

Specialty Skin Care

Official Publication of the Debra Yates, Editor • Jeannine L. Dabb and Karen Davis, Assistant Editors Winter 2010
SOCIETY OF PLASTIC SURGICAL SKIN CARE SPECIALISTS

From the Editor's Desk

Debra Yates



To exfoliate or not to exfoliate: that is the question. No, I am not quoting Shakespeare, but it is a question that comes up in this issue of our newsletter. As someone that has been in the skin care business for over 25 years, I feel I have some expertise on the subject. I do love the retinols and we are a big proponent of tretinoin in our practice. We have used Dr. Albert Kligman's, "The father of Retin A™," compounded formula for over 25 years. We have seen remarkable results in our patients' skin.

Please read John Kulesza's informative article on the latest in chemical peels and the science to back it up. I also like his analogy to one of my favorite TV shows. He brings up an interesting question: how far do we go to injure the skin to get the best results?

Another viewpoint is from Dr. Ben Johnson, who makes some very strong claims and stirs up some controversy in

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Rethinking Chemical Peels: Must we 'Burn' our Patients?

John E. Kulesza



Does anyone remember the episode of "Sex and the City" where Samantha is talked into a chemical peel by her dermatologist and ends up looking like a boiled lobster? While some chemical peels in real life can do this, I worry the average TV viewer got the impression all chemical peels work this way and that's just not true. So to answer the title question scientifically, let's first take a look at commonly used chemical peeling agents and categorize them by activity. There are actually three main types:

1. CORROSIVE AGENTS:

Primarily acids used at a concentration sufficient to dissolve skin cells. Low pH (<2) Trichloroacetic acid and Salicylic acid at concentrations greater than 10% and alpha hydroxyacids (e.g. Glycolic and Lactic) greater than about 30%, are good examples of corrosive peeling agents.

2. TOXIC AGENTS:

Used for deep peels, toxic agents kill living cells. Phenol, Croton oil, (the combination of which are in the Baker-Gordon peel) and 5-FU are cytotoxic poisons that cause sheets of dermal cells to

die, separate and slough off. Note that Phenol is only weakly acidic...a 10% aqueous dispersion has a pH of around 5. Croton oil, because it's not water soluble, isn't acidic at all. If that's not enough, 5-FU solutions are actually basic, with a pH of around 9! So who says you need a low pH to peel the skin?

3. CELL ADHESION MODIFIERS:

These are compounds that peel the skin primarily by 'unsticking' skin cells from each other. Specifically, they chemically interact with cellular adhesion molecules, which include molecular complexes called desmosomes, along with special proteins and lipids that form chemical bonds on the surfaces of cells. They usually have low toxicity and corrosive properties, and thus don't really 'burn' or injure the skin.

The most widely used of these agents are low-concentration acids, such as TCA and Salicylic acid below around 10% and alpha hydroxyacids below approximately 30%. Here the acids don't dissolve cells, rather they just affect the adhesion molecules so that skin cells disengage and slough off.

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SPSSCS Mission

The Society of Plastic Surgical Skin Care Specialists is a voluntary, non-profit organization dedicated to the promotion of education, enhancement of clinical skills and the delivery of safe, quality skin care provided to patients within the office of a Plastic Surgeon certified by the American Board of Plastic Surgery or the Royal College of Physicians and Surgeons of Canada.

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THE PRESIDENT'S MESSAGE

Sandra M. Day



The first signs of temperate weather arrived in my hometown of Sarasota, Florida by mid-October. Oh, yes, our beloved "snowbirds," having escaped the record-

breaking heat wave, returned earlier than usual this year. I rejoiced in hearing from many who had been away, that calling to schedule their skin care appointments was toward the top of their lists. Welcome back! The reality of winter's arrival set in when I talked with my daughter's family in Connecticut during mid-October where it had been snowing for the past five hours—the earliest storms recorded in history. Weather aside, changes in every arena of our lives are affecting each of us, wherever we reside and provide our services.

Following the slowest months our practice has ever experienced—August and September—I want to share with you a marketing success story that boosted our business. I had been tossing around a number of ways to thank our clients for their patronage and support over the past years. The expense of advertising in our local magazines was not in our budget this

year, and we decided direct mail marketing would be more effective. Inspired by a printed brown bag from a local office supply store, hidden within the advertising pages of our Sunday paper, I had an epiphany. Instead of simply sending a postcard offering specials or a discount on products, we produced a mailing that captured the recipients' attention. For many years, we've placed purchased products in our 9" x 12" white signature plastic bags with our name, phone number, and website imprinted in silver foil (keep your name before the buyer!). It was simple enough to have our printer produce small gold adhesive labels to place on our bags with the message, "17th Anniversary Special—20% OFF Everything You Can Fit in This Bag!" IT WORKED! Clients who live in the penthouses of the Ritz-Carlton, as well as those who live in the suburbs, came in to fill their bag and purchase products. It reminded many to schedule an overdue appointment for skin care or other services. Although it was certainly time consuming to print the address labels, stuff the plastic bags into our letterhead envelopes, seal and mail, it was definitely time well spent! It may sound gimmicky, but the results have been phenomenal.

Never before has the need to be creative been more important. Be the best that we all can be. Sharing ideas and

contributions are vital to our growth and mutual prosperity. Please contact me directly at sandraday@neoderm.com with your comments or questions.

The Society of Plastic Surgical Skin Care Specialists is devoted to providing you with the latest educational information in our field to elevate your skill and knowledge levels. Our Program Committee, chaired with dedication by Susan Wells RN, MS, has been inspired by our challenging economy to design a dynamic learning experience for the upcoming 16th Annual Meeting in Washington, DC. You'll have your choice of optimizing your experience from a variety of pre-meeting courses, a well known and inspiring Keynote Speaker, Geno Stampora, outstanding scientific sessions presented by renowned faculty presenters, roundtable discussions...and much more. Make your plans now to join us for Skin Care 2010—"Capitalize on Your Skills," April 20-23, to network with fellow professionals who share your passion in exceeding expectations and thriving in our chosen field.

