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Global Facial Rejuvenation Practice Updates

Announcer:

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Dr. Bloom:

Since physical appearance can have a major impact on a patient's self-image and quality of life, it is not uncommon for patients to seek out facial rejuvenation treatments, which is where we, as aesthetic clinicians, come into play. But to ensure that we're providing these patients with the best course of possible action, we need to first understand the importance of completing a thorough facial analysis, as well as the factors that can help guide optimal product selection, administration techniques, and appropriate combination approaches. That's why today we'll be taking an in-depth look at these topics and more in our discussion.

This is CME on ReachMD and I'm Dr. Jason Bloom. Joining me today is Dr. Melanie Palm from San Diego, California, and Dr. Susan Weinkle from Bradenton, Florida. So, let's begin by discussing the number of different modalities that we have available to achieve optimal results in our patients. Dr. Weinkle, with all the various therapies we have out there, how do you go about developing an optimal global facial rejuvenation plan for your patients and what are some of the key things that you're looking at and factors that you consider?

Dr. Weinkle:

I will tell you that we are at the best time. We are such a good place to be because we have so many tools in our toolbox. I like to start, when I examine a new cosmetic consult, and say, let's start with the envelope. And I look at it as the skin envelope because studies have shown us, just by improving that dyspigmentation, tone, and texture, you can actually improve someone's stated age by 10 years, which I have to say is more than a facelift. So, the skin envelope is very important. If it happens to be well protected in a 60-year-old patient who looks good, I like to focus on that. I always like to start with something positive. As I'm doing that exam, I want the patient not to feel terrible. I also always have the patient hold the mirror. So, we're talking together.

Dr. Bloom:

Yeah.

Dr. Weinkle:

So I'm not talking at that patient. And then I say, please tell me what you like about yourself? What's a good thing? So, we're always starting on all that positive. And then we get down to the nitty gritty.

Dr. Palm:

Then comes the sandwich.

Dr. Weinkle:

Then we say, okay, look at this. You do look angry, alright. So, let's see if we don't want to soften that. And it's amazing how many

patients still come in and start with the nasal labial fold.

Dr. Bloom:

Sure.

Dr. Weinkle:

That's what they were taught, right? And then, I try to get their eye to move posteriorly and I say, what about if we improve this jaw? I look at the overall shape. So, outer envelope, facial shape. Then I look at what changed the facial shape? It's loss of volume. It's repositioning of fat. Then I get into explaining what I can do to help those problems. A lot of my patients are really bothered by this pre-jowel area and so I talk a lot about this mandibular sweep, how we can lift, where we can inject. All along, very frequently avoiding the nasal labial fold.

Dr. Bloom:

Sure.

Dr. Bloom:

Those are some absolutely fantastic tips. And I definitely agree with you specifically about that last part where you get the patient to trust you.

Dr. Weinkle:

Yeah.

Dr. Bloom:

Start out small. Small little bits and things where they start having better and better results and then you have really their trust, and

Dr. Weinkle:

Trust.

Dr. Bloom:

And they'll be

Dr. Weinkle:

Ah, that's the key word right there.

Dr. Bloom:

Absolutely.

Dr. Weinkle:

Trust.

Dr. Bloom:

Absolutely.

Dr. Weinkle:

And once the patient trusts your hand and your eye and that they're not going to look weird. So many patients are afraid of looking weird.

Dr. Palm:

Unnatural.

Dr. Weinkle:

Right.

Dr. Bloom:

Yes.

Dr. Bloom:

So, really some great tips. So, based on the results of a proper facial analysis or assessment, Dr. Palm, how does that help you determining the right product or products for a patient and which are right for the right patient?

Dr. Palm:

Sure, and there's a lot to choose from, right?

Dr. Bloom:

Sure.

Dr. Palm:
Here in the US where we're very strict about

Dr. Weinkle:
15

Dr. Palm:
If it's FDA approved

Dr. Weinkle:
Yeah, 15.

