PLATELET RICH PLASMA
HOW AND WHY TO INCORPORATE IT INTO YOUR PRACTICE

I NEVER WANTED TO DRAW BLOOD IN MY office. I was happy doing my thing without blood draws for platelet rich plasma (PRP). And then, I went to a lecture by Dr. Jeffrey Rapaport at the American Academy of Dermatology Annual meeting and saw 1st hand how PRP grew hair and could improve patient’s lives (patients should expect anywhere between 30-40% improvement when following protocols). Since that Rapaport lecture, I have trained staff to draw blood and have had my own scalp injected with PRP 4 times spaced 1 month apart, and am due for my 6 month maintenance treatment this month. It used to be that we only had finasteride and minoxidil to treat hair loss (these remain the only 2 FDA approved medicines for hair loss), however with the addition of PRP, hair helmets, supplements and shampoos, the hair loss world has changed dramatically in the past few years.

PRP is the latest innovation in Las Vegas Dermatology’s armamentarium and there is a lot going into the business behind PRP. For starters, you cant just use any off the shelf blood draw tube for PRP- we have chosen the Eclipse system for PRP because the system is pyrogen free and FDA cleared for PRP with a proprietary blood draw tube and gel separator maximizing the amount of platelets while minimizing the amount of red and white blood cells in the tube. Additionally, when starting any technology, the need to market that technology to your patients is massive and challenging. Eclipse allowed us to use their marketing materials and Dr. Rapaport’s photos for our customizable brochures and media. Having the proper consent forms, suggested lab work, marketing materials and warnings from Rapaport and Eclipse was useful. Writing down and following a process and procedure for everything PRP is key because a proper system will avoid the tragedy of injecting or applying another patient’s blood product into the wrong patient.

Utilizing the same apparatus for hair loss to draw PRP for microneedling is an added bonus that was easily incorporated therapy in our practice. PRP with microneedling speeds wound healing and improves clinical outcomes. The basics of the PRP business are as follows: The Eclipse 11ml Tube costs $90 for Microneedling and the 22ml Tube costs $160 for Alopecia. We charge $800 for PRP + microneedling and $800 for alopecia injections. For patients who want both microneedling and alopecia treatments in the same visit, we offer a discount as the Platelet Poor Plasma (PPP) is used instead of the small tube for PRP. A Medical Assistant spends 20 minutes of time with the patient: Drawing blood, labeling syringes and blood draw tube as well as spinning blood (10minutes at 3,500 rpm’s), drawing off PPP and PRP. The Room is skunked for 1 hour with blood draw, spinning, injection and helmet time (all of our PRP patients are given the Theradome helmet to wear post treatment as an adjunctive therapy).

One of the things that we have recently added...
FROM EYES TO TEMPLES
MODERN SOLUTIONS FOR AGE-OLD PROBLEMS

The delicate skin of the periorcular area is one of the first places to show a person's age, and individuals often seek advice concerning treatments for this zone long before they become concerned with other facial areas. Complaints range from lines and wrinkles, sagging skin, dark circles to just 'looking tired,' and there continues to be high demand for non-surgical treatments to address these needs. However, aging-related changes occur in a number of anatomical layers, and no single treatment can achieve all the desired results. There is, therefore, considerable rationale for combining aesthetic interventions.

As an oculofacial specialist, I believe the optimal approach to periorcular rejuvenation is with a combination of dermal fillers to replace lost volume, and microfocused ultrasound with visualization (MFU-U; Ultherapy®) to tighten the skin and enhance collagen production. Results achieved with such combinations are more than just the sum of the components, and the synergistic effects of the two treatments may also offer greater longevity than either approach alone.

The effectiveness of this combined approach has been demonstrated in a case series of 10 individuals ranging in age from 35 to 55 years old who presented to a private aesthetic surgery practice complaining that they looked tired and were unhappy with their periorcular appearance. Over a 4-month period, subjects first received MFU-U therapy, followed 3 months later by injection of Cohesive Polydensified Matrix® (CPM®) hyaluronic acid (HA) filler (Belotero® Balance). After MFU-U alone, 4 subjects were rated as 'much improved,' 5 as 'improved,' and 1 with no change. On completion of both treatments, 9 subjects were rated as 'much improved' and 1 as 'improved.' Subject satisfaction was high with both procedures, and no treatment complications were observed.

