

## Adequate Physician Training Is Key

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in the field, some hands-on experience with nonpatient volunteers, and additional training with an expert. Even then, physicians should start with simpler cases, he said.

"Respect the field. Become an expert," Dr. Battle said.

Physicians who operate medical spas have to be there "educationally, philosophically, and operationally," said Dr. Laurie Casas, a plastic surgeon and co-owner of the Turn Back Time Medispa in Highland Park, Ill., and an associate professor of surgery at Northwestern University, Chicago.

That means training the staff yourself, providing on-site supervision, and being immediately available when out of the facility, said Dr. Casas.

"Safety is first and foremost in any of this," she said.

One of the most important ethical issues surrounding medical spas is ensuring adequate training of the physicians involved, said Dr. Bruce Katz, a dermatologic surgeon and medical director of the Juva Skin and Laser Center and the Juva MediSpa in New York City, among the first in the country.

"It's their duty to do the right thing and be properly trained," he said. And proper training means more than just a weekend course.

The decision of who performs treatments at a medical spa should be based on the degree of risk, Dr. Katz said. It's unnecessary, for example, to have a physician perform laser hair removal. However, the baseline requirement should be to have a physician on site to supervise nonphysician practitioners.

Some professional societies have weighed in on medical spas. The American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery have jointly issued "guiding principles" on the supervision of nonphysician personnel in medical spas and physician offices.

Among the recommendations is that

the delegation of any medical procedure be within the delegating physician's areas of expertise and within the statutory and regulatory scope of practice of the non-physician practitioner.

The two organizations also advise that physicians are responsible for ensuring that nonphysician practitioners receive proper training and certification on the equipment they use. According to the guiding principles, physicians are also responsible for documenting that the training has been completed.

There are currently no federal laws or regulations governing medical spas. However, some states have issued regulations addressing the use of lasers or injections, and others are taking a more comprehensive look at medical spas in general. Last year, the Federation of State Medical Boards conducted a conference call on medical spas that was heavily attended by its members.

The Massachusetts legislature called for the creation of a Medical Spa Task Force, which spent the last year studying the issue and debating how best to regulate the industry.

Instead of coming up with rules specific to medical spas, the task force decided to classify the procedures commonly performed at these facilities according to the potential risk to patients. They evaluated who should be able to perform each procedure and what level of training and supervision is appropriate for practitioners.

It was relatively easy for the task force members to come to a consensus on who should perform the procedures, because the decision was driven by risk, said Russell Aims, a spokesperson for the Massachusetts Board of Registration in Medicine.

The task force is scheduled to release a report in early spring that will act as a blueprint for future regulation, legislation, and policies surrounding medical spas.

"The guiding principle is safety first," Mr. Aims said. ■

## Cosmetic Procedure Demand on the Rise

The explosion in medical spas is being driven largely by baby boomers who are fighting the aging process and by a wave of new technology and cosmetic products, said Hannelore Leavy, founder and executive director of the International Medical Spa Association.

"There is something new every day," said Ms. Leavy.

Medical spas are probably the fastest growing segment of the spa industry, said Dr. Bruce Katz, a dermatologic surgeon and medical director of the Juva Skin and Laser Center and the Juva MediSpa in New York City. Patients want effective treatments with little or no down time, which they can't get at a regular spa. The industry also is being driven in part by physicians who want to perform cosmetic procedures on a fee-for-service basis and get away from dealing with insurance, he said.

The vast majority of physicians, however, don't offer cosmetic procedures in a medical spa setting, according to figures from the American Society for Aesthetic Plastic Surgery. An ASAPS survey of plastic surgeons, dermatologists, and otolaryngologists found that 70% do not offer traditional spa services such as wraps, facials, or massages in conjunction with their medical practices.

ASAPS sent more than 12,000 surveys to plastic surgeons, dermatologists, and otolaryngologists to obtain the 2007

data. The final figures are nationwide projections based on the survey data.

The popularity of both surgical and nonsurgical cosmetic procedures delivered in all settings continues to grow, with nearly 11.7 million procedures performed in 2007, according to the ASAPS figures. The survey found that the overall number of cosmetic procedures increased 457% between 1997 and 2007.

