Specialty Skin Care

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Debra Yates, Editor

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SOCIETY OF PLASTIC SURGICAL SKIN CARE SPECIALISTS

From the Editor's Desk

Debra Yates



t was good to see so many of my skin care friends in New York. Jeannine Dabb did a fabulous job as Program Chair and next year Kathy Jones is jumping in to chair for 2008. As a past Program Chair, I know it's a lot of work but very gratifying. Every year it gets better and better.

One of the hottest topics during coffee breaks is the growing concern over internet sales: the issue of "gray market" sellers. Betsy Rubenstone and Kim Kelly lead a roundtable discussion with vendors and past and present board members of the SPSSCS. We all need to check with our skin care vendors and their representatives and ask them what they are doing to crack down on internet sellers who are unethical. Furthermore, we should all inquire what our vendors' policies are with regard to internet sales.

We also learned from two of our politically active members, Michelle Turley and Donna Chang RN, BSN, that we all need to check with our state boards of Cosmetology and Nursing to know our "scope of practice." We need to keep up to date on any changes in the codes (laws and regulations) that affect what services and technology we are able to perform legally.

As members of SPSSCS, our mission is to provide safe, quality skin care. This is our first priority while making our patients look good and feel better about themselves.

Evidence-Psased Skin Care:

A New Approach to Choosing the Right Products for Your Patients

John E. Kulesza



very day, skin care professionals are bombarded with new products claiming to

rejuvenate the skin. Some contain ingredients known to be beneficial, while others contain new and exotic compounds promising fantastic benefits. Knowing how to separate fact from fiction is essential to providing your patients with the safest and most effective products.

Not so long ago, there really wasn't much out there that could truly make a fifty-year old look forty-five. Cosmetic companies dominated the field and sold what they called "hope in a bottle." Manufacturers were "hoping" consumers would believe their advertising and purchase what were essentially emollients designed to help hydrate the skin and thus eliminate the appearance of some fine lines and dryness. Grandma used this stuff faithfully but still looked like Grandma.

Fortunately, times have changed. Dermatologists entered the aesthetic skin care field and much more is now known about how the skin ages. We have a few

basic ingredients that can slow down, and in some cases, partially reverse some of the key signs of photoaging. The question now becomes, "How does the skin care professional evaluate these ingredients and choose the right product for each patient?"

QUALITY OF PEER-REVIEWED EVIDENCE

One of the best ways physicians evaluate the vast array of drugs approved to treat a given condition is by ranking ingredients according to the quality of peer-reviewed evidence published in the medical literature. This means the evidence was first reviewed by objective individuals with equal qualifications to the author, usually fellow physicians or scientists. The peer review process involves scrutiny and criticism of experimental materials, methodology and data to insure reproducibility. It also involves making sure the author has fully disclosed all financial, patent and other relationships that might create a bias and render the data irrelevant. This is how we approach scientific truth. As more such papers are published that show similar evidence and conclusions, the closer we get to that truth.

When such standards are applied to products that are promoted to skin care professionals, a sense of organization emerges that can serve as a kind of screening tool. The following is a chart

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SPSSCS Mission

The Society of Plastic Surgical Skin Care
Specialists is a voluntary, non-profit organization
dedicated to the promotion of education, enhancement of clinical skills and the delivery of safe, quality
skin care provided to patients within the office of a
Plastic Surgeon certified by the American Board of
Plastic Surgery or the Royal College of Physicians
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THE PRESIDENT'S MESSAGE

Jeannine L. Dabb



ow, this has been one wild and amazing year! I am very excited that the New York program turned out to be such a success. It was a career high to actually see our program come to life in New York. This year

we surpassed our projected attendance and posted record numbers. My sincere thanks to each of you for coming to the meeting and contributing to its success.

I also want to thank our program committee for all of their dedication and hard work. I am really looking forward to see what our President-Elect, Kathy Jones, and her program committee put together for us next year in San Diego. We are currently going through all of your evaluations, comments and suggestions for next year's meeting which will be April 30, – May 3, 2008, make sure you save the date!

It is such a huge honor to be a part of this Society, and now be your President. I am tickled to follow in the footsteps of some amazing women, all of whom have taught me a lot of what I know today. We continue to improve each year and I am so proud of our Board for working together as a unit for a common goal: the education and support of aestheticians and nurses in the plastic surgical office.

In a world where we have seen a boom in the cosmetic industry to the point where it is close to being out of control, it is important that we get together and work cohesively to look out for our patients' best interest. It is our duty as skin care professionals to educate people on who we are and what we do, as well as what makes us different from the skin care clinic down the street. Let's face it, imitation is the sincerest form of flattery!

Please, as a Society member try to get more involved this year. If you have not yet signed up for a committee, please visit our website at www.spsscs.org and click on "Membership" to access the sign-up form. We need some fresh ideas to grow and move forward. We are facing some major changes in legislation, as well as Internet sales that will directly impact our futures.

Thank you for giving me the opportunity to serve as your newly elected President. I am honored to represent the Society on your behalf. If you have any questions or concerns, please contact the Central Office so they can assist you or direct you to the appropriate person who can. Remember, membership has its privileges!

