Cosmetic Dermatology in a Busy Medical Derm Practice: Startup and Pearls

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Disclosure

* No conflict of interest to disclose
Increasing numbers of Botox procedures

Patients are starting toxin earlier on (20s, 30s)

Offer full spectrum of services
  * Trained professional vs spa service

You can do this!
  * You know anatomy
  * You know MOA

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Multiple studies show clear relationship between physical attractiveness and improved health, achievement and well being ¹

Cosmetic procedures including botulinum toxin and fillers can improve subjective and objective attractiveness leading to improved happiness and well being ²

Treatments that prevent frowning correlate with reduced negative mood ³
Why?

* Patients who have treated glabella with toxin, seem to have better image of themselves, they feel happier, have better self esteem and overall sense of well being.

* Single treatment of glabellar lines with Botox helped minimize depression in patients who did not respond to conventional medications however just the opposite occurred when patients crow’s feet were treated and patients felt more depressed.

Why & What?

* Dermatologists are the leading specialty in cosmetic use of neurotoxins and dermal fillers.
* Provider preference on cosmetic product is dependent on their familiarity with the product.
* Products that have been around longer (Botox, HA fillers) are used most commonly.
When?

- Now!
- After skin checks, acne checks, during any medical visit
- Always try to do “consultation” right there and then
  - Pros
    - Start treatment regimen earlier
    - Patient more likely to do the treatment
  - Cons
    - Scheduling
    - Time
    - Requires staff training ahead of time

Where do I start?

- Study your patient population
- Potential treatments
  - Neuromodulators
  - Dermal fillers
  - Micropeels (mild epidermal chemical peels)
  - Microneedling (MN)
  - IPL
  - Laser hair removal
  - Hair loss treatments
  - Body contouring, facial tightening
Where do I start?

- Study your ROIs
  - Best: micropeels, MN, PRP
  - OK: neuromodulators, dermal fillers
  - Poor: devices in general (lasers, body contouring)

Start

- First impression
  - Waiting room materials (limit to 3 things)
  - Hallways & exam rooms (wall pamphlet holders are great, easy, effective, inexpensive)
  - DO NOT buy marketing materials: these should be free!
    Some companies will provide pamphlets, others will provide you with online portal including jpgs and pdfs for you to print or use in social media
Last minute consults....

- Listen to your patients
  - Ask what they are using for skin care right now
  - Have they had procedures done in the past
  - What are their main concerns
- Always have nurses ask if they have any other concerns when rooming the patient
- Have aesthetic material in the room so they know you offer services and can look at things ahead of time
- I typically ask if they have any questions or concerns prior to starting skin exam. I will try to answer questions and go over my pyramid of youth while doing the exam to save time.

Consultation: Pyramid of youth

- Every 1-2 yrs: Dermal Fillers, invasive tightening (RF, CO2)
- Every 3-4 months: Neuromodulator, microneedling, IPL or lasers for redness/browns
- Daily must haves: Sunscreen with zinc oxide & Retinol nightly
- Daily add ons: AM antioxidants under sunscreen, PM moisturizer

*** SMOKING CESSATION COUNSELING ***
Cosmetic Consultation

- Gain trust
- Discuss anticipated side effects (I typically cover most common and most serious)
- Suggest a treatment plan and timeline
- Discuss off label use and longevity
- Set expectations
- Give patient ample time for teaching and counseling
- Financial discussion
- Establish follow-up

Consent forms

- These are signed each visit procedure is performed
- Toxins have separate consent form from fillers
- Filler consent: include blindness/stroke
- Payment is part of the consent form
- Photography is a separate consent form (mine is from ASDS)
My average patient is a female in 30s to 40s who is interested in cosmetic services and presents for skin check

- Skin care talk during exam
- Sit down and go over expectations, risks, benefits; show before & after photos
- I will mark Botox injection sites and exit the room
- Patient will review cost, sign consent with the nurse, photos are taken and payment is taken
- Patient will get dressed and wait for us to return with Botox

**Typical consult add on**

**Staffing, rooms, supplies**

- 3 nurses
- 3-4 rooms
- Photography: who, how, when, where, why
  - This is THE MOST IMPORTANT part of any cosmetic procedure
Start with 1 hour blocks on 2 different days
- I started with Tuesday 11am-noon and Thursday 1:30-2:30pm (6 years ago)
- Thursday is a great cosmetic day (currently I do full Thursdays of cosmetics)
  - F/u on Friday if concerns or bruising (PDL)
- Mondays are the worst cosmetic days
- I’m 50/50 medical(surgical)/cosmetic
Scheduling cont

* Leave cosmetic blocks on schedule until 48hrs prior to, then open them up for all waitlist
* Cosmetic has higher cancellation rate
  * Have a cosmetic waitlist and call those as others cancel, most do fill
  * Consider afternoon cosmetic appt initially so if they cancel, you can be done early

Consultations: Free or charge?

