Aesthetic Physician Training Is Key

Medical Spas from page 1

in the field, some hands-on experience with nonpatient volunteers, and additional training with an expert. Even then, physicians should start with simpler cases, he said.

"Respect the field. Become an expert," Dr. Battle said.

Physicians who operate medical spas have to be there "educationally, philosophically, and operationally," said Dr. Laurie Casas, a plastic surgeon and co-owner of the Turn Back Time Medispa in Highland Park, Ill., and an associate professor of surgery at Northwestern University, Chicago.

That means training the staff yourself, providing on-site supervision, and being immediately available when out of the facility, said Dr. Casas.

"Safety is first and foremost in any of this," she said.

One of the most important ethical issues surrounding medical spas is ensuring adequate training of the physicians involved, said Dr. Bruce Katz, a dermatologic surgeon and medical director of the Juva Skin and Laser Center and the Juva MediSpa in New York City, among the first in the country.

"It's their duty to do the right thing and be properly trained," he said. And proper training means more than just a weekend course.

The decision of who performs treatment should be based on the degree of risk, Dr. Katz said. It's unnecessary, for example, to have a physician perform laser hair removal. However, the baseline requirement should be to have a physician on site to supervise nonphysician practitioners.

Some professional societies have weighed in on medical spas. The American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery have jointly issued "guiding principles" on the supervision of nonphysician personnel in medical spas and physician offices.

Among the recommendations is that the delegation of any medical procedure be within the delegating physician's areas of expertise and within the statutory and regulatory scope of practice of the nonphysician practitioner.

The two organizations also advise that physicians are responsible for ensuring that nonphysician practitioners receive proper training and certification on the equipment they use. According to the guiding principles, physicians are also responsible for documenting that the training has been completed.

There are currently no federal laws or regulations governing medical spas. However, some states have issued regulations addressing the use of lasers or injections, and others are taking a more comprehensive look at medical spas in general. Last year, the Federation of State Medical Boards conducted a conference on medical spas that was heavily attended by its members.

The Massachusetts legislature called for the creation of a Medical Spa Task Force, which spent the last year studying the issue and debating how best to regulate the industry.

Instead of coming up with rules specific to medical spas, the task force decided to classify the procedures commonly performed at these facilities according to the potential risk to patients. They evaluated who should be able to perform each procedure and what level of training and supervision is appropriate for practitioners.

It was relatively easy for the task force members to come to a consensus on who should perform the procedures, because the decision was driven by risk, said Russell Aims, a spokesperson for the Massachusetts Board of Registration in Medicine.

The task force is scheduled to release a report in early spring that will act as a blueprint for future regulation, legislation, and policies surrounding medical spas.

"The guiding principle is safety first," Mr. Aims said.

Cosmetic Procedure Demand on the Rise

T

he explosion in medical spas is being driven largely by baby boomers who are focusing on cosmetic treatment and procedural care, and by a wave of new technologies and services that are fueling growth in the industry for noninvasive treatment options, according to Dr. Phillip M. Levy, of Geneva.

"It's a softening of the chin by manipulation of the skin at the jawline," he described the look as a "liquid facelift."

Dr. Philip M. Levy first described the Nefertiti lift and reported the results of injecting BoNT-A (Allergan Inc.) using this method into the lower chin (J. Cosmet. Laser Ther. 2007;9:249-52). Of 130 patients who were treated over a 6-month period, 126 achieved immediate results with minimum adverse effects. The patients, all female, with a median age of 47 years, had noticeable recurrences of the chin and elevation of the skin of the jawline.

"The success of this technique is due to manipulation of the operating power of the platysmal muscle complex" with Botox, wrote Dr. Levy of Geneva.

Injected in this area, the substance will improve the definition of the mandibular border and angle, while elevating the corners of the mouth, said Dr. Goldberg. And you are able to get to the platysma and its small bands. It gives the visual effect of a mini-lift.

"It really drapes the skin of the jawline," he added. "It's amazing how much we can accomplish without surgery," said Dr. Goldberg, director of research and Mohs surgery at Mount Sinai School of Medicine, New York.

The patients received 2-3 U of Botox injected along and under each mandible, and to the upper part of the posterior platysmal band. Patients were asked to contract their platysmal muscle during injection.

"You have to see those bands inserted along the mandible. You can't just haphazardly inject," he said.

The total amount of Botox used was 15-20 U per side.

Dr. Goldberg recommended following up with patients at 2 weeks but described the results as being "really quite impressive."

"Touch-ups can be performed at four-week intervals," he added.

Dr. Levy has been a consultant to Allergan. Dr. Goldberg disclosed no relevant financial conflicts of interest.

SDEF and this news organization are wholly owned subsidiaries of Elsevier.

‘Nefertiti Lift’ Using Botox, Sculpt Skin Around Jawline, Chin

BY GREG MUIRHEAD
Contributing Writer

WAIKOLOA, HAWAII — The look of an ancient royal Egyptian female statue—referred to as ‘‘Nefertiti’’—can be achieved with well-placed injections of Botox, according to Dr. David J. Goldberg.

“It’s called the ‘Nefertiti lift,’” Dr. Goldberg said at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation. Nefertiti was the wife of the pharaoh Akhenaten; she lived from 1370 to 1330 B.C.

“‘It’s a softening of the chin by getting the bands of the platysma as they insert along the mandible. It’s a way of contouring the jawline.’ He described the look as a ‘liquid facelift.’”

Dr. Philip M. Levy first described the Nefertiti lift and reported the results of injecting BoNT-A (Allergan Inc.) using this method into the lower chin (J. Cosmet. Laser Ther. 2007;9:249-52). Of 130 patients who were treated over a 6-month period, 126 achieved immediate results with minimum adverse effects. The patients, all female, with a median age of 47 years, had noticeable recurrences of the chin and elevation of the skin of the jawline.

"The success of this technique is due to manipulation of the operating power of the platysmal muscle complex" with Botox, wrote Dr. Levy of Geneva.

Injected in this area, the substance will improve the definition of the mandibular border and angle, while elevating the corners of the mouth, said Dr. Goldberg. And you are able to get to the platysma and its small bands. It gives the visual effect of a mini-lift.

"It really drapes the skin of the jawline,” he added. “It’s amazing how much we can accomplish without surgery,” said Dr. Goldberg, director of research and Mohs surgery at Mount Sinai School of Medicine, New York.

The patients received 2-3 U of Botox injected along and under each mandible, and to the upper part of the posterior platysmal band. Patients were asked to contract their platysmal muscle during injection.

“You have to see those bands inserted along the mandible. You can’t just haphazardly inject,” he said.

The total amount of Botox used was 15-20 U per side.

Dr. Goldberg recommended following up with patients at 2 weeks but described the results as being “really quite impressive.”

“Touch-ups can be performed at four-week intervals,” he added.

Dr. Levy has been a consultant to Allergan. Dr. Goldberg disclosed no relevant financial conflicts of interest.

SDEF and this news organization are wholly owned subsidiaries of Elsevier.

According to Dr. Eliot Battle Jr., laser hair removal is the most popular service that he provides at his cosmetic medical spa, followed by Botox.