Antioxidants and Acne Treatments

Charlene DeHaven, MD



any antioxidant substances are useful in acne treatment. Their mechanism of action may relate directly to free radical scavenging ability (antioxidant

properties) or to other effects such as inflammation reduction, bactericidal effect or sebum modulation. Some of these antioxidants and their applications in acne treatment are listed below:

Olive Leaf Extract—increases the antioxidant effectiveness of Vitamins C and E by 400-fold. Effectively treats the inflammation of acne. Reduces itching associated with inflammation by modulating histamine release. Bactericidal against P. acnes. The most active substance in olive leaf, oleuropein, is a small molecule which readily penetrates the epidermis, aiding its effectiveness.

L-Ascorbic Acid—topical supplementation of C more effective than oral supplementation. Helps repair of elastin and collagen to help avoid unsightly scarring. Synergistic when combined with Vitamin E.

Alpha-Tocopherol—the most predominant intrinsic lipid-soluble antioxidant. Synergistic when combined with Vitamin C. Transported to the skin surface via sebum.

Vitamin A—treats the clogged pores associated with acne by its desquamative effect. Also antioxidant effects.

Green Tea Extract—contains the catechin EGCG which is anti-androgenic. Increased androgenic effects in males during puberty and in females during puberty and the peri-menopausal period are associated with acne development.

Centella Asiatica—powerful wound-healing properties (each comedone and pustule may be considered a wound).

Zinc Sulfate—replaces copper and iron at critical sites in cell membranes and proteins, protecting against free radical damage. Enhances wound healing. A cofactor required in healthy collagen synthesis.

Bearberry—helps protect against the hyperpigmentation seen with excess inflammation and acne scarring.

Rosemary—Contains a number of phenolics having high antioxidant activity. Chelates prooxidant metals. Antibacterial. Decreases inflammation. Reduces heat-shock proteins associated with any type of physical stress (as acne).

Benzoyl Peroxide—is widely used in treating acne. Its antibacterial effects occur via induction of free radical reactions. Negative effects of benzoyl peroxide include—depletion of Vitamin E and other skin antioxidants within 30 minutes of use, depletion of over 93% of the skin's Vitamin E after 7 days using 10% benzoyl peroxide, induction of its own inflammatory reaction, damage to the stratum corneum's barrier function and increase in TEWL (trans-epidermal water loss). Topical antioxidants ameliorate the harmful effects of benzoyl peroxide by improving oxidative stress and replenishing intrinsic antioxidant levels.

Charlene DeHaven, MD, FACEP is the Clinical Director of IS Clinical/Innovative Skincare.



Member Profile:



Kim Hill, RN

n 1986, I started my nursing career working in the Intensive Care Unit at Parkview Hospital in Fort Wayne, Indiana. In 1993, my mother told me about a procedure she had a plastic surgeon perform on her: permanent makeup. Back then, in the Mid-west

very few people had even heard of permanent cosmetics, including myself. My mother informed me that the owner and technician wanted to train someone to take over her cosmetic tattooing business. My mother never expected me to become the new permanent makeup specialist. So for the next three years, I had three jobs: working a couple of days a week doing permanent makeup by appointment, filling in for the doctor's nurse when asked, and in the evenings I continued to work in the ICU part-time. Then one day, after returning from an ASAPS meeting, Dr. Shambaugh, the plastic surgeon that I worked for asked if I would be interested in doing "lunch time peels." I really had no idea what exactly that was, but it sounded fun, and I am always up for a new challenge.

I never could have accomplished any of this without the continued support of my wonderful husband of twenty-one years. Lee was my high school sweetheart. He was, and still is, a continuous source of encouragement. The early years were difficult, trying to get a skin care clinic and cosmetic tattooing business going. Back then our practice consisted of just one doctor, one very part-time nurse in our skin care clinic, and me. It was a one person operation for the most part with scheduling appointments, fielding calls, publishing a newsletter, placing all of the orders and executing treatments. At this time, Lee and I also managed to have three boys, who were one, three, and five-years-old.

We have come a long way since then. Our practice, Summit Plastic Surgery, now has seven board certified plastic surgeons; Aesthetica is the name of our skin care clinic, which now consists of four registered nurses, one esthetician, our very own scheduler and a clinic coordinator.

My first experience with the SPSSCS was the New York meeting in 1997. It was an amazing experience to be with other skin care specialists from around the country and to hear nationally renowned physicians discuss the newest innovations in skin care and anti-aging modalities. To know that what I was doing was on track was also encouraging. This last time was my third time attending the skin care meeting in New York City, and I have to say, it just keeps getting better and better. I am always very proud to tell my clients that I just got back from a "national skin care meeting."

People always ask me what my hobbies are and I reply, "work." I am very blessed to go to work everyday where I get to laugh, learn and teach people about my passion: skin care and meeting women from all walks of life. It always makes me proud to be a woman when I meet clients like Peg: a devoted mother of three who truly wants the best for her kids, or Susan, the Workmens' Compensation Judge who manages to juggle work and family. Then there is Lou Ann, the eccentric school teacher who moonlights as a storyteller traveling all over the world telling her tales. Or even Hope, the ex-corporate lawyer who decided to stay home and raise three children. Have I always known this is what I wanted to do? No. I never even imagined it. Life can be an amazing journey if you just trust it. So I say, "Hold on and enjoy the ride!"