A healthy, prosperous New Year to all!

"If we had not winter, the spring would not be so pleasant, if we did not sometimes taste of adversity, prosperity would not be so welcome."

—Anne Bradstreet ▲



Last year was not the easiest year for most of our practices; the

economy has been particularly tough on this industry. I like to believe that things will get better, and here are some of my favorite neat, new peels that may help add a little nudge to your practice's winter doldrums:

Therapon has introduced a new peel

called the "Frost Peel," a TCA peel that has decreased patient downtime without the need for Retin A preparations or dye to control acid penetration.

SkinMedica introduced the new "Rejuvenize Peel" with a built in anti-irritant and penetration enhancer that provides controlled exfoliation of the uppermost damaged layers of skin, to reveal fresher and healthier skin, with predictable results and less down time.

And two of my favorite oldie but

goodie peels, that smell just wonderful, are the "Rejuvenating Masque" and "Resurfacing Masque," from Innovative Skincare. They make a nice refresher just right for the new year!

These are just a couple of newer peels on the market that may help give your practice an affordable kick this holiday season.

All products mentioned are for informational purposes only. ▲



Member Profile:



Krissy King

graduated with an M.F.A. in Art from the University of Idaho in 1994. During my course of study as an art student, printmaking, specifically lithography, was always a passion of mine. I loved the entire process: physically graining down old images from the lithography stone, chemically etching my images onto the prepared stone, and finally pulling a finished print. My work today as an aesthetician is just as rewarding to me as some of my cherished prints.

Never did I imagine back then that someday I would end up working for plastic surgeons doing skincare. My art background has taken me on a variety of journeys throughout my life as an educator, muralist, decorative painter, makeup artist, and aesthetician. I began my career in the skincare field as one of the front desk professionals at Bella Via Skin and Body Therapies, a medical spa owned by plastic surgeons Drs. Colville and Zavell of Reconstructive and Aesthetic Surgeons, Inc. in Toledo, Ohio. Some of my responsibilities while working at the front desk included greeting clients, being knowledgeable about the product lines and services, and maintaining the makeup studio. I soon decided that a career in aesthetics was my calling. With the encouragement of my family and co-workers I went back to school to become an aesthetician. My front desk experience, combined with my art background, has definitely come in handy throughout my career as an aesthetician.

I enjoy many aspects about this business, such as the close relationships with my clients and the continued education that I do in order to keep up on the latest skincare technology. I work with many talented and wonderful people that are a constant resource for me and who are very willing to educate and share their vast experience with me. I've been able to observe both Drs. Colville and Zavell during routine office visits and different types of surgeries. I can't begin to tell you how many times I have drawn upon these past learning experiences to better serve my own clients. I feel that the physicians and estheticians of Bella Via work as a team, and this combined effort provides our patients with the knowledge and best treatments necessary for a successful outcome.

The knowledge gathered through interaction with our physicians and my co-workers and from attending meetings like the SPSSCS allows me to stay at the top of my game. I learned so much from the last SPSSCS Annual Meeting in Las Vegas and as always, look forward to the next. I feel a responsibility to my clients to be the best that I can be and to stay informed on the latest and most effective products and treatments. I definitely get a sense of satisfaction from helping my clients to achieve their skincare goals, whether it is taking someone through a course of pulse peels or applying makeup for a wedding. It is all very rewarding. ▲

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CLINICAL SKINCARE

Is Skin Damage Reversible?

Ben Johnson, MD



In reviewing all of the treatments that have been prescribed over the last 25 years

and their related claims, you would think that we would have solved the problem of aging skin by now. After all, research clearly showed that collagen formation was activated by Retin A™, multiple different laser wavelengths, the application of heat, infrared and LED, growth factors, amongst other things. Many of these treatments showed promise in research but have failed to show progressive or permanent changes in the skin. Potentially aggravating the problem is the additional damage we inflict (often daily) by forcing the skin to exfoliate faster than it could manage on its own.

I'm in the skincare business so I am not doing myself any favors by questioning the activities of a vast majority of skin care professionals in practice today but I think it is important that we take what we already know about skin physiology and apply it to current anti-aging efforts. We know that the reason the skin ages is due to its inability to repair 100% of the inflammation-based damage that occurs on a daily and/or annual basis. Every year we lose 1% of our dermis and the processes of the skin continue to slow down. The question remains, if aging is the result of too much inflammation for the skin to handle, then why do most of the "anti-aging" treatments add inflammation to the skin? My belief is that we have identified swelling and scarring as successes because they temporarily improve pigmentation or generate a temporary tightening effect that looks like an anti-aging event for the one day to one year that such an effect lasts. The other misconception (in my opinion) is that people think the results "lasted 6 months" because the body continued to age and caught up with the improvements created by the procedure. Never mind that the loss of "results" seems to coincide perfectly with how long it takes the body to heal the damage.

All that being said, where we may really be failing our clients and patients is our never-ending desire to assist the skin in the exfoliation process. We know the benefits... lightening of pigmentation, firming effects



that reduce fine lines and acne clearance in many cases. We also know the downside; increased free radical damage which ages and likely increases skin cancer risk in the skin along with increased environmental toxin absorption, scarring (putting irritants/acids on wounds) and dehydration (leading to oily/combo skin).

