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note from the editor

Poor cash flow in general medical practices entices numerous practitioners into the aesthetic medical field. This field is not dependant on medical aid and risk of bad debt which surely appeals to the struggling purse strings of general practitioners or even to those of a newly qualified specialist.

Many would argue that ‘Everybody is jumping on the bandwagon’ and numerous conflicts also arise from the ‘more qualified’ criticizing the ‘under-qualified’. From a more psychological viewpoint one could argue that many doctors are doing something that they do not have a ‘passion’ for.

That leaves us with the question, are you allowed to perform aesthetic medical procedures?

1. To answer this question, one first needs to clarify what are Aesthetic Medical Procedures? Aesthetic Medicine is the practice of performing medical procedures to improve or enhance the physical appearance of the patient. Aesthetic Medicine is distinct from Plastic or Cosmetic Surgery in that it includes all the non-invasive or non-surgical procedures.

2. Regulatory speaking, the HPCSA rule 21 states that a practitioner can perform a procedure that he/she is adequately qualified for and sufficiently experienced in to do. HPCSA guideline 5.1 states that one should stay up to date and also acknowledge your limitations. This means that you need to attend training conferences and courses in order to gain experience to be able to perform the specific procedures.

3. Qualified enough? South Africa and a number of other countries do not offer a certificate, degree or diploma in Aesthetic Medicine. Up to now, doctors had to ensure that they attend international conferences and all appropriate local training offered by mostly the distributing companies in this field. Some of these courses are of very high scientific standards and some are more focused on promoting the specified products or devices. Either way, these courses have elicited a tremendous growth in aesthetic medicine in our country and kept the industry alive and kicking. 2010 spells a new era for scientific development of aesthetic medicine in our country, as the first registered and structured scientific training will be available to South African doctors. This course will start as various modules combining lectures, demonstrations, distance learning and practical tasks and will eventually be registered for higher certification. For a doctor to be confident that they are qualified enough to perform the specified procedures, they need to attend as many courses and gain as much experience as possible in the specific field.

4. What about a passion for your work? Passion develops with experience and confidence in a procedure or your work. Whether you have an interest in aesthetics may also be debatable? In aesthetic medicine the focus is beauty and arguably beauty is anyone’s passion. A French quote from the 1950’s by Roland Barthes explains how to go about this: ‘What the public wants is the image of passion, not passion itself.’ And a very old quote (1893) by Henry James: ‘We work in the dark – we do what we can – we give what we have. Our doubt is our passion and our passion is our task. The rest is the madness of art.’

5. Is your practice appropriate for aesthetic procedures? Any practice with a need for these procedures would be appropriate, but to ensure growth in this field one needs to make sure that you and your practice is aesthetically pleasing. This fact will attract the correct clientele and create an atmosphere where your patients will feel a need to enhance their appearance. So, the old waiting room chairs will need to be modernized a bit! …and the bushy eyebrows please!

May this issue inspire you, give you passion, inform you and lead you to train in this ever evolving industry of aesthetic medicine. Enjoy!

Dr Riekie Smit
MedEsthetics Southern Africa Editor
contents...

winter edition 2009

COLUMNS
28 NEWS MAKERS
green consumer
30 DETAILS
pearl for healthy radiant skin
34 LEGAL ISSUE
when cosmetic patients don’t pay
36 BUSINESS CONSULTANT
understanding staff needs
38 BEST PRACTICES
juvéderm ultra comparison study
science log
universal green focus

FEATURES
8 visual merchandising
14 lift expectations
20 preparing the canvas
24 beyond the barrier

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Cosmetic practitioners want their patients to achieve the best possible results. Just as you lay the groundwork for success by thoroughly evaluating and educating each patient, you can make a substantial difference in the outcome by prescribing post-procedure skincare regimens that help to speed healing and optimize results.

“The more invasive the procedure, the more important posttreatment care can be, no question, especially with ablative procedures,” says George Anterasian, MD, a head and neck surgeon specializing in laser procedures at the Santa Monica Laser and Skin Care Center in Santa Monica, California. Putting patients on appropriate topicals following treatment speeds healing and assists in collagen remodeling, both of which are crucial for optimal results. Patients who follow the regimens you prescribe, recommend or dispense are
also more likely to take their follow-up visits seriously. In turn, you’ll have paved the way for a continuing relationship with that patient.

“It makes no sense for a patient to spend $1,000 to $1,500 on a Fraxel treatment and then go home and use noncorrective skin care to try and maintain results,” says Michelle O’Laughlin, an esthetician in northwest Indiana and owner of Chesterton, Indiana-based DeLaine by Michelle Douglas, a physician-exclusive skincare line. “If you don’t provide your patients with a good alternative, you’re missing the boat. When you provide products, you know your patients are using what they need to get the best results.”

**Wound Healing Wonders**

Richard Fitzpatrick, MD, director of cosmetic dermatology at the La Jolla Cosmetic Surgery Centre in La Jolla, California, points out that wound healing occurs in two phases. “First you have the acute wound healing phase, which occurs in the first week to two weeks,” he says. “During this time, you’re trying to restore the natural architecture and function of the skin.”

Dr. Fitzpatrick, who also founded the SkinMedica product line, is a proponent of taking a simple approach during the acute phase, particularly after more aggressive procedures. “We want the patient to soak her skin with water and white vinegar every two hours to debride the wound and discourage bacteria. She also needs to use an ointment to keep the skin moist,” he says. “In the past, we recommended petrolatum-based products but have found that many patients experience allergic reactions.” As a result, Dr. Fitzpatrick formulated a vegetable-based ointment for his own line. “It makes the product lighter, less occlusive and less prone to triggering allergic reactions,” he says.

Allergy concerns have also led Dr. Fitzpatrick to avoid the use of topical antibiotics during the acute healing phase following ablative procedures. “I prefer to prescribe oral antibiotics prophylactically,” he says. “When skin is broken, the risk of causing contact dermatitis or allergic reactions with topical antibiotics is 20%, 10 times higher than when topical antibiotics are used on intact skin.”

Dr. Anterasian takes a similar approach. “I’m personally cautious because the permeability of the skin following an ablative procedure is significantly enhanced, so the less you put on the skin the better,” he says. “We see patients every day if possible that first
Formulated to help rejuvenate and protect postprocedure skin, Kinerase Procedure Recovery SPF 30 offers hydrating and anti-inflammatory ingredients plus the lines proprietary Kinetin and Zeatin to reduce fine lines and wrinkles. kinerase.com.

Developed to address postprocedure inflammation, redness and sensitivity, the three-product Avène S.O.S. Post-Laser Recovery Kit includes soothing Thermal Spring Water, Thermal Spring Gel and Cicalfate skin recovery cream. aveneus.com.

Clinicians Complex Post Laser Ointment provides a semi-occlusive protective barrier for skin following laser resurfacing and chemical peels. The emollient formulation includes antibacterial and antioxidant ingredients. physicianscomplex.com

Medicalia Post-Operative Silico-Lipid Serum features silicones; vitamin A, E and F phospholipids; and Bois oil encapsulated in a spherulites delivery system to protect, soothe and cool skin. medicalia.com.

Control Tactics gel from Prescribed Solutions contains neurocosmetic peptides and botanical extracts to reduce the skin’s inflammatory response prior to and following ablative procedures. prescribedsolutions.com.

week for two reasons: It allows us to watch their healing closely, and I like to use the Omnilux LED light treatment system since some data suggest more rapid healing if LED is used in the early phases of wound healing,” he says. “After three to four days, I have patients wash with vinegar water and follow that with a relatively bland moisturizer like Aveeno, Cetaphil or DCL Facial Hydrating Cream three to four times per day.”

“During the acute phase, applying an occlusive topical right away offers the best results,” says Carl Thornfeldt, MD, a dermatologist with CT Derm in Fruitland, Idaho, and founder of Episciences. “It protects the skin from pollutants and infection, and seals the skin so angiogenesis can take place.” Petrolatum has been the top choice for occlusive ointments over the past 25 years, but new product ingredients not only protect but also speed repair of the skin’s natural barrier for faster healing with fewer complications. "Certain plant extracts like safflower oil, avocado oil, date, flax and meadowfoam contain metabolites that help to restore the natural ratio of cholesterol, ceramides and free fatty acids in the skin barrier," says Dr. Thornfeldt. "Depending on how ablative the treatment is, the acute healing phase can last from two days up to 14 days with full CO₂ resurfacing."

As healing progresses, Dr. Anterasian recommends that his patients use moisturizers from the SkinCeuticals line. "I like their Epidermal Repair and also their B5 Hydrating Gel, though most patients don’t need both," he says.

Many physicians also view sunscreen as an important posttreatment topical. "As dermatologists, we have to mention sunscreen to everyone we talk to, especially our postprocedure patients,” says Michael Gold, MD, medical director of Gold Skin Care Center in Nashville. "It’s easy to assume that patients will know to use sunscreen, but I don’t think we should leave it to chance."

Postprocedure patients might need specific reminders about sunscreen, too, says Dr. Anterasian. “When patients start using sunscreen after one week with an ablative laser procedure, I want it to be a barrier block, not a chemical block,” he says. "I remind them to look for a zinc oxide or titanium dioxide block and I want them to use a product with a minimum SPF 30."

Doctor Recommended

Once healing is more advanced or following less invasive procedures, collagen stimulation becomes the goal of post procedure topicals.

O’Laughlin and DeLaine created the Perfect Hydration Moisturizer with hyaluronic acid to address this specific need of postprocedure patients. "This formulation increases the skin’s hydration level and plumps up fine
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lines and wrinkles. It can be applied following chemical peels and laser procedures,” she says. “It helps to reduce redness and extreme dryness. Plus, the hyaluronic acid refines skin texture and provides continual moisture.”

Bruce Freedman, MD, medical director of Plastic Surgery Associates of Northern Virginia in McLean, Virginia, agrees that hyaluronic acid is helpful. “I like the way hyaluronic acid increases hydration and helps with the ‘slip factor,’ which promotes healing,” he says. He typically offers his patients multiple choices from the Topix and La Roche-Posay skincare lines. “They’re both high-quality, affordable and well-tolerated by most patients,” he says.

Lines developed specifically with postprocedure skincare in mind feature a variety of ingredients believed to aid in wound healing and, following the acute recovery phase, to help prolong the results of resurfacing procedures. La Roche-Posay, for example, offers three products developed for postprocedure care. “Cicaplast was formulated for use on cells that have re-epithelialized. It’s a triple-action product that assists wound healing by protecting and repairing skin; it also offers antibacterial protection,” says Jill Sprengel, RN, assistant vice president of education, LaRoche-Posay. “Its key ingredients are madecassoside to hasten wound healing, minerals like manganese and zinc to create keratolytic proliferation, and silicone, which acts as a protectant.”

Ingredients including Thermal Dermobiotic, which supports the skin’s defenses; vitamin C for collagen stimulation; vasoconstrictor xanthine; and hydrating glycerin are included in the company’s C-Recovery “to prolong anti-wrinkle correction effects from aesthetic procedures, so that new tissue is protected and collagen fiber synthesis activation is maintained,” says Sprengel.

Dr. Freedman is particularly passionate about antioxidants for postprocedure care. He is publishing two peer-reviewed articles this year demonstrating that topical polyphenolic antioxidants reverse facial photoaging and also reduce the adverse effects of intense pulsed light therapy.”When you use vitamins C and E, you get improved wound healing since they scavenge free radicals and stimulate the collagen processing enzymes,” he says. “And our research is showing they can also thicken the dermis.”

In one study, Dr. Freedman examined whether the pneumatic topical application of a polyphenolic antioxidant serum enhanced the effectiveness of microdermabrasion treatments. “Microdermabrasion had become somewhat passé, but when you add topical antioxidant serum immediately afterwards, all of the results are better.”

Dr. Freedman has seen such positive results with topical antioxidants that he also has patients use them before their procedures. “We like to pretreat with the antioxidants a week beforehand so they’re on board when we insult the skin,” he says. “I want to have a level of antioxidants in the tissue to protect and complement wound healing.”

Down to Business

While there’s widespread agreement that the right topicals can make a huge impact on postprocedure results, not all practices handle this...
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issue in the same way. Some practices build the cost of posttreatment products into the patient’s initial fee. “In our practice, postprocedure products are not optional,” says O’Laughlin. “We include them in the cost of the procedure and stress to patients how important postprocedure care is during the consultation.”

Dr. Fitzpatrick also includes the cost of topicals in his treatment fees, but only for procedures that cover large areas. “For large procedures, we provide one month of topicals as part of the fee because they’re an integral part of the procedure,” he says. “But I do recommend using the products for three to six months following the procedure, so after the first month, the patient does need to buy refills separately.”

Others feel that offering patients the freedom to purchase products through a different line or supplier provides the best customer service. Accordingly, they charge separately for any products provided posttreatment. “I don’t roll products into my pricing and I try to minimize packages,” says Dr. Freedman. “What if someone doesn’t like a particular product in a package or reacts badly to it? Then my staff will have to swap it out for another product and do those calculations. And sometimes I change my mind [about the best product for the patient] during the treatment so handling that transaction separately is easier from a business perspective.”

“I don’t want any sales pressure put on our patients,” says Bruce Katz, MD, director of the Juva Skin & Laser Center & MediSpa, and clinical professor at the Mt. Sinai School of Medicine in New York, who trains his estheticians to recommend postprocedure skincare products in his practice. “I think the best approach is to be neutral. We always provide our patients with the best ingredients and the names of some equivalent products so they can purchase them elsewhere if they choose. But many patients prefer to purchase the products from us so they don’t have to leave the house right after the procedure when they’re red and swollen.”

In many practices, estheticians are responsible for making product recommendations following noninvasive procedures. “My staff knows my preferences in terms of ingredients and products, and I rely on them to make the final recommendations to the patient. I’m part of the decision, but they’re the ones who actually convey that information to the patient,” says Dr. Gold. “I’m comfortable with the procedure, and they’re comfortable with selling. It takes me out of the sales loop, which makes it easier for patients to say no if they choose. I carefully select products from very good companies, but if a patient prefers to get her skincare products somewhere else, I don’t mind.”

Business practices aside, patients want and need appropriate posttreatment topicals to maximize their investment. “Patients understand very readily that this is a critical part of the whole program and they’re very receptive to that concept,” says Dr. Fitzpatrick. “When I explain how collagen formation occurs and that the regimen we put them on will enhance the whole process, patients will comply in order to get better results.”

Darcy Lewis is an award-winning Chicago journalist specializing in healthcare and business topics.
When light-based permanent hair reduction first became available, it took little marketing to drive hopeful patients to medical spas and private practices across the country. Unfortunately, the pain of these procedures, protracted treatment protocols, incomplete results and the inability to treat all skin types safely created a certain amount of wariness among both practitioners and patients. As a result, innovations in this arena are geared toward shortening treatment times, reducing pain and offering better results to a broader audience. They include new multiwavelength platforms, compression handpieces, and variable spot sizes and pulse lengths.

Matching Tools and Patient Base

The most popular devices for permanent hair reduction include 1064nm Nd:YAG lasers, 755nm alexandrite lasers, 810nm to 940nm diode lasers and intense pulsed light (IPL). While the 1064nm Nd:YAG laser can be used on a variety of complexions, it is generally preferred for darker skin types. Similarly, diode lasers are preferred to treat dark hair in patients with light to medium skin types, while alexandrite lasers and IPL are considered most effective for those with fair skin and hair.
The general guideline when prescribing treatments is that dark, coarse hairs are easiest to destroy while fine, light hairs, which lack melanin, are the most difficult to target. Patients with fair to medium complexions tend to experience fewer complications than those with Fitzpatrick skin types IV to VI. “The melanin in the hair must be darker than the melanin in the skin to get effective results without burning adjacent tissue,” says Edward Zimmerman, MD, Las Vegas.