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Kathy Jones BSN, RN, CPSN

ow much fun was it to have our meeting in New York City? What a perfect place to enjoy our educational sessions and the excitement surrounding us there. Between classes, the

theater, sightseeing and more, did anyone get any sleep? I hope everyone was able to take in the sights and that this was a great meeting for all.

The timing of this meeting was somewhat different this year, at the same time as the doctors meeting. Our audience response system concluded that approximately 40% of the attendees said that the timing of the meeting made no difference in their decision to attend.

First, I must give thanks to those who put so much into making this meeting great. Thanks to all our sponsors who supported scholarships, social events, meals, binders, goodie bags and much more. Also thanks to Jeannine Dabb for doing a great job on the program and bringing to the table some new speakers who challenge us to become better in our field.

We began in the afternoon on Thursday by having our roundtable discussions. This year they were divided (by request) into two separate sessions: aesthetician and nurses. There was a great turnout and much lively discussion. Each session explored its own specialty and were two of the most sought out sessions of the entire meeting.

The first day of breakout sessions had something to offer every attendee. "So You're New At This" was a basic course for the skin care novice. "Evolution of Tattooing to Modern Day Make-Up," gave us a different look at the history of permanent

make-up. Denise Byrnes and Sandra Adams gave us insight in "Practical Business Building," and Marnie Godfrey, (in her pregnant state) via video allowed us to watch her in the process of a Blue Peel.

The classes ended with just enough time to get dressed for Duvet, a dining boudoir. Imagine dining while lying down, if you drank too much, then you didn't have far to fall! The evening at Duvet, was sponsored by La Roche Posay, but was not quite the same without Jill Sprengel there. We're sorry that she missed all the fun and hope that she is well and on her road to recovery.



An evening at Duvet, a dining boudoir sponsored by La Roche-Posay



DANCING AT DUVET



MICHELLE TURLEY AT DUVET

We were all welcome to join ASAPS for their course: "Advances in Minimally Invasive Face and Body Rejuvenation Featuring Live Patient Demonstrations." We learned about treating the face with injectables, lasers, radio frequency and much more. If you have never attended these sessions, you have missed some very educational and interesting talks and demonstrations.

A new addition to this year's meeting was the audience response system. By using this system, we were able to poll the attendees on important topics and within seconds see the results.

Saturday was our first full day of sessions, and they kept us busy. The day started with Elizabeth Smith giving the Presidential Welcome and went directly into the keynote address sponsored by Obagi Medical Products. Joan Kron, from Allure Magazine, delighted us with her stories and tales of a plastic surgery journalist.

We listened intently while she enchanted us by discussing her career with Allure and before the break, Dr. Cook-Bolden, enlightened us on optimizing treatment outcomes in ethnic skin.

Before ending the day early to make our way to the Javits Center to check out the vast display of vendors, the following sessions took place: Panel-Acne Management; Emulsions 101—Basic Cosmeceutical Chemistry for the Non-Chemist; Lesion Identification—When Not to Peel; Panel—Diversity in Your Patient Population—How to Address Cultural Issues. The night ended with an invitation to join the ASAPS Welcome Reception and as always there was plenty of fun, food and frolic!

Sunday was a very full day again and it seemed like the conference was passing all too quickly. Again, we were able to give scholarships away to some very lucky winners. Read all about them on the next page of this newsletter.

The Presidential Award for Distinguished Service was given to Dr. Rahm a very deserving recipient. I would like to thank him again for all his participation in our Society as a vendor, speaker and consistent contributor. Congratulations, Dr. Rahm.



Elizabeth Smith and David H. Rahm, MD

With so much to learn and only one day to complete it all, Sunday was filled with informative sessions. There was a panel on sunscreens, the Debunking of the Top 10 Skin Care Myths, a panel on license and legislative issues and that was just in the morning. Don't forget the talk on medi-spas by Dr. Saltz. The afternoon sessions were just as interesting. We learned about Niacin, Idebenone, and Hydroquinone, and on the business side we learned how to develop a business plan and how to stay out of trouble by documenting everything correctly. We closed out the day learning all about DNA repair and photo aging, viruses and bacteria control, and skin care for the cancer survivor.

I hope you all had a great time and I want to thank those who contributed to make the New York City meeting such a great one. To view pictures of the meeting go to http://www.spsscs.org/photos; the username and password for both is "skincare." I will be working hard on the program for 2008 soon, and those are some large shoes to fill. I leave you with a wish for a happy, healthy, and safe summer.



Annual Meeting Scholarship Winners



Scholarship Winners: (Left to right) Maria Elena Reyes, Leslie Stewart, Donna Chang, RN, BSN (Scholarship Committee Chair), Ruth Hall, Nyoka Anderson

hank you SPSSCS for sponsoring my scholarship to attend the annual meeting in New York. I was so happy to be able to attend given the distance from California.

Some of my favorite aspects of the meeting were the buzz and excitement of seeing old friends and making new ones, sharing of ideas, and the wide variety of educational topics from media coverage to the chemistry of cosmeceuticals. This is such a dynamic group, and the nurse-aesthetician relationship is invaluable.

