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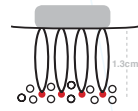
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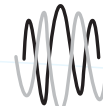
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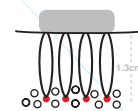


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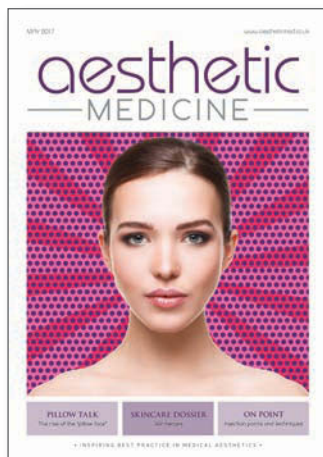
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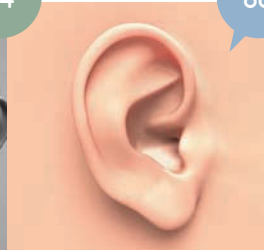
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Out and about in the industry this month



Welcome to the May issue of *Aesthetic Medicine*.

This month sees the launch of our new monthly dossiers. With so many different products and devices on the market, deciding which to introduce to your clinic can be a daunting task. From this month on, we will be tackling a different topic every month and exploring some of the best brands that fit into this category.

Our first dossier will be on skin heroes, where we take a look at the signature products from the leading medical grade skincare and cosmeceutical ranges on the market. As well as delving into what makes these products so special, from their formulations to the science behind them, we will also be speaking to clinics who use them about why they love that range and why the selected product it's a best-seller. I hope you enjoy these new special features and if you have any topics you would like us to cover don't hesitate to get in touch with suggestions by emailing vicky@aestheticmed.co.uk

Vicky Eldridge - Editor

Clinical expertise...

The **Aesthetic Medicine** editorial board includes some of the leading names in aesthetics. Their clinical expertise and diverse range of specialties helps ensure the magazine meets the needs of its readers.



Mr Awwad Awwad: Consultant plastic, reconstructive and aesthetic surgeon at Bupa Cromwell Hospital. Honorary consultant plastic surgeon to the West Middlesex Hospital.



Mr Paul Banwell: Consultant plastic and reconstructive surgeon, visiting professor of plastic surgery to Harvard Medical School and skin cancer expert.



Dr Harry Singh: Founder of The Botox Training Club. Published numerous articles and spoken at conferences about the clinical and non-clinical aspects of facial aesthetics.



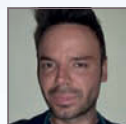
Greg Williams: Plastic surgeon specialising in hair restoration and transplant at the Farjo Hair Institute. President of the British Association of Hair Restoration Surgery.



Constance Campion: Vice-president of the American Institute of Medical Aesthetics, market analyst and founder and senior partner at The London Wellness Centre.



Dr Linda Eve: Medical director of Evenlines Clinic and winner of the Practitioner of the Year Award 2014. KOL, senior trainer and chair of the UK Sculptra Advisory Board.



Dr Sotirios Foutsizoglou: Founder and medical director of SFMedica. Specialist in minor cosmetic surgery and aesthetic medicine. Lead trainer of KT Medical Aesthetics Group



Professor Nick Lowe: Consultant dermatologist, Cranley Clinic, London and clinical professor of Dermatology at UCLA School of Medicine, Los Angeles.



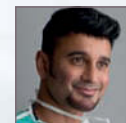
Mr Rajiv Grover: Consultant plastic surgeon and former president of the BAAPS. Responsible for the UK National Audit of Cosmetic Surgery and Safety for the RCS.



Mr Shailesh Vadodaria: Plastic and reconstructive surgeon. Member of ISAAPS, UKAAPS and the Royal College of Surgeons. Founder member of the ILTA.



Lorna Jackson: Editor of The Consulting Room. Avid industry commentator on trends, regulations, and new treatment and product developments.



Dr Bob Khanna: President of the International Academy of Advanced Facial Aesthetics (IAAFA) and founder of the DrBK Training Academy and the DrBK Clinics.



Dr Martyn King: Chair of the Aesthetic Complications Expert group and co-founder of the Cosmedic Skin Clinic.



Sharon King: Board member and Aesthetic Nurse Practitioner of the Year 2013 and co-founder of the Cosmedic Skin Clinic.



Dr Sach Mohan: Founder and clinical director of Revere Clinics and medical advisor to AesthetiCare and KOL.



Julie Brackenbury: Experienced nurse practitioner and board member of the British Association of Cosmetic Nurses (BACN).



Dr Philippa Lowe: Based at the Cranley Clinic and Research Centre, London. Published more than 30 clinical and research publications.



Lou Sommereux: former vice-chair and regional group coordinator for the BACN and Aesthetic Nurse Practitioner of the Year 2014.



Debbie Thomas: Skincare specialist and founder of the D.Thomas Clinic. KOL and speaker for leading medical skincare brands.



Dr Patrick Treacy: Founder of the Ailesbury Clinic and fellow of the Royal Society of Medicine. Award-winning lecturer.



Dr Johanna Ward: Medical director of The Skin Clinic and winner of the 2016 MyFaceMyBody award for Journalist or Beauty Blogger of the Year.



Professor Mark Whiteley: Visiting professor at Surrey University, founder of The College of Phlebology and owner of The Whiteley Clinic.



Dr Vincent Wong: Founder of La Maison de l'Esthetique, KOL, founder of London Academy of Medical Aesthetics (LAMA).



Norman Wright: UKCP registered integrative psychotherapist, founder of The Wright Initiative and pioneer of The PaPPS Accreditation.



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Demand grows for non-surgical treatments as interest in surgery slows

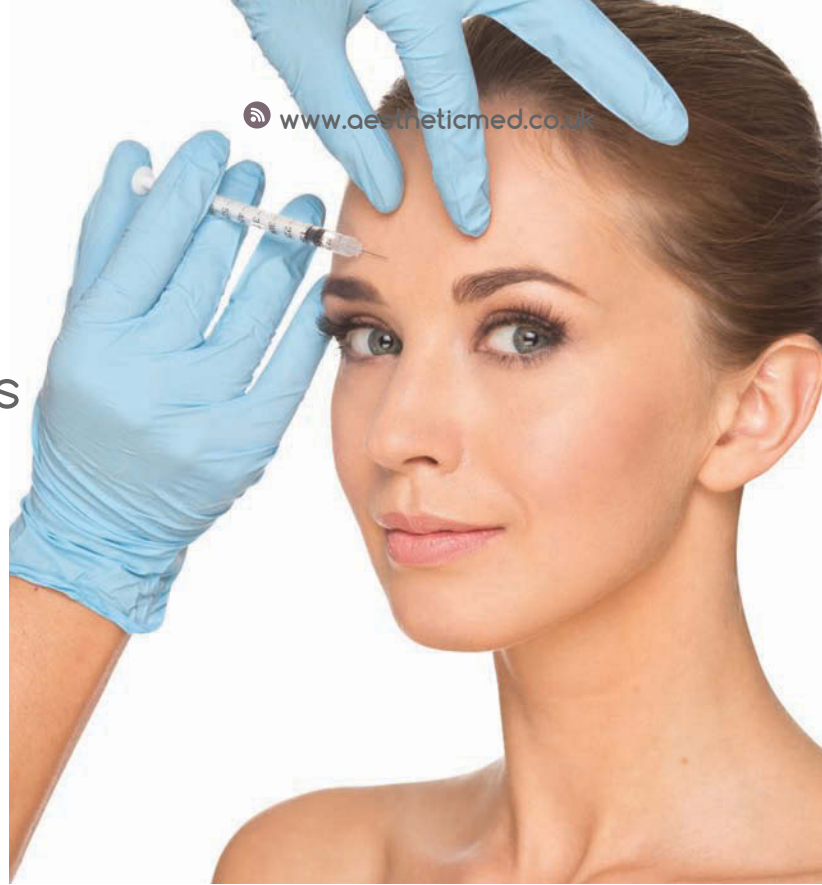
Demand for non-surgical treatments has steadily increased while interest in cosmetic surgery procedures has declined by 10% over the past year, according to new statistics from WhatClinic.com.

The fastest growing cosmetic trend of the last year was non-surgical nose jobs, with an increase of 29% in the number of people searching for the treatment on the WhatClinic website. The treatment was particularly popular among those aged 18 to 24. The percentage of women seeking non-surgical nose jobs was significantly higher at 85% compared to 75% of those looking for the surgical option.

Dermal fillers topped the list of non-surgical treatments and are also on the rise as a fast-growing trend, with traffic up 16% in the past year. The injectable fillers reduce fine lines and wrinkles by adding volume to areas of the face and lips. Searches remained high for lip augmentation and spider vein treatment despite a decrease compared to the previous 12 months.

Demand was down for all top five surgical cosmetic procedures listed on WhatClinic.com. This is in keeping with the recent British Association of Aesthetic Plastic Surgeons (BAAPS) findings, which found that the number of invasive cosmetic surgery procedures in 2016 was the lowest in almost a decade.

Liposuction remained the most searched for surgical cosmetic procedure over the past year, despite a decrease of 6% in traffic. Breast implants, at number three,



experienced the highest volume of interest of the surgical procedures (36,609 visitors) but saw a huge decrease in traffic over the past 12 months, down by 31%.

Commenting on the data trends, Phillip Boyle, head of consumer matters for WhatClinic, said, "What we're seeing on the site is an increase in demand for less invasive, non-surgical treatments that can help patients get the aesthetic change they're looking for, without the cost or recovery time required of cosmetic surgery. Interest in surgical procedures is still very much there, but there are now more options for patients, especially for those who want to make minor improvements and subtle changes."

Acne may be caused by an imbalance of skin bacteria, says study

Researchers have uncovered new information about the causes of acne, which could change the way the condition is treated.

Dr Huiying Li, of the David Geffen School of Medicine at the University of California-Los Angeles (UCLA), and colleagues

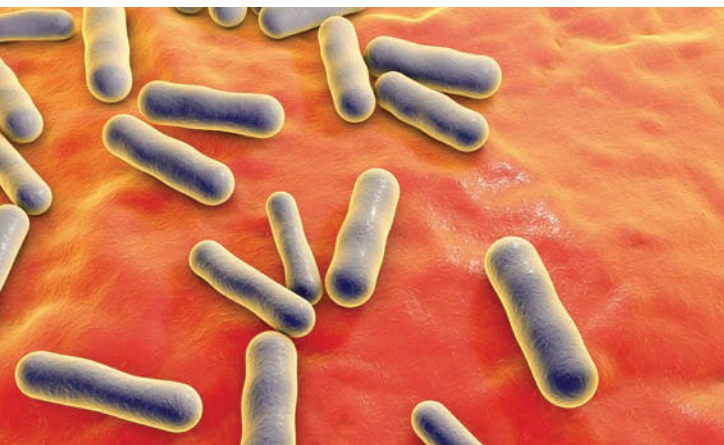
uncovered evidence that the balance of bacteria on the skin may play a key role in acne development. The team recently presented the findings of their study, which were published in the journal *Scientific Reports*, at the Microbiology Society's 2017 annual conference in Edinburgh.

The team enrolled 72 adults to their study, of whom 38 had acne and 34 did not. They collected skin follicle samples from each participant and then used a method known as DNA shotgun sequencing to determine the makeup of skin microbiota for each individual.

They found that adults without acne possessed *P. acnes* abundant with genes that are associated with bacterial metabolism. Such genes are believed to be involved in halting the colonisation of harmful bacteria in the skin.

However, adults with acne had higher levels of virulence-related genes in *P. acnes*, the team reported. These included genes linked to the production of bacterial toxins that promote inflammation and poor skin health.

The findings could lead to targeted treatments for the common skin condition such as probiotics that target specific strains of bacteria.



JCCP makes progress in establishing industry register

The Joint Council for Cosmetic Practitioners (JCCP) has moved further towards its goal of establishing an industry register. The council held a stakeholders meeting in London last month to outline its progress.

The JCCP has completed a major consultation exercise and the Cosmetic Practice Standards Authority (CPSA) has begun its work in developing a set of clinical and practice standards against which to benchmark and assess clinical competence and practice proficiency. It will seek to build on the framework established by Health Education England (HEE), now owned by the JCCP, and is targeted to deliver the new standards by November 2017.

Once the standards framework has been completed by the CPSA it will be used by the JCCP as the basis for the establishment of its Practitioner Register.

Both the Education/Training Provider Register and the Practitioner Register are also being designed and a procurement process is in place to identify a contractor who will develop and maintain the IT platform. The Practitioner Register will be split into two parts. One for practitioners who are registered already with professionally regulated statutory bodies, such as the GMC, GDC and NMC, and one for those who are not.

In the next few months, the JCCP will also be established as a fully independent "not for profit" company with charitable status. Professor David Sines, the interim chair for the JCCP, commented, "I have been impressed with the



commitment and professionalism of so many different stakeholders in the aesthetic sector. They come with differing views, conflicting interests but have recognised that in the absence of mandatory regulation it is better to 'do something' rather than let the public at large continue to be at threat through the delivery of services by unqualified and inexperienced practitioners aided and abetted by some very dubious training practices and providers.

"The JCCP is not the panacea to solve these problems and issues but I believe provides a starting point by which we can start to address the key issues of standards, practice and education/training in such a rapidly developing field."

Top dermatologists open new London clinic



Dermatologists Dr Harryono Judodihardjo and Dr Sajjad Rajpar have opened a new clinic together in London. Belgravia Dermatology will offer dermatology as well as aesthetic medical and hair loss treatments.

Dr Judodihardjo has been a cosmetic dermatologist for 19 years. Having completed more than 20,000 injection treatments from his award-winning clinic in Cardiff, Dr Judodihardjo is president-elect for the Royal Society of Medicine Aesthetics Faculty council and is actively involved in aesthetics research.

Dr Rajpar has been consultant dermatologist for 10 years. He has authored a leading skin cancer textbook and currently leads the skin surgery service at University Hospital Birmingham.

Women perceived to look "healthier" and "more attractive" after face-lifts

A study published in the journal *JAMA Facial Plastic Surgery* has shown that women are perceived to be younger, better-looking, healthier and more successful after undergoing "optimal" face-lifts. The aim of the study was to ascertain how effective face-lifts are making women look better when judged by the public.

Researchers asked five Baltimore-area facial plastic surgeons to provide "after" photos of 16 women who'd undergone face-lifts with "optimal" results. The photos were taken at least six months after surgery. A team then chose 13 of those women, with an average age of 58, to serve as subjects in the study. The researchers then showed "before" and "after" photos of the women to 483 online survey participants.

From "before" photos, the participants as a whole estimated the average age of the facelift patients as 60. After, that estimated age dropped to 56. The participants also ranked the patients higher based on "after" photos on one to 100 scales of attractiveness, perceived success and perceived overall health.

Between "before" and "after" photos, the average rating grew from 49 to 57 for attractiveness; 58 to 63 for perceived success; and 55 to 64 for perceived overall health.



NEWS IN BRIEF

● AESTHETIC MEDICINE MAGAZINE SHORTLISTED IN SAFETY IN BEAUTY DIAMOND AWARDS

Aesthetic Medicine magazine has been shortlisted in the category of Best Industry Media Dedicated to Safety in the Safety in Beauty Diamond Awards. The awards were created by founder Antonia Mariconda in 2013 to celebrate the work of those in the aesthetic and beauty industry who have gone above and beyond their professional duties. The winners will be announced at the third annual White Party which will take place at the Langham Hotel on July 8.

● PHASE III TRIALS SHOW POSITIVE RESULTS FOR ACNE TREATMENT

Allergan and Paratek have confirmed the outcomes of two phase III trials of sarecycline. 1.5mg of oral sarecycline was compared with a placebo in subjects with moderate to severe acne based on the Investigators Global Assessment (IGA) scale score and inflammatory lesion counts. Sarecycline was statistically significantly ($p < 0.004$) superior to placebo with respect to primary efficacy endpoints.

● DENTAL NURSE STRUCK OFF FOR ILLEGAL TEETH WHITENING

A dental nurse has been struck off for offering tooth whitening treatments using chemicals 300 times stronger than the legal limit. Vivien Hassett was found to pose a "risk of harm to patients" and has now been removed from the General Dental Council's register following a probe by their Professional Conduct Committee. It found that she offered treatments using hydrogen peroxide with a strength of up to 35%. The legal limit is less than 0.1%.

● BACN ANNOUNCES AUTUMN CONFERENCE DATES

The BACN has extended its Annual Conference to a two-day event. The 2017 dates will be Friday September 15 and Saturday September 16. The title of the conference, which will once again be held at the Birmingham International Convention Centre, will be "Sharing Our Vision, Shaping the Future". The Friday programme will include six workshop sessions and an exhibitors/delegates welcome get-together, while the Saturday programme will showcase the best speakers and developments in the industry.

● HAMILTON FRASER LAUNCHES NEW WEBSITE

Specialist insurance provider Hamilton Fraser has launched a new website – hamiltonfraser.co.uk. Key features include the use of videos, an interactive timeline of the Hamilton Fraser history and a focus on educating both consumers and the industry through expert resources. Eddie Hooker, CEO of Hamilton Fraser, said, "We are really pleased with the look and feel of our new website, showcasing the vision and core values of our brands."



Research highlights efficacy of antioxidants against atmospheric skin ageing

Results from in-vivo clinical research have revealed for the first time the noxious effects of tropospheric ozone pollution (O₃) on human skin ageing, alongside the potential for antioxidant skin protection.

The study, SkinCeuticals, which will be published in the *Journal of Investigative Dermatology* demonstrates that exposure to O₃ damages skin by triggering oxidative and inflammatory responses, while decreasing collagen levels.

Results confirmed that a daily antioxidant regime of C E Ferulic or Phloretin CF provides a significant protective function against the signs of atmospheric skin ageing, such as fine lines, wrinkles and discolouration.

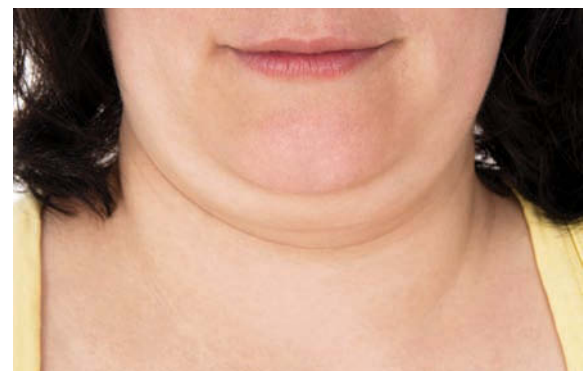
Survey reveals impact of double chin on self-perception, behaviour and social perceptions

Results of a recent survey commissioned by Allergan have revealed the impact of submental fullness (double chin) on self-perception, behaviour and social perceptions.

47% of respondents reported being bothered by the appearance of the area underneath their chin while 49% said the area negatively impacts their appearance.

Nearly half (45%) of respondents felt people noticed the area under their chin and reported altering their behaviour to address their double chin, such as shying away from photos (35%) and avoiding video chats and conference calls (35%). 29% of men also said they had grown a beard to hide the area under their chin, with younger men being more likely to do this than their older peers ($n=971$). 78% admitted they are more likely to notice a double chin on a woman than a man.

"The results of this survey mimic what I hear from patients on a daily basis – they are bothered by submental fullness and are looking to address the problem. In many cases, the submental fullness is genetic and resistant to diet or exercise," commented Dr Shannon Humphrey, board-certified dermatologist and co-author of the survey. "These findings will help physicians to better understand the impact a double chin has on patients so we can address the issue and provide them with effective treatment options."



Stress and anxiety biggest cause of ageing in women

A recent poll of more than 1,000 women, who live in Surrey and the South East, has revealed that the majority believe stress and anxiety have aged them the most since turning 30. Nearly 30% cited stress and anxiety as having a detrimental impact on their looks, followed by lack of sleep at 21%.

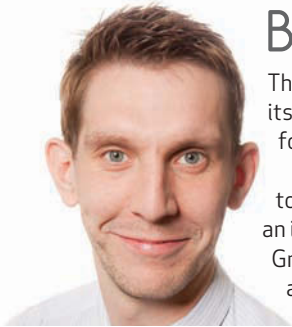
The survey, conducted by Surrey-based cosmetic medical clinic Health + Aesthetics, Farnham, found that, despite studies regularly citing sun damage and smoking in particular as key causes of ageing, women still believe stress and anxiety have a much bigger impact on their skin. Factors such as sun damage, smoking and alcohol intake had just 13% of the results combined.

18% of women surveyed chose "having children" as the most significant impact on how they've aged. Anxiety and stress are a common side-effect of having children, with specific causes of stress including post-natal depression and the pressure and guilt that can come with being a working mum. 15% also chose poor diet and fitness as the



key cause of ageing since they turned 30.

Dr Rekha Tailor, medical director at Health + Aesthetics, commented, "Frowning and a lack of sleep are two obvious side-effects that stress and anxiety can have on the skin. However, being in a constant state of stress can actually slow down the skin renewal process and cause us to produce more of the hormones that cause acne breakouts. Stress can also worsen existing skin conditions such as eczema and rosacea."



BAHRS appoints Danny Large as CEO

The British Association of Hair Restoration Surgery (BAHRS) has appointed Danny Large as its new, part-time chief executive. Large, from DSL Consulting, will help drive the association forward and build links with the hair loss, hair care and wider aesthetics communities.

He said, "I'm very excited to be given this opportunity to work with BAHRS. I look forward to being involved in this part of the industry as well as helping the BAHRS to thrive and become an industry leading organisation."

Greg Williams, President of the BAHRS, added, "We're delighted that Danny Large has accepted this position and looks forward to seeing the development of the association under his leadership."

Global photomedicine market expected to reach \$5,512m by 2022

A new report published by Allied Market Research has predicted that the global photomedicine market will grow at a CAGR of 10.3% and will be worth \$5,512m (£4,295m) by 2022.

The report sites increased awareness related to beauty and physical appearance among the youth, augmented R&D investment on photomedicine, and advancement in technology as the drivers of the market growth.

The aesthetic procedures segment is expected to be the fastest growing segment throughout the analysis period. It accounted for almost one-third of the total share of the market in 2015, owing to growing adoption of minimally invasive aesthetic technology and increasing awareness of physical appearance.



NEWS IN PICTURES

The BTL Aesthetics UK team has entered the Wacky Rally Rockin to Rimini event to be held from June 23-26. The task in hand is to buy a car for £300 or less and customise it before driving 1,500 miles through six countries from their office in Stoke-on-Trent to Rimini, Italy. The team will be raising money for The British Skin Foundation and is hoping to raise £10,000. You can follow them on social media at @BTLAestheticsUK. To make a donation visit justgiving.com/fundraising/BSFWackyRally



For more information and to register your interest visit



Breaking the mould

Vicky Eldridge speaks to **Dan Marsh** and **Mo Akhavani** from the London-based Plastic Surgery Group about the new procedures and techniques they are bringing to the UK

In 2016, cosmetic surgery saw its first major decline in a decade. The consistent upward trajectory the industry had been experiencing for years took a dramatic nose dive with the British Association of Aesthetic Plastic Surgeons (BAAPS) reporting a 40% decrease in the numbers of surgical procedures being performed.

However, two consultant plastic surgeons who have been bucking the trend and have actually seen a rise in the number of procedures they are carrying out in their own clinic are Dan Marsh and Mo Akhavani, founders of The Plastic Surgery Group (TPSG).

Based on London's Harley Street, the innovative duo have been gaining an increasing following and media coverage based on the fact they are bringing state-of-the-art techniques to the UK from around the globe, which not only minimise downtime and in-surgery time for their patients but also enables them to achieve more natural looking results.

SIMPLY THE "BEST"

One of the procedures TPSG is becoming most known for is its version of the Brazilian Butt Lift – "The BEST Butt Lift", which they have seen a fivefold increase in requests for in the last year alone.

The BEST Butt Lift (which stands for Buttock Enhancing Speedy Transformation) is unique to TPSG and combines a technique known as SAFE liposuction (Separation Aspiration Fat Equalisation) with the "butt-o-matic" fat injection method.

TPSG developed the treatment, which involves transferring fat from problem areas elsewhere on the body, such as the love handles, flanks or abdomen and using it to sculpt and enhance the backside, based on techniques they learned from surgeons in Brazil and States, and Akhavani believes that the fact they travel around the globe to learn from world-leading pioneers in their field is what sets them apart.

"We believe that if we are going to learn a new technique we should learn it from the person who first described it", he says. "We have travelled to Brazil and to the States to learn directly from the surgeons who developed these techniques to bring them back to our patients here in the UK."

