society of America (prsa.org) and ask for names of local experts. Even a few hours of training can go a long way toward presenting a more polished image.



- Offer commentary to the media. Stories that tie-in to holidays, seasons or trends are more likely to gain attention than those of a general nature.
- Always have a press kit ready for the media. This should include your CV, headshot, press clippings, photos of your practice, and a selection of before-and-after photos.
- When speaking with the media, do not have your own agenda. They operate on tight deadlines and are seeking good sound bites in response to their specific questions. Try not to be professorial with answers; instead tailor your comments to the consumer.
- Keep a good archive of before-and-after photos. Many media stories depend on the physician's ability to provide this material.
- Use Twitter (twitter.com), and make sure your tweets are informative and creative.
- Develop a Facebook page (Facebook.com) and make it interactive.
- Create a blog on your website.
- Keep all press clippings and add them to a "see us in the media" section on your website. Frame these clippings and hang them in your waiting room. This has a positive impact on prospective patients.

addition, professional publicists bring their contacts as well as their expertise to the table, and the media contacts used to represent a physician are not the same contacts used to promote a restaurant. Although this may come as a surprise, the public relations firm need not be located in the same city as its clients.

When dermatologists or plastic surgeons are interviewing prospective public relations firms, they should ask to see press releases written for other medical clients, examples of media placements and the names of colleagues to call as references. It is important for doctors to gauge a publicist's understanding of medical terminology as well as the physician's respective subspecialty. As with advertising, there are no guarantees that media exposure will translate into additional patients. A public relations firm should be able to give a prospective medical client some idea of what he can expect in terms of which media outlets are to be pursued, continuity of exposure, number of weekly hours devoted to the client as well as various strategies for a campaign. There should also be an inherent agreement that a physician can decline any media opportunity he is uncomfortable about pursuing.

Physicians must be mindful of the fact that PR is a cumulative process.

*Email the local media with your CV and a link to your website explaining that you would be a good source for interviews.*

#### **CHOOSING A PR FIRM**

If you are ready to maximize your coverage by working with a professional public relations firm, you can lower the risk on your investment by taking some time to find the right firm for your practice. The Public Relations Society of America can provide listings of public relations firms that are registered with the organization. You can also search the Internet for healthcare-related PR firms. You do want to work with someone who has expertise in the medical/healthcare field. It is a different niche than fashion, entertainment, restaurant or corporate public relations. Just as one would not visit a chiropractor for laser resurfacing, it is unwise to engage a firm that has not worked with doctors or other aspects of the healthcare industry. If a physician has to explain to his publicist what a blepharoplasty is, or what the differences between ultrasonic liposuction and the tumescent technique are, this takes valuable time away from the campaign. In

One television appearance or magazine article cannot judge its merits. Lastly, PR is not a magical process. Those who make this foray must be willing to be proactive participants and respond to media queries in a timely manner, with before-and-after pictures and statistical evidence if necessary. Public relations, when implemented ethically and effectively, can help a practice gain an edge in competitive markets, often making the difference between remaining a 'best-kept secret' or having a fully booked schedule.

*Katherine M. Rothman*

*President and CEO of KMR Communications, a leading Manhattan-based public relations firm that serves a broad range of health, beauty and fitness clients She is a graduate of American University in Washington, D.C., and New York University, where she studied communications.*

*Contact her at 212.213.6444, kmrpr.com.*



# BEST practices



01

**01 ISOTRETINOIN AND VITAMIN DEFICIENCY** New research from Turkey suggests that isotretinoin patients may benefit from vitamin B12 and folic acid supplementation, potentially offering a clue to two of the most serious potential side effects of the medication. Ayse Serap Karadag, et al, followed 66 patients between the ages of 18 and 40 with acne vulgaris. They measured the subjects' hemoglobin, creatinine, SGOT, SGPT, total cholesterol, triglycerides, HDL-C, LDL-C, VLDL-C, folic acid, vitamin B12, Hcy and HoloTC levels prior to isotretinoin use and again following four months of treatment. The study, which appeared in the *International Journal of Dermatology* (December 2011, Vol. 50, No. 12), showed a significant decrease in vitamin B12, folic acid and HoloTC levels and significantly higher Hcy levels. The researchers postulate that these side effects "might contribute to the missing link between Iso usage, hyperhomocysteinemia and neuropsychiatric disorders. Trials may be made with the aim of demonstrating (clearly) if starting vitamin B12 and folic acid replacement therapies with Iso treatment initialization could be useful for preventing hyperhomocysteinemia and possibly related disorders," said Karadag, *et al*.



02

**02 JAN MARINI AGE INTERVENTION REGENERATION BOOSTER** is a cutting-edge anti-aging powerhouse. Regeneration Booster incorporates a significant combination of key technologies for maximum results including telomerase enzyme, TGF  $\beta$ -1 (Beta-1) and other skin growth factors, antioxidants, peptides and other proven significant skin enhancing ingredients. Regeneration Booster achieved unprecedented results in an eight week clinical study with subjects using only Regeneration Booster (no other skin care products). Ninety-six percent of users observed improvement in one or more categories and measurable improvement was observed in elasticity, hydration, the appearance of skin tone and texture, and the appearance of wrinkles, fine lines and discoloration. The degree of improvement for responders was amazing in all categories with decreases in the visible signs of aging ranging from 45% to 60%. Regeneration Booster is a valuable accelerator to any skin care regimen. While we are not yet able to make aging skin obsolete, Age Intervention Regeneration Booster is one of our most exciting developments. Aging skin is still a reality, but the key to aging may reside in the ability to stabilize telomeres by allowing cells to reset their aging clocks. Now our extraordinary new skincare composition captures the emerging science of topical Telomerase Enzyme therapy as a realistic science-based option for dramatically younger looking skin. Growth factors (including TGF  $\beta$ -1), CoEnzyme Q10 and concentrated peptides further the benefits of Regeneration Booster. *For more information please contact Intamed: 011 444 0404 | info@janmarini.co.za | www.janmarini.co.za*