Why does the skin slow down over time? Why does it progressively lose its ability to repair itself? In order to believe in chronic (daily) exfoliation strategies you have to believe that the skin slows its epidermal turnover rate unintentionally. Personally, I think the skin knows what it is doing! I am convinced that the skin slows down because it has lost its food/immune cell supply due to lost circulation and overwhelming repair efforts that occur as a part of aging. Just like every other process in the body, when faced with declining nutrition, skin metabolism (turnover) slows. If a lack of nutrients is the problem then how does daily exfoliation improve turnover? Simple, the skin recognizes that a damaged epidermal barrier is life threatening so it naturally rushes to fix the

problem by placing the epidermal "holes" as a priority over maintaining the rest of the dermis. It diverts scarce lipids, proteins, enzymes, collagen and antioxidants from the daily maintenance activity of the dermis to the "emergency repair" of the epidermis. Leaving aside the extra work created by the damage of most "anti-aging" procedures, doesn't it seem counter-intuitive to continue to stress the healing process after they visit your office by increasing free radicals and the workload of the skin with a post-procedure exfoliation approach? Collagen is being generated as much as three weeks after many of these treatments. Do we really want to be adding inflammation and depleting resources during this critical time...or at any time? Have we not already learned that adding inflammation to a traumatic procedure is a recipe for post-inflammatory issues and declining results? The results from our "20 year experiment" on the benefits of AHAs, high dose retinol and Vitamin C, Retin A™ and other treatments has proven that we are not reversing (or preventing) aging with these strategies. It has shown us that the skin, when repeatedly abused, does not get progressively better. Skin cancer, rosacea, melasma/hyperpigmentation and aging are all growing in incidence and severity.

Is there hope? You bet. There is a growing migration within professional skincare (and the general public) towards alternative strategies that are more gentle. LED and Infrared appear to have mild-moderate effects on the skin by improving its healing efforts. You are also starting to see a shift of focus in skincare towards delivery systems as we all recognize that to fight aging we need to target dermal (not epidermal) activity. These include things like the dermaroller, blading, liposomes and other delivery enhancers. The first two add inflammation to the skin so I prefer liposomal delivery, especially since it improves penetration by 10-fold over traditional creams. We have also seen an increase in popularity of niacin and niacinamide usage although most people do not look at their activity in the skin as being a nutrient provider...that is my assessment. Retin A is toxic and immunosuppressing to the body. It is not meant to be floating around in our skin and

so its positive attributes are ultimately trumped by its toxic effects. Long term Retin A has not worked, just look at the skin of those on it for years. There are several non-toxic alternatives, the most potent being retinaldehyde which was proven to be as effective as Retin A on fibroblasts but is stored by the skin after utilization (unlike Retin A). Retinol and Vitamin C are good for the dermis, but not so good for the epidermis. Only with appropriate delivery systems will their use increase remodeling without adding inflammation. Without better delivery, both add too much epidermal inflammation and will have a net negative response for aging overall. There are several other research proven collagen stimulators like Chlorella, Beta Glucan, Lipoic Acid and EGF that do not add inflammation to the process.

In-office treatments are more difficult. Occasional exfoliation is something the skin can handle so that process does not need to be discarded. My advice is to choose more conservative options that create quick results for pigmentation, etc but do not put the patient at risk for

permanent damage. I still prefer the strategy of liposomal delivery of high dose dermal stimulants which is something that can also be added to exfoliating procedures to enhance results. Exciting possibilities are also coming with the improvement in stem cell related growth factor serums and collagen precursor technology, both of which will soon be available from several companies. If we recognize the delicate state of the dermis and stimulate it without adding inflammation or depleting resources then we give the skin a chance to recover what it has lost in our adult years. Isn't that the goal after all?

Ben Johnson, MD started in aesthetics with one of the first medi-spa chains in the country. Soon after he founded/formulated his first skincare line, Cosmedix. Currently he is the founder/formulator of Osmosis Skincare. Dr. Johnson has also recently developed a technology for the treatment of eczema and psoriasis (amongst many other conditions) that is just being launched. In addition, he is a renowned international speaker/educator.

DrBen@OsmosisSkincare.com
www.osmosisskincare.com (303)674-7660 ▲



Abbey Helton, BSN, RN, CPSN
Chair, Membership/Mentor Committee

Welcome New Members

Kaylin Renee Byers—Hagerstown, MD
Laura Lee Evans, RN, BSN—Cincinnati, OH
Deborah Freund—Independence, MO
Sandra Lutz, RN—Cincinnati, OH
Ann M. Stratton, RN, BSN—Peoria, IL
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Growing Your Skin Care Practice?



SOCIETY OF PLASTIC SURGICAL SKIN CARE SPECIALISTS 16th Annual Meeting

- Innovations in Skin Care by Knowledgeable Speakers
- Networking • Exhibits • Mentoring Program
- Marketing • Social Media • Product Formulation
- Intro to Building a Plastic Surgical Skin Care Practice (a must for the novice as well as the Skin Care Specialist that needs a motivating business plan!)
- Aesthetic Meeting Course (ASAPS) focusing on "Cosmetic Medicine" including "live" patient demos of lasers & fillers

VISIT OUR WEBSITE BEGINNING JANUARY 2010
FOR COMPLETE MEETING AND REGISTRATION INFORMATION

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Capitalize on Your Skills
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“Attendance at the SPSSCS Annual Meeting has been essential for my aesthetician’s professional growth. Because she functions at the master aesthetician level and works solo with my practice, the professional peer-to-peer opportunities at SPSSCS are unparalleled and available in almost no other place.”