THE INVISIBLE BOOB JOB

Another technique TPSG has adopted from something they have learned from the States is a minimally invasive breast augmentation which they have termed "The Invisible Boob Job".

So-called because of its virtually non-existent scarring and the fact it is performed under local anaesthetic, the Invisible Boob Job also reduces the risk of infection and long term complications.

Marsh explains, "We use something called a Keller Funnel, which has only been around in the UK for a year or so. It allows you to do a breast augmentation through a tiny incision that's 3cm or less, which is hidden in the crease in the breast. It has revolutionised how we do breast augmentation."

Akhavani adds, "We have noticed that most of our breast augmentation patients are now preferring implants in the 250-320cc range. Thankfully I think the days of 450-600cc implants are gone. We tend to see people asking for slightly more subtle looks. It looks full, it looks nice, but there's that 'has she, hasn't she?' aspect, that's why we call it The Invisible Boob Job!"

RISE IN REDUCTION

TPSG has also recorded a significant rise in the number of women requesting breast reduction and uplift, with a 50% increase in demand in the last year alone.

"They don't want to be bigger, they just want to restore what they have lost," explains Marsh, who says he tries, whenever possible, to do the procedure without implants. "I would very much try and avoid using implants if at all possible", he says. "Some women want the fullness in the upper pole, and the only way you can achieve that is with an implant, but I get more women who want to do it without an implant and who are willing to accept a smaller size but a nicer shape as a result."



Another reason TPSG are becoming known for breast reduction procedures is the fact that they are among the only surgeons in the UK to offer a choice of nipple size.

And it's not just women, more and more men are looking for breast reduction for "man boobs", according to Akhavani. "We do something called the 'minimal scar male breast reduction'", he says. "It's a technique that involves liposuction, which is well described, as well as the removal of the breast gland. I don't think people realise that it's not just fat, men have got breast tissue too, and that needs to be removed. I do it through the same hole that I do the liposuction so there is no scar under the nipple."

THE TWILIGHT YEARS

One of the barriers for many men and women to undergoing cosmetic surgery in the past has been the fear or risk of undergoing general anaesthetic. Recognising this TPSG is now among a handful of surgeons in the UK who carry out the majority of their surgeries under sedation and local anaesthetic, known as "twilight" treatments. These walk-in, walk-out procedures are safer, cheaper and offer faster recovery because you're not having to recover from the effects of general anaesthetic.

Akhavani comments, "North Americans have been doing office-based procedures under local for many years as it's more cost effective. We in Britain are always 10 years or so behind our American colleagues but there has been a culture shift and our understanding of ambulatory patient pathways in surgery has improved over the past few years."

Marsh adds, "The majority of our stuff now is day-case, very rarely do I keep someone in hospital overnight. Of all the surgeries I carried out in 2016, fewer than 10% of my patients stayed overnight in hospital following their surgery. This is a paradigm shift from the old days and has huge benefits in terms of patient safety, comfort and recovery."

So, what's next for this group of bright young surgeons? Well, for one thing they are now experimenting with some non-surgical procedures including plasma enriched filler injections, which Akhavani has named "PRiller" (Plasma Rich Filler). This involves combining the benefits of PRP with dermal fillers for volume enhancement and facial rejuvenation – yet another innovative way of reinventing what's already available on the market, Akhavani says they are excited to see the results. **AM**

The Lethal Medical Witness

In his second article on the medico-legal aspects of medicine, **Peter McDonald** explores the anomalies of the adversarial system in regard to the testimony of 'experts'

"I know from my own experience just how important the quality of expert evidence is, and in no area is it more vital than where medical matters are at issue"

Rt Hon Lord Mackay of Clashfern, 1990

In November 2013 David Sellu, a respected NHS consultant surgeon in Ealing, was convicted of gross negligence manslaughter – a conviction quashed three years later.

He served 15 months of his two-and-a-half year sentence in jail initially at Belmarsh, the UK's most notorious high security prison. The client was a private patient at the Clementine Churchill Hospital, Harrow, under the care of an orthopaedic surgeon. Sellu was asked to see him late on a Thursday evening as he had developed abdominal pain.

In the subsequent hours that followed it was far from clear when, or if, the patient needed an operation. Finally, the patient was operated on the next night but died of gross sepsis from his perforating diverticulitis. Sellu was seemingly incarcerated for not getting his orthopaedic colleague's patient to theatre in time. His conviction

depended greatly on the expert evidence presented to the court by the prosecution's two witnesses. The two experts were forthright in their criticisms alleging "gross negligence" on several occasions in their written and verbal testimonies.

Sellu, a kind, quiet, gentle surgeon, was crushed by the verdict and advised by his legal team that there were no grounds for immediate appeal. He was sixty-six years old. His career was in ruins and his reputation destroyed. The shock of his conviction led to a long legal fight back and it took a further three years for the Appeal Court to rule his conviction unsafe. Sir Brian Leveson, President of the Queen's Bench Division, and his two fellow judges, stated in their judgement that: "This failure (of the prosecution witnesses) was underlined by the way in which the experts (Kelly and Bell) had (repeatedly) asserted gross negligence...

we have come to the clear conclusion that the way in which the issue of gross negligence manslaughter was approached (and, in particular, the consequential direction to the jury) was inadequate... As a result, the conviction (of Sellu) is unsafe and is quashed."

This may have been British justice at its best but it was also a clear indication that the system of expert witnesses was not working.

The concept of negligence is, in recent times, defined in UK law by the Bateman (1925) and Adomako (1995) cases but the uncertainty in its actual definition is a substantial difficulty. To put it bluntly it could be the case that one expert's clinical error is another's gross negligence. These opinions are, of course, finely balanced and of critical importance for the defendant, juries and the courts who rely on the expert witnesses' testimonies.

All this evidential dysfunction begs the question who should be (or not be) an expert witness and how can commonsense and impartiality be fostered within this flawed system. Being a medical expert witness can be lucrative but takes considerable time and a flexible work programme. This may be why many medical expert witnesses are retired clinicians. In consequence they may be out-of-touch and unaware of the pressures and constraints on currently practising clinicians.

As a medico-legal adviser of one of the three main defence organisations in the UK observed: "Mavericks', 'hired guns' or 'professional retired experts' tend to gravitate to the claimant's side".

In addition, some medical experts are known as "which doctors". This is because the substance of their evidence depends solely on which side of the adversarial line they are on that day. To get round this a "sole" expert appointed by the court might be a sensible alternative but it is not difficult to see how this could be inadequate too.

Although expert witnesses no longer have legal immunity and their overriding duty is to the court, they are still instructed by either the defendant or the claimant (or prosecution in criminal cases). So, although they are expected to be unbiased, they often seem to bat for one side or the other.

In the Sellu case it was worse than this. The first expert instructed by the prosecution (Professor Sagar) found little to criticise but was dismissed, and another, a retired colorectal surgeon, was instructed in his stead. According to a senior criminal QC this practice is almost unheard of.

Over the years it has been suggested that experts should be overseen, accredited or regulated, but nothing practical has been achieved. There are support structures for experts such as the Academy of Experts, the Expert Witness Institute and a non-regulated UK Register of Expert Witnesses, as well as several training courses and diplomas available. However,



there is no qualification requirement other than a medical degree and being on the medical register.

Experts are selected and instructed in a variety of mostly random ways. An approach to a medical defence organisation, a solicitor practice, entry on a register of experts or word of mouth recommendation are the common means of attracting expert witness work.

Little is known as to how these self-selected medical experts approach their task or manage the vagueness inherent in the work of interpreting and applying the difficult concepts of negligence and causation. The cynic might argue that the only thing that keeps experts honest is the probability of being cross-examined by a hostile barrister and once you take that away you open the floodgates for the dishonest expert.

This article's title of lethal witness implies that rogue medical witnesses exist. One such historical example was Sir Bernard Spilsbury (1873 - 1947), the renowned forensic pathologist. Spilsbury was considered in his early career as the doyen of 20th century forensic pathology. He always gave evidence for the prosecution with only a handful ending in acquittal. Styled "a prosecuting expert not an expert called in by the prosecution" by one observer, while another labelled him a "lethal" witness. It is thought that many a man was hanged on Spilsbury's oft-flawed but certain testimony. Eventually he was discredited and committed suicide.

Hopefully with Spilsbury's example in mind and following the recent judgment of the Sellu case in the Appeal Court, it may make expert medical witnesses think again in future before they levy, in hindsight, criticism of other clinicians that might lead to the ruin of a career or even incarceration. **AM**

Some medical experts are known as "which doctors". This is because the substance of their evidence depends solely on which side of the adversarial line they are on that day



Peter McDonald is a consultant surgeon at Northwick Park and St Mark's Hospitals, Harrow, London. He is a non-executive director of the MDDUS medical defence organisation and acts as a medico-legal expert for the MPS. He is also a medical journalist having published 1,300 opinion columns.

New depths

Alan S Adams on how to develop DEPTH[®] in your clinic

Why is it that some aesthetic clinic owners have a happy register of clients, make a healthy profit, and do it all with ease, whilst others feel the struggle day-to-day, have problem staff, and a workload that's crippling? In this article I will share how aesthetic professionals can develop true DEPTH[®] in their clinics, and how this can help them achieve the business – and the life – that they deserve.

With the aesthetics sector now more competitive than ever before, owning and operating a clinic can be hard work. It can feel like the business you dreamed of starting is still a million miles away and that for every one step you take forward, you take two back, and meeting payroll can involve more juggling than an acrobat. All of this and you're often far from the best paid person in the place. It's heartbreaking, and sees many owners decide there are easier ways to earn money and close their doors.

And yet every one of these challenges can be tackled head-on when the business owner has the right support, and is able to work on the business rather than having to spend all of their time in it. To help them navigate their way through this I've developed a business growth system

called DEPTH®, which focuses on five core areas: Destination, Exploration, Plan, Tactics, and Health.

1. DESTINATION

Destination is the “why” and it focuses on you, and your dreams. It’s about looking at the life that you want to have, and the life that you want to give your family. I tell my clients to think about the type of house they want to live in, the holidays they’ll go on, the car they’ll drive, and how they’ll spend their spare time. It’s essential that we each have a really clear picture of our end goal – not just to keep us motivated en route, but to help us understand where we are on the journey and when we’ll get to our destination.

How else will you track progress? And how else will you be able to keep going if it gets a little tough?

It’s essential that we each have a really clear picture of our end goal – not just to keep us motivated en route, but to help us understand where we are on the journey and when we’ll get to our destination

I’m always amazed by how many business owners make the mistake of not having this end goal clear. More than half of the businesses I first meet are really hazy on what success looks like to them, or they have no idea at all. And wider research suggests that this is mirrored across the whole sector. The result of this lack of focus? Well, around 80% of start-ups fail within their first five years, and a further 80% of those remaining, fail within 10 years. So do get clear on where you’re going.

2. EXPLORATION

Exploration is about understanding the options and resources you have available to you. It’s about what you have to hand – whether that’s expertise and skills-based, product-based or resource-based – and also what you need to access. During some of the keynote talks I’ve given recently I’ve used an example of polar explorers (it’s one Jim Collins famously referenced too) and how given the same level playing field Roald Amundsen made it to the South Pole and back, whilst Robert Scott and his men died just ten miles short of their primary depot.

What does this teach us about business? Well, it’s all about knowing what you have to hand, what you can call on, and what will suit you and your destination best. And it’s about understanding how you can use your resources most efficiently and effectively. Don’t be afraid of seeking support when you recognise you have a need – every problem in a business, whether it’s marketing, sales, staff or product-focused has most likely already been solved by someone else. And don’t be afraid to invest in this support either. I’m still amazed at the ease with which a clinic owner will spend six figures on a piece of new equipment, but will do their own bookkeeping to save £50 a month.

3. PLAN

Plan everything. You need a business plan, and not the kind of weighty tome that hits your office desk with a loud bang. You need a three or four-page overview where you have your objectives clearly outlined across all of the areas of your business. What will your turnover be in one year, three years and five years? How many clients and treatments does that equate to? What about staff to >



service that? When do you need to recruit and how many? Consider training and development. And don't forget your clinic itself – will it be able to house a business that size or will you need to extend, expand or move?

These are just a few of the things to consider, but by understanding your personal goals, you can align the business to provide those, and by recognising what you have, and what you need to get there, you're well placed to start planning.

Once you have the plan, you must then make time to regularly review it to stay motivated and on-track. I tell my clients to make appointments with themselves at least monthly to look over this – and to treat those appointments as the most important in their diaries. After all, without them they're unlikely to ever get to their dream destination.

4. TACTICS

Next, you need to deliver on the plan, and that's where tactics come in. These are the specific actions that you and your team need to undertake to make sure that you hit every milestone and ultimately get to your end destination. Break each and every task down into bitesize chunks and

add deadlines and who's responsible for them – after all, this isn't just on you as the owner. If you decided to refresh your website, for example, you may need to develop a specification, get in touch with a select number of specialist web designers, choose the best one for your needs and your budget, create and agree the content, gather photography and testimonials, and test it before it goes live.

Each task is a small step towards achieving the bigger goal, and helping you achieve your weekly, monthly, and quarterly plans, so break them down.

5. HEALTH

Finally, the last part of creating DEPTH® in your clinic is to look at its financial health. I teach my clients to track and measure their numbers regularly, to know their break-even, and understand their margins.

Most clinics' financial health can be assessed by four or five figures and we agree these early on. It's great as it means the owner can forget everything else, as long as these four or five are strong they know everything else is working well.

But we also need to consider – and monitor – any challenges and opportunities. Business may be good but it's more common than you may think for clinics to go broke, by expanding more quickly than they could access funds. I also advise clients to avoid working with just a small number of clients, or relying on one or two too much. If they were to leave you they can impact your business massively and you really do need to spread the risk. Don't turn them away, just focus your efforts on expanding the rest of your business to reduce their percentage share of your turnover.

I work with clients to make small changes to their financials, to achieve significant gains in profit. Adding 10% to the number of leads you generate, for example, when coupled with sharpening your conversion rate by 10% really boosts profits.

I've helped some clients more than double their turnover (and scale their profits accordingly) by making single figure increases in areas like these, plus the average number of appointments booked per client per year, and each client's average spend.

I've outlined a few of the ways that you can achieve this profit growth in a free report that I've made available from my website www.TheTopClinicCoach.com so do feel free to download it and see how you could implement them in your clinic.

After all, we all deserve to have a business that serves us, where we enjoy going each day, and where we can live our dreams.

Working in aesthetics really can be a beautiful business, and I wish each and every one of you continued success. **AM**



Alan S Adams is an award-winning business coach and bestselling author. The publication of his third book, *The Beautiful Business: Secrets to Sculpting Your Ultimate Clinic*, sees him focus on the medical, cosmetic and aesthetic clinic sector, sharing advice and guidance with the potential to revolutionise clinic turnover, client retention and overall growth. Adams founded Horizons Consultants six years ago after studying a BSc degree in International Disaster Engineering and Management, and qualifying as a Master Neuro-Linguistic Programming (NLP) practitioner. He is a member of the Chartered Management Institute, a professional body dedicated to promoting the highest standards of management and leadership excellence, as well as a professional member of the Professional Speaking Association, and a member of the International Business Personal Development Association. At the end of 2014 Adams was also recognised by Enterprise Nation as one of the Top 50 Advisors in the UK.

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Ask the Experts

I have heard that, from April 2017, the maximum limits on unfair dismissal compensation awarded by an employment tribunal will increase, along with other important monetary rates. What can you tell me about those changes?

An employee must ordinarily have at least two years' service in order to make a claim to an employment tribunal of unfair dismissal. The exception to this is where their claim is for automatic unfair dismissal, a claim which can be made from day one of employment. This includes dismissal related to discrimination, for example if an employee is dismissed simply because of their race. In very limited circumstances, a claim of automatic unfair dismissal will still require two years' service e.g. dismissal for a spent conviction.

When an employee wins an unfair dismissal claim at an employment tribunal, their compensation will usually be made up of two elements:

- The **basic award** is an award made to reflect the fact that the employee has been treated unlawfully and is determined according to set criteria of length of service; age and weekly pay. From April, the maximum basic award will increase from £14,370 to £14,670.
- A **compensatory award** is also given to reflect the amount the employee has lost as a result of being unfairly dismissed and seeks to put them in the position they would have been had they not been unfairly dismissed. The maximum compensatory award is the employee's annual salary, which is subject to an overall cap. The overall cap will increase in April from £78,962 to £80,541.

Occasionally, additional awards will be made where an employer refuses to re-engage or re-instate the employee (if that is what the employment tribunal ordered).

Statutory redundancy pay is calculated in the same way as a basic award at tribunal e.g. using the employee's length of service, age and weekly pay. The maximum that can count towards their weekly pay for redundancy pay calculation purposes will increase in April from £479 to £489. For example, a redundant employee who is 26 years old, has four years' service and earns £550 per week will receive four weeks' pay capped at £489 = £1,956. Statutory guarantee pay will also increase from £26 per day to £27 per day and there will be other increases in relation to compensation awarded for trade union inducements and dismissal connected to trade union activities.

It is important to note that there is no maximum limit on the compensatory element of unfair dismissal compensation when the dismissal is in relation to whistleblowing or health and safety.

Unfair dismissal compensation can be reduced where it is found that, although the employee was unfairly dismissed because of procedural defects, they would have been dismissed in any event had the procedure been done correctly. **AM**



Nick Babington, sales director, Peninsula Business Services

Nick ran his own successful business for 10 years prior to working with Peninsula Business Services. He delivers client-based solutions to businesses of all sizes and advises on employment law, health and safety legislation and good commercial practice. His main objective is to demonstrate the necessity of keeping your business up to date with the constant changes in employment law and business safety, while unravelling the potential pitfalls that can catch out all employers, however well-meaning their intentions.

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Make the right call

In the second of his two-part series, leading media coach and former TV reporter **Tom Maddocks** looks at how to get the media on side and deal with tricky questions

Making smart use of the media can be a highly effective (and cheap!) marketing tool, but it is always surprising how many small business owners don't make the effort, or fail to grab the opportunity; this applies to the aesthetics sector as much as any other. They are either scared of talking to the media for fear of being misquoted or represented in a negative way, or they simply think no-one would be interested in them.

In general, I believe the opportunities greatly outweigh the risks (see last month's article on using the media to build your aesthetics business), but there are some common mistakes that people make which mean they fail to make use of the opportunity. And what if things go wrong, you have angry customers at your clinic and you find yourself on the receiving end of a journalist who sees you as the villain?

DON'T WING IT

Probably the biggest mistake people make is thinking they can "wing it". The key with any interview is not to go straight into it, but to give yourself time to think about exactly what you want to say. Problems most often occur when people just respond to the journalist's questions, rather than thinking clearly about what points they want to get across. Then, all too often, they put down the phone afterwards and think "I think that went OK, but what a shame he never asked me about our new product/battle with the planning authorities/industry award - I could have told him some really interesting stuff!" Or they think up a pithy quote in the bath that night, instead of having it all ready-prepared for the reporter.

So if you are approached by a journalist, always find out what they are looking for, and say you're busy at the moment but will call back shortly. Use the time to really think about what you want to get across and what would be of interest to their particular readership or audience. Even if you meet face-to-face you can always say "just give me 10 minutes, I have a couple of calls I have to make".

Often, people simply take too long to get to the point, so the journalist finds them boring and moves on to find someone else. This is particularly important if



you get the chance to go on radio or TV. Journalists are under pressure to deliver a lot of material quickly. They get frustrated by people who go into endless irrelevant detail rather than getting on with it. So, give them the bottom-line point as soon as possible – you can always back it up with the evidence afterwards. Otherwise they may just lose interest and go elsewhere.

If there are any tricky issues, think what you can say to convey the idea that you follow all the correct professional standards, all your staff are properly qualified, the care you take with each individual, and so on. If something has gone wrong, express regret and sympathy, then outline what steps you are taking to put it right, in order to convey to the reporter that you are a professional operation, not one of the cowboys. Also be clear to outline the types of treatments you actually carry out – general news reporters, for instance, may not appreciate the differences between terms such as “aesthetic treatments” and “cosmetic surgery” and lump them all together, making things sound more drastic than they actually are. Tone is very important here – you want to come over as reasonable and sympathetic, not defensive and argumentative. This is one of the main things we help people fine-tune when running media training courses – it’s very hard to really know how you’re coming across until you see yourself played back on camera.

If asked a direct question that you cannot answer, don't say “no comment” – another common mistake. The reporter or TV audience can only take this as a negative statement, suggesting you have something to hide and no line of defence

“NO COMMENT”

If asked a direct question that you cannot answer, don't say “no comment” – another common mistake. The reporter or TV audience can only take this as a negative statement, suggesting you have something to hide and no line of defence. Sometimes there are perfectly good reasons why you cannot give information – if something is commercially sensitive, or client-specific – explain this and then, if possible, move on to a related point that you can talk about. Unless it is a live TV or radio interview, you can always offer to find out more information and come back to them later. Better to give them the right answer in twenty minutes rather than the wrong answer on the spot.

A persistent reporter may find several ways of coming back to the same issue, to try to get you to say more than you perhaps planned. This is where we find a lot of people come unstuck in interviews – what they have said does not feel adequate, so they feel obliged to add just a bit more in the hope of making it OK. Of course, this simply gives the journalist the incentive to push a bit harder, as they can see their persistence paying off. So if you are clear in your own mind that your answer was a fair one the first time, then



stick to your guns and do not be afraid to repeat it. You may use different words but essentially you are demonstrating that you won't be pushed around. Of course, you do need to engage with the issue, if it is relevant. If you are just wriggling around trying not to answer a legitimate question, you will only look worse and worse the longer you go on. In our media training courses, when we push people on awkward questions during practice interviews, it is surprising how much they can tie themselves up in knots. When we go through it and work out what they could actually say to deal with the issue, while keeping their cool, the difference when we “have another go” is usually dramatic.

Style and tone really do matter; you have to demonstrate your politeness and confidence. Try saying “there's really not a lot I can add to that” to yourself in an angry, agitated voice. Now think what impression that is likely to leave with the reporter – someone who is angry, defensive, irritable and stressed. This is likely to be reflected in the finished article or broadcast. Now try the same words with a warm smile on your face – as if you were talking to a friend who had asked you about some entertaining gossip you felt it better not to go into. You have, with any luck, created a very different impression: someone who is firm but patient, friendly and human. **AM**



Tom Maddocks is recognised as one of the UK's leading media and presentation skills coaches, and the author of the book *The M-Factor: media confidence for business leaders and managers*. He is a former radio and TV journalist, having spent several years as a reporter on BBC2's *The Money Programme*, and worked on Radio 4 and Radio 5-live. Maddocks carries out tailored, small-group coaching for companies in a variety of sectors, and is running some special sessions for aesthetics practices. Contact him for more information via www.mediatrainingassociates.co.uk



Studies show that out of an average 45-hour work week, we have 17 hours that are unproductive. Imagine if you could double your results in the same time. If we don't control our time, it will control us and we will not produce the desired results

Time plan

Dr Harry Singh discusses time management and how to take control of your day to produce extraordinary results

There are three ways to use your time – invest it, spend it and waste it. Successful people know how to use time. They spend money to save time while unsuccessful people tend to spend time to save money. Which one are you? Once you have used your time up, you will never get it back, however, you can always find ways to make more money. For example, I don't

do any housework or DIY around the house, I pay someone else to do it. It may cost me, let's say £100 per week, but the couple of hours I save, I use for working on my business which lead to much higher revenues than £100 per week.

If, as a practitioner, you want to go from not having enough hours in the day to producing extraordinary results in less time, then you need to integrate the tools here.

WHAT IS TIME?

"It's being here now that's important. There's no past and there's no future. Time is a very misleading thing. All there is ever is the now. We can gain experience from the past, but we can't relive it; and we can hope for the future, but we don't know if there is one."

George Harrison

Time Respect = Terrific Results

But why is this important to know? Studies show that out of an average 45-hour work week, we have 17 hours that are unproductive. Imagine if you could double your results in the same time. If we don't control our time, it will control us and we will not produce the desired results. As Parkinson's Law states, a task will swell to the time it's been given. Maybe that's why my head swells when I get compliments!

HOW TO DO IT

This process comes to you in the form of the 3Ds: "dump it", "delegate it" and "do it". Before you decide what to do with anything, you must only touch it once. This means when you open something, whether it be a letter or an email, make the decision right there and then which of the 3Ds it falls into. Don't waste time saying you'll come back to it, most probably you won't, plus you will have wasted more time going back to it.