03

**03 JAN MARINI C-ESTA SERUM** Jan Marini C-ESTA Serum, containing DMAE, dramatically rejuvenates the skin. The skin's texture will quickly begin to appear more smooth and supple. With continued use it will become measurably firmer and more resilient and facial contours will appear tighter and more defined. Deeper lines will appear far less pronounced, skin tones will even out and the skin will appear noticeably younger and healthier. **KEY TECHNOLOGIES:** \* Ascorbyl Palmitate (Vitamin C) \* DMAE \* Hyaluronic Acid \* Other Vitamins (B,E) **FEATURES & BENEFITS** \* Lipid soluble Vitamin C increases skin absorption \* Stable form of Vitamin C for increased shelf-life and efficacy \* Encourages increased Vitamin E production in the skin \* Neutral pH provides non-irritating anti-inflammatory properties \* Increases skin elasticity and resiliency \* Skin will appear measurably firmer \* Facial contours will appear tighter and more defined \* Overall appearance of more youthful and rejuvenated. *For more information please contact Intamed: 011 444 0404 | info@janmarini.co.za | www.janmarini.co.za*

American Academy of  
Aesthetic Medicine courses  
now available in **South Africa!**



## Providing **education and training to physicians** on the art and science of Aesthetic Medicine

### ABOUT AAAM™

AAAM is dedicated to the teaching of Aesthetic Medicine to licensed physicians who have a scientific and clinical interest in exploring and expanding the aesthetic medical facet of their practice. Regardless of specialty and experience level, AAAM membership and course participation are open to a wide variety of medical specialties: family and general practice physicians, obstetricians/gynaecologists, emergency medicine, cosmetic surgeons, dentists, and aesthetic medicine physicians, to name a few.

### AAAM Board Certification in Aesthetic Medicine

AAAM Board Certification Courses are open to all licensed physicians, regardless of specialty. The courses are offered in three parts described below, culminating in your Board Certification. Each level must be completed in order and none may be skipped, regardless of knowledge or experience level. AAAM Board Certification is good for 10 years.



### 23 - 25 November 2012 10 - 12 February 2013 CERTIFICATE IN AESTHETIC MEDICINE

# 1

3-DAY COURSE/ LEVEL 1

#### INTRODUCTION TO AESTHETIC MEDICINE:

- Skin Conditioning and Chemical Peelings
  - Skin Conditioning Program and classification
  - Chemical peeling agents and selection
  - Prevention and management of complications
- Botulinum Toxin and Fillers
  - Indications and consent
  - Patient selection
- Lasers, physical peelings and other technologies in aesthetic medicine
  - Lasers and their physics
  - Laser skin resurfacing
  - Body contouring medical devices

Live patient workshops

### 8 - 12 February 2013 DIPLOMA IN AESTHETIC MEDICINE

# 2

5-DAY COURSE/ LEVEL 2

COMPLETION OF AAAM LEVEL 1  
REQUIRED

#### ADVANCED AESTHETIC MEDICINE:

- Pigmentary disorders
- Acne management
- Introduction to hair transplant surgery & hair loss management
- Local-regional anesthesia
- Nutrition & Aesthetic Medicine
- Hormones & Aesthetic Medicine
- Aesthetic Medicine & Phlebology
- Advanced Botulinum Toxin and Fillers

Live patient workshops

### 25 - 26 November 2012 BOARD CERTIFICATION IN AESTHETIC MEDICINE

# 3

1-DAY EXAMINATION/ LEVEL 3

COMPLETION OF AAAM LEVEL 1 & 2  
REQUIRED.

6 months interval required after  
completing Level 2.

#### WRITTEN AND ORAL EXAMINATION:

**Part 1:** Written Examination (2 hours)  
**Part 2:** Oral Examination (30 minutes)

Upon passing both exams, written and oral, graduates receive a Board Certificate and may refer to him/herself as a 'AAAM Board Certified in Aesthetic Medicine'.



# REVOLUTIONARY

## TATTOO REMOVAL AND PERMANENT MAKE-UP CORRECTION METHOD

EliminInk is a revolutionary method of ink extraction developed to remove tattoos and permanent make-up quickly, easily and permanently. There are many benefits to using EliminInk over other methods of tattoo removal. The EliminInk tattoo removal treatment is less painful and faster than other treatment methods. In many cases the EliminInk treatment is more effective than laser and requires fewer sessions to obtain satisfactory results. Aftercare is simple and only requires that the patients follow a short set of instructions.

### UNCOVER THE DIFFERENCE

The EliminInk tattoo removal system works much like the original tattooing process, but instead of ink, it uses a solution formulated to bond with the original tattoo ink that draws the ink to the skin's surface. DermRenu, a scar inhibitor, is contained in the EliminInk product to help minimize or prevent scarring. DermRenu is also sent home with the client as part of the aftercare treatment to aid in the natural healing process.

- Effective for all colours
- Simple, Quick & Safe to use
- Requires less treatments than majority of other methods
- Contains its own scar inhibitor
- No expensive laser, messy creams or excision
- Certification classes required

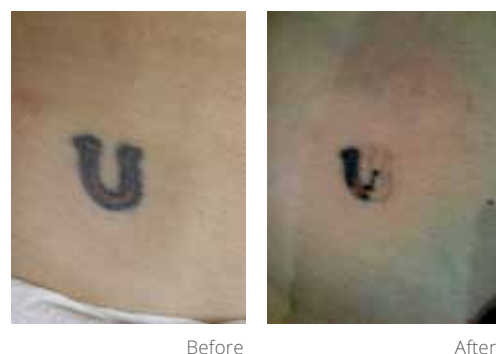
### CUTTING EDGE TATTOO REMOVER

EliminInk is implanted into tissue the same way tattoo inks and permanent makeup pigments are implanted in tissue using a tattoo or permanent make-up machine. There are established EliminInk Certification

Courses throughout South Africa, the United States, Ireland, Germany, Russia, Mexico, Central America, and South America to provide product and procedure training. The treatment can only be performed by an EliminInk Certified Tattoo Artist, Permanent Make-up Artist or Physician. A Nurse or Medical Aesthetician working under the supervision of a Physician can also perform the treatment after completing the Certification Course. EliminInk can be utilized on both professional and home-made tattoos as well as permanent make-up on most areas of the body. The only treatment area that must be avoided is tattoos on the eyelid (i.e., eyeliner). The treatment is not color selective (unlike laser) and is effective on all color inks and pigments.