Richard A. D’Amico,
MD, FACS



World Burn Congress

Jeannine Dabb, Co-Chair, Philanthropic Committee

I would like to say thank you to the companies who donated great products to the

Phoenix Society's Image Enhancement Program at this year's World Burn Congress. SkinMedica, Société Clinical, Dermesse, iS CLINICAL, Sesha, and Oxygenetix. We deeply appreciate all you have done to help this cause. Even though I was unable to attend this year's event, it makes me so happy to know that the legacy of the SPSSCS will always be there to assist in this wonderful program. Our group of dedicated volunteers makes me very proud of our Society. On the behalf of the SPSSCS and the World Burn Congress, thank you everyone for giving of yourselves and of your own souls! I only hope and pray to continue the success of these endeavors. As Mother Teresa once said, "Be faithful in small things because it is in them that your strength lies."



SUSAN ELDRIDGE Portland, Oregon

This is my third World Burn Congress. It never ceases to amaze me the courage the burn survivors display. It humbles me every time. I was sitting with a gentleman, his wife and daughter at the closing banquet. From our conversation, I learned this was their first World Burn Congress. They came from Wisconsin. His wife was saying how much they were enjoying themselves and that before this experience they felt isolated and were in a terrible situation. After hearing some of the other survivors' stories they now feel blessed. Blessed! This gentleman was in a wheel chair, had no legs, one arm and only one digit on his remaining hand. They were a wonderful family and felt blessed. I was moved and humbled!! As I have said before it puts things in perspective every time.

I taught a lovely lady how to cover her burn scars on her face and neck. She was thrilled with the results and proceeded to ask if she can go out in public like this. She wanted to know if she could leave the room. After assuring her she looked great she then stated she hadn't left the house without her mask in two and a half years. She didn't believe it was fair for the public to see her scars. She began to cry and shake. We encouraged her to go ahead leave her mask off. She left the room and within 2 minutes she was back, scared and needing reassurance. This was amazing to me, as she looked beautiful. Eventually after lots of assurance she put away her mask and gave me a big hug and a kiss. It feels good to make a difference in one person's life!

JOELLEN COZEN Merion Station, PA

To say this is a life altering event wouldn't even START to explain the emotions I experienced at the World Burn Conference in New York this August. I've been a member of the Image Enhancement Team for the past four years and listened to the heart wrenching stories of my patients while applying their makeup. This year I encountered several women who had been severely burned at very early stages of their lives and had never really taken the time to pamper themselves in any way. For some, it was their first (but not last, they vowed!) convention. They all found the camaraderie, classes, lectures, and therapy sessions "amazing."

What touched one woman, severely burned at 22 months old, the most emotionally, was her personal image enhancement session with me. As we were talking, I noticed her eyes swelling up with tears. When I asked if she was ok, she said "no one has ever fussed over me, cared for me or touched me in the kind way you're doing right now, and I promise I'll try not to cry." Being the softy I am, I too welled up. Upon completion of her makeup session, I handed her the mirror to see the results (she looked fantastic!) and the flood gates opened! Sobbing, she hugged me and said "you (collectively) are all angels, I can't thank you enough." At that point, I too, was crying. When she left the room, I noticed the difference in her body language. She was standing tall, and holding her head high. She had a wonderful smile of pride and contentment on her face.

I can't help but think back to what amazed me on my first trip to the convention some four years ago. The SPIRIT of the burn survivors just blew me away. Young, old, men, women, all were amazing! I can only hope that I helped in some small way, not only with their personal enhancement, but also by allowing them to cry and encouraging them to laugh during our brief encounter together.

Thank You For Your Generous Support!

SPSSCS Members "Giving Back"

Sandra Adams, Clinical Educator, iS Clinical/Innovative Skincare®



On Saturday, October 3rd, 2009, SPSSCS members Joanna Pinkerton, Shari Weniger and

Mary Shaver traveled to Washington, DC to volunteer for the annual Spa Day at the Washington Cancer Institute, Washington Hospital Center. Their time, dedication, hard work and expertise were utilized and greatly appreciated, doing specialized facials for cancer patients and survivors during this event.

Over 100 women were treated to a day of pampering featuring facials, massages, exercise and nutritional education, paraffin hand treatments and catered lunches. Keynote speakers included physicians speaking about the unique challenges of cancer treatments.

Joanna, Shari and Mary were a key part of the team of aesthetician volunteers who helped make this day and their facials a very special experience for all the attendees. Instructions regarding the special skin care needs of the cancer patients were



PICTURED LEFT TO RIGHT: ALEC CALL, EXECUTIVE VICE-PRESIDENT, IS CLINICAL; SANDRA ADAMS, CLINICAL EDUCATOR, IS CLINICAL; SPSSCS MEMBER VOLUNTEERS – MARY SHAVER, JOANNA PINKERTON, SHARI WENIGER; BRYAN JOHNS, CEO, IS CLINICAL

provided, as well as how to perform these specialized facials for cancer patients prior to beginning the day.

The iS Clinical/Innovative Skincare® Cancer Care Program, established in 2003, includes sponsoring the annual Spa Day Events as well as quarterly skin care

education classes for cancer patients and survivors at Washington Cancer Institute, Washington Hospital Center and UCLA Revlon Breast Center. For more information regarding the unique skin care challenges of patients undergoing cancer treatments go to www.isclinical.com/iscancerprog ▲

Members in the News



DEBRA YATES SELECTED TOP TEN WOMEN IN BUSINESS FOR ABWA

The American Business Women's Association, Camelot Chapter, is proud to announce that our

past president, Debra Yates, has been selected as one of the 2010 Top Ten Women in Business.

ABWA Top Ten Women in Business is a national program that honors 10 outstanding members of ABWA for achieving excellence in career, education and community involvement. Debra was honored at the National Leadership Conference held in Kansas City, Missouri

on September 24 thru 26th. ABWA also celebrated their 60th Diamond Jubilee anniversary.

