For Instant Mohs Practice Facelift, Add Cosmetics

BY ALICIA AULT

AUSTIN, TEX. — Adding cosmetic dermatology to a Mohs practice is a natural transition, according to Dr. Christopher B. Zachary and Dr. Ronald L. Moy.

However, do not expect such a practice to be lucrative, especially not immediately. Dr. Zachary said at the meeting of the American College of Mohs Surgery. “If you want to make a lot of money, I’d stick with cancer because that actually pays the bills.”

Although the public might not perceive Mohs surgeons as “real” plastic surgeons, “we are facial plastic surgeons ... we are dermatologic surgeons,” Dr. Moy, president-elect of the American Academy of Dermatology, said in a panel presentation.

He said he would not be ashamed to have a Mohs defect patient sitting next to a Botox (botulinum toxin type A) candidate because it would demonstrate that he performed “real” surgery. Dr. Zachary, however, cautioned against mixing the cancer patients with the cosmetic clients.

Another reason to add cosmetic procedures is “there are a lot more new things going on in cosmetic surgery than in Mohs,” said Dr. Moy, a dermatologist in Los Angeles. “I get more excited about new procedures.”

Dr. Zachary agreed, “The newness is quite interesting.” But, he added, “My Mohs day is my best day—the day I enjoy the most because the patients are the most appreciative and you get to do really good things.”

Another plus: Many of the cosmetic techniques can be applied to Mohs patients, such as using fractionated lasers to improve scar appearance, said Dr. Zachary, professor and chair of the department of dermatology at the University of California, Irvine.

When Dr. Moy decided to add cosmetic services, he spent $5,000 on a consultant and closed the practice for 2 days of meetings, personality tests, and management quizzes.

Both dermatologists suggested starting out slowly so as to minimize initial capital outlays. Dr. Zachary said intense pulsed light devices were a good beginning purchase, and noted that some older techniques such as chemical peels were still extremely useful. “Nobody in private practice can afford to have all the devices we have in a big university environment,” he said.

Dr. Moy said his practice started out by renting lasers. Now, the practice owns 20.

Also important: marketing. Older practices do not need to do as much mar-