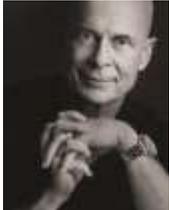


# The Next Big Thing: How To Spot It and Avoid the Imitators

A true TNBT can enhance our business from a financial and clinical standpoint. A fake can have dire effects on patient trust and long-term success.



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One of the great things about the profession of cosmetic surgery is The Next Big Thing (TNBT). TNBT usually represents a paradigm shift or at least a leap in technology. Like many new things, TNBT can be the real deal or merely smoke and mirrors. A “real” TNBT can be a true innovation to your practice while a “pseudo” TNBT can cost you patients and reputation.

True paradigm shifts have not occurred that often, and in my 20-year tenure in cosmetic facial surgery, I have seen neurotoxins, endoscopic surgery, injectable fillers, lasers, and liposuction. No one can argue that these TNBTs were game changers and introduced new technology that was safe and effective and set the stage for the new normal— very positive examples of TNBT.

One thing about cosmetic surgery is that it is largely “vanity surgery,” and anything involving vanity— from hair color to weight loss—can exploit in its promotion. Turn on any cable TV channel and you can’t go an hour without seeing a “miracle commercial” about weight loss, hair loss, or fat loss. Unfortunately, most if not all of these have little or no merit.

## TNBT: Lessons Learned

As cosmetic surgeons, a true TNBT can enhance our business from a business and clinical standpoint. When I introduced Botox (onabotulinumtoxinA, Allergan) to my practice, it opened up a brand new pipeline of patients seeking care. These new patients came in for this revolutionary treatment, which increased my bottom line. More importantly, they also had facelifts, eyelid surgery, and laser treatments. Due to this, my practice benefited exponentially from this paradigm shift. Since I was one of the first Botox providers in my area, it was considered “cutting edge,” which helped me gain reputation as an

innovator and also resulted in me receiving news and print coverage with local and national media. This TNBT was a win/win situation for me, my practice, and my patients.

About a decade after the “Botox bubble,” international attention began to circle around barbed thread lifts. Thread lifts were not new technology and had been around for decades. However, what was different was the marketing of this “innovation.” First of all, the company put big bucks into national marketing by targeting surgeons and non-cosmetic core medical providers. More importantly, they marketed to the public and truly created a tornado of buzz about “facelift results without surgery.” I remember watching the “Today Show,” and a well-known plastic surgeon demonstrated this simple technique live on the air. My receptionist called me at home and told me that our phone lines crashed, as so many people called my office wanting a “thread lift.”

I thought long and hard about this technique. First of all, it did not make sense. How can you take a barbed thread, snare some tissue, and lift it up for a lasting result that did not bunch? How could this be physiologically possible? Then, I saw a really interesting phenomenon: Top notch, famous plastic surgeons were endorsing this technology. Also, in another marketing technique, the company would not sell you the threads unless you took their course. Like a pyramid scheme, few at the top benefitted from many at the bottom. I went out of state and took this course put on by famous plastic surgeons and listened to what they said. It sounded too good to be true, but again, these guys were well-known practitioners. By no coincidence, while at the course, I was offered a great deal on threads if I paid for them on the spot, which I did.

I was so excited about thread lifts when I left this course that I wish I could have done one in the car on the way back to my home state. This was “The Next Big Thing,” and I wanted to be the first one to jump on the local wagon. The Monday after I returned, I did three things. The first was to find a number of patients that I could treat at a reduced rate to perfect my technique. Second was to call my marketing person and begin multimedia advertising of the thread lift. The third thing was to incorporate thread lifts in the cosmetic surgery courses I taught.

As I predicted, patients fell over themselves to get in line to have this TNBT at a discount. Second, as I predicted, my magazine and newspaper ads brought prospective thread lift patients into the office in hoards, and we had to establish a waiting list for thread lift evaluations. Third, I was seeing cash in the bank from the high amount of thread lifts I was performing. I was truly riding the TNBT wave. But all waves come to shore.

Immediately post-op, you could see mild-to-moderate improvements from the procedure, but at six weeks it was difficult to see any difference in before and after pictures. I had patients that were disenchanted; I had patients that were downright angry. I was also angry that I pushed so hard on a new technique without seeing how it panned out; I was angry that I believed the famous surgeons that promoted this and that I “drank the Kool-Aid”; I was most angry at myself that I really knew this technique did not conform to physical or biological principles, but I let others that I trusted tell me it did. This was the first time that I actually experienced patients losing confidence in me and my word, and it was a very bad feeling.

