

# Does That Really Work?

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Does that really work? I hear this question many times each day from the majority of both new and established patients who inquire about technology-based rejuvenation options. It often is posed by understandably skeptical individuals whose needs and expectations previously have not been met despite having undergone numerous treatments elsewhere, often at great expense to them. Invariably, the treatments were performed at medical spas and/or by inexperienced practitioners who failed to use the proper tool to address the patient's concern. Some examples I have encountered recently include use of radiofrequency devices to treat dyschromia, intense pulsed light or vascular lasers to treat deep wrinkles, microdermabrasion to treat deep acne scars, and traditional ablative full-facial resurfacing to treat melasma in a young patient. In addition to being frustrated, these patients are disappointed and cynical about future treatments, which is unfortunate for them and damaging to our profession as a whole. However, these scenarios are invariably avoidable.

The key to achieving successful outcomes with technology-based aesthetic procedures lies in correctly matching the treatment with the desired goal and appropriately managing the patient's expectations. These objectives can only be realized if the treating surgeon understands both the pathophysiology of the underlying condition and the capabilities of the proposed solution. It is self-evident that any ethical competent practitioner should have a mastery of these concepts. However, some patients have been treated with devices that had no chance of addressing their concerns, either because the practitioner does not have an adequate understanding of the relevant anatomy or physiology or the physician's communication with the patient has been insufficient in providing a full understanding of their objectives. Training bias also is an issue, as some surgeons may not be adequately trained to understand the full spectrum of nonsurgical options, and conversely, some physicians do not have surgical training and therefore fail to appreciate when surgical solutions are the best option. Many

university-based residency and fellowship programs do not provide sufficient training in or exposure to the wide spectrum of technology-based rejuvenation options currently available. The bottom line is that such behavior poses a risk to both our patients and our discipline as a whole.

Any practitioner who offers aesthetic rejuvenation options owes it to his/her patients to be fully competent. Because cutaneous rejuvenation procedures are invariably office based, they typically are not subject to strict training requirements, competency assessments, oversight from experienced peers, outcome analysis, or quality assurance guidelines. Essentially we are all on the honor system that we will practice in a competent and safe manner. Although most practitioners of aesthetic medicine are not ill intentioned, many simply are not informed well enough to make appropriate therapeutic recommendations or to perform the treatments in a competent manner. Clinical competency only can be achieved and maintained with regular attendance of conferences, critical analysis of peer-reviewed literature, and emphasis on evidence-based data, as opposed to anecdotal reports, poorly designed trials, or white papers. Although academic education certainly is the foundation of competence, clinical training that includes observation and supervised treatments also is extremely important. These efforts are labor intensive, time consuming, and can be costly to pursue; however, there are no shortcuts to competence or valid excuses for failure in meeting these standards.

Our collective goal as a profession should be to serve as a trusted and reliable resource to our patients as we answer their questions about whether a treatment featured in an advertisement, the media, or on the Internet "works." We need to help eliminate the skepticism that arises from poor outcomes or unmet goals due to selection of the wrong device to accomplish the desired objective. Physicians practicing aesthetic dermatology are in the influential position to ensure patient satisfaction with cosmetic procedures by using our specialized skills to identify suitable treatment options for patients and discuss reasonable expectations for results. We owe it to our patients and our peers to practice technology-based rejuvenation procedures at the highest possible level, a goal that can only be achieved by dedication to an ongoing learning process. ■

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*From The Nashville Centre for Laser and Facial Surgery, Tennessee. The author reports no conflicts of interest in relation to this article.*