### HOW IT WORKS:

Through a specially-formulated process, EliminInk bonds with ALL permanent makeup pigments and tattoo inks resulting in a tattoo removal procedure that is NON-color dependent unlike that of laser which is color dependent. This, in turn, greatly increases the potential for successful tattoo removal and decreases the overall number of treatment sessions required (as compared to what is frequently required when using the laser technique). The EliminInk Tattoo Removal System is similar to the original tattoo procedure. The EliminInk solution is applied using a tattoo over procedure. Instead of implanting ink or pigment, EliminInks specially-formulated solution bonds with the original tattoo and then draws the ink to the skin's surface. In addition, as noted above the EliminInk solution also contains the scar-inhibiting product, DermRenu, which helps to minimize or prevent scarring.



For more information or to become an Authorised EliminInk Treatment Centre please contact **INTAMED**: 011 444 0404 | [info@eliminink.co.za](mailto:info@eliminink.co.za) | [www.eliminink.co.za](http://www.eliminink.co.za)

# BEST practices



**04 308 EXCIMER SYSTEM** NThe Handy, Highly Effective Solution for Monochromatic UVB Therapy. As Effective as Traditional Excimer Lasers Narrow-band UVB light, with its better clinical results, has established itself over broad-band applications. The high dose monochromatic UVB phototherapy system can target the lesions only – leaving healthy skin unexposed – a precise and powerful treatment solution. The 308 excimer system emits light with the same wavelength as a laser and achieves identical results. The handy 308 excimer system achieves this without expensive, bulky laser technology. *For more information please contact*

**Intamed:** 011 444 0404 | [info@intamed.co.za](mailto:info@intamed.co.za) | [www.intamed.co.za](http://www.intamed.co.za)



**05 755 ALEXANDRITE LASER, 1064 Nd:YAG LASER FROM CYNOSURE** Powered by our proven MultiPlex™ technology, the Cynosure EliteMPX delivers! A highly versatile workstation, the Elite MPX allows you to perform multiple applications quickly and more safely for patients of any skin type - resulting in increased patient throughput and optimized venue opportunities. The Elite MPX offers: comprehensive range of hair removal applications available today; treatment of facial and leg veins; treatment of pigmented lesions such as age spots, freckles and photo-aged skin. With the Elite MPX, you won't have to compromise results by offering one wavelength that can only effectively treat a small range of skin types and conditions. That's because its revolutionary technology sequentially combines gold standard wavelengths in one system: the 755 nm Alexandrite laser and the 1064 nm Nd:YAG laser.

• Permanent hair reduction on all skin types and tanned skin • Facial and leg vein treatment • Treatment of benign epidermal pigmented lesions • Photo-aged skin • Laser Facial. *For more information please contact* **Intamed:** 011 444 0404 | [info@intamed.co.za](mailto:info@intamed.co.za) | [www.intamed.co.za](http://www.intamed.co.za)

NEW

**EliminInk™**  
-Tattoo Removal-

REVOLUTIONARY PRODUCT  
TO REMOVE  
TATTOOS & PERMANENT MAKE-UP



*when the memory has faded*

Remove tattoos and permanent make-up quickly, easily and permanently with EliminInk.

- EFFECTIVE FOR ALL COLOURS
- SIMPLE, QUICK AND SAFE TO USE
- REQUIRES LESS TREATMENTS THAN MAJORITY OF OTHER METHODS
- CONTAINS ITS OWN SCAR INHIBITOR
- NO EXPENSIVE LASER, MESSY CREAMS OR EXCISION
- CERTIFICATION CLASSES REQUIRED



BEFORE



AFTER



BEFORE



AFTER

Certification course required. Contact Intamed for details on next training course

**intamed**

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# CLINICAL TRIALS CONFIRM LIGHTSHEER DUET AS GAME CHANGER IN HAIR REMOVAL

Lumenis reasserted its leadership in the aesthetic market with the release of the versatile LightSheer Duet platform for laser hair removal. Featuring two hand pieces, the smaller spot size ET delivers higher fluence with contact cooling and the larger spot size HS (high speed) provides lower fluences with vacuum-assist. The ability to perform single pass treatments with no need for external cooling makes laser hair removal with LightSheer Duet easier on clinicians, as well as patients. Furthermore, the HS hand piece's safety, efficacy and treatment speed have been supported by recent clinical trials.

LightSheer Duet, built around the popular and effective 800nm diode laser, the original LightSheer has arguably been the gold standard in laser hair removal "The fact that new technologies often choose LightSheer as the basis for comparison emphasizes that it's such a trusted and popular device" noted dermatologist Sholomit Halachmi. M.D., Ph.D.

While the LightSheer Duet ET hand piece provides the traditional laser hair removal modality in a small 9mm x 9mm spot size, with higher fluencies (10J/cm<sup>2</sup>-100J/cm<sup>2</sup>), the HS hand piece offers lower fluencies (4.5 – 12 J/cm<sup>2</sup>), but a much larger 22mm x 35mm spot size which is the largest of any currently-available hair removal diode laser. This makes hair removal with LightSheer Duet a faster, more comfortable procedure which is attractive to patients. "The larger spot size translates into a reduction in treatment time of up to 75% which is numerous, obvious benefits as long as safety and efficacy are there." E. Victor Ross M.D. Dermatologist.

