

# How to Successfully Integrate New Cosmetic Procedures

Adding the current "hot" procedure to your practice is not necessarily a surefire way to achieve practice success. Learn how to make the best choices for you and your patients.

By Joe Niamtu, III, DMD

Several statements can be made with accuracy when it comes to new technology in aesthetic surgery.

1. New technology will garner interest with consumers and doctors, especially if the tag line promotes more results with less recovery or surgery.
2. New technology will be heavily promoted by industry as it opens an opportunity for profit.
3. New technology will be heavily promoted by media as it sells magazines and TV shows and opens an opportunity.

The above is neither good nor bad, just factual. It is how this information is promoted that can be good or bad. Unfortunately, our profession is rapidly losing credibility with new technology. The reason for this is multifold. Number one, consumers have exponentially more media outlets as compared to even 10 years ago. The average person has several hundred television channels, Internet, newspapers and magazines. This leads to the need for stories to fill all of this demand. Contributing to this perfect storm is the fact that "Baby Boomers" are into their sixth decade and have a ravenous appetite for any news about easier ways to look or feel younger.

For the cosmetic practitioner, public interest in new cosmetic options is a good thing, as it is free marketing and prompts patients to seek out practitioners to receive this new technology. The problem is that the information pipeline is being clogged on the front end by the continual release of miraculous devices that will produce surgical results without surgery. I installed 50 inch flat screen TV's in every treatment and consult room in my office, so there is

TV on all day every day. Since most of my patients are female, the popular daytime shows are always on and I may walk into one room where "The Doctors" are extolling the virtues of radiofrequency skin tightening, then walk into another room where Kathy Lee and Hoda are giddy over non-invasive cellulite reduction. In yet another room I'll hear Dr. Oz discuss "liquid facelifts" or Rachael Ray promote cryolipolysis. Honestly, in a single hour you can see five to six miracle treatments introduced. Multiply that by the number of media outlets and over the course of a year and you have a true media storm.

Again, this is a good thing as the phones ring off the hook exactly when a segment ends on one of these shows. We can witness it in real time! How could this be a problem? The problem is that much of this "new" technology is over-rated, inflated and hyped in an effort to sell devices or garner TV sponsors. Rarely does this promotion uncover a true paradigm shift that significantly impacts our profession.

## New Does Not Always Mean Better

New technology is frequently exciting and embrac-

**Take-Home Tips.** Adding new technology, especially devices, is a fun and exciting part of practice. It can grow one's practice and generate profit. This is assuming the technology works and you can perform it safely and effectively. Not all devices will work for all practices. Commit to researching the device and the company. Commit to the continuing education required to deliver safe and effective treatment. Never put profit over patient safety and common sense. Embrace new technology, but always use relative skepticism with something that sounds too good to be true—as it may be. ●

ing it can be life altering. Antibiotics and the polio vaccine are examples. In terms of cosmetic surgery, we look for new technology that is capable of producing a paradigm shift. When a paradigm shift occurs, the new technology is so advantageous that it replaces previous ways of doing something. Some examples of paradigm shifts include the iPod replacing records and tapes and computers replacing typewriters. In terms of cosmetic surgery, the CO<sub>2</sub> laser produced a paradigm shift as it had numerous advantages over dermabrasion and chemical peel. Botox was a pure paradigm as there was really no similar technology from which to shift. There have always been and will always be significant paradigm shifts that affect how we treat aesthetic patients. Similarly, there will always be "pseudo shifts," which is what I call technology that is hyped to sound outstanding but in reality, the expectations exceed the results.<sup>1-3</sup> Marketing hype is nothing new. I found a fascinating article (I cannot remember the original source) that contained a quote from an article in 1924.<sup>1</sup> The author stated "Operations a century old are refaced as original contributions with the slightest modifications and put forward with emphatic seriousness....Men who have made inessential changes in detail of technique are frequently credited with being originators of operations they have really had nothing to do with developing."

These are powerful words and so accurately describe what we are seeing with many of today's "miracle" facelifts. It amazes me that any patient would fall for a "franchise" facelift that is a rehash of a century old short scar technique that promises "a revolutionary lift with no anesthesia. Drive home. No bandages. Back to work in several days." Unfortunately, this is dangerous hype as it preys on patients that are uninformed, and I have seen many unhappy facelifts from several franchises. If it sounds too good to be true, it probably is!