Nonsurgical procedures accounted for approximately 82% of cosmetic procedures in 2007; Botox injection was the one most frequently performed. ASAPS estimated that about 2.7 million Botox procedures were performed in 2007, as well as more than 1.4 million procedures involving hyaluronic acid fillers including Hyalafirm, Juvéderm, and Restylane. Laser hair removal, microdermabrasion, and laser skin resurfacing also were among the top five nonsurgical cosmetic procedures in 2007, according to ASAPS.

But Dr. Eliot Battle Jr., a dermatologist and cofounder of the Cultura Cosmetic Medical Spa in Washington, said he has noticed somewhat different trends in his busy cosmetic practice. For example, laser hair removal is the most popular service, followed by Botox, skin rejuvenation, fillers, and skin tightening. Laser resurfacing is actually declining in popularity, he said.



According to Dr. Eliot Battle Jr., laser hair removal is the most popular service that he provides at his cosmetic medical spa, followed by Botox.

PHOTOS COURTESY DR. ELIOT BATTLE JR.

## 'Nefertiti Lift' Using Botox, Sculpts Skin Around Jawline, Chin

BY GREG MUIRHEAD  
Contributing Writer

WAIKOLOA, HAWAII — The look of an ancient royal Egyptian female statue—referred to as "Nefertiti"—can be achieved with well-placed injections of Botox, according to Dr. David J. Goldberg.

"It's called the 'Nefertiti lift,'" Dr. Goldberg said at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation. (Nefertiti was the wife of the pharaoh Akhenaten; she lived from 1370 to 1330 BC.)

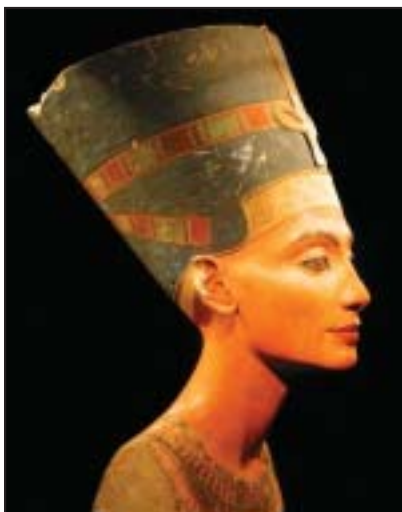
"It's a softening of the chin by getting the bands of the platysma as they insert along the mandible. It's a way of recontouring the

jawline." He described the look as a "liquid facelift."

Dr. Phillip M. Levy first described the Nefertiti lift and reported the results of injecting Botox (Allergan Inc.) using this method into the lower chin (J. Cosmet. Laser Ther. 2007;9:249-52). Of 130 patients who were treated over a 6-month period, 126 achieved immediate results with minimum adverse events.

The patients, all female, with a median age of 47 years, had noticeable recontouring of the chin and elevation of the skin at the jawline.

"The success of this technique is due to manipulation of the op-



Nefertiti has been said to have the perfect mandibular contour.

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posing effects of the platysmal complex" with Botox, wrote Dr.

Levy, of Geneva.

Injected in this area, the substance will improve the definition of the mandibular border and angle, while elevating the corners of the mouth, said Dr. Goldberg. And you are able to get to the platysma and its small bands. It gives the visual effect of a minilift.

"It really drapes the skin of the jawline," he added. "It's amazing how much we can accomplish without surgery," said Dr. Goldberg, director of laser research and Mohs surgery at Mount Sinai School of Medicine, New York.

The patients received 2-3 U of Botox injected along and under each mandible, and to the upper part of the posterior platysmal

band. Patients were asked to contract their platysmal muscle during injection.

"You have to see those bands inserted along the mandible. You can't just haphazardly inject," he said.

The total amount of Botox used was 15-20 U per side.

Dr. Goldberg recommended following up with patients at 2 weeks but described the results as being "really quite impressive."

Touch-ups can be performed at follow-up if needed, he added.

Dr. Levy has been a consultant to Allergan. Dr. Goldberg disclosed no relevant financial conflicts of interest. SDEF and this news organization are wholly owned subsidiaries of Elsevier. ■