- What distinguishes the new HS hand piece from the ET hand piece and competing technologies in general? What do you think is the most significant benefit and why?

**Dr. Ross** - There are three major characteristics differentiating the HS hand piece from everything else. The first is the spot size, which is significantly larger. This allows for much faster treatment. Second is the vacuum-assist, which draws tissue up into the treatment tip before the laser is fired. This reduces the concentration of competing chromophores such as epidermal melanin and haemoglobin, but also **reduces treatment pain, so there's no need for topical anesthetics or epidermal cooling.** Thirdly the gold plating inside the hand piece increases the efficiency of energy delivery.

- Are there other devices that use the same basic reduced-fluence principle? **Dr Halachmi** - With one competing device the hand piece is moved repeatedly and quickly over the treatment area to allow slow heat build-up in the follicles, while the epidermis cools between the repeated passes. In comparison, the Duet HS hand piece addresses both treatment speed and comfort for patients and clinicians with its larger spot and vacuum-assist technology.
- What are the benefits of vacuum-assist technology? **Dr Halachmi** - The best benefit is the reduction of pain by the neural gate theory; the suction sensation triggers the large sensory nerve fibers before the application of energy which inhibits the transmission of pain signals to the brain. The patient feels the vacuum pressure rather than the laser pulse.
- What is the benefit of having the ET hand piece on the device as well? **Dr. Halachmi** - Certain smaller or curved areas will require a small tip; other more sensitive areas that can accommodate the larger spot are suitable for the larger spot HS hand piece.
- Do the features of the HS hand piece make it more suitable for treating darker skin types? **Dr Girish Munavalli M.D., Dermatologist** - We have treated many darker skinned patients and they respond fairly well. You do have to be careful whenever you consider patients with skin colour; the quality of hair is the key factor in decision making.
- What are the business advantages of a faster, more comfortable treatment if safety and efficacy are equal? **Dr. Halachmi** - The major advantage is the reduced treatment time. This allows scheduling of more procedures in the same work hours, which increases revenue potential. No topical anesthetic or cooling gel is needed which reduces prep time. **Dr Ross** - The larger spot size treats more rapidly in a single pass, and when you have larger areas you want to cover a lot of ground fast.

*Acknowledgement: The Aesthetic Guide May/June 2011  
Clinical roundtable by Kevin A. Wilson, Contributing Editor*

**HITECH LASERS** 012 349 1250 or [hitech@hitechlasers.co.za](mailto:hitech@hitechlasers.co.za)



# BESTpractices

## 06 Hitech Lasers Emphasizes the Value of Research for Laser Investments A Check-list to ensure a Successful Purchase.

Many lasers have come to the market backed with flashy campaigns to the public and the medical community, making exaggerated claims of efficacy and applicability. It rarely makes sense for a physician or aesthetician to take a gamble on costly new technologies with uncertain efficacy and appeal, when tried and true systems can be acquired. Alternatively, low-priced systems can appeal to the frugal practice, but if a system is under-priced, it probably under delivers. "Before investing in a laser, we suggest physicians research systems that are time-tested, with technology strong enough and long-lived enough to achieve good results", comments Wicus Olivier, Managing Director of Hitech Lasers. Additionally, the following factors should also be researched when investing in a laser system:

**Company Reputation:** • How long has the supplier/distributor been in business and in the laser industry? • How strong is the manufacturing company in research and development - or are they merely followers? • What is the manufacturer's international standing in the Industry? • Do you know something about the integrity of the company and individuals you deal with? **Product**

**Longevity:** • How long has the product been on the market? Is it proven technology? • How many systems in SA market? • Durability of system. **Product Applications:**

• What are the indications that the laser can treat? • Are these appropriate for your patient population? • Know as much as possible about physics and specifications of the systems. • Are clinical studies and peer reviews available? • Did you check the treatment outcomes with other users? **Product /Company History:**

• Know about the research and development behind the laser. • Know about the advantages or disadvantages of different technologies on offer. **Service Support:**

• How wide is the band-width of support and is it available for your location? • Are the technicians resident, factory trained, certified technicians? • What about future trade-ins or upgrades? • Visit the local distributor's workshops - are they able and equipped to repair your system or are they dependant on subcontractors for maintenance service which is more costly? **Warranty:**

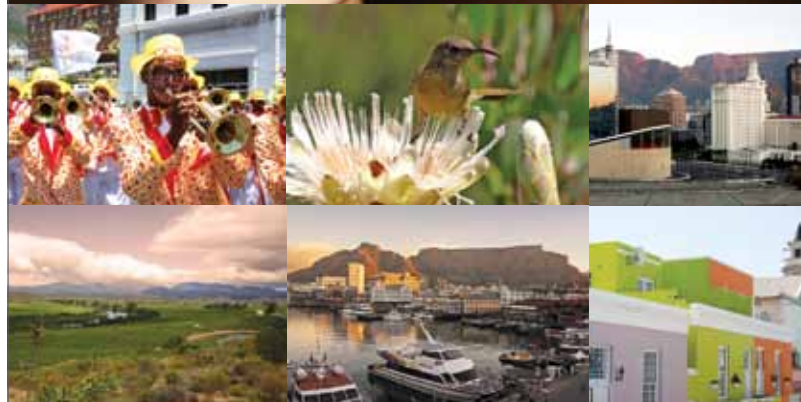
• What is the fine print in the warranty? • How long is it for? • Will the SA representative be willing to take the system back if you have a valid problem/argument of under- delivery? **Clinical Training:** • Does the company provide experienced clinical educators to train personnel on treatment techniques using the specific laser system? • Are there additional costs after the initial training? **Practice Marketing:** • What marketing support is provided to help you promote the new laser treatment options to your patients?

