Webinar: Practical and Simple Skin Care Solutions: An Advanced Guide to an Integrated Aesthetic Practice

Wednesday, November 16, 2011 – 5:30PM Pacific/8:30 PM Eastern
60 minute Live Presentation and Q&A

As a follow-up to last year’s popular webinar, Medical Aesthetics: Skincare in the Plastic Surgery Practice, this webinar will further investigate the enormous value of offering aesthetic prophylaxis and periprocedural skincare to your patients. Cosmetic Medicine Commissioner, Dr. Julius W. Few moderates a panel of seasoned experts who will breakdown the inner workings of how a successful skincare team operates, practical solutions to the most common skin problems and how to maximize your surgical results with comprehensive care.
Moderator:
Julius W. Few, MD, FACS
ASAPS Cosmetic Medicine Commissioner
Aesthetic Plastic Surgeon
Chicago, IL

Panelists:

Susan Wells, RN, MS
Skin Care Specialist
Wells Plastic Surgery & Skin Care
Lexington, KY

Jeannette Graf, MD, FAAD
Assistant Clinical Professor of Dermatology
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Jeffrey S. Dover, MD, FRCPC
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Chestnut Hill, MA

All ASAPS Webinars are recorded and will be released at a later date.

System Requirements
Macintosh®-based attendees: Mac OS® X 10.4 (Tiger®) or newer
Q&A Session

Please ASK Questions –
We will attempt to answer all questions following all the presentations

All ASAPS Webinars are recorded and will be posted in our archive at: www.surgery.org/professionals/webinars
• Americans spent $4.2 billion on nonsurgical cosmetic procedures

• Nonsurgical procedures accounted for 83% of total number performed in 2010

Top Five Cosmetic Procedures
1. Botox + Dysport
2. Hyaluronic Acid
3. Laser Hair Removal
4. Laser Skin Resurfacing
5. Chemical Peels

Source: American Society for Aesthetic Plastic Surgery
Cosmetic Medicine Task Force
Surveyed 1015 Patients

*Who would you choose to perform cosmetic surgery?*

- Plastic Surgeon: 93%
- Other: 7%

*However, for minimally invasive procedures plastic surgeons are not the first choice.*

- Plastic Surgeon: 25%
- Non-Plastic Core: 33%
- Non Core: 42%
7-47 effect

Today

Plastic Surgeon: 93%
Non-Plastic Surgeon: 7%

After positive non-invasive experience with a non PS*

Plastic Surgeon: 53%
Non-Plastic Surgeon: 47%

Plastic surgery could be in jeopardy if we do not offer a complete aesthetic package
Susan Wells, RN, MS

Skin Care Specialist
Wells Plastic Surgery & Skin Care
Lexington, KY
The Aesthetic Team and Care Plan: Tools for Optimizing Clinical and Financial Outcomes

Susan Wells, RN, MS
Wells Plastic Surgery & Skin Care
The Society is dedicated to education, enhancement of clinical skills and the delivery of safe, quality skin care provided to the patients of plastic surgeons.
The Aesthetic Team and Care Plan: Tools for Optimizing Clinical and Financial Outcomes

No Disclosures
Opportunity lost

- Surgical revenue decreased 17% (ASAPS, 2009)
- Nonsurgical revenue increased 1% (ASAPS, 2009)
- 51% Practices did NOT have a skin care specialist (ASAPS, 2009)
- 18 years – mean maturity of practices with skin care programs (SPSSCS, 2009)
Contributors

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Consultant: Allergan

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The surgical path

New Patient → Surgery → Discharge
Integrated aesthetic practice model
The aesthetic team

Nurse

Plastic Surgeon

Aesthetician
Aesthetic care plan

- Based on patient goals & resources
- Created by surgeon or mid-level provider
- Executed and managed by entire aesthetic team
Carisa
Breast Reduction
$2,064
One Year
Challenges

• Role differentiation
• Reporting relationships
• Communication between providers
• Complexities of compensation
Susan Wells, RN, MS

