

# Customizing Technologies to Suit Patient Needs

Presented by the  
American Society of  
Cosmetic Dermatology  
& Aesthetic Surgery

Catherine Maley, MBA; Joel Schlessinger, MD

Cosmetic dermatology has enjoyed an explosion of new technologies that aid in the fight against aging and sun damage. Indeed, the complex world of cosmetic enhancement possibilities grows each day. The consumer continually hears about, and is confused by, new treatments, procedures, and products to address a dizzying array of skin concerns. This article will summarize the influences driving this plethora of technology and the variables to consider when customizing technologies for each patient.

## What Aesthetic Patients Want

Today's aesthetic patients are more demanding than ever. They want a painless treatment or procedure with limited or no downtime—something that is fast, inexpensive, and produces a great result. They want to visit the doctor's office at a moment's notice and be rejuvenated so they can immediately return back to normal activity looking refreshed, without any telltale signs of having had anything done. The baby boomers are intent on fighting the aging process and turn to their cosmetic dermatologists for solutions. They want their wrinkles, crow's-feet, brown spots, red spots, and blemishes gone. Cosmetic patients will assume their doctors know about and perform the latest procedures. If the doctor does not perform these procedures, the cosmetic patient may turn to a competitor who does.

## Factors Driving the Industry

Several factors drive this insatiable demand to look better. The media plays a huge role in setting expectations and taking away the stigma associated with self-enhancement for reasons that are solely cosmetic. News stories often cover simple, quick procedures that can rid viewers and readers of every skin concern imaginable. The media will continue to cover these stories because this is information that the baby boomers want.

---

*Ms. Maley is President and Senior Marketing Strategist, Cosmetic Image Marketing, San Francisco, California. Dr. Schlessinger is in Private Practice, Omaha, Nebraska.*

*The authors report no conflicts of interest in relation to this article.*

The unrealistic expectations are also coming from an impatient culture. Today's cosmetic patients are more demanding than ever. They want a satisfying result, and they do not want to wait for it. Also, the dizzying array of technologies are coming from corporate entities that want to capitalize on the booming market of cosmetic rejuvenation, so corporations invest resources into developing new cosmetic products or technologies. Established products and technologies that are effective in treating medical conditions are also being repackaged to be used for aesthetic purposes.

## The "Real World" Consultation

Joel Schlessinger, MD, President of the American Society of Cosmetic Dermatology & Aesthetic Surgery, board-certified dermatologist, and board-certified general cosmetic surgeon, was interviewed by Catherine Maley, MBA, about how he personally handles the vast array of technologies available to his aesthetic patients and how he presents them.

Dr. Schlessinger enjoys a thriving general and cosmetic dermatology practice in Omaha, Neb, and is a well-known industry leader in injectables and lasers. He has been extremely successful at steering his patients through the confusing matrix of cosmetic rejuvenation.

**Q:** Dr. Schlessinger, what is your approach to today's aesthetic consultation?

**A:** Today's cosmetic consultation needs to address the various modalities, price points, downtimes, and results of technologies available to aesthetic patients in a simple format they can follow. Together, the patient and I need to agree on the approach to take and the results to expect in a realistic time frame, and of course take cost into account since it will play a role in the eventual decision.

**Q:** How do you set patient expectations in general, as well as for each modality?

**A:** My practice used to rely on the morphing of pictures for consultations on rhytides and liposuction, but I no longer feel this method is the best one, since no morphing

program will ever do justice to the final results we can provide from person to person. On the other hand, pictures are a vital way to show results and draw out areas of concern, both before and after the procedure. For this reason, we use a combination of before and after pictures as well as comparisons and digital drawings on pictures of the patient during a typical consultation.

For botulinum toxins, we have a significant number of before and after pictures. Although many practices may lack these materials, it is not all that hard to find friends to “model” for these pictures when starting a practice. Additionally, it helps your patients to become familiar with your work rather than the work of the person who performed the procedures shown in the manufacturer’s brochure.