The advances in skin care are tremendous and this meeting introduces us to the latest research explained by the industry's most dedicated and accomplished speakers. Notable topics at this meeting were: the introduction of new products, the holistic approach to treating skin conditions, and the thoughtful approaches to managing the resistant patient. The panel on sunscreens, including the new Helioplex stabilizing technology and Mexoryl, was invaluable. Identifying questionable lesions during patient visits and when to refer a patient to the plastic surgeon is useful each clinical day. Often patients will seek out medical attention right away when something is pointed out to them.

The nurse's round table discussion brought out some interesting aspects to our nursing specialty, such as the legal issues of who does what. It is important that we work together as a group to identify what is in our scope of practice and continue further discussions to establish measurable, detailed standards that can be reviewed at regular intervals so we can maintain our expanded role in the medical team.

Leslie A. Stewart, RN

To the Members and Staff of SPSSCS:

want to thank SPSSCS President, Elizabeth Smith and the Society for presenting me with the Presidential Award for Distinguished Service at the annual meeting in New York City. I am very grateful and proud to receive this award and I will certainly display it in a prominent place in my office.

It is my privilege to work with people and an organization as professional and qualified as SPSSCS. Each year, I have been given the opportunity to lecture in front of all of you on a subject that I am very passionate about—nutrition. I hope you enjoyed my talk on nutrition and acne this year and find the information useful in your skin care practice.

I look forward to seeing your healthy, smiling faces again next year in San Diego.

Warmest regards, David H. Rahm, MD

his April I had the honor of receiving a scholarship to attend this year's annual SPSSCS meeting, "Skin in the City," in New York City. I would like to thank the scholarship sponsors, SkinMedica, Dermacia and the SPSSCS for making it possible for me and three other SPSSCS members to attend. This conference addressed virtually every hot topic about skin care and then some—chemical peels, product ingredients, lesion identification, marketing, legislative issues, etc. The speakers were all top notch and the presentations were informative, concise and non-biased. I don't know how it could have been any better. The committee and board members obviously worked very hard to make this one of the best meetings ever and they were successful. Congratulations to them all for a job well done!

Ruth Hall

Who wouldn't just die to be in New York City in Times Square? Having the opportunity to network with other nurses and estheticians who have a profound passion for the field of medical esthetics was an amazing experience. The meeting was exciting and I was extremely honored to receive a scholarship from SkinMedica and the SPSSCS. I have always loved being a skin care specialist, but being a member of the Society has been icing on the cake. I am so blessed to work with one of the best plastic surgeons who also supports the Society. Being a member allows me to learn and be inspired by my peers. The esthetician roundtable was one of the highlights of the meeting. Interacting with other estheticians at my table allowed me to hear different perspectives on rules and to see how other medical estheticians function in their practices. I especially enjoyed being part of the plastic surgeons' meeting on Friday which was so informative. I loved the live demos of injectables, different types of lasers, and the awesome speakers. I love being a plastic surgical skin care specialist and find myself even more inspired having learned so much at the meeting. I will definitely share the pearls of wisdom I learned with my patents. Again, thank you SkinMedica and SPSSCS. I had an experience that I will remember forever. I look forward to interacting and volunteering at next year's meeting in California!

Maria Elena Reyes, CMA, RST

I'd like to thank Dermacia and the Scholarship Committee for offering me the opportunity to be one of the recipients of this year's scholarship. Without the scholarship I would not have had the good fortune of attending the Annual Meeting. My experiences in New York were not only educational, but exciting as well, as it was my first time in the "Big Apple."

This was the fourth skin care meeting I've attended during my ten years of membership with the SPSSCS, and it was by far the most impressive. Each year's program content, quality of speakers, exhibitor support and overall professionalism continues to improve. I especially enjoyed the Aesthetician's Roundtable. It provided a great venue to share, discuss and learn more about current issues that affect us on a daily basis. The presentation by Dr. Goldstein on the use and safety of hydroquinone was a most important and controversial topic. I was pleased to see issues that affect our profession highlighted and addressed.

Nyoka Anderson

Cosmetic Medicine—

How Does it Fit with Your Practice?

Richard D'Amico, MD



osmetic medicine can be defined as medical and surgical treatments or procedures which enhance or restore appearance.

With that broad definition, what is the state of the art of cosmetic medicine and where does it fit in to the practice of plastic surgery and aesthetic skin care?

The industry growing around cosmetic medicine is already a multi-billion dollar entity. The cosmetic surgery alliance, which brings together the leadership of the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons, has convened a special Task force on Cosmetic Medicine in January of this year. The groups charge was to scan the environment and develop strategic recommendations for plastic surgery. As our valued partners, providing aesthetic skin care, it is important to keep you up to date with our activities. The Cosmetic Medicine Task Force is co-chaired by Renato Saltz, M.D. and myself and is composed of key leaders from both ASPS and ASAPS, all of whom are well known to the SPSSCS. The task force will work to create a "Blue Ocean" strategy for plastic surgery in this field, which ranges from injectables to fillers to light based therapies, aesthetic skin care and cosmetic surgery itself. The focus of this effort is to make plastic surgery the core and driver of the process, to deliver quality care and outcomes, and maximize patient safety in this booming industry. Strategy will focus on two areas: the first is education of the plastic surgery membership and their staffs about the industry and the opportunities for plastic surgery within it. The second strategy will be to reach out and educate the public, regulators and legislators. The message will be that only board certified plastic surgeons can provide an overall care cycle for cosmetic surgery patients, combining expertise, safety and value.

