

The Challenges of the Female Cosmetic Patient



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Treating the cosmetic patient can be both rewarding and challenging for the dermatologist. The rewards will be reaped if the dermatologist can properly educate the patient on the specifics of the procedure and create realistic expectations. This requires the physician develop a logical, cohesive plan to address the various appearance needs. These needs can range from an improvement in skin texture to a restoration of facial volume to a relaxation of undesirable facial musculature to the removal of unattractive nevi or seborrheic keratoses. It is wise to assemble a treatment plan and educate the patient on the expected results before proceeding. This article presents one approach to the female cosmetic patient (Table).

Assessing the Psychological Need of the Patient

Any prospective cosmetic patient must be carefully assessed for psychological issues. The patient who comes in stating that she has read the physician's Web site and knows this is the dermatologist who can make her beautiful may be problematic. I must say that the patients who reach my practice from electronic media are the most challenging, while those who come based on the positive referral of a family member or friend are the best.

It is important to determine why the patient sought the services of a dermatologist. Is she rebounding from a divorce or other unsuccessful relationship? Is she entering the job market after being laid off from another job hoping to successfully compete with younger women? Is she wishing to look the best possible for her age? All of these are very different psychological needs. It is important to begin every cosmetic consultation with an inquiry as to why the patient chose to come in for a

visit. The question can be simply stated as, "How can I help you today?" Further questioning should include, "Why did you select me as your dermatologist?" It is also important to ask, "Have you had previous cosmetic treatments?" and "What previous cosmetic treatments have you used?"

These questions will establish a baseline for evaluation and will protect you from problems. Some patients may be visiting multiple physicians simultaneously and getting cosmetic treatments from each. Understanding the full scope of care your patient is receiving is valuable to preventing problems and unreliable results. Patients also may be dissatisfied with their prior treatments and are looking to you to fix the problem. Many times the problem cannot be fixed to their satisfaction. Be wary of patients with extensive cosmetic intervention by many different physicians. You too may become one of their war stories.

Also proceed with care when a patient comes in glowingly speaking of you and your expected yet-to-be-seen skills and disparagingly of prior physician encounters. The patient may also find you inept, in her opinion, and become dissatisfied. It is better to fully understand the experiences of the patient rather than to treat someone who will unfairly speak disparagingly of your practice.

Patients who are using cosmetic intervention for something other than looking their best at their stated age are problematic. Wanting to look younger to attract a younger spouse or wanting to spend money in anticipation of a divorce are poor reasons to deliver cosmetic treatment. Healthy patients with a healthy outlook will be the best advertisement for your cosmetic skills. Part of being a good cosmetic dermatologist is picking your patients carefully. Good patients are intrinsic to superb results!

Discussing Patient Expectations

Once you have assessed the psychological stability of your patient, it is now worthwhile to discuss patient expectations. What does the patient hope to achieve by the planned cosmetic intervention? Does she want to soften her nasolabial folds or does she want to pull the loose skin on her face upward creating the absence of

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Approach to the Female Cosmetic Patient

1. Assess the psychological needs of the patient.
2. Discuss patient expectations.
3. Develop a treatment plan.
4. Initiate treatment.
5. Complete treatment.
6. Evaluate the treatment results.
7. Maintain the positive cosmetic result.

wrinkles? I think this is very important to assess. The patient who pulls all of the wrinkles out of her face will not be satisfied with botulinum toxin, or filler, or laser intervention of any type. There simply is not enough material that can be injected into the face to produce a pleasing appearance. Even though volumizing has become a popular trend in facial cosmesis, too much filling gives a plethoric face reminiscent of prolonged oral corticosteroid use. Consider another approach.

It is understood that realistic expectations are key to success. Know what you can accomplish and learn how to express this to the patient. While physicians are very comfortable with the concept of percent improvement, patients are not. It is best to speak in absolutes. Either I can accomplish what you desire, or I cannot accomplish what you desire. Stating that you can make it some percent better is not acceptable.

Finally, many patients assess their appearance in an at-rest state looking in a mirror. The mirror lies. Very few patients speak at the mirror or animate their face when assessing appearance. Animation is critical, because this is how others see you. I have seen many patients who are more attractive following botulinum toxin or filler injections at rest, but look horrific when animated. Ask a patient to assess their appearance both at rest and with facial movement in front of a mirror. Be sure that you can deliver what they desire under both conditions.

Developing a Treatment Plan

Once you have established that the patient has realistic expectations, begin to formulate a treatment plan. What exactly do

you propose to do and on what time schedule? How much will be done at visit 1 and how often do you estimate the patient will need to return? This helps to solidify what will take place both in your mind and the patient's mind.

The treatment plan should be well documented in the patient chart. This can be done with facial maps and photography. The map should have symbols for each type of filler and neurotoxin injection used. Any other cosmetic interventions, such as nevi removal, cautery of facial vessels, laser treatment for dyspigmentation, cryosurgery for seborrheic keratoses, also should be noted. This will allow assessment of treatment success and prevent the patient from wondering why forehead rhytides remain after a neurotoxin treatment to only the glabella. Cosmetic patients many times cannot remember the type or location of treatments, thus the dermatologist must keep accurate records to assist in assessing the face.

