

# Aesthetic Practitioner News

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## Polyacrylamide Hydrogel Filler Shows Promise

At six months post-treatment, the investigational agent was as effective as hyaluronic acid in easing nasolabial folds

BY JILL STEIN

PHOENIX—Polyacrylamide hydrogel, an investigational filler, is as effective as hyaluronic acid (HA) for aesthetic enhancement of nasolabial folds six months after the final treatment, according to the results of a phase 3 trial announced here at the 2009 American Society for Dermatologic Surgery annual meeting. In addition, researchers say it retains its effectiveness at least 12 months after the final treatment.

Because polyacrylamide hydrogel is non-resorbable and non-migrational, it offers promise as a long-lasting tissue filler, investigators said.

Rhoda S. Narins, M.D., Clinical Professor of Dermatology at New York University School of Medicine, and colleagues randomized 315 men and women in a 2:1 design to receive 2.5% polyacrylamide hydrogel or HA. Patients were allowed up to two touch-up treatments. The study was conducted at 13 sites in the United States, each of which contributed 19 to 33 patients.

"While soft-tissue augmentation with injectable fillers are now the standard approach to correct age-related facial defects, extending the duration



Luba V. Nel/Dreamstime

of effect remains an ongoing goal in the development of soft-tissue fillers," said Dr. Narins, Director of the Dermatologic Surgery and Laser Center of New York.

Polyacrylamide hydrogel acts as a tissue substitute, occupying extracellular space and augmenting skin and underlying tissue that is depleted due to aging. The filler does not migrate within the tissue after injection because of its large molecular size and high cohesive properties.

FILLER, see page 9 >>

## Botulinum Toxin Gel May Improve Lateral Canthal Lines

BOSTON—An investigational botulinum toxin A (BoNT-A) topical gel can significantly improve the appearance of moderate to severe lateral canthal lines (LCLs), according to a study presented here at the American Academy of Dermatology's 2009 Summer Academy Meeting.

The gel, called RT001, combines a novel peptide transport system that facilitates transcutaneous delivery without altering toxin function. An adequate concentration of this peptide is necessary to achieve efficacy in improving LCLs,

according to investigator Francisco Perez Atamoros, MD, of Centros Dermatologicos Tennyson in Mexico City.

He conducted a randomized, controlled study involving 77 adults with moderate to severe LCLs. Subjects had a mean age of 49.2 years (range 28-65 years). They were assigned to one of two cohorts (cohort 1 and cohort 2). In each cohort, subjects received placebo or a single 1.65 ng

BOTULINUM, see page 9 >>

## Adding Lidocaine to a Filler Eases Injection Site Pain

Investigators find that this approach significantly reduces post-injection pain compared with using topical anesthetic prior to treatment

BOSTON—Premixing Dermicool-P35 27G—a porcine collagen-derived dermal filler that uses novel ribose cross-linking technology—with lidocaine is an effective alternative to the use of topical anesthetic for treating nasolabial fold (NLF) wrinkles, researchers reported at the American Academy of Dermatology's 2009 Summer Academy Meeting.

In a study, this combination significantly reduced pain associated with injection and both patients and clinicians reported decreased wrinkle severity and a low incidence of adverse events. Previous studies have demonstrated that adding lidocaine directly to a dermal filler such as calcium hydroxylapatite and hyaluronic acid prior to injection decreases injection discomfort.