The mission of the American Business Women's Association is to bring together business women of diverse backgrounds and provide opportunities for them to help themselves and other grow professionally through leadership, education, network support and local/national recognition. www.abwa.org



BETSY RUBENSTONE: BEST OF PHILLY 2009

Another of our past presidents, Betsy Rubenstone of Philadelphia, is featured in Philadelphia

Magazine's "Best of Philly" ...for the second time! Read more about Betsy and DEME Cosmetic-Dental Center at: Best of Philly 2009: Cosmetic-Dental Center—Philadelphia Magazine—phillymag.com.

Congratulations, Betsy!

"Having won Best of Philly when I first started my career 17 years ago, and receiving it again, makes working in this profession so worthwhile. So much has changed since we started and if you are willing to keep changing with the times, everyone can be the "Best." I feel so fortunate to have joined a practice that has allowed me to continue to grow and share my expertise with dentists, plastic surgeons, a nutritionalist, a massage therapist and a psychiatrist all under the same roof. I now have 6 aestheticians that have joined my practice and with the acknowledgement of magazines like Philadelphia Magazine, we hope to continue to grow for years to come."

—Betsy Rubenstone ▲



How to Maximize Profits with Vendor Support

Sarah Burns Eggenberger

PART I



When you decide to take the solemn vows of marriage, you not only marry that person, but also for better or worse the rest of the family. When choosing a product you should also look at the company that represents it. The relationship between you and the vendor will support a successful venture, resulting in increased retail sales.

In this two part series we will discuss the important part that is often overlooked in product selection, the relationship with the vendor. Part I reviews sales support, while Part II examines marketing support. By partnering with suppliers, professional insight and growth can be gained. In the current economic state, it is financially wise to research all options of saving or increasing the return on your money.

SALES CONSULTANTS

There are numerous benefits to having a local consultant. Your business is their business. Sales consultants see the industry from a different perspective and can offer immense knowledge. They see other business on a daily basis and can identify successful traits and support your business needs.

There are differences between a sales consultant and a sales representative. A sales consultant is a business partner, is genuine, only recommends what is best for the business, and will proffer their sustenance. On the other hand, a sales rep will sell you products just to meet their sales quota and once you place your opening order, you will never hear from them again.

Talk to the sales consultant to find out what services they will offer and how they will be of support. Your sales consultant will educate the staff, explain new product launches, and offer assistance at your open houses and events. An involved sales consultant is similar to having a freelance expert helping you. A consultant can equate to the same pay as hiring an expert, saving you \$500 per month.

RETAIL SPECIALIST

If you are the company's top account or purchase a large sum, they may support you with a retail specialist. This person will create interest in the product line through sales and education. A retail specialist will merchandise the products throughout your business, provide product consultations, maintain inventory levels, unpack orders, etc. Potentially the salary of a sales specialist can be split with the vendor or they will pay the entire salary. This is a large expense to the vendor but if you are an elite account you can use this as a negotiating tool.

OPENING PACKAGES

Having the option of an opening package allows for the decision to be yours as to the dollar amount you would like to spend. Opening packages will typically offer a savings or free marketing and/or products. Opening packages may be the best option to receive free merchandise, saving you the cost on purchasing those same items. On average treatment product cost can range from \$4 to \$15. Subtracting that cost from your overhead will increase your profits. If 10 clients are seen per day that is a \$40-\$150 per day savings, weekly savings of \$240-\$900 or monthly savings of \$1040-\$3900!

TRADE-OUT PROGRAMS

Trade-outs, also referred to as "buy backs," are a program that is a win/win situation for both parties. Trade-outs allow the account to take the current product in inventory and give it to the vendor for a credit towards the opening order. So if you have \$500 of "xyz brand" and you want to work with "abc brand," "abc brand" will buy back the \$500 in inventory of "xyz brand" and put it towards the opening order of "abc brand."

This scenario is beneficial when you have a high amount of inventory in a product line that you no longer want to retail. It solves the problem instantly without losing time, discounting, or

deceiving the client to purchase a product that is no longer going to be available. Overstocked shelves hold retail dollars hostage. The burden will be lifted from your shoulders, freeing hundreds to thousands of dollars.

PREMIER STATUS

Many companies will offer special programs for their top accounts. These programs will be beneficial for business growth and offer valuable incentives. When you reach a certain level of sales, which may be based on monthly, quarterly or yearly sales, you receive additional perks. Typically, the more you order from the company the grander the award dollars. The awards range from gratis, testers, co-op advertising, marketing collateral and/or deluxe samples. An average of 5-15% of your qualifying sales amount will go towards the rewards. Ask your consultant if this program is available and to provide you with your sales numbers and where you stand with qualifying. It would be an oversight to miss these rewards because you were \$50 short of qualifying.

Sarah Burns-Eggenberger has authored a book named "Guide to Product Selection." by PCI Publishing and authored a chapter "Make-up Application" for "Tic, Tock Stop the Clock." She is the founding member of Advanced Aesthetic Education Association and is currently the acting president of the organization. She is an editor for the PCI Journal, reviewing studies and writing abstracts. Sarah has also written articles for a variety of trade publications, including Skin Inc magazine. Sarah is reviewer evaluating publications for Milady's, Delmar Learning. She is a supporting member of several industry organizations.

Sarah has been with gloProfessional, a skincare and cosmetics distributor and manufacturer, for the last ten years. In her current position as Brand Manager, Sarah is responsible for the research and development of a highly efficacious skincare line. Also responsible for coordinating activities of production, sales, advertising, promotions, marketing research, purchasing and sales forecasts. ▲

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Chemotherapy and Radiotherapy

Effects on the Skin

PART ONE

Charlene DeHaven, MD

Both chemotherapy and radiation therapy commonly have side effects that involve the skin. Some of these are broad effects from the treatments in general and some are specific to certain chemotherapeutic drugs used. The discussion here will be restricted to those reactions unique to chemotherapy and radiation therapy.

