

Newslinks for the week of June 29th:



The Lipstick Effect

By: Melinda Taschetta-Millane

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A recent survey, conducted by the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), addressed how “The Lipstick Effect” theory can parallel current trends in noninvasive cosmetic procedures.

A parallel effect

The Lipstick Effect—derived from a phrase recently re-coined by Leonard Lauder, chairman of Estée Lauder, when he saw a huge jump in lipstick sales after Sept. 11, 2001, in spite of economic uncertainty—is compared in the survey to the 80% of board-certified facial plastic surgeons who reported an increase in noninvasive cosmetic procedures within the past year. This increase was due to consumers looking to delay the effects of aging and to avoid more costly surgeries. The most requested procedures? Botox, 96%; dermal fillers, 93%; and ablative skin resurfacing treatments, 92%.

Despite a repressed economy, both women and men are willing to spend hard-earned money on noninvasive procedures to help them look and feel refreshed, with some even opting for procedures in order to stay competitive in the workforce. “In challenging economic times, clients want value when it comes to investing in their health and the appearance of their face,” says **Donn Chatham, MD**, president of the AAFPRS. “Value does not mean cheap, it means quality gained for the investment.”

According to the International Association for Physicians in Aesthetic Medicine (IAPAM), “During times of economic uncertainty, consumers load up on affordable luxuries as a substitute for more expensive items.” Medical spas and medical aesthetic practices are seeing patients choosing dermal fillers over face lifts, and laser lipolysis over surgical liposuction.

Merge magazine

In the recent years before the recession, the industry witnessed the growth of the medical spa format, which is an area that even today has been relatively unhurt by the current economic climate. According to the International SPA Association (ISPA), the medical spa industry is showing a 19% annual growth rate—the fastest-growing spa type, and the IAPAM says that the medical spa industry in the United States has experienced a growth rate of 133% during the past five years.

On this note, I am so pleased to announce the debut of *Merge* magazine, a new publication from Allured Business Media designed to help cosmetic medicine providers—including physicians, office managers and medical estheticians—grow their practices by supplying business solutions in a focused, easy-to-read format. *Merge* magazine is dedicated to helping its readers succeed in strong economic times and, even more importantly, thrive during weak economic times. *Merge* magazine has been designed, reviewed and contributed to by industry peers.

Set to debut this fall, a preview of *Merge* magazine can be viewed at www.MergeOnline.com. I'd love to hear your thoughts, so please e-mail me at taschetta-millane@allured.com.

Whether your spa offers noninvasive procedures or a more traditional menu of services, the opportunity to help your clients look their best is attainable. Look for new ways to reach out to this stressed population, and become the personification of the Lipstick Effect in your community.

Until next time,

Melinda Taschetta-Millane, Editor in Chief



There are untold benefits to combining laser modalities

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By: [Rochelle Nataloni](#)

EFFECTIVELY TREATING VASCULAR and pigmented lesions — from common facial telangiectasias to more challenging hemangiomas — relies on identifying the appropriate tools and then honing one's technique to achieve the best results. However, more often than not, patients want to make the most of their sessions by undergoing concomitant facial resurfacing to improve wrinkles and texture changes related to repeated sun exposure, according to William F. Groff, D.O., who practices alongside

aesthetic laser pioneer, Richard Fitzpatrick, M.D., at the La Jolla Cosmetic Surgery Centre, in La Jolla, Calif. In these cases, Dr. Groff tells *Cosmetic Surgery Times*, a combination of two or more lasers is often the best approach. Here, Dr. Groff offers tips and perspective on wrinkle and vascular and pigmented lesion treatment strategies that result in patients whose post-procedure appearance is ultimately the best form of marketing.

RESULTS DELIVERED The most common facial lesions that patients request treatment for are wrinkles, telangiectasias and solar lentigines according to Dr. Groff, who adds that these are followed in frequency by rosacea, melasma, cherry angiomas and spider angiomas.

"Facial telangiectasias, cherry angiomas and spider angiomas are fairly easy to treat if you have the right tools," says Dr. Groff. They can all be treated very safely and effectively with pulsed dye lasers (PDLs) in just one or two sessions. "PDL has a long track record and is certainly considered the gold standard, so if the practitioner wants to treat both vascular and pigmented lesions, the PDL is one unit that can be counted on to deliver reliable, predictable and safe results. We have about 20 lasers in our practice and the PDL is probably the safest. The chance of having a problem or complication is extremely rare."