**Cost of system, consumables and maintenance.**

*Presentation during American Academy for Aesthetic Medicine (AAAM) Board Certification course at Midrand by Wicus Olivier, Managing Director of Hitech Lasers.*



## 14 - 16 FEBRUARY 2013



## The 19<sup>th</sup> World Congress of Aesthetic Medicine is coming to Cape Town!

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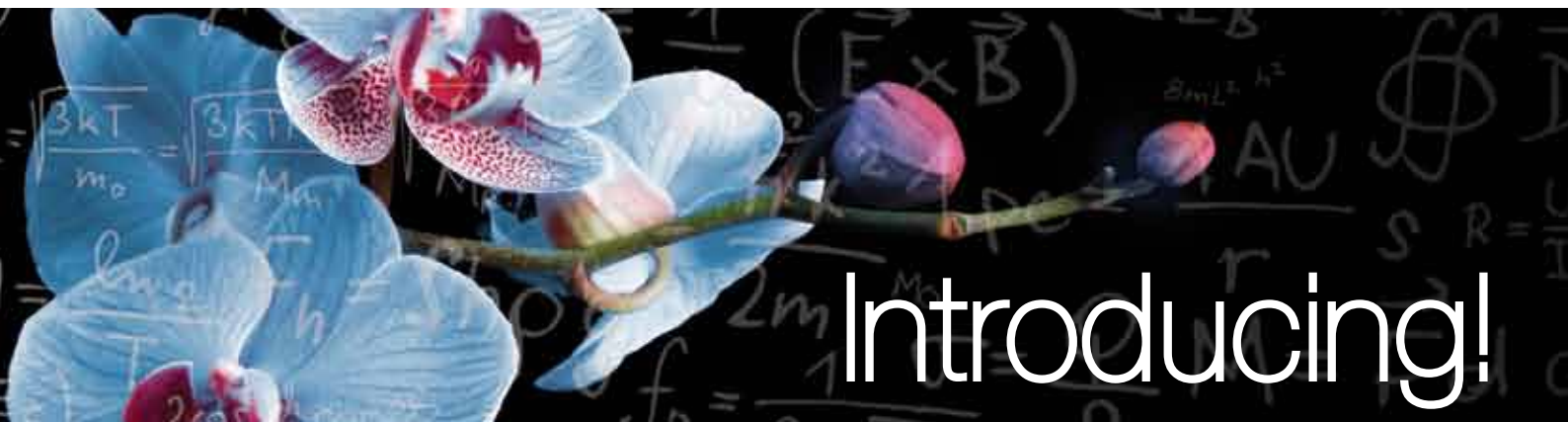
The scientific committee includes local doctors as well as each of the presidents of the 27 countries affiliated to the UIME.

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- The NEW Motif IR™ applicator is a safer, more efficient way of treating superficial skin texture and pore size for overall facial rejuvenation with zero downtime.



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Photos: James Shaoul, M.D.



Before



Post4 treatments

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Photos: Tess Mauricio, M.D.



Before



Post4 treatments

Motif LHR

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eTwo™

Photos: Ruthie Amir, M.D.



Before

Post 2 treatments

Sublime

Photos: Stephen Bassett, M.D.



Before

Post 2 treatments

Sublative

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# PRODUCT reviews



01



## 01 HITECH LASERS OFFERS PRECISELY POWERFUL PERFORMANCE WITH A CHOICE OF TWO CO<sub>2</sub> FRACTIONAL LASERS.

Whether it's cosmetic procedures or advanced surgical solutions, Lumenis offers innovative tools and resources to help you organize, plan and create a customized patient solution, step by step. With hundreds of treatment options, unsurpassed control and precision, and patient friendly pulse characteristics, the UltraPulse and AcuPulse systems offer a full range of options to treat up to 34 FDA cleared dermatology and plastic surgery indications. Only Lumenis' fractional technology delivers the power to instantly and precisely ablate tissue at optimum levels for impressive results, more quickly, and with less pain than other CO<sub>2</sub> systems. A variety of hand pieces provide superficial and deeper depths of penetration. Tissue ablation occurs at the precise level which effectively removes surface discoloration, improves skin texture, induces immediate tissue coagulation and stimulates long-term collagen remodeling for improvement of deep wrinkles and scars. With the highest power to tissue of any CO<sub>2</sub> laser, the UltraPulse fractional CO<sub>2</sub> laser and AcuPulse deliver the shortest pulse width for any given energy, offering the best control of residual thermal damage and the lowest probability of complications. UltraPulse fractional CO<sub>2</sub> laser is six times more powerful than other CO<sub>2</sub> lasers and works at twice the speed of most CO<sub>2</sub> lasers - 240 watts of power to tissue and 225 mj of energy output. Only the UltraPulse gives the flexibility of 5-100% coverage in a single pass. With UltraPulse you offer patients a single pass, single treatment with excellent results and fast recovery time. AcuPulse CO<sub>2</sub> laser offers 200 watts of power to tissue and the SuperPulse technology reaches deeper than CW lasers. Precision ablation minimizes thermal damage. With AcuPulse CO<sub>2</sub> fractional Laser you use one hand piece for both superficial and deep fractional treatments.