The new study, by Melanie D. Palm, M.D., and Mitchel P. Goldman, M.D., of Cosmetic Laser Associates of La Jolla in La Jolla, Calif., included 10 patients (nine women and one man) with NLF wrinkles. Their mean age was 51 years. Subjects received injections with the filler in both NLFs. On the left side of the face, a topical anesthetic cream (lidocaine 5%) was applied to clean skin in a 1/8 inch layer and left in place for 30 minutes prior to injection. On the right side of the face, patients were injected with a mixture of the filler and 0.3% lidocaine that was prepared 10

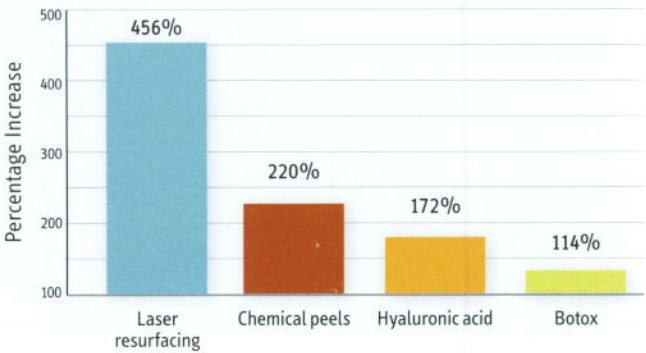
LIDOCAINE, see page 8 >>

BY THE NUMBERS

### More Men Seeking Aesthetic Procedures

Overall, the number of non-invasive aesthetic procedures performed in men more than doubled from 2005 to 2008, rising from 84,447 to 170,663 procedures during that four-year period, according to statistics compiled by the American Academy of Cosmetic Surgery. Shown here are the procedures with the largest percentage increases during that period.

Source: Data from the American Academy of Cosmetic Surgery 2008 Procedural Census





## PRACTICE MANAGEMENT

# Small Appliances Boost Efficiency

Mini fridges in treatment rooms can make Botox and Dysport readily available for patients who decide on impulse to have anti-wrinkle treatments. Some units also can be used to heat items, such as local anesthetic solution

BY JOE NIAMTU III, D.M.D.

Minimally invasive procedures have caused a cosmetic surgery revolution. Recent statistics show that 10.4 million minimally invasive cosmetic surgery procedures were performed in 2008 up 5% from the previous year.<sup>1</sup> In most cosmetic offices, Botox (Allergan, Inc., Irvine, Calif.) and Dysport (Medicus Aesthetics, Scottsdale, Ariz.) are kept in a central refrigerator, although it is dispensed to numerous treatment suites throughout the workday. This involves frequent trips to the central storage area to fetch individual doses of the neuromodulators, which are time consuming, inconvenient, and inefficient. In addition, cosmetic consumers are impulsive. A surgical follow up can quickly turn into a Botox/Dysport or filler appointment. Having the neuromodulators drawn up and right at hand can facilitate a quick decision to have another procedure at an appointment. When a patient says, "I was kind of thinking about having some Botox today," I would tell her, "It is right here, and we can do it right now," while pointing to the mini fridge. In the past, we had to interrupt the staff and "the moment" to leave the room to get product.

There is a current consumer trend of miniaturization of appliances. Countertop refrigerators are available and can be used to cool and/or heat (figure 1). These mini fridges sell for about \$99.

The mini fridge is lightweight (15 lbs), convenient, portable (12.5" x 13.5" x 17.5") and affordable.<sup>2</sup> These countertop appliances operate on standard household current and are also equipped with a DC adaptor for use elsewhere, such as a car. The unit is digitally thermostatically controlled and chills to 44° and warms to 140° while maintaining the selected temperature. The temperature is displayed on a large digital LCD readout that is easily readable across the room. The mini fridge has a clear door, three adjustable slide-out shelves, and a light that can be programmed to illuminate continually or only when the door is opened. The door has a secure latch but does not lock. Portable locking devices are available<sup>3</sup> (figure 2).

This author keeps a mini fridge in each room where Botox or Dysport may be injected, making it immediately accessible for the staff, surgeon, and patient. These appliances have eliminated unnecessary trips out of the treatment room. We use a large volume of Botox. We draw up sy-



Figure 1. Mini fridge cooling and heating units have a small footprint and can be placed on the countertop in injection suites.