So, I refunded some money to patients and got stuck with a boatload of barbed threads from a company that was soon out of business. This molded my “first tenant” of new technology, which is: “Stay on the cutting edge but avoid the bleeding edge.” I also made a personal rule that I would wait a year to try anything that I saw on “Oprah”! Cutting-edge technology happens slowly and gives the surgeon and patient time to perfect the technique and evaluate its safety and effectiveness. Bleeding-edge technology tends to happen “overnight” and has promises that sound too good to be true. It is the latter that will get you into trouble.

## External Pressures

There has been a perfect storm of the TNBT. This includes the aging Baby Boomers, the diminished taboo to cosmetic surgery in our society, more women in the workplace, 24-hour continual news channels, and the prominence of the Internet. All of these factors led to millions of prospective patients with the thirst to stay young and thousands of media outlets trying to provide “new news.” With so many patients wanting to hear it, so many companies wanting to sell it, and so many media outlets wanting to report it, the TNBT became an almost-daily phenomenon. This has never been truer than today’s current environment with non-surgical skin tightening and fat reduction. It seems that a new company or device is introduced on a daily basis. Shows like “The Doctors” and others cannot operate without TNBTs. The problem is that it is impossible for every innovation to be a TNBT— meaning only a very small percentage of these ideas will ever blossom to the real-deal TNBT. I have seen numerous colleagues purchase a miracle laser or skin or fat device only for it to become a \$150,000 doorstop.

The bottom line here is that new technology can be your best friend or worst enemy. If it sounds too good to be true, it probably is. This is especially important for younger practitioners that are not busy and need the push. Be careful, as it can backfire on you by undermining your patients’ confidence and your reputation.

I see this frequently with the new miracle facelifts that are all over TV and media. They advertise as revolutionary, medical breakthroughs, and new technology that promise giant results without bandages, missed work, or anesthesia. They show extremely dramatic pictures, but the small print states that the patient had much more than the actual lift advertised. As a consumer, why wouldn't you do it? It's obvious:

This hype is not a paradigm shift. It does not satisfy the necessities of being better or safer than previous technology. I have seen many patients that present to my office after one of these miracle lifts and are seething mad that they believed the hype of these entities. They got a small lift and should have had a big lift. The small lift sounded so good and revolutionary that they went for it. Now, a year later, they have sagging skin and are unhappy. They get online and search about this company or procedure and see how many other patients are disgruntled; they become more enraged. I have redone several of them recently, and they got the lift they really needed the first time.

Don't get me wrong, short-scar facelifts have been around for a century; they serve a purpose on younger patients, but are not new and not special. It is just a small facelift. So, doctors that promote something for what it is (in this case, a small lift for patients with little aging) and are truthful to their patients will probably succeed with this promotion. However, those doctors that promote this simple small lift as the second coming in cosmetic facial surgery are likely to have it backfire if they perform on patients that in reality need a traditional lift. Remember, it is not the procedure that is necessarily good or bad; it is more truth in advertising and how it is promoted.

My staff performs minimally invasive skin tightening in my office. It feels good, but really doesn't do much and we don't charge the going rate for it. I tell the patient just that, and many of them still do it and feel that it is worth what I charge. I have providers down the road that do the same procedure and promote it as an unbelievable new breakthrough with surgical results and no downtime. They charge three times as much and sign people up for a "package plan." I have seen numerous unhappy patients from these providers. What is the difference? Why are my patients happy and theirs are not? Again, it is all in the hype or lack thereof. I have often said that it does really not matter what procedure you are doing or how much you charge as long as you are forthright and have happy patients.

## Context Matters, Too

Different technology may be a success in one office and a failure in another. I have dermatology friends that have big successful minimally invasive practices; they can do a fractional laser, and if the patient sees a minor improvement in several wrinkles, they are happy. If this were the result in my office, patients

would probably be unsatisfied and want a refund. Why? Because my practice is limited to facial cosmetic surgery, and my patients expect more of a “wow” result. A dermatology colleague has a different practice and patient mindset, so her patients would be happy where mine would not.

Cosmetic surgery presents a strange mix of patients, personalities, and psyches, unlike most other types of surgery. Follow the golden rule for TNBT. Always be truthful about your experience and expectations, and don't overhype unproven technology. TNBT can be your friend or enemy. The outcome is up to you. Advise patients that you get what you pay for. Not in money, but in recovery. In our current environment, by and large, procedures with smaller recoveries have smaller results. Promoting them otherwise is misleading.