A scan of the industry reveals that it is expected to grow by at least 9% per year over the next decade. Non-surgical procedures account for 82% of all cosmetic procedures with the most rapidly growing areas in laser and light therapy, injection of toxins and fillers and non-ablative skin rejuvenation. Medical spas also represent a rapidly growing segment of this industry with approximately 2500 facilities across the country. This alone is a one billion dollar market. The industry, however, is in its infancy and is relatively unproven in terms of revenue. This presents a significant set of challenges to plastic surgeons and their staffs. In this regard, two symposia will be offered this year on the subject of medi-spas; the first in Los Angeles during the first week of June and the second in early September in New York City. (See ad on page 7)

While cosmetic surgical procedures will always be at the heart of cosmetic medicine, the significant growth of non-invasive procedures has caused a rush of both core and non-core medical specialties into this area. Core specialties such as dermatology and facial plastic surgery have long been involved but the so-called noncore specialties, such as gynecology and family practice, are clamoring to participate as well. There has been intense industry marketing and many companies will market to any physician regardless of training. This should be of great concern to plastic surgeons and skin care specialists who represent the highest level of training in this area. There has also been industry lobbying against scope of practice limitations, which is also disturbing for those of us concerned about patient safety and outcomes.

The consumer trends clearly show the effect of the aging of the population; however, even twenty-something's are now getting significantly involved in anti aging, skin care and injectables. Consumer economics represent all walks of life and more men are seeking these services. We are also seeing more ethnic diversity in the patient population.

On the international level, when plastic surgeons and their related specialties ignored cosmetic medicine, the drivers of the market place were large numbers of non-core, poorly trained physicians who created confusion and concern among patients.

Here in America, the plastic surgery profession is passionate about patient safety and quality outcomes and implementing best practices. We are determined to set the standards and set them high. The Task Force has engaged a consultant to help us to reach out to both our plastic surgeon members and to the public. We believe it is important for the public to be reminded that plastic surgeons are the only physicians who have the core training to provide all cosmetic medical and surgical procedures. We will also be the entry portal at any age of life and we will generate the data to substantiate outcomes and provide for patient safety. Plastic surgeons will become the "go-to" resource for information, referrals and decision making tools. Our regulatory and legislative outreach will emphasize patient safety and quality outcomes.

Through the efforts of the Task Force and the profession, we will keep plastic surgery and related skin care services at the core of cosmetic medicine and remain a driving force providing patients with unmatched expertise, safety and value.

Dr. D'Amico is President-Elect of the American Society of Plastic Surgeons, Past President of the New Jersey Society of Plastic Surgeons. He is Assistant Clinical Professor of Plastic Surgery at the Mt. Sinai School of Medicine in New York City and is the Chief of the Department of Plastic Surgery at Englewood Hospital and Medical Center in Englewood, New Jersey. Named as one of the best doctors in New York and New Jersey by New York Magazine and New Jersey Monthly, respectively, Dr. D'Amico lectures extensively and provides expert commentary on plastic surgery to national and international media including The Today Show, FOX News Channel, and the BBC, as well as French television.

"THE BUZZ"

Saunda (Sam) Wolfersberger, RN Plastic Surgery Center, Ltd.



lucosamine may not be just for our joint health anymore. With the looming controversy involving hydroquinone, glucosamine appears to be effective in treating lentigenes, hydrating the dermis, improving rhytids and lessening inflammation. Glucosamine reduces the appearance of lentigenes by blocking melanin biosynthesis. Combined with niacinamide which potentiates its effectiveness, this may be our newest skin lightening topical.

The next generation of ablative laser technology gently resurfaces the facial skin with minimal downtime and less potential for hypopigmentation. It is also more tolerable for the patient in an office setting. The Pearl by Cutera will be worth watching. The Pearl is the first 2790 nm laser for the treatment of wrinkles.

The recently introduced Youth Complex by IS Clinical is drawing favorable reviews for the patient that wants immediate, visible gratification. Patients with sensitive skin find it is not as irritating as the retinoids.

The latest catch phrase we are seeing today is "science-supported skin care." Patients have a tendency to take for granted that this will give the products a respectability they may not have earned especially with the price tags that are attached. The DNA related products are a prime example of this, they're pricey but are they providing the patients with the results they are looking for? These companies claim their products correct UV damage, stimulate collagen production, and promote new skin cell growth. Some products claim to "reset your skin's aging clock" or cause the existing skin cells to recruit youth.

Human growth factors added to skin care products enable them to improve the skin's ability to renew itself, for example SkinMedica's TNS. DNA repair agents assist with damage caused by UV rays; the enzymes penetrate the epidermis by liposomes as well as aiding the skin in resisting future photodamage. Bovine Stem Cell products claim to reinvigorate DNA when applied topically creating younger, healthier skin. Some scientists feel it is too early to know if there may be potential complications long term with the application of frozen bovine stem cells to our skin. DNA-matching customized skin care products created specifically for the individual is generating some skepticism. At this point in time there are questions about what genes are directly involved in the aging process. This does show great promise for the future. Human placenta products claim to prevent withering of the skin while encouraging cellular regeneration. The FDA bans placental hormones from cosmetics because they consider them drugs. The proteins that remain and are derived from placental products can also be obtained from other sources like soy.