According to cosmetic dermatologist Heather Woolery-Lloyd, MD, of the University of Miami Cosmetic Center, a 1064nm Nd:YAG is the best choice for Fitzpatrick skin types IV through VI. “The Nd:YAG has a wavelength that is selective enough to target the melanin in the hair even when it’s surrounded by dark brown skin,” she says. “It also provides the best results on dark, coarse hairs.” Woolery-Lloyd works with the Cutera CoolGlide 1064nm Nd:YAG laser in her practice, which is comprised of 60% to 70% dark-skinned patients. She notes that 810nm to 910nm diode lasers can be used with these patients at low fluences.

Just as darker skin types present special challenges, the removal of blonde and gray hair is notoriously difficult due to the presence of phaeomelanin as opposed to eumelanin. Finer hair also requires more treatment sessions, “because it loses heat quickly, which makes it harder to destroy,” says Dr. Zimmerman.

Both alexandrite lasers and IPLs are a good choice for fair to medium skin types, according to Dr. Woolery-Lloyd. But, due to their high melanin absorption, “the risk of burning dark or tanned skin is greater with the alexandrite laser,” she says.

For light hair on the face, Dr. Zimmerman uses Vaniqa, a topical hair removal agent that must be used continuously to maintain results. “I use this only for fine, light hair on the face; no laser will work for this indication,” he says.

Combining Modalities
Since no patient group is monochromatic in terms of hair and skin color, devices that offer multiple wavelengths and technologies are becoming increasingly prevalent. Candela’s GentleMAX system offers both the 1064nm Nd:YAG and 755nm alexandrite wavelengths while the Ellipse Multiflex offers a 1064nm Nd:YAG laser plus 400nm to 950nm pulsed light so you can serve patients with a variety of skin and hair types with one unit.

The StarLux 500 laser and pulsed light system from Palomar Medical Technologies includes a 1064nm laser plus multiple spectrum reducing handpieces for individual skin and hair types. The system includes the 650nm to 1200nm LuxR and LuxRs for darker hair and the 525nm to 1200nm LuxY and Lux Ys for lighter, finer hair. “Pulsed light devices work very well on most skin types,” says Branden C. Morris, integrated marketing manager, Palomar. “They are as effective as traditional lasers for hair removal, but offer less pain for the patient.”

Candela offers the ProWave 770, a “programmable spectrum lamp with three spectral outputs within the wavelength range of 750nm to 1100nm. Light energy is delivered through a 3cm by 1cm sapphire window with adjustable dynamic contact cooling,” says Elizabeth Conrady, spokesperson for Candela. For hair removal, Sciton offers 640nm to 695nm broadband light filters for its Profile modular laser platform with a spot size of 15mm by 45mm.

Pressing For Less Pain
The use of skin compression, either in the form of vacuum pressure or flattening devices, is popular for hair removal treatments where these devices are believed to both reduce pain and improve the efficacy of the light source. The Aesthera Isolaz utilizes 500nm to 1200nm intense broadband light with a pneumatic vacuum handpiece that pulls skin into a chamber, blanching vessels and pulling hair follicles closer to the light source. The system can deliver up to three light pulses within one vacuum application. “It’s a tremendous difference to go from painful to virtually pain free at the same energy level,” says Robert Anderson, technology officer with Aesthera.

The Candela SerenityPRO combines a pneumatic skin flattening (PSF) device with an Nd:YAG laser. “With the PSF, the skin is vacuumed against a sapphire or plastic window, and the laser is fired through the window,” says Lou Amberg, Candela product director. “It operates on the Gate Theory that says, if your skin is feeling pressure, it can’t sense pain at the same time so the patient experiences a
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“Additionally, this function can theoretically improve the efficacy of the hair removal procedure,” says Amberg. “The blood, which competes with the chromophores of the melanin, is blanched away so there is more energy delivered to the melanin, and less competition from the oxyhemoglobin.”

The Lumenis LightSheer diode laser offers the ChillTip handpiece. When the actively cooled convex sapphire lens is pressed against the skin, the hair bulb is pushed closer to the upper dermis to improve the effectiveness of the laser action.

Beyond Laser and Light

Other manufacturers are focusing on new technologies, spot size and pulse duration to improve efficacy and reduce pain. The MedLite C6 Q-Switched 1064nm Nd:YAG from HOYA ConBio produces high speed pulse widths at peak energy, and targets the hair follicle with a PhotoAcoustic Technology Pulse (PTP) to reduce the risk of blistering and burns. The PTP produces very rapid, high energy pulses that, in turn, produce sound waves, which disrupt targets. The theory is that these combined forms of energy can cause the damage required for permanent hair reduction while using less heat so patients experience less pain and less risk of burning.

The MedLite C6 laser also has a flat top beam profile to evenly deliver energy across the surface to minimize epidermal injury. The laser was designed to treat dark, vellus hair as well as coarser hair.

The Sciton ClearScan 1064nm Nd:YAG laser utilizes robotic technology in its Large Area Pattern Generator (LAPG) high speed scanner in an effort to deliver more uniform results. “The LAPG high speed scanner employs robotic technology for nonsequential removal of individual hairs with continuous contact cooling for precise, uniform coverage,” say Zoe Beh, international marketing manager, Sciton. “Robotic technology for hair reduction provides consistent results, independent of operator technique, and the ability to reach higher fluences with shorter pulse width for accuracy, speed and less heat buildup during treatment.” When working with darker skin types, Beh recommends lowering the fluence and increasing the pulse width.

While some physicians prefer the higher power delivered by Nd:YAG lasers, others opt for the lower fluence with higher repetition offered by the diode laser.

Dr. Zimmerman uses the Alma 810nm Soprano XL diode laser, which now offers the SHR mode. “Instead of using large amounts of energy, where we fire, pick up, put down, fire, now we laser small amounts of energy—5 to 10 J/cm²—at 10 Hz,” he says. “We’re putting in more energy overall, but it’s more comfortable. Instead of a sensation like a rubber band snapping, it feels like a cat licking the skin.”

According to Alma Laser Product Manager J.R. Plate, “The SHR mode utilizes a series of low fluence, high repetition pulses to increase the temperature of both the hair follicle and the surrounding area, heating the tissue to 45 °C,” he says. “This more gradual, in-motion heat delivery uses the chromophores in the surrounding tissue as reservoirs to heat up the hair follicle.”

The treatment sessions are shorter by virtue of the ample spot size of the Soprano XL, which measures 10cm by 10cm. Dr. Zimmerman notes that an area as large as the back can be treated in 20 minutes with the larger spot size handpiece.

The Syneron eLaser features the company’s Electro-Optical Synergy (elos)—a combination of bipolar radio frequency (RF) plus a high-power diode laser to destroy hair follicles, while the eMax delivers the proprietary elos technology via both pulsed light and diode laser energies.

Addressing Patient Compliance

Pain is one of the greatest hurdles to overcome in terms of patient compliance; finances and expectations are also considerations, according to Dr. Woolery-Lloyd. In her practice, approximately
10% of patients are “no-shows” for follow-up treatment in those who have facial hair treated as opposed to 20% of patients who drop out after body hair removal.

While new technologies have helped reduce treatment pain, for some it is still not enough. Dr. Zimmerman addresses dissatisfaction by selling sessions as a transferable package. “We allow patients to use any remaining sessions for touch-ups, if they achieve the desired hair removal ahead of schedule, or towards other treatments in the practice if they opt out.”

One effort in pain reduction Dr. Zimmerman cautions against is reducing energy to improve comfort. “If you only stunt rather than destroy the cells at the base of the hair follicle, the hair will grow back lighter, which makes it less of a target, leaving your patient with mediocre results,” he says.

In addition to questions of pain, patient compliance is often complicated by protracted treatment protocols that can last up to two years. “You want to provide realistic expectations at the outset,” says Dr. Zimmerman. “A clearance of 70% to 80% after five to six treatments over two years is a good result.”

According to Dr. Woolery-Lloyd, 70% to 80% of her patients see a significant, permanent reduction in facial hair following five to eight sessions. Some will return for maintenance sessions to improve the reduction they’ve already seen.

Contraindications include recent tanning; Accutane use; history of keloid or hypertrophic scarring; and the use of photosensitizing medications or supplements. If the patient has a hormonal imbalance that is causing the hair growth (i.e. polycystic ovary syndrome), it should be treated and controlled prior to starting a hair removal regimen.

Dr. Zimmerman advocates taking baseline and follow-up photos to help patients track their progress. He also notes that while you do need hair growth for the laser to target, you want to trim hair down to a stubble before treatment. “When you heat the hair, it can burn the skin if it’s too long,” he says. Patients can shave in between sessions, but should refrain from waxing, which removes the hair bulb.

Ingrid Schaefer Sprague, a freelance writer and editor based in Broadview Heights, Ohio, specializes in medical journalism.
Few aesthetic procedures have enjoyed such popularity, and concomitantly, such ridicule as lip augmentation. In the 1990s the thick, voluptuous lips of actresses like Kim Basinger were all the rage, but overzealous filling and a one-size-fits-all approach led to visibly unnatural results. “There have been a lot of jokes about lip augmentation in Hollywood starting with Goldie Hawn in The First Wives Club,” says Andrew A. Jacono, MD, New York Center for Facial Plastic and Laser Surgery, New York. “And
unfortunately, we still see these very unnatural, overfilled ‘sausage’ lips from Hollywood to Park Avenue.” Today, the era of one-size-fits-all and bigger is better is coming to a close as aesthetics practitioners develop new ways to define and accentuate the lips in harmony with each patient’s individual anatomy.

Key to achieving a natural look is understanding lip anatomy. By maintaining natural ratios and enhancing areas of volume proportionally, physicians find they can give patients the fullness they want without creating a noticeably “filled” lip.

“The natural proportions of the lips are 1/3 upper lip and 2/3 lower lip,” says Stephen Mandy, MD, Miami Beach, Florida. “Many patients want only the upper lip filled for a 50/50 ratio but this doesn’t look right. When people see it, they know something is wrong.”

“The lower lip should always be at least 50% bigger than the upper lip, or it looks bizarre,” agrees Steven Pearlman, MD, New York, past-president of the American Academy of Facial & Reconstructive Surgery. “Maintaining an appropriate ratio is very important to achieving the best result.”

Lips also feature four “pillows” of volume that fit together when the lips are closed. “There are four pillows of volume in the lips—two in the upper lip that create what we call the cupid’s bow—and two on the bottom,” says Kimberly J. Butterwick, MD, FAAD, La Jolla Spa MD, La Jolla, California. “We create mounds of volume based on these four naturally occurring areas of volume by first filling the border and then filling each of the four pillows of the lip. The important thing to remember as you look at your technique is that the bottom lip doesn’t just go straight across.”

“Originally, we were trained to inject only along the vermilion border because there is no risk of occlusion, and then let the product ‘run’ along the border,” says Dr. Pearlman. “As time went on, patients wanted bigger, more voluptuous lips, and that’s when we started to see so-called fish lips and sausage lips. Today lip augmentation has evolved into offering full lips with more definition.”

The Zone Approach

In an attempt to offer more natural-looking results to his patients, Dr. Jacino changed his focus from volume to definition and created a customized approach to lip filling based on each patient’s unique lip anatomy. “I started to differentially inject certain portions of the lip and break these areas down in my head into anatomic zones,” he says. “I noticed that when I injected certain zones more than others, it created a better shape and gave me more control over the fullness of the lip. Rather than just pour the filler in along the vermilion border, I found I could create multiple dimensions to obtain a naturally pouty lip versus the thick, sausage-filled look that was so prevalent with early procedures.”

Dr. Jacino spent more than five years developing a classification of lip zones to guide his lip augmentation procedures. His technique first appeared in the Archives of Facial Plastic Surgery (January 2008). Using a hyaluronic filler, Dr. Jacino breaks the lips down into 15 anatomical zones (see Figure 1), varying the depth of injections in different zones from dermal to the deeper mucosal/superficial muscular interface. “The major zones are vermilion/white roll, subvermilion, peristomal, philtral column and commissural,” he says. “The additional zones are the result of further subdividing these larger zones.”

Dr. Jacino begins his consultations by thoroughly evaluating the patient’s lip anatomy. “Does she have thin lips? Is the lower lip quite full while the upper lip is small? Are the lips full in size but don’t project out as much as the patient would like? I look at the lips three-dimensionally and then map out a customized injection procedure based on the different zones,” he says.

Older Versus Younger

One factor that plays heavily into this type of customized approach to filling is the patient’s age. Like everything else on our bodies, our lips change as we grow older. In addition, preferred results tend to vary between age groups. “Young people generally want big lips,” says Dr. Pearlman. “They point to people like Angelina Jolie when

**FIGURE 1**

<table>
<thead>
<tr>
<th>Upper Lip</th>
<th>Lower Lip</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Philtral Zone</td>
<td>I Vermillion Lateral Zone</td>
</tr>
<tr>
<td>B Vermillion Lateral Zone</td>
<td>J Vermillion Medial Zone</td>
</tr>
<tr>
<td>C Vermillion Cupid Bow Apex Zone</td>
<td>K Subvermilion Lateral Zone</td>
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<td>D Vermillion Philtral Central Zone</td>
<td>L Subvermilion Medial Zone</td>
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<td>O Commisural Zone</td>
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<td>H Peristomal Medial Zone</td>
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</table>
explaining what they want. For these patients I use 1cc of Restylane (Medicis Aesthetics, restylaneusa.com) and put a little in the rim, and a little superficially in the substance of lip to create the volume. Older patients want definition.”

“As patients get older, the lip in the mustache area tends to lengthen and flatten,” says Dr. Butterwick. “The white roll at the mucocutaneous border starts to roll in, the philtral column tends to diminish and the philtral depression flattens. For these patients, I can evert the lip by filling the border and then I look at the philtral columns and commissures to make sure they aren’t downturning. Then I fill the four pillows to add volume.”

To re-create a more youthful appearance in his patients, Dr. Pearlman offers the Cupid’s Bow, an augmentation procedure that involves injecting a small amount of filler—0.4cc to 0.5cc of Restylane—at the rim, the philtral ridge, the upper lip and the pillows of the lower lip. “I inject half of the filler at the rim and then I use the rest in small injections throughout the lip to create shape,” says Dr. Pearlman.

For vertical lines, Dr. Pearlman uses Juvéderm (Allergan, juvederm.com) delivered in a 32-gauge needle to fill the lines followed by 4 units of Botox Cosmetic (Allergan, botoxcosmetic.com) to soften the lines by relaxing the orbicularis oris muscles. “I relax the upper muscle while leaving the lower muscle alone, this everts the lip,” he says. “When injecting the Botox, I stay inside the parameter of the nose. It does feel a little funny at first but by using only 4 units of Botox, I don’t overrelax the muscle so the patient doesn’t have any problems with speech or drooling.”

To address vertical lines and, especially, deep smoker’s lines, Dr. Butterwick approaches them from two angles. “I fill the lines with a very thin filler, either Prevelle Silk (Mentor, prevelle.com) or a collagen product because these can be injected very superficially. Then I add a thread of filler horizontally across the lines to stint them and keep them from folding in like an accordion and getting deeper,” she says.

**Filler Options**

Originally collagen-based fillers including CosmoPlast and CosmoDerm (allergan.com) were the top choices for lip augmentation. Today, hyaluronic acid fillers like Restylane and Juvéderm are the most popular choices for temporary lip augmentation, although some physicians find combining fillers offers the best result. “I inject the upper and lower border with CosmoPlast because it creates a very sharp look,” says Dr. Mandy. “If the patient wants more volume after I fill the border, then I inject an HA filler in the lateral upper and central tubercle where natural swelling of the lip occurs.”

There are also new fillers on the market and on the horizon that may offer benefits in lip augmentation. Prevelle Silk, a hyaluronic acid filler, which contains lidocaine to reduce the pain of injection is now in use. “Lip augmentation is quite painful,” says Dr. Butterwick. “The benefit of a lidocaine-formulated filler is that you don’t need to use a nerve block on patients.”