Cancers are composed of abnormal cells that divide rapidly. The faster the tumor's growth rate the more rapidly its cells are multiplying. Although a more rapid rate of cellular division is associated with greater malignant potential, this rapid growth rate also makes the tumor susceptible to chemotherapeutic drugs. Chemotherapy targets cells that are rapidly dividing. The goal of chemotherapy is to kill as many cancer cells as possible so the tumor can either be completely eradicated, i.e. "cured," or placed in remission, a state where there still may be some cancer cells present in the body but the patient is without symptoms and feels well for an extended period of time.

In addition to tumor cells, there are certain normal cells in the body which are also rapidly dividing. Chemotherapeutic drugs target all rapidly-dividing cells and therefore effect not only tumor cells but also any other cells in the body which are undergoing rapid cell division. Other normal rapidly dividing cells include skin and the skin's appendages hair and nails, gastrointestinal cells, bone marrow and its product blood cells, and reproductive cells including sperm and ova. It makes sense that skin effects are commonly seen with chemotherapy since both skin cells and tumor cells are undergoing rapid cell division. Similarly, it makes sense that other common side effects of chemotherapy involve these other organ systems and include ulcers and infections in the mouth, stomach and intestine, anemia, decreases in white blood cells and platelets and temporary loss of reproductive ability. As long as a few of the body's normal cells in skin, GI tract, reproductive tract and bone marrow remain the body can

regenerate and recover these functions once the chemotherapy is stopped.

Extravasation injury is a type of skin injury that occurs when a chemotherapy drug given IV leaks out of the vein and into the skin. Depending on the drug in question, this effect can be mild swelling, local irritation and inflammation or even actual tissue necrosis.

Alopecia is hair loss associated with toxicity to rapidly dividing hair cells. This includes all body hair and is not limited to scalp hair only. Recovery occurs and hair growth resumes after chemotherapy stops although there may be a permanent alteration in hair color, texture or curl.

Certain drugs can cause specific types of allergic or hypersensitivity responses. The platinum derivatives (cisplatin, carboplatin) can cause an IgE-mediated hypersensitivity with itching, redness and swelling occurring within an hour after the infusion is begun. If life-threatening, this reaction is termed "anaphylaxis" and the drug will not be given again in these severe cases. Formation of antigen-antibody complexes occurs with methotrexate which causes a vasculitis (inflammation surrounding blood vessels) or rituximab can cause serum sickness (an illness with flu-like symptoms). A specific type of rash called "erythema multiforme" of which the hallmark is the "target lesion" is caused by antigen-antibody complexes and can occur with a number of medicines including chemotherapeutic agents. Activated T cells cause contact allergy and may be seen with nitrogen mustard (mechlorethamine).

Pigmentary changes can involve the skin, mucous membranes or nails. These may be temporary or permanent. After alopecia, it is not unusual for hair to regrow with a color or texture change. Pigmentary changes are particularly common with the cytotoxic drugs such as alkylating agents or tumor-directed antibiotics. Hyperpigmentation of the gums can be found with cyclophosphamide treatment and is permanent. 5-fluorouracil

(5-FU) treatment is often seen with hyperpigmentation reactions in all areas of skin or in only sun-exposed areas. Pigment changes with 5-FU can also follow the pattern of an underlying vein and appear twisting or serpentine. 5-FU can darken the mucosa of the tongue, conjunctiva of the eyes or nails. Tegafur, a 5-FU analog, can cause circular areas of pigmentation of the palms, soles and nails. Although 5-FU causes discrete areas of hyperpigmentation, other drugs may result in generalized hyperpigmentation. These include busulfan (and has been referred to as the "busulfan tan"), pegylated liposomal doxorubicin, hydroxyurea and methotrexate. Daunorubicin can cause hyperpigmentation in solar-exposed areas. Increased pigmentation in areas of injury or pressure may be seen with cisplatin, hydroxyurea and bleomycin. Some drugs are secreted in sweat and can cause hyperpigmentation under adhesive tape; these include docetaxel, thiotepa and ifosfamide. Circular areas of scalp hyperpigmentation can be associated with daunorubicin.

Part II will include insights into acneiform rashing, the effects of radiation on the skin and more include charting on addressing key side effects with skincare therapies.

Dr. DeHaven is board certified in Internal Medicine and Emergency Medicine, with specific emphasis in the age management field. Dr. DeHaven acted as Physician in Charge and Director of Practice Management for the Kronos Anti-Aging Clinics. She was the founder and Chief Physician of the Longevity Institute, specializing in Anti-Aging Medicine. She has written extensively on aging related issues. Dr. DeHaven has developed and implemented anti-aging medical protocols for both the Longevity Institute and the Kronos Clinics, pioneering research in hormone replacement therapy, and oxidative stress management. ▲



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Genetics of Skin Aging

Joseph Banis, MD

As with all of our organ systems, our skin

quality, function and rate of physiologic aging is determined not only by extrinsic factors such as diet, stress, and exposure to toxic agents, but also, and even more significantly, by intrinsic genetic factors. We know that the genetic backgrounds of certain ethnic populations (Northern European) strongly differentiate themselves from other ethnic populations (African and Asian) by the quality and durability of their skin. We all (in the skin care profession) know intuitively and by experience that fair/red haired, blue eyed individuals will have more "problematic," damage prone skin compared to darker complected, brown eyed people. We know that these "at risk" populations will show significant evidence of aging in a more rapid, severe, and aggressive manner compared to genetically "favored" populations.