All products mentioned in the above article are for educational and informational purposes only.



Update in Legislation Concerning Cosmetic Lasers in the State of Georgia

Michelle Turley

The House and Senate recently passed House Bill 528 concerning the licensing and regulation of Cosmetic Laser Practitioners in the State of Georgia. The bill would allow Physician's Assistants, Registered Nurses, Licensed Practical Nurses, Nurse Practitioners, Estheticians and Master Cosmetologists to be licensed as Cosmetic Laser Practitioners in the State of Georgia. Licensing would be regulated through the Medical Board of Examiners. This license would consist of two levels: a Senior Laser Practitioner and an Assistant Laser Practitioner. A Senior Laser Practitioner would be a qualified Physician's Assistant or Nurse who met licensing and educational requirements. These individuals would be allowed to supervise Assistant Laser Practitioners, which could include nurses, estheticians and master cosmetologist who meet the license and educational requirements specified by the bill.

In addition, the bill sets criteria for consent forms and requires that a consulting physician be available to provide emergency services to consumers receiving treatment.

As of May 2007, the Governor has not signed the bill into law. There has been pressure from several groups, including the Medical Association of Georgia to veto because the bill has yet to require a physician to be on site. Also, there is a great deal of pressure from the medical community for the legislature to define the use of lasers as the "practice of medicine."

Similar legislation is under review in North Carolina. At this time, I have no updates as to its progress.



Marnie Godfrey Chair, Membership/Mentor Committee

Welcome New Members

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Worth A Look

Jeannine L. Dabb

t seems we have had some great new products hit the market and some old ones reemerge! Speaking of Remergent (who are known for their DNA repair formula), if you haven't tried their micro-circulation therapy for tired, dark under eye areas you definitely should. It has been a major hit in my practice, especially for my Fitzpatrick's 2, 3, 4, and 5s.

With summer fast approaching, Mentor is launching some great new Nia 24 products. They have really done a wonderful job with their SunSmart woman campaign.

The new products have yet to be released and seem to be geared towards clients with dry skin. Personally, I have found a wonderful niche for this product with my older clients who expect visible results, but want a simple program without all the fuss.

La Roche Posay is also introducing a new product; a wonderful new cleanser for Rosacea prone skin. It is cleansing and soothing at the same time! They have also released their new exfoliating toner for their Effaclar line.

In the world of corrective medical make up, Pierre Fabre Dermo-Cosmetique has created and launched their own make up line. It is gentle yet very effective for all sorts of skin types and is very reasonably priced. Also, if you haven't seen it yet, Classified Cosmetics is one of my new favorite make up lines! It is great for post-ops clients with delicate skin as it does not require pressure to apply. It is also excellent for those who want that air brush look without having to go to the salon. It also isn't nearly as expensive as the one in that little red container!

Last but not least, if you haven't checked out Vivité TM you should. Allergan is launching it as a basic system to go on its own or with Prevage.

Have fun exploring all of these new products. Enjoy your summer and stay protected with that SPF!

All items mentioned in the above article are for informational purposes only.

Evidence-Isased Skin Care

CONTINUED FROM COVER

ranking various topical active ingredients based on a review of available Medline data. Medline is a widely used, online database of medical journal articles compiled by the U.S. National Library of Medicine. This chart is further validated by a recent major review article on the treatment of photoaging (Photoaging: Mechanisms and Repair. Rabe JH et al. Journal of the American Academy of Dermatology, July 2006 (Vol 55, Issue 1, pages 1-19).

Without question, retinoids (Vitamin A, its analogues and compounds that activate retinoid-receptors in the skin) represent the "gold standard" for the treatment of photoaging based on sheer quantity of peer-reviewed evidence. Note that it is also the only category that includes products specifically approved by FDA for the treatment of this indication.

Following retinoids are hydroxyacids. They have established themselves as safe and effective for managing certain signs of superficial photoaging but have less profound biological effects. Topical anti-oxidants are next on the list but, surprisingly, are supported by far less peer-reviewed evidence, much of which is of poor quality.

Beyond topical anti-oxidants are additional popular skin care ingredients for which little objective, peer-reviewed evidence is available. Note that some products in these categories are heavily promoted as miraculous skin rejuvenating agents and sell for high prices, but in reality there exists little proof that they are safe and effective. While claims like "20% reduction in fine lines" sound impressive, such benefits can usually be achieved through routine use of a simple moisturizing sunscreen.

Let's also not forget that for around \$30 you can purchase a tube of generic tretinoin cream, which absolutely, positively is safe and effective for treating photoaging when used as directed, even the FDA has put its blessing on that. So if a new cosmeceutical comes along for \$60, make sure you get some hard evidence showing that it's twice as good as that generic tretinoin cream!

DOSE-RESPONSE AND STABILITY EVIDENCE

Once it has been determined where a product ranks in terms of quality of peer-reviewed evidence of the safety, efficacy and cost-effectiveness of its active constituents, one final question remains: does the product contain enough of this ingredient to have a biological effect? It's not enough for a product to claim it contains a great ingredient such as Retinol; it must also contain enough of it to have an effect on the skin.