Dump it

If it does not serve you then bin it. You have to become a master of saying "no". Because every time you say "yes" to something, you are saying "no" to something else. If the task in hand or activity does not serve your goal, then dump it.

Delegate it

Delegating dramatically increases income. As a practitioner, I was the worst at delegating and know many of my peers are the same. Why is this? Business coach Dan Sullivan, known as The Strategic Coach, says it's to do with "rugged individualist", which means that, when we started our businesses we did everything ourselves. We invested time, money and energy and became good at whatever task we were faced with. We got used to doing everything ourselves and just carried on with the flow.

There are many advantages of delegating:

- Do more of what you love
- Do less of what you don't love
- Gain control of your life
- Have much more free time
- Tasks get done better, faster and easier
- You have much more energy, your income goes up

For example, we may refer to a specialist if we don't have the passion or skills to complete a particular treatment, which someone else can do better and quicker. This saves us time and stress to concentrate on the stuff we enjoy doing.

But how much should you delegate? If you want a task to be completed, do only those parts you enjoy and are great at, delegate everything else. If you don't have an assistant, you are one. >

What's the first thing you did this morning? I bet it was checking your mobile phone or reading your emails or messages. You may have even checked some social media sites. Why? Was it that important or critical that you must do it right then?

80% of us sleep with a mobile phone next to us. It is critical how you start your day because it sets the tone for the rest of the day. We have all had cases as practitioners when the first patient in the morning is late or not very pleasant and it has an effect on us throughout the rest of the day. Someone else's agenda (emails, texts, status updates) is controlling your day; let them wait, focus on what's important to you. You should never wear a watch. When someone asks you what time is it; answer with "the time is now". The key is not to prioritise what's on your schedule but to schedule your priorities.

Do it

I always ask myself if the task I am doing is adding value and taking me towards my goals. If the answer to both of these questions is "yes", then I do it.

The system I use for managing my tasks is the Rapid Planning Management (RPM) devised by life coach Tony Robbins.

- **Results focus** – What do I want? What's the result/outcome I am after? Not what should I do. Be very specific, clarity is more power. This does take more time, but it is worth it. Focus on outcomes more than activity. For example, if you have numerous "to do" lists, organise them into categories, then, if you only accomplish one of each, you will still have a more balanced life. Where your focus goes, energy flows. Don't be an "activity manager" but a "results manager". Be productive and not active. Busy = broke, productivity = profitability
- **Purpose driven** – Do you have enough emotional juice to carry you and to overcome any obstacles. Why and what is your purpose?
- **Massive Action Plan (MAP)** – For real and lasting results.

It will take longer initially, like writing your name with the opposite hand, but over time it will become faster.

In business we can use the power of leverage. So we can also use leverage to save ourselves time and get results much more quickly. How many hours do you think Bill Gates has in a day? If you said 24, you would be wrong, he has on average 94,000 employees, so he has 94,000 x 24 = 2,256,000 hours per day to use. There are many different types of leverages available to everyone of us:

- OPT** – Other people's time
- OPM** – Other people's money
- OPC** – Other people's contacts
- OPS** – Other people's systems

NUMBERS

On average you have 25,000 mornings in your lifetime, don't waste them. So 25,000 times you get to open your eyes, face the day, and decide what to do next. I don't know about you, but I have let a lot of those mornings slip by, especially if there was an industry awards party the night before and I met my friend Jack Daniels!

Manage your energy and not your time. Work out when you are the most productive and schedule your "big rocks" and "must dos" then. I used to do the same in practice, I would do my big cases in the mornings and then my simpler treatments in the afternoon.

MISTAKES

1. **Distractions** – We are addicted to distraction. An average person wastes two hours per day. As a society spend 100,000,000 minutes per day playing games like

Angry Birds. A solution to this for me was to write down everything that used to distract me and to see how productive I was by using a tool developed by professional conference speaker and tutor on the subjects of increasing productivity and improving time management, Mike Pagan. Its called "The Faffometer" and when you use this, you will be shocked at how much time you are wasting. For example, I found myself looking at my email inbox every five minutes, so now I only open emails twice a day, once at midday and then again at 6pm.

2. **Procrastination** – At work, when I had an important task to complete, I would usually start by using the paper shredder or tidying up the office. I had a tidy desk but the task would take forever to complete. There are two types of procrastinator. The first is the "optimistic procrastinator" who thinks they have all the time in world and can leave the main task to the end. The second is the pessimistic procrastinator, who stresses that they will never have time to complete the task no matter what. Which one are you? Procrastination usually means that you are attempting to do something you don't feel passionate about. Procrastination is the effect and not the cure and you cannot cure an effect. A simple solution, as mentioned previously, is to delegate.
3. **Multi-tasking** – Learn to separate the major from the minor. A lot of people don't do well, simply because they major in minor things. Focus on one thing. You can't get a baby in a month by getting nine women pregnant.

TIPS

I agree with the automation American author, entrepreneur and public speaker, Tim Ferris, describes. This is where technology can help you instead of technology ruling you. In practice we can use technology to our advantage.

Some of the time saving apps I use are as follows:

- **Data storage** – Dropbox, Google Drive,
- **Communication** – Skype, Gotomeeting, Google Hangouts, Join.me, Groupme(group text),
- **Organisation** – Invoice2go, Instapper (read later), Business Card Scanner, voice memos, Evernote, 30/30

SUMMARY

Stress in life comes from making things more important than they really are. Failure in life comes from making things less important than they really are. In closing;

- **Act on the important** – don't react to the urgent
- **Go for the extraordinary** – don't settle for the ordinary
- **Schedule the "big rocks"**
- **Rule your technology** – don't let it rule you
- **Fuel your fire** – don't burn out

Time Respect = Terrific Results **AM**



Dr Harry Singh BChD MFGDP has been carrying out facial aesthetics since 2002 and has treated over 3,000 cases. He is not only a skillful facial aesthetician but also a keen marketer, which he feels is vital to attract and retain patients requesting facial aesthetic services. He has published numerous articles on the clinical and non-clinical aspects of facial aesthetics, and spoken at dental and facial aesthetics conferences on these topics. He was shortlisted at the Private Dentistry Awards in 2012 and 2013 in the Best Facial Aesthetics Clinic category and a finalist in 2012 at MyFaceMyBody for the Best Aesthetics Clinic. Download his video "Getting Started in Facial Aesthetics" for free at www.botoxtrainingclub.co.uk

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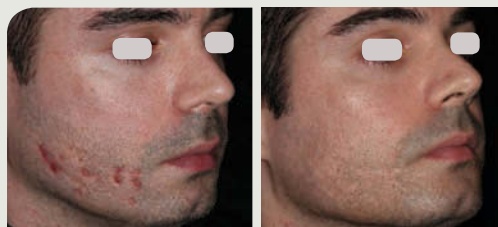
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Before After
Courtesy of Matteo Tretti Clementoni, MD



Before After
Courtesy of Mary Lupo, MD.

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ERP

Risk evaluation

In this month's column **Norman Wright** looks at emotional, relational and psychological (ERP) issues and explores the risks they pose to your business

In this month's column, I invite you to think about emotional, relational and psychological (ERP) risks in the context of your business and in what ways you can carry out ERP evaluations. Do you know, or have you even considered, the psychological risks you encounter on a day-to-day basis?

Here are some mental health facts that you may or may not be aware of:

One in four adults in the UK will experience mental health difficulties in any one year, that's over 16 million people.* Therefore, statistically speaking, not only are your patients likely to present with an apparent or imperceptible mental health difficulty, it is likely that people in your team may also be experiencing ERP difficulties.

Women who have been in a violent relationship are 1.7 times more likely to undergo a cosmetic or aesthetic procedure.

Notably, over one in five individuals (22%) who have undergone a cosmetic or aesthetic procedure, report having been in a violent relationship. Here, the risk factors to your business are further increased alongside the ERP impact on you and your team.

These facts alone should prompt you to take the time

to look at how and in what ways you manage the ERP risks within your business, in the same way that you perform risk assessments:

1. Have you considered patient ERP evaluations and how you can include these in your patient journey?
2. Have you considered the ERP impact on you and your team in the day to day running of your clinic?
3. Have you considered the ERP impact on your patients in regard to the procedures and treatments you offer?
4. Have you carried out an ERP evaluation of your business?

"statistically speaking, not only are your patients likely to present with an apparent or imperceptible mental health difficulty, it is likely that people in your team may also be experiencing ERP difficulties"

Module three of my Pre and Post Procedure Support (PaPPS) training programme includes the importance of carrying out a regular "ERP MOT" on your patients, your team, your business and you, with the aim of showing you the importance of looking at and exploring the ERP risks to you and your business. The objective is that you will learn how and in what ways you can carry out your own "ERP MOT". **AM**

*Source: 2012/13 CSEW and Psychosocial Predictors, Assessment and Outcomes of Cosmetic Interventions A Systematic Rapid Evidence Review. March 2013.



Norman Wright is an integrative psychotherapist with more than 15 years in private practice. He supports patients having cosmetic and aesthetic procedures and champions patient safety. Not only has he pioneered his PaPPS support, he also delivers PaPPS training to nurses, clinicians, doctors and clinics.



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Sick pay

Victoria Vilas from ARC on offering staff sick pay

Drafting company policies and employment contracts may not be the most exciting aspect of running an aesthetic medicine clinic, but it is essential that you consider your legal requirements, and what will be fair for your workforce. So, is it really necessary to offer company sick pay, or will Statutory Sick Pay suffice?

WHAT DO MOST BUSINESSES DO?

The majority of employers in the UK, in both the private and public sector, offer a company sick pay scheme that provides employees with more than Statutory Sick Pay, though policies vary from employer to employer. One benchmarking survey covering a workforce of 356,000, found that just 6.9% of employers did not pay above SSP¹. Almost two thirds stated that their sick pay schemes provided employees with full pay for a certain period.

WHAT IS MY LEGAL RESPONSIBILITY?

Employers in the UK are not legally obliged to offer a company sick pay scheme, but your workers are likely to be eligible for Statutory Sick Pay¹. SSP is a fixed amount and will not fully compensate an employee for the pay lost due to their absence from work. If you have clinicians who are self-employed freelancers, you are not responsible for paying company sick pay or SSP.

If your clinic does have a company sick pay policy, you must include this in employee contracts, including the details of how much will be paid, what period or circumstances may be covered, and how you require employees to notify you and qualify for this scheme.

HR policies can be hard to cover in a succinct passage. If you are unsure of how to word certain policies in your employment contracts, either to conform to legal requirements, to fall in line with other employers in your industry, or to cover yourself for certain eventualities, then consider consulting with an HR specialist.

WHY SHOULD I OFFER COMPANY SICK PAY?

If employees are to lose a day's wages for a day's absence due to sickness, you may find that some employees will arrive for work in a state that renders them unfit to carry out their regular duties, and may underperform, make mistakes, or spread illness to other staff members. They may also stay under par for longer if they are not allowed the time to rest and recover without the worry of a financial penalty.

In a clinical environment, it is unlikely to be good for business to have customer-facing staff coughing and sneezing around your patients, or looking too weak and tired to have the correct level of concentration and dexterity necessary to carry out a medical procedure. Although it may cause issues if an employee calls in sick, it

will be better to reschedule appointments than to allow a sick clinician to be in close contact with patients.

Though it is our own individual responsibility to stay fit, eat well, and take care of our health so that we are fit for work, no one is immune to every virus, and some medical issues can't be solved overnight. You don't have a legal obligation to offer company sick pay, but it will make you appear as a fair, considerate employer who cares about the wellness of their workforce if you do, and you may find that, in the long term, it increases staff productivity and loyalty. A good employee who works hard, follows procedure, hits targets, exceeds expectation, and is an asset to your business is likely to feel hard done by if they lose a day's wages for being ill.

Employers in the UK are not legally obliged to offer a company sick pay scheme, but your workers are likely to be eligible for Statutory Sick Pay

adjustments to accommodate their employee's impaired ability. You may need to look at reducing an employee's hours, or changing certain tasks they perform, to help achieve this. If you have done everything you can to help and an employee is still incapable of doing their job, dismissal is likely to be considered fair.

HOW CAN I REDUCE STAFF SICKNESS?

Keeping in touch with your employees can help you identify potential issues such as stress or physical over-exertion, but one-to-one meetings won't hold off sickness bugs doing the rounds. Allow staff to take their rest breaks and holidays, don't push workers to their limits, and consider benefits that encourage a healthy lifestyle, such as gym membership discounts and cycle to work schemes. The best thing you can do as an employer is try and make your workplace a healthy, pleasant place to work. **AM**

WHAT DO YOU DO IF YOU THINK SOMEONE IS LYING?

Unfortunately, there will be employees who abuse company sick pay schemes. Unless you have verifiable evidence that your employee is lying, you can't accuse them of misconduct, or demand proof from a GP unless they have exceeded the number of sick days you specify for self-certification in your company policy.

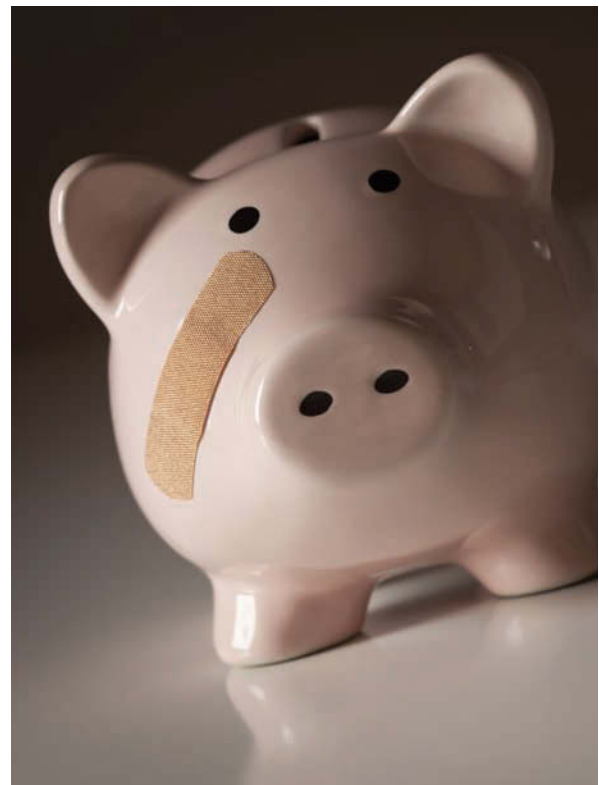
If you think an employee is being dishonest, hold a return to work interview. It may be easy to fake illness on a brief call, but a one-to-one meeting with a manager may help to dissuade them from doing it again. This can also help managers understand if there is likely to be an ongoing problem, plan staffing levels, assess staff performance and the costs and implications of sickness, and identify any workplace issues.

In 2016, UK workers took an average of 4.3 sick days each^{III} – the lowest recorded since such surveys began in 1993. You may be concerned that you'll end up paying out too much if you offer a generous policy, but statistics suggest that most workers only take a few days off for minor ailments, genuine or otherwise. If an employee starts taking sick days on a regular basis, or they exceed the national average, then meet with them to discuss the issue.

WHAT DO YOU DO IF AN EMPLOYEE IS ON LONG-TERM SICK LEAVE?

There may be exceptional circumstances when an employee is diagnosed with a serious or chronic condition, and you have to make some difficult decisions. You may not be able to pay someone or keep their role open indefinitely, and it will be down to your own discretion as to whether you just stick to government guidance and your contractual policies, or offer something more generous and flexible.

An employee on long-term sick leave may be able to return to work at some stage, but not in the same capacity as before. Employers are required to make reasonable



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Victoria Vilas is marketing and operations manager at ARC, the aesthetics recruitment consultancy. The ARC team help organisations within the industry grow their businesses by hiring the most talented aesthetic professionals in the UK.



Tax burden

Phil Cowell discusses the Insurance Premium Tax rise and how this will impact your business

Although chancellor Phillip Hammond broke with recent tradition and failed to announce another increase in Insurance Premium Tax (IPT) in his spring budget, the increase announced in the autumn comes into effect on June 1 2017.

It will rise two percentage points to hit 12%. This is the third rise in the last two years which has seen the tax double since October 2015 when it was just 6%.

There were calls for the imminent rise to be scrapped, but the Government is pressing ahead and will heap further misery on businesses of every size, at a time of growing uncertainty following the Brexit vote last year.

The increase, although relatively small and simply added to premiums, could lead to bigger problems. We can perhaps read something into the Government avoiding any announcement of a further hike in IPT, but many industry commentators believe June's rise is just another step in the inexorable rise towards 20% to bring IPT in line with VAT.

However, ignoring the pressure increased costs will cause businesses across all sectors, I worry about those already paying high premiums. If they struggle to raise their own prices to cover the increase, some could be tempted to reduce their insurance cover to try and keep premiums at their current levels.

I suspect some smaller businesses might possibly consider not taking insurance at all, whilst others will run the risk of being under-insured.

It's important business owners and managers give themselves time to carefully consider the options available to cover the expected premium increase without it affecting the cover their policy provides.

ASK DIFFICULT QUESTIONS OF YOUR INSURER

Everyone agrees loyalty is a good thing, but it can often come at a price; it's important for every business to challenge its insurers on occasion.

If you use a broker, it might be years since you asked them to obtain alternative quotes - if you don't use a broker, now might be a good time.

There is little doubt that some insurers and brokers hope most of their customers are too busy to check prices or that they will leave it all until the last minute when the renewal notice arrives and accept the first offer made to them.

It's a good idea to get alternative quotes each year, but it can be time consuming. Sometimes it will also not have the desired effect, as some insurers will choose not to quote if they feel you are merely using their quote to reduce the premium of your current insurer.

A professional insurance broker will market your business every few years as a matter of course to confirm you are achieving the best value for money, without you having to ask. But it's worth asking the question of your broker just to make sure they are checking prices for you.

It's important business owners and managers give themselves time to carefully consider the options available to cover the expected premium increase without affecting the cover their policy provides

LOOK FOR THOSE OFFERING REBATES

High insurance premiums are normal for many businesses, given the potential pay-outs for damages, negligence or injury, yet most will never make a claim.

Some insurers will agree to rebates off your annual premium if there have been no claims, or if the claims were below an agreed level and you renew your policy with them.

Usually only available for those businesses paying high premiums, rebates can be as little as 5% to perhaps as high as 15% of the annual premium, but almost all will more than cover the imminent 2% rise due in June.

Although not all insurers will agree to a rebate, it's worth enquiring, particularly if you are paying annual premiums of £10,000 or more.

TIME TO CONSIDER A LARGER EXCESS

If you currently have a reasonably low excess and wouldn't normally make a small claim, you might consider accepting a larger policy excess. The larger excess you agree, will hopefully deliver a discount on your premium that more than equates to the increased cost caused by the IPT rise.

LOWERING RISKS CAN LOWER PREMIUMS

When it comes to trying to lower insurance costs, one area often overlooked is the impact of any improvements you have made to your business operation or activities.

Many of the changes you make, like introducing new health and safety procedures, increased security or changing

the way you work, could reduce the risk of a claim being made - which may well lower your premiums.

But if you do not make your broker or insurer aware of these changes, how can you hope for a reduction in your premiums? If in doubt, explain the changes and ask for a lower premium - it costs nothing to ask.

EXTRAS NO LONGER REQUIRED

Make improvements to your business over time. There may well be "extras" you are paying for that you no longer need.

In the past, you may have paid for additional cover for certain products, services or activities that are now no longer part of your current business operation.

Your premium might include cover for cash on the premises or in transit, when you now only accept card payments or you might not use hazardous chemicals any more. Go through every aspect of your cover with your broker to ensure you have the right level of cover.

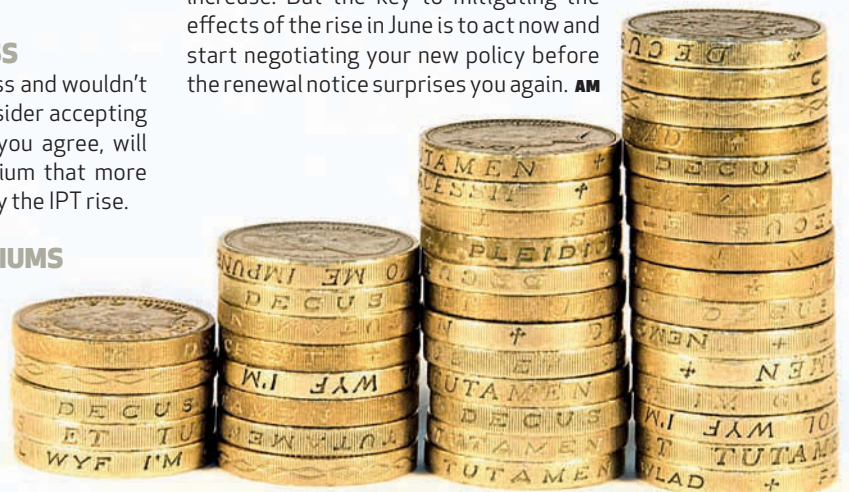
CONSIDER MORE THAN ONE YEAR

It makes sense to review your cover each year, but if you pay a high premium, there are insurers that will guarantee rates or offer discounts if you agree a two or three-year policy - any further IPT increases will still apply.

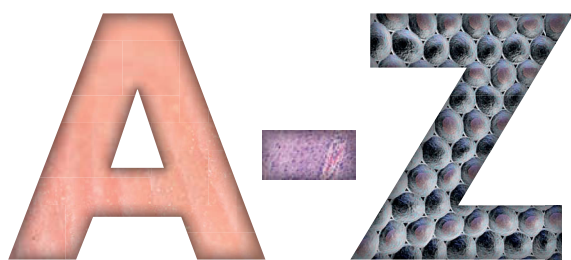
Some insurers will also offer additional benefits, including interest free instalments, or even a contribution towards improvements you can make to reduce risk.

GIVE YOURSELF TIME

There is no avoiding the IPT increase, but there are things you can do that might reduce your premium to cover the increase. But the key to mitigating the effects of the rise in June is to act now and start negotiating your new policy before the renewal notice surprises you again. **AM**



Phil Cowell is a respected Chartered Insurance Broker and Director of IFM Select a privately-owned insurance brokerage, offering individually tailored business and personal insurance. Phil is a regular commentator on the insurance industry and the changes that affect clients, regularly writing articles offering insurance advice to businesses. Established in 1991 and awarded Chartered status in 2013, IFM Select has offices in Nottingham and Nuneaton and is a member of the Bluefin network. The firm provides cover for businesses in every sector, but specialises in SME business insurance.


 A-Z

OF DERMATOLOGY

As part of her series on the A-Z of dermatology

Dr Johanna Ward gives an overview of ochronosis

This month's A-Z is on exogenous ochronosis, a condition commonly associated with prolonged topical hydroquinone use. It is of importance because many aesthetic practitioners in the UK prescribe hydroquinone to treat hyperpigmentation and melasma. Many studies now make it clear that in order to avoid ochronosis, hydroquinone should only be used in the short term (two to three months) and in low doses (<4%).

O: OCHRONOSIS

Description: Ochronosis refers to a blue-black discolouration of the skin. It can be classified as endogenous or exogenous. Endogenous ochronosis is seen in alkaptonuria, an autosomal recessive condition due to a deficiency in homogentisic acid (HGA), which typically presents with black discolouration of the urine and sclera, pigmentation of the skin (ochronosis), renal calculi and arthritis. Exogenous ochronosis is caused by external factors such as topical application of skin creams like hydroquinone.

Cause: Endogenous ochronosis occurs due to a deficiency in homogentisic acid causing an accumulation of homogentisic acid in tissues. Exogenous ochronosis is caused by topical use of hydroquinone, phenols, resorcinol, mercury, picric acid and systemic antimalarials like quinine. These topical agents act by inhibiting HGA oxidase. HGA then accumulates in the dermis and is then polymerised to form pigment deposits.

Distribution: Often seen on the malar, temple and neck regions in exogenous ochronosis. These are areas where melasma or

hyperpigmentation typically occurs and where hydroquinone creams have been applied.

Diagnosis: It can sometimes be difficult to differentiate ochronosis from melasma, especially if there is no history of hydroquinone use. Skin biopsy is the gold standard in such situations.



Histology: Characteristic ochre or yellow brown banana shaped pigment in the dermis collagen bundles. Eventually there is collagen degeneration and granulomas may form. Unlike in melanin, ochronotic pigment does not stain with silver nitrate. Blackening on methylene blue or cresyl violet staining is characteristic.