The basic mechanism by which intrinsic aging of skin occurs is complex and not well understood. However, in both types of aging (intrinsic and extrinsic) the rate of aging is said to be a fine balance between deoxyribonucleic acid (DNA) damage and repair. Recent advances in molecular biology have helped us to better understand this process. Currently, several mechanisms have been proposed as contributors to the aging process, such as disruption of genes in cell cycle regulation, alteration of cellular constituents (proteins, lipids, nucleic acids), production of reactive oxygen species (free oxygen radicals), and telomere shortening.

In all of the above, the central mechanism involved is the cell's inability to repair DNA damage that has occurred. Mutations in DNA repair genes have been linked to various diseases such as cancer, accelerated aging, and neurological diseases. It is also well known that inherited defective genes can lead to premature aging syndromes such as progeria. These syndromes are characterized by genetic mutations, and these mutated genes can be identified. Since current scientific evidence indicates that skin quality and premature aging are mainly regulated at a genetic level, specific genetic markers such as these will enable us to

identify the gene(s) involved in the skin aging process.

Unfortunately, to date we are unable to tailor our skin care and treatment protocols to the most important determinant of skin quality—the genetic component. Our scientific understanding of skin physiology and function has helped us make great strides in optimizing skin quality, but can carry us only a limited distance when confronting the genetic limitations of an individual's skin composition. For instance, we are all aware of the need for the stimulative effects of retinoids, and the antiaging and damage preventing effects of antioxidants in improving skin quality. Not to mention now the increasing emphasis on the restorative and anabolic effects of growth factors on the skin. But as effective as these components are, the next level of intervention will logically be when we can not only optimize skin function at whatever baseline one has, but can actually intervene at a genetic level to reconfigure the genetic makeup to enable the body to produce better quality genetically superior protein components for the skin.

With our increasing understanding of the human genome, it is conceivable and even expectable that we will acquire the knowledge necessary to understand the critical sites in our genetic code that affect skin function and physiology, and to manipulate them in specific and tailored fashion to effect improvement in each individual's skin. This information is not yet

available, and to achieve this level of detailed information of our genetic code and its relationship and effect on the skin will require further extensive investigations on large populations. Our research team is currently involved in a project to identify genes that determine skin quality and develop effective methods to counter the adverse effects of aging. We will examine the genetic profile of an ideal population which reflects both subtle and established age-related features. In some individuals these changes begin in the third decade and are gradual, while in others, it becomes pronounced within a short period of time. We believe that by identifying the specific gene(s) we will be able to get an insight into the underlying mechanism of how skin ages, thus paving the way for early diagnosis and development of targeted therapies. Until the scientific breakthroughs become reality we will continue to incrementally improve our understanding and care of the skin with the phenotypically tailored remedies and technologies.

Dr. Banis is a Certified Plastic Surgeon with over 20 years of experience in plastic surgery. He was an early pioneer in the use of microsurgery, routinely addressing the most challenging cases of reconstruction. Over his years of practice he understood the importance of healthy skin. His research has led him to develop vitamin/herbal formulations for skin support and disorders such as acne.

Please feel free to contact Dr. Banis or his nurse, Abbey Helton, at 502-589-8000 or visit his website at www.aesthetics.com ▲

Continued from Cover From the Editor's Desk

the world of skin care with his opinion.

How do you feel about Dr. Johnson's article? I would love to post your responses on our newsletter and website. DYates7870@aol.com. ▲

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New Horizons—The Dawning of EMR

Hesbam E. Butty, MD

Recently, EMR (Electronic Medical Records) has become quite the "buzz" word in the skin care community. As we move towards a more "green" world, the dawning of EMR is upon us and the days of documenting on paper are rapidly approaching their twilight. Simply put, EMR is a digital means of documenting patient visits encompassing not only the history and exam, but also providing a means to prescribe medications, provide educational materials and treatment regimens, as well as the ordering and receiving of testing including labs. As simple as this may sound, one should be wary as not all systems are created equal.

With many vendors on the market plying their wares, choosing a system that can be used in a skin care setting can be quite intimidating and confusing. So what should consumers be looking for when investing in an EMR? Because the needs and wants of every practice are different, the answer may not be simple. Certain common factors should be considered when comparing systems: product flexibility, industry expertise, industry experience, training of the product, product support and cost.

Industry experience, expertise and number of users are important considerations when making an educated decision about which EMR system to go with. Is the system designed with the skin care field in mind, or is it a one size fits all, mocked up copy that was designed for some other area? Is this a new and untested product or is it successfully being used by your peers and colleagues? Successful vendors that have stood the test of time do so because they service the needs of your community. Attentiveness to client feedback and incorporating suggestions as new functionality is paramount to the success of any vendor product. A product targeted to your specific community will have the advantage of resources being allocated in the development of function needed to make your practice run more efficiently. A generic product that can be used throughout the spectrum of medical specialties may not be able to address the details and needs your practice.

Speaking to references from your community will help in gauging whether the product will be a good fit for your practice. When speaking to references one should inquire about ease of use, training and support. Adequate training should include aid in product customization as well as showing how to use the product successfully on a daily basis. Good support guarantees that the product will remain usable not just from the start but into the future.