Evolence (OrthoNeutrogena, evolence.com) is awaiting approval of Evolence Breeze, a thinner, longer-lasting collagen-based filler that may be a good option for lips. “Regular Evolence is too big for the lips, but Evolence Breeze, which is currently in use overseas you can achieve more natural-looking results by maintaining the lips’ natural proportions.
AN APPROACH FOR NON-SURGICAL FACIAL AESTHETICS

FULFILLING CHANGING NEEDS

There are two major types of facial wrinkles

Dynamic Lines: Muscular Hyperactivity

GLABELLAR LINES

Static Lines: Volume Loss

SCARS & DEPRESSIONS

CHEEK VOLUME

NASOLABIAL FOLDS

VERTICAL LIP LINES

VERMILION BORDER

ORAL COMMISSURES

LIP VOLUME

CHIN & JAW VOLUME
but awaiting FDA approval in the U.S., works beautifully,” says Dr. Mandy. “It offers a very natural look.”

All of the doctors we spoke with caution against using any so-called permanent fillers in the lips. “These fillers have microbeads. Because the lips are so mobile the microbeads can be compacted creating small lumps, similar to granulomas, in the lips,” says Dr. Pearlman.

**Long Term Options**

With results lasting from two to four months with collagen fillers and three to nine months with hyaluronic acid fillers, the quest for a longer-lasting lip augmentation option has led to the creation of lip implants. Similar to breast implants, lip implants are inserted through a small incision and then filled with saline. Over the past few years, these implants have evolved to offer a more natural look. "Unlike early implants, which were straight tubes, new generation implants are shaped and curved with tapered edges to match the natural anatomy of the lip,” says Michael Salzhauer, MD, Bal Harbour Plastic Surgery Associates, Bal Harbour, Florida, who works with the VeraFil implant (Evera Medical, everamedical.com). "There is a significant rate of infection of 3% to 5%, which is something the patient must be aware of before undergoing the procedure. At the first sign of infection the implant must be removed."

Dr. Salzhauer uses Juvéderm for temporary augmentation and notes, “We do this a few times. If the patient is happy with the results and would like to continue with lip augmentation, we talk about the option of an implant.”

The implant is put in under local anesthesia and, to reduce the risk of infection, Dr. Salzhauer starts the patient on antibiotics. “It takes 15 to 20 minutes to put the implant in and about five minutes to remove it,” he says. If infection occurs, he recommends that the patient wait at least six months before undergoing the procedure again.

“There is an art to lip filling, whether you’re working with injectables or implants,” says Dr. Salzhauer. “For wrinkles, you fill in the wrinkle—it’s pretty straightforward—but there is a learning curve for lips, and you need to be aware of that. Most manufacturers offer training DVDs but you will need to experience the procedures firsthand to get a feel for them.”

Inga Hansen is the executive editor of MedEsthetics magazine.
Great results are only half the battle when it comes to satisfying patients. To ensure a positive outcome and positive word of mouth, practices also need to offer topnotch patient care - and that includes making patients comfortable during potentially painful procedures. “Pain management skills are critical to growing a cosmetic practice,” says Vic A. Narurkar, MD, FAAD, chief of dermatology at California Pacific Medical Center and the director and founder of the Bay Area Laser Institute in San Francisco. “If a patient experiences unnecessary discomfort, she’s not going to come back. If you use pain management techniques - even for something as simple as Botox injections - it shows the patient that you’re concerned with her well-being.”

Pain management options for common aesthetic procedures run the gamut from ice packs to general anesthesia. Saul R. Berger, MD, FACS, a plastic surgeon in private practice in Encino, California, sees both ends of the spectrum in his practice. “For muscle relaxants like botulinum toxin, the vast preponderance of patients don’t require any anesthesia at all because it is a minimally painful procedure,” he says.

At the other end of the spectrum are deep laser resurfacing patients who may require or desire general
anesthesia, even with the additional costs for preoperative bloodwork and an anesthesiologist. "I have a surgical center adjacent to my office, and, despite the risks, I really believe that some people are safer undergoing general anesthesia, especially if they cannot stay still. I had a patient who started flinging her head around after just one pulse of the CO2 laser. I stopped immediately, and she was very grateful to have the option of general anesthesia," says Dr. Berger.

Keep It Cool
For procedures in which the skin is injected or heated, rapid cooling is key to maintaining patient comfort. "It's important to remember that cooling—whether it be with ice, topical refrigerant or a mechanical cooler—only works on the surface of the skin and not with deeper discomforts," says Dr. Berger.

One available product is Gebauer’s Pain Ease (gebauerco.com), a topical anesthetic skin refrigerant. "It freezes the surface of the skin for just one minute and is not absorbed since it's not a drug," says Cyndy Glynn, Gebauer director of marketing. "It can be reapplied as needed and costs about 50 cents per application."

Pain Ease is FDA-approved for use with injectables including Botox Cosmetic (botoxcosmetic.com) and soft tissue fillers. "We also have approval for skin tag removal, minor surgical procedures, IV starts and venipuncture," says Glynn.

Many clinicians opt for the tried-and-true standbys, including ice cubes or gel freezer packs. "We get great results with gel packs for Intense Pulsed Light treatments. We apply the frozen gel pack first, then fire the IPL on the cooled skin, move the pack and repeat," says Cristy Kruse, RN, who works at the Dermatology Center in Rolla, Missouri. "We find that if we offer the ice packs, we can use higher settings on the IPL, which patients like because it delivers better results in fewer treatments."

Kruse’s employer, William V. Stoecker, MD, director of the Dermatology Center and a faculty member at Missouri University of Science & Technology, prefers to use ice when injecting Botox Cosmetic and Restylane filler. "You don’t want to wrap the ice in an exam glove, because it insulates the skin from the ice. I give the patient the ice with a paper towel to catch the drips. Once the skin is numb, I inject," he says. "I find the chilled gel packs don’t get quite cold enough to numb the skin for injections."

Mechanical Coolers
That’s not a problem with mechanical coolers, which come in two forms—contact or blown air—both of which allow users to specify the desired temperature down to the degree. "We’ve found that many physicians prefer setting the temperature at 37° or 38°," says Sam McSpadden, CEO of ThermoTek, manufacturer of the ArTek Spot contact cooler and the ArTek Air cooler, which uses air to chill the skin. "Raising the temperature slightly above 32° increases comfort for many patients."

The ArTek Spot debuted in August 2007 and is especially useful with IPL, fillers and other injectables, says company founder Tony Quisenberry. "You hold the contact cooler on the skin for 20 seconds, lift the handpiece, and inject immediately," he says. "Then reapply the cooler to reduce swelling and bruising."

ThermoTek’s ArTek Air, which launched in March 2008, is designed to compete with Zimmer’s popular compressor models. "Air is preferred by many practitioners, especially with laser treatments, because the patient experiences the cooling before, during and after treatment," says Quisenberry. "The practitioner does not have to change the way he administers the treatment."

Dr. Narurkar relies heavily on his Zimmer cooler. "I find it greatly increases patient comfort with both Fraxel re:store and re:pair, to the point where I consider it essential," he says. "I’ve also found many other uses for it, including tattoo and laser hair removal. It’s become a real workhorse for us."

Topical Anesthetics
Topical lidocaine agents, like EMLA, have also secured a spot in most practices. "With injectables I use topical EMLA, then wait 5 to 10 minutes before I inject," says Dr. Narurkar.

To avoid toxicity, clinicians must calculate and monitor the patient’s overall exposure to these topical agents (see “FDA Warning on Topical Lidocaine” on page 48). "I believe 4% lidocaine is fairly safe to use even on large areas, but I don’t like to use anything stronger than that if I’m doing multiple areas at one time," says Dr. Narurkar.

Dr. Berger, too, monitors patients’ anesthetic exposure carefully. "There are a number of topical anesthetic formulations that may contain up to three anesthetic agents - absorption of any of them in excess is a medical issue," he says. "With women who want laser hair removal at the bikini line, we don’t hesitate to use creams because it’s a sensitive area with thick follicles. But if I’m doing a large area like a man’s back, I prefer to rely on cooling methods so that excessive anesthetic isn’t absorbed."

The potential for toxicity also prompts Dr. Berger to be vigilant about how he dispenses topical agents. "Many practices have patients apply the topical at home, but I prefer to have my staff manage this," he says. "We have our patients come in a bit early for their appointments, then have them wait in a special area for the topical to take effect while we continue to work on other patients. Otherwise, there’s the potential for the patient to misuse the topical at home."

Off-Label Issues
If an anesthetic or filler is being used for an off-label indication, the patient must understand what this means. "Many of
 Massage Away Pain

For pain management during injectable treatments, William V. Stoecker, MD, of Rolla, Missouri, has come to rely on a decidedly low-tech device: the Homedics Mini Massager-On-the-Go. With its simple tripod body, this cordless consumer product utilizes the gate control theory to reduce pain. “The mini-massager with ice can pleasantly surprise the patient by making the shots unapparent. It allows for greater rapport with the patient, especially if she’s anxious,” he says.

Dr. Stoecker’s technique, which was published in Dermatology Online Journal (January 2008) involves covering each foot of the tripod with a small sheet of Alrap All-Purpose Adhesive Covering as a barrier for antisepsis. The injection is made within the triangular region formed by the unit’s feet. “One foot should be positioned proximally to the injection site,” he says. “For the face, put the mini-massager over the supraorbital foramen; on the cheeks or nose, use the infraorbital foramen; around the mouth, use the mental foramen.”

FDA WARNING ON TOPICAL LIDOCAINE

The United States Food & Drug Administration has issued two public health advisories on the use of topical numbing agents with lidocaine - one in February 2007 and more recently on January 19, 2009. To avoid potentially life-threatening complications due to lidocaine toxicity, the FDA recommends that patients and physicians take the following steps:

- Use a topical anesthetic that contains the lowest possible amount of medication that will relieve the pain;
- Apply the topical anesthetic sparingly and only to the area where pain exists or is expected to occur;
- Do not apply topical anesthetic to inflamed or broken skin;
- Be aware that wrapping or covering skin with any type of material or dressing can increase the chance of serious side effects, as can applying heat to the treated area while the medication is still present.

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the areas where we inject Botox Cosmetic and fillers are off-label indications,” says Dr. Berger. “Many responsible physicians do this work, but you must always tell your patients that you’re using an off-label application or reconstitution.”

Since most lidocaine-containing fillers are not yet available in the United States, some cosmetic physicians mix their own formulations. “It is an off-label formulation, but we take a syringe, mix the filler with plain lidocaine, and inject,” says Dr. Narurkar, “especially with Radiesse. Doing so has significantly increased the comfort level of my patients. I no longer need to do a nerve block for the nasolabial folds, which makes the procedure easier to perform, and it’s better tolerated by the patient.”

In March 2008, the FDA approved Prevelle Silk (mentorcorp.com), the first lidocaine-containing hyaluronic acid (HA) dermal filler. Since then a new formulation of Juvéderm (juvederm.com) that contains lidocaine has been launched. Restylane has also recently this year launched its equivalent containing lidocaine.

“This is a huge improvement because the dose will be standardized, which means there will be less room for error,” says Dr. Narurkar. “We were all looking forward to this.”

Of course, nerve blocks continue to play an important role in aesthetic practices, too. “Nerve blocks definitely give the densest effect, although it’s important to ensure that patients understand they may be leaving the office with a block that lasts 30 minutes to 60 minutes,” says Dr. Berger, who notes that he uses a 2% lidocaine intraoral block for lip augmentation.

In general, Dr. Narurkar prefers to avoid nerve blocks containing epinephrine, since it can make the heart race, while Dr. Stoecker advocates a time-tested technique: “We use a 30-gauge needle and room-temperature lidocaine buffered with 10% bicarbonate,” he says. “Buffering is an old technique but we believe it adds to patient comfort.”

Oral pain medications also play a role in aesthetic practices, but it’s generally a small one. “I don’t run a certified surgical center, so I don’t normally work with oral pain medications, except that I might recommend PO Valium for more aggressive treatments like Fraxel re:pair or other multiple session laser procedures,” says Dr. Narurkar. “I only dispense it in-office, 10 to 15 minutes in advance of procedures, and someone must be available to drive the patient home.”

**Beyond Anesthetics**

Physical pain blocks aside, a patient’s trust and state of mind can reduce her perception of discomfort. “We are always on the lookout for phrases like, ‘I’m a big baby’ or I’ll ask, ‘Do you want ice?’ and if there is any hesitation, I’ll get the ice,” says Dr. Stoecker. “At the very least, the act of taking the trouble to ask and then get something to reduce pain increases the patient’s comfort level by letting her know that we don’t want her to be in pain.”

Dr. Stoecker also relies on the patient’s own endorphins. “The octapeptide that mimics morphine is released with pain. A relaxed patient undergoing a painful procedure will crank out enough endorphins to have slightly slurred speech,” he says. “Listen carefully to how the patient talks, and you will know if she is getting some effect. Reassuring talk from the operator is also very helpful in achieving this effect and improving patient comfort.”

“Our joke is that I don’t do anything for pain management except talk to the patient,” says Kruse. “That’s not really true, but my goal is always to find something the patient has an interest in, whether it’s running or ballroom dancing. We get so engrossed in conversation, the patients often tell me they can’t believe their procedure is already done.”

Getting to know patients is as important for physicians as it is for the nurses, notes Dr. Berger. “You’ve got to know your patients to devise the best pain management plan for them. There’s no other way to address the wide variation of pain thresholds among people,” he says. “Just as there’s no one correct treatment plan for all patients, there’s an artistry to understanding the individual patient and selecting the correct pain-management plan for her.”

Darcy Lewis is an award-winning Chicago journalist specializing in healthcare and business topics.

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### Pre-procedure

**TOPICAL**
- Lidocaine / prilocaine
- Ice (packs/ masks)

**ORAL ANALGESICS**
- Tramadol 100-200mg
- Tramadol + paracetamol

**Combination analgesics**
- Paracetamol/ Ibuprofen/ cod.
- Phosph/ dextropropoxyphene/
- Diphendramine/
- Mefenamic acid

**INJECTABLES**
- Ketorolac
- Parecoxib
- Tramadol
- Paracetamol

**ADDITIVE SEDATIVE OR ANXIOLITIC EFFECT**
- Midazolam
- Hydroxyzine

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### Post-procedure

**TOPICAL**
- Ice water rinsing
- Ice packs
- Ice Masks

**ORAL ANALGESICS**
- As for pre-procedure

**ANTI-INFLAMMATORY AGENTS**
- Diclofenac
- Piroxicam
- Naproxen
- Ketoprofen
- Ibuprofen
- Meloxicam
- Etoricoxib
- Celecoxib
- Parecoxib
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According to the American Society of Plastic Surgeons, nearly 10 million nonsurgical cosmetic procedures were performed in 2007. Of those, microdermabrasion was one of the most popular skin rejuvenating treatments, second only to chemical peels and far ahead of laser skin resurfacing. How has a technology that came to this country from Europe in the mid 1990s secured a spot on the treatment menu of virtually every medical spa in the United States? The answer is adaptability, affordability and high patient satisfaction rates.

Microdermabrasion equipment has evolved, most notably, in terms of abrading options. Practitioners can now choose between conundrum crystals, water-soluble sodium bicarbonate crystals and so-called crystal-free systems that utilize abrasive handpieces in a variety of grits. These new options have helped to expand the indications for microdermabrasion and patient appeal. Sodium bicarbonate tends to appeal to eco-conscious consumers. “The baking soda also allows doctors to treat patients’ lips and the entire eye area,” says Andrew Goodwin, CEO, Advanced Microderm.
Particle-free systems that utilize laser cut, diamond or sapphire tipped wands to refine the skin without a spray of crystals “are hypoallergenic and eliminate the possibility of ingesting or inhaling loose crystals,” says Joseph Luzon, CEO, Viora. They also allow practitioners to get more or less aggressive in different areas without resetting the parameters of the device.

New Technologies
Most discussions of these procedures revolve around what microdermabrasion takes away—dead skin cells, pore-clogging debris—but new technologies are opening a discussion on what microdermabrasion treatments can give back to the skin when combined with topical infusions.