The treatment plan should be formulated to assess each of the needs of aging skin. The best way to help the patient determine where they would like to focus their efforts is in front of a hand mirror with a full mirror behind them to allow visualization of the face from all angles. The dermatologist should ask what bothers the patient and ask the patient to point with their finger. If the patient states that their whole face bothers them, the dermatologist should help the patient become more specific. Currently available cosmetic treatments must be area-focused or problem-focused, because it is not possible to treat everything simultaneously. If the patient cannot identify an area for treatment, they are not ready for a cosmetic intervention because their expectations will be unrealistic. Treatment must be goal directed for success.

Initiating the Treatment

Initiation of the treatment should begin with areas the patient identifies and areas where the dermatologist knows a positive patient-visualized result is likely to be obtained. If the patient determines they would like to address fine lines, the dermatologist should first discuss the use of moisturizers, because these are effective at increasing skin water content and minimizing lines of dehydration. The patient should be queried as to whether they wish to purchase products at a drug store, cosmetic counter, boutique, or physician's office. The dermatologist should recommend products at the price point preferred by the patient. Alternatively, a list can be compiled that can be shared with the patient listing products purchased at the various outlets.

If the patient identifies wrinkles and folds of the face, the dermatologist should address which wrinkles are bothersome and then determine whether they are wrinkles at rest, which

should be modified with fillers, or wrinkles with motion, in which case they should be treated with chemodenervation. If the patient identifies facial folds, the dermatologist should determine whether sufficient filler can be injected to produce the correction or whether autologous fat transfer would be more cost effective. Finally, deep folds may not be amenable to filler or fat injection and a facelift may be the best solution.

Color and dyspigmentation problems may be addressed alone or in combination with wrinkles and folds. Color abnormalities may be due to telangiectasias or solar elastosis. These may be best addressed with topical agents, such as retinoids, in combination with laser resurfacing. Similarly, brown skin dyspigmentation can be treated with skin-lightening creams with or without hydroquinone, chemical face peels, or laser resurfacing. The dermatologist should discuss all options with the patient and then decide which individual therapy or combination of therapies is best.

The treatments that are selected should be mapped and recorded in the medical record. The patient also should be given a copy of the record with the anticipated cost so they can determine the suitability of this plan based on their finances, needs, and expectations.

Completing the Treatment

Many dermatologists may be tempted to move the treatments along as quickly as possible. While some patients may desire rapid treatments, it generally is best to allow adequate time between various therapies to assess the adequacy of one result before initiating another. This eliminates cumulative problems and allows the patient to adjust to their new appearance, slowly eliminating image problems. The treatments should be spaced about 2 to 3 weeks apart, unless a longer healing time is needed. Generally, beginning with less invasive therapies and progressing to therapies that are more aggressive is best. The dermatologist also should begin with therapies offering the most dramatic result based on cost.

Evaluating the Treatment Results

After each of the stages of the treatment has been completed, the dermatologist should ask the patient to evaluate the result. This is valuable for both parties. It allows the patient to communicate their needs and provides the dermatologist with ideas for change. For example, botulinum toxin to the forehead can result in the elimination of central forehead wrinkles, but lines above the lateral eyebrows generally will remain. If the patient considers the presence of this wrinkle to be unacceptable, the dermatologist should discuss the fact

that botulinum toxin cannot be used to alleviate this wrinkle due to the risk of lowering the eyebrow and that fillers are a better alternative.

The same hand mirror used to plan the treatment also should be used to evaluate the treatment results. All aspects of the treatment should be considered. The botulinum toxin results should be reviewed for the relaxation of musculature to create a natural appearance. The patient should emote in the hand mirror to be sure that enough movement is present and that the facial expressions appear natural. The filler results also should be assessed for smoothness, contour, and longevity. Because fillers, such as those composed of hyaluronic acid, are available in several viscosities, it may be worthwhile to determine if a different viscosity might be more appropriate for the second round of injections.

All medical therapies also should be evaluated. Medical therapies work more slowly, especially those designed to lighten skin or induce collagen formation. The patient should be aware of this timeline to encourage continuation of use. The best cosmetic treatment plan incorporates both surgical and medical therapies.

Finally, the invasive procedure result should be analyzed. The chemical peel or laser resurfacing should have the best longevity of all of the cosmetic treatments, but a small touchup of resistant areas should be considered.

Maintaining the Results

Maintaining the cosmetic result is the most important part of cosmetic patient retention. Many of the cosmetic interventions are temporary. This means mapping out a maintenance plan is important. This allows the patient to schedule appointments for each of the maintenance procedures.

Without the maintenance phase, the benefits of the cosmetic intervention will be lost with time. Patients should realize that maintenance is necessary for all cosmetic procedures, because aging is a progressive endeavor.

Summary

The cosmetic patient must be approached differently than the medical or surgical patient. The patient will be seeking care that is not covered by insurance and may not be medically necessary. This means that the patient will have high expectations for success. By following the methodical approach presented, both the dermatologist and the patient can work together for optimal results. The dermatologist knows what the patient expects and the patient knows what the dermatologist can deliver. This is the recipe for a successful cosmetic rejuvenation. ■