Cost is usually a big factor with many decisions in life and it is no different when it comes to selecting an EMR system. The tried and true sayings, "Buyer beware" and "You get what you pay for" unfortunately ring true more often than not. System cost runs the gamut from low to high and some may seem appealing on the surface, but will they be able to provide the tools needed that a skin care setting demands? Will the system be around in a year or will they be out of business? Do they have the resources to support and develop the product to meet the ever changing needs of the skin care community? Are they truly CCHIT (Certification Commission for Health Information Technology) certified or is it a particular component that is certified? These are all very important questions

to ask especially when taking into consideration the passage of The American Recovery and Reinvestment Act of 2009. From information available to date this piece of legislation will be offering monetary rebates for those practices that have a "usable and certified EMR system." Rebates will be disbursed over a five year period starting in 2011 (with the largest disbursement occurring in the first year and gradually decreasing over the next four years). In addition there will be a two percent increase in the amount of Medicare reimbursement to these practices. Practices that are not using a certified EMR system may be penalized via a two percent reduction in Medicare reimbursement and obviously will not qualify for a rebate towards the purchase of an EMR system.

Upon scratching the surface and delving a bit deeper one should be able to see that although cost is a big issue; there are a multitude of other factors that carry as much weight (if not more) than just looking at the bottom line figure. The purchase and implementation of an EMR system into a skin care practice should be viewed as an investment that will mature and pay back dividends over time.

With just under 10 years experience working in the practice management and EMR fields under the banner of NexTech Systems, Dr. Butty brings a fresh approach to the design and implementation of EMR to your practice. Feel free to contact him at b.butty@nextech.com or 813-425-9220. ▲

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Continued from Cover

Rethinking Chemical Peels

Interestingly, some of these adhesion modifiers have additional biological properties of their own, in which case we sometimes get 'two things for the price of one!' Consider the polyhydric phenols, meaning phenol with an additional hydroxyl group (OH) attached to it:

As you can see, Phenol, Resorcinol and Hydroquinone are extremely similar molecules, the latter two differing from Phenol only via the addition of a single oxygen atom. This small addition, and its position on the carbon ring, radically reduces the toxicity of Phenol while conferring other biological properties such as keratolytic and tyrosinase-inhibiting effects. While many practitioners already make use of the keratolytic properties of Resorcinol (the Jessner's Peel contains 14%), few realize that at a similar level Hydroquinone will peel the skin and simultaneously inhibit melanogenesis. This property makes Hydroquinone an agent to consider for peeling high Fitzpatrick (dark) skin types, because it greatly reduces the risk of post-inflammatory hyperpigmentation (PIH).

Another important example of cellular adhesion modifiers are Vitamin A compounds such as Retinoic acid (Tretinoin) and Retinol. These are powerful keratolytic agents that also act on receptors in living cells to produce a variety of beneficial effects, such as upregulation of collagen production, dispersion of melanin granules and elimination of atypia and dysplasia. At relatively low levels (0.1% and below for Retinoic acid), vitamin A compounds can be applied at home for ongoing therapeutic purposes (anti-acne, anti-aging). However, at higher levels (0.5-1%), they begin to reduce the cohesion of sheets of cells deeper in the epidermis and act as a peel.

Other therapeutic compounds that can act as cellular adhesion modifiers include Ascorbic acid at concentrations greater than around 30%, and Phytic and Azelaic acids when properly solubilized at levels beyond about 10%. All three can provide anti-inflammatory, anti-oxidant and melanin-inhibiting effects while

superficially peeling the epidermis, and are especially useful in treating high Fitz-type patients or those prone to PIH.

To better understand how the various peeling agents fall into this classification system, here is a graphical presentation that can be used as a quick reference:

So to answer my initial question, can we peel our patients without 'burning' them, the answer in many instances is yes. As we have discussed, some peel agents can even reduce side effects, such as inflammation and PIH, inherent in the peel process. That said, peeling agents that are toxic and/or corrosive also have their place in the treatment of deep lines and wrinkles associated with severe photodamage.

What remains unanswered is exactly how peels created using corrosive agents compare with cellular adhesion modifier-based peels. In other words, can a Tretinoin+Azelaic acid peel (which won't hurt and has low PIH potential) deliver the same result as a TCA peel (which hurts and can cause PIH)? More study is required on that one.

And finally for dear Samantha, I have the following advice: Sometimes we have to endure the style-cramping side effects of chemical peels, but make sure your doctor knows about the full spectrum of agents that can keep you looking beautiful with *much less drama!*

John E. Kulesza is founder and president of Young Pharmaceuticals, Inc., a 32-year old firm based in Hartford, Conn. that develops and markets proprietary dermatology products to dispensing physicians. Kulesza, an industrial chemist by training, holds several US patents on dermatological technologies including drug delivery systems and prescription drugs. A graduate of Yale University, he is the principal formulator of one of the best known physician-promoted consumer product lines on the market today and scientific advisor to several multinational skincare product makers. ▲

Ask the Specialists

THE CASE OF THE SUDDEN HYPERPIGMENTATION

A 49 year old Fitzpatrick III female presented for improvement of acne scars and fine rhytids. No hyperpigmentation was evident on exam. She received four fractional laser treatments for collagen stimulation between August – March, and had an excellent result. In August of that year she went on a scuba diving trip and experienced a sudden onset of rather marked hyperpigmentation on her forehead, cheeks and neck. We treated her with Tretinoin 1%, comprehensive hydroquinone-tretinoin home care regimen, phloretin CF, a series of microdermabrasions, and an IPL. The patient has had about a 65% improvement, but is still distressed about the cloud like pattern of dyschromia on her lateral cheeks and neck. The fractional laser representative stated she has seen one other case like this.

WHAT WOULD YOU DO NOW?

Have you successfully treated a case like this? Submit your suggestions to missy@surgery.org and please do not list any manufacturer names.

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If you'd like to submit a case, please email your patient profile/history to: missy@surgery.org Be sure to include such things as patient age, Fitzpatrick type, heritage, life style, etc. You may also include some of the treatments and products you've already tried. Please be as specific as possible without listing any manufacturer's names. We will present a new case each quarter. ▲