Treatment: Discontinue causative/inciting agent or creams. Sun protection and sun avoidance for life. There are very few treatment options for ochronosis once it is established. Some recent studies suggest Q switched alexandrite 755nm laser can be helpful. Other options are dermabrasion and CO2 laser but effectiveness is variable. **AM**



>> **Dr Johanna Ward** is the medical director of the award-winning Skin Clinic in Sevenoaks and Brentwood. She has a special interest in dermatology and minor surgery and is the founder of ZENii, a premium vitamin and skincare brand. Dr Ward recently won the MyFaceMyBody Award for Journalist or Beauty Blogger of the Year.

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Skin Heroes

We round up the best hero products from the industry's leading results-driven skincare brands

Skincare is an essential part of the aesthetic clinic's offering. Whether incorporating professional medical-grade skin ranges into in-clinic treatments or retailing for home use to enhance and support treatment outcomes, if you are not tapping in to this lucrative add on, you are definitely missing out.

Research by analyst Mintel shows the market for facial skincare has increased dramatically in recent years with "anti-ageing" products making up the fastest-growing portion of the sector.

Women are constantly bombarded by TV and magazine adverts selling them the promise of "youth in a jar" and getting them to put down their favourite high-street snake oil and invest in a less pampering and more results-driven brand from your clinic can be a challenge.

With so many ranges to choose from, deciding which skincare brand(s) best suits your clinic and clients' needs can be a daunting one. We round up the hero products from the top brands on the market to help you find the right range for you.



AESTHETICARE - RETRIDERM

RetriDerm is a clinically proven, protein rich, vitamin A serum that improves the appearance of skin hyper-pigmentation, laxity and tightness, brightness and facial wrinkles, including wrinkles around the eye and crow's feet, in as little as four weeks.

Dr Lisa Delamaine, Persona Cosmetic Medicine, says, "I find RetriDerm fantastic for the fine lines around my eyes, plus it's quick and easy to use. In my opinion it is one of the best anti-ageing products on the market today."

ALUMIERMD - VITAMIN RICH SMOOTHER

A powerful multitasker that works as a primer by smoothing skin texture and delivering anti-ageing benefits, Vitamin Rich Smoother is formulated with antioxidants vitamin C (USP grade L-ascorbic acid) and vitamin E (tocopherol) to brighten and revitalise the look of the skin.

Vitamin C (15%) and vitamin E work together to firm skin and improve texture and tone and the formulation is the perfect base for make-up. It's silky consistency evens out skin texture, minimises the appearance fine lines and wrinkles, and leaves skin looking and feeling smooth.

It brightens and improves skin tone and reduces the appearance of fine lines and wrinkles. >





BIOLOGIQUE RECHERCHE – LOTION P50 PIGM400

Biologique Recherche has various formulations of its signature exfoliating Lotion P50 and Lotion P50 PIGM400 is the latest formulation. It is enriched with both the exfoliating active ingredients of the Lotion P50 and the brightening agents and antioxidants of the PIGM400 range. The multi-functional lotion provides a chemical exfoliation, regulates excess of sebum, purifies, moisturises and maintains the pH of the skin. Brightening active ingredients and antioxidants unify, purify and hydrate the complexion at the same time as lightening and reducing the size of

pigmentation marks. The product is specifically formulated for dull, pigmented skin.

Abi Dear from Koia Spa comments, "My clients have seen fantastic results with the new Lotion P50 PIGM400, it uses wasabi extract to brighten and improve pigmentation, as well as having all the other benefits from the original."

DERMAQUEST ESSENTIALS B5 HYDRATING SERUM

Dermaquest Essentials' B5 Hydrating Serum helps attract and retain moisture in the skin, enhancing firmness, softness and elasticity. It also helps to prevent ageing and dehydration. The lightweight serum uses liposome technology to deliver the intensely hydrating water and hyaluronic acid deep within the skin, providing instant and taut moisture. Botanical stem cells including cucumber, lavender, ivy and mallow work enhance skin firmness and elasticity. The result is a luminous, smooth, plump complexion that balances the skin before and after treatments.

The product was chosen as the Best Daily Serum in The Beauty Shortlist Awards. The judges said, "40% hyaluronic acid content in a serum is a real saviour for skin that's stressed or tends to dry out too quickly, this one's a must-try if you don't get along with all the oil-serum hybrids around right now." Dermaquest is distributed by Dermature.



ENVIRON – YOUTH ESSENTIA ANTIOXIDANT DEFENCE CRÈME

This powerful moisturising cream is enriched with several antioxidants that help to combat free radical damage. It also contains a dynamic combination of moisturisers that assist in improving the appearance of the skin, allowing it to feel soft, smooth and looking youthfully radiant.



EPIONCE – DAILY SHIELD LOTION TINTED SPF50

The newest member of the Epionce Protect and Prevent step, Daily Shield Lotion SPF 50, is ideal for clients who want the protection of a sunscreen with a sheer, natural make-up-like coverage. The formulation combines botanical ingredients rich in antioxidant and anti-inflammatory properties, plus broad-spectrum UV protection, which protects against damaging inflammation, prevents premature skin ageing and protects skin from pollution and cancer causing UV rays. It also provides protection from Infrared Radiation (IR) and High Energy Visible Light (HEVL). It comes in one colour, but blends to give skin a natural look on all skin tones.

Kellie Baines, Skin Solutions, Liverpool comments, "The New Epionce Daily Shield is fantastic! It has great coverage with a light, whipped consistency. My clients love it because it doesn't feel heavy, which is ideal for this time of year." Epionce is distributed in the UK by Eden Aesthetics.



ELIZABETH ARDEN PRO – TRIPLE PROTECTION FACTOR FACE AND BODY SPF30

Based on clinically proven, award-winning technology, Elizabeth Arden PRO's Triple Protection Factor (TPF) includes the fundamental technologies required for daily skin protection: SPF, antioxidants and DNA enzyme complex. The product helps protect skin from environmental exposure and signs of premature ageing, while helping to maintain a radiant, glow with a non-tinted formulation.

The key ingredients in TPF work by different modes of action to provide an advanced standard in topical skin protection to help minimise the visible signs of ageing. TPF's combination of SPF, antioxidants and DNA enzymes an effective topical skin protection on the market, extending well beyond sunscreen protection. TPF also helps to protect skin from environmental exposure, premature ageing and non-melanoma skin cancer, as published in the March 2014 addition of the *Journal of Drugs in Dermatology*. Elizabeth Arden PRO is distributed in the UK by SkinBrands.

EXUVIANCE – BIONIC OXYGEN FACIAL

Bionic Oxygen Facial is Exuviance's five-minute facial in a bottle. The dermatologist-developed face mask, infuses the skin with calming and restorative pure oxygen that energises and detoxifies stressed skin. The triple-oxygenated blend in the mask is delivered into the skin by self-activating



bubbles, which form on contact with damp skin, giving an instant pick-me-up for dull, tired complexions.

The oxygen blend is combined with Exuviance's signature Bionic Complex, a blend of polyhydroxy acids (PHAs) gluconolactone and NeoStrata's patented lactobionic acid, to make skin instantly brighter and more energised, as well as restore radiance, suppleness and smooth surface texture. Cucumber fruit extract gives a cooling and soothing effect on the skin, it also contains the antioxidant vitamin C, amino acids, proteins and lipids.

Debbie Thomas from the D.Thomas Clinic comments, "We all know oxygen is vital for our bodies, but it is also needed for healthy skin, the Bionic Oxygen Facial by Exuviance is innovative and targeted, giving skin a boost of detoxifying, brightening oxygen, instantly." Exuviance is distributed by AestheticSource.



IMAGE SKINCARE - AGELESS TOTAL OVERNIGHT RETINOL MASQUE

Ageless Total Overnight Retinol Masque from Image Skincare is a new and innovative way to deliver a high dose of retinol without the irritation. Its delivery system uses Kemspheres™, which allow pure retinol to be easily absorbed into the skin in a stable form, resulting in less irritation and superior results. The product also contains the plant-derived stem cell Senestem™, which brightens, improves skin density and increases firmness by 30% in 30 days. Other innovations include marine filling spheres with Water Bank Technology, which smoothes wrinkles by 30% in one hour.



IS CLINICAL - ACTIVE SERUM

Clinically proven to help treat acne, fine lines and wrinkles and hyper pigmentation, iS Clinical's Active Serum has a huge celebrity following and is clinically proven to improve wrinkles, acne and hyper pigmentation after three months of use.

The potent botanical serum also enhances skin exfoliation without dehydrating and deep cleans pores by removing debris from hair follicles.

Data shows that 94% of subjects saw dramatic improvement in acne, while 83% saw significant reduction of pore size. 73% of subjects also saw an improvement in skin texture, 65% saw a reduction in fine lines and wrinkles and 57% observed improvement in hyperpigmentation.



Mamie McDonald, facialist to Beyonce and Eva Mendes, says, "I use the Active Serum, with glycolic, kojic and salicylic acid to exfoliate and boost skin radiance." iS Clinical is distributed by Harper Grace.

MEDIK8 - RETINOL 3TR

Medik8-Retinol 3TR is a time-release vitamin A serum. Light and super-fast absorbing, it rejuvenates skin at its most optimal time – at night. It contains 0.3% retinol, supported by tocopherol acetate, for significantly enhanced stability compared to other retinol products. It helps improve the appearance of fine lines, wrinkles and dark spots in targeted areas, leading to a more youthful skin appearance. It reduces appearance of fine lines and wrinkles and speeds up the natural exfoliation of dead skin cells. Medik8 is distributed by SkinBrands.



MESOESTETIC - STEM CELL BODY SERUM

Stem Cell Body Serum is a new "smart" body serum that helps regulate the skin's circadian rhythms. It has been formulated with plant-based stem cells and with the innovative chronosmart peptide, which detects skin's individual needs and adapts to them, providing the skin with what it needs at each time of the day.

During the day, the product protects cell structures and promotes younger, smoother looking skin, while at night it activates the genes responsible for skin renewal and intensively nourishes the skin, thereby increasing the skin's energy reserves.

The plant-based stem cell extract contained in the product also has proven ability to protect and revive the skin's dermoepidermal stem cells, playing a strong anti-aging and rejuvenating role. Mesoestetic is distributed by Wellness Trading. >



NEOSTRATA SKIN ACTIVE – TRIPLE FIRMING NECK CREAM

Distributed in the UK by AestheticSource, NeoStrata Skin Active Triple Firming Neck Cream contains a powerful blend of proprietary, clinically proven ingredients to improve the look and feel of sagging, pigmented skin in the neck and décolletage area.

Using patented NeoCitate and NeoGlucosamine, Triple Neck Firming Cream promotes the production of hyaluronic acid and collagen to even pigmentation, plump and firm.

Pro-Amino Acid increases pro-collagen to help diminish wrinkles and Swiss apple stem cell extract helps protect the longevity of skin's essential cells, helping older cells behave like those in younger skin.

Dermatologist Dr Sandeep Cliff says "NeoStrata Skin Active Triple Firming Neck Cream is an essential skincare product to improve the look and appearance of the neck and décolletage areas, which can be tricky to treat.

As we age, we produce less collagen and pigmentation becomes more mottled, resulting in sagging, discolored skin. Skin Active Triple Firming Neck Cream helps rebuild the skin's matrix, encouraging the production of collagen and hyaluronic acid to improve skin health and quality."

NUVESSE MD – SERUM NO. 5

Serum No. 5 is designed for deep hydration and to minimise the appearance of fine lines and wrinkles.

The serum is used with a biocellulose mask, which is clinically proven to accelerate the skin's natural healing process for a smooth, hydrated, more youthful appearance. The biocellulose material (naturally derived from coconuts) is infused with the advanced serums and forms to the face in minutes. The Serum Roller optimises results when used twice daily between mask treatments.

Key actives include hyaluronic acid, aloe vera, argireline and glycerin. The serum restores natural moisture balance to improve hydration and smooth skin and soothes inflammation at the same time as energising cell proliferation. It also relaxes facial muscles to minimise current wrinkles caused by repetitive muscle contractions and strengthens barrier function. Nuvesse is distributed by Medica Forte.

OBAGI MEDICAL – TRETINOIN CREAM 0.05% AND NU-DERM BLENDER

Obagi Medical's prescription-only Tretinoin Cream 0.05% stimulates renewal of healthy skin cells. Used in the treatment of acne, pigmentation and sun damaged skin, this acidic form of vitamin A is the most studied retinoid in the treatment of photo ageing. It



stimulates increased collagen production in the dermis to reverse the damage caused by the sun and improves blood flow to the skin for a healthy glow. By increasing cell turnover and gently exfoliating the skin it prevents bacteria build up from causing spots. Mixed with Nu-Derm Blender it is highly effective in treating pigment changes and promoting an even skin tone. Nu Derm Blend Rx is a prescription-only skin lightener and blending cream, which promotes the improvement of melanin at a cellular level for even skin colour. Specially formulated for use with tretinoin cream, it contains a specific formulation of 4% hydroquinone that complements the activity of tretinoin. By penetrating to the deeper layers of skin within the dermis it repairs the damaged pigment cells, which other products would not reach, to balance skin tone.

PCA SKIN – INTENSIVE BRIGHTENING TREATMENT

Billed as "retinol reinvented", PCA Skin's line of retinol products utilise "next-generation formulas" to enhance results with less irritation, one of the acknowledged downsides of vitamin A.

Intensive Brightening Treatment: 0.5% pure retinol night is a powerful nightly treatment, it creates an even, bright and radiant complexion. Pure retinol, resveratrol and niacinamide promote a healthy glow while improving discoloration.

PCA Skin's retinol products use patented OmniSome technology, which protects and carries ingredients deep into skin and time-releases over 10 hours. The technology also increases stability, efficacy and penetration of the encapsulated ingredients. As well as this, it reduces irritation and discomfort caused by certain topical ingredients, including retinol. This means that 0.5% retinol in OmniSome delivers revolutionary results – retinol is no longer about percentages. PCA is distributed by Church Pharmacy.



PH FORMULA – TCA SYNERGY SERUM

A high-potency and multifunctional treatment serum with a unique blend of actives to address signs of ageing and hyperpigmentation. The key active is micro-encapsulated retinol, a time-release active that penetrates deep into the layers of the skin stimulating collagen and elastin fibres and normalising melanin production. The micro-encapsulated retinol also creates an invisible protective shield on the skin's surface that helps to retain the natural moisture content.

The Synergy Serum increases the strength of the homecare treatment protocol when prescribed with other



pH formula active recovery products. The synergistic action assist in addressing severe cases of these skin disorders.

The product improves the appearance of fine lines and wrinkles and provides excellent brightening properties.

Integrative skin health specialist, Dr Terry Loong, from the Dr Terry Clinic, comments, "I love Synergy by pH Formula. I've used other retinol products and this I have found to be super effective yet very gentle, even when I use it every night. My skin feels smoother, firmer (love the feeling) and a little brighter every morning. Even with very broken sleep with a young baby, my skin thankfully hasn't prematurely age yet."

SKIN BOOSTERS - CHRONOS WRINKLE FILLER

Chronos Wrinkle Filler from Skin Boosters is a gel-like formula made up of a cosmetic cocktail of anti-ageing complex and hyaluronate sodium encased within a syringe like plastic tube. The product is applied locally to lines using the push pump and then massaged onto the lines using the white cap. It aims to show visible results when applied morning and night.

SKINCEUTICALS - H.A. INTENSIFIER

Hyaluronic Acid (H.A.) Intensifier is the latest addition to the SkinCeuticals Correct portfolio. H.A. Intensifier is a true game-changer; a topical serum clinically proven to restore skin volume following HA degradation and loss. The high concentration multi-modal technology is proven to increase HA content in skin by over 30%, by enhancing

natural hyaluronic acid synthesis and preventing premature degradation, whilst boosting expression of collagen I by over 50%. The result: skin's firmness is fortified, smoothness is redefined and plumpness is renewed for a more youthful, refreshed appearance.

VITAGE - CO2 MICRO PEEL

Distributed in the UK by SklinBrands, Vitage® CO2 Micro peel, is a two-step at-home treatment. It gently exfoliates to instantly brighten and smooth the skin and minimise the appearance of pores. It's the perfect pick me up for dull and tired skin and helps maximise daily skincare results.

Sugar polish instantly refines the skin and has a warming effect to unblock pores. The product also contains vitamin C to energise the skin and help stimulate collagen production; orange and grapefruit peel oil to purify and energise and sea buckthorn oil to repair the skin's natural barrier through its essential fatty acids.



Step one involves applying the vitamin polish to dry, cleansed skin and leaving it for one minute before applying the activator (step 2). After one-to-two minutes the product is washed off completely with lukewarm water. It can be used up to three times per week.

SKIN TECH - BLENDING BLEACHING CREAM

Designed for the prevention and treatment of hyperpigmentation, Skin Tech's Blending Bleaching Cream slows down skin oxidation and free radical activity to keep skin smooth and even. The product is also very efficient before after laser treatments, peeling, dermabrasions and depilation. Skin Tech products are distributed by AestheticSource.



ZO SKIN HEALTH - OSSENTIAL DAILY POWER DEFENSE

ZO Skin Health's Ossential Daily Power Defense is a lightweight lotion which provides antioxidant protection to combat free radical damage and support the skin's natural mechanism to repair damage and protect against future skin damage.

It contains DNA repair enzymes ultrasomes (UV-endonuclease) and roxisomes (glycosylase). These special enzymes attach directly to the patient's own DNA molecules and repair oxidative damage caused by UV exposure.

Ceramide 6 helps restore barrier function and retinol (vitaine) contributes to tightening and firming the skin. ZO Skin Health products are distributed by Wigmore. AM



Sun facts

The truth about sunscreens

AlumierMD has a clean science policy for all of its products. Its complete collection of physical only SPF's offer broad-spectrum UV coverage and will not transfer chemicals into the body

Our knowledge of sun protection has most certainly improved, we've gone from only using sunscreens on holiday or when sunbathing to understanding that SPF need to be used every day, all year round, in order to protect our skin from damage. But while we have changed our behaviour towards how we use SPF, what we haven't done is look at exactly what we're applying to our skin and that is a cause for concern.

Medical skincare experts AlumierMD, whose research team includes leading scientists, dermatologists and industry professionals and is led by Dr Karl Lintner PhD. (responsible for introducing the peptide concept to cosmetic applications) and Dr Mindy Goldstein, PhD in photobiology, UV, and gamma radiation damage to DNA, want people to be able to make an informed decision when it comes to sunscreens. The brand is promoting a #SunSafe campaign, their goal? To make people aware of the dangers of chemical sunscreens and ensure physical formulations, which are cosmetically elegant to use, are widely available.

NEED TO KNOW - SPF, UVA AND UVB

SPF (Sun Protection Factor) measurements only measure UVB. SPF protects against the UVB rays that are responsible for the burn, what they don't tell you is that by using an SPF your skin does not become red as quickly and we think we are safe. The issue is UVA I and II do not make you red and pass through the epidermis into the dermis and is the leading cause of melanoma, which is second only to lung cancer as the leading cause of death from cancer. So

a good sunscreen will protect from UVA and UVB which is termed a Broad Spectrum Sunscreen.

CHEMICAL VS PHYSICAL SUNSCREEN

Chemical sunscreens, like those you predominantly find on the shelves of beauty halls and supermarkets, contain special UV filters that absorb the sun's UV rays, cutting down the amount of radiation that can penetrate the skin. However, chemical sunscreens penetrate into the skin below the surface of the epidermis and even enter the bloodstream. As a result, according to an article by Yale University, 'they pose possible hormonal side effects and could even be promoting the kind of skin cancers they're designed to prevent.'

Research led by Kerry M Hanson, a senior research scientist in the Department of Chemistry at UCR, reported that three chemical UV filters (octylmethoxycinnamate, benzophenone-3 and octocrylene), which are approved by the FDA and widely used in sunscreens, generate ROS in skin themselves when exposed to ultraviolet radiation, thus augmenting the ROS that is naturally produced. The researchers note that the additional ROS are generated only when the UV filters have penetrated into the skin and, at the same time, sunscreen has not been reapplied while exposed to the sun to prevent ultraviolet radiation from reaching these filters. They concluded that: "more advanced sunscreens that ensure that the UV filters stay on the skin surface are needed; such filters would reduce the level of UV-induced ROS. Another solution may be to mix the UV filters with antioxidants since antioxidants have been shown to reduce UV-induced ROS levels in the skin."



ALUMIERMD HAVE SOLVED THIS PROBLEM

Physical sunscreens (zinc and titanium dioxide) do just this; they sit on the skin surface and deflect or block UVA I & II and UVB rays, but are not absorbed by the body, they simply towel-off. This not only means the UV isn't being taken into the skin but makes these sunscreens better tolerated and safer for most skin types.

In today's society, where our toxic-loading is so high, it's increasingly important to limit the toxins absorbed by our bodies that can disrupt our hormonal balance and have a long-term negative impact on our health.

IF PHYSICAL SUNSCREENS ARE BETTER, WHY DON'T WE HAVE ACCESS TO MORE?

Grace Maree, director of operations for AlumierMD UK, who has a degree in molecular biology, explains "Despite the concerns with chemical sunscreens and evidence to suggest they are hormone disruptors, affecting our oestrogen and estrogen balance, very few companies produce physical sunscreens. The reason for this lies in the research and development process. Physical formulas can often be very thick and unpleasant to use – think cricketers' sun block – trying to convert physical sunscreen into a product that people want to apply to their skin daily is incredibly expensive and time consuming. At AlumierMD, our sun protection line is a labour of love, a large R+D budget was spent on creating cosmetic elegance in a physical only SPF but we feel it's so important to educate people on the implications of using chemical sunscreen so they can make an informed decision, whilst providing a feasible alternative. This type of sunscreen just hasn't been readily available in the market until now."

"Aerosol sunscreens should be avoided. They are designed to be used on the skin not inhaled and this is where the concerns start. Whether a chemical or physical sunscreen, the active ingredients in SPF's are not intended to reach our lungs or get into our bloodstream and their effects can be damaging. The FDA (food & drug administration) warns against using spray sunscreens and has even intimated that a ban could be on the cards."

ALUMIERMD - THE SPF PLEDGE

AlumierMD have a clean science policy for all of their products and they do not angel dust. This couldn't be truer of their SPF range, which is a complete collection of physical only SPF's, which will not transfer chemicals into the body and offer broad-spectrum UV coverage. Each

of the SPF's is also enhanced with powerful antioxidants to counteract free radicals and limit their damage.

AlumierMD's sunscreens use two physical filters of the highest quality:

Micronized Zinc Oxide: A safe, micro-fine mineral that offers broad-spectrum protection from both UVA (ageing) and UVB (sunburn-causing) rays without leaving residual chalkiness on the skin. Zinc oxide is known as a physical sunscreen agent, largely reflecting and scattering UV rays.

Titanium Dioxide: A naturally occurring mineral, coated for sun-stability,

titanium dioxide offers broad-spectrum protection from both UVA and UVB rays. Like zinc oxide, titanium dioxide is known as a physical sunscreen agent and reflects UV rays.

The Tinted SPF: Moisture Matte Broad Spectrum Sunscreen SPF 40 (RRP £47, 120ml)

Moisture Matte Broad Spectrum Sunscreen SPF 40 provides powerful broad-spectrum protection against harmful UVA and UVB rays using a combination of zinc oxide and titanium dioxide, both physical filters. The formula lightly moisturises to smooth and hydrate, while absorbing excess oil to create a matte finish. Antioxidants like caffeine, silybin and knotgrass extract protect skin from UV and free radical damage. Cutting edge, colour-encapsulated technology blend on the skin, creating a sheer tint and healthy glow. Available in Ivory, Sand and Amber Tints, it can be used in place of your daily foundation.

For All Skin Types: Sheer Hydration Broad Spectrum Sunscreen SPF 40 (RRP £45, 120ml)

Sheer Hydration Broad Spectrum Sunscreen SPF 40 is a silky and sheer physical only sunscreen. The formula uses a combination of zinc oxide and titanium dioxide to protect against UVA and UVB rays, while moisturising with vitamin E. The formula is also packed with free-radical quenching antioxidants including a stable vitamin C, vitamin E, resveratrol, grape seed extract and glutathione, to protect skin from UV damage. Available in both untinted and a versatile tint that blends beautifully on the skin, creating a sheer radiance.

