PRACTICE MANAGEMENT

American Society of Cosmetic Dermatology & Aesthetic Surgery

Inappropriate Treatments by Inappropriate Practitioners

Joel Schlessinger, MD

Recently, I obtained letters from 2 individuals who were seeking my advice after they received cosmetic surgery outside of my practice. One individual underwent Lipodissolve injections and the other individual received laser liposuction. As a result of the procedures, they developed problems and were looking for solutions. Even though it is not uncommon to experience the occasional complication after treatment, it is beneficial to discuss issues regarding cosmetic surgery complications by using these 2 cases, and to offer solutions as to how we, and the profession of cosmetic dermatology, can address such problems.

First Letter

I had a terrible experience in 2007. I went in to receive Lipodissolve injections on my stomach, which resulted in 2 treatments; however, since then my stomach looks awful. My stomach is now discolored and bumpy and I am very unhappy about it. Are there any options for me to make my stomach look normal again? My stomach was not that bad to begin with and I never should have agreed to the procedure. The office where I received Lipodissolve told me it was approved by the US Food and Drug Administration (FDA). I found out later this was not true.

Comment

Sadly, this is fairly typical of the letters that I receive from individuals who have gone to medispas and clinics that specialize in Lipodissolve and other treatments like it. As a result of such letters, I introduced an amendment to the Nebraska legislature this year, which is designed to stop Lipodissolve injections from being performed in Nebraska. During the discussion of the bill, a lawyer who owned a clinic that specializes in Lipodissolve claimed that the bill would put his employees out of business. The lawyer further stated that this was just a case of greedy dermatologists trying to eliminate a competitive entrepreneur. Sadly, the argument succeeded in tabling the bill for 2008. It is an argument that all too often has been used effectively against any introduction of cosmetic surgery reform measures.

Unfortunately, the individual who sent the first letter is going to be scarred for life by this non–FDA-approved procedure that was performed in a clinic run by family practice doctors. This clinic also performs a new form of laser liposuction and boasts of the number of clients served. It is incumbent upon us to educate patients about these procedures and the risks that can occur when they are performed with non–FDA-approved procedures and unqualified practitioners. Europe and Asia have experienced the same problems and have set up protections or drummed unsafe products and procedures out of their countries. We should do the same and benefit from their learning curve rather than repeat the same exact learning curve.

Interestingly, my clinic, the Advanced Skin Research Center in Omaha, Nebraska, is currently performing research on a new form of fat-dissolving substance, deoxycholate, which is being tested prior to submission for FDA approval. Hopefully, other companies will decide to test other products that may prove useful in this arena.

Second Letter

I would like to ask you about a laser liposuction procedure that I received. I asked my doctor, an emergency physician, to perform the procedure on my outer thighs. The doctor removed the fat from my posterior thighs; however, a large area of fat is still present on my outer thighs. When I questioned my doctor, he told me I had fat all over my thighs. If a patient asks for the procedure to be performed on the outer thighs, why is the procedure performed on the posterior thighs as well? I am very disappointed in the procedure and I am not sure what to do about it. I went to a plastic surgeon who told me it would cost \$2300 to have the fat removed from my outer thighs. This price does not include the cost of anesthesia. The doctor who performed the laser liposuction procedure charged me \$3500 to remove the fat from my posterior thighs. I now have dents in my posterior thighs and pockets of fat on my outer thighs.

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Comment

The second letter is another example of an individual who went to a medispa that was operated by a noncore-trained cosmetic surgeon who now has a lifelong problem resulting from the procedure. Whereas it is fair to suppose that complications can occur with procedures performed by both core- and non-core-trained cosmetic surgeons, any such complications are injurious to the profession of cosmetic dermatology as a whole.

Should there be a higher standard of care when laser companies sell and market their products to noncore physicians? In addition, how can we, as a profession, guard patients from poor results like those previously mentioned?

Our clinic recently purchased a laser liposuction unit, which makes it especially troubling to see the claims that many medispas and noncore physicians are making about what certain procedures can and cannot do. The hype surrounding a new procedure creates business, but it also creates unhappiness and distrust when friends hear about appalling results such as those previously mentioned. I personally like our new laser liposuction unit and I feel that it contributes to the overall results from tumescent liposuction; however, the tumescent liposuction is doing the heavy lifting in this case, and the laser contributes to a small portion of the results.

Conclusion

While I wish there was an easy way to address the concerns of patients in this arena, there is no simple fix. Once harmed by a laser procedure or injected with a non–FDA-approved substance, there is little or no recourse other than via the legal system. Unfortunately, any action by the courts will not return patients to the shape they were in or the shape they wished to be in after the procedure. I will continue to speak out in Nebraska and on a national level to keep these issues alive and to force the debate. It is my hope that others will speak out as well to ensure that such cases come to the attention of the American Society for Dermatologic Surgery and the American Academy of Dermatology and, through or along with them, the attention of the press.

One step to take would be for laser companies to refuse to sell their products to clinics that employ operators who have received poor training and who possess nonexistent standards. This step might help laser companies to avoid tarnishing their image and the industry in general. Whereas it is convenient and profitable for laser companies to think that 3 days of liposuction training will allow faux dermatologists and cosmetic surgeons to operate their lasers, it will inevitably lead to more incidences like those previously described in the letters included in this article.

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