Hyped technology can lead aesthetic practitioners to make bad decisions when it comes to purchasing a new device. It is not uncommon that new technology that appears to be "the real deal" is endorsed by well-known clinicians or researchers. This really complicates the decision to purchase, because after

all, if Dr. X uses this it must be good. Unfortunately, I have found that even the most renowned surgeons are not exempt from product endorsement for secondary gain. Due to this, I have numerous friends that have \$100,000 devices that now serve as door stops because they produced no noticeable or predictable clinical result. I pride my skepticism in protecting me from falling prey to investing in unproven technology in terms of major loss, but I am embarrassed that I did fall for the "Contour Thread Lift" that was all the rage in the late 1990's. Being an experienced facial surgeon, I truly questioned the science of the thread lift: Could you really place some barbed sutures and achieve a lasting result without traditional surgery? At that time if you picked up any journal or periodical, there were some really big hitter facial surgeons that were endorsing this technique. So, I too drank the Kool-Aid, only to find out that in several short months no one would be touting the Contour Thread Lift because it did not do anything.

### Making Sound Decisions

So how does one evaluate new technology and how does one integrate it into a busy practice? The following tenets may serve to assist (especially novice) practitioners.

#### **1. Stay on the cutting edge, but avoid the bleeding edge.**

Staying on the cutting edge of new technology is usually a very rewarding experience for the surgeon, staff and patients. New and proven technology can add excitement to a practice and keep us feeling excited about going to work. It can also possibly provide a better way of doing a procedure. Perhaps the procedure can be done faster, easier, better, or safer. This is a great thing. It is also a very positive marketing strategy as patients tend to migrate to doctors that stay on top of new technology.

If the cutting edge is new and proven science, the "bleeding edge" is ultra new and sometimes unproven technology. It can be very tempting to rush in and be the "first on your block" to offer a new technique. The problem about being on the

bleeding edge is that if it is unproven, you can end up with egg on your face. Frequently the cart gets in front of the horse and although the new device or technology sounds awesome, in reality it does very little. This can have a huge snowball effect. First of all, this technology is never cheap, so if the results don't pan out, you can lose big bucks on your investment. Secondly, new technology gone bad can hurt your reputation. If the doctor makes promises that the technology cannot live up to, patients will lose confidence. This is especially true if patients paid a large sum of money for the procedure and now have no result and no money. This is an example of how new technology can hurt a practice. I have always warned new docs and patients to "wait a year to buy or try any procedure seen on Oprah!" To be more current, I have to let Oprah off the hook and include any of the myriad of daytime talk shows that hawk "cosmetic advances."

### **2. Be skeptical of corporate salespeople.**

I certainly don't say this to be degrading, as some of my laser and equipment reps have been big supporters of my practice, and I have learned from them. They have been there when I needed them and are true professionals.

The point here primarily goes out to newer practitioners who are not versed at dealing with salespeople. You have to understand that a salesperson feeds their family by selling devices, and it is not easy work. I feel for them, as many of them spend countless hours sitting in doctor's waiting rooms, waiting for a harried three minute pitch to the surgeon. It is their job and most are darn good at it. One of the common points of salesmanship for a device being pitched to a surgeon is a production prospectus. The salesperson will sit down with the surgeon and present a chart that factors significant production with a small number of patients or procedures. An example may be that a surgeon is considering a laser, lipo or skin tightening device that costs almost \$100,000. The salesperson may present a spread sheet that explains that if Dr. Smith purchases this device and finances it, the payments will be \$500 per month. The pitch will go on to say that the company will

help market the new doctor and their new device and maybe even make them an instructor for other doctors, which also brings income. Finally their spreadsheet may show "Two patients treated per month for three treatments of \$900, etc."....will factor out to a big profit. This always sounds good, but rarely have I seen it to be accurate, especially in the short-term. Never assume that just because you have a new device or technology that it will immediately turn a profit. I tend to write in parables, so "never count your eggs before they are hatched." And believe half of what you hear or read.

Also beware of claims like "this is a safe device, you can't hurt anyone with it" or "this device is extremely simple to use." Again, any energy-based device can cause complications; learning curves take time. There is nothing that puts a damper on your exciting new technology faster than a burn, scar, or lawsuit. There is no substitute for experience: Walk before you run.

### **3. Do your homework.**

Given that it takes knowledge and common sense to become a doctor, the chances are that most are versed in evidence-based research. You need to apply this same research to all new or expensive purchases. The best thing, in my opinion, is to actually try out the device. I own about five different devices and I have never purchased one without first evaluating it on some cases. Most companies will allow you to demo a device prior to purchase. Another important resource is to "ask the man who owns one." There is nothing more powerful than the voice of experience and speaking with several owners of your prospective purchase. Ask the company for several references and personally call these doctors to listen to their experience.