Hydradermabrasion pairs mechanical exfoliation with the infusion of corrective and nutritive topical gels and serums containing ingredients such as peptides and antioxidants. Many of the formulations are developed for specific indications such as hyperpigmentation, antiaging or acne. Glenn Weismann, MD, a Los Angeles-based, board certified plastic surgeon, works with the Hydrafacial MD microdermabrasion system from Edge Systems. “It combines particle-free microdermabrasion, alpha and beta hydroxy acids, hyaluronic acid and antioxidants. These components are key to keeping the skin cleansed, exfoliated and nourished. Regular treatments assist in the correction of almost any skin condition, including rough texture, excessive oil, acne, congested pores, fine lines and wrinkles, and hyperpigmentation.”

Board certified plastic surgeon Bruce Freedman, MD, FACS, Plastic Surgery Associates of Northern Virginia, McLean, Virginia, conducted an independent study of the histological and clinical changes associated with skin following hydradermabrasion. After treating test subjects with the Hydrafacial MD for six weeks, Dr. Freedman documented his findings using digital photographs, full thickness skin biopsies, Raman Scattering Spectroscopy and patient surveys. His results showed:

- The skin retained increased antioxidant levels of 30% two weeks after the six-week series
- Epidermal thickness increased from 50 microns to 80 microns
- Papillary dermal thickness increased from 300 microns to 425 microns
- Increased fibroblast population
- Collagen hyalinization in the dermis

Other devices offering hydradermabrasion-based technologies include the Syneron Facial H2O, a crystal-free system with multiple treatment tips that allows you to both exfoliate and hydrate skin, and the AccelaFuze from Genesis Biosystems.

“The AccelaFuze provides crystal-free microdermabrasion, along with the topical infusion of five unique solutions,” says Jim Lafferty, CEO of Genesis Biosystems. “Our latest topical is the Peptide Infusion that offers dramatic increases in epidermal and dermal thickening and an increase in the dermal density of the underlying tissue.”

Dr. Freedman notes, “These procedures are ideally suited for patients who want nonablative facial rejuvenation with minimal recovery time.”

For physicians who aren’t ready to buy a new system, Aesthetic Technologies/Parisian Peel offers the Elite Suffusion System, an ultrasound device that is used in conjunction with traditional microdermabrasion. “We chose ultrasound technology because it has known product infusion capabilities and is safe for all skin types,” says Alison Shaya, president of Parisian Peel. “The treatment is done in two steps. First we exfoliate with conundrum crystal microdermabrasion, which improves topical penetration by removing the dead skin cells, then we apply the topical serum and go over the skin with a smooth sapphire crystal handpiece that delivers the ultrasound, which takes about seven minutes.”

Jacob Dudelzak, MD, et al, studied the effects of the Parisian Peel microdermabrasion and Elite Suffusion System on the skin. Their findings, published in the Journal of Cosmetic Laser Therapy (December 2008) showed mild clinical improvement in the skin including increased vascularity within the papillary dermis, and increased type I and type III collagen formation in the skin following eight weekly treatments. The topical infusion used in the study was a combined hyaluronic acid, retinol and peptide complex.

Multi-modality systems are also gaining in popularity. The Delphia Del Sol by Edge Systems, for instance, combines LED light therapy with crystal or crystal-free microdermabrasion. It delivers red and infrared lights to improve skin circulation and a 420nm blue light for acne-prone skin.

In addition to its product infusion capabilities, the AccelaFuze treats skin with three LEDs—blue light for acne; red light to reduce inflammation and improve pigmentation; and yellow light for collagen stimulation.

Growing Indications
In addition to facial rejuvenation, microdermabrasion helps reduce sebum production (Gorouhi, MD, et al, Int J Derr, May 2008) for patients with mild to moderate acne and has become a
valued adjunct therapy to chemical peels, laser- and light-based therapies, and cosmetic surgery procedures.

“Microdermabrasion prior to more aggressive treatments can improve the efficacy of these modalities,” says Lafferty. “It removes the stratum corneum barrier to improve penetration of applied topicals. It also allows for significantly better penetration of light by eliminating much of the scatter that reflects off of the stratum corneum, resulting in higher levels of absorption in skin targets during light and laser treatments.”

Dr. Weismann offers microdermabrasion in his practice both as a standalone skin rejuvenation treatment and as a preoperative and postoperative adjunct procedure to improve the condition of patients’ skin prior to surgical procedures and to help them maintain optimal results following surgery.

Bruce Katz, MD, of the Juva Skin & Laser Center, New York, has published his findings in regard to the efficacy of microdermabrasion delivered prior to photodynamic therapies (PDT). In “Efficacy of microdermabrasion preceding ALA application in reducing the incubation time of ALA in laser PDT,” (Jour Drugs Derm, Feb. 2007), Dr. Katz, et al, found that two passes of microdermabrasion prior to the application of 5-aminolevulinic acid (ALA) for 10 minutes is “as effective or more so than ALA applied alone for one hour in producing erythema.”

Low Cost, High Satisfaction
In spite of its popularity and expanding indications, microdermabrasion does compete with a variety of other forms of nonsurgical skin rejuvenators such as chemical peels, and laser and light-based resurfacing treatments. How does it measure up to the competition? Quite well, according to Dr. Weismann. “Microdermabrasion is without a doubt the most universally chosen resurfacing treatment,” he says. “It’s a classic aesthetic procedure that is cost effective for both the provider and the patient.”

The relatively low cost of microdermabrasion equipment can make it a lucrative addition to a treatment menu. “Most of our customers own multiple skin resurfacing devices, and they comment that microdermabrasion consistently offers the highest return on investment of all their devices,” says Lafferty.

Sofia Rubbani, MD, of Glow Aesthetics and Surgery Medi Spa in Long Island, New York, relies on microdermabrasion as a multisession, standalone treatment for blackheads and pigmentation problems, and for softening light acne scars and fine wrinkles. But she notes that her patients’ comfort levels, budgets during turbulent economic times, and busy schedules are what drive the demand for these treatments in her practice. “Microdermabrasion offers very little downtime and immediately visible results,” says Dr. Rubbani. “It allows me to treat a small area at a time, which is great for patients with sensitive skin who don’t like to have their full face chemically peeled. Laser procedures offer more dramatic results, but they require a significant investment by both the patient and the physician, and they can be too ablative with too much downtime for many patients.”

For skin rejuvenation treatments on the face, body or hands, microdermabrasion is generally offered in a series of 8 to 10 treatments spaced one to two weeks apart. Contraindications include Accutane use, and open, cystic acne. But part of the longevity of microdermabrasion in the skincare industry stems from its good safety profile and consistent results. “It’s a great antiaging treatment that is pain-free, affordable and effective,” says Shaya.

“Microdermabrasion is a true staple in the spa and medical sectors,” says Goodwin. “It’s a first line of treatment for many individuals who do not have the budget for the more expensive resurfacing treatments.”

Rada K. Tierney is president of public relations firm RTK Communications, and a former Emmy-winning broadcaster. Contact her at rktcommunications.com.

RESOURCES

SYNERON
radiant@worldonline.co.za
AESTHETIC TECHNOLOGIES/PARISIAN PEEL
800.262.4412, parisianpeel.com
ADVANCED MICRODERM
877.763.4861, advancedmicroderm.com
DERMAMED USA
888.789.6342, dermamedusa.com
DYNATRONICS
800.874.6251, dynatronics.com
EDGE SYSTEMS
800.603.4993, edgesystems.net
GENESIS BIOSYSTEMS
888.577.7335, genesisbiosystems.com
LUMENIS
877.586.3647, aesthetic.lumenis.com
MATTIOLI ENGINEERING
877.628.8364, mattioliengineering.com
RAJA MEDICAL
888.879.7478, rajamedical.com
SANDSTONE MEDICAL TECHNOLOGIES
800.565.8721, sandstonemedicaltechnologies.com
SYNERON
866.259.6661, syneron.com
VIBRADERM
800.494.7181, vibraderm.com
VIORA
877.384.8032, vioramed.com
# Calendar of Aesthetic/Anti-Aging Medical Events

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Contact Details</th>
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</thead>
<tbody>
<tr>
<td>2 JUNE</td>
<td>Basic Botox (Upper Face) Cape Town</td>
<td></td>
<td><a href="mailto:info@thebayskincare.co.za">info@thebayskincare.co.za</a> 021 438 9800</td>
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<tr>
<td>3 JUNE</td>
<td>Advanced Botox / Fillers (Lower Face) Cape Town</td>
<td></td>
<td><a href="mailto:info@thebayskincare.co.za">info@thebayskincare.co.za</a> 021 438 9800</td>
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<tr>
<td>8 JUNE</td>
<td>Restylane Advanced Course Johannesburg</td>
<td></td>
<td><a href="mailto:justine@conquest.co.za">justine@conquest.co.za</a> 011 706 2518</td>
</tr>
<tr>
<td>18 - 20 JUNE</td>
<td>Advanced Mesotherapy by Dr Philippe Pitit Pretoria</td>
<td></td>
<td><a href="mailto:mareli@ackmain.com">mareli@ackmain.com</a> 012 548 6374</td>
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<tr>
<td>17 - 19 JUNE</td>
<td>Endermologie Training Cape Town</td>
<td></td>
<td><a href="mailto:decade@endermologie.co.za">decade@endermologie.co.za</a> 021 683 8505</td>
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<tr>
<td>23 JUNE</td>
<td>Filorga Product Training Pretoria</td>
<td></td>
<td><a href="mailto:Colette@filorgasouthafrica.co.za">Colette@filorgasouthafrica.co.za</a> 012 548 6374</td>
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<tr>
<td>24 - 26 JUNE</td>
<td>Endermologie Training Johannesburg</td>
<td></td>
<td><a href="mailto:decade@endermologie.co.za">decade@endermologie.co.za</a> 021 683 8505</td>
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<tr>
<td>27-28 JUNE</td>
<td>Medical Aesthetics Conference The Forum/The Campus</td>
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<tr>
<td>24 - 26 JUNE</td>
<td>Endermologie Training Johannesburg</td>
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<td><a href="mailto:decade@endermologie.co.za">decade@endermologie.co.za</a> 021 683 8505</td>
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<tr>
<td>6 JULY</td>
<td>Restylane Full Facial Balance Johannesburg</td>
<td></td>
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<tr>
<td>6-7 JULY</td>
<td>PFL L Training Technolase CSIR Pretoria</td>
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<td>Marita Op’t Hof 012 349 1750</td>
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<td>9 JULY</td>
<td>Botox by Dr Alek Nikolic Cape Town</td>
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<td><a href="mailto:info@aestheticfacialenhancement.co.za">info@aestheticfacialenhancement.co.za</a> 021 797 0960</td>
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<td>10 JULY</td>
<td>Dermal Fillers by Dr A Nikolic Cape Town</td>
<td></td>
<td><a href="mailto:info@aestheticfacialenhancement.co.za">info@aestheticfacialenhancement.co.za</a> 021 797 0960</td>
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<td>Endermologie Training Cape Town</td>
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<td>Medical Aesthetics Conference</td>
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<td>24 - 26 JUNE</td>
<td>Endermologie Training</td>
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<td>30 JULY</td>
<td>AAMSSA – Developing your filler practice Johannesburg</td>
<td></td>
<td><a href="mailto:amcsa@ackmain.com">amcsa@ackmain.com</a> 012 548 3943</td>
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<tr>
<td>3 AUGUST</td>
<td>Restylane Introductory course</td>
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<td><a href="mailto:justine@conquest.co.za">justine@conquest.co.za</a> 011 706 2518</td>
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<td>4 AUGUST</td>
<td>Basic Botox (Upper Face) Cape Town</td>
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<td><a href="mailto:info@thebayskincare.co.za">info@thebayskincare.co.za</a> 021 438 9800</td>
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<tr>
<td>5 AUGUST</td>
<td>Advanced Botox / Fillers (Lower Face) Cape Town</td>
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<td>Botox by Dr Alek Nikolic Johannesburg</td>
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<tr>
<td>7 AUGUST</td>
<td>Dermal Fillers by Dr A Nikolic Johannesburg</td>
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<td><a href="mailto:info@aestheticfacialenhancement.co.za">info@aestheticfacialenhancement.co.za</a> 021 797 0960</td>
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<tr>
<td>7-8 AUGUST</td>
<td>Dermatology Society Franshoek Le Franshoek Hotel &amp; Spa</td>
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<td>26-28 AUGUST</td>
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<td>30-31 AUGUST</td>
<td>Professional Beauty</td>
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<tr>
<td>2-3 SEPTEMBER</td>
<td>AMCSA Pre-congress Beginners &amp; Advanced Training Workshops</td>
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</table>

**CALENDAR OF EVENTS**

MedEsthetics | Southern Africa
CALENDAR OF EVENTS

4 - 5 SEPTEMBER
AMCSA 2009
www.aestheticcongress.co.za
CSIR ICC Pretoria
amcsa@ackmain.com
012 548 6374

7 - 8 SEPTEMBER
I2PL Training Technolase
CSIR Pretoria
Marita Op’t Hof
012 349 1750

8 SEPTEMBER
Basic Botox
(Upper Face) Johannesburg
info@thebayskincare.co.za
021 438 9800

9 SEPTEMBER
Advanced Botox / Fillers
(Lower Face) Johannesburg
info@thebayskincare.co.za
021 438 9800

14 SEPTEMBER
Restylane Advanced Course
Johannesburg
justine@conquest.co.za
011 706 2518

16 - 18 SEPTEMBER
Endermologie Training
Cape Town
decade@endermologie.co.za
021 683 8505

17 SEPTEMBER
Botox by Dr Alek Nikolic
Cape Town
info@aestheticfacialenhancement.co.za
021 797 0960

18 SEPTEMBER
Dermal Fillers by Dr A Nikolic
Cape Town
info@aestheticfacialenhancement.co.za
021 797 0960

25 - 26 SEPTEMBER
SFME - French Society of Esthetic Medicine Annual congress
Paris, France
info@sfme.info

30 - 2 OCTOBER
Endermologie Training
Johannesburg
decade@endermologie.co.za
021 683 8505

7 OCTOBER
Basic Botox (Upper Face)
Durban
info@thebayskincare.co.za
021 438 9800

8 OCTOBER
Advanced Botox / Fillers
(Lower Face) Durban
info@thebayskincare.co.za
021 438 9800

12 OCTOBER
Restylane Full Facial Balance
Johannesburg
justine@conquest.co.za
011 706 2518

14 - 16 OCTOBER
Endermologie Training
Cape Town
decade@endermologie.co.za
021 683 8505

15 OCTOBER
Botox by Dr Alek Nikolic
Cape Town
info@aestheticfacialenhancement.co.za
021 797 0960

16 OCTOBER
Dermal Fillers by Dr A Nikolic
Cape Town
info@aestheticfacialenhancement.co.za
021 797 0960

18 - 30 OCTOBER
Endermologie Training
Johannesburg
decade@endermologie.co.za
021 683 8505

2 NOVEMBER
Restylane Introductory Course
Johannesburg
justine@conquest.co.za
011 706 2518

10 NOVEMBER
Advanced Botox / Fillers
(lower face) Cape Town
info@thebayskincare.co.za
021 438 9800

14 NOVEMBER
Advanced Botox / Fillers
(lower face) Cape Town
info@thebayskincare.co.za
021 438 9800

17 NOVEMBER
Basic Botox
(Upper face) Johannesburg
info@thebayskincare.co.za
021 438 9800

18 NOVEMBER
Advanced Botox / Fillers
(lower face) Johannesburg
info@thebayskincare.co.za
021 438 9800

19 NOVEMBER
Botox by Dr Alek Nikolic
Cape Town
info@aestheticfacialenhancement.co.za
021 797 0960

20 NOVEMBER
Dermal Fillers by Dr A Nikolic
Cape Town
info@aestheticfacialenhancement.co.za
021 797 0960

27 OCTOBER
Basic Botox (Upper Face) Johannesburg
info@thebayskincare.co.za
021 438 9800

28 OCTOBER
Advanced Botox / Fillers
(lower face) Johannesburg
info@thebayskincare.co.za
021 438 9800

18 - 20 NOVEMBER
Endermologie Training
Cape Town
decade@endermologie.co.za
021 683 8505

25 - 27 NOVEMBER
Endermologie Training
Johannesburg
decade@endermologie.co.za
021 683 8505

17 DECEMBER
Botox by Dr Alek Nikolic
Cape Town
info@aestheticfacialenhancement.co.za
021 797 0960

18 DECEMBER
Dermal Fillers by Dr A Nikolic
Cape Town
info@aestheticfacialenhancement.co.za
021 797 0960
A flood of responses to the 2007 “Proposed Amendment of the Final Sunscreen Monograph” has engaged United States Food and Drug Administration officials, dermatologists, industry researchers and consumer groups in a tug of war over what’s needed in new regulations. Varying opinions on testing methodology, ingredient safety, environmental and economic considerations have divided the industry and left the FDA to sort out the welter of opposing views. The good news is that most observers think the end result will be stronger regulations leading to better and safer sun protection products for consumers. The bad news is that it’s unlikely the FDA will be able to publish a final monograph by its scheduled May 2009 deadline.