Another facial area with age-related changes that impinge on the eye as well as overall face shape are the temples. Loss of volume in this area as a result of skeletal changes combined with depletions and/or displacement of the temporal fat pads can produce a gaunt look, and lack of support for the eyebrows, leading to lateral brow ptosis and the eyes appearing smaller. However, despite the contribution of sunken temples to an aged facial appearance, this area is commonly overlooked by physicians in upper facial rejuvenation. Patients presenting with tired-looking eyes may also not immediately see the benefits of filling their temporal hollows. In a recent study of 10 subjects presenting for a facial rejuvenation procedure, only 1 had been aware of their temple hollowing prior to treatment.

While changes to the bony framework of the face cannot be reversed by the aesthetic physician, the contours of the temple area can be restored with injection of soft tissue fillers to replace lost volume. Calcium hydroxyapatite (CaHA, Radiesse®) is an ideal filler for this indication because of its immediate volumizing effect as well as long-term collagen stimulation. The availability of CaHA with integral 0.3% lidocaine (Radiesse® (+) Lidocaine) ensures patient comfort and for physicians is even easier to extrude from the needle and creates a smoother product that is ideal for thinner skinned areas of the face such as the temples.

My approach to treating the temples is to inject CaHA (+) at the suprapiriform level in several small boluses, followed by a gentle massage to ensure that the product is evenly dispersed. This technique has been evaluated in 10 subjects aged 32-68 years who received a total volume of 1.5-4.5 ml depending on the severity of temporal wasting. Subject appearance 1 month after treatment was rated as 'much improved' in 80% of patients, and 'improved' in 20% of patients. The 3 physicians who evaluated the patients all reported that CaHA (+) treatment of the temporal area had a much greater impact on overall upper face improvement than they had previously believed. Independent review of before and after photos of the 10 patients, without knowing which facial area had been corrected, resulted in subjects being given age estimates that were an average of 4 years younger than their actual age.

Other than mild pain and bruising the treatment was very well tolerated.

These two case series illustrate the importance of considering how facial areas interact when planning an aesthetic procedure and the benefits of combining treatment approaches with synergistic effects.

References


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5 STEPS TO ETHICALLY RETAIL SKINCARE IN YOUR PRACTICE

LESLEY BAUMANN, MD, explains what you need to do in order to get the best benefits for the client and your practice

Many physicians still question the ethics of selling skincare products. However, with so many options now available – both in stores and online – patients are more confused than ever about which ones to choose for their skin. By following these five steps, you can ethically offer skincare in your practice and, in turn, improve patient compliance and outcomes. Retailing skincare helps improve patient compliance by offering the products at the time that they are most motivated to make a change to improve skin health – right after they see the physician. The key is to ethically prescribe skincare, you need to gather information about the patient and match them with an efficacious regimen and properly explain to them how to sue it. This takes time so, I developed software to streamline this in my practice and make it more scientific and efficient, and easier. This article will describe my thought process in developing this ethical approach to skincare retail.

1. Diagnose Your Patient’s Baumann Skin Type®

As physicians, we know that skincare is not a one-size-fits-all routine. However, many patients are still choosing skincare based on “the latest and greatest” product recommendations from friends, family, celebrities or influencers. Companies would love for consumers to believe that one product (or a few products) is perfect for everyone but this is simply not the case. Skin has 4 main barriers to skin health™ that must be identified prior to prescribing a skincare regimen.

These are dehydration, inflammation, dyspigmentation and premature aging. The presence or absence of these barriers determines which Baumann Skin Type® the patient has and serves as a simple guideline for what products to choose to improve skin health. If one or more of these barriers are ignored and not treated, it is impossible to achieve the healthiest skin type. The “Ideal Skin Type” is hydrated, lacks inflammation, has properly regulated melanocyte function and a minimum of insults leading to skin aging.

2. Understand Ingredient Science

Once a patient’s skin type is determined, you should offer skincare recommendations that will help them address specific barriers without aggravating others. For example, dehydrated skin requires a barrier repair moisturizer, inflammation requires anti-inflammatory ingredients, pigmentation requires tyrosinase inhibitors, retinoids, PAR-2 blockers, and SPF; and aging requires SPF, retinoids, hydroxy acids, ascorbic acid, and other anti-aging ingredients. However, dehydrated, pigmented, inflamed skin might not be able to tolerate retinoids and hydroxy acids, so different ingredient combinations should be used in the various skin types, taking all 4 barriers into account.