Dr. Palm:
How I think, for many patients here in the US, as opposed to other areas of the world, we typically start with the neuromodulator. So we now have four that are approved. So, onabotulinum toxin in 2002. We have abo that came along in 2009, then came inco in 2011, and then this past year, we had prabo that came – became approved in 2019 and – and you know, I think they can have their own characteristics. They – there are slight differences called epitopes in the whole strain of botulinum toxin A1, which these all derive from. And it's different companies developing these technologies. And just like we're all different, different genders, different hair color; I think sometimes there's a little different flavor with how they behave in a typical patient. So – so I think feel out the patients, see how they do, and if we're trying to address facial, either shapes, sometimes of the lower face -

Dr. Weinkle:
Um, hm.

Dr. Palm:
- I think botulinum toxin can be very helpful for that. Or if we're trying to soften dynamic movement in areas that are appropriate, that's when I think of a neuromodulator.

Dr. Weinkle:
But that was an important point, you just said. The dynamic movement. And in assessing that patient, it is so important not just to look at them adynamically.

Dr. Weinkle:
But have them animate

Dr. Palm:
Absolutely.

Dr. Weinkle:
And not just two dimensionally, but turn in a three-dimensional world.

Dr. Palm:
Yeah.

Dr. Weinkle:
And so I think that that whole ability to use those products to change each aspect of that is really important.

Dr. Palm:
Absolutely, and - and then kind of talking about change in facial shapes. So, as we age, we all lose bony support, we lose volume through these distinct fat compartments and that also changes the ligaments of the face too.

Dr. Bloom:
Sure.

Dr. Palm:
And I think that's where it really behooves us to look at either collagen stimulators or look at hyaluronic acid fillers to see which might be a good choice in replacing some of that lost volume and support. I tend to not say volumizing, I like rejuvenation and facial shaping, and that's typically how I describe that to patients. And I also sort of feel them out, well, you know, are they wanting a more immediate change, which I can deliver with things like hyaluronic acid fillers

Dr. Weinkle:
Um, hm.

Dr. Palm:
Whether they're particulate or cohesive gels. Um, is it a deep support, where I want to use something that's either a higher concentration, a higher G-prime

Dr. Weinkle:
Um, hm.

Dr. Palm:
Or is it something where I'm actually filling a little bit of a line where something that's a little bit lower concentration, not so heavily crosslinked might be a better choice. If someone has time, then sometimes I actually combine hyaluronic acids – or actually a lot of time I do - with things like calcium hydroxyapatite

Dr. Weinkle:
You mix them?

Dr. Palm:
Or poly-L-lactic acid.

Dr. Weinkle:
Or blend them together?

Dr. Palm:
Nope, blending them together, but in a multimodal approach. You know, because in certain areas I wouldn't want to put PLLA around the periorbital region.

Dr. Bloom:
Sure.

Dr. Palm:
But, it's excellent scaffolding for something that's slow and gradual in onset, um, uses our own body's resources to build collagen over time and has a meaningful result that's been shown, even in recent published data, to actually improve skin texture.

Dr. Weinkle:
I love PLLA for that.

Dr. Bloom:
Yeah.

Dr. Palm:
Yeah.

Dr. Bloom:
Absolutely.

Dr. Weinkle:
I think it really, what – what, you know what it does by thickening the dermis.

Dr. Palm:
Um, hm.

Dr. Weinkle:
Stimulating the collagen and thickening the dermis, it actually changes the way the light reflects off your skin.

Dr. Bloom:
It's that glow.

Dr. Weinkle:
Yeah.

Dr. Bloom:

That you see. It's a skin glow.

Dr. Weinkle:

Yeah, and it is real.

Dr. Bloom:

That we get.

Dr. Weinkle:

It's real.

Dr. Bloom:

Absolutely. I totally agree with that. So, assuming that your patient is really interested in a comprehensive facial rejuvenation program, what are the best practices there and what does that timeline look like in setting that up for those patients?

Dr. Weinkle:

I like to start a patient on some topical.

Dr. Palm:

Uh, hm.

Dr. Weinkle:

I really like retinoic acid. So I always try to include that. Start them first on some topical. They don't – very few people leave my office without going in that direction. Second of all, I always like to start with my neuromodulators because I think that really is what is the hook

Dr. Bloom:

Yes.