In my practice, we always take digital photographs on consultations and mark the areas that will and will not respond, especially for botulinum toxin type A. The glabellar area is a danger zone in some patients who are creased, with no hope of instantaneous improvement if they are not treated with fillers. Additionally, there are patients who come in with significant blepharochalasis or deep furrows on the forehead that will result in brow ptosis if botulinum toxins are used. These patients are best avoided, and sometimes the decision is better made when looking at a picture rather than at a live patient.

Filler consultations frequently are similar to botulinum toxin consultations, but the after pictures are especially important. For this reason, I never do a filler (or botulinum toxin) consultation without having seen the before pictures first. Although many budding cosmetic dermatology practices may not have the funds to hire a patient coordinator, someone in the office needs to be responsible for taking good photographs of patients and downloading them to the computer program.

Very often, filler results can be subtle, especially if patients are injected with less filler than the dermatologist recommends. During the consultation, I will point out areas that will or will not respond well based on the amount of filler used.

On the return visit, I will compare pictures. If the patient has been treated with less filler than initially recommended, I will mention where I still feel additional work is needed. Frequently, this will result in another procedure on that day.

With fillers, I often need to spend extra time explaining the differences between the products my patients have heard about from the media or from their friends. I take into account my patients’ experience with fillers, their specific concerns, and their finances before

recommending the right filler for a particular situation. The patients usually agree with my suggestions.

Liposuction is probably the most effective area for imaging. Although we do the same types of imaging as for other procedures, I can draw a line on the area to be improved and show exactly which areas will not respond. My typical consultation includes showing the patient a digitally drawn line on a photograph of the area to be treated (eg, abdomen) to indicate where I suspect the fat ends and the muscle begins. Doing this can also indicate where the best results and worst results will be. If asked, I never give an idea of how much of a change in weight or size the patient will experience if the procedure is performed, because this is nearly impossible to predict and could be the basis for a problem relationship in the future.

On the follow-up visits, I compare the before and after photographs side-by-side and see for myself how the patient fared. This is usually one of the easiest ways to ensure a happy patient, since many patients do not realize the extent of their results unless they see how they looked before treatment next to how they look after treatment.

Although we take pictures before most laser procedures, we do not always find them to be helpful. They can be helpful in cases of incomplete or disputed results, but in our busy practice, it is not practical to use them for the number of these procedures we perform.

However, we do use a skin-analysis tool for comparison for all of these laser procedures and for photofacials or peels. This tool is very effective and can show differences in pigmentation.

When we perform the carbon dioxide laser procedure, we find before and after pictures very important; however, the newer nonablative lasers have less obvious results that are frequently not seen via pictures. We still take before and after pictures for these procedures, but often the best results are seen on the skin-analysis machine.

**Q:** Dr. Schlessinger, can you give the readers insights as to how you decide which modality is right for a patient?

**A:** Although all of these technologic devices are at our disposal, it is still the responsibility of the dermatologist to explain the treatments to the patient. This means taking 1 or 2 of these options and explaining why they make sense. In my practice, my patient coordinator usually discusses the options with a patient prior to my consultation, so I have an idea of what cost the patient has in mind. Cost will frequently

## PRACTICE MANAGEMENT

drive the options accordingly, but it should not be the main determinant.

If I feel a patient needs treatment that he or she cannot afford, I frequently encourage the patient to come back at a later time. It does not make sense to do something incompletely. Patients want to see results, and if you need to inject 4 syringes of filler and the patient can only afford 1, nothing will be gained by using only 1. My rule of thumb is to explain the optimal result options and then see what the patient wants. This way, if the results are less than optimal, the patient knows there were other options.

**Q:** How do you handle patients who just do not want to “look old”?

**A:** Many times, patients will present to me with the chief complaint that they are “looking old.” This is a difficult concept to address, but many times it is easily treated with retinoids, lasers, fillers, and botulinum toxins. One need not do a face-lift to see a great difference. With the newest technologic advances, these decisions are easier and more descriptive for patients who are used to seeing great results with little downtime. ■