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Skin Care: An Evidence Based Approach
Study finds uneven skin tone adds years. Researchers used digital morphing software to “drape” study participants’ skin over a universal face (age 24) in order to isolate the impact of tone on the perception of age. The study revealed that tone may account for up to 10-12 years of age perception, independent of facial form and skin surface topography. Professor Karl Grammer and Dr. Bernhard Fink

Estimated Age = 20 years
Estimated Age = 24 years
Estimated Age = 31 years
Cosmeceuticals - Classes

- Sunscreens - OTC drugs
- Retinoids – drugs
- Moisturizers
- Other vitamins and minerals
- Antioxidants
- Alpha Hydroxy Acids
- Lightening Agents
- Botanicals
- Growth Factors
- Proteins - Peptides
Vitamin A Derivatives

Drugs
- Retinoic acid (Tretinoin)
- Adapalene
- Tazarotene

Cosmeceuticals
- Retinol
- Retinaldehyde
- Retinyl propionate
- Retinyl palmitate
Antiaging Gold Standard

• Retinoic acid
Retinoic acid

Baseline

Six months
Retinoic acid effect

Baseline

Six months
Retinoic acid
Cosmeceuticals and Skin Care: Practical Approach

• Wash am and pm
• Sunscreen with antiaging component am
• Prescription retinoid pm
• ..........
Jeannette Graf, MD, FAAD

Assistant Clinical Professor of Dermatology
Mount Sinai Medical Center
New York, NY
A Primer on Skin Care

Jeannette Graf MD
Assistant Professor of Dermatology
Mt Sinai Medical Center
What Contributes to Aging?

- Cigarette Smoke
- UVA UVB
- Environmental Pollutants
- Genetics, Diet, Medical History
Intrinsic vs. Extrinsic Aging

94 year old chronologically aged monk

54 year old photoaged Native American
Aged Skin vs. Young Skin

- Increased collagen degrading matrix-metalloproteinase activity (MMP)
- Compromised blood supply; decreased cellular ATP
- Photoaged skin - deposition of pigments with profound dermal degradation and epidermal atrophy
Skin Comes in Many Colors Types and Tones

Light - Photodamaged

Dark - Pigmentary Changes
Many in Between
Concerns Vary With Melanin

Caucasian Skin - Light

Photoaging is a Concern

• Diffuse wrinkling due to sun exposure
• Dryness
• Thinning and crepiness of skin
• Mottled hyperpigmentation from deposition of dermal pigments

African/African American Skin

Photoaging is Not a Concern

• Blemish – acne prone skin
• Oiliness in T-Zone
• Large Pores
• Post-inflammatory changes hyper and hypo-pigmentation
More Mixed Skin Types – Comes Down to Melanin
Basic Elements of Skin Care

Universal Needs:
• Cleansing
• Renewal and Rejuvenate
• Protect and Prevent
• Targeted Problem / Solution

• Alkaline Diet!!!
Skin Circadian Rhythms

Night time
RENEWAL MODE

Skin pH is lower
Transepidermal water loss is increased
Skin microcirculation is increased

Daytime Skin
PROTECTIVE MODE

Skin pH is higher
Sebum production is increased
Determine When and What to Use

Daytime (Protective)

• Cleanse
• Antioxidant Serum
• Moisturizing Sun Protection
• Make-up

Night time (Renewal)

• Cleanse
• Retinoid
• Targeted Treatments (HQ)
• Peptide / Antiaging serums
• Moisturizer
Exfoliation
Desquamation

Exfoliation is a natural process which occurs in healthy skin where enzymes in the SC (stratum corneum) shed their outermost layer.

SC enzymes require hydration in order to work

With aging SC water levels are too low for desquamating enzymes to work and they become inactive

Result - thick layers of dead cells hang on to skin creating dull, gray, ashen look due to poor light reflection.
Alpha - Hydroxy Acids

- Consist of different acids including glycolic, lactic, citric and malic acids

- Widely used as exfoliants - chronic low pH can increase collagen degrading MMP-1
Beta Hydroxy Acids

- Include Salicylic Acid and Lipo-Hydroxy Acid (LHA) both of which are well tolerated.