Clear Shield Broad Spectrum Sunscreen SPF 42 (RRP £47, 120ml)

Clear Shield Broad Spectrum Sunscreen SPF 42 is a lightweight, non-comedogenic sunscreen that provides powerful broad-spectrum protection against harmful UVA and UVB rays using zinc oxide and titanium dioxide, both physical filters. Niacinamide (vitamin B3) and sodium hyaluronate soothe and moisturise. Light in texture, gentle and quick drying, this sunscreen is perfect for all skin types but particularly oily, rosacea and acne-prone skin. **AM**

For more information on becoming an AlumierMD stockist, please call 03332 412656 or visit www.alumiermd.co.uk @AlumierMDUK



**EDITORS
CHOICE**



Obagi CLENZIderm System

Vicky Eldridge tries out the Obagi CLENZIderm System

I've always heard good things about the results you can get with Obagi, but in my 13 years in the industry I've never tried the products myself. One of the reasons for this was that I had also heard that the systems were complicated to follow and that you got downtime with them. As has been well-documented in this magazine over the past few years, I have had a bit of a battle with my skin in my 30s. Premature ageing and lifestyle impacts such as smoking and adult acne have meant that I am a good candidate these days for trying out skin treatments and products because I can really see the difference, or not, in my skin.

For my Obagi consultation I went to see Dr Sarah Shah at her clinic in London. I had a well-timed breakout just before my appointment so during our long and thorough consultation she examined my skin carefully and spoke about my challenges and concerns. Because of my acne she prescribed the Obagi CLENZIderm System, a prescription-strength therapeutic system to combat acne, as well as a six-week course of anti-fungal tablets.



Dr Sarah Shah
Aesthetic doctor and
founder, Dr Sarah Shah Clinic

"The combination of the Obagi CLENZIderm System and tretinoin offers the perfect solution to congested, acne prone skin as well as providing the basic steps towards anti-ageing and achieving beautiful skin that is free from scarring"



Dr Shah explained the steps I needed to follow, which were not that difficult or complicated at all (Obagi myth one busted), and said she wanted me to follow that for two weeks, then come back and see her. She also gave me an Obagi Medical Treatment Planner booklet, a pocket-sized booklet that very simply outlined what products I was to use and when. This made sticking to the regime much easier.

The regime included washing my face in the morning with the Nu-Derm Gentle Foaming Cleanser before applying my Sun Shield SPF.

The evening programme included washing my face with CLENZIderm Foaming Wash before wiping my skin with the CLENZIderm Pore Cleanser and applying one pump of the Therapeutic Lotion onto affected areas as a spot treatment. The Pore Cleanser and Therapeutic Lotion did tingle, giving my skin a cool medicated feeling. I actually enjoyed the sensation of it because it feels like it's doing something.

The three CLENZIderm products are specially formulated to work together to provide better pore penetration, quick reduction in acne-causing bacteria and visible acne reduction in as little as two weeks.

Daily Care Foaming Cleanser removes dirt and excess oil with 2% salicylic acid, leaving skin clean and refreshed. 2% salicylic acid gently washes away dead skin cells to reveal cleaner, healthier skin. Soothing menthol then cools and calms any irritated skin.

Pore Therapy cleans deep within the pores to clear skin. By unclogging the pores and cleaning away dead skin cells, pore therapy prepares skin to deeply absorb the liquid serum that targets acne at its source.

Therapeutic Lotion delivers solubilised benzoyl peroxide deep down into the follicles beneath the skin where acne begins. It quickly





clears acne and prevents new breakouts from occurring. Solubilized 5% benzoyl peroxide significantly reduces acne-causing bacteria.

The CLENZIderm line uses revolutionary SoluZyl Technology to deliver powerful, scientifically-proven acne-fighting ingredient benzoyl peroxide deep into the skin to unclog pores and eliminate bacteria that irritates the skin and leads to acne outbreaks. This unique feature sets CLENZIderm apart from other systems that treat only the surface of the skin.

Clinical studies have shown that CLENZIderm significantly reduces follicular P. acnes bacteria compared to a leading BPO/clindamycin combination. P. acnes are bacteria that can live deep within follicles and pores, using oil and skin cells to cause skin damage and inflammation.

Within a week of using the products I noticed a dramatic difference in my skin. I did get some dryness but nothing I was bothered about and Dr Shah gave me a Nu-Derm Hydrate in case my skin felt really dry and tight which she said to only use if I really needed it – I only used it twice.

Dr Shah reviewed me after two weeks when I had a Dermalux treatment and she prescribed some Obagi Tretinoin 0.05% and Nu-Derm Blender. This step was to be added into the evening part of the routine. I have used tretinoin before so I was prepared for the initial dryness I experienced with it. Dr Shah then reviewed my progress every two weeks over a six-week period. By the end of it my skin was looking and feeling better than ever and any dryness I had been experiencing had gone.

I was really impressed with the Obagi range and all my fears and concerns proved to be totally unfounded. A number of people have commented on how good my skin is looking and asked what I have been using. It really is transformative and I can see why it has been one of the leading medical skincare brands in the US for so long. **AM**

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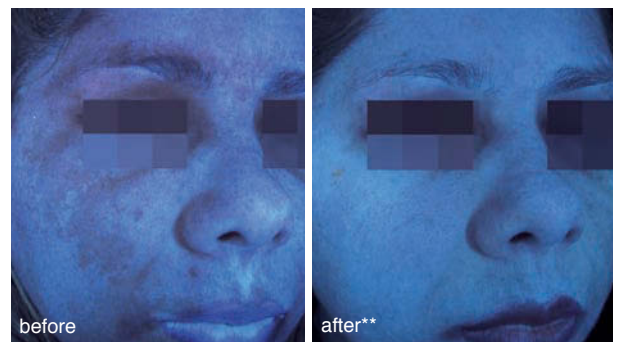


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dermamelan® method efficacy has been demonstrated in numerous studies under medical supervision. More than 500,000 patients treated worldwide, in any skin phototype (I-VI) and in all ethnicities.

* Considering international distribution. ** Long term results obtained after 12 weeks demonstrate method's efficacy on pigmentation reappearance control.

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Dr Treacy's CASEBOOK

Dr Patrick Treacy shares some of his most challenging cases. This month he talks about injection of botulinum toxin type A into the trigeminal nerve path to control the pain and dysesthesia of trigeminal neuralgia

A 53-year-old Irish female presented with an intractable trigeminal neuralgia pain in the region of her left maxillary nerve (V2). She did not respond to pharmacotherapy including pregabalin 300mgs bd and gabapentin 300mgs bd. She had been admitted to hospital for one month for intravenous oxycodone hydrochloride. She had also had more than 50 nerve blocks in the previous years and had undergone stereotactic gamma knife radiosurgery, which had worked for five months but later resulted in uncontrollable dysesthesia pain in the region of her left maxillary nerve. She defined this as a continual unpleasant sensation of something "crawling" under her skin in her left periorbital. There was a sensation of intense pain in her left external nasal area and that of "electric shock", burning, and pins and needles in the left mental area.

The author evaluated pain intensity, quality, and location using the patient's report. A trial of a single dose of 165 units/ml (Speywood) of botulinum toxin type A (Dysport) diluted in 3.5mL saline was used. 50 units of (Speywood) botulinum toxin type A (Dysport) were subcutaneously injected in eight points distributed mostly along V2 in the lateral periorbital area and in three injection points in the inferolateral area taking care not to infiltrate too much directly under the eye to minimise potential aesthetic side effects. Another 30 units (Speywood) botulinum toxin type A (Dysport) was injected in two locations into the external nasal trigger zone taking care to remain superficial and not to inject levator labii superiorus. Another 20 units (Speywood) of botulinum toxin type A (Dysport) was injected into the mental area with a view to repeating this again in 10 days to minimise the effect of upper lip paralysis

RESULT

The patient achieved an immediate reduction in dysesthesia in her periorbital area and this continued to complete reduction

within 48 hours. The author reported significant pain relief almost immediately in this patient, who achieved 50% pain relief in the external nasal region and when this remaining area was reinjected again, she achieved complete pain reduction for 4.5 months. Her mental area received another two injections and the pain was reduced by about 60%. It was decided to leave it like that due to the possibility of upper lip paralysis. When this was injected in five more points, the patient received total resolution of the pain.

DISCUSSION

Trigeminal neuralgia (TN) is a clinical condition caused by inflammation of the trigeminal nerve and is characterised by paroxysmal attacks of severe and electric shock-like pain along the distribution of one or more its branches. It affects approximately one person in 25,000 people and is more prevalent in middle or old age group people. There is a slight predilection for female sex. The right side of the face is more commonly involved than the left side of the face.^{1,2} Attacks of intense facial pain can occur without warning or be triggered by touching specific areas of the face. Although the exact cause of trigeminal neuralgia is not fully understood, a blood vessel is often found compressing the nerve. Pain is unilateral and follows one or more of the distributions of the trigeminal nerve. Mandibular and maxillary divisions are more commonly involved than ophthalmic division.

Attacks of intense facial pain can occur without warning or be triggered by touching specific areas of the face. Although the exact cause of trigeminal neuralgia is not fully understood, a blood vessel is often found compressing the nerve

INFLAMMATORY PAIN

Inflammatory pain manifests as spontaneous pain and pain hypersensitivity. Spontaneous pain reflects direct activation of specific receptors on nociceptor terminals by inflammatory mediators. Pain hypersensitivity is the consequence of early post-translational changes, both in the peripheral terminals of the nociceptor and in dorsal horn neurons, as well as later transcription-dependent changes in effector genes, again in primary sensory and dorsal horn

neurons.⁴ One fundamental feature of orofacial pain is its degree of complexity. Inflammation of the nervous system may be involved in the alteration of the peripheral as well as the central component of sensory nervous system.^{5,6} Local inflammation leads to peripheral sensitisation of nociceptive neurons and thus increased pain inputs. This leads to increased release of a peptide called substance P (SP) both centrally and peripherally by nociceptive primary afferent C-fibers. BTX-A inhibits the release of SP, thus producing the analgesic effect seen in primary headache disorders.⁷

PROPOSED MECHANISM OF BOTULINUM TOXIN (BTX)

The main effect of botulinum toxin type-A (BTX-A) is on muscle contraction because of its binding to the presynaptic nerve terminals, thus inhibiting the release of the acetylcholine (Ach). A direct analgesic action has been recognised, suggesting that BTX-A mechanism providing pain relief may act through an alternative mode of action. Most hypotheses assume that BTX-A inhibits the release of Ach as well as other neurotransmitters, including inhibition of the release of substance P or the blocking of autonomic pathway. Inhibition of the release of these neurotransmitters from nociceptive nerve endings can lead to pain relief.⁸

It probably produces its antinociceptive effect in trigeminal neuralgia by several mechanisms. The most likely site for BTX-A action to produce an analgesic effect could be the postganglionic sympathetic nerve ending, which

use norepinephrine (NE) and adenosine triphosphate (ATP) as neurotransmitters. NE is increased in chronic pain, and ATP is involved in the stimulation of muscle nociceptors. It has been postulated that BTX-A may inhibit the release of these neurotransmitters and produce an analgesic effect in cases of sympathetically maintained pain involved in complex regional pain syndrome.⁹ Decreased sensitisation of peripheral sensory nerve by stimuli may contribute to less alteration and responsiveness of peripheral and/or principal component of sensory nervous system.¹⁰

Release of glutamate peripherally results in inflammation, pain, and oedema.¹¹ Glutamate is a stimulant of nociceptive neurons. It acts through the activation of receptors present on primary afferents. BTX-A inhibits the inflammatory pain as well as other symptoms by decreasing the release of glutamate peripherally.¹² BTX-A inhibits the release of calcitonin gene-related peptide (CGRP), an inflammatory neuropeptide. It reduces the pain response by inhibition of CGRP release from afferent nerve terminals¹³ as well as the trigeminal nerve.¹⁴⁻¹⁷

CONCLUSION

Various medicinal or surgical modalities have been employed in the past with variable results as each treatment offers benefits, but also has limitations. Botulinum toxin (BTX) has been used in the past for the treatment of regional dystonia associated with pain or sensory disturbance. The purpose >

Ophthalmic branch

Maxillary branch

Mandibular branch



of this paper is to establish the effect of using botulinum toxin type-A (BTX-A) in the management of trigeminal neuralgia. The botulinum toxin is injected subcutaneously in divided doses at various trigger zones along the involved branch of trigeminal nerve. BTX-A can be considered as a safe, regional, and long-acting agent that alters the chemical environment around the peripheral nerve involved in the neurogenic inflammation. The only potential disadvantage of this technique is transient facial asymmetry during dynamic movements, which may be either prevented or diminished by the use of lower doses initially and by using a planned programme of injection over a three to four-week period.

Criteria for BTX use: Non-responsiveness to at least three drugs would be a possible inclusion criterion for the use of botulinum toxin in the treatment of trigeminal neuralgia (TN) **AM**



TN BTX areas

PREVIOUS SIMILAR STUDIES

Borodic et al. performed an open-label pilot study to evaluate the efficacy of BTX-A in the treatment of TN. A total of 11 patients suffering from trigeminal neuralgia were treated with BTX-A. They reported success in eight patients (out of 11 patients of TN) for a period of two to four months.¹⁸

Türk et al. performed a randomised open-ended study to evaluate the effectiveness of botulinum toxin type-A (BTX-A) in patients with trigeminal neuralgia refractory to other treatment modalities. Eight patients were injected with 100 units of botulinum toxins in the region of zygomatic arch. Based on positive outcomes and lack of any significant adverse effects, they concluded that BTX-A can be utilised in cases of refractory trigeminal neuralgia.¹⁹

Piovesan et al. reported successful outcomes with the use of botulinum toxin type-A (BTX-A) in patients of trigeminal neuralgia. The botulinum toxin was injected transcutaneously among the branches of trigeminal nerve. Out of 13 patients enrolled in the study all patients showed improvement with peak effects reached in 20 days of therapy. Four patients remained pain free, and nine reported partial pain relief with >50% reduction in medication usage. The beneficial effect lasts for approximately 60 days.²⁰

Zúñiga et al. treated 12 patients of idiopathic trigeminal neuralgia which are unresponsive to the medicinal treatment. The cumulative mean pain score on VAS prior to BTX-A injection was 8.83, and it reduced to 4.08 at the 8th week. Similarly, cumulative number of paroxysmal attacks per 24 hours reduced from 23.42 to 8.67 at the eighth week.²¹

Wu et al. performed a randomised, double-blind, and placebo-controlled study to investigate the safety, tolerability, and efficacy of botulinum toxin type-A (BTX-A) in the management of trigeminal neuralgia. A total of 42 patients were randomly divided into experimental and placebo group (22 in experimental and 20 in placebo group). The authors concluded that botulinum toxin type-A may be a safe, novel, and efficient strategy for the treatment of trigeminal neuralgia.²²

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Pillow talk

Dr Steven Harris discusses the rise of the pillow face

Modern treatments involving fillers usually start with the mid-face as this area tends to show the earliest signs of ageing, due to loss of volume and redistribution of fat. As a result of these changes, the female face loses its ideal oval or heart-shape to become more square. Patients may also come to us complaining that they look “tired” and “saggy”. In order to address these problems, the usual approach is to replace the lost malar fat and lift the ptotic soft tissues. More recently, however, there seems to be a trend towards “looking done” where an increasing



number of patients (and indeed practitioners) appear to have been over-treated, resulting in the so-called “pillow face”. The rising number of people with these exaggerated features is a worrying trend because it gives the aesthetics industry a bad reputation and prevents many people from seeking



Figure 1: The Pillow Face

treatment for fear of looking the same. Worse than that, it is also creating a new “standard of beauty” that is detached from reality and is victimising vulnerable patients, such as the young and those with Body Dysmorphic Disorder (BDD).

As aesthetic doctors, we are at the forefront of the industry and, as such, are very well-positioned to put an end to this trend, which is threatening the integrity of our profession.

We need to start communicating with colleagues and patients by sharing experiences and raising awareness at our clinics, educational meetings and conferences. We need to push for regulations to be implemented in order to restrict the practice of medical procedures to those who are medically qualified and set guidelines for the management of vulnerable patients and practitioners.

IDENTIFYING THE “PILLOW FACE”

Sadly, the pillow face appears to be on the rise. More patients are requesting exaggerated features and over-treated practitioners are commonly seen at professional meetings and conferences.

The pillow face is easily identified (Figure 1). It is characterised by overfilling of the mid-face, especially the malar region and may involve the lips, which gives a “trout pout”. The upper third of the face is also often over-treated with botulinum toxin type A (BTA) so that the patient looks constantly surprised.

There are many reasons for this trend. It is strongly linked to BDD, which is present in 1-2% of the general population, but has been reported in up to 15-20% of aesthetic patients and appears to also be common amongst aesthetic practitioners. The lack of regulation in the aesthetic industry means patients are being treated by unqualified or inexperienced practitioners, who have no awareness of the condition, have little artistic acumen, or themselves have BDD. Finally, the manufacturers and distributors are fuelling the trend by indiscriminately supplying and encouraging the use of more BTA and fillers.

TAKE A STEP BACK

In terms of aesthetic procedures, we need to take a step back and consider the face as a whole rather than focus on isolated parts and trust our innate senses, rather than formulations, to restore the patient’s ideal facial shape. This is a good place to start as it forces us to look at the “bigger picture”. >

The ideal facial shapes have been described as oval to heart-shaped in women and oval to square in men. However, there is much variation here for example, some women with square-shaped faces can appear very attractive.

Once we have a sense of the patient's ideal shape, then we can decide how to restore the outline using a "less is more" approach. This encourages us to focus on the weakest areas. There is no logic in treating the strong areas first as the weak areas then appear weaker, and this should be explained to the patient. Once the weakest part is identified, then this may be corrected directly or indirectly. For example, jowls are corrected at the mid-face but hollowing temples, or an inherited retracted chin require direct treatments. The latter helps define the cheeks and makes the nose appear smaller (Figure 2), while treating the cheek itself opens the eye and raises the corner of the eyebrow by inhibiting the contraction of orbicularis oculi (Figure 3).

The zygomatic arches are extremely important in restoring the patient's ideal facial shape; they help reshape the eyebrows and define the jaw and chin. They are often ignored in treating the mid-face where there is an obsession with filling the malar region. High cheekbones are pronounced zygomatic arches, causing the upper part of the cheeks to form defined lines at the sides of the face (commonly seen in fashion models). In women they are linked to fertility; in men they represent high levels of testosterone (along with other prominent facial features). As a result, both men and women with high

Before and after filler treatment of the chin (Juvederm Voluma 2mls), by Dr Steven Harris

Before



Figure 2a

Figure 2b

After



Figure 2c

Figure 2d

Before and after treatment of the zygomatic arch (opening the eye and elevating the lateral brow) and chin with Juvederm Voluma 2mls, by Dr Steven Harris

Before

After



Figure 3

cheekbones are considered more attractive and this appears to be true across different cultures. The zygomatic arch is formed by the zygomatic process and the temporal process of the zygomatic bone, meeting at the zygomaticotemporal suture. The upper border of the arch gives attachment to the temporal fascia; the lower border and medial surface give origin to the masseter muscle (Figure 4).

When treating the zygomatic arches, it is important to practice safe and effective injection techniques with the correct filler type to restore the ideal shape. Only hyaluronic acid (HA) fillers should ever be used as these are considered relatively safe and are fully reversible. The ideal HA filler for this treatment would include a combination of low molecular and high molecular weight chains to facilitate shaping (moldability) and maximise lifting. Safety is of paramount importance; danger areas should be avoided and aspiration

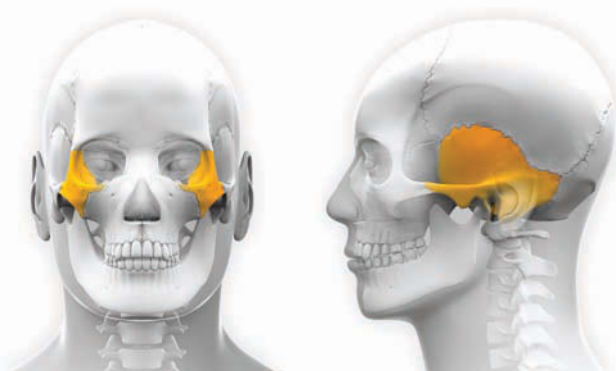


Figure 4: Zygomatic bone (left) and temporal bone (right)

should always be practiced when injecting with needles. The filler is placed deeply onto the periosteum using a needle as this is far more precise and economical than the use of a cannula. One or two injections (around 0.1-0.2mls each) on the zygomatic arch 1cm above the palpable border, and a single injection into the tip of the chin (around 0.2-0.5mls deeply in the midline) may be all that is required (Figure 5, 6). In addition to the zygomatic arches and the chin, other areas along the outline may require attention, such as hollowing temples, or bulging masseters. These may be treated with filler and BTA respectively in order to restore the desired shape.

The shapes of the eyebrows play an important role in the overall facial shape; in women they are more arched; in men they are flatter. The corners may be lifted by treating the zygomatic arches, or the hollowing temples. A more direct approach is to lift the eyebrow manually at the arch position and inject a small bolus (0.1-0.2ml) of filler deeply with a needle just below to hold position. The eyebrows may also be treated with small amounts of BTA into the depressor muscles (procerus, corrugators and orbicularis oculi) for medial elevation along with a 'V' shape pattern of injections

Before and after treatment of zygomatic arch and chin with Juvederm Voluma 2mls, by Dr Steven Harris

Before



After



Figure 5

Before and after treatment of zygomatic arch and chin with Juvederm Voluma 2mls, by Dr Steven Harris

Before



After

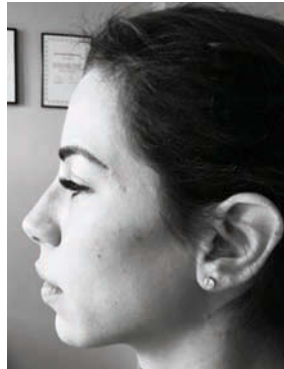


Figure 6

into the elevator muscle (frontalis) for lateral elevation. The pillow face involves over-treatment with BTA; the upper third of the face is 'frozen' and the patient looks surprised with medial collapse of the brow and exaggerated lateral elevation (Figure 1).

In conclusion, the aesthetic industry is facing a crisis; there is a complete lack of regulations meaning that it is a "free for



all" market and anyone can inject BTA and fillers. The result is that vulnerable people, especially the young and those with image disorders such as BDD present as easy targets for exaggerated treatments and they are the real victims in the equation. The pillow face represents all that is wrong with our industry; regulations are desperately needed to help save all those who are vulnerable, as well as the integrity of our own profession. As aesthetic doctors we are well-positioned to initiate the necessary changes by opening communication channels with colleagues, patients and key players in the industry, such as the manufacturers and distributors. With respect to aesthetic procedures, we need to take a step back, consider the face as whole and use our innate senses to restore the patient's ideal facial shape.**AM**

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On point

Dr Tim Eldridge on injection points and techniques and how to stay safe with both cannulas and needles

Ideally the nose should be treated using a cannula, but due to its anatomy, both needles and cannulas are often used. Injectors need to be confident and competent in both techniques and have a thorough knowledge of the anatomy. As discussed in the previous article, the nose is highly vascularised, so the risk of intravascular injection or vascular compression is greatly increased. Whether using a cannula or needle the gold standard technique is to aspirate, aspirate, aspirate – it cannot be emphasised enough. Cadaver dissections have demonstrated that, in the nose, it is still possible to place filler into a vessel even with a cannula!

The nose is highly vascularised, with the majority of blood vessels being small. To avoid inversion of the blood vessels (which can lead to arterial embolism) when placing fillers, the injection needs to be placed below the SMAS in the avascular deep plane

ASPIRATING

Aspiration has to be performed at every injection point for a minimum of 10 seconds. The needle/cannula is placed in the correct plane and the plunger of the syringe is pulled back as far as it will go and held. After a minimum of 10 seconds, it is gently released. During the 10 seconds no blood must be visible in the syringe. It can take several seconds for the aspiration to work and even after eight seconds blood can enter the syringe. This is why it is recommended to aspirate for a longer period. Remember the consequences of intravascular injection can be permanent blindness.



DANGER ZONES

Think of every area as a "danger zone" and always treat with caution. Some areas can be less dangerous than others.



When treating these danger zones look closely for signs of blanching and listen to the patient for signs of discomfort.

ANAESTHETISING THE NOSE

Normally topical anaesthetic placed 30 minutes to one hour before treatment is enough for most patients.