The plethora of products out there are confusing to patients and many of them only treat one skin issue, rather than all 4 of the barriers to skin health. Patients need your guidance on what products to choose and avoid, as well as how, when, and how frequently to apply them. They also needed to be guided on how long to use them and when to change to other products. I believe in a stepwise approach that slowly improves each barrier until the ideal skin type is achieved.

For example, inflammation and dehydration should be addressed first because dehydration leads to inflammation and inflammation leads to dyspigmentation and increased aging. Treating aging or pigmentation without addressing the underlying dryness or inflammation is counterproductive.

3. Choose the Best Products from Each Brand

Leslie Baumann, MD

When building a customized skincare plan for your patients, I take a brand-agnostic approach to provide them with the most effective regimen with the fewest possible side effects. I do not believe that there is one best brand or one best product – rather it is the combination of efficacious skin care products matched to the correct skin type that is critical. To follow my approach, choose the best products from each brand, then build a skincare regimen around each “hero” product to increase efficacy and decrease side effects. For example, if a patient has inflammation leading to rosacea type facial redness, choose anti-inflammatory ingredients and avoid irritating ingredients like acids, exfoliants, fragrances and menthol. Put some thought into what product goes on first, second and third because ingredients in the product interact with each
Erbium laser resurfacing. Why? It generates microfocused ultrasound. Why? The Plasma driven radiofrequency. I do a lot of RF Electromagnetic noninvasive body Fraxel. The treatment is painful and patients Biologicals. I believe these are the future of Monopolar thermal RF. The treatment takes a Radiofrequency plus liposuction. Significant

Tried and true: what I still use on a weekly basis

- Erbium laser resurfacing. Why? It generates about 10% skin surface area contraction. In the right patient, it can give a blepharoplasty and brow lift without skin excision. The treatment can achieve dramatic wrinkle removal; it also removes sun damage and pigment. The results are long lasting (5 years) and the cost is affordable.
- Radiofrequency plus liposuction. Significant nonexcisional skin tightening is achievable with the addition of RF heating to SAL. While ultrasound, water, power, and laser-assisted liposuction do not generate much additional soft tissue contraction, RFAL does: 26% measured skin contraction at six weeks and up to 35% at one year.

What no longer use:
- Microfocused ultrasound. Why? The treatment is painful and expensive. Patients felt results did not match the level of expense and discomfort sustained.
- Laser assisted liposuction. The manufacturer turned my power down to six watts; then made the multi-use fiberoptics single use. Expense went up and efficacy disappeared.

What’s new
- Electromagnetic noninvasive body contouring. Why? I was skeptical at first. Strong science shows 19% fat thickness reduction and 15% muscle volume increase over 4 treatments. New uses: creating muscle definition so no more etching is needed; performing buttock lifts without adding lots of fat, and nonsurgical toning of arms and thighs.
- Plasma driven radiofrequency. I do a lot of RF neck and body contouring. For a whole body project, surgery time for me is about 8 hours. The energy diffusion with helium plasma driven RF is more efficient than traditional devices; my operating time has been reduced by 2 hours. Results are excellent.
- Multipolar fractional RF needling. Ladies have sun damaged necks, decollette, arms, and legs. Laser is not really feasible on body parts. While nonthermal microneedling offers modest improvement, RF needling—a safe for all skin types—can really improve the crepe appearance of aging skin.
- Biologicals. I believe these are the future of aesthetic medicine. Targeted peptides that stimulate our own quiescent stem cells can be optimized by combining with microneedling as a delivery device. Specially formulated growth factors are gaining ground on PRP as the concentration of biologically active small molecules and lack of need for a blood draw are dual advantages.

Dr. Diane Duncan is a board certified plastic surgeon in Fort Collins, Colorado. She is an international educator and clinical research scientist. Current topics at VCS include combining nanodat with human derived adipose matrix to bridge the gap between fillers and fat grafting; ‘cold’ vs thermal microneedling with biological dermaceuticals, and 10 tips for optimizing outcomes with radiofrequency-assisted body shaping. She will also present on the panel, ‘What I am doing in my practice’.

**WHAT I AM DOING IN MY PRACTICE: UPDATE**

**Erbium laser resurfacing.** (Left) 73 year old before treatment, (right) patient 12 weeks following erbium laser resurfacing and upper lid blepharoplasty

**Diane Duncan, M.D., FACS**
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