

# SPEAKER ABSTRACTS

# TOTAL FACIAL CONTOURING

The Pre-Conference Congress on Thursday, June 14th at the 2018 FACE conference is directed by Consultant Plastic Surgeon, Mr. Dalvi Humzah, and Consultant Dermatologist, Dr Hema Sundaram, in conjunction with the Science Enhanced Anatomy Safety Outcomes Network (SEASON). A key aspect of the Congress is its international, multidisciplinary faculty of plastic surgeons and dermatologists drawn from Europe, Asia and the USA – Drs Eric Bernstein, Benoit Hendrickx, Pierre Nicolau, Thomas Rappl, Frank Rosengaus and Atchima Suwanchinda.

The Congress features a comprehensive agenda focused on Total Facial Contouring. The day is divided into four modules encompassing all major non-surgical aspects. The introductory module, "The Whole Face and Nothing But The Face", includes perspectives on ageing in layers, algorithms of facial assessment, how gender and ethnicity influence treatment planning, and faculty pearls on selection and use of lasers, injectables and threads. Module Two explores emerging concepts in fillers and injectable implants. It features lectures on "beyond rheology", advanced techniques for hyaluronic acid, calcium hydroxylapatite and polycaprolactone fillers, and avoidance and management of filler complications; a "cannula versus needle" debate; and a live demonstration. Module Three delves into cutting-edge toxin concepts such as balancing of movement and facial contour, mesotoxin and targeting the masseters, and concludes with a live demonstration. The fourth and final module covers combined approaches to lifting and tightening of the face and neck, including advanced strategies for threads, lasers and fat grafting, multi-level Biorevitalisation, and a panel debate on injectable lipolysis.

# INJECTABLES AGENDA

09.30 – 11.00

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**Regenerative Medicine and Aesthetics****Dr Kate GOLDIE**

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**Cellular therapy for the treatment of androgenic alopecia****Paul KEMP**

Androgenic Alopecia affects most people at some point in their lives. In men, it results in the classic male pattern baldness that can affect around 20% of men as early as their 20s and by the age of 50 over half of all men have some degree of hair loss. Androgenic Alopecia also affects around 40% of women, although with women the hair loss is more diffuse and less patterned.

The cause of hair-loss is a complex mix of hormones and genetics with some 70 genetic loci identified so far as playing a role. The term hair-loss is somewhat misleading as hairs are not really lost but instead miniaturise, converting from the long terminal hairs above 60um in diameter to the short and finer vellus hairs that do not provide cosmetic coverage.

The hair follicle is a remarkable mini organ and is one of only two structures in the human body that naturally goes through cycles of growth, degeneration and regeneration. This cycling evolved to control the length of the hair shaft and it is known that there are a group of stem-like cells called dermal papilla cells that reside in a specific niche at the base of the hair follicle which communicate with the adjacent epithelial cells. This cell to cell communication controls the forming hair shaft and is thought to also play a major role in determining the stages of the hair cycle. A terminal hair follicle on the scalp contains around 1,300 of dermal papilla cells and it is known that the number of these cells is reduced in miniaturising follicles.

Dermal papilla cells can be specifically isolated from hair follicles and cultured in vitro. They have been the subject of a number of clinical studies over the years and although the results showed some promise, the companies involved made the commercial decision not to continue development as funding such clinical trials is very expensive and time consuming.

A group of scientists, clinicians and biotechnologists with extensive experience in cell therapy and hair restoration felt that there was a better way. We got together to form HairClone with the sole focus of bringing cell therapy for androgenic alopecia into routine clinical practice using a strategy that combines scientific and medical innovation to inform clinical development. The talk will focus on this novel strategy and how modern powerful genomic techniques will be used to help in this development

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**The applications of both platelet-rich plasma and platelet-rich fibrin****Dr Anjana BHANA**

**BACKGROUND:** Platelet Rich therapies have grown in popularity in Aesthetic Medicine worldwide. Here I discuss the many applications including therapy post -vascular occlusion. A new player in the field of aesthetic medicine (already widely used in dentistry) is Platelet Rich Fibrin.

The development of lower centrifugation speeds for PRF has pioneered the use of a liquid PRF that can be utilized as a replacement to conventional PRP therapies but bears the advantage of not containing any additives including anti-coagulants, known inhibitors of tissue regeneration.

