Aesthetics Update – New Approaches to Old Challenges

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DISCLOSURES

ALLERGAN
SKINBETTER
GALDERMA
LUMINESS
REVLO
SKINFX
W PRODUCTS
BIO-OIL
BTL AESTHETICS
SIDIN
SID
PATIENT ASSESSMENT IN CLINICAL PRACTICE

GENERAL PRINCIPLES FOR EVALUATING PATIENTS

1. Identify patient expectations
2. Evaluate the entire face
3. Align patient request with clinical diagnosis
4. Determine treatment and develop treatment plan
4 STEPS TO PATIENT ASSESSMENT

When assessing patients, use multiple angles, facial animation, and hands-on examination to conduct a thorough evaluation.

1. REST. Visualize the patient at rest from different angles.
2. ANIMATE. Ask the patient to make different facial expressions (ie, smile).
3. TILT DOWN. Position the patient in chin down and eyes up to determine the effect of gravitational forces.
4. PALPATE. Feel the face to determine bony support.

Review of AGING & Anatomy
AGING AND ANATOMY

Skeletal bone
- Volume decrease with less projection and support
- Orbital aperture size and mandibular angle increase

Muscle
- Hyperdynamic wrinkles form, even when at rest

Fat pads
- Volume loss and descent

Skin
- Sagging
- Wrinkles and folds
- Reduced resilience and elasticity


AGING TRIANGLE

BEFORE

AFTER
PATIENT ASSESSMENT

PATIENT IN HER 30s: WHAT’S YOUR ASSESSMENT?
PATIENT IN HER 30s: WHAT’S YOUR ASSESSMENT? (CONTINUED)
PATIENT IN HER 30s:
PATIENT’S OVERVIEW AND MOTIVATION

Patient concerns:
➢ Saggy cheeks
➢ Downturn of oral commissures
➢ NLFs

Do her concerns align with your diagnoses?

PATIENT IN HER 30s:
HCP ASSESSMENT

Patient’s self assessment:
➢ Saggy cheeks
➢ Downturn of oral commissures
➢ NLFs

HCP assessment (top 3):
➢ NLFs
➢ Lower/lateral cheek volume loss
➢ Low/flat brows and temples
PATIENT IN HER 40s: WHAT’S YOUR ASSESSMENT?

PATIENT IN HER 40s: WHAT’S YOUR ASSESSMENT? (CONTINUED)
PATIENT IN HER 40s: WHAT’S YOUR ASSESSMENT? (CONTINUED)

Patient concerns:
➢ Crow’s feet
➢ NLFs
➢ Marionette lines

Do her concerns align with your diagnoses?
PATIENT IN HER 40s:
HCP ASSESSMENT

Patient’s self assessment:
➢ NLFs
➢ Crow’s feet
➢ Marionette lines

HCP assessment (top 3):
➢ Lower/middle cheeks
➢ Tear troughs
➢ Marionette lines

PATIENT IN HER 50s:
WHAT’S YOUR ASSESSMENT?
PATIENT IN HER 50s: WHAT’S YOUR ASSESSMENT? (CONTINUED)
PATIENT IN HER 50s:
PATIENT’S OVERVIEW AND MOTIVATION

Patient concerns:
➢ Marionette lines
➢ NLFs
➢ Lid-cheek junction

Do her concerns align with your diagnoses?

PATIENT IN HER 50s:
HCP ASSESSMENT

Patient’s self assessment:
➢ Marionette lines
➢ NLFs
➢ Lid-cheek junction

HCP assessment (top 3):
➢ Marionette lines
➢ Lower cheeks/jowls
➢ NLFs
PATIENT IN HER 60s:
WHAT’S YOUR ASSESSMENT?

PATIENT IN HER 60s:
WHAT’S YOUR ASSESSMENT? (CONTINUED)
PATIENT IN HER 60s:
WHAT’S YOUR ASSESSMENT? (CONTINUED)

PATIENT IN HER 60s:
PATIENT’S OVERVIEW AND MOTIVATION

Patient concerns:
➢ Volume loss in lower cheek
➢ Oral commissures
➢ Volume loss in upper cheek

Do her concerns align with your diagnoses?
Patient in her 60s:
HCP Assessment

Patient’s self assessment:
➢ Volume loss in lower cheek
➢ Oral comissures
➢ Volume loss in upper cheek

HCP assessment (top 3):
➢ NLFs
➢ Crow’s feet
➢ Temples

Male patient:
What’s your assessment?
MALE PATIENT:
PATIENT’S OVERVIEW AND MOTIVATION

Patient concerns:
➢ Volume loss in cheeks
➢ Neck
➢ NLFs

Do his concerns align with your diagnoses?

MALE PATIENT:
HCP ASSESSMENT

Patient's self assessment:
➢ Volume loss in cheeks
➢ Neck
➢ NLFs

HCP assessment (top 3):
➢ Cheeks
➢ Oral commissures
➢ Temples
PATIENT MOTIVATION VS CLINICAL ASSESSMENT

Her request

“I want you to remove these lines.”