By Linda W. Lewis
The Experts Weigh In
As summer 2009 approaches, sunscreen manufacturers and consumers continue to wait for the FDA to act on its 2007 “Proposed Amendment of the Final Sunscreen Monograph.” What’s at stake as we continue to operate under the 1999 final monograph?

“The 1999 monograph was quite good. Really it missed only one item—a UVA rating system,” says Jeff Kletter, president and co-founder of KineSYS (kinesys.com). And considering what we now know about the dangers of UVA radiation, that one item looms large.

“With current labeling you can have an SPF 15 sunscreen formulated with physical sunblocks like titanium dioxide and zinc oxide that provides much better UVA protection than an SPF 40 sunscreen formulated with chemical UV absorbers. The SPF is a highly deceptive number than can and does give consumers a false sense of security about the protection they’re receiving,” says John Kulesza, PhD, founder of Young Pharmaceuticals (youngpharm.com). Currently, consumers have to rely on SPF numbers and general claims about broad-spectrum or UVA/UVB coverage based on the company’s own test data.

Major Sticking Point
The proposed amendment calls for in-vitro testing used to calculate a ratio of long-wavelength UVA absorbance to total UV absorbance. Basically, 2 mg/cm² of the sunscreen is applied to a quartz plate and exposed to a specified minimal erythema dose of UV radiation based on the product’s SPF rating. Transmittance is measured at 5nm wavelength intervals from 290nm to 400nm. The UVA rating is a calculation derived from the ratio of absorbance in the 340nm to 400nm range to total absorbance (209nm to 400nm).

The FDA couples this laboratory testing with an in-vivo test in which 20 volunteers with medium skin types are exposed to five levels of UVA. Persistent pigment darkening (PPD) is assessed 3 to 24 hours later. The lowest UVA dose to produce PPD in protected skin compared to unprotected skin is used to calculate the UVA rating. Products that protect against UVA are rated with one to four stars based on the lower of these two ratios.

Critics of the proposed in-vitro test question the amount of product applied, the lack of a standardized substrate and the use of a ratio linking UVA to UVB in a way that makes it easier for products with a low SPF to get a higher UVA rating. “The FDA is making an assumption that in-vitro testing is accurate, but these tests have not been validated,” says Jeanette Graf, MD, a board-certified clinical and research dermatologist in private practice in Great Neck, New York. “While the proposed amendment has launched discussions that may lead to standardized testing procedures, we will need to come to some sort of consensus, and it is unclear when that will happen.”

Critics also question the in-vivo methodology, saying the PPD measurement is not wavelength specific. “Swiss-American, for example, has recommended that the methodology for determining the UVA rating be changed to one that evaluates the product in the UVA range only, not related to UVB,” says Bill Kling, CEO of Swiss-American, Carrollton, Texas, makers of the EltaMD line (elta.net).

And nearly everyone is concerned that the proposed methodology:
- • Would make it nearly impossible for manufacturers in the U.S. to produce a sunscreen with a four-star rating using currently approved ingredients.
- • Would make it harder for U.S. manufacturers to sell their products in Europe, which has adopted the critical wavelength method of rating sunscreens.

In the critical wavelength method, a laboratory device measures the amount of radiation absorbed by the sunscreen when it is exposed to progressively higher wavelengths (290nm to 400nm) until it will no longer absorb at least 90% of the radiation. Sunscreens with lower numbers protect only against the shorter UVB wavelengths. The higher the number, the more UVA protection the product provides. A sunscreen with a critical wavelength of 370nm is considered excellent.

Des Fernandes, MD, a plastic surgeon and founder of Environ Skin Care (dermogenesis.com), says, “Looking at it from the outside, it seems that the safety of consumers is being sidelined by businesses that want to continue the marketing myth of high SPF to delude people into a false sense of security about sun protection. Respectable researchers like Diffey [Brian L. Diffey, Newcastle University, ncl.ac.uk] have repeatedly suggested that SPF should be a maximum of 20, and that people need to reapply sunscreen at least every two hours. High SPFs delude people into believing that they do not need to reapply. Given the studies done at Riverside (see “Turn for the Worst” on page 38), I believe every responsible sunscreen manufacturer needs to make sure their clients are exposed to the lowest dose of organic sunscreen to minimize the free radical challenge in the skin.”

Hilton Kaplan, MD, PhD, director of clinical research and regulatory affairs for Dermogenesis USA, agrees, saying, “It seems to me that the goal needs to shift from how high we can make the SPF to how low it can be and still provide protection.”

“Eventually, I think we have to have international harmonization. If new FDA regulations do not accomplish that, we will be looking at a whole new round of testing and label changes within a few years,” he continues.

“The FDA is under extreme pressure to evaluate all of these opinions,” says Laura J. Goodman, MS, senior scientist at P&G Beauty (pgbeautyscience.com). “The amendment may be revised
Beyond the UVA Debate

“In 2008 there were more than 500 articles published that related to sunscreens. A large portion of these were dedicated to safety and regulatory concerns, such as the role of sunscreen in potential vitamin D deficiency, environmental effects of sunscreens, effects of sunscreens on the endocrine system, safety of nanoparticles such as titanium dioxide, new sunscreen ingredients and developments in existing ingredients, methods for measuring sunscreen efficacy, health benefits of sunscreens, and how to communicate sunscreen related topics/issues to consumers,” reports Goodman. “Avobenzone is one of the most widely used broad-spectrum sunscreen actives in the U.S., but it degrades upon exposure to UV radiation resulting in less protection over time. Recent advancements in ingredient technology include new photostabilizers, such as octocrylene, TinoSorb, butylated salicylate, Mexoryl SX, Corapan 1 TQ and others.”

Dr. Kaplan presented research on a new long-acting, broad-spectrum sunscreen that provides protection for days versus hours at the 67th Annual Meeting of the American Academy of Dermatology in March. The formulation contains a mixture of TinoSorb [not yet available in the United States] and metal oxides. It adheres to the dead layer of skin until it’s washed away. “It’s nonocclusive and, like long-lasting makeup, can be removed with a cleanser,” says Dr. Kaplan.

New sunscreen formulations are benefiting from additional research and discoveries such as these:

Adding antioxidants. “One of the latest developments involves including antioxidant complexes in sunscreen formulations to fight off free radical damage and protect skin at the cellular level,” says Gene Colon, assistant vice president, medical and media relations, La Roche-Posay (laroche-posay.com).

“Free radical scavengers such as vitamins C and E, vitamin A and carotenoids are already found in the skin, and I believe that enriching the skin with these antioxidants when we apply sunscreen ensures better protection from the free radicals generated by UV rays,” says Dr. Fernandes. “Researchers in Switzerland showed that creams containing high levels of vitamin A in the form of retinyl palmitate minimize damage to DNA.”

Deleting questionable ingredients. “Consumers may soon be looking as closely at what sunscreens do not contain as what they do contain,” says Kling. “They are concerned about parabens, formaldehyde donor preservatives and harmful active ingredients. These same consumers are driving the popularity of sunscreens containing only physical actives.”

Multifunctional products. “One of the latest developments is the creation of sunscreens that not only protect against UVA damage but also serve as adjunctive treatments for skin problems such as rosacea, hyperpigmentation and acne,” says Kulesza.

Kling agrees, adding that future sales may be driven by performance in niche areas such as moisturizing, antiaging or specific skin conditions, such as acne. “Consumers are ‘wising up’ to the fact that it’s not just an SPF numbers race anymore,” says Kling. “For example, there are formulations that rub in with no ‘whiteness’ on virtually all skin tones, and sunscreens that help to control acne and reduce associated redness.”

Nanotechnology or not. “We need to resolve the safety issues surrounding nanotechnology, which allows physical or inorganic sunscreens such as titanium dioxide and zinc oxide to be chemically and mechanically engineered to be small enough to blend in without leaving a white residue or film,” says Kletter.

“We always have to look at the long-term effects of anything, while keeping in mind the cost-benefit ratio. We’ve been using micronized ingredients for many years with no discernable problems. Is there good reason to be concerned? There may be more reason to be concerned about allergic reactions and hormonal disruption associated with oxybenzone,” says Dr. Graf.

“While some chemicals take on different properties when reduced to nanometer sizes, these particles are far smaller than the nanometer particles of zinc oxide and titanium dioxide used in sunscreens, which usually measure from 30nm to 100nm. These particles are still much too large to penetrate the outermost layers of the skin and pose no health concern, according to existing research [A. Mavon et al., In-vitro percutaneous absorption and in-vivo stratum corneum distribution of an organic and a mineral sunscreen, Skin Pharm & Physiology, January 2007],” says Kling.

More elegant formulations. “A pleasing aesthetic is also becoming increasingly important to consumers,” says Colon. “Suncreens now have light textures and are suitable for daily use.”

“Compliance continues to be an issue,” says Kulesza. “Doctors tell me that even patients with skin cancer have trouble using sunscreens every day. Manufacturers are getting better at producing formulations for the face that don’t leave a visible residue. Anhydrous gels, introduced a few years ago, are making elegant formulations easier. They deliver titanium dioxide and zinc oxide in virtually invisible formulations that provide excellent broad-spectrum coverage. These gels can be used to deliver chemical UV absorbers as well.”

Sunscreen use has become a part of daily grooming for many and regardless of the final details of the FDA sunscreen monograph, market forces will continue to drive sunscreen sales. Changes in the monograph will mean new testing requirements for every sunscreen on the market and new labeling requirements. “I would expect this to be accompanied by a substantial amount of consumer education, leading to increased awareness of sunscreen benefits and a rise in sales,” predicts Goodman.

Linda W. Lewis is a MedEsthetics contributing editor based in Orange County, California.
DANNÉ - TRANS DERMAL SUNBLOCK

A double strength sun block that totally protects skin from damaging ultraviolet A + B rays, Transdermal sub block SPF30 is formulated with a water resistant transdermal base that is never greasy.

Along with sun protection, many fear that their sunscreen will make their skin clogged and oily. This is no longer the case, as DannÉ Montague-Kingís Transdermal Sunblock protects the skin from the sun without clogging your skin.

This non-greasy sunblock was originally formulated for acne sufferers which means it is safe and non-invasive for all skin types.

Sunblock should do one job and that is effectively protect the skin from the sun, without clogging the skin.

Distributed by GA Active
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www.filorgasouthafrica.co.za
012 548 3943

FIORGA SUNBLOCK NEW

SUNSCREEN - SPF 30 - Tested under medical control

The professional procedure - In the morning apply after the hyperpigmentation treatment cream to neutralise the sunís effect on pigmentation or to protect the face from daily sun exposure. Renew application during the day.

PROFESSIONAL

Developed as a post laser and peel treatment, this cream can be used daily easily thanks to its very light technical texture, even with a very high solar protection factor. It combines protection, comfort and anti-aging efficiency. With 10% solar filters and vitamin E, it protects the skin from sunrays and free radicals. The presence of highly nourishing agents (such as natural Shea butter) softens the skin and anti-aging agents boost cellular activity. Its filters its micronized filters and avoid any plaster effect during application and enable to apply make-up without experiencing excessive shine.


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gaaactive@ackmain.com
www.filorgasouthafrica.co.za
012 5483943

NEOSTRATA DAILY PROTECTION

SUNSCREEN SPF 29

A light, daily use moisturizing sunscreen for all skin types. Description: This broad spectrum sunscreen provides high SPF protection (SPF 29) with water resistance to give sunburn protection even after exposure to water. It is a light, non-greasy, daily use lotion with broad spectrum (UVA/UVB) sunscreens. It includes the newest FDA approved UVA sunscreen ingredient Parsol 1789 (Avobenzone).

It is recommended for daily application before applying makeup and can be used over other NeoStrata products. It is also ideal protection following cosmetic facial procedures including laser, superficial peels, microdermabrasion and exfoliations. Suitable for all skin types including oily prone and sensitive skin. It is non-comedogenic and non-acnegenic. Fragrance Free. Does not contain PABA, Oxybenzone or whitening Titanium Dioxide or Zinc Oxide that leaves a pasty, white film on skin.

Distributed by Genop Health Care - dianne@genophc.co.za

SUN PROTECTIONS 30 is part of a specialized treatment line to protect the face and body from damage caused by sun rays. These innovative sun formulas were created by Specchiasol using latest generation microencapsulated filters. Aloe Vera Juice: Pure juice, from internal part of organically certified Aloe Vera Barbadensis leaf. Contains premium polysaccharides, including Acemannan, with its intense healing, emollient and hydrating action. The Aloe utilized is used in the IDRALOE complex, an ideal combination of anti-oxidative vitamins, panthenol and wheat micro peptides.

Probiofactor: the combination of probiotic and prebiotic milk enzymes and vitamins promotes the formation of a perfect protective barrier, making the skin more elastic and slowing the ageing process. Wheat Micro Peptides: very small proteic fractions which are able to permeate and rebalance skins connective tissue. Carboxymethyl Beta Glucan: natural polysaccharides that combat dangerous effects of free radicals and promote cell regeneration.

Also contains: Coconut Oil, Carrot Oil, Karite Butter, Carboxymethyl Beta Glucan, Babass Oil.
VICHY CAPITAL SOLEIL
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• Water resistant
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Brown, Light and Fair

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spf cream sunblock is
a sun protector for very fair skin,
freckled skin, and sensitive
skin which burns easily in
the sun, and for skin exposed
to strong sun conditions
(tropics, glaciers, etc).

Photoderm Maxim’s 50+ spf
cream’s very mild formula offers
MAXimum sun protection.

PhotonMax 50+ spf
cream sunblock is
rich
in anti-radical active
ingredients and combats
premature skin ageing.

Photoderm MAX 50+ spf
cream sunblock is sun,
water and perspiration resistant.

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1. Phytobiological Filters:
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For patients who need it most

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- Drug-induced photosensitivity
- Post-procedural photosensitivity e.g. following Dermabrasion, Chemical Peels, Laser Therapy, Intense Pulsed-Light Therapy and Photo-Dynamic Therapy

References:
1. Cetaphil® UVA/UVB Defense SPF 50+ Product Profile

Cetaphil® UVA/UVB Defense SPF 50+ contains:
- Tinosorb M and triaminobenzophenone-5 (Mexoryl® XLS), diclofenac triamino (Mexoryl® XL), butyl methylbenzothiazole-5-sulfone (Paraloid B480), ethylhexyl salicylate (Ilscience), ethylhexyl salicylate (Paraloid B480), ethylhexyl salicylate, and methoxycinnamate (Ilscience), titanium dioxide, mica, glyceryl stearate, pantothenate, stearate alcohol, hydroxypropyl methylcellulose, n-butyl, trimethylammonium polypropyl dimethylammonium, dimethicone, cyclomethicone, triethanolamine, glycine, glycerin, propylene glycol, carbomer hydrate, stearine acid, aloe barbadensis, PEG-100 stearate, polysorbate and polysorbate, sodium LTA, isocyanate triethanolamine, phenylisothiazol, methylparaben, ephylparaben, propylparaben, sodium hydroxide, palmitoyl mycharyl, glycerine. For details, please refer to Cetaphil’s latest product information. Your dermatologist provides full information on the product's ingredients.
1. Constitutional roots

The right to privacy has its roots in the South African Constitution. Section 14 states that:

“Everyone has the right to privacy, which includes the right not to have -
(a) their person or home searched;
(b) their property searched;
(c) their possessions seized; or
(d) the privacy of their communications infringed.”