**METHOD:** Comparing the use PRP and PRF in aesthetic applications - facial and hair rejuvenation. The differences in treatment methods and timing as well as documenting the patient experience and results. The PRF and PRP are injected and micro-needled into the skin using rollers as well as electric micro-needling pens. Patients were clinically assessed and compared before and after treatment.

**RESULTS:** PRF and PRP both yield phenomenal results in skin quality and wound healing with liquid PRF set to become more widely used in the aesthetic market. Because there is a 12-minute window (vs the anti-clotting agents added to PRP tubes) a nappage and popular mesotherapy technique is preferred along with a manual demaroller.

**CONCLUSION:** We are entering a new era of regenerative medicine - versatile treatment options to add to our armamentarium to treat a variety of concerns. PRP and liquid PRF is set to become an aesthetic practice staple.

Medical needling is a well-known regenerative treatment used for skin rejuvenation and atrophic acne scarring. Needling is a bio-stimulatory treatment that encourages skin remodelling by placing tens of thousands of micro-wounds that lead to increased collagen and elastin synthesis for up to one year. Needling with an endpoint of pinpoint bleeding (usually 1 - 2mm needle length) ensures dermal effects and thus best clinical outcomes. There are various needling devices on the market, from disposable rollers to electric pens. When using an electric needle pen, it is advised to use a device with a proven back-flow prevention mechanism, as otherwise a back-flow of fluid into the reusable hand piece may occur.

While standard medical needling uses a simple lubrication medium such as sterile saline, advanced variants of medical needling can tailor the treatment to the patient's individual needs and further optimise clinical results. For example, using the patient's platelet rich plasma (PRP Needling) as 'lubricant' will aid attraction and stimulation of dermal fibroblasts, thus creating a symbiotic effect and improving results for acne scarring and skin rejuvenation. Alternatively, if phlebotomy is an issue, a ready-made sterile growth factor solution may be used.

A mesotherapy solution containing a cocktail of for example DMAE, silicium, polyphenols, vitamins, amino acids, trace elements and coenzymes will benefit mature skin, while high concentration non-cross linked hyaluronic acid is a good addition for younger skin. In patients who suffer with irregular pigmentation, using a tyrosinase inhibiting solution (for example containing arbutin, liquorice extract, antioxidants and retinol) will address both pigmentation as well as skin rejuvenation. In any case, only sterile solutions designed for injection (e.g. mesotherapy solutions) should be used to needle into the skin to avoid complications.

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**Stem cells in aesthetic medicine - are they the key to anti-ageing?****Dr Aleksandar GODIC**

**INTRODUCTION:** We may be able to decelerate ageing by improving bad habits, but we can not stop it entirely because of chronological or genetically determined factors, which, cannot be influenced.

Major characteristics of ageing of the face are loss of volume, skin laxity and change of the skin texture. In addition, our general wellbeing deteriorates in various aspects. Stem cells may provide a clue to understanding age and how to significantly influence it.

**STEM CELLS - THEIR SOURCE, HARVESTING, and PREPARATION:** Adipose tissue is a great source of acquiring stem cells. Isolation of fat tissue and after collagenase digestion and centrifugation, two separate layers are obtained: a floating layer of mature adipocytes and a pellet of the stromal vascular fraction (SVF). All cells, which remain after the removal of mature adipocytes constitute the SVF. SVF contains large number of heterogenous cell populations: ASC progenitors, pericytes, endothelial progenitor cells, and transit amplifying cells. They have capacity to differentiate into multiple cell types, including adipocytes, chondrocytes, myocytes, hepatocytes, endothelial cells – both in vitro and in vivo. ASCs display the ability to secrete bioactive molecules, which stimulate angiogenesis and have anti-fibrotic, anti-apoptotic and immunomodulatory properties. Moreover, SVF/ASCs induce the secretion of cytokines and growth factors, which promote angiogenesis and thus revascularization of fat grafts. The high content of ASCs in adipose tissue, excludes the need of long-term in vitro culture, what reduces the risk of chromosomal abnormalities. SVF (which contains ASC) can be used fresh as supplementation of fat grafts (in vivo) on the same day of their administration or ASC can be isolated, cultivated, multiplied (in vitro), and stored for further usage. In addition, ASC can be administered intravenously.