- Lipophilic and excellent for acne prone skin as well as comedonal acne.

- Newer acne treatments with LHA and benzoyl peroxide are well tolerated by all skin types.
Polyhydroxy Acids

Gluconolactone and Lactobionic are much larger molecules and penetrate skin more slowly.

Benefits include exfoliation, antioxidant protection, moisturization.

Well tolerated by all skin types and skin colors without irritation.

Can be used at night in serum form with all skin types.

Before

8 weeks
The Moisture Barrier

Stratum Corneum – contains ceramides, cholesterol, phospholipids, humectants, microflora, immuno-protective cells.

Provides protection from the environment (pollutants, UV, pathogens, irritants).

Especially important in skin care since washing, over-exfoliating, using overly acidic and alkaline products disrupt the pH balance.
pH balance

• The daytime pH of the outer barrier of the skin ideally should be 5.4 in order for the skin’s protective microflora to operate effectively.

• Buffering capacity of skin decreases as we age and average pH is 6.0 in skin over age 50.

• Skin becomes more sensitive as we age and pH balance must be preserved.
Sun Protection

• Daily application of high SPF broad spectrum sunscreen - both UVA and UVB
  o UVA levels stay constant all year

• Ideal combination of ingredients:
  o UV absorbers
  o Chemical free – scatter UV light
Categories of Topical Anti-oxidants (Protect; Prevent)

- Sunblock
- Vitamins
- Cellular Anti-oxidants
- Natural Anti-Oxidants
- Enzymes
- Minerals
Acne

- Cleanse with Salicylic Acid, AHA or PHA cleanser

- Spot treatment – Use a treatment designed for sensitive skin such as Effaclar (BP/LHA) by La Roche-Posay or Avene (TriAcneal) for sensitive skin and skin of color

- Topical Retinoids – prescription strength, retinol, retinaldehyde (for skin of color),..
Pigmentary Disorders

- If post-inflammatory - prevent the problem whether from acne or eczema
- Hydroquinone (HQ) - combined with antioxidants, skin lighteners (arbutin, kojic acid, soy), retinoids and AHA/BHA or PHA.
- Darker skin - retinaldehyde and PHA with HQ to avoid irritation
- Daily broad spectrum UVA/UVB protection year round.
- Mineral Based Make-up
Redness

- In light skins, redness is most often caused by rosacea and accompanied by flushing.

- Topical treatment with Metronidazole Gel or Azelaic Acid can be applied to clean skin before other products.

- Sun Protection and mineral-based make-up.
Redness- Sensitive Skin

- Sensitive skin has many causes

- Moisture barrier integrity is essential in treating sensitive skinned patients

- Using products such as Avene for sensitive skin are therapeutic, antiaging and designed to keep the moisture barrier intact.
Eczema and Dermatitis

- Keep skin moisturized especially in winter months
- Moisture barrier integrity is essential
- Use topical corticosteroid or calcineurin inhibitor at first sign of inflammation to prevent further progression and post-inflammatory changes.
Summary

- pH Balanced Cleanser (AM and PM)
- Antioxidant and Broad Spectrum Sunblock (AM)
- Retinoid (PM)
- Anti-aging Serums in PM (PHA, peptides)
- Overnight Moisturizer

- Alkaline Diet!!

- THINK pH!!!!
Jeffrey S. Dover, MD, FRCPC

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Pre and Postoperative Skin Care
Preoperative Skin Care Options

- Microdermabrasion
- Glycolic Peels
- Non ablative laser and light procedures (PDL, IPL, QS lasers..)
- Non ablative fractional skin resurfacing
- Ablative fractional skin resurfacing
- Cold steel procedures
Preoperative Skin Care: Options

- Sunscreens
- Retinoids
- Lightening agents
- Antioxidants
Preoperative Skin Care Options

- Sunscreens
- Retinoids
- Lightening agents
- Antioxidants
Postoperative Skin Care

- Sunscreens
- Retinoids
- Lightening agents
Q&A Segment
Questions from the audience
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