INTRA-ORAL TECHNIQUE

Look at the patient face on. In the mid-pupillary line palpate the inferior margin of the orbit (often there is a notch), then move your finger approximately 1-1.5 cm downwards and apply a little pressure. You should now be able to feel the infra orbital foramen. Place the finger of the non-injecting hand over the foramen and lift the upper lip with your thumb. Introduce the local anaesthetic syringe/needle over the apex of the lateral/canine tooth and advance upwards towards your finger. Aspirate and inject very slowly approximately 0.5mls-1ml of local anaesthetic very slowly, taking at least one minute to inject.

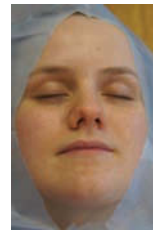


The slower the injection, the less painful the injection. The solution should also ideally be at room temperature and the ideal needle length is 25mm. The patient will report the effects nearly immediately. (This is also a good technique for anaesthetising the lips).



EXTRA-ORAL TECHNIQUE

Identify the infra orbital foramen in the same way as the intra-oral technique, and place approximately 0.5mls-1.0mls local anaesthetic around the foramen not into it.



PREPARING THE PATIENT

Aseptic technique is highly recommended when performing any treatment. The area must be thoroughly cleansed and it may help by draping the patient and either placing a hairband or surgical cap on them. After marking up, cleanse again without removing the markings.



MARKING THE PATIENT UP

After removing any make-up and cleansing the skin with a suitable solution, the nose is ready to be marked (with non-tattooing markers).

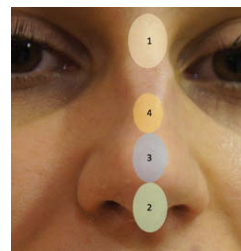
1. Mark the midline of the nose
2. Mark injection points

TREATING THE NOSE WITH INJECTION

The main areas of the nose which we can comfortably treat are:

- Nasal tip
- Naso-labial angle/columella
- Nasal supratip
- Nasal root/nasofrontal angle

The order in which to treat is important, as sometimes placing a filler such as Perfectha in one area affects another area, and less or no filler may be required. Outlined in the picture is the order in which to inject.



- 1: Nasal root/Nasofrontal Angle
- 2: Naso-labial/Columella
- 3: Nasal Tip
- 4: Supratip

It is advisable to perform as few injections as possible, aspirating at every injection point, and inject very slowly.

INJECTION TECHNIQUES WITH NEEDLE

1. Nasal root/nasofrontal angle

Remember this area is treated first as it usually has the most dramatic effect on the nose and can make it appear smaller. The needle is introduced into the skin at an angle of 45° down onto bone, usually from bottom to top of nasal root. The dominant hand controls the syringe, the non-dominant hand controls where the filler goes, preventing it migrating towards the glabella. This is achieved by pinching the nasal root with the thumb and middle finger, and placing the index finger on top of the nasal root. Always aspirate, to prevent vascular compromise. The technique is a linear



retrograde filling, along the periosteum. Inject slowly and massage the area after injection to improve distribution.

2. Naso-labial angle/columella

This can also be treated with botulinum toxin type A first, then with fillers, if required. There are two techniques, a deep injection in contact with the nasal spine of the maxillary bone, or a more superficial injection of the tip of the nose down the columella. The second technique >



uses less product and is less predictable because it can produce an irregular result. If the columella is retracted a lot, then more than one session will be required to achieve the desired soft tissue expansion.



3. Nasal tip

Ideally final tip projection should equal the width of the alar base. Patients with a reduced naso-labial angle may require increased tip rotation. Before injecting

the tip, it must be identified whether only the domes need augmenting, or the middle crura, or both. If only the domes need augmenting, only inject into the upper part of tip, but if the whole tip needs augmenting, both the upper and the lower injections will be required.

This is the danger area and caution should be taken when injecting into the nasal tip. Slow and gradual injection to avoid too much pressure and skin necrosis. You do not want to see any blanching, if blanching occurs stop injecting immediately. The injection should not be superficial and should not be too deep. This area may need to be treated over several sessions.



4. Supratip injection

Avoid injecting into the supratip break, as this may cause the nasal tip to drop. This may only require a small injection into the tip of the nose, to enhance the supratip break.

INJECTION TECHNIQUES WITH CANNULA

Using a cannula reduces the risk of accidental injection into a blood vessel leading to anterograde or retrograde embolisation and subsequent ischemia or even blindness. Another advantage of using a cannula, is a single entry point rather than multiple ones with a needle, thus reducing risk of infection. With one entry point the glabella, columella, nasal spine can all be reached. In post-surgical rhinoplasty patients augmenting with a cannula can be more difficult, because often the tissues are more fibrous.

DORSUM OF THE NOSE

The injection point is at the nasal tip infratip lobule (bisect the angle between nasal tip and columella), in the supraperichondrial and supraperiosteal layer. Using a suitable gauge needle (23G) for the cannula (25G x 50mm), with a steady hand and conviction insert the needle. This initial entry is usually regarded as the most uncomfortable. The cannula can now be entered into



the subcutaneous tissue (not in dermis too superficial, nor below superficial and nasal SMAS fascia). The pathway should be a relatively easy one up towards the glabella, and with little discomfort. Similar technique as with needles regarding the non-injecting hand and protecting the glabella.

One problem associated with this technique can be getting beyond a pronounced dorsal hump, and actually identifying where the tip of the cannula is. Filling is performed in a retrograde fashion.

COLUMELLA

Insertion of the cannula is at the same point as when filling the dorsum of the nose. Once the dorsum has been filled the direction of the cannula can be altered to augment the columella. If the naso-labial angle needs increasing filler should be placed at the base of the spine and the tip of the nose.

If treatment needs to be staged due to the amount of augmentation and a concern with vascular compromise, an ideal time interval is two weeks between appointments.

POST-OPERATIVE INSTRUCTIONS

The patient should leave with a contact telephone number, and be informed that if there is any discolouration in the skin, or if anything looks abnormal to contact you immediately.

- Avoid touching the area for several hours
- Avoid wearing glasses for 24 hours
- Avoid extreme temperatures and temperature changes
- Avoid massages
- Avoid make up for several hours
- Apply cold pack if required to reduce any swelling

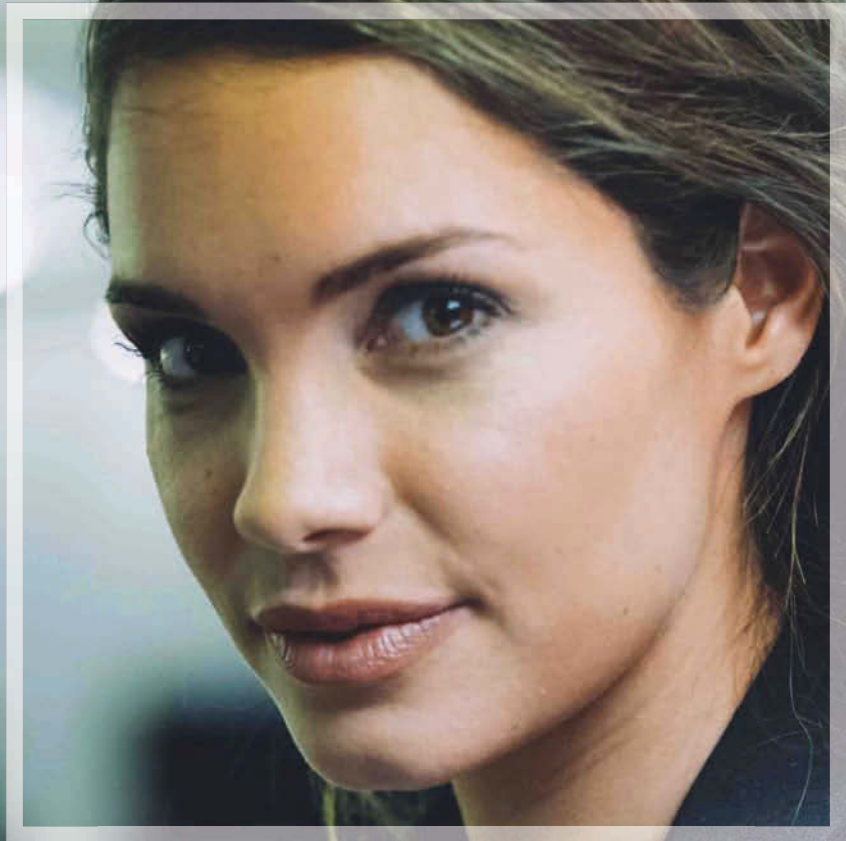
The next article in this series will cover clinical examples. **AM**

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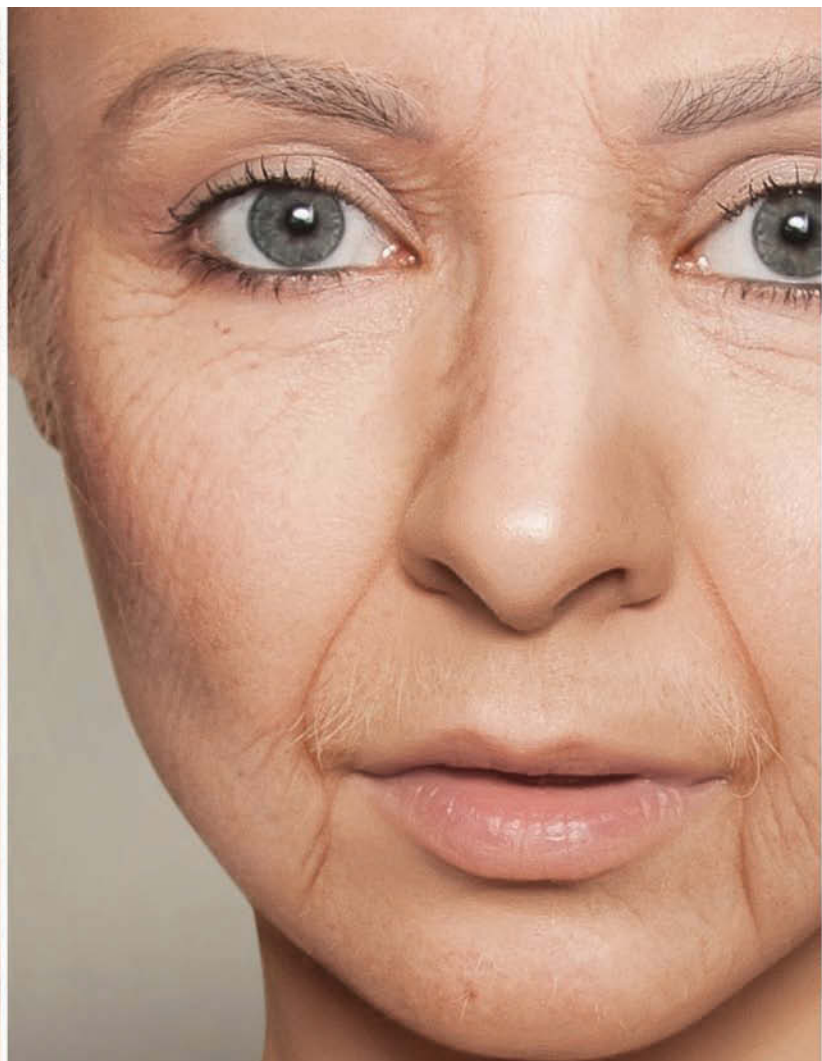
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Retaining ligaments

Dr Sotirios Foutsizoglou on understanding the anatomy and function of the retaining ligaments and septa in the face

The retaining ligaments of the face are important in understanding concepts of facial ageing and rejuvenation. They are located in constant anatomical locations where they separate facial spaces and compartments. Furthermore, they have a sentinel role in relationship to facial nerve branches.

Descriptions of the retaining ligaments are variable in the literature due to different interpretations of anatomy, several classifications, locations, and nomenclature systems.¹ This article will review and clarify the anatomy of the most relevant retaining ligaments of the face, including the cheek, mandible, and periorbital areas.

THE RETAINING LIGAMENTS OF THE FACE

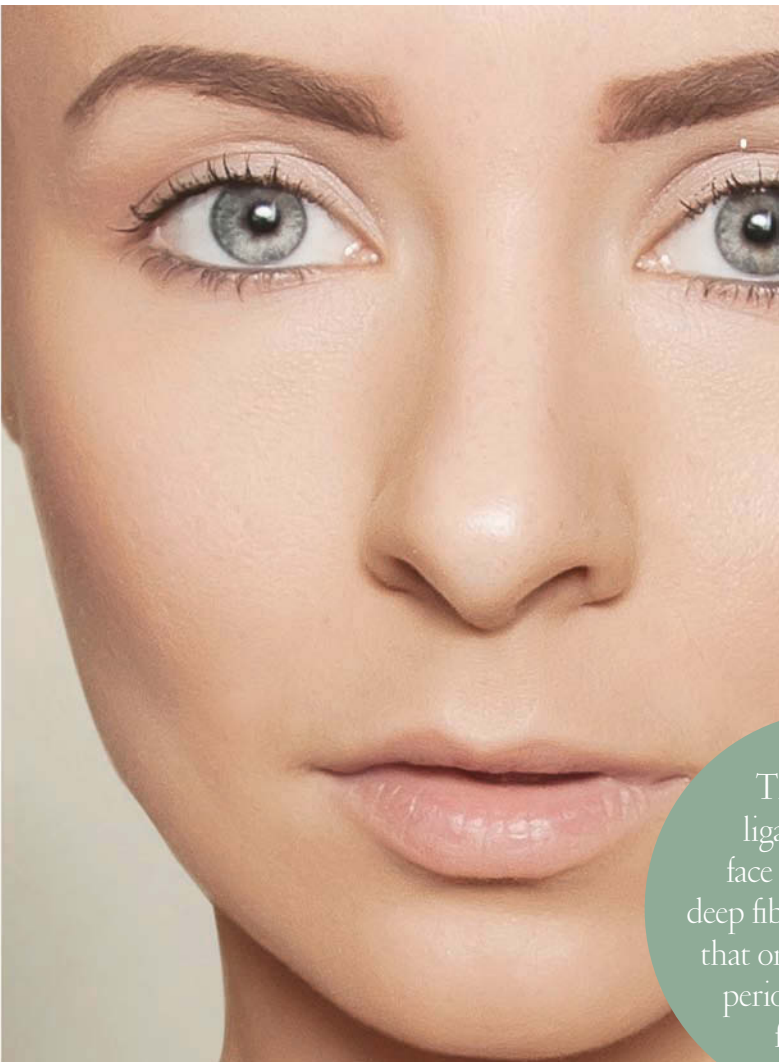
The soft tissue of the face is arranged into five distinct layers. These layers, from superficial to deep, are (1) skin, (2)

subcutaneous fat tissue or superficial areolar area, (3) the superficial musculoaponeurotic system (SMAS), (4) deep areolar containing ligaments, deep fat compartments and soft tissue spaces and (5) deep fascia.²

The deep fascia consists of the periosteum of the facial skeleton and the deep muscle fasciae (deep temporal and paratidomasseteric), where the skeleton is overlain by the masticatory structures.

Above the zygomatic arch the deep fascia is continuous with the deep temporal fascia. In the neck, the corresponding layer is the investing layer of the deep cervical fascia, the most superficial part of the deep cervical fascia, which completely encloses the neck, including the sternocleidomastoid and trapezius muscles, and forms a roof over the anterior and posterior triangles of the neck.

The retaining ligaments of the face are strong and deep



The retaining ligaments of the face are strong and deep fibrous attachments that originate from the periosteum or deep facial fascia

fibrous attachments that originate from the periosteum or deep facial fascia and travel perpendicularly through facial layers to insert onto the dermis, interconnecting and stabilising all five layers of the facial soft tissue in specific anatomical locations.^{3,4} These fibrous condensations of connective tissue limit shearing forces on the face, thereby creating a "retaining system", and provide stability for the vascular supply to the face.⁵

Microscopically, each ligament is rooted in a tree-like distribution as a periosteal or deep fascial thickening that divides as it approaches the SMAS into numerous branches, which insert onto the dermis as described by Mendelson.⁶ This branching network of fibres is called the retinacular cutis, which is part of a larger complex system of fibrous septa in the subcutaneous layer. It is likely that the superficial extensions of the retaining ligaments into the subcutaneous layer contribute to the formation of septa that divide the subcutaneous fat tissue (layer two) into the fat compartments of the face.^{7,8}

This theory is supported by the fact that some of these subcutaneous septal boundaries overlap with the location of the deeply seated retaining ligaments. In areas with thick subcutaneous tissue, the retinacular cutis lengthens significantly, predisposing its fibres to weakening and distension with ageing.⁷

Furthermore, the retinacular cutis fibres are not uniform across the face, but vary in orientation and density according to the anatomy of the underlying deeper structures.

At the location of the retaining ligaments, the vertically orientated retinacular cutis fibres are the most dense and most effective in supporting the overlying soft tissues.

In between these retaining ligaments in layer four are located the soft tissue spaces of the face, that facilitate the mobility of the superficial fascia over the deep fascia. The retinacular fibres are less dense and orientated more horizontally where the subcutaneous fat overlies a space.

This variation in the density and orientation of the retinacular cutis fibres in the subcutaneous fat is the anatomical basis for the compartmentalisation of the subcutaneous fat tissue.^{6,8}

Stuzin et al classified the retaining ligaments as (1) osteocutaneous ligaments originating from the periosteum, such as the zygomatic and mandibular cutaneous ligaments, and (2) fasciocutaneous ligaments, which coalesce between the superficial and deep fasciae of the face, such as the masseteric and parotid cutaneous ligaments.^{7,9}

In addition, Knize and Moss et al defined as true those retaining ligaments that insert directly into the dermis.^{10,11} Examples of true retaining ligaments, per this definition, are the zygomatic and masseteric retaining ligaments.

Moss et al also described other forms of ligamentous attachments, mainly in the temporal and periorbital area, in the form of septa and adhesions. According to Knize and Moss, septa and adhesions are not considered true retaining ligaments since they do not insert directly onto the dermis; instead, the septa exert a >

Superior temporal septum
 Interior temporal septum
 Orbicularis retaining ligament
 Medial canthus
 Lateral canthus
 Zygomatic ligament
 Lateral cheek septum
 Superior cheek septum
 Platysma-auricular ligament
 Masseteric ligaments
 Mandibular ligament

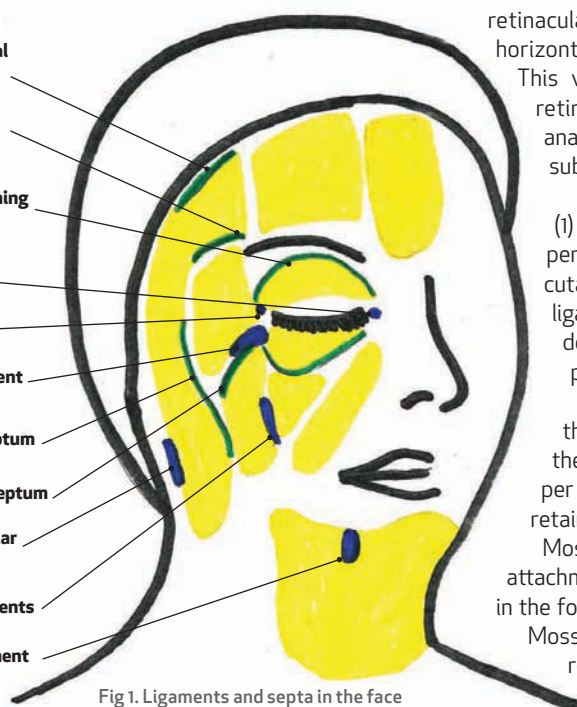


Fig 1. Ligaments and septa in the face

ANATOMY

direct effect on the SMAS and an indirect effect on the dermis through the reticular cutis.¹

PERIORBITAL LIGAMENTS

The orbicularis retaining ligament, a part of the circumferential periorbital septum, is the main periorbital retaining ligament (Fig. 1). It is an osteocutaneous ligament that originates from the periosteum of the orbital rim, traversing the orbicularis oculi muscle and inserting into the skin of the lid-cheek junction.

The orbicularis retaining ligament spans from the periosteum just outside the orbital rim to the fascia on the under-surface of the orbicularis.¹² The location of the attachment to the orbicularis muscle correlates with the position of the palpebromalar groove, which becomes more evident with ageing as the overlying soft tissue deflates (Fig. 2).

Medially, between the medial corneoscleral limbus and the insertion of the medial canthal tendon, just inferior to the lacrimal crest, the bilayered orbicularis retaining ligament is continuous with the tear trough ligament. This is a true osseo-cutaneous ligament, which tethers both the medial eyelid skin and orbicularis muscle to the orbital rim. The tear trough ligament is found on the maxilla between the palpebral and orbital parts of the orbicularis oculi.¹³

In the lateral canthal region, the orbicularis retaining ligament expands and merges with a dense fibrous condensation between the superficial and deep fascia known as the lateral orbital thickening. This is a firm triangular fibrous adhesion connecting the orbicularis fascia on the under-surface of the muscle to the underlying deep fascia, which in this region is made up of thickened lateral orbital rim periosteum and adjacent deep temporal fascia.¹⁴

Midface retaining ligaments

The most important retaining ligaments of the cheek are the zygomatic and masseteric ligaments. The zygomatic ligaments are strong true retaining ligaments occupying a predictable anatomical location. They originate at the inferior border of the zygomatic arch and extend anteriorly to the junction of the arch and body of the zygoma.^{5,9} The masseteric ligaments, on the other hand, vary in location given the fact that they are condensations of the deep fascia.¹⁵

Lower face retaining ligaments

The mandibular ligament is a major ligament supporting the facial soft tissues in the lower face. The mandibular ligament is an osteocutaneous ligament that arises from the anterior third of the mandible, posteriorly to the mandibular origin of the DAO muscle, and inserts directly into the dermis.^{9,16} (Fig 1).

The mandibular ligament develops minimal, if any, laxity between its origin and its connection with the SMAS, with only some mild weakening occurring superficially to the SMAS.¹² The mandibular ligament contributes to the pre-jowl sulcus as it provides fixed cutaneous tethering along its attachment to the mandibular border whereas lateral to the ligament there is an age-related pre-masseteric SMAS

The most important retaining ligaments of the cheek are the zygomatic and masseteric ligaments

ptosis and a descent of soft tissues below the body of the mandible (Fig 2).

RELATIONSHIP OF THE RETAINING LIGAMENTS TO THE FACIAL NERVE

There is an intimate relationship between the retaining ligaments of the face and the facial nerve and its branches.

The facial nerve branches exit the parotid gland and remain deep to layer five in the lateral face. As they approach the anterior face, the branches traverse layer four to reach the underside of mimetic muscles of the face. The transitions occur at predictable locations, in close association with retaining ligaments that provide stability and protection for the nerves.³

The inferior temporal septum is a landmark for the temporal branches of the facial nerve that pass just medial and parallel.¹¹ The orbicularis retaining ligament has an intimate relationship to the zygomaticofacial nerve branches located just inferior to the lateral aspect of the ligament. However, these branches can be compromised without any consequence.¹⁵

The zygomatic retaining ligaments are landmarks for the zygomatic facial nerve branches. The zygomatic branch passes in a deep plane just inferior to the zygomatic ligament.⁴

AGEING CHANGES IN THE FACIAL LIGAMENTOUS FIXATION

Facial ageing is a complex process. It is the cumulative effect of simultaneous changes of the many components of the face as well as the interaction of these components with each other. Ageing is seen in all layers of the soft tissue, as well as in the skeleton.²

Advancing age is associated with soft tissue descent, skeletal thinning and recession, and volumetric deflation. The combination of volume loss and the effect of underlying retaining ligaments contribute to the macroscopic hallmarks of facial ageing.

The major facial ligaments in their passage from their fascial origin to SMAS are robust and do not undergo significant primary ageing changes.²⁰ Most of the ligament change is in the multiple finer retinacular ligament branches from the SMAS through the subcutaneous layer to the dermis, which are prone to being weakened over time by repetitive movement.

In a youthful midface, there is a convex arc from the lower eyelid to the lip with evenly distributed volume and a smooth transition from one aesthetic unit to another.

With the development of age-related laxity of the superficial layer, the ligamentous insertion through the superficial fascia becomes apparent as a cutaneous groove or line of concavity, indicating a line of resistance, to further sag of the soft tissues, e.g. the mid-cheek furrow.¹⁴

In contrast, the larger and more mobile, non-attached areas in between these supporting structures undergo greater laxity and displacement to form folds or J-shaped bulges, e.g. the nasolabial fold, malar mound bulge and pre-jowl sulcus (Fig. 2).