**FACIAL TREATMENT:** Traditional treatment of the face consists of volume restoration, improvement of skin wrinkles, laxity and texture. Volume restoration can be achieved with dermal fillers but unfortunately results lasts up to six months. Autologous fat transfer is a new approach, results are permanent, but resorption of fat grafts ranges from 25%-80%. Supplementation of fat grafts with autologous adipose-derived stem cells (ASC) significantly increases their viability, decreases their resorption and improves skin texture and laxity by paracrine secretion of cytokines and growth factors.

**ANTI-AGEING TREATMENT:** When ASC are administered intravenously, they improve general wellbeing of participants in various aspects, e.g. they regulate sleeping disorders, lower blood glucose and cholesterol, improve sexual dysfunction in men, improve degenerative joint changes and pain, stimulate hair growth, to name few. Data of healthy volunteers who participated in those studies were collected by extensive questionnaire, their physical examination, and blood test which include also glutathione, glutathione reductase, and superoxide dismutase as key components of cellular antioxidant defence (among others).

**CONCLUSION:** Treatment with autologous adipocytes and adipose-derived stem-cells (ASC) restore the facial volume and regenerate the skin. When administered intravenously, they improve general wellbeing of participants in various aspects. Multiple publications support benefits of ASC, although randomised controlled studies are necessary to provide standardised treatment protocols.

**Application of autologous exosomes: effects on skin ageing in vivo****Prof Martina KERSCHER**

**INTRODUCTION & OBJECTIVES:** Proinflammatory cytokines and other inflammatory factors are an important basis for skin aging and collagen as well as extracellular matrix degradation. Therefore, inhibiting chronic-low grade inflammation might be a strategy to delay dermal aging processes. The application of anti-inflammatory exosomes, derived from autologous conditioned serum (ACS) might be a strategy to inhibit low grade inflammation. Exosomes are nanovesicles, produced by endosomal membranes and feature complex immunomodulatory effects to neighbouring cells e.g. through anti-inflammatory cytokines and other mediators. In vitro and in vivo studies have demonstrated that ACS derived exosomes attract stem cells and induce collagen synthesis. Therefore, this approach might have beneficial effects on human dermal fibroblasts in aged skin, too.

**MATERIALS & METHODS:** Two clinical trials with a total of 63 female patients (age 35-65) have been conducted applying ACS derived exosomes via micro-puncture technique or micro-needling technique in the face. Duration of studies was 24 weeks. Each treatment cycle was comprised of 4 treatments with ACS 4 weeks apart. Skin firmness and skin tiring were measured before treatment and up to 24 weeks with a dual Cutometer (MPA 580; Courage & Khazaka, Cologne). Clinical effects were evaluated through patients and independent rating with the Global Aesthetic Improvement Scale (GAIS, Scale 0-4). Safety was evaluated at each visit.

**RESULTS:** Skin firmness improved with a very large Effect Size (ES) after 12 weeks (0.34 mm to 0.24 mm, ES 2.00 and 0.40 to 0.25 mm, ES 1.44). There was an additional increase until week 24 (0.34 mm to 0.16 mm, ES 4.50). The increase in skin elasticity was accompanied by a reduction of skin tiring after 12 weeks (0.39 mm to 0.29 mm, ES 2.00 and 0.46 mm to 0.29 mm, ES 1.44) and after 24 weeks (0.39 mm to 0.20 mm, ES 4.75). GAIS improved at week 12 between 57.1 % and 68% depending on the mode of application; at week 24 70% of all patients reported clinical improvement. Only transient small haematomas as local injection site effect evolved in both studies.

**CONCLUSIONS:** ACS derived exosomes are a new technology that demonstrates significant improvement of skin aging signs and skin elasticity in vivo through activating collagen neosynthesis and reducing inflammatory processes. ACS derived exosomes rejuvenate human skin in vivo even in patients with pronounced loss of skin elasticity. Further studies are planned to assess its effect on extension of general health span and on other aging processes e.g. age related effluvium.

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**11.30 - 11.45****Injectable lipolytics in aesthetics****Dr Jane RANNEVA**

Dr Ranneva will discuss the uses of Injectable Bio-revitalisation for the treatment of cellulite and fat lipolysis; the ingredient composition of Fucoxanthin, Caffeine, L-carnitine, saponins, vitamins, flavonoids, antioxidants and non-cross-linked HA. She will also discuss how the ingredient profile helps improves microcirculation of blood vessels, promotes fat lipolysis and helps reduce inflammation as well as showcase the clinical results.

