# For Instant Mohs Practice Facelift, Add Cosmetics

BY ALICIA AULT

AUSTIN, TEX. — Adding cosmetic dermatology to a Mohs practice is a natural transition, according to Dr. Christopher B. Zachary and Dr. Ronald L Moy.

However, do not expect such a practice to be lucrative, especially not immediately, Dr. Zachary said at the meeting of the American College of Mohs Surgery. "If you want to make a lot of money, I'd stick with cancer because that actually pays the bills."

Although the public might not perceive Mohs surgeons as "real" plastic surgeons, "we are facial plastic surgeons … we are dermatologic surgeons," Dr. Moy, president-elect of the American Academy of Dermatology, said in a panel presentation.

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DR. MOY

He said he would not be ashamed to have a Mohs defect patient sitting next to a Botox (botulinum toxin type A) candidate because it would demonstrate that he performed "real" surgery. Dr. Zachary, however, cautioned against mixing the cancer patients with the cosmetic clients.

Another reason to add cosmetic procedures is "there are a lot more new things going on in cosmetic surgery than in Mohs," said Dr. Moy, a dermatologist in Los Angeles. "I get more excited about new procedures."

Dr. Zachary agreed, "The newness is quite interesting." But, he added, "My Mohs day is my best day—the day I enjoy the most because the patients are the most appreciative and you get to do really good things."

Another plus: Many of the cosmetic techniques can be applied to Mohs patients, such as using fractionated lasers to improve scar appearance, said Dr. Zachary, professor and chair of the department of dermatology at the University of California, Irvine.

When Dr. Moy decided to add cosmetic services, he spent $5,000 on a consultant and closed the practice for 2 days of meetings, personality tests, and management quizzes.

Both dermatologists suggested starting out slowly so as to minimize initial capital outlays. Dr. Zachary said intense pulsed light devices were a good beginning purchase, and noted that some older techniques such as chemical peels were still extremely useful. "Nobody in private practice can afford to have all the devices we have in a big university environment," he said.

Dr. Moy said his practice started out by renting lasers. Now, the practice owns 20.

Also important: marketing. Older practices do not need to do as much marketing because "the best patients you have are your existing patients," Dr. Moy said. Pamphlets on face-lifts placed in the waiting room are effective because they could be seen by someone who has had reconstruction, for instance. His practice also plays DVDs on available procedures in the waiting room. "Most patients I see are existing patients," he said.

Dr. Zachary agreed that marketing is necessary, but lamented the unsavory aspect of many advertisements. "You almost have to prostitute yourself," he said. He suggested creating a good Web site that is easily accessible, and that registers near the top of various search engines.

It also pays to have staff trained specifically for the cosmetic services. Dr. Zachary said a call center is important because it is the patient's first contact. Nurse practitioners and aestheticians might be needed.

Dr. Moy said that he does not use staff for initial interviews. He also tries to spend as much time as possible with the patient, pre- and postoperatively. This helps reduce misunderstandings and malpractice, he said.

Dr. Moy made no disclosures. Dr. Zachary disclosed that he is a speaker for Solta Medical Inc. and Cutera Inc. and is on the advisory board for Primaeva Medical Inc. ■

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