

PEARLS FROM THE COSMETIC BOOTCAMP

Columnist Ken Beer is the Director of Cosmetic Bootcamp, which offers core specialists high level interaction and instruction at seven boutique meetings per year. There, he says, he learns more from teaching, along with fellow instructors, than from being in the audience.

KENNETH BEER, MD



This year's Cosmetic Bootcamp was incredibly interesting and educational for me. I am always amazed at how much I learn at these meetings and find that this meeting, given its boutique nature and diverse faculty from various specialties, is the most informative. I learn more from teaching with the rest of the faculty than I ever do in the audience. This year there were a few major themes, including facial revolumization, injections into areas of the face not typically injected, minimally or non-invasive treatments for fat, refinements in lasers and the resurgence of chemical peeling.

HOT TOPICS

Facial volume loss — Dr. Rebecca Fitzgerald's presentation on facial volume deficits and methods to redress them was truly a tour de force. Rather than discuss the deficits ad nauseum, areas were pointed out on high-resolution projection so that the entire audience could see them. Next, each area was restored to a more youthful volume. I was amazed at how many syringes and vials were used (approximately 10), where they were placed (into the brow, temple, prejowl sulcus, etc), the diversity of products used (Perlane, Radiesse, Juvederm and Sculptra) and how well the patient looked afterward.

Bruising — There was significant bruising after injection of the "tear trough" with Restylane, and I treated the patient with V Beam Perfecta using a 10 mm spot and 6.5 J/cm². The next morning, the bruising was almost gone.

'Old' fillers in new places — My favorite sessions show ways to inject familiar products in unfamiliar places. Discussions about fillers versus implants in the cheeks, jaw and chin as well as surgery compared with injections for nasal corrections prompted lively debate. I am an advocate of correcting profiles with injections of hyaluronic acids or calcium hydroxyapatite to change the chin and nose contours. Demonstrations of this were shown and I think that this is an advanced technique that really makes a significant, durable difference.

New technology in action — Industry-sponsored symposia provided expanded time to showcase new technology. However, it was the interaction between the audience and the podium that made these interesting. Dr. Vic Narurkar demonstrated the Solta 1927 nm laser combined with the 1550 nm laser for hand and chest resurfacing. Dr. Robert Weiss discussed the Palomar Max G for rapid treatment of telangiectasias as well as the 1540 nm laser, the first FDA approved device for striae. The Slim Lipo laser for laser lipolysis was also showcased. Dr. Jason Pozner demonstrated the Syneron eMatrix laser and showed how rapidly acne scars can be treated. I did a workshop using the new Elme Smoothshapes device (Disclosure: I am a paid consultant for this company.) As someone who has been an advocate of this non-invasive technology, I am impressed with the new device, which has more power and is faster to use.



OLD STANDARDS

Chemical peels — Despite the popularity of lasers, I believe chemical peels — which are now enjoying a resurgence — have a place in every cosmetic practice because they treat the entire surface of the skin, offer a low-cost resurfacing option and have a proven record of safety and efficacy. At our meeting chemical peels occupied a full workshop. The variety of peels being offered today (including salicylic acid from Theraplex (Disclosure: I am a shareholder.) and peels from SkinMedica enable resurfacing of the entire face (as well as neck and hands) with predictable outcomes. Superficial chemical peels also have a role in treating acne and the use of these, combined with retinoids, can produce dramatic results. Deeper peels such as TCA were also discussed.

Botulinum toxins — No cosmetic meeting would be complete without a demonstration and discussion of botulinum toxins. Injections of both Dysport and Botox were demonstrated using advanced techniques. Dr. Sue Ellen Cox gave a great lecture, and she and Drs. Susan Weinkle and Amy Derrick gave a wonderful demonstration of toxin injections. Differences in dilution, needle size, units per area and interchange between the two currently approved Type A toxins were the subject of debates among the faculty and audience.

Name that procedure — Audience response sessions included one that Dr.

Dan Kapp and I gave that compared celebrity before and after photos. The audience was asked to evaluate what was done and whether it was an improvement or not. This learning tool enabled us to highlight what optimal treatments look like and how a bad technique creates bad outcomes. The second audience response session utilized real patient photos to ask what treatment should be done and why. Since there was a diverse faculty and audience, different perspectives were offered.

PRACTICE MANAGEMENT: MARKETING

Since this is a recess year for the Marketing and Management Symposium, these were integrated into the summer meeting.

Patient care — Dr. Steven Dayan taught a course about marketing, and I was impressed with his ability to keep the staff focused on patient care as his core message.

Customer service — Dr. Chuck Ellis compared health care to hospitality and provided pointers on customer service. Although I consider myself to be savvy about both of these areas, I found myself taking a lot of notes and learning a great deal about communicating my commitment to patients and making sure my staff does this as well. Basic things, such as never saying “I don’t know” or “we don’t have that” or “we don’t do that here” should be replaced with “That is a great question, Mrs.

Smith; let me find the answer for you. Expect a callback at 4 o'clock.”

Other must dos worth repeating: All new patients should be greeted by name by a receptionist who is smiling, has a name tag and is stationed at an uncluttered desk.

Web site management — Search engine optimization strategies were discussed by the CEO of Busymoms.com. I almost blew off this lecture because it sounded dry but by the end of it, I found myself negotiating for his services. (For Cosmetic Bootcamp attendees, I am working on a discount).

ALL GOOD, BUT ROOM FOR IMPROVEMENT

Overall, the meeting was informative in a way that can only occur when differences of opinion flourish. The technologies that have emerged and those that are about to emerge make our specialties interesting. Cosmetic Bootcamp meetings seek to gather different specialties that have the training and knowledge to improve patient outcomes. Judging by the reviews from this meeting, the most recent gathering fulfilled this objective.

One way that we plan to improve the lecture on volume loss for next year is to have a didactic anatomy portion discussing volume loss associated with aging and to review each anatomic area injected. The loss of bony structures and soft tissue will be demonstrated as it relates to the cosmetic deficits undergoing renovation.

If you are residency or fellowship trained in a core specialty and are interested in attending or are interested in purchasing a Cosmetic Bootcamp Text, please visit www.cosmeticbootcamp.com. ■

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Disclosure: Dr. Beer is an owner of Theraplex LLC, and consults, speaks or performs clinical trials for Medicis, 3M, Sanofi Aventis, Bioform Medical, Allergan and Stiefel. He is also a Director of the Cosmetic Bootcamp meeting. As noted in the column, he is a paid consultant for Smoothshapes manufacturer, Eleme, and is a Theraplex shareholder.