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**11.45 -12.00****Deoxycholic Acid and use in facial contouring****Dr Gbolahan Samuel OLADIRAN**

Deoxycholic Acid is a non-human and non-animal formulation. It is a cytolytic (of or relating to cytolysis, the destruction of a cell) agent; which when injected subcutaneously, disrupts the membranes of adipocytes (fat cells) leading to irreversible cell breakdown (adipo-cytolysis). In this presentation, an overview of its mechanism of action and clinical development is summarized.

12.00 - 12.15

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**Deoxycholic Acid - how this ingredient completed my Injectables Practice**

**Dr Sach MOHAN**

12.30 - 13.00

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**Evaluating safety and efficacy of DaxibotulinumtoxinA for injection treating moderate to severe glabellar lines**

**Dr Kavita MARIWALLA**

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**TITLE:** Duration of Effect in Two Phase 3, Randomized, Double-Blind, Placebo Controlled, Multi-Center Trials Evaluating Safety & Efficacy of DaxibotulinumtoxinA for Injection Treating Moderate to Severe Glabellar Lines (SAKURA 1 & 2)

**Objective/Purpose:** Injectable daxibotulinumtoxinA (RT002; investigational) is a purified 150 kDa botulinum toxin type A devoid of accessory proteins in a lyophilized powder containing a proprietary stabilizing excipient peptide. The objective of SAKURA 1 & 2 was to evaluate the efficacy and safety of a single treatment of daxibotulinumtoxinA for injection for the treatment of moderate to severe glabellar lines (GLs) compared to placebo.

**DESIGN:** Two randomized, double-blind, placebo-controlled pivotal trials [NCT03014622 & NCT03014635] included 609 subjects, 18 – 75 years of age with moderate or severe GLs at maximum frown. Subjects were randomized (2:1) to receive 40U daxibotulinumtoxinA or placebo, respectively at 30 sites in the US and Canada. Efficacy was evaluated by investigators at least every 4 weeks for up to 36 weeks. Subjects' GLs were assessed by Investigator Global Assessment-Facial Wrinkle Severity (IGA-FWS), Patient-Facial Wrinkle Scale (PFWS) and Global Aesthetic Improvement Scale. The primary efficacy endpoint is a composite of the proportion of subjects who achieve a score of 0 or 1 (none or mild) and a 2-point improvement from baseline in GL severity on the IGA-FWS and PFWS scales, during maximum contraction (frown), at Week 4. Duration of effect and reduction of GL severity were assessed as secondary efficacy endpoints.

**RESULTS/SUMMARY:** SAKURA 1 & 2 both met their primary Week 4 endpoint at 74% with daxibotulinumtoxinA vs. 0% and 1% with placebo (p<0.0001), respectively. Consistent and robust response rates were observed on the None or Mild outcome measure at all time points through Week 24. Median duration of effect ≥ 24 weeks on multiple clinically meaningful outcome measures was observed in both studies. Percentage of subjects with AEs in the daxibotulinumtoxinA group were 36% and 46%, and 25% and 24% in the placebo group, respectively. Unilateral eyelid ptosis rate of 2.2% was observed.

**CONCLUSION:** SAKURA 1 & 2 are the first Phase 3 confirmatory studies in patients with moderate to severe glabellar lines to demonstrate a median duration of ≥ 24 weeks on multiple clinically meaningful outcome measures. DaxibotulinumtoxinA was observed to be generally safe and well-tolerated through Week 36.

Keywords: Glabellar lines; botulinum toxin; daxibotulinumtoxinA

14.30 - 14.45

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**Under-eye dark circles - aetiology and medical treatment**

**Dr Christopher ROWLAND PAYNE**

The London Clinic, 149 Harley Street, London UK

Dark circles in the periorbital area, what the French succinctly call cernes, encompass a number of different clinical syndromes. Careful examination of the morphology of the individual patient provides important aetiological information. Different types of cernes require different types of treatments. Not infrequently, a patient may present with more than one type of cernes.



