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ACMS American College of Mohs Surgery
Fellowship trained skin cancer and reconstructive surgeons

ISHRS International Society of Hair Restoration Surgery

COMMENTARY

Laser Assisted Patient Positioning: A Straightforward Method to Ensure Consistent Head and Neck Aesthetic Photographs

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The author has indicated no significant interest with commercial supporters.

Drs. Sklar, So, Burnett and Ozog have done a great job thinking out of the box in relation to obtaining more-standardized clinical photographs.[1]

Cosmetic surgery and dermatology (as much as any other specialty) is all about pictures. We use them for documentation, diagnosis, treatment, follow-up, before and after, legal proceedings, marketing, teaching, and learning. It is almost impossible to communicate effectively in cosmetic surgery or dermatology without the use of photographs.[2–7] Clinical photography has grown exponentially over the past 15 years, and everyone has benefited. Most surgeons with gray hair can relate to the old days of film photography in the last century! Getting film or slides back from the developer was a joy and a horror. The horror came when you found out that the once-in-a-lifetime lesion or surgical case pictures were blurry or otherwise unusable. Digital technology has made clinical photography easy, predictable, inexpensive, and most important, immediately reviewable. Given that we can view a picture immediately after taking it, there is never an excuse to have poor photographs. Unfortunately, many practitioners take little time to standardize their clinical photographs.

Several observations that I have made over my 30 years of practice and academics are that the best doctors take the most pictures and that sloppy clinicians take sloppy pictures. There is no doubt that one of my biggest pet peeves is poor clinical photography, especially when we now have so much control. I believe that savvy patients are also aware of this, and I have had numerous patients tell me that they chose my services because of how my web images were of higher quality than those of other surgeons.

The cephalometric and photographic standard for obtaining neutral head position has for many years been Frankfurt Horizontal, which is an imaginary line from the top of the external auditory meatus to the inferior orbital rim (on lateral head radiograph). This is an easy standard with which to position patients but may be variable in terms of reproducibility when taking photographs. The Sklar article illustrates innovative means of attempting to standardize vertical and horizontal head position. The importance of this cannot be overstated, especially in before-and-after pictures. In the fast-moving age of cosmetic surgery technology, we are inundated with "miracle technology" weekly.[8] One of the biggest selling points of minimally invasive skin tightening and lipo devices are their effect on tightening the submental region. "A facelift without out a facelift." This is one of the most abused areas on nonstandarized clinical photographs. These apparently dramatic photographs may cause a practitioner to purchase a device or a patient to undergo a procedure. Pictures are powerful. If the images are not representative or are intentionally

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manipulated by positional indifference, the clinician may end up with a machine that does nothing, and the patient may walk away disappointed with lack of result. Either way, the doctor loses.

One of the oldest "scams" in clinical photography is nonstandardized head position. The preoperative image is taken with the neck relaxed, the posture slumped, the shoulders dropped, and the chin retracted. The after image is then taken with the patient at attention and the chin elevated. This maneuver, by itself, will make a dramatic difference without any procedure (Figures 1 and 2).

Figure 1. This image could pass as a great before-and-after picture for lower facial rejuvenation, but the scam is evident in Figure 2.

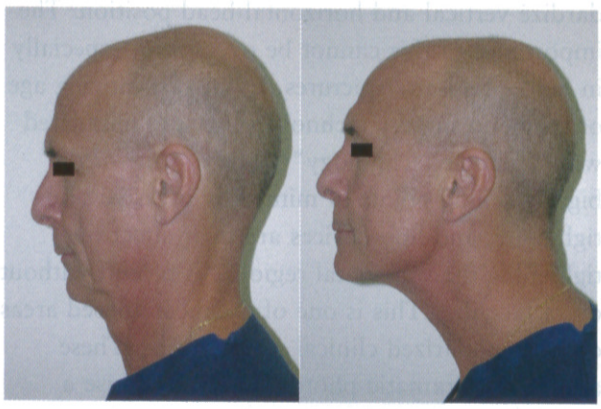

Figure 2. The image on the left is my actual image in repose. The right image is taken with contrived posture and head and jaw position. Although most surgeons would not go to this extreme to manipulate a surgical result, variations of such can occur by simply not paying attention to head and neck posture and position.

Too many doctors use poorly standardized images in their marketing and on their web sites. None of us are professional photographers, but rather we are busy clinicians who try to do their best keeping it all together. Most doctors do not intentionally take nonstandardized clinical photographs, but unfortunately, many doctors take and use poor images because they do not realize the small mistakes that make big differences and are simply ignorant on the subject. They just have not thought about it, or no one has pointed it out to them. Clinicians who are aware of standardization techniques but ignore them are just lazy and do not comprehend the importance of accurate and reproducible clinical images.

The main tenants of standardized photography are simple. Foremost, you do not need a big, expensive camera to take great clinical images. Most compact vacation cameras will do the job and can be carried in pocket, purse, or briefcase. Above all, buy a camera your staff can use, because if you are the one operating, you probably will not be the one photographing. A point and shoot is hard to beat. Other helpful tips for reproducible photographic outcomes include:

Use a standardized background; a plain white wall or colored poster board on the back of the door will work well.

Do not include extraneous anatomy or background furnishings.

Make an effort to take all images from the same distance away from the patient.

To avoid fish eye effect, stand approximately 3 feet away and zoom in.

Use the same lighting and flash for before-and-after images.

Have the patient in a relaxed position with the head or body positioned neutrally in terms of the X and Y axes.

Control shadows by rotating the camera. You can take a photograph with the camera upside down or sideways.

Concentrate on the subject of the photograph, if you are photographing the eyelids, you probably do not need the entire face in the image.
Always wipe off blood before taking surgical images.

I will never profess to take perfect images, as I am a cosmetic facial surgeon, not a professional photographer, but I do take darn good images, and they are better than most I see. It does not take much time to take superior images, only an understanding of the common pitfalls and the desire to be better.

I also am bothered by the quality of many journal images, and some of the top journals still feature substandard images. All editorial boards should have a photography review requirement for all published images.

I applaud the authors for their consideration of an innovative technique to control photographic standardization and would not be surprised if laser alignment becomes an available feature on future cameras.

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