Dr. Groff's technique for facial telangiectasias comprises the use of a Candela V-beam Perfecta PDL, using the 10 mm spot size with 7.5 to 10 J/cm². "I would usually use a 6, 10 or 20 ms pulse duration [depending on the size of the vessels], and it could take anywhere from one to three sessions at the most," he explains. Larger vessels require treatment with longer pulse durations. David J. Goldberg, M.D., J.D., adds that, "A variety of other lasers and light sources can also be successfully and safely used to treat such vascular lesions. Among the more popular wavelengths besides the 595 PDL are the 532, 940, 980 and 1064 nm wavelengths." Dr. Goldberg is director of Skin Laser & Surgery Specialists of NY/NJ, and clinical professor of dermatology/director of laser research at the Mount Sinai School of Medicine in NYC.

There is a high demand for facial laser resurfacing in Dr. Groff's practice and almost every person who comes in for resurfacing has brown spots and telangiectasias. "But no matter what kind of fractional resurfacing device you use, most telangiectasias and some brown spots remain." To get the best results, Dr. Groff recommends using a combination of lasers. "There's not one box that does it all and does it all the best," he says.

For a patient who has facial telangiectasias, solar lentigines and wrinkles, Dr. Groff recommends using the PDL to remove the capillaries, the PDL or Q-switched alexandrite to remove the lentigines, then immediately treating with fractional CO₂ resurfacing all in one session. "The results are much better than if you use any of these technologies alone," he says. "Dr. Fitzpatrick and I have been doing these combination treatments for years, and we've never had any complications from combining lasers in one session. Our results are excellent and patients appreciate not having to come back for separate treatments, which would incur more social downtime. There's a synergistic effect where the results are much better when these treatments are done at the same time, in comparison to doing them separately," he adds.

Taking the synergistic effect one step further, Dr. Groff recommends pretreating with BOTOX around the glabella, the forehead and the crow's feet area one to two weeks before performing fractional resurfacing. "If you do this, those muscles are relaxed so they're not contracting and etching lines into freshly resurfaced skin," he explains.

STACKING TREATMENTS In the majority of these cases, patients who are seeking resurfacing and treatment for telangiectasias also want to be rid of the vertical upper lip "smokers' lines" that are commonplace among women over the age of 40. "The gold standard for erasing these lines is still traditional multiple pass CO₂ laser resurfacing in combination with erbium laser resurfacing. So even though fractionated CO₂ will soften the lines, if the patient wants those lines to be gone you still need multiple pass CO₂ and erbium laser resurfacing," he explains. "In our practice, if we're going to resurface a woman's facial skin, we'll use a fractional CO₂ over the entire face with the exception of the upper lip where we'll perform traditional multiple pass CO₂ and erbium resurfacing in addition to using the PDL and the Q-switched alexandrite laser to address the telangiectasias and brown spots, respectively. We use these lasers back to back in the same treatment session. That's really the way to get the best results," Dr. Groff says. With regard to these challenging upper lip lines, Dr. Goldberg adds that, "Although fractional nonablative lasers do not typically lead to improvement of upper lip lines, many clinicians have also seen great results from ablative fractional lasers emitting 2790, 2940 and 10,600 nm wavelengths."

For pigmented lesions, Dr. Groff opts for Candela's TriVantage, a Q-switched alexandrite laser, which delivers energy through a fiber optic cable, giving it a homogeneous result with less variation from pulse to pulse. "We consider this laser the workhorse of our practice. It's fast and extremely effective," he says. The TriVantage offers Q-switched 1064 nm and 532 nm wavelengths, as well as a 755 nm wavelength, so, in addition to treating pigmented lesions, it is also effective for tattoo removal of many colors. "Previously removing multicolor tattoos meant using multiple lasers, but with the TRiVantage we're able to remove all colors except for white, yellow and fluorescents," he says.

DISCLOSURES

Dr. Groff is a consultant to Candela Corporation, Solta Medical, and Allergan.