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02

**02 LUMENIS M22 IPL AND Nd:YAG PLATFORM** Power, portability and versatility characterize the new M22 multi-application platform from Lumenis. Offering Lumenis' proprietary Optimal Pulse Technology (OPT™) and Multiple-Sequential Pulsing, the M22 represents a new modular solution providing a variety of treatment indications. With OPT™ – unique to Lumenis IPL – the M22 achieves significant results after a single session, comparable to three to five treatments with other technologies. Physicians can deliver the right pulse and fluence for each application, safely and efficiently. By controlling each pulse shape, a variety of skin types can be treated. M22's Universal IPL treatment module addresses 30 conditions with one device and is safe and effective for skin types I-V. The ability to change filters in seconds instead of changing the whole hand piece saves not only treatment time and storage space, but is also extremely cost efficient because there is never a need to purchase multiple or replacement IPL heads. Six Expert Filters (515, 560, 590, 615, 640 and 695) cover a range of IPL treatments. SapphireCool Light Guides maximize patient comfort and enhances Light Guide durability. OPT, unique to Lumenis IPL, delivers the right pulse and fluence for each application. This means consistent and reproducible results by giving physicians the ability to control each pulse shape and fluence. In addition to safely and efficiently treating a variety of skin types, Multiple-Sequential Pulsing enables permanent hair reduction on darker skin, as well as reducing the chance of skin damage in vascular and pigmented lesion treatment. With the Nd:YAG upgrade for vascular lesions, leg veins and non-ablative facial wrinkle treatment, this device is an extremely cost-effective solution that is streamlining practices. "The M22 delivers everything you'd expect from a multi-application platform, but takes its performance to the next level with accuracy, simplicity and expediency, M22 is designed for expansion, allowing treatment of multiple skin conditions with one device" said Dr. Knight J. Matthew Knight, M.D., dermatologist



# PRODUCT reviews

and founder of the Knight Dermatology Institute in Orlando, Fla. "I find the M22 safe and effective for skin types I-V while using the Universal IPL and Nd:YAG modules. The Multiple- Sequential Pulsing reduces the chance of skin damage in vascular and pigmented lesion treatment" noted Tristan Guevara, D.O., of the Skin and Laser Center of Grosse Pointe, Mich.

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**03 VIORA REACTION™ REDEFINES RF** RF treatments for Skin Tightening and Body Contouring enter a whole new dimension with Reaction™. Going beyond single frequency limitations, Reaction's™ multi frequency channeling and vacuum therapy offers the aesthetic professional an unheard of level of control and targeting depth precision that delivers immediately visible results. An innovative multiple frequency approach to RF treatments, CORE™ features three distinct RF frequency channels and an additional 4th dimension, multi-channel mode, that concentrates all three RF frequencies in one pulse. Each frequency channel precisely targets a specific penetration depth. The 4th dimension, multi-channel mode, travels through all dermal layers simultaneously and treats the full penetration range from the mid to deep skin layers. This allows a multi-dimension treatment for cellulite, body contouring and skin tightening. The freedom to choose the channel mode according to the treated body site optimizes results and ensures client safety and comfort. In addition, a unique Vacuum Therapy feature strategically positions the skin between the two RF electrodes to intensify treatment and enable deeper penetration of RF energy in larger areas. Viora's Reaction™ skin tightening treatments balance the demands of frequency, intensity and an integrated skin cooling system to ensure the safest and most effective result. Thinner, more sensitive periorbital and forehead areas are treated using a higher frequency with



03

minimal patient discomfort, while thicker regions such as the cheeks, abdomen and back are treated with lower or multi-channel modes. Reaction™ instantly contracts tissue fibers for immediate smoothing and tightening results. At the same time, it thermally induces natural neocollagenesis for full wrinkle reduction. Heating of subcutaneous tissue layers builds collagen fibers that strengthen the dermis against the invasion of adipocytes and stimulates lipolysis to shrink fat cell volume, at the same time enhancing blood circulation throughout the treatment area. Reaction is ideal for: Cellulite Treatment, Circumferential Reduction and Skin Tightening for Face & Body.

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03

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# NEWS and events



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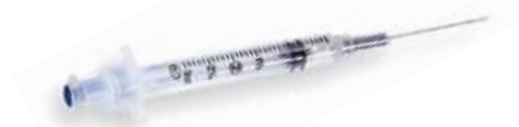


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# ETHICAL RULES

## OF THE HEALTH PROFESSIONS COUNCIL OF SA

### ARE THEY ANTI-COMPETITIVE?

Statutory organisations such as the Health Professions Council of SA (HPCSA) that had rules, which contained restrictions and which restrictions had the effect of substantially preventing or lessening competition in a market, could apply to the Competition Commission for exemption of those Rules from the Competition Act 89 of 1998. The Commission could exempt all or part of the Rules for a specified period if the restrictions were reasonably required to maintain professional standards or the ordinary functioning of the professions.

This meant that if a body like the HPCSA had Ethical Rules that were or might be transgressing the Competition Act, it could apply for exemption in respect of those Rules from the Competition Commission. The Commission could grant exemption if the restrictions contained in the Rules were for example required to maintain professional standards. If exemption was granted, the Rules would then not be regarded as transgressing the Competition Act, although they might be restrictive. If exemption was not granted it could mean that the Rules were not transgressing the Act or that the Rules should not be maintained by the relevant body as they in fact constituted or resulted in anti-competitive conduct, which was unlawful.

#### ETHICAL RULES

The HPCSA applied for exemption from the Competition Act in respect of the following Ethical Rules that applied to optometrists:

#### 1. RULE 3(2): CANVASSING AND TOUTING

This Rule prohibited practitioners from canvassing or toutting for patients either personally or by a third party on their behalf.

"Canvassing" referred to conduct (verbally or through the printed or electronic media) that drew attention to one's personal qualities, superior knowledge, quality of service, professional guarantees or best practice. "Toutting" referred to conduct (verbally or through the printed or electronic media) that drew attention to one's offers, guarantees or material benefits that did not fall in the categories of professional services or items, but were linked to the rendering of a professional service or designed to entice the public to the professional practice.

#### 2. RULE 4: INFORMATION ON PROFESSIONAL STATIONERY

Rule 4 restricted practitioners to the printing of only certain specified information such as their names, professions, addresses and telephone numbers on their stationery, which included letterheads, account forms and electronic stationery.