In addition, the retrusion and resorption of the facial skeleton, in particular those bones of dental origin (i.e. the maxillae and mandible) cause the origin of the multi-linked fibrous retaining ligaments to be displaced posteriorly. This pulls the skin inwards, exaggerating the concavity between the areas of relative convexity that develop with ageing.

More specifically, the inferior orbital rim is covered by soft tissue, minimising the delineation between the lower eyelid and upper cheek. Volume loss at the inferior orbital rim in conjunction with the underlying fixed and unyielding orbital retaining ligament creates a prominent concavity (palpebromalar groove).

The tear trough deformity is an age-related unmasking of the tear trough ligament which tethers both the eyelid skin and the orbicularis muscle to the medial infra-orbital rim.

Volume loss and tethering of the malar septum (superior cheek septum or zygomatico-cutaneous ligament) create the mid-cheek furrow that runs parallel to the nasolabial fold and is a hallmark of midface ageing.

Marionette lines and facial jowling appear secondary to differential volume loss within the superficial and deep fat compartments, soft tissue laxity and descent, and progressive pre-masseteric SMAS ptosis along the inferior border of the mandible.

The formation of the prejowl sulcus is due to fixation of the skin to the underlying resorbing bone via the mandibular ligament as discussed earlier in this article (Fig. 2). >

The combination of volume loss and the effect of underlying retaining ligaments contribute to the macroscopic hallmarks of facial ageing

A recent study showed that the main zygomatic and upper masseteric retaining ligaments, located at a mean of 1cm from each other, create a pathway where an upper zygomatic nerve passes in a deep plane, 4mm deep to the deep fascia.

A lower zygomatic nerve passes just inferior to or penetrates the upper masseteric ligament at a more superficial level, 1mm deep to the deep fascia, and pierces the deep fascia just distal to the ligament.¹⁷

Another important observation is that facial nerve branches often penetrate the ligaments. This incidence was reported to be 27% for the zygomatic ligaments and 66% for the masseteric ligaments.¹⁷

The masseteric ligaments are important landmarks for the buccal facial nerve branches. These ligaments guard the nerves, which penetrate the deep fascia and become superficial on top of the buccal fat pad, just distal to the masseteric ligaments.⁶

The marginal mandibular nerve runs posteriorly to the mandibular ligament.¹⁹

Finally, the great auricular nerve is anatomically related to the subcutaneous extension of the platysma-auricular ligament. This septal extension separates the lateral temporal cheek fat compartment from the post-auricular compartment and the great auricular nerve travels through this septum.¹⁹

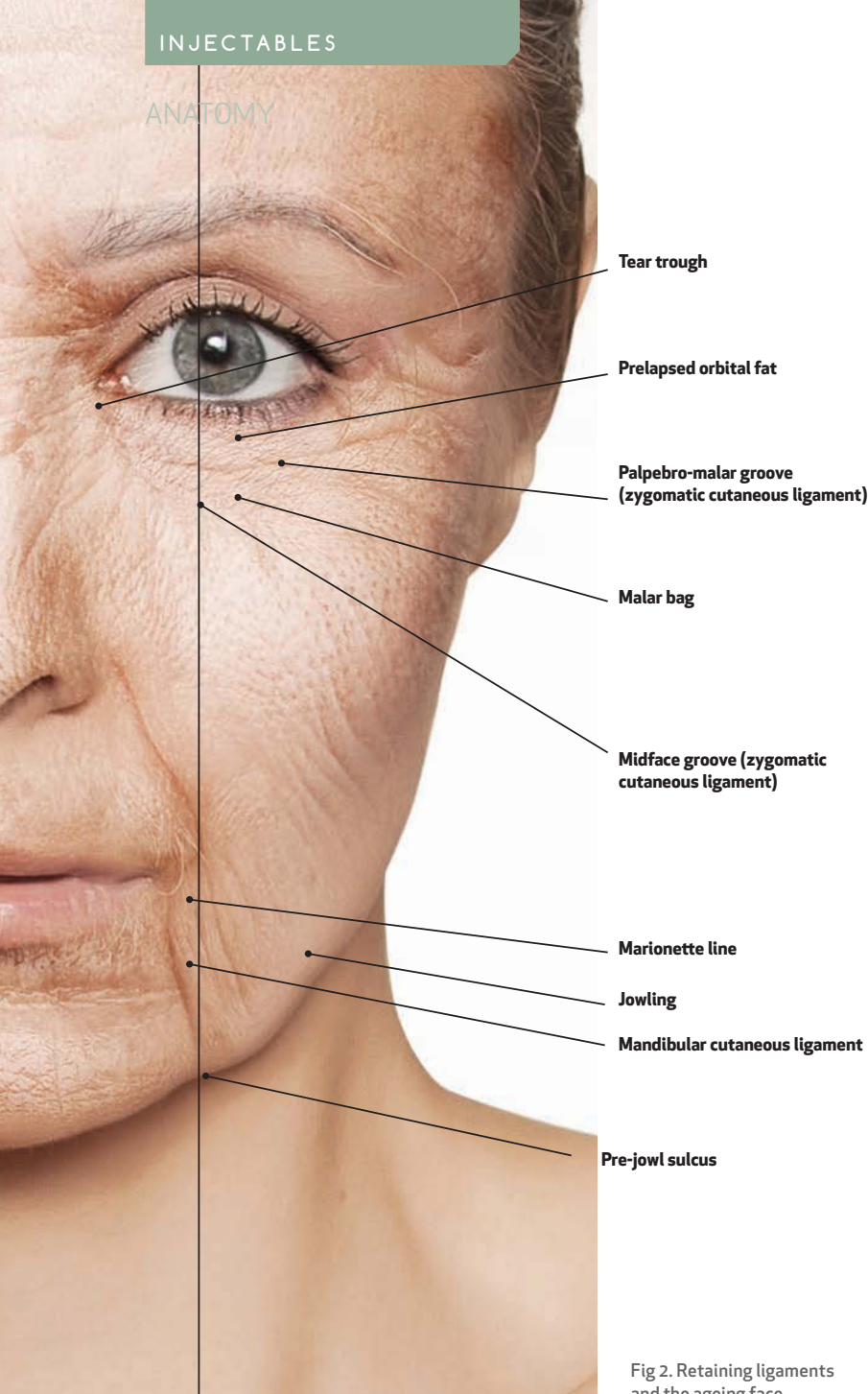


Fig 2. Retaining ligaments and the ageing face

CONCLUSION

The retaining ligaments of the face are important landmarks that occupy predictable anatomical locations. Any facial rejuvenation procedure that undermines a superficial fascial flap (SMAS, superficial temporal fascia, or platysma) requires release of the retaining ligaments to allow unrestricted mobilisation and redraping of the flap. In aesthetic medicine, doctors encounter their superficial extensions (between SMAS and dermis) when, for example, doing a thread lift using suspension threads. Therefore, understanding the contribution of the facial retaining ligaments to the ageing changes in the face and knowledge of their location, function, and proximity to the SMAS and facial nerves can add to the safety and efficacy of facial aesthetic surgical and non-surgical procedures. **AM**

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Dr Sotirios Foutsizoglou developed a particular interest in anatomy during his time working in plastic and reconstructive surgery in the NHS. He became heavily involved in teaching anatomy and physiology to medical students and junior doctors and has worked as an anatomy demonstrator for Imperial College. Since 2012, in his role as the lead trainer of KT Medical Aesthetics Group, he has been training practitioners in facial anatomy and advanced non-surgical treatments and procedures. He has written and lectured on facial anatomy and complications associated with injectables both nationally and internationally.

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With Juvéderm® VOLITE you can improve your patients' skin quality attributes — increasing smoothness,[§] hydration and elasticity — for up to 6 months with just one treatment.^{2,†,‡,¶}

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Footnotes:

* Based on FACE-Q satisfaction with skin mean score improvements at Month 1=64.6%, Month 4=60.3%, and Month 6=57.7% (p<0.001). Baseline satisfaction was 43.5%.¹

† After a single treatment, which included initial (n=131) and top-up administered at Day 30 (n=31).²

‡ Study conducted using Juvéderm® VOLITE B without lidocaine.³ Added lidocaine enhances patient comfort during injections and has no substantive effect on the rheological properties of HA products.⁷

§ Smoothness is defined as the absence of fine lines.

¶ Cheek skin hydration (secondary endpoint) improved significantly from baseline at Months 1, 4 and 6. Skin smoothness (primary endpoint) improved in patients at Month 1 (96.2%), Month 4 (76.3%) and Month 6 (34.9%). Five of the 10 cheek skin elasticity parameters (secondary endpoint) improved significantly from baseline at Month 1 and 4 but not Month 6.²

Please refer to the Juvéderm® VOLITE Directions For Use for further information.⁴



Quality control

Dr Patricia Ogilvie discusses skin quality and the launch of Juvéderm® VOLITE

In our modern world of selfies and high definition our skin is under more scrutiny than ever before. Women are increasingly using filters on apps to give them a flawless complexion but the reality for most is a far cry from the digitally enhanced version shared on Facebook or Instagram.

In 2016 Allergan published a global report on the Changing Faces of Beauty. The report surveyed 7,700 "aesthetically aware" female respondents from 16 countries including the UK, and was designed to reveal their attitudes to beauty. A key trend identified within it was the significance of the skin when defining a woman's beauty and skin quality was a defining factor.

When asked to rate what elements contribute most to a woman's outer beauty, complexion and skin quality (56%) were ranked as equally important as body shape and figure (56%). Additionally, words describing skin quality i.e. complexion, glowing, clear and flawless were the most commonly used descriptors of female beauty.

When asked what phrases come to mind when thinking about a beautiful woman, skin quality (23%) rated as more important than words such as attractive and pretty. This was even the case for countries with culturally opposing views on beauty and ageing, such as Brazil and the UK.

Dr Patricia Ogilvie, a board certified dermatologist based in Germany, says she believes skin quality is about more than just appearance, that it is a very emotional thing for patients. She says, "Skin quality has an enormous impact on perceived attractiveness. For our patients, their skin is the window of themselves to the outer world and how they feel about it is psychologically loaded.

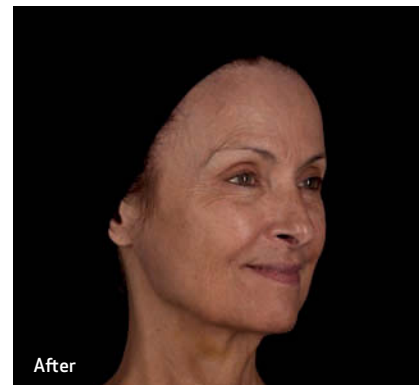
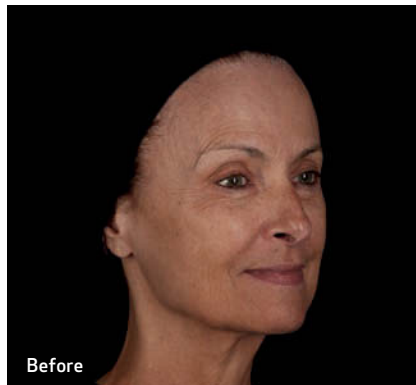
"We have bad hair days and we have bad skin days too. When patients talk about their skin, they talk about it completely differently to how we do as doctors, they use different language. We have to be a little bit more emotional. I ask my patients not just how they think about the way they look but how they feel. This is extremely important.

"When we treat patients it has a lot to do with confidence, self-esteem and a whole range of emotions, so being a dermatologist means we deal with much more than just skin problems. The true differentiator between good and very good dermatologists is how deep you want to get involved with that with your patients. You need to be willing to go into the emotional details."

ADDRESSING SKIN QUALITY

In the aesthetics market there are a plethora of treatments to address skin quality from skincare and peels to lasers,





however, Dr Ogilvie believes there was a gap in the market for a single-treatment procedure with no downtime, a gap she claims has been addressed with the launch of Juvéderm® VOLITE.

She says, "When it comes to treatments to address quality of skin we have single, one off treatments, like CO2 laser resurfacing or deeper peels, which have significant downtime, or we have milder peels and topical treatments, which have no downtime but require a course or multiple treatments. What we haven't had is a one-off procedure with no downtime.

"Juvéderm® VOLITE answers a real need for a treatment that delivers a healthy-looking glow. Combined with the fact that only one treatment is needed to achieve results, this product will be a game changer in my clinic."

Juvéderm® VOLITE is Allergan's first injectable product specifically designed to improve skin quality and last up to nine months with just one treatment session. The product was launched in Europe at the Anti-Ageing Medicine World Congress in Monaco last month and Dr Ogilvie was one of the key opinion leaders presenting data from the clinical trials, in which she was one of six injectors.

"I believe that great skin can have a profound impact on patients' everyday lives – in particular their confidence. It goes far beyond aesthetics – when a patient is happy with how they look on the outside, this affects how they feel on the inside"

The product uses Allergan's patented VYCROSS® technology and delivers improvements in skin smoothness (absence of fine lines), hydration and elasticity.

It is designed to be injected intradermally and can be used to treat the face, neck, décolletage and hands, and contains lidocaine, to enhance patient comfort.

In a clinical trial of 131 patients, 96% of patients' cheeks were smoother (investigator assessment) and 91% of patients reported they were more satisfied with their skin after one month. Results were sustained at six months, where patients reported that they continued to see significant improvements in skin hydration and were satisfied with their skin, and nine-month data was revealed at the launch showing the product is long-lasting.

As with other medical aesthetic treatments, patients reported adverse events including bruising and pain at the injection site. However, Juvéderm® VOLITE was well tolerated and demonstrated an acceptable safety profile and 95% of patients were able to return to social engagements one day after treatment. In addition, patient satisfaction with the treatment was high.

Dr Ogilvie says, "The patients were enormously happy with the results. What struck me was how they spoke about how their skin felt after treatment, more so than how it looked. They would touch their face and they say, 'it feels different'. This is important for me as a dermatologist because it is not just about making a superficial difference, it's about making an emotional difference.

"I believe that great skin can have a profound impact on patients' everyday lives – in particular their confidence. It goes far beyond aesthetics. When a patient is happy with how they look on the outside, this affects how they feel on the inside. Juvéderm® VOLITE is a genuinely innovative treatment option that I'm excited to be able to offer my patients." **AM**



>> Dr Patricia Ogilvie is a board certified dermatologist from Germany. She graduated in medicine at the University of Wuerzburg, Germany with an MD thesis in Clinical Biochemistry. In 2004, she founded Skin Concept Munich, which comprises two private clinics for dermatology and laser medicine. Dr Ogilvie is an international speaker and trainer for botulinum toxin and injectable fillers, a principal investigator in clinical trials, and the author of numerous scientific papers in biochemistry, immunology, clinical dermatology and aesthetics medicine.

BTL AESTHETICS



Out with the old, in with the new

New BTL Aesthetics scrappage scheme offers an alternative for clinics who have been stung after choosing the wrong aesthetic devices

Do you regret buying your current device? Does it gather more dust than it does clients? Do you want to upgrade but are stuck in a vicious circle with outstanding finance?

Sadly for many clinics across the UK the answers to these questions are increasingly "yes".

In an industry beset with unsubstantiated product claims,

practitioners are looking for reassurance that the devices they are using are safe, effective and proven. Dr Ariel Haus, owner of Haus Dermatology commented, "There is absolutely no substitute for track records, for success and for results. Clinics need, and want, the tried and the tested; because they want the results that their patients demand and deserve."

BTL Aesthetics has become synonymous with reliability and is being hailed as the “passenger airbag” and “landing mat of aesthetics”. BTL Aesthetics realises the importance of fact, not fiction. Results, not promises. And what’s more, their award-winning devices, BTL Vanquish ME and BTL Exilis Elite are now more obtainable than you’d think.

Why? Because BTL Aesthetics has launched a new scrappage scheme for UK clinics promising to remove and dispose of your old machine and offering up to £10,000 towards a new device. Furthermore they are also offering to consolidate any existing finance.

Lee Boulderstone, managing director of BTL Aesthetics commented, “Beauty is not just skin deep and nor is the beauty industry. BTL Aesthetics draws upon years of research, industry experience and clinical trials to ensure that the products offer real results for our clients. We’re delighted to be in a position where we can start to help clinics who have made regrettable decisions by offering them an alternative: great results for their clients, the necessary training and a very bright future.”

Formed in 1993, BTL Aesthetics has a successful track record and justifiably positive reputation within the industry that enables them to support your business and provide your clinic with leading aesthetic equipment.

WHAT IS THE BTL VANQUISH ME?

Launched in 2013, BTL Vanquish was a breakthrough device for non-invasive fat reduction. Not stopping there, BTL Aesthetics’ commitment to an innovative approach quickly resulted in the development of BTL Vanquish ME (Maximum Energy), which debuted in 2015. BTL Vanquish ME is a physician-favored fat reduction treatment that is FDA-cleared for the circumferential reduction of the abdomen and thighs. The treatment was also recently shown, in a peer-review study published in the *Journal of Drugs and Dermatology*, that it treats more fat faster – and over a much larger area – than its competitors on the market. BTL Vanquish and BTL Vanquish ME are the only radiofrequency devices on the aesthetics market that allow for non-contact, hands-free treatment of subcutaneous fat.

WHAT IS THE BTL EXILIS ELITE?

The Exilis Elite is a non-invasive face and body contouring device designed to tighten skin while reducing fat and signs of fine lines and wrinkles. It uses a combination of monopolar radiofrequency energy and ultrasound to stimulate fat lipolysis (the breakdown of fat cells) as well as collagen remodelling (for skin tightening), alongside skin cooking, helping to contour the body and face. There is no other device which uses both ultrasound and radiofrequency energy to provide similar results.

Whilst continually striving to modernise the industry, BTL Aesthetics understands the need for good old-fashioned



customer and client service too, and offering support systems, such as the new scrappage scheme, have become second nature to the company.

In an industry where peace of mind and results are of paramount importance, BTL Aesthetics is urging clinics across the UK to make use of its new scheme; helping you to consolidate existing finance, offer treatments with tried-and-tested amazing equipment that offer results and ultimately help your company to grow.



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“There is absolutely no substitute for track records, for success and for results. Clinics need, and want, the tried and the tested; because they want the results that their patients demand and deserve”

**DR ARIEL HAUS,
HAUS DERMATOLOGY**



Into the fold



Mr Norbert Kang on his invention for prominent ears, earfold®

Prominent or protruding ears are thought to affect approximately 1-2% of the population, which is about 100 million people worldwide.^{1,2}

While there is no universally agreed definition, ears are generally considered prominent when the outer rim of the ear sticks out from the side of the head by more than 20mm and is a result of a poor or lack of antihelical fold in the ear cartilage.³

The most common cause of prominent ears is an underdeveloped or non-existent antihelical fold,^{4,5,6} or because a person has a large conchal bowl.⁶

Prominent ears can have a psychological impact on a person's life with insecurities about their appearance and teasing or bullying leading to loss of confidence and distress for some.⁷ Others are embarrassed or feel a sense of hopelessness and loneliness.⁸

Attempts to correct prominent ears have been around for centuries. It wasn't until 1881 however that Edward Talbott Ely performed the first recorded attempt at otoplasty.⁹

At present, standard otoplasty (also known as pinnaplasty) surgery is the most common treatment option with 1,074 operations taking place every year in the UK.¹⁰ However, there are risks associated with such procedures meaning many patients may choose to remain untreated. These include^{5,11,12}:

- A perceived severity due to the procedure mostly taking place in a hospital or outpatient facility
- The lengthy operating procedure
- Cost
- Adverse reactions
- Having to wear a head bandage after the treatment
- Lengthy recovery time
- High risk of patients not being happy with the results and therefore requiring reoperation

THE EVOLUTION OF EARFOLD®

earfold® is a minimally invasive procedure offering the permanent correction of prominent ears to adults and children over the age of seven, who are lacking or have an underdeveloped antihelical fold.^{3,11}

The device was invented by consultant plastic and reconstructive surgeon, Mr Norbert Kang, who wanted to improve upon the standard treatments available for correcting prominent ears. Kang spent five years developing the design of earfold®, right down to the nitinol metal alloy, a memory metal specifically designed to retain a pre-set shape.

He says, "Following a complex outcome after a standard otoplasty procedure, early in my career, I was motivated to develop an alternative approach to correcting prominent ears. I was driven by a desire to come up with something that would not only address some of the recurrent issues associated with surgical otoplasty but would also allow me to do the procedure under local anaesthetic."



"The beauty of the earfold® procedure is that it offers an evidenced-based alternative to standard otoplasty surgery that may meet the needs of a wider range of patients, by delivering immediate and predictable results, without the risk associated with general anaesthetic."

Kang first conceived of the idea in the early 00s but it wasn't until a random encounter that the idea started to come to fruition. He says, "When I came up with the concept, it wasn't a eureka moment, I just started thinking about different ideas. I knew about this material, nitinol, which is a metal alloy with very particular properties and characteristics that I thought might work. The idea sat in my book for a year or so until somebody came to see me at the hospital looking for ideas and innovations. I went through my book and he said 'that one, that's the one I like'. It came completely out of left field. I had no idea it would actually turn into anything particular."

In 2006 Kang received a patent for his invention but it would still be another four years until the idea really materialised into a useable product and clinical trials began. In 2015 Allergan acquired earfold® and launched it on a global platform.

HOW DOES EARFOLD® WORK

The earfold® treatment system consists of prefold®, the earfold® introducer and the earfold® implant. prefold® is a simple and precise positioning tool used during the patient consultation to enable the patient and surgeon to immediately ascertain how the ear will look after treatment.

It is applied to the outside of the ear to help the surgeon to determine the number of earfold® implants required. The results are predictive of the final aesthetic outcome of the procedure.

Kang says, "The ability with this product to be able to show patients what they are going to look like before they have the treatment is unique in the aesthetic world. Its predictability is one its biggest selling points."

The earfold® implant itself is a short strip (or clip) made from nitinol. It is inserted under the skin of the ear through a small incision using the earfold® introducer. Once in place, it grips the cartilage of the ear, enhancing or creating the shape of the anti-helical fold and reducing the prominence of the ear. The implant is also plated with biocompatible 24-carat gold, a technique which has also been patented, to reduce its visibility once under the skin.³ The incision is then closed with one or two sutures.

The procedure can be performed under local anaesthetic and takes between five and 20 minutes to complete, depending on the number of implants required.



Before



After

Following a complex outcome after a standard otoplasty procedure, early in my career, I was motivated to develop an alternative approach to correcting prominent ears. I spent five years developing the design of earfold®

earfold® implants are completely biocompatible and are designed to be left in place permanently. However, if for any reason the clip needs to be removed, it's a quick and easy procedure. Kang explains, "If for whatever reason the patient doesn't like it, we can take the implant out. If they want to have it adjusted and put in a different position, we can do that too. Its infinitely flexible."

earfold® has undergone extensive laboratory and human clinical testing. It has been studied in more than 400 patients with real world experience showing patient acceptance of the procedure.⁸ On average, patients obtained a 34% reduction in the helical-mastoid (HM) distance (the distance measured from the top of the ears to the side of the head). **AM**

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Mr Norbert Kang completed his plastic surgery training in pan-Thames in 2002 and was appointed as a consultant in 2002. He has special interests in hand surgery, hypospadias surgery, and prominent ear correction. He is the inventor of the earfold® implant for prominent ear correction. earfold® was developed to avoid the pain and discomfort and the unpredictability of standard otoplasty surgery. The aim of implant is to try and simplify the whole process of correcting prominent ears to improve patient access to this type of treatment.

Roll out the red carpet

Is it time you rolled out the red carpet for HydraFacial, the 30-minute facial that can earn £23,000 in a day?

“HydraFacial was the missing link in my business and has completely hydrated my clinic, I can't thank HydraFacial enough for their support”

Sara, Pure Perfection Clinic, Rossett

Unless you've been living in a cave in the Outer Hebrides or have spent the last few years at a silent Buddhist retreat in Wiltshire, the chances are you've probably heard of HydraFacial MD from Edge Systems, the latest non-invasive aesthetic facial treatment to sweep all competition aside in the UK cosmetic industry.

What you probably haven't heard is how, once you invest in a HydraFacial system, with a little help from your new friends you can help your business more than just get by, and make some serious money.

Every HydraFacial machine comes with a full marketing support package to help buyers promote and maximise their new investment. Part of this support is the Red Carpet Event. An appropriate name considering HydraFacial is widely known in the industry as the “celebs favourite”.