* Always charge for consultations but apply the fee to the procedure
* Fee only applied to procedures and not products
* Fee will vary depending on your area
Follow ups for neurotoxins

- ALWAYS see your patient back in 2 weeks for recheck. YOU WILL LEARN SO MUCH!
- Asymmetry is the most common adverse effect
  - Easy to fix
  - Make it complimentary
- Take after photos and compare with before with the patient
- If patients call with concerns about outcome, always see them w/in 24-48 hours
  - I work these in before start of the day, before start of the afternoon
- At 2 week re-check, make them 3 month f/u appt for next treatment

Products/Cosmeceuticals

- What products to carry?
  - Goes back to knowing your patient population
  - Know what other offices carry locally and try to bring in something new
  - Always read published papers on the product and try the product yourself first
  - Staff input
- Consider starting with:
  - BPO cleanser, good zinc oxide daily sunscreen you like to use (this is your opportunity to try new things), antioxidants (later on, price can be an issue)
Pricing structure

* Know your “competitors”
  * Ask your reps, call around and ask for prices
  * Be competitive, value your service and expertise
* KNOW YOUR WORTH!
  * Price your services so you are making the same or more compared to medical (don’t forget to subtract product cost)

Learning procedures

* Injectables
  * Company trainings to start with (all on label)
  * Colleagues (TBCD on FB)
  * Cosmetic lectures: live with simultaneous cadaver dissection are the best! (AAD, Cosmetic Bootcamp)
Botulinum Toxin

* Most common aesthetic procedure according to multiple surveys
* FDA approved since 2002
* Works every time
  * Results are impressive, reproducible & predictable
* Safe
* Monotherapy or combo

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Injection technique in neurotoxins and fillers:
Indications, products, and outcomes

Murad Alam, MD; MBA, MSCI, Rebecca Tung, MD

Journal of the American Academy of Dermatology
Volume 79, Issue 3, Pages 423-435 (September 2018)

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Injectable and topical neurotoxins in dermatology

Giordano, Correne N. et al.

Journal of the American Academy of Dermatology
Volume 76, Issue 6, 1013 – 1024 (June 2017)
How to start with neurotoxins

* 4 commercially available formulations of botulinum toxin A in the US:
  * Onabotulinumtoxin A/Botox (Allergan, Irvine, CA)
  * Abobotulinumtoxin A/Dysport (Galderma Laboratorie, Forth Worth, TX)
  * Incobotulinumtoxin A/Xeomin (Merz, Frankfurt, Germany)
  * Prabotulinumtoxin A/Jeuveau (Evolus, Irvine, CA)

How to start with neurotoxins

* Each neurotoxin has unique properties
  * Xeomin does not require refrigeration
  * Dysport may diffuse more (can be a pro or a con depending on area treated and desired effect)
  * Offer at least 2
  * Allergan/Botox has majority of the market
Reconstitution and use of neurotoxins

- Vial comes with small amount of powder and needs to be reconstituted prior to use
- Package insert for Botox suggests reconstitution of 100U vial with 2.5ml of preservative free saline
  - Use bacteriostatic saline instead to increase patient comfort
  - May use 1ml instead of 2.5ml to optimize treatment
    - Pro: more precise
    - Con: tougher for microtox of temporalis and orbicularis oris (#lipflip)
- Old concentration still used by some is 4ml/100U vial (more dilute, more diffusion, less predictable results)
  - Pro: less toxin loss in each drop

Tips on toxin

- Reconstitute toxin yourself (come early in AM)
- Use BD syringes 0.3ml (green 1ml syringes required addition of needle and you lose up to 7U per needle hub depending on our reconstitution)
- Take care not to touch the glass vial with the needle and keep needle at 30 degrees
- Decap toxin vial after reconstitution

Blue = Botox
Green = Dysport
Chemical peels

* Start with micropeels
  * AHA, BHA, Jessner
  * Acne, Melasma
* TCA
  * AKs, melasma, skin texture

Devices

* After doing neuromodulators, dermal fillers and chemical peels for a while you will get a sense of what your cosmetic patient population is
* Consider what you can and cannot delegate
* Best to do it yourself as much as you can especially at first while building reputation
* You will need to delegate at some point but do so very carefully, these patients are your biggest referrals
Other Derms’ pearls

- “Baby steps. Don’t be afraid to limit what you do until you feel naturally comfortable enough trying a little more.” Dr. Jessica Krant
- “Make time for cosmetics or the medical will take over your schedule.” Dr. Kristel Rowley
- “Be prepared for the worst in order to be your best.” Dr. Sarah Jensen [know what to have on hand for vascular events]

Social Media

- FB vs IG
- Pic Collage, InShot, iWatermark
- @draleksandrabrown
References

7. Flynn TC, Carruthers A, Carruthers J: Syrgical Pearl: The use of Ultra Fine II short needle 0.3-cc insulin syringe for botulinum toxin injections