Clinical presentation

- Significant midface volume loss
- Prominent nasolabial folds
- Downturn of oral commissures
- Prominent marionette lines
PATIENT REQUEST VS CLINICAL DIAGNOSIS: REASON FOR MISALIGNMENT

MIRROR VIEW
- Highlights lines and wrinkles
- Straight on with head up

REAL-WORLD VIEW
- Highlights different angles
- Effects of gravity

PATIENT ASSESSMENT SUMMARY

- Anatomical changes over time have a great impact on the aging process
- 4 key steps to assessment:
  - Observe at rest
  - Animate
  - Tilt down
  - Palpate
Several variables impact assessment and severity:

- Body mass
- Gender
- Ethnicity
- Symmetry
- Age

Align patient requests with your clinical assessment

- Understand patient motivation and concerns
- Use tools to demonstrate treatment areas; mirrors or photographs can show the effects of gravity
- Develop a treatment plan by discussing treatment options, duration, and how to maintain treatment results over time
Avoiding and Treating Pitfalls in Aesthetic Procedures

Patient selection is PARAMOUNT

- One difficult cosmetic patient can ruin your day, week, month, year, or career
- Trust your instincts
- Learn to quickly identify the patient who is impossible to please
- Borderline or anti-social personality pt - don’t like them, but unsure why
- Beware of the overly complementary patient
- Don’t be pushed into doing something you feel uncomfortable doing
Global Assessment

“Help” the patient to see what you see - hand them a mirror and look together with them.

Vision for beauty often not always aligned with the patient’s focus/fixation.

Stratify what change would make the most improvement to their overall appearance.

Ex - skin quality improvement with laser vs neurotoxin vs filler.

Heavy lifting vs airbrushing.

Informed Consent

- Outline specific expectations and limitations of each procedure.
- Risks of bruising, bleeding, pain, swelling, etc.
- Time for onset of action/settling.
- Ex - lines directly over eyebrows won’t be corrected with neurotoxin.
- Ex - “I just want this”
Pitfall - “Spock eyes”

- Cause - hyperdynamic lateral frontalis movement once central musculature is weakened
- Solution - 1 unit of botulinum toxin (btx) or equivalent to lateral frontalis lateral to mid-pupillary line staying 2.5 cm above brow to avoid ptosis

Pitfall - Eyelid Ptosis

- Cause - Droopy eyelids due to neurotoxin injection too proximate to eyebrows. Migration into the levator palpebrae
- Solution - inject 2.5 cm above brow into the frontalis
- Apraclonidine – alpha2 adrenergic agonist that causes Muller muscles to contract → 1-3 mm elevation
Pitfall - Brow Ptosis

- **Cause** - Dropped eyebrow due to injection of neurotoxin to proximate to the eyebrow
- **Solutions** - stay high in the frontalis, frontalis downward pressure test, use fine particle HA filler for rhytides in the danger zone.

Pitfall - Diplopia

- **Cause** - Inadvertent injection into the lateral rectus muscle when injection in the orbicularis oculi to minimize the appearance of crow's feet
- **Solution** - Make sure to stay at least 1 cm lateral to the lateral orbital rim in order to avoid LR infiltration
Pitfall - overcorrection of NLFs

- **Cause** - Simian appearance resulting from excessive filler placed directly into the NLFs
- **Solution** - Focus the majority of dermal augmentation along the zygoma and mid face to lift the face and support the NLFs, restoring volume to the medial cheek and providing a much more natural aesthetic.

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Pitfall - over-correction of marionette lines

- **Cause** - Chipmunk appearance due to over-augmentation of marionette lines and lateral oral commissures
- **Solution** - Fill at the angle of the mandible to support the jaw and provide a non-surgical lift to the lower face without adding heaviness and excess volume to the lower face.
Pitfall - Duck Lips

- Cause - over-augmentation of the vermillion borders of the lips, blunting of the cupid's bow, disregard for optimal aesthetic ratios
- Solutions - use a fine particle sized HA to fill, line very parsimoniously (if at all), concentrate most of the filler in the meat of the mucosal lip away from the vermillion

Pitfall - Tear trough festooning

- Cause - Bulging area along infraorbital rim from over correction and potentially lymphatic obstruction of tear trough region
- Solutions - hyaluronidase to dissolve the filler, use cannula for this area when injecting
- High risk, high reward
PITFALL - VASCULAR COMPROMISE

VASCULAR OCCLUSION
VASCULAR COMPROMISE

VASCULAR COMPROMISE
VASCULAR COMPROMISE

VASCULAR COMPROMISE
VASCULAR COMPROMISE

VASCULAR COMPROMISE
VASCULAR COMPROMISE
VASCULAR COMPROMISE

- Massage
- Warm compresses
- Hyaluronidase – 10-30 units per 0.1 filler. Mix with plain lidocaine to help with pain and may aid in vasodilation (NO EPINEPHRINE)
- Nitropaste 2% - q 1-2 hours x 5 min in acute stage then TID at home. Watch for dizziness
- ASA 325mg, then 81mg QD
- Prednisone 20-40 mg QD x 3-5 days
- Consider – Hyperbaric O2, Viagra 50mg QD, Silicone sheeting, PRP
- PRAY – A LOT!

COSMECEUTICALS UPDATE

MICELLAR WATER – micelles ➔ tiny balls of cleansing oil molecules suspended in soft water. Essentially - dilute baby shampoo

Great for sensitive skin, useful in eyelid dermatitis, eczema, AD
"SMART" SUNSCREENS – MINERAL BASED SUNSCREENS WITH DNA REPAIR ENZYME PHOTOLYASE AND UV FILTERS IN LIPOSOMES, WHICH CAN TREAT ACTINIC DAMAGE AND ARE APPROVED FOR TREATMENT OF AK’S IN EUROPE. NOT MARKETED IN THE US THIS WAY DUE TO THE FACT THAT THE FDA WOULD THEN CONSIDER IT A DRUG.
QUESTIONS?

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THANK YOU!