Figure 2. Aftermarket locking systems are available and are easily placed on the mini fridge if security is required.

ringes in the morning for the anticipated patients. Using a 2.5 cc dilution of preserved saline, we draw up four syringes of 0.5 cc (20 units) and two syringes of 0.25 cc (10 units). For Dysport, we prepare a 3 cc dilution, which translates into five syringes of 0.6 cc (60 units). I use a ratio of three Dysport units per one Botox unit for injections. Regardless of which product is used, the last syringe has less volume due to loss in the vial, needles, etc. The smaller syringes are used for touch ups or for those patients requiring extra units. The syringes are inventoried and labeled and placed in each treatment room in the mini fridge, where they are logged after usage (figure 3).

In addition to neuromodulator storage, there are other medications that we use frequently and which require refrigeration. The mini fridge provides convenient storage of these medications so they can be accessed without multiple trips to the central supply (figure 4).

## HEATING, TOO

The ability to simply and economically refrigerate medications in the treatment rooms has changed our practice for the better, but we also use some units for heating instead of cooling. IV fluids, tumescent anesthesia, and even small towels are easily warmed with the mini fridge set in the heat mode, which

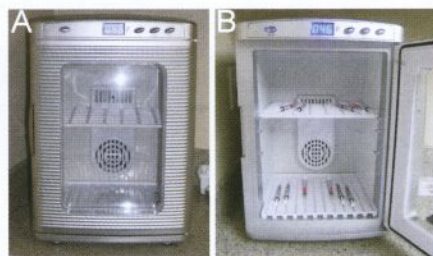


Figure 3. The mini fridge is shown with the door closed (A) and open (B). The mini fridge can be used in the warming mode to heat IV solution, tumescent anesthesia, and even small towels.



Figure 4. The mini fridge can also be used to store various medications that require refrigeration and are used in various rooms throughout the day.

can be adjusted up to 140° (figure 3). Warming local anesthetic solution (a trick of many dentists for decreased injection pain) can also be accomplished.

## ICE

A mainstay of practices that use Botox and fillers is ice. Cryotherapy is a popular means of topical anesthesia and is used before and after injection to reduce edema and ecchymosis.<sup>4</sup>

Similar to the numerous trips to the central freezer with Botox, ice is used all day long in many practices. Frequent trips to the central freezer are inconvenient and time consuming. A portable ice maker is an excellent solution, and like the previously described mini fridge, they fit on countertops and are affordable and portable.

Our office has several of these machines in strategic locations, such as the main injection suites, recovery room, and staff lounge. The continual availability of crushed or cubed ice is a much appreciated convenience in the busy surgery and filler practice. These portable ice machines can be refilled with water when needed. They can be hooked up to any waterline, similar to an ice maker in the common home refrigerator. Alternatively, water can be fed

into the ice machine with a large "water cooler" type plastic bottle.

We use ice cubes for pre-injection cryoanesthesia, cubed ice for cold packs after laser resurfacing and surgery, and crushed ice in small Zip Loc bags for use after filler injection. Having several small countertop ice machines in the most commonly used injection room, recovery room, and staff lounge has proven very convenient, practical, and efficient.

I initially purchased affordable countertop ice makers online, but have found that these units are more geared for casual home use and not commercial use. Trying to arrange repairs or returns online became quite frustrating. My recommendation is to purchase a slightly more expensive countertop ice maker from reputable local companies, which are easier to deal with in terms of repairs or other problems and generally back up their products. Although these types of ice machines are more expensive, they pay off in the long run. Additionally, I believe it is important to purchase a machine that can dispense both cubes and crushed ice. Crushed ice is more user friendly and conforms to facial contours better than cubes. A small Zip-Loc bag or knotted rubber glove serve as useful ice holders.

## CONCLUSION

Mini appliances for cooling, ice making, and heating have become available for consumer convenience. These small appliances are affordable and portable, which makes them useful for the cosmetic surgery practice. In busy injection and surgical practices, their practicality will be much appreciated and equates to better efficiency with less interruption of appointments.

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