

Developing a Comprehensive Strategy for Aesthetic Rejuvenation

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A comprehensive aesthetic rejuvenation strategy requires knowledge of the involved anatomy and how the anatomy changes with age. Successful outcomes also hinge on understanding the techniques that are available and the materials that can be utilized in treatment. Prior to embarking on an individualized cosmetic journey, the dermatologist should develop a comprehensive strategy that accounts for the various layers of the skin as well as the modalities and cosmeceuticals that will be utilized. A treatment plan for aesthetic rejuvenation ensures that both the patient and physician have a clear understanding of the roads that will be taken and where that path ultimately will lead. *Cosmet Dermatol.* 2011;24:438-439.

A comprehensive aesthetic rejuvenation strategy addresses all of the goals set forth by the cosmetic patient. Unfortunately, patients rarely have the ability to know what procedures they need; as a result, physicians must work with their patients to target desired treatment areas and translate their goals into realistic programs. These programs for therapy should address all of the layers of the skin and soft tissue, pinpoint cosmetic products that can be used at home to optimize results, and incorporate an ongoing treatment plan that spans months or years.

To start the process, it is best to give the patient a mirror and ask what bothers him/her. Frequently this step

will help the patient indicate what areas to concentrate on, which may be entirely different from what your focus would have been. In my practice, I make a list of the patient's priorities and rank them based on degree of importance. If there is a disconnect between the results the patient wants and the results that realistically can be achieved, I try to determine if a lack of knowledge is playing a role or unrealistic expectations. Once I have a sense of the patient's goals, I review the steps needed to accomplish them as well as the risks and expected time frame. Some cosmetic strategies are simple and can be implemented in a single visit; others are more complicated and require multiple visits, perhaps with different specialties involved. Before beginning treatment, it is important for you or your staff to explain to the patient why the specific regimen is being used, what results they can reasonably expect, and what the time frame will be to achieve these results.

When planning procedures, it generally is effective to work from either the outside in or from the inside out, meaning that it is necessary to assess both the skin's underlying support structure as well as the quality of the skin itself. Taking photographs with and without

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UV imaging can be helpful at this stage, both as a means of documentation and a way to obtain some objective information about the degree of damage that is present. Some new technologies may even allow you to capture images, sketch on them, and store them.

Patients who seek comprehensive aesthetic consultations that include volume, lines, photodamage, tone, and texture of the skin often will present with photodamage that can benefit from simple topical treatments such as tretinoin. Cosmeceuticals should be used to optimize the patient's skin, but be sure to prescribe a regimen that is likely to improve the patient's appearance while being mindful of his/her tolerance for products and budget. Patients with pigmentary issues should utilize broad-protection sunscreens as well as topical brighteners and/or bleaching creams. It also is reasonable to incorporate peels and lasers or intense pulsed light to improve outcomes. Laser treatment and fractional photothermolysis also are key components of any surface remodeling, and I try to discuss both options in my conversations with patients. When treating patients with erythema from rosacea, I utilize a wide range of treatment options to maximize improvement, including topical products (both prescription and over-the-counter) as well as intense pulsed light and lasers, which I integrate into a treatment plan. Patients with photodamage and wrinkles also need to use topical products, lasers, and light treatments. In my practice, we create cosmetic plans that spell out each option and when it will be used. Patients with active acne require a plan for preventing breakouts during therapy for aesthetic rejuvenation including topical, oral, or light-based treatments. There also are many other dermatologic conditions that can impact an aesthetic treatment plan and they also require consideration and discussion.

The next facet of a comprehensive strategy for aesthetic rejuvenation should include the structural supports and soft tissue changes that have altered the landscape. Fixing the problem requires one to first understand the deficit and then generate a plan to remedy it. For small lines, such as mild to moderate nasolabial creases, hyaluronic acid fillers and calcium hydroxylapatite may be used. Selecting the correct filler depends on the depth of the crease, the thickness of the skin, and the patient's tolerance of adverse events.

A substantial portion of the patient population seeking cosmetic rejuvenation has experienced volume loss in the face with deficits in the cheeks and temples that leave the skin hanging. Restoring volume to these areas requires injections; in particular, I find that poly-L-lactic acid is highly effective. Patients need to understand, however, that this modality requires several treatments. Autologous fat, either enriched with stem cells or via

traditional means, also is a consideration for fixing volume deficits in the face.

Midface descent is caused by laxity in the facial compartments and a drift of the fat compartments. Correcting it may be accomplished by zygoma injections with products that have enough G' to lift the face. Injection of soft products that will simply dissipate will not accomplish the desired results and will waste both time and money. In patients with midface descent, correction of this particular aesthetic concern is the cornerstone of any comprehensive cosmetic plan.

Injections in the temple area also can produce profound results in patients with moderate atrophy in this area. Many if not most of my patients who present for rejuvenation of the upper face require treatment with botulinum toxins. Recently, I have been impressed with the results obtained by injecting fillers into the temples and brow. I tend to use thick hyaluronic acids or calcium hydroxylapatite for this location and have been impressed with the ability of these products to restore a more youthful appearance as well as facial symmetry and balance. I encourage my patients to consider injections in this area when they embark on a comprehensive plan.

No comprehensive cosmetic plan for women is complete without evaluation and treatment of the lips. As women age, their lips tend to atrophy, and while huge lips are not considered appropriate on most people, it is reasonable to restore lips to more youthful proportions with cosmetic techniques such as hyaluronic acid injections. For patients who lack definition in their lips, injections should be made into the rolled borders as well as the Cupid's bow. Patients with volume deficits also should have injections made into the wet/dry junction to augment the size and shape of the lips. Lip augmentation does not have to be substantial to make a difference; rather small amounts of properly placed product can impart a more youthful appearance.

Patients who present to a dermatologist or plastic surgeon for an aesthetic evaluation expect to have a plan that will maximize the results and their investment. A piecemeal approach that fills one area without considering the adjacent zone is a disservice to the patient. Additionally, treating the surface without attention to the underlying support structures cannot produce optimal results. Without a proper skin care regimen, injections, lasers, and peels will waste the patient's time and money. Developing a comprehensive strategy for aesthetic rejuvenation using various procedures is the best way for patients to understand their long-term treatment goals. A written document enables you and the patient to have a road map that provides clear goals and the treatments required to obtain them. ■