

Consider Combo Therapy in Cosmetic Procedures

BY DAMIAN McNAMARA
Miami Bureau

MIAMI BEACH — Combine drug and device to maximize safety and efficacy for cosmetic dermatology patients, Mark Steven Nestor, M.D., said at a symposium sponsored by the Florida Society of Dermatology and Dermatologic Surgery.

Assess each patient for the optimal combination of ablative or nonablative device with botulinum type A toxin, fillers, or pharmaceuticals. Options include the anti-inflammatory agent fluocinolone, the depigmentation agent hydroquinone, tretinoin, retinoids, and imiquimod. Follow up on the procedure with a cosmeceutical and sun protection combination to maintain good health and appearance, suggested Dr. Nestor of the University of Miami.

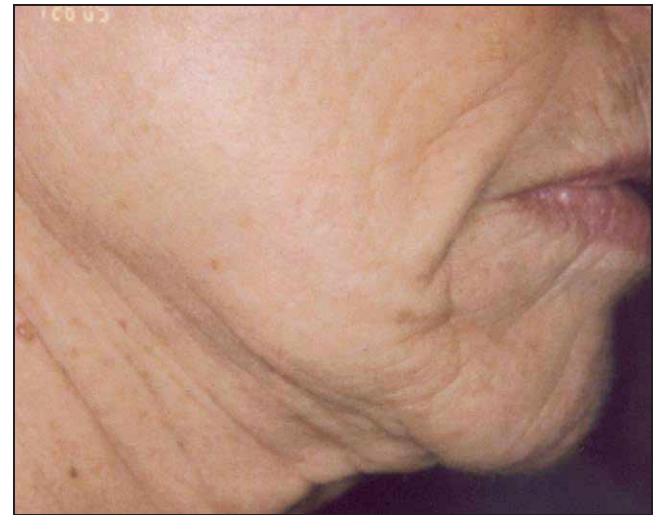
There are many combinations. Consider the degree of photoaging, severity of wrinkles, and other cosmetic concerns to match patients to the appropriate techniques.

Also think about downtime, infection risk, patient desires, likely outcomes, and need for immediate vs. long-term results, Dr. Nestor advised.

There are pros and cons to all cosmetic techniques. (See box.) For example, ablative resurfacing with carbon dioxide or erbium:YAG lasers can be safe and effective, but there also can be significant complications, he said. Early recognition of complications is crucial to minimizing adverse outcomes.

Ablative lasers can be combined with botulinum type A toxin, intense pulsed light photorejuvenation, radiofrequency toning and tightening, pharmaceuticals, or cosmeceuticals. Combination with fillers is not usually necessary, Dr. Nestor said. He advised waiting 3-6 months before using a filler and suggested a hyaluronic acid if warranted.

Intense pulsed light rejuvenation can be combined with botulinum type A toxin, radiofrequency toning and tightening, pharmaceuticals, and cosmeceuticals for correction of fine lines, pores, actinic damage,



Assess each patient at baseline to determine the optimal drug and device combination.



The patient is shown 14 days after radiofrequency toning and tightening and treatment with an er:YAG laser.

PHOTOS COURTESY DR. MARK STEVEN NESTOR

Cosmetic Procedures: Pros and Cons

Ablative Laser Resurfacing

Pros: Best results on deep rhytids
Significant tightening
Long-term results

Cons: Painful
Lengthy healing phase
Risks
Hypopigmentation

Photodynamic Skin Rejuvenation

Pros: Excellent results on red and brown pigmentation
Better tightening and remodeling
Minimal downtime
Superb for actinic keratosis and damage
Acne and other applications
Long-term results
Can be used for skin types I-IV

Cons: Photosensitivity
Some downtime

Radiofrequency Toning and Tightening

Pros: Improvement for lax skin
Can be used for all skin types
Improvement of acne scars
No downtime
Long-term results possible
Same day combination with ablative techniques

Cons: Pain
Variability

Intense Pulsed Light Photorejuvenation

Pros: Best results on brown and red pigmentation
Slight tightening and remodeling
No downtime
Long-term results

Cons: No effect on actinic keratosis
Slight effect on rhytids

Source: Dr. Nestor

Delegate Surgical Tasks to Trim Hair Restoration Surgery Time

BY ROBERT FINN
San Francisco Bureau

SAN DIEGO — Hair restoration surgery can be a lucrative addition to a cosmetic surgery practice, but efficiency and speed are crucial, E. Antonio Mangubat, M.D., said at the annual meeting of the American Academy of Cosmetic Surgery.

Hair restoration surgery can be time consuming, with each procedure taking 2-6 hours depending on the amount of hair transplanted. But unlike most surgical procedures, the physician can work on up to four patients in parallel, if he or she has highly trained staff, said Dr. Mangubat, who practices in Tukwila, Wash.

"You're part of a team, and you've got to give up a little bit of that ego that says you have to do it all," Dr. Mangubat said.

He estimates that his staff conducts 60%-80% of each operation. "I'm only in the operating room for my part of the operation, and I can go off and do other things."

Dr. Mangubat harvests the donor hair, designs and prepares the recipient sites, and supervises the other activities. Technicians place all the grafts and take care of all patient preparation and cleanup.

Competition in the hair restoration field is driving down prices at the same time that costs are increasing, in part because of the more refined approach required by follicular unit grafting. This gives much better

cosmetic results, especially along the hair line, than do the old-style hair plugs.

So speed is important, but not only for increased production. Studies show that speed has a large effect on graft survival, with 95% of grafts surviving for 2 hours outside of the body, but only 86% surviving for 4 hours. Speed is also important for patient comfort. "Can you imagine being in there 12 hours versus 6 hours?" he asked.

Technology can also help. Dr. Mangubat uses a multibladed knife that can harvest up to eight strips of donor skin and associated hair follicles simultaneously. He

closes the donor site with staples—which takes 3 minutes and gives a good cosmetic result at the expense of some patient discomfort—instead of sutures, which can take up to 15-20 minutes to do correctly.

And he's a proponent of using a graft cutter, a device in which thin slivers of donor tissue are placed on a series of blades and smacked with a hammer into smaller pieces. In the pre-graft cutter era, a 1,000-graft session lasted 5 hours and required four staff members (three cutters and one placer) for a total of 20 person-hours, not counting the physician's time.

But using a graft cutter, a 1,000-graft session takes 4 hours and requires a single assistant to place the grafts, for a total of 4 person-hours. This greatly increases surgical productivity with no decrease in patient satisfaction, Dr. Mangubat said. ■



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