Every manifestation of the right to privacy in law, as well as any limitation to the right to privacy (such as where personal health information is made known to third parties), has to be justifiable in constitutional terms. Basically, this means that every such limitation have to be done in terms of a law which authorizes such a limitation, and that such limitation must pass constitutional tests such as whether it is reasonable, rational, proportional and what the impact on the affected person is.
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2. Laws governing the right to privacy and confidentiality

Various other laws, as well as the HPCSA’s ethical rules, regulate the right to privacy. Some of these laws apply to all settings, whereas others specifically apply to the health sector. This also means that there may be some contradictions, which will be pointed out in this article.

2.1 The Promotion of Access to Information Act, 2000 (“PAIA”)

The PAIA protects all personal information from disclosure if a third party requests such personal information. Personal information is defined as (health-related matters indicated in bold):

“… information about an identifiable individual, including, but not limited to -

(a) information relating to the race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the individual;
(b) information relating to the education or the medical, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;
(c) any identifying number, symbol or other particular assigned to the individual;
(d) the address, fingerprints or blood type of the individual;
(e) the personal opinions, views or preferences of the individual, except where they are about another individual or about a proposal for a grant, an award or a prize to be made to another individual;
(f) correspondence sent by the individual that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence;
(g) the views or opinions of another individual about the individual;
(h) the views or opinions of another individual about a proposal for a grant, an award or a prize to be made to the individual, but excluding the name of the other individual where it appears with the views or opinions of the other individual; and
(i) the name of the individual where it appears with other personal information relating to the individual or where the disclosure of the name itself would reveal information about the individual, but excludes information about an individual who has been dead for more than 20 years”

It should be noted that the protection does not extend to information that is sufficiently de-identified (i.e. would not lead to the identification of a particular person). It is also noteworthy that whereas it is generally regarded that deceased persons do not possess rights, access personal information about a person not yet deceased for 20 years would not be possible. The PAIA however, does not provide for a mechanism whereby someone could potentially consent to the disclosure of information about a deceased person.

In general, PAIA allows every person the right to access information held by anybody (e.g. a medical practice, medical scheme, any state department, etc) on him- or herself. This means that a patient may request copies of such information, subject to the payment of fees for photocopying, as stipulated in the law. One exception on such personal access is created by section 61. It states that if the body (e.g. a medical practice of hospital) from which the information is requested, is of the opinion that the disclosure of the record might cause serious harm to the person’s physical or mental health, or well-being, the head of the practice or hospital may consult with a health practitioner who has been nominated by the relevant person. After this consultation the head of the facility may require that the person, requesting the information that might cause such harm, prove that arrangements have been made for counseling or other steps to prevent the harm.

For children under the age of 16, the parents have to appoint the healthcare practitioner. It does, however, not require disclosure of the information to the parents.

2.2 National Health Act, 2003 (“NHA”)

Section 14 in the NHA protects “all information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment”. The Act awards the same meaning to personal information as in the PAIA. In relation to the “stay in a health establishment”, it means that a practice or hospital, for example, would not even be able to confirm that a person has indeed been in the facility, without such person’s proper consent.

Disclosure of such information may only take place if:

• the person has consented to the specific disclosure in writing;
• a court order or any law required the disclosure; or
• non-disclosure of the information represents a serious threat
to public health.

Section 15 allows the sharing of information in, for example,
health facilities, or between a pharmacist and a medical
practitioner. It authorizes such disclosures to “any other person,
health care provider or health establishment” if:
• it “is necessary for any legitimate purpose within the ordinary
course and scope of his or her duties” and
• “where such access or disclosure is in the interests of the
user.”

It also allows “a health care provider to examine a user’s health
records for the purposes of treatment with the authorisation of the
user” and/or “study, teaching or research with the authorisation
of the user, head of the health establishment concerned and the
relevant health research ethics committee.” If the identity of the
person would not be revealed, the authorizations would not be
required. However, it is good research practice to obtain ethics
approval even for anonymised research.

Section 17 criminalises negligence in the storage and handling
of healthcare information, and requires of health establishments
to have mechanisms in place to prevent unauthorized access.

3. HPCSA Ethical Rules

The HPCSA’s ethical rules, as amended on 2 February 2009,
contain the following provision on confidentiality:

“13. (1) A practitioner shall divulge verbally or in writing
information regarding a patient which he or she ought to
divulge only—
(a) in terms of a statutory provision;
(b) at the instruction of a court of law; or
(c) where justified in the public interest.
(2) Any information other than the information referred to
in subrule (1) shall be divulged by a practitioner only—
(a) with the express consent of the patient;
(b) in the case of a minor under the age of 12 years, with
the written consent of his or her parent or guardian; or
(c) in the case of a deceased patient, with the written
consent of his or her next-of-kin or the executor of such
deceased patient’s estate.”

The ethical rules attempt to align the confidentiality protection
with the age to consent to medical treatment envisaged in the
Children’s Act, 2005. The Children’s Act, which is not in force
yet as far as consent to treatment is concerned, sets the age
of consent at 12, provided that the child is mature enough and
understands the risks and benefits of the treatment options.
Currently, the Child Care Act’s provisions on consent still apply,
i.e. children of the age of 14 can consent to treatment without
their parents and would therefore be entitled to corresponding
confidentiality.

4. Conclusion

Practitioners have to ensure that:
• Measures are in place to protect the confidentiality of
all patients by ensuring that staff are aware of the legal
requirements in relation to confidentiality and disclosure;
• All requests for access from third parties (lawyers, a divorced
parent, spouse, insurers, etc) are dealt with in terms of the
PAIA; and
• Information is only disclosed with the patient’s written
consent, or in terms of a law that explicitly authorize the
disclosure or in terms of a court order.

Bibliography
Child Care Act 74 of 1983
Children’s Act 38 of 2005
Ethical rules of conduct for practitioners registered under the
Health Professions Act, 1974: amendment No. R. 68 of 2 February 2009
National Health Act 61 of 2003
Promotion of Access to Information Act 2 of 2000

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Matrix RF Fractional Skin Resurfacing Technology Treats Darker Skin Types

By Bob Kronemyer, Associate Editor

Practitioners are now able to provide safe and efficacious fractional skin resurfacing treatments to darker skinned patients with the Matrix RF from Syneron, Inc. (Irvine, Calif.). Matrix RF uses only radiofrequency technology to successfully treat Fitzpatrick skin types IV, V and VI.

“Before the availability of the Matrix RF, I needed to be extremely careful when performing any kind of ablative or even semi-ablative treatment in my darker skinned patient population because of the possible complications,” said Tess Mauricio, M.D., a board certified dermatologist and founder of Scripps Ranch Dermatology and Cosmetic Center in San Diego, Calif. “The Matrix RF is a non-laser, non-light fractional device. Its energy source is radiofrequency, which effectively delivers a safe amount of heat energy to the treatment site.”

“The Matrix RF is a non-laser, non-light fractional device. Its energy source is radiofrequency, which effectively delivers a safe amount of heat energy to the treatment site.”

According to Dr. Mauricio, applying optical energy from laser or other light-based devices is often a daunting challenge when treating darker skin.

“More optical energy is absorbed by the increased pigment in these darker skin types.”

Furthermore, resurfacing lasers can be aggressive at the epidermal level. As epidermal disruption increases, so does the risk of adverse events. Matrix RF causes less epidermal disruption due to the more triangular shaped lesion it produces. At the skin's surface, the ablated zone is narrower, with areas of less affected tissue surrounding it. This affected area widens below the surface so that the bulk heated area is larger than some other fractional technologies. This bulk heating leads to neocollagenesis at the dermis level (about 400 microns) where it is most desirable for effective skin tightening.

Dr. Mauricio is principal investigator of an ongoing study of the Matrix RF on darker skin – Fitzpatrick V and VI – which comprises Asian, Hispanic, East Indian and African-American patients. Patients are both female and male and range in age from late twenties to late fifties. They are being treated for wrinkles, pore size and pigmentation.

As of mid-February, most patients in this single-center study had completed their second treatment, which was spaced one month after their first session. “So far, the Matrix RF is demonstrating promising results for these darker skin types,” Dr. Mauricio reported. “We have not encountered any complications. There have been no cases of post-inflammatory hyperpigmentation, which is probably the most common complication observed in this particular patient population when performing any type of laser skin resurfacing. This finding is really exciting.”

Of the three treatment programs offered by the Matrix RF, a majority of study patients were treated either with Program A, which included mild ablation and skin resurfacing that resembled the impact achieved with fractional erbium glass devices, or Program B which was a moderate ablation and skin resurfacing resembling the improvement of fractional Er:YAG devices. “We can control the density of coverage through the tunable SelectPulse,” Dr. Mauricio noted. “For fluence, the system offers the ability to deliver up to 25 Joules of energy.”

One patient, with deep acne scars was treated with Program C, which
achieved intense ablation and skin resurfacing, resembling improvement typically observed with fractional CO₂ devices. “Program C is also great for treating around the eyes and mouth, where there is deeper wrinkling,” Dr. Mauricio added. “The disposable treatment tip, which offers 125 pulses, is a simple, easy way to maintain sterile treatment conditions in these areas, which can be difficult with competitive technologies.”

Unlike other fractional devices which require multiple passes, “the Matrix RF is a single pass technique,” Dr. Mauricio continued. “A full-face can be completed in approximately 15 to 20 minutes.”

“With Matrix RF, we are able to avoid targeting the melanin in the skin since we are no longer dependent on a light energy component to heat the skin.”

Study results concluded that there is little downtime with the Matrix RF. “Patients are slightly red and swollen immediately after the procedure, but that subsides within a few hours and by the following day patients can wear make-up,” Dr. Mauricio said. “For patients who do not wear make-up, there is no need for them to hide out. I have extensive experience with another fractional system but the Matrix RF is unlike any fractional skin resurfacing device I have used in the past.”

Study patients are very excited with results after only two treatment sessions Dr. Mauricio reported. “Most of them actually notice improvement, even one to two weeks after their first treatment. Co-workers and family members also mention how much better they look.”

Dr. Mauricio recommends a series of five monthly sessions with the Matrix RF, with the possibility of additional sessions for deeper acne scars. “I don’t believe you can overdo treatment. The more treatments, the more cumulative improvement,” she said. “There is an increase in new collagen formation, skin tightening and overall rejuvenation.”

According to John Shieh, M.D., who practices cosmetic medicine in the Los Angeles, Calif. area, “traditionally, we would not treat patients of color (skin types V and VI) with light-based modalities. Even type IV skin has been turned away because of inherent risks.”

Dr. Shieh appreciates the ability to fine tune the depth of penetration and the amount of energy used with Matrix RF, “to minimize potential damage to the melanocytes, which are deeper in the dermis. Heat damage at that level is kept to a minimum, yet we can still achieve the desired resurfacing results at the surface. With Matrix RF, we are able to avoid targeting the melanin in the skin since we are no longer dependent on a light energy component to heat the skin.”

With light energy the hottest point is at the surface of the skin and as energy penetrates deeper it immediately dissipates and diffuses. Conversely, the electrical energy of the Matrix RF “is more controllable. All the ions of electricity are conserved and controlled,” Dr. Shieh explained. The 64 contact points that comprise an array or grid “do not pierce the skin, but merely touch it. Electrical energy is modulated through these 64 pins, based on an alternating positive and negative polarity found in each of them.”

Individual settings of the Matrix RF allow for more coagulation or more ablation. Each of the contact points “are tiny little lesions,” Dr. Shieh continued, “and as you penetrate deeper into the tissue, the bulk heating effect expands.”

Dr. Shieh has treated textural conditions, fine lines and wrinkles with the Matrix RF. “I’ve also been treating acne scars on ethnic skin.” Specifically, a Hispanic woman in her mid-thirties with skin type IV and severe acne scarring was given three treatments, spaced four to six weeks apart. “We have observed a smoothing of her acne scarring, whereas previously, with a fractional CO₂ system, she did not achieve the desired results. The Matrix RF is definitely a novel approach to fractional ablative treatment.”
NovaShape is a non-invasive technology for fat reduction and body contouring. The unique technology operates by sweeping specific ultrasound frequencies that are created by a dedicated software that operates on variable levels of low frequencies in order to reach the Resonant effect for Dynamic Cavitation through a cooling mechanism of the piezoelectric emitter. (PCT & US Pending).

Cavitation at Resonant level is a physical phenomenon meaning that a large amount of micro-bubbles are created due to the fast variation of pressure changes. This mechanical effect of explodes and implodes are strong enough to breakdown the adipose membranes (pressure of exceeds 50Kg per cm²), where fat cells are destroyed and triglycerides are reabsorbed through the blood and lymphatic system.

NovaShape is a state of the art device built after years of research on variable low frequencies (for Mechanical effects) rather than other devices working on high frequencies of 1MHz to 2.4MHz (for Thermal effects), on the non-invasive fat reduction & body contouring applications. The method of low frequencies applied by the NovaShape system allows treatments to take place on most parts of the body, were results are obtained after a single session only!

After treatment (rupture of adipocytes) the released fat and cellular debris are cleared via the body’s natural physiological and metabolic pathways.

Multi-frequency Emitter for resonant effect
In order to obtain a dynamic cavitation process, the ultrasound emitter must be in concordance with the frequency absorbed by every biological tissue at resonant level. This fact will depend on the density, its depth, and the shape of the cavity where the fat tissue is located.

Unlike other systems that are working on fixed frequency, NovaShape software sweeps constantly on low frequencies to reach the specific frequency that is required for the density/depth/shape of fat tissue location.

NovaShape is an unique system due to its mechanical movements of higher compression capacity with lower thermal effect through its chilled thermoelectric head. By creating compression through formation and implosion, higher mechanical pressure takes place on the adipocytes membranes.

When this phenomenon takes place in the interstitial liquid of the adipose tissue, adipocytes that are exposed to such overpressure, cause fat nodules packages to be separated, and for the total of membranes/cell walls in high volume.

No effects on the hepatic system were observed.

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Cetaphil® Gentle Cleansing Lotion is recommended as a mild cleanser to be used with the following skin treatments:

- Microdermabrasion
- Chemical Peels
- Laser Skin Resurfacing
- Photodynamic Therapy (PDT)

Nutraderm® Lotion and Cream is the perfect partner to Cetaphil® Gentle Cleansing Lotion. Nutraderm® is specially formulated to be non-comedogenic, and its formulation is ideal to moisturise sensitive skins due to medical or climatic conditions. The lanolin- and fragrance-free formulation ensures that it will not cause any irritation to acutely inflamed skin, or highly-irritated skin.

Cetaphil® UVA/UVB Defense SPF 50+ is a ‘very high factor photoprotector’ sunscreen. It comprises a sun filter system of 7 UV filters and 1 UV blocker, providing protection against UV rays across the broad-spectrum of UVA and UVB radiation. Importantly, it contains two patented UV filters: Mexoryl® SX and Mexoryl® XL, which provides synergistic protection from UV radiation and also contributes to the photostability of other filters in the sun filter system.

In clinical studies, the filters within Cetaphil® UVA/UVB Defense SPF 50+ have been shown to provide best-in-class, broad-spectrum UV protection from photodermatoses and prevention of photoinduced skin damage.