This relationship between concentration and effectiveness is determined by what we call 'dose-response studies.' For example, we know that two aspirin tablets are effective for treating a headache and that taking 20 tablets will make you sick. We also know that taking a fragment of an aspirin tablet the size of a pinhead will do nothing for you. Consequently, precise information on concentration is critical to determining if a product is worth using. As far as Retinol is concerned, it's usually used in concentrations from about 0.1–1%, with the higher strengths being more effective but potentially more irritating. With this information, a product containing .001% Retinol is not going to do much.

And if skin care decision-making isn't complicated enough, consider that many of the actives in cosmeceutical products, such as Retinol, Vitamin C and Kojic acid, are sensitive to oxygen, light and heat and have poor stability in aqueous media. Such ingredients might start out at a sufficient concentration to have a meaningful biological effect but can degrade fairly quickly to render the product sub-potent before or during use by the patient.

Good examples are solutions of Vitamin C (L-Ascorbic acid); such solutions must be crystal clear and colorless. When these solutions turn yellow, brown or black, such a color change indicates the presence of oxidized ascorbic acid. So when a manufacturer tells you such color changes don't represent a problem, demand a study proving that these oxides have the same efficacy as pure, unoxidized Vitamin C. Since the science tells us that ascorbic acid oxides no longer react with free radicals and thus aren't very good anti-oxidants, it is unlikely you will receive one.

FOUR LETTERS TO HELP ASSURE PRODUCT QUALITY: HPLC

A great way skin care professionals can assure themselves of the potency of cosmeceutical actives is to request from the manufacturer an HPLC (High Performance Liquid Chromatography) stability study of the product in question. HPLC is based on the chemical principle that molecules can be separated from each other based on differences in their affinities for a common material, such as, specially coated beads packed into a chromatography column.

By comparing the characteristics of samples before and after entering the column, such as how they absorb a beam of ultraviolet light, it's possible to determine the presence and concentration of various actives quickly, economically and with a very high degree of precision. For this reason, HPLC is the most commonly used analytical method in the pharmaceutical industry, and all reputable skin care product manufacturers would have HPLC instrumentation in their labs.

It is also important to look at the stability of a product when stored at warm temperatures commonly experienced when it's shipped during summer months or after its container is opened and the product is partly used up (in general, the more "head space" of air, the more oxygen exposure and potential oxidation). All this is relevant and can make a difference between effective treatment and quackery.

In conclusion, skin care products can be evaluated by first identifying their active components and their concentration, confirming stability and considering the quality of peerreviewed evidence supporting their safety, efficacy and cost-effectiveness. Taking the time to learn this information from manufacturers will help skin care professionals provide their patients with the best possible treatments. Yes, Virginia, we can make a fifty-year old look forty-five again...as long as we ask the right questions!

John E. Kulesza is founder and president of Young Pharmaceuticals, Inc. A 30-year old firm based in Hartford, Conn. that develops and markets proprietary dermatology products to dispensing physicians. Kulesza, an industrial chemist by training, holds several US patents on dermatological technologies including drug delivery systems and prescription drugs. A graduate of Yale University, he is the principal formulator of one of the best-known physician-promoted consumer product lines on the market today and scientific advisor to several multi-national dermatological manufacturers.

Promoting Skin Care Services Within Your Practice

Laura LeRoy, RN, BSN, CMA



medicine has become a very profitable business that has created an extremely competitive industry. The demand for cosmetic procedures and products has never been greater.

esthetic

HOW TO GET STARTED

Through my years of consulting I have met many physicians that want to bring in a skin care segment to their practice but are not sure where to start. First of all you want to have a vision of where you see your practice in 5 to 10 years. Have a good understanding of your goals for the practice once that is determined start to evaluate various product lines and their technologies. You will want a line that will support the cosmetic treatments and surgical procedures you offer, as well as deliver benefits to your patients.

The best resource to help in choosing your skin care line is your medical society meetings. Look at the list of skin care companies that are supporting your medical conferences. Make a list of those companies you would like to interview and evaluate. Have a list of questions ready to ask your prospective skin care companies. This will give you a better idea if they can fill the needs you are looking for. Some of the question you may want to think about are;

- How long has the company been in business?
 Remember your vision or your 5 to 10 year plan. You will be investing many dollars in the future with this company and you should feel that they are investing in you for the long term.
- What type of support can you expect from the company?
- Can they provide you with clinical studies and product standard/ safety sheets?
- Can they provide you with product brochures, and promotional kits for your advertising needs?

- How often do they have product launches to keep up with the technology advances in the industry?
- Is it easy to access a contact person who will be there to support your needs?
- Can you expect on-site training for you and your staff. Along with a follow-up training program to fit your practice needs.
- Do they offer co-op advertising? You want to work with vendors that work with you.

WHO TO HIRE

Selecting and hiring the right Skin Care Specialist for the job is critical to the success of your practice. Consider what you want this new employee to bring to your practice on a personal level as well as a professional level. Remember your employees are an immediate reflection of your practice.

When hiring the skin care specialist that fits your practice and vision you will want to look at several things.