Another thing to look at closely are expendables. Many devices require treatment heads or handpieces that are not reusable. These can be very expensive and are sometimes glossed over by the sales people. As with any purchase, the little things count.

Also, with the technology barrage going on, many new companies come and go overnight. I have seen numerous surgeons purchase an expensive device only to have the company go out of business.

**4. Get it in writing.**

Sometimes overzealous salespeople will make promises that corporate entities won't honor. Remember, lasers and devices require service and warranty and this can get expensive. As with any other purchase, get all the particulars and added options in writing and have it signed.

If the doctor makes promises that the technology cannot live up to, patients will lose confidence. This is especially true if patients paid a large sum of money for the procedure and now have no result and no money.

**5. Insurance?**

Although it may sound funny, it is important to insure your new device. A close dermatologist friend bought several lasers that came to a several hundred thousand dollar tab and when a rare flash flood hit her city, her entire office was ruined, including her brand new lasers. Guess what? There was no insurance to cover them. This has nothing to do with the laser company but has a lot to do with common sense and covering your assets.

**6. Marketing**

When a doc gets a new device he or she is hot to trot in terms of treating patients. This is natural and is one of the joys of new toys. Again, before you and your staff unleash the new device on the public at large, you must think out exactly how you are going to market. Many physicians (with the help of the laser company) will begin an aggressive external marketing campaign. Many device companies will assist with newspaper ads, etc. This is all fine and well, but the doctor needs to really understand the new device. You need to know how to use it and how to use it safely. You need to master the learning curve, and doing this on new patients can turn into negative marketing.

When I purchase a new device, I am very honest about the device and my lack of experience. Like most surgeons, I have a generous pool of well-known patients that I have treated for a long time, and they love to be "subjects" of any and all new technology. These patients know me and I know and trust them. I can be honest with them about the new device and my lack of experience. I inform them of possible complications and they understand

they are in my learning curve. It is not unusual for me to treat the first five to 10 patients free of charge and I consider this CME. I also treat with the lower limits of suggested settings. I would rather treat someone twice safely than to overtreat them in a single session. Staff are also good subjects to begin with, as they can communicate with patients about their experience. I really think that a practitioner with a new device should treat at least 10-20 patients before marketing to the general public. The astute clinician will amass a series of typical before and after pictures from the trial cases and use these to communicate with new patients obtained from external marketing. There is nothing that erodes confidence of a new patient than to look at "corporate" before and after pictures. It is important to be able to show patients your actual work. This is especially true with new technology. Also, when I offer new technology and am in my learning curve, I usually discount the procedure. This makes it easier for the patient and easier for me to obtain a larger group of patients.

A specific consent for that device is also important, and new technology may warrant new consent forms. Finally, "don't let your ads write a check that your device can't cash"! By this I mean not to over hype a new technology if you are not sure of the anticipated result. This is a great way to lose patients fast. If you extol virtues and promises of major improvement and patients do not experience this, it can severely hurt your practice and credibility. Patients that expected big promises and paid a lot of cash only to see little improvement are a prescription for negative marketing. If you are not sure about results, don't run ads that make promises you can't keep.

## Conclusion

Adding new technology, especially devices, is a fun and exciting part of practice. It can also grow one's practice and generate profit. This is assuming the technology works and you can perform it safely and effectively. Not all devices will work for all practices. For instance, I have a large surgical practice and my patients are used to considerable results and expect major changes that can be seen in before and after pictures. Likewise, my dermatologist buddy next door has more of a minimally invasive cosmetic practice, and his patients will be happy with smaller changes. Where a fractional laser result may be disappointing for my patient pool, my dermatologist colleague's patients may be very happy with minor rhytid effacement.

Always take the high road with new technology. Commit to researching the device and the company. Commit to the continuing education required to deliver safe and effective treatment. Never put profit over patient safety and common sense. Embrace new technology, but always use relative skepticism with something that sounds too good to be true—as it may be. Make sure the device is a good fit for your particular practice. Some laser representatives may say that their machine can be used on patients with only topical anesthesia. If this turns out to be untrue and you are delivering painful treatments because the patient really needs IV anesthesia, you may end up with an expensive door stop.

Purchasing a new device is similar to purchasing a new house or car. Do your homework and mind your ethics so you don't end up with something that you are sorry you purchased. ■



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