Mexoryl®-based sunscreens:

- Prevent the induction of polymorphous light eruption (PMLE)
- Should be applied once-daily (in the morning) in all patients with Rosacea
- Avoid deepening of hyperpigmented areas of Melasma
- Prevent photodamage of newly rejuvenating, photosensitive skin following dermatological procedures such as dermabrasion, chemical peeling, photodynamic (PDT) or laser therapy
- Provide effective photoprotection against the cutaneous alterations associated with photoaging

The broad-spectrum UVA/UVB photoprotection system of Cetaphil® UVA/UVB Defense SPF 50+ has been specifically designed for to provide patients affected by photodermatoses with the best-in-class UV protection system that is also:

- Water-resistant and fragrance-free
- Hypoallergenic and non-comedogenic

Cetaphil® UVA/UVB Defense SPF 50+ is available in an easy-to-apply cream formulation and has a high tolerance.
Hair loss occurs in both men and women and is affected by genetics, hormones, disease and environmental issues. Both sexes report reduced self-esteem as a result of hair loss, while men also complain of difficulty dating and trouble securing a new job. A balding hairline can make men and women look and feel older than they really are.

Low-level laser light hair restoration utilizes cool laser technology to stop hair loss and stimulate new hair growth. It is believed to work by stimulating cellular metabolism and protein synthesis at the mitochondrial level while regenerating tissue and increasing blood flow to the scalp.

The science behind the treatment is called photobiogenesis: FDA-approved low-level laser light therapy induces dormant hair follicles into the anagen phase, which generates the growth of more vital, robust hair than scalp follicles can generate on their own. Laser-induced photobiogenesis is also used in medicine for wound healing and other therapeutic applications.

We use the Revage 670 device from Apira Science (apirascience.com), which is a Class IIIA diode laser approved by the FDA for cosmetic use. Developed in Europe for wound healing, hair loss and the treatment of other scalp diseases, the Revage 670 emits 670nm visible red light.

The exact mechanism of action for visible red laser light therapy is not clear, but it is believed to act at cellular and subcellular levels, creating enhanced cell proliferation.

The physical state of a cell can be affected by changing its permeability to calcium ions. Calcium ions act as intracellular messengers that can affect the mitochondria and, in turn, messenger RNA synthesis. This process may ultimately lead to increased cell proliferation.

According to Apira, researchers observed that low-level laser light stimulated rapid wound healing in a safe and effective manner. This
The principle was then applied in the Revage 670 to help repair damaged blood vessels in the scalp by creating increased blood flow, thereby providing hair follicles with increased circulation. According to researcher Glen Charles, MD, the Revage 670 has been shown to increase hair counts in men by an average of 37.78% within 16 weeks of treatment with no incidence of side effects (Medical Insight, March/April 2006).

Average results show a 40% to 60% increase in hair density combined with an 80% to 85% success rate in halting the progression of hair loss. In addition, studies have shown that existing hair becomes thicker and healthier following treatment.

**Treatment Delivery**

Low-level light hair restoration is painless and safe. In fact, most patients relax and read during their 20-minute treatments. Patients sit in an upright chair, similar to a salon or barber chair. The device, which resembles a hard hat salon dryer, is lowered over the top of the head. The diodes in the device rotate internally while the patient reads or listens to music for 20 minutes. There is little staff training required. You simply push a few buttons then leave the patient to relax during the treatment. No special laser protection eyewear is needed.

To my knowledge there have been no short- or long-term side effects reported, other than occasional headaches in a small percentage of patients during the first few sessions. We have personally not observed this among our patients. There are also no contraindications. No preparation is required, and there is no downtime following treatment.

**Patient Selection**

Many types of hair loss in both men and women respond to this treatment, including male pattern baldness, telogen effluvium in females, perimenopausal-related thinning and female pattern baldness. Both male and female patients with alopecia areata are indicated for treatment, although the results at this time are anecdotal. Areas that are still losing hair or thinning are more likely to respond than areas that have been completely bald for many years. The sooner we start patients with thinning or balding hair on this treatment, the better the results will be.

Low-level light therapy can be used safely in conjunction with prescription medications including Propecia or Rogaine. It does not interfere with any other treatments such as hair transplantation and, in fact, may improve the success of hair transplantation surgery. Several hair transplantation clinics are already utilizing this technology with their patients before and/or after surgery.

One of the challenges I’ve encountered in promoting this treatment is that most people are skeptical of treatments that promise to reverse hair loss. It doesn’t seem to matter that my patients trust me with everything else I offer or recommend, this technology seems to bring out their skepticism.

Another drawback of this procedure is the frequency and duration of treatment required. For optimal results, it is recommended that patients follow a stringent protocol of frequent visits, followed by lifetime maintenance. As with other hair loss treatments such as Propecia and Rogaine, maintenance therapy is crucial.

**Treatment Protocol**

Every patient begins with a consultation with one of my nurses or physician assistants. We take a thorough medical history, including family history pertaining to hair loss and perform laboratory tests if we suspect the hair loss is associated with any disease states such as thyroid disease or anemia. We explain the treatment in detail to each potential patient. Before we begin the sessions, we take photographs of the patient’s scalp, both macroscopically and microscopically.

The treatment program can be started immediately to accelerate hair regrowth, even if a medical condition is found that requires treatment. The 12-month program consists of four three-month phases, followed by a maintenance program.

- **Phase 1**
  - Two treatments per week for three months
- **Phase 2**
  - One treatment per week for three months
Ultracavitation: New Non-Surgical Liposuction

The NovaShape is the latest clinically proven advanced system using dynamic resonant ultrasound for fat reduction and body contouring through cavitation. Ultracavitation consists of a non-invasive medical treatment that combats localised fat and cellulite through the application of ultrasounds. The emission of ultrasounds on the skin’s external surface produces pressure changes in the interstitial fluid of the adipose tissue, generating microbubbles (cavities) that first implode and then burst. This exceedingly high pressure destroys the fat cells. The fat content of these cells or triglycerides are fragmented into diglycerides and are naturally eliminated through the urinary and lymphatic systems.

Advantages:
- It is a painless and safe treatment.
- Does not require surgery
- Visible results in the first weeks of treatment
- Very useful in treatment of superficial fat and non-volumetric fat accumulation.

www.technolase.co.za

Details

Cool Laser Hair Restoration

Phase 3
One treatment every other week for three months

Phase 4
One treatment per month for the final three months

Annual Maintenance: One treatment per month
The cost to the patient typically runs between $2,000 and $3,000 for the first year. After that, monthly maintenance treatments cost approximately $600 per year.

Patient Satisfaction
In my practice, 10% to 20% of patients experience noticeable hair regrowth. These are my most satisfied patients. An additional 10% to 20% of patients experience hair regrowth that is not immediately visible to the naked eye. These patients are somewhat satisfied. The remaining patients who experience no regrowth have mixed satisfaction rates. None of the patients lost more hair during treatments, and some are satisfied with this result. Roughly 10% are dissatisfied because they see no change in their appearance.

Dr. Lorrie Klein is the founder and medical director of Lorrie Klein, MD - Dermatology & Laser Center and Euro Day Spas in Laguna Niguel, CA. She is a diplomate of the American Board of Dermatology, a fellow of the American Academy of Dermatology, and has served as an assistant clinical professor in dermatology at UCI Medical School. Contact her at skin1.com.

By Lorrie Klein, MD

Product Reviews

MedEsthetics | Southern Africa
Ultimate MEN

Science and sport meet to offer a man a sophisticated range of skin care that suits his image and style. Ultimate for MEN is a full retail and treatment range.

Jean de Villiers

Sportskin South Africa, suppliers of the brands, SportSkin and Skinnovation that include full retail and treatment ranges for both men and women.

Trade enquiries: info@sportskin.co.za Tel: 012-997 6716
www.sportskininstitute.co.za www.sportskin.co.za
01 FILORGA LAUNCHES A NEW BREAKTHROUGH TECHNOLOGY FILLER
Filorga launched X-HA3R, the 1st polyvalent cross-linked hyaluronic acid dermal filler. An exclusive formulation adapted to different depths of injection, XHA3 is a Monophasic and resorbable implant (without particles). At an optimal concentration of 23mg/ml cross-linked hyaluronic acid and free hyaluronic acid.

Cross-linking with BDDE for maximal efficiency and tolerance. It is obtained by non-animal origin bio-fermentation and highly purified for perfect bio-compatibility.

This filler offers practitioners the opportunity to treat any indication on the face with the same product. XHA3 can be used on anything from superficial lines to volumizing. The only change would be the needle to be adapted according to the indication.

Filorga has 30 years of expertise at practitioners’ disposal Label ISO 13485, emphasizing traceability and safety of products, CE 0297 marked products and quality requirements conforming to European medical standards.

Filorga laboratories focuses on active development research providing innovative and safe solutions to practitioners and their patients.

Available from GA Active Wholesalers

02 DIAMOND TIP MICRODERMABRASION
CRYSTAL FREE MICRO-DERMABRASION
The DiamondTip Microdermabrasion system is developed for aesthetic applications. This new generation unit, is successfully used in the U.S.A and Europe. The depth of the "skin peel" is controlled by the application of vacuum and the tip used, across the epidermal tissue, allowing the customization of individual treatments. The DiamondTip Microdermabrasion unit will treat traditional skin abnormalities of the ageing process namely: fine lines, certain wrinkles, sun spots, pigmentation, enlarged pores, blackheads / whiteheads, acne and trauma scarring & dull and blemished thickened skins. DiamondTip Microdermabrasion can be used safely for the whole body.

Advantages of DiamondTip Microdermabrasion
• High precision peel
• Long life of Diamond coated tips
• Safe & soft exfoliation
• No consumables – very low operating cost
• Very low maintenance costs
04 SYNERON EMATRIX
Treatments Beyond Laser and Light. Fractional Wrinkle Reduction and Skin Resurfacing transformed.

The first ever fractional radio frequency device for skin ablation for all skin types!

eMatrix utilizes the Matrix RF technology, which is an industry-unique fractional radio frequency technology that provides effective, controlled fractional treatments. During treatments with Matrix RF, each pulse delivers conducted radio frequency energy via a grid of 64 matrix spots.

The RF energy induces a skin injury which is maximized in the region of the matrix spots with an accelerated healing process supported by the tissue surrounding the matrix spots. The system’s SelectPulse technology allows customised treatment, enabling various kinds and degrees of impact of the affected skin areas to treat a range of skin conditions and skin types safely.

eMatrix is equipped with SelectPulse to enable a tunable impact of relative proportions of different heating effects: ablation, coagulation / necrosis and residual heating. In addition, the depth of ablation and the extent of the surrounding tissue coagulation may be controlled and customized to achieve the desired degree of skin resurfacing based on your patient’s needs.

For more information, please contact Radiant Healthcare at 011 794-8253/2

05 AIRGENT™

Less is more – an article on the latest technology of lasers offering better results with less pain, better indications, combination modalities and offering treatments beyond lasers and lights.

The potential market for a procedure that offers an efficient means to improve skin thickness, appearance and hydration is massive. This results in a high-potential market for skin remodeling solutions that offer less invasive, high-precision technologies, for more potential customers and for more areas of the body.

Over the next years, the skin-rejuvenation market is expected to regain its growth-momentum prior to the economic recession. Since the 1980s, different methods were designed to stimulate production of new collagen in the skin using chemical or thermal effects.
PRODUCT REVIEWS

However, with today’s ever-growing competition, one should consider offering the latest in technological improvements and the most appealing solutions for a wider number of patients and an increased potential of treatment areas such as hands, décolleté, neck, cheeks, around the eyes and lips, forehead and chin. With this in mind, the Airgent™ system may well be the best available solution for the experienced practitioner.

HOW DOES THE AIRGENTTM WORK?
The Airgent™ procedure is a revolutionary, clinically-proven procedure that offers a treatment beyond lasers and lights. It harnesses a completely new, non-thermal technology to offer immediate and long-term aesthetic improvements. The system uses a precise pneumatic technology to accelerate and deliver high-molecular mass skin enhancing agent particles via tiny entry points, to a controlled depth within the dermis, leaving the surrounding tissue intact. These accelerated particles (A unique Hyaluronic Acid solution) spread laterally creating a micro-trauma that mechanically stretches the fibroblasts, stimulating growth factors and augmenting collagen generation. A uniform coverage of the area treated is achieved, resulting in an even and effective treatment.

The system specifically addresses the growing demand for immediate improvement, attracting hesitant patients due to the minimal downtime. It responds to the increasing search for an effective and virtually painless long-term solution, is suitable for all ages and all skin types and demonstrates an impeccable safety record, exhibited by no other rejuvenation procedure.

ENHANCING PRACTICES
The Airgent™ offers a highly effective and financially rewarding ROI that can increase the clinic’s value proposition through new treatment areas, immediate skin improvement and minimal downtime. Recent publications(*) show that at least 50% of current patients want to treat the neck, chest and hands along with their face. This makes the Airgent™ the best complementary solution for experienced and established practices. Moreover, the ability to address all skin types further increases patient base by 20-30%. Male patients are expected to account for 20-40% further potential increase due to minimal downtime.

COMPAred to other non-surgical skin remodeling solutions, THE Airgent™ system:
• Offers immediate aesthetic improvements
• Creates less damage to the epidermis than laser technologies or chemical methods
• Induces a powerful, controlled trauma to the dermis that results in superior, visible results
• Creates a mechanical effect that is natural and safe
• Virtually painless both during and post treatment

For more information, please contact gary@intamarket.co.za

Source: Fractional Skin Rejuvenation: The Emerging New Standard of Care, Medical Insight, Inc. – Jan 2007

06 CETAPHIL® UVA/UVB DEFENSE SPF 50+

Essential photoprotection in the management of photodermatoses

Photodermatoses are a group of conditions or diseases associated with an abnormal sensitivity or reaction to ultraviolet (UV) radiation.¹ Most patients who suffer from photosensitivity are reacting to radiation in both the UVA and UVB wavelength ranges.¹
Sunscreens form part of the treatment plan for photodermatoses and should provide high, broad-spectrum photoprotection against both UVA and UVB radiation.  

Cetaphil® UVA/UVB Defense SPF 50+ is a ‘very high factor photoprotector’ sunscreen. It comprises a sun filter system of 7 UV filters and 1 UV blocker, providing protection against UV rays across the broad-spectrum of UVA and UVB radiation. Importantly, it contains two patented UV filters: Mexoryl® Sx and Mexoryl® XL, which provide synergistic protection from UV radiation and also contribute to the photostability of other filters in the sun filter system.  

In clinical studies, the filters within Cetaphil® UVA/UVB Defense SPF 50+ have been shown to provide best-in-class, broad-spectrum UV protection from photodermatoses and prevention of photo-induced skin damage.  

Mexoryl®-based sunscreens:

- Prevent the induction of polymorphous light eruption (PMLE)  
- Should be applied once-daily (in the morning) in all patients with rosacea  
- Avoid deepening of hyper-pigmented areas of melasma  
- Prevent photodamage of newly rejuvenating, photosensitive skin following dermatological procedures such as dermabrasion, chemical peeling, photodynamic (PDT) or laser therapy  
- Provide effective photoprotection against the cutaneous alterations associated with photoaging  

The broad-spectrum UVA/UVB photoprotection system of Cetaphil® UVA/UVB Defense SPF 50+ has been specifically designed for prescribing by dermatologists to provide patients affected by photodermatoses with the best-in-class UV protection system that is also:

- Water-resistant and fragrance-free  
- Hypoallergenic and non-comedogenic  

Cetaphil® UVA/UVB Defense SPF 50+ is available in an easy-to-apply cream formulation and has a high tolerance.  

For further information on Cetaphil® UVA/UVB Defense SPF 50+, please contact the Product Manager at Galderma on (011) 706 2339.  

References:
IN THE LIMELIGHT

AESTHETIC MEDICINE CONGRESS OF SOUTH AFRICA 2009
Opportunities to learn, mingle, belong and seek new ventures....
... you cannot miss out!

The 4th Aesthetic Medicine Congress of South Africa, the indispensable event in Aesthetic and Anti-aging Medicine beyond doubt attracts all expertise, innovations and trends in the industry. Doctors, whether experienced, new or just considering this field, unquestionably attends this yearly meeting where local and international physicians obtain cutting edge knowledge and inspiration in the field of Aesthetic and Anti-aging Medicine.