- Level of education
- Basic knowledge and skill in skin care procedures and/or patient care.
- Professionalism
- Ability to work as a team
- Good communication skills
- High standards of personal care as well as patient care and safety

It is very important that you are familiar with the laws pertaining to which staff members are qualified to perform procedures. The laws regarding the use of certain devices and procedures vary by state.

TEAM APPROACH

Working as a team is key to the success of your skin care practice. Teams tend to be more successful in implementing plans whether they are very simple or complex. Every employee should be familiar with the products and procedures

that your office provides. Promoting and cross selling cosmetic products and procedures is what will grow your practice.

Critical thinking and teamwork go hand in hand. Critical thinking involves logic and asking the right questions. Critical thinking can offer to a business and its employees a way of thinking that asks those involved to evaluate their own thinking. When critical thinking is used in a problem solving mode it can take your team from a brainstorming session to coming up with creative solutions to difficult problems.

TRAINING

The dispensing of cosmeceutical products is standard in the majority of medical offices. Sell lines that provide the staff with on-going training. Look for companies that have an education department with a team of educators at various levels that can help with your practice needs.

Knowledge of the product line, how to enhance your clinical practice, current procedures and cross selling services, knowledge and skill in training all of these areas will ultimately increase your bottom line.

CONCLUSION

Client satisfaction creates loyalty to your practice and what you have to offer. Patients have more choices than ever when it comes to cosmetic services so what would make them choose your practice? It is the physician, your office, your employees, and what cosmetic services and products that you offer.

Laura LeRoy R.N., B.S.N., C.M.A. has spent over thirty years with skin care researchers and manufactures in the position of Director of Education. Her primary duties included curriculum development for client training of product use, writing training manuals planning, directing and evaluating business development and marketing plans.

Product Inventory Control

Not Having a System Can Cost You More Than You Think

Bryan Durocher



he number two reason for a medical spa to lose in the profitability game is not having the appropriate handle on their inventory supplies and costs. Ordering products needs to be a tightly monitored process. Missing critical structures such as buying products at the right price point, having the right software tracking system, placing your own orders, monitoring sales vs. supply costs, and physically counting your products can be disastrous to the bottom line.

PRODUCT COST

When choosing professional products to perform standard services such as facials, body wraps and peels, you have to compare the cost required to perform the service with how much you are charging for the service. The product cost for each service should amount to no more than approximately 7% of the service price charged. You may find some services are at a slightly higher cost ratio, and others come in under the seven percent. These slight variations should balance out in the end at the 7% level.

Professional product supplies for performing services would consist of anything used to perform a service. For example: cleansers, masks, moisturizers, cotton, peels, and linen poultices, etc. Professional supplies need to be separated from retail products that are purchased for resale. Request that your distributors or vendors itemize them separately for you if possible.

These expenses if not checked can mount up very quickly. The three main culprits are the actual cost of the product to perform the service is too high, product waste, and inventory control. It does not matter how fantastic a product line may be if you cannot charge the appropriate price for service based upon cost due to your market limitations. You must find a line that is suitable to maintain a profitable pricing structure.

INAPPROPRIATE COST

Facial	.\$75.00
Cleanser/Toner/Mask/Moisturizer/Eye Cream/Cotton Pads	.\$13.00
Product Cost \$13.00 divided by \$75.00 Service Cost =	17.3%

WASTE

The second culprit is technicians using or wasting too much product. When staff is not paying for the product sometimes there is little care in how much they use or how much is rinsed down the drain. Coach your team in the appropriate amounts of product needed for their particular services offerings. Another option is to use products that are formatted for individual services so there cannot be waste.

INVENTORY CONTROL PROFESSIONAL AND RETAIL PRODUCTS

Create a monitoring system for back bar products where technicians have to turn in completed packaging before they can get new supplies. Appoint an individual to be responsible for inventory control and ordering. This person would do a physical count of inventory each week, note shrinkage (missing product) and create a master order form to track purchases. By all means do not let your sales reps decide what to order for you. They are going to be thinking about their wallets not yours. Look at your previous week's sales and base your budget on that. For example if your service sales were \$2,000 last week your professional product order should be no more \$140.

Your retail products should cost you no more than 56% of their retail

price point if you are choosing a branded line. Margins on personalized branded products (your own brand) can be much higher. Both professional and retail products should be entered into an inventory point of sales system that tracks sales, inventory quantity, and you are able to set minimum and maximum order points. You need to have the ability to pull up reports of what has sold, set order budgets, and match to physical counts on your shelves. Count your retail lines weekly. If you have several lines or a large inventory rotate different counts each week. This will also reduce the chance of shrinkage (theft) when individuals see you are counting your products.

Also consider these final points. Retail is like real estate sitting on your shelves. If a product is not turning a minimum of six to eight times a year get rid of it and replace it with something that will sell. Look at carrying fewer lines of products. It will make your inventory counts, easier, product knowledge training a more simplified process, and allow for greater buying power with your vendors. When you use fewer vendors and buy more from them they will pay greater attention to your business.

When you have the right products, have a system for monitoring sales and inventory, and do physical counts you move towards better bottom line profits.

Bryan Durocher is President of Durocher Enterprises Inc., a consulting firm offering coaching, public relations, website development, and consulting partnering to guide individuals and businesses from strategic vision to practical application. Web site: www.durocherenterprises.com or call Toll Free: 877-596-0243





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