A HydraFacial Red Carpet Event is a Hollywood-style, invitation-only, promotional day that showcases HydraFacial to clientele and prominently features a red carpet as well as all the associated “razzamatazz” that goes with it.

Designed to promote HydraFacial, it's a proven way to help with repaying purchasing costs of the machine and filling the appointment book for the future.

On average, takings from a Red Carpet Event are between £8,000 and £12,000. Recently, the Pure Perfection Clinic in Rossett managed to earn an astonishing £23,000 in one event, paying for the cost of their machine outright in one go - a successful day's business for any clinic.

As Martyn Roe, sales director at HydraFacial says, “In our experience a Red Carpet Event is the best way to create some hype and interest for HydraFacial as well as introducing clients to HydraFacial. Red Carpet Events are the perfect opportunity to sell clients yearly courses and ensure the HydraFacial machine is as profitable as possible.”

So what exactly happens at a Red Carpet Event? On the day of the event carefully chosen receptive clients are walked down a Hollywood-style red carpet and photographed in front of a professional promotional backdrop. Upon entering the clinic they enjoy the hospitality laid on and undergo a unique HydraFacial treatment for 30 minutes. Afterwards they are given the opportunity to speak with HydraFacial sales staff, book further treatments or take advantage of any special offers that have been created for the event.

Because a HydraFacial treatment is such a unique and pleasant experience, and one that produces instantly visible results, a high proportion of women (and men) that undergo a single session invariably book a further package of treatments, which, ultimately, is the main goal of a Red Carpet Event.

So if you are looking for a treatment with a great track record for profitability that clients love at first sight, you could do a lot worse than rolling out the red carpet and welcoming HydraFacial into your clinic. **AM**

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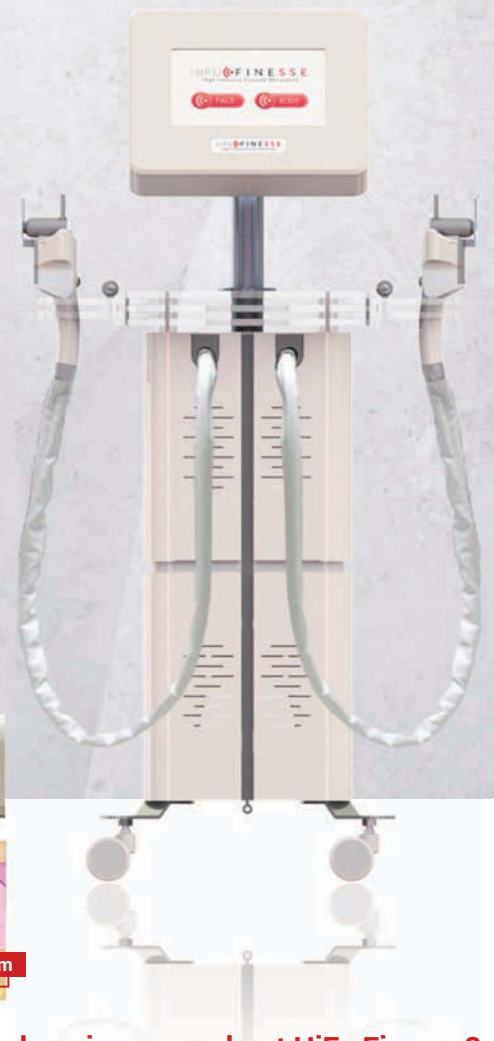
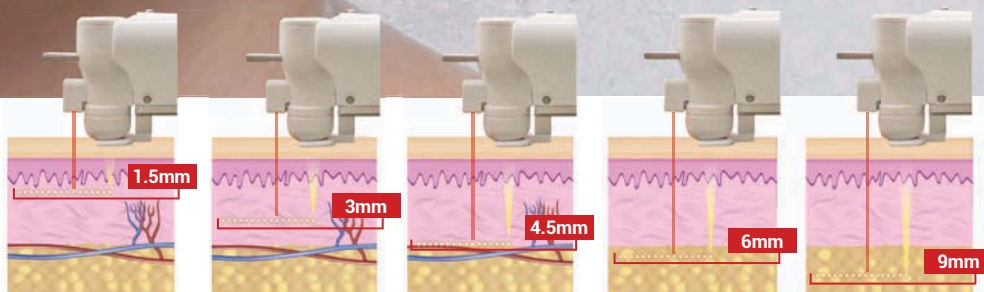
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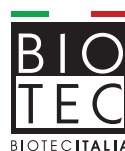


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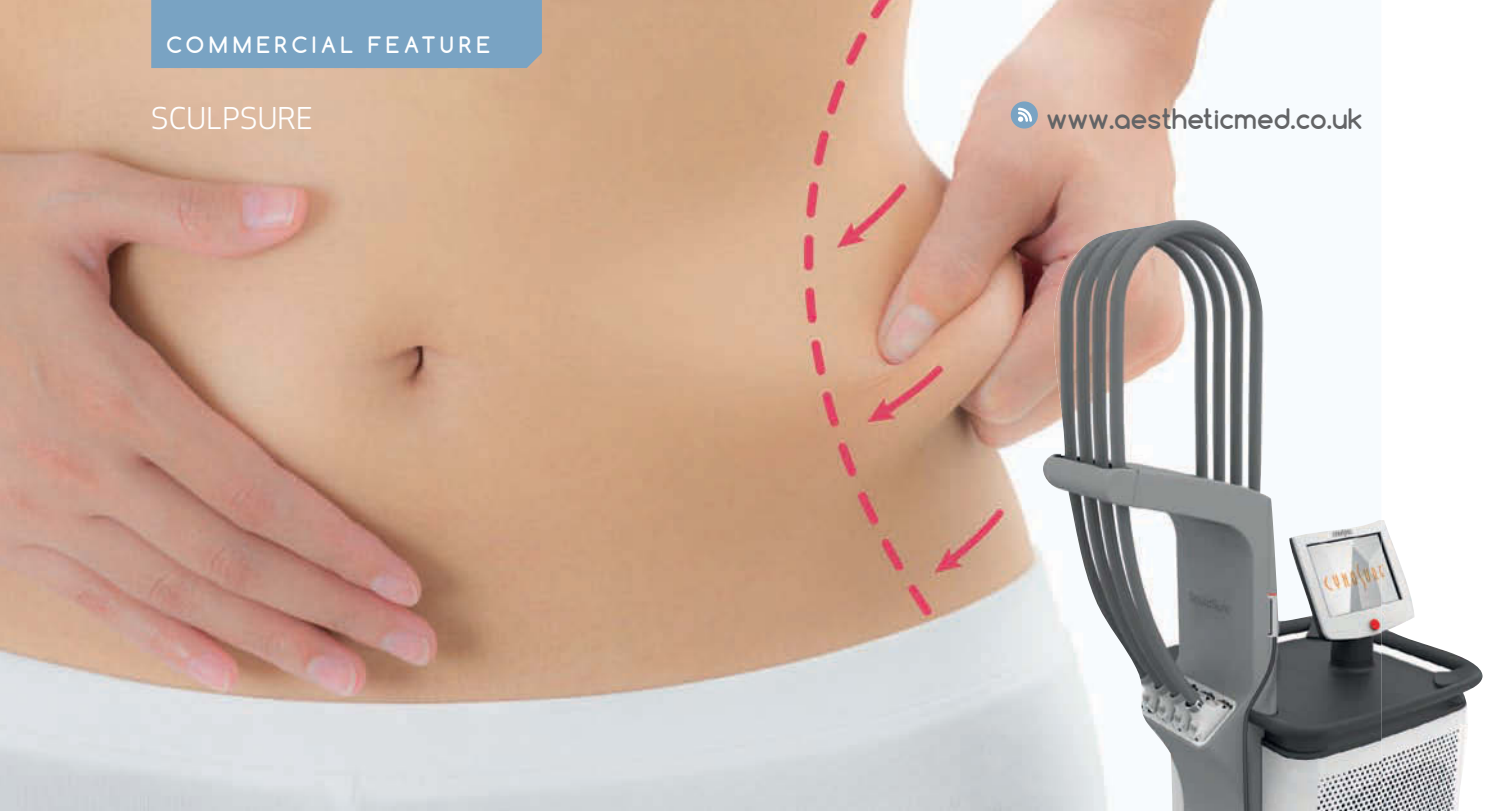
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Sure thing

Targeting stubborn fat with Cynosure's non-invasive body contouring device, SculpSure

Even with diet and exercise, many people have stubborn pockets of fat that seem impossible to lose. Body contouring is able to target these areas, helping patients achieve their desired shape. Non-invasive body contouring treatments are on the rise and patient demand is projected to grow 15.4% per year through 2019 in the global aesthetic market.¹

SculpSure from Cynosure, Inc. (Westford, Massachusetts, USA) is the world's first FDA-cleared laser for non-invasive lipolysis of stubborn fat on the flanks and abdomen. In just one 25-minute treatment, this new modality achieves up to 24%² fat reduction with minimal discomfort and no downtime.

SculpSure employs a 1060nm diode laser to induce hyperthermic disruption of fat cells using heat. This wavelength has a high affinity for adipose tissue, but little absorption in the dermis, which makes it safe to treat all skin types.

Up to four applicator heads are secured to the patient using specially designed frame templates that are attached to the body with a belt. No suction is required, as the diode lasers rest flat against the skin. When the procedure starts, proprietary Contact Cooling™ keeps the skin safe and comfortable throughout the 25-minute session. Laser energy is then delivered subcutaneously to raise the temperature of the fat to between 42-47°C, which damages the structural integrity of fat cells, leading to their collapse.

Following treatment, the body's lymphatic system naturally evacuates the destroyed cells. The most common side effect is mild tenderness in the treatment area, but the treatment does not result in any downtime. In fact, patients are encouraged to exercise in the weeks following treatment to stimulate the lymphatic drainage.

Results are typically seen starting around six weeks post treatment, with full results appearing around 12 weeks.

With an over 90% patient satisfaction rate³, SculpSure makes a great addition to your practice to meet the growing patient demand for non-invasive body contouring.

With an over 90% patient satisfaction rate⁴, SculpSure makes a great addition to your practice to meet the growing patient demand for non-invasive body contouring

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Venus Concept launches Venus Freeze Plus

Venus Freeze Plus is Venus Concept's newest, most advanced skin-tightening device. It is powered by patented (MP)2 technology, which combines multi-polar radiofrequency with pulsed electric magnetic fields (PEMF.) The Freeze Plus differs to the Venus Freeze as it contains two new features that enhance patient safety, improve ease of use for the operator, and can lead to more consistent and predictable results.

Venus Freeze Plus applicators are equipped with integrated sensors that provide real-time thermal feedback,

allowing for easy and immediate monitoring of skin temperature profile. The system's display shows the temperature profile throughout the treatment, so the operator can ensure optimal safety and effectiveness.

The device features Automatic Temperature Control (ATC), which allows the operator to easily select a target temperature suitable for the specific patient and treatment area. This feature makes it easier to maintain a steady therapeutic temperature throughout the treatment, enhancing



the consistency and predictability of results. ATC also contributes to the safety of the treatment.

Awards for ABC Lasers SkinPen Precision addresses cross contamination issues



UK distributor ABC Lasers has been awarded the title of Best European Distributer for Medical Aesthetic Sales by ALMA Lasers. Business development manager Kelly Wiseman was also given an award for Best European Sales and Client Care.

ABC distributes ALMA's full portfolio of devices in the UK, including the Soprano ICE, Harmony XL Pro, Accent Prime and FemiLift.

The company, which is headed up by Guy Goudsmit, was presented with the awards at the Fairmont hotel in Monte Carlo during the European distributors meeting which took place during the Anti-Ageing Medicine World Congress (AMWC) 2017. Goudsmit said, "These awards are extremely well-deserved by the UK team and I want to thank them all for an outstanding achievement."

BioActiveAesthetics, the UK distributor for SkinPen Precision, is highlighting the benefits of the pen's unique design which helps prevent cross contamination caused by backflow.

SkinPen Precision, manufactured by Bellus Medical in consultation with the FDA, came up with a new design that offers risk free microneedling by offering 100% ingress protection. Ingress protection prevents fluids from entering the mechanism of the pen.

The pen itself does not house the mechanism, in fact the pen is simply the housing for the battery. SkinPen Precision have reversed the way the cartridge attaches to the pen, using a spindle to slot on the disposable pen cartridge head. This patented ingenuity houses the mechanism of the pen in each disposable cartridge so essentially uses a new pen each treatment rather than just a cartridge. It also has a lock out system to prevent second use.



Lynton to Invest in Irish aesthetics market

Laser and IPL manufacturer Lynton has announced plans to expand its UK mainland operation into Ireland. On the back of recent growth, Lynton has laid out plans to invest heavily into its export programme, helping increase resource to manage the Irish territory independently, along with other European regions.

Talking recently about the current expansion plans, Dr Jonathon Exley, managing director at Lynton, said, "As a British manufacturer who have been predominately focused on the quality of our equipment and the level of customer service we provide, the UK marketplace has been our focus for several years now. As a growing company and brand, we are now looking to expand and increase our resources across Europe, starting with Ireland. We look forward to working directly with clinics across Ireland and helping them succeed using our award-winning aesthetic technology."

After winning numerous awards for the quality, reliability and clinical efficacy of its aesthetic technology, Lynton will look to build its presence in the Irish marketplace and provide the level of customer service, training and post-purchase support experienced by its current UK mainland customers. **AM**



B-Lite lightweight implants launch in UK

B-Lite, the world's first and only lightweight breast implants, have been launched in the UK.

B-Lite's technology reduces overall implant weight by up to 30%, compared with traditional silicone-filled breast implants, achieving the same form, function and volume enhancement but with less weight.

Contrary to common beliefs, the breast implant weight, rather than its volume, is a leading factor triggering post-operative complications and side-effects.

The breast implant weight has a long-term detrimental effect on the result of breast augmentation so, by using a lighter implant, the long-term stress on the surrounding soft tissues of the breast and the supporting ligaments is reduced.

This provides the potential to maintain the desired breast shape, while enhancing everyday comfort.

Some of the immediate benefits of B-Lite over traditional implants, are the expected reduction in neck and back pain and the enablement of women to keep up their fitness regime and active lifestyles.

Furthermore, B-Lite implants have scientifically demonstrated to have less gel bleed. Leading UK plastic surgeons, Mr Chris Inglefield, Mr Patrick Mallucci and Mr Paul Banwell have already reported great success using the implants.

Mr Inglefield, London Bridge Plastic Surgery, commented, "B-Lite is the next generation implant and the most significant advance in breast implant technology for 30 years since cohesive silicone gel was first introduced. I have now performed more than 90 breast augmentations using B-Lite and many of my patients are replacing their standard implants for the lighter B-Lite option."

FemiLift appears on This Morning TV show

A mum-of-five has appeared on This Morning speaking about how the FemiLift, a non-surgical CO2 laser procedure for stress urinary incontinence, "changed her life".

Lyndsey Hiatt who had two treatments at Health & Aesthetics in Farnham, Surrey, told presenters Holly Willoughby and Phillip Scofield,

"It's the best thing I've ever done.

My sensation came back

straight away and over the next four weeks it'll keep tightening."

FemiLift is an alternative to painful, invasive surgery and ineffective over-the-counter creams, with an excellent safety and patient satisfaction record and a long-lasting, successful outcome. It is now available with the FemiTight probe that can be used to tighten and improve the appearance of the outer labia without surgery pain and minimal downtime.

Results may be visible immediately, but improve over the three to six months following treatment, which is the estimated time for new collagen regeneration. A yearly maintenance treatment is recommended.

EF Medispa creates Cellufix Treatment with T-Shape

EF Medispa has developed a non-invasive cellulite treatment using the Italian beauty company Baldan Group's T-Shape technology. The Cellufix treatment claims to improve the skin's appearance and texture, as well as tone the body and help with inch loss.

The treatment uses a combination of technologies including radio-frequency and infrared light to boost collagen production and smooth out dimpled texture on the skin; cold laser therapy to target stubborn fat on areas such as the stomach, arms, thighs and buttocks; and vacuum aspiration to improve blood circulation and encourage lymphatic drainage to help eliminate toxins.

The treatment can take anywhere between 30 and 60 minutes. It involves no downtime and clients are recommended to have a course of eight to 10 treatments to get the best results.





Skin Tech Symposium

Vicky Eldridge sits in on the Skin Tech Symposium hosted by AestheticSource



Dermatologist Dr Jane Ranvea travelled to the UK from Spain to lead a one-day Skin Tech Pharma symposium, hosted by AestheticSource at The Avanti Aesthetic Academy on Harley Street. The day educated delegates on how to repair, refill and stimulate skin and hair using Skin Tech Pharma Group's portfolio of products, including its range of peels and RRS biorevitalisation products.



The morning programme started with a review of combination peels, covering everything from hydroxy acids to TCA and phenol, before Dr Ranvea carried out a demonstration using the new Easy TCA Pain Control peel. Indicated for photo ageing, fine lines, little lentigine, dry skin, and pigmentation, such as melasma and PIH, the special peeling system includes a base solution which is then mixed with TCA, as well as a post-peel mask to increase safety. The treatment is reported to be 80% more comfortable and 20% more efficient, although it does include some social downtime, as to be expected with a TCA peel.



After lunch the focus was on the RRS range, starting with a presentation on the ingredients, specific actions and possibilities with the products. The CE Class III injectable products have various indications for face and body. The complete range comprises 14 separate ready-made cocktails divided into three product families: hydrobalance and biorevitalisation anti-ageing injectable treatments help to address superficial wrinkles, skin flaccidity, dehydration; organic silicium for skin anti-ageing regeneration and stimulation; and XL Hair for hair stimulation.



Demonstrations were then carried out to showcase the techniques for rejuvenating the delicate eye area, with *Aesthetic Medicine* editor Vicky Eldridge as the model. Dr Ranvea also demonstrated RRS Cellutrix for Slim Face – the brand's treatment for targeting double chins. The event also saw the launch of the new RRS syringe.

Lorna Bowes, director of AestheticSource, said, "The results that Dr Ranvea and the many other doctors around the world are achieving with Skin Tech Peels and the RRS 'mesotherapy' range are fantastic. We are delighted that Dr Ranvea was able to visit us and to demonstrate how and why they get such excellent results. The delegate feedback was outstanding." **AM**



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Out and about

We report on the Scottish Medical Cosmetic Awards 2017

Las Vegas came to life at Scotland's annual Medical Cosmetic Awards, which are designed to celebrate the most innovative service, clinics and practitioners in Scotland.

The MCA Awards received more than 8,000 submissions this year, making the competition extremely fierce in each of the categories.

The awards took place in the Glasgow Hilton on March 24 with a Las Vegas-themed gala dinner and was attended by 300 guests. Radio Clyde DJ George Bowie hosted the awards, with former Miss Great Britain Deone Robertson as his co-host. Guests and finalists waited in anticipation to see who would walk away with each of the 12 prestigious awards.

The evening also raised £1,040 for charity in support of Medics Against Violence and Resurge Africa.

After the awards ceremony, guests enjoyed the stunning live vocals of one of Scotland's leading bands The Riffreshers, while enjoying the mini Vegas casino, magicians, a Little White Chapel of Love and a Hangover Lounge.

Hamish Dobbie, managing director of the Face & Body, said, "Scotland has many talented people in the aesthetic industry and it was wonderful to see them represented at the Medical Cosmetic Awards. The Scottish government has rightly introduced new regulation to improve standards and safety in the industry which take effect this April, and I think these awards are a good way to acknowledge the professionals who are not only meeting those standards, but are delivering outstanding service to their patients."

Linda Strachan, Aspire Aesthetics, commented, "It was fantastic to see an evening of entertainment and celebrations for our aesthetic industry in Scotland. I was extremely proud to win the cosmetic nurse of the year award."

The 2017 winners were:

- Admin Team of the Year – **Dermalclinic, Edinburgh**
- Best New Clinic of 2016 – **Dr Nestor's Medical Cosmetic Centre, Edinburgh**
- Most Innovative Clinic – **Elanic Clinic, Glasgow**
- Aesthetician of the Year – **Rebecca Hymers, Face & Body, Edinburgh**
- Cosmetic Surgery Provider of the Year – **Elanic Clinic, Glasgow**
- Cosmetic Dentist of the Year – **Elaine Halley, Cherrybank Dental, Edinburgh and Perth**
- Cosmetic Nurse of the Year – **Linda Strachan, Aspire Aesthetics, Inverurie**
- Cosmetic Doctor of the Year – **Dr Sam Robson, Temple Medical, Aberdeen**
- Cosmetic Surgeon of the Year – **Mr Taimur Shoaib, La Belle Forme, Glasgow**
- Medical Cosmetic Clinic of the Year – **Fresh Inc. Medispa, Invergowrie**
- Most Influential Practitioner of the Year – **Mr Vivek Sivarajan, Elanic Clinic, Glasgow**
- The Kevin Moore Award for Company Rep of the Year Scotland – **Nik Kane, BeamWave**



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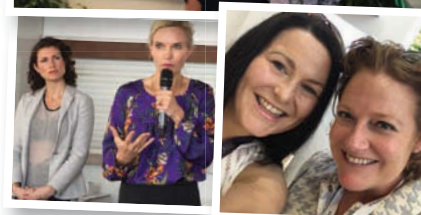
Anti-Ageing Medicine World Congress, Grimaldi Fourm, Monte Carlo, Monaco

The 15th annual Anti-Ageing Medicine World Congress (AMWC) took place in April in Monaco. Attended by 10,000 aesthetic practitioners and suppliers from 120 countries around the globe, the meeting has become one of the key dates in the industry calendar.

Aesthetic Medicine editor Vicky Eldridge attended as a guest of Allergan to mark the launch of its new skin quality product, Volite (see pages 64-65). The company hosted a press launch led by German dermatologist Patrica Ogilvie at Le Meridien Beach Plaza Hotel on the first day of the event. The Allergan Medical Institute then held a one-day symposium entitled "Real Lives, Real Vision". The day, chaired by Italian plastic surgeon Massimo Signorini, included presentations, interactive discussions and live demonstrations with the company's key global opinion leaders including Dr Mauricio de Maio (Brazil), Miss Jonquille Chantrey (UK), Arthur Swift (Canada), Marva Safa (Switzerland) and Lakhdar Belhaouari (France).

Out and about

Out and about in the industry this month



HARPAR GRACE, "FUTURE IS FUSION" BRAND EVENT, CHANDOS HOUSE, LONDON

Harpar Grace International launched the first in a series of exclusive industry facing "Future is Fusion" events at Chandos House, London. Blending clinical education, business training, brand engagement and networking, the event presented a showcase of synergistic non-competing market leading brands in an efficient, educative and non-pressurised environment. Dermalux, Skinade, Surface Imaging – Visia, Hydrafacial, iS Clinical and the Clinic Coach contributed to the agenda.

Alana Marie Chalmers, from Harpar Grace said, "From a brand perspective, we wanted to create a win-win environment which offered valuable clinical education content yet a positive environment for prospect engagement for a complementary brand portfolio. We have had such positive feedback from both delegates and brand partners that we will shortly be announcing additional 2017 dates and key UK locations for Fusion events."



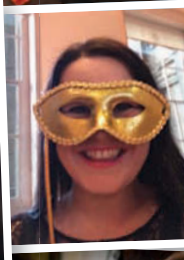
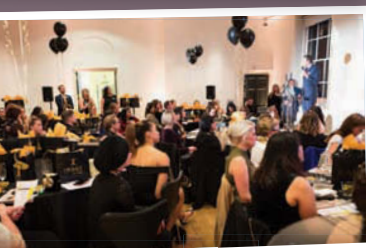
Image Skincare worldwide launch party, Somerset House, London

Image Skincare hosted one of its global launch parties at Somerset House, London.

Guests were greeted with drinks and canapés before an introduction from UK managing director Philip Banfield.

Medical director Marc Ronert then introduced a host of new products including Ageless total overnight retinol masque, Vital C hydrating hand and body lotion, I Beauty brow and lash enhancement serum, I Mask biomolecular antiaging radiance and hydrating recover masks, Yana daily collagen shots and I Peeldesignerpeels; PerfectionLiftPeel, LightningLiftForte Peel and Wrinkle Lift Peel. Ronert also invited education manager Dawn Clifford on stage to share tips on how to maximise the products in treatment and for homecare.

The London event was one of 150 launch parties held in 60 countries around the globe. Other participating cities included New York, Dubai, Beverly Hills, Chicago, Berlin, Las Vegas, Hong Kong, Miami, Milan and Sydney.





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