Highly acclaimed local experts and a proud list of international experts will revise and update the medical professional audience with significant innovations, latest teachings on aesthetic and anti-aging treatment modalities and a diversity of high quality topics and demonstrations.

This yearly congress brings the latest knowledge from international and local experience to the doorstep of Southern African and nearby countries’ doctors. The congress has a reputable scientific program and high quality workshops.

2009 - A NOT TO BE MISSED PROGRAM
This year, more than ever, the program is imperative for someone wanting to stay informed and updated. A number of new topics, procedures, innovations and trends from all over the world will be presented. Debates and discussions, controversies and divergences will keep you on the edge of your seat, stimulate your brain and inspire you to new ventures. The congress will cover a range of topics in the field of Aesthetic and Anti-ageing Medicine and feature comprehensive and leading edge information through a dynamic scientific program and high quality speakers.

On behalf of the AMCSA Organizing Committee and the AAMSSA Scientific Committee, we would like to invite you to participate in this imperative event. The first week of September being ideally at the start of the ‘aesthetic season’ in South Africa gives you the opportunity to treat all the new patients with fresh knowledge and with inspiring new techniques.

The intention of the congress is scientific, to update on global guiding principles for the treatment of your patient; business, to introduce new relations; and exposure, to also guide you to the most reputable products, companies and distributors.

AMCSA Events Management
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www.aestheticcongress.co.za · ONLINE REGISTRATION AVAILABLE

**TOPICS**

**AESTHETIC MEDICINE**
- Peri-orbital-, Mid and lower face Rejuvenation
- Non-surgical Nose Rejuvenation
- Vein Treatments; Cellulite and lipolytic therapies
- Lasers and light based treatments
- Skin rejuvenation, acne, scars, wounds, pigmentation, photo-damage
- Hair loss treatments
- Management of complications
- Running a successful aesthetic practice, medico-legal aspects

**OBESITY/WEIGHTLOSS SYMPOSIUM**
- How to set up a slimming or weight loss clinic in your practice

**ANTI-AGING MEDICINE**

**SEXUAL AGING**
- Clinical photography

**4 - 5 September 2009**
- CSIR
- International Convention Centre
- Pretoria

**2 - 3 September 2009**
- Pre-congress Trainings
- Beginners Botulinum toxin & fillers
- Advanced BTX & fillers
- Pharmacology of aesthetic medicine
- Threads, Chemical Peels
Do your patients request interventions to improve their appearance or well-being?

Then you cannot miss out on the 4th Aesthetic Medicine Congress of South Africa!

Why should you attend?

- Meet other experts in the field of aesthetic or anti-aging medicine
- Share knowledge and experience
- New business opportunities and networking
- Learn about and experience new technologies and innovations with over 50 exhibiting stands
- Stay up to date with the latest developments, innovations and protocols
- Our indispensable program has new information and symposiums every year
- 2 full days of presentations, workshops and demonstrations in 3 auditoriums

4 - 5 September 2009
CSIR International Convention Centre, Pretoria, South Africa

Pre-congress workshops:
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01 PROGRAMMABLE SKIN RESURFACING
Syneron Medical unveils the sleek eMatrix treatment system, a portable touch-screen device that allows physicians to program skin resurfacing procedures based on the patients’ concerns. The eMatrix utilizes Matrix RF, the world’s first FDA-cleared, radiofrequency-only technology for fractional ablation and skin resurfacing. With the SelectPulse feature, physicians can set the eMatrix to any of three resurfacing programs, customizing the depth of ablation and degree of skin resurfacing to meet each patient’s needs. “The Matrix RF technology in eMatrix produces a unique combination of skin rejuvenation, wrinkle reduction, skin tightening and even lifting with less downtime than traditional skin rejuvenating treatments,” says Amy Taub, MD, Advanced Dermatology, Lincolnshire, Illinois. Lightweight and compact, the affordable treatment system fits in a carrying case for travel between practice locations and creates a clutter-free environment for small or crowded treatment settings. Contact: radiant@worldonline.co.za

02 PRESCRIBING LONGER LASHES
Women value fuller, longer eyelashes and now nearly every woman can have them with Latisse from Allergan, the first and only science-based treatment proven to grow longer, thicker, darker eyelashes. The once-daily prescription treatment containing bimatoprost ophthalmic solution (0.03%) is applied to the base of the upper lashes with a sterile, single-use-per-eye disposable applicator. Users can expect more prominent lashes in as little as eight weeks, but treatment must be maintained for continued effect. If Latisse is discontinued, eyelashes will gradually return to their pretreatment status within a normal eyelash hair cycle. “I have extensive knowledge of and experience with the established therapeutic safety profile for bimatoprost,” says Steven Fagien, MD, FACS, of Aesthetic Eyelid Plastic Surgery in Boca Raton, Florida. “In the clinical study with Latisse, I observed a statistically significant difference in eyelash growth and resulting patient satisfaction.” Contact: 800.433.8871, latisse.com.

03 FIRST LASHES, NOW THINNING HAIR
RevitaLash introduces Hair by RevitaLash, a daily conditioner that promises to fortify and strengthen hair so it appears thicker and fuller. The easy-to-use foam, which is massaged into the scalp in areas where patients want to revitalize thinning hair, shares many ingredients with the original, eyelash-enhancing RevitaLash. It is safe for use on natural, colored or chemically treated hair. Contact: 877.909.5274, athenacosmetics.com

04 LASER-ASSISTED LIPOLYSIS
The new ProLipo Plus from Sciton is an FDA-cleared, minimally invasive, ultra high-powered laser system for ablating and melting unwanted fat, resulting in collagen remodeling and tissue tightening. It combines 1064nm and 1319nm wavelengths in one laser that can be used with traditional liposuction or as
05 FULL BODY TIGHTENING
Solta Medical announces the launch of the Thermage Body Tip 16.0 with five times the surface area coverage of traditional Thermage tips. The Body Tip 16.0 cuts body shaping and contouring procedure times in half while the Comfort Pulse Technology energy delivery system, which gradually reduces the amount of energy delivered in a succession of short, rapid pulses, improves patient comfort. “The improved patient comfort associated with the Thermage Body Tip 16.0 provides a significant benefit to my patients, who can get the same or better tightening and contouring results with improved comfort and shorter procedure times,” says Robert Weiss, MD, Maryland Laser, Skin and Vein Institute, Hunt Valley, Maryland. Contact: 877.782.2286, solta.com.

06 TARGETED BODY SCULPTING
Lutronic introduces the AccuSculpt, the first 1444nm wavelength device for laser-assisted lipolysis. The system has received FDA regulatory clearance and utilizes a pulsed Nd:YAG laser to deliver a 1444nm wavelength to accurately and effectively remove fat. It is safe for all areas of the body and “targets fat cells more precisely producing less scattering and less collateral heat to surrounding tissue,” says Daniel Man, MD, a board-certified plastic surgeon in Boca Raton, Florida. “Fat is removed from fatty compartments without hurting other important structures like nerves and vessels. It significantly reduces post-operative discomfort...patients often return to work and other activities in a few days.” Contact: 888.588.7644, lutronic.com.

07 POSTPROCEDURE CARE
Intense Recovery Treatment from REVALÉSKIN offers 1.5% antioxidant-rich CoffeeBerry extract plus green tea, grape seed extract and skin conditioners to soothe and hydrate dry, damaged, postprocedure skin. Safe for all skin types, the nonirritating formulation works to plump, restore and protect skin following noninvasive procedures and is also effective for everyday rejuvenation. Contact: 866.738.2539, revaleskin.com.
08 SMOOTH OUT CELLULITE
The new UniForm handpiece from Alma Lasers has received FDA clearance for temporary reduction in the appearance of cellulite. It combines unipolar radiofrequency to deliver therapeutic heat into the dermal and subdermal tissue, plus mechanical massage to increase circulation in the subcutaneous tissue. The UniForm utilizes Alma’s In-Motion technology to gradually heat tissue reducing pain and the risk of injury while contracting both collagen and subcutaneous tissue for a firm, smooth appearance. It is the fifth module available on the Accent xL. Contact: ivan@squabb.co.za

09 NEW INJECTABLE OPTIONS
If your injectable patients are trying to squeeze by with less than optimal volume based on multiple syringe cost concerns, two new Radiesse syringe volumes from BioForm Medical can help you address their budget constraints without sacrificing outcomes. The Volume Advantage 1.5cc syringe allows you to treat patients who require more volume with one single syringe. For patients with moderate wrinkles and folds, the Moderate Fill syringe holds just 0.8cc for less waste. Contact: 866.862.1211, bioform.com.

10 FASTER TREATMENT TIMES
Cover larger hair removal areas in less time with the LightSheer HS handpiece from Lumenis. With a spot size of 22mm x 35mm, the LightSheer HS treats larger areas—including the legs and back—in only 15 minutes while achieving greater depth of penetration. In addition, the handpiece incorporates vacuum-assisted technology to reduce pain and improve efficacy. The vacuum draws the skin into the handpiece, removing competing chromophores and pulling hair follicles closer to the energy source. Like the original LightSheer ET handpiece, the HS offers pulse widths up to 400ms. Contact 877.586.3647, aesthetic.lumenis.com.

11 JUST FOR MEN
Mesoestetic Men offers four products developed specifically for male dermatologic concerns including irritation after shaving, excess sebum production, dryness and rough skin texture. The lightweight cosmeceutical line features nonirritating formulations with a high concentration of actives. Products include Eye Contour High Repair to eliminate eye bags, dark circles and wrinkles; Hydra Revitalizer Power moisturizer; Aftershave Inhibitor Effect to soothe skin after shaving and delay hair regrowth; and Abdo Attack, a micro-impulse patch that attacks abdominal fat. Contact: 888.498.3842, mesoesteticusa.com.
RESTYLANE SHOWN TO LAST 18 MONTHS

In October 2008 Medicis announced U.S. Food and Drug Administration approval to amend its Restylane package inserts to include clinical data, which highlights Restylane’s duration effect up to 18 months in 97% of patients with repeated treatment. The randomized, evaluator-blinded, multicenter study, conducted by Rhoda S. Narins, MD, Steven H. Dayan, MD, FACS, and Frederic S. Brandt, MD, enrolled 75 patients to study the safety and effectiveness of two retreatment schedules and duration of correction. One side of the face was retreated with Restylane at 4.5 months, while the opposite side was retreated at 9 months. Patients were evaluated using the Wrinkle Severity Rating Scale. Effective correction of nasolabial folds persisted for up to 18 months after the first treatment, regardless of the retreatment schedule. A vast majority of patients (97%) had at least one grade improvement on the WSRS at 18 months when retreated at 4.5 months, and there were no serious adverse events. For more information visit restylaneusa.com.

MUST-HAVE HANDBOOK

Stay up-to-date on the latest medical aesthetic procedures with Techniques & Protocols for the Medical Skin Care Clinic by Laura L. Root. The newly revised edition includes a chapter dedicated to LED, photodynamic therapies (PDT) and lasers. Other topics include soft tissue fillers, chemical peels, neurotoxins and combination treatments for estheticians working in medical skin care facilities. Within each treatment category, the book offers information on everything from treatment protocols to pre- and post-surgery care. For more information, visit aestheticeducationresource.com.

NEW CONSULTATION TOOLS

Canfield Imaging has updated its VISIA Complexion Analysis System with new features designed to intensify interest in cosmetic procedures and increase product sales. VISIA Software 5.0 offers product recommendation capabilities, automatic masking and magnified 3D viewing. The new product recommendation tool allows users to select from an extensive, customizable library of skincare products and treatments that displays descriptive notes and product images on a printed client report. Automatic masking identifies critical facial areas for analysis and draws the area boundary. The new 3D viewing option displays magnified, selected areas of the skin in natural color, gray scale or "heat map" color simulation. The images can be rotated so patients can view details from any angle. For more information, visit www.canfieldsci.com.
BEST PRACTICES

SCIENCE LOG

...“Low-level, dual-beam laser energy with massage appears to be safe and more efficacious than massage alone for reducing subcutaneous fat in the thighs of women,” concludes Elliot Lach, MD, in a study of 74 women at the Boston Surgical Group in Southborough, Massachusetts. After a mean of 14.2 treatments over four to six weeks the women randomly assigned to the SmoothShapes (Elemé) group showed statistically significant fat loss compared to the massage only group. The report was published in the Journal of Cosmetic and Laser Therapy (2008, Vol 20, Issue 4).

...“Regardless of facial area studied or the specific assessment scale, patient satisfaction with botulinum toxin type A treatment is consistently high, and patient-reported outcomes indicate significant improvement,” report Steven Fagien, MD, and Jean Carruthers, MD, who reviewed more than 23 studies of cosmetic botulinum toxin treatments to amass a database of patient reported outcomes for an article published in Plastic & Reconstructive Surgery (December 2008).

...“Oxidative damage is clearly not a universal, major driver of the ageing process,” concluded researchers at the University College London (ucl.ac.uk, December 1, 2007), who were investigating the effects of superoxide dismutase enzyme on free radical damage in the nematode worm. “Other factors, such as chemical reactions involving sugars in our body, clearly play a role.”

Combination treatments using laser energy and fat transplantation are showing promising results in the treatment of cellulite according to a new study in the Nov/Dec 2008 issue of the Aesthetic Surgery Journal. Researchers treated 52 women with severe cellulite, age 18 to 47 years old, with a 1064nm Nd:YAG laser underneath the skin to stimulate collagen formation and skin tightening, followed by injections of the patients’ own fat to fill in depressed areas. Following treatment the patients received massage to evenly distribute the fat. Nearly 85% of subjects reported their results as “good” or “excellent.”

...One treatment with a microablative CO₂ fractional laser provides significant improvement in skin texture, wrinkles, epidermal pigment and solar elastosis. As reported in the Journal of Drugs in Dermatology (Feb 2009), Deborah S. Samoff, MD, et al, treated 32 patients with a single session microablative fractional CO₂ laser (SmartXide DOT). In six-month followup photographic examinations by an independent physician, almost all subjects’ skin showed a 50% or greater improvement. Patients treated for wrinkles, epidermal pigment and solar elastosis showed a greater than 75% improvement.

BASIC EDUCATION

In Aesthetic VideoSource’s comprehensive new DVD, The Complete Guide To Dermal Filler Injections, Dolores Kent, MD, FACOG, a Harvard Medical School graduate, gynecologist and cosmetic surgeon with more than 20 years of experience, demonstrates how to inject dermal fillers for various cosmetic treatments, including horizontal forehead lines, glabellar frown lines, crow’s feet, tear troughs, nasolabial folds, vertical lip lines, marionette lines, lip definition, lip augmentation, chin lines, mentalis scars and facial asymmetry. Dr. Kent demonstrates injections with a variety of popular soft tissue fillers, including Restylane, Juvéderm, Radiesse and Hylaform. She explains product options, product chemical composition, dermal depth (depending on product used), contraindications, precautions and injection guidelines.

“Dr. Kent does a great job of explaining how to inject dermal fillers to decrease the signs of aging and to correct defects, such as fine lines, wrinkles and acne scars,” says Shirley Erickson Gorospe, president of Aesthetic VideoSource.

For more information visit videoshelf.com.
Radiant Healthcare

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Microdermabrasion
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- Safest Technology
- Fantastic Results

FACIAL ANALYSIS SYSTEM - Janus

ReFirme Skin tightening
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  (Blond, red, grey)
- Acne care (Active acne)
- Leg veins / Facial veins

VelaShape
Remarkable Results in Four Treatments
- 1st platform FDA cleared for circumferential reduction*
- 1st Class II platform FDA cleared for cellulite reduction
- 4 treatment protocol for visible results
- Proprietary elōs technology, for optimal results
- Treat abdomen, buttocks or thighs in less than 30 minutes
- Stimulate targeted adipocytes' lipolytic response rapidly
- The real alternative for non-surgical liposuction

VelaShape™ on TV!

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DEEP WRINKLES
LIPS

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Natural and durable results