Dr. Weinkle:

That makes people feel good. That is a feel good approach. And then, I like to say what is bothering you the most. And sometimes, it's shocking, how in the world could this lady with these big saggy jowls and all of this going on up here, be concerned about this little line?

Dr. Bloom:

Absolutely.

Dr. Weinkle:

But you know what?

Dr. Palm:

But you want to make them happy.

Dr. Bloom:

Yeah.

Dr. Weinkle:

If you don't treat that little line?

Dr. Bloom:

You've missed the boat.

Dr. Weinkle:

You missed the boat. So, I really feel like that that's how I structure it. And then once I meet what is bothering them, I try to inspire them and say, if I put a certain filler here or soften this barcode, or give you a little more enhancement for your lips, definition, then I sort of go in that direction. I always try to encourage filling and rejuvenation posteriorly here and try not to treat too much just in the center of the face.

Dr. Palm:

Hm.

Dr. Bloom:

Yeah, you've really made some good suggestions, and I – I feel the same way. Listening to the patient.

Dr. Weinkle:

Yeah.

Dr. Palm:

Yeah

Dr. Bloom:

Seeing what's bothering – really bothering them, but then offering suggestions where you think you can enhance their facial rejuvenation.

Dr. Weinkle:

Yeah.

Dr. Palm:

Yeah and I think most of us really are incorporating multimodal approaches to our patients. You know, there's literature now in 2020 that supports that retention rates are higher. If you're actually using a multimodal approach, patients are happier

Dr. Weinkle:

Uh, hm.

Dr. Palm:

If we're using both a filler or an injectable and a neuromodulator together, but I think it's also important to sort of set expectations with patients. You know, I – generally speaking, I will do a filler and a toxin in the same session. I typically don't like to do some sort of energy-based, light-based, laser-based in combination with that. I think you increase the chance of things like swelling and untoward

Dr. Weinkle:

And diffusion differently.

Dr. Palm:

Exactly. And – and – and we want to avoid that. We want patients to have good experiences and lovely and wonderful outcomes. And so I'm thinking being sensible about that, following consensus guidelines that have come out in 2015, 2017, and now in 2020, we really want to follow those.

Dr. Bloom:

And – and how long do you typically wait before kind of introducing some of those things?

Dr. Palm:

Yeah, usually one to two weeks. I want, you know, acute

Dr. Bloom:

I think that's reasonable.

Dr. Palm:

Swelling, if there is a little bit of bruising from something, which we all try and avoid and like to say we never have, but it occasionally happens with patients. You know, we want that resolved so we can see the topography of the skin.

Dr. Weinkle:

Right.

Dr. Palm:

See what's going on with the facial shape so that we can address it appropriately.

Dr. Weinkle:

I think the filler actually has to have time to sort of interpolate like it does.

Dr. Palm:

Yes.

Dr. Weinkle:

Dr. Bloom:

So, Dr. Weinkle, now that we have a better understanding of the important factors to consider when selecting different injectables for patients, how do you tend to discuss goal setting and expectations with these patients?

Dr. Weinkle:

Well, first I try to educate the patient at what the products do. Neuromodulators relax muscles, alright? Relax, it's a very good term. And then I say, alright, if we've relaxed something and that all looks softer and better, then sometimes we have to come back and fill and that's why I use the biostimulatory or the HA-type fillers and those products can actually then come back and help replace things that are missing. When your jaw rotated posteriorly and you look sunken here and you look sad, that – that is something I can make better. And then I really try to start out with saying, this is going to be our journey together and it all doesn't have to be done today, but this is going to be our endpoint. I want you, not about looking younger, it's about feeling more beautiful.

Dr. Palm:

Yeah.

Dr. Bloom:

I love that. Now setting patient's expectations is incredibly important, as we just discussed, but I'm sure you'll agree, Dr. Palm, that really preventing adverse events and how you deal with these is just as important as well. So what are some strategies that you can offer to help minimize this risk? What do you do in your practice and what do you tell patients?

Dr. Palm:

Sure, I'm going to sound like a broken record, but patient education is really important.