#### 3. RULE 5: NAMING OF A PRACTICE

This Rule prohibited practitioners from using names other than the name(s) of a registered practitioner(s) who practised or used to practise in that particular practice. Trade names and terms such as "hospital", "clinic" or "institute" could not be used in the name of a practice.

Optometrists could, however, use a name for which they had obtained prior approval from the Professional Board for Optometry and Dispensing Opticians provided that such a name was not indecent, misleading or deceptive, was in keeping with the professional image or dignity of the profession, did not claim prominence for a registered optometrist and the names of the responsible practitioners were displayed together with or alongside the practice name.

#### 4. RULE 7: FEES AND COMMISSION

The Rule relating to fees and commissions prohibited amongst others practitioners from accepting commission or material consideration from any other practitioner or person in return for the purchase, sale or supply of goods used by them in the conduct of their professional practice. Other prohibited conduct included:

- The payment of commission to persons for recommending patients;
- Perverse incentives, i.e. any payment, benefit or material consideration that was intended to persuade a practitioner to act in a way that was not scientifically, professionally or medically indicated or to under-serve, over-serve or over-charge patients; and
- The sharing of fees with a person or practitioner who has not taken a commensurate part in the services for which the fees were charged or the charging of fees for services not personally rendered (excluding those rendered by an employee, partner, shareholder or locum).

#### 5. RULE 8(4): PARTNERSHIP AND JURISTIC PERSONS

This Rule prohibited a practitioner from practising in any other form of practice than those prescribed (i.e. partnerships, associations and incorporated companies) that had inherent requirements or conditions that would violate any of the Ethical Rules.

#### 6. RULE 8A: SHARING OF ROOMS

Rule 8A prohibited practitioners from sharing rooms with person or entities not registered in terms of the Health Professions Act.

#### 7. RULE 10: SUPERSESSION

The Rule related to supersession required a practitioner who took over a patient from another practitioner to inform the firstmentioned practitioner of such take over before proceeding with treatment.

Optometrists were allowed to conduct mobile practices in areas where optometric services were not readily available subject to the provisions of the rule on supersession. Certain conditions were, however, prescribed for this purpose, namely:

- The practice could only operate in a defined area;
- The equipment to be used for comprehensive visual examinations had to be in accordance with the guidelines issued by the Professional Board;
- Optical appliance dispensing was conducted by the practitioner at the site visited;
- The practitioner who operated the mobile practice also had an established practice from which the mobile practice was operated;
- Patients were informed of the contact details of the established practice and of the nearest health facility with which the practitioner had made arrangements for emergency ocular health care; and
- Prior written approval to conduct such mobile practice was obtained from the Professional Board.

#### 8. RULE 18: PROFESSIONAL APPOINTMENTS

The Rule related to professional appointments required employers to be approved by the HPCSA before they could employ practitioners. Employers approved by the HPCSA were the public service, universities, training institutions (limited for purposes of training and research) as



well as all registered persons within the HPCSA who might employ fellow registered practitioners. Other potential employers needed to apply to the HPCSA for approval. Criteria such as the motive/goals, whether services were delivered on a not-for-profit basis, training of students, clinical independence of practitioners and the method of remuneration were considered in such applications.

#### 9. RULE 23: MEDICINE AND MEDICAL DEVICES

This Rule prohibited practitioners amongst others from participating in any activity that would amount to trading in medicine. Furthermore, practitioners might not advocate the use of any medication if they would derive any consideration for such medicine.

#### 10. RULE 23A: FINANCIAL INTERESTS IN HOSPITALS

Rule 23A imposed requirements on practitioners who had shares or financial interests in hospitals or health care institutions and referred patients to such hospitals or institutions for admission or treatment. The restrictions imposed related to the purchasing of such interests, returns on investment, review systems, advertising and promotion, preferential use and approval by the HPCSA.

#### COMPETITION COMMISSION DECISION

The Competition Commission had rejected the HPCSA's application for exemption and did not find that any of the Rules transgressed the Competition Act as such. It considered the following factors in its deliberations:

- Nature of the restraint on competition contained in the Rules;
- Effects of the Rules on competition;
- Rationale given by the applicant for any restraint;
- Views of interested parties; and
- International norms.

The Commission nevertheless expressed the view that the application of the Rules could have a negative effect on competition in the health professions. In its view there were less restrictive means of achieving the HPCSA's objectives with the Ethical Rules, namely to maintain professional standards and the ordinary functioning of the health professions. The Commission indicated that this would be further discussed with the HPCSA.

The Competition Commission also stated that international norms indicated that there was a need to have less restrictive Ethical Rules to protect competition such as introducing mechanisms that would curtail commercial, over-servicing and perverse incentives on the part of registered practitioners and enforcement of personal liability for practitioners employed by corporates.

The Commission gave the following specific reasons for its decision to reject the HPCSA's application:

- There was no evidence that the following Rules would lead to a substantial prevention or lessening of competition in the market:
- Naming of a practice (Rule 5);
- Fees and commission (Rule 7);
- Sharing of rooms (Rule 8A); and
- Supersession (Rule 10).

The broad manner in which the following Rules were worded did not constitute a contravention of the Competition Act as such:

- Partnership and juristic persons (Rule 8(4));
- Professional appointments (Rule 18);
- Medicine and medical devices (Rule 23); and
- Financial interests in hospitals (Rule 23A).

The Commission was, however, of the opinion that depending on how these rules were applied, it could result in anti-competitive conduct in contravention of the Act. If the application of a Rule resulted in anti-competitive effects, it would be assessed and addressed on a case-by-case basis.

The restrictions contained in the following Rules were not reasonably required to maintain professional standards or the ordinary functioning of the health professions:

- Canvassing or touting (Rule 3(2)); and
- Information on professional stationery (Rule 4).