Dr. Weinkle:

Right.

Dr. Palm:

So.

Dr. Weinkle:

Right.

Dr. Palm:

At the time of consultation, I actually am one of the rare birds. I don't – I'll do a neuromodulator, but I don't do a lot of fillers, lasers, same day. I want people to be educated. I want things to sink in. And a lot of times, 99% of the time, people are on things that are anticoagulants. And so, we give them a medication precaution sheet. I, myself, counsel patients, but my staff is very well educated and echoes my sentiments in terms of education. So they understand what they're getting done, what the procedure is going to be like, the risks, benefits, alternatives, possible complications.

Dr. Weinkle:

Cost.

Dr. Palm:

And what to expect.

Dr. Bloom:

Yeah. Exactly.

Dr. Palm:

Afterwards, I think transparency is really, really important, you know. Especially if they're coming to me in their sixth decade and they've never done something. You know, I need to feel them out, but if they're wanting to do the work, they need to understand I'm making up for decades of lost time with that.

Dr. Weinkle:

True.

Dr. Palm:

In terms of patient aftercare, you know, we normally follow up with a call if it's a bigger procedure and we really are concerned about how patients are doing. I frequently will see them in office at certain time periods afterwards, and I think telling them that, you know, if I'm in high risk areas, certain things to look for, skin color changes, if they were to have something that was untoward. If they were to have pain.

Dr. Bloom:

Pain after the procedure

Dr. Palm:
Is really big.

Dr. Bloom:
Is a big thing.

Dr. Weinkle:
Yeah.

Dr. Palm:
And I think.

Dr. Weinkle:
We forget to tell them that it's going to hurt.

Dr. Palm:
Yeah.

Dr. Bloom:
Right, and it can hurt during, but if they're having pain out of proportion afterwards.

Dr. Palm:
Yeah.

Dr. Bloom:
Absolutely. And just to wrap all this up and bring it together, what are some of the key takeaways that you'd like to leave our learners with today? Dr. Weinkle, let's start with you.

Dr. Weinkle:
You have to set appropriate expectations.

Dr. Palm:
Uh, um.

Dr. Weinkle:
One syringe is not a facelift number one. Number two, you must take pictures. You have to take pictures because people forget what they look like.

Dr. Bloom:
Yeah.

Dr. Weinkle:
And so you have to have documentation and when you do that picture, you need to take it dynamically and adynamically because they might look fine with their brows at rest and all of a sudden they animate and one brow goes up like that. And if you don't have that documented, you're doing yourself a disservice. And at number three, you have to follow up and care about that patient, make sure everything is good four or five days later after treatment. So it's really a continual relationship with that patient.

Dr. Bloom:
Dr. Palm?

Dr. Palm:
I think for me it's education. I mean you're already listening to this and you're already one step there, but I think education for yourself, as an injector, and that means understanding the physical, physical and chemical properties of what we're using,

Dr. Weinkle:
Um, hm.

Dr. Palm:
The best places for usage and applications and the different products, whether it's a neuromodulator or injectable filler or collagen stimulator that we're using and really, um, you know, I always think the mark of a good physician is not only the outcomes and safety and effectiveness, but it's how you handle your complications. And if you're doing a lot of this, they have been.

Dr. Weinkle:

Um, hm.

Dr. Palm:

So making sure that you have your little safety emergency box, if your using HAs and have something that you're concerned about with a vasoocclusive effect, understanding what are typical side effects, and then educating patients before

Dr. Weinkle:

And staff

Dr. Palm:

During, and after and making sure that your staff understands

Dr. Weinkle:

Right

Dr. Palm:

that as well.

Dr. Bloom:

I absolutely agree. I – I mean I think just to echo what you guys have been saying, but starting out with a good assessment, explaining it, educating the patient, what's going on, what they're interested in, and then setting realistic expectations, very important, and then following – following up. Sticking with the patient if there's an issue, following up, see how things are. I think that's all important to really setting a great experience for the patient and getting patients to return to your office.

Dr. Palm:

Yes.

Dr. Bloom:

Dr. Palm, Dr. Weinkle, so great speaking to you both today!

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