#### CONCLUSION

The effect of the decision of the Competition Commission was that all the Ethical Rules of the HPCSA remained valid and enforceable. It did, however, imply that practitioners who wished to engage in conduct, which was prohibited by the Ethical Rules (e.g. to practise in a different practice model from those approved by the HPCSA or to include other information than that prescribed on professional stationery), could potentially use the mechanisms in the Competition Act to obtain approval for their conduct if the prohibition imposed by the HPCSA had anti-competitive effects.

It was also possible that the HPCSA might revise its Ethical Rules with time in terms of its further engagement with the Competition Commission in this regard.

*Compiled by: Esmé Prins-Van Den Berg, Healthcare Navigator. March 2012*

#### References:

1. Ethical Rules of Conduct for Practitioners under the Health Professions Act, 1974, GNR 717 of 4 August 2006.
2. Notice 817 of 2011: Notice in terms of Item 4(c) of Part 1 of Schedule 1 of the Competition Act 89 of 1998 (Amended): Application for Exemption by the Health Professions Council of SA in terms of Part A of Schedule 1 of the Competition Act Case Number: (2008)an3456. Rejection of Exemption Application. Government Gazette 34767 of 25 November 2012.
3. Undesirable Business Practice Policy of the HPCSA. 2005.

## Intelligent cosmetics?

US cosmetic industry icon explains the challenges of creating DMK's new range of makeup for the modern age.

Developing cosmetics in 2010 is a challenging process. When the global company DMK approached me about developing a revolutionary new range of makeup to build on their success in skincare, I knew it would be no easy task. After decades in the industry, I understood the sheer complexity of reconciling the modern customer's demands with existing technologies.

Any foundation would have to cover yet be sheer in application; be smooth but not contain oils or petroleum by-products and be available in mixable colours that would serve skin types from all over the world. To compete in today's crowded beauty market it would have to be something unlike any cosmetic ever made.

'I want to create the world's best makeup, simple as that,' Danné Montague-King told me.

Often cosmetic chemists simply roll out the same ingredients, the same proportions and the same techniques of production and hope that their point of difference will be in the marketing. This would never have been an option for DMK. Danné needed something that would fit in with the company's overall philosophy of intelligent skin care. In short, the cosmetic range would need to be nothing short of a revolution in makeup for ordinary people.

I started with the basics. Who would wear it? How would they wear it? Under what conditions would they wear it? What sort of ingredients would our customers feel comfortable with? Rather than letting the accepted science drive our product offering, we wanted to answer those questions truthfully and find a product that would match it.

By employing a team of highly skilled skin scientists, cosmetic professionals and high end users of cosmetic products in development, we were able to create an environment of creative and lateral thinking that would meet and address these challenges. Little did we know that our approach would create nothing short of a revolution in cosmetics.

We started with ingredients.

One of the enduring challenges of ingredients in cosmetics is that they are placed into a formula only to have their basic properties change due to the manufacturing process. This often occurs with waxes used in cream foundations. When heated and blended with other petroleum based products, the wax changes some of its properties and the cosmetic scientist ends up with a greasy outcome that demands more raw materials to decrease the petroleum based oils yet leave the cosmetic still flowing and easy to apply.

To remedy this situation, DMKC developed advanced formula techniques. Not one ingredient in DMK Cosmetics is in the formula to combat or offset the properties of another ingredient that is not working in the formula. For example, silicone is a marvellous raw material for the base of a cosmetic formula. It has the properties of oils, but it is not an oil. It has the properties of alcohol (in evaporation properties) but it is not an alcohol.







The team of experts at DMKC reasoned that since the base is only really utilized in the application process and in touch-ups, a blend of silicones and raw materials would enable DMK Cosmetics to be applied sheer while still providing adequate cover. After the application is complete, part of the base disappears and the binders and raw materials that make the cosmetic long lasting and waterproof take over. It was an excellent example of where DMKC research and thinking outside the box paid off.

AT DMKC we were also keen to utilize the latest technologies in ingredients and design to ensure that the cosmetics enhanced the appearance of the underlying skin. The majority of cosmetic companies use standard pigments that are inexpensive. However, in 2010, pigments now exist that do more than simply colour the cosmetic.

One such ingredient is titanium dioxide. Titanium dioxide is used as an 'opacifier' in cosmetic formulas, essentially something which works with pigment to reflect the colour of the cosmetic. The combination of titanium dioxide and pigment give the cosmetic a 'pigment percentage', which can be anywhere from 10% in liquid makeup to 30% in cream makeup.

However, flat cutting of titanium dioxide pigment in a cosmetic has the tendency to accentuate fine lines and wrinkles by lying inside wrinkles and reflecting light in one direction. This also causes an ashy look when the foundation is not matched perfectly with the skin. At DMKC, the titanium dioxide pigment is ground in a revolutionary way that creates micro-sized small ovals that are not cut flat. It was another example of the team thinking outside the box to resolve an age old problem of cosmetics.

Our final challenge was the tendency of cosmetics to 'melt' at body temperature. Other cosmetics will melt into a liquid at 85°C (185°F) or less and get soft at as little as 36°C (97°F) but the upshot of this is that cosmetics are typically melting at body temperature of 37°C (98.6°F). Who wants to wear something that will melt at body temperature?

Being completely absent of oils, our formula also caused an initial problem in the pouring machinery. Our solution was to set the filling process of DMKC at 110°C (230°F) and rather than pouring cosmetics, DMK Cosmetics 'fall' by pressure into the container before being hand levelled and travelling through a cooling chamber. By looking at the manufacturing process from a completely different perspective, DMKC was able to create a feature of real benefit to our customers.

Ultimately our creative approach has led to a practical high performance product that people actually need and want. Using advanced formulations with state of the art ingredients and revolutionary manufacturing techniques, DMKC has delivered a revolution in natural all day makeup for ordinary people.

Once more, DMKC is the one.

Written by Tommy Parsons  
DMK Cosmetics Division Manager  
[www.DMKCosmetics.com](http://www.DMKCosmetics.com)

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