**Tiredness cernes.** Towards the end of any dinner party, a brief glance around the table will reveal tiredness cernes.

**Latent atopic cernes** are characterised by darkness of the tear trough with an appearance of “looking tired before being tired”. This type of cernes is a hallmark of atopy especially in children. Atopic skin is finer and therefore more translucent so the darker structures deep to the skin are more visible. Beneath the very fine skin of the tear trough lies the orbicularis oculi which is dark in colour. These are the people who are the first to look tired at a dinner party. Atopic Dennie-Morgan pleats lie 2-3mm inferior to the inferior eyelid margin and run parallel to it. They are a characteristic feature of atopy in children. Atopic skin is fine and susceptible to fine wrinkling. These fine transverse wrinkles add some shading to the lower eyelid.

**Atopic earthen cernes.** Very little touching or rubbing of the eyes of an atopic, especially a white skinned atopic, results in mild hyperkeratosis. Such thickening of the stratum corneum gives a slightly brownish colour and interferes with light reflectance. The resulting colour and lacklustre light reflex explain the characteristic earthen hue. If the patient desists from touching, these changes resolve spontaneously in two to four weeks.

**Atopic lichenification cernes.** In patients with atopic dermatitis, repeated friction leads to lichenification with hyperkeratosis, dermal oedema and exaggeration of skin markings. Characteristic of this disorder is a strong itch-scratch cycle.

**Traumatic eczematous cernes.** Touching of one or other upper eyelid is often a biological stress release mechanism. In patients with constitutional eczema, whether atopic or vasoreactive, very little touching is required to induce a finger nail sized plaque of eczema, especially on the medial part of one or other upper eyelid. The appearance will be of an erythematous, sometimes exudative, plaque possibly with some crusting. These changes add to the intensity of periorbital colour.

**Allergic contact dermatitis cernes.** Often over diagnosed, this uncommon disorder needs consideration in all patients with eczematous cernes.

**Frictional post-inflammatory hyperpigmentation (PIH) cernes** are the result of eye rubbing. In the pigmented races, very little rubbing of the eyes, perhaps as little as three or four times a day for four or five seconds at a time, is sufficient to cause this. Cessation of friction improves this pigmentation in as little as two or three weeks.

**Ethnic cernes.** In many persons, especially of the darker races, the periocular skin is naturally slightly darker than other regions of the face. This may be perceived as attractive and makeup is often used to enhance it. It should be distinguished from the pigmentation of friction or acanthosis nigricans.

**Asian depression cernes.** In clinical practice, as in everyday life, a sad face is recognised by the set of the skin and muscles around the palpebral fissures. An Asian patient with a sad expression and periorbital darkening is the hallmark of “Asian depression”. In immigrant Asian patients in the UK, psychological distress tends to be more readily somatised than in patients (of any race) who have been brought up in the UK. Eye rubbing is a common biological stress release mechanism. Frictional PIH cernes are a somatic sign of psychological distress, including depression or anxiety. Patients with Asian depression are usually married women who were born in Pakistan or India, who do not go out to work, who often have limited English and little social contact, and whose extended family live in the patient’s native country. These patients live a life isolated by culture and language. They often report pains in the head and other parts of the body or limbs and usually deny psychological distress. Tricyclic antidepressants are helpful.

**Acanthosis nigricans cernes.** These are a marker of the metabolic syndrome. Both acanthosis nigricans and the metabolic syndrome are very common, affecting between one-third and two-thirds of adults from those regions. At its mildest, the appearance is only somewhat darker than ethnic cernes. In more advanced cases, pigmentation may be extremely dark and the upper eyelid skin may become thickened. Acrochordons are common.

**AM-POOP cernes.** A newly recognised hereditary syndrome of Acanthosis nigricans, Melasma, Post-inflammatory hyperpigmentation, Ocular melanosis and Oral Pigmentation with fungiform papillary pigmentation of the tongue and gingival pigmentation has been reported (C Rowland Payne presentation at the Spring EADV, Cracow 2013). AM-POOP is common in patients from the Indian Ocean littoral. Such patients characteristically have dark cernes due partly to ethnic pigmentation, partly to acanthosis nigricans and often there is an element of frictional PIH too.

**Orbicularis oculi banding cernes.** Relative hyperactivity of the orbicularis oculi of the lower eyelid results in deepening of the infraocular sulcus and therefore increased shadowing. When this muscle is hyperactive, the skin becomes finely wrinkled in the same area, with puckering at the medial end of the lower eyelid. The wrinkling and puckering detract from the light reflex and so result in a darker appearance of the lower eyelid around the infraocular sulcus.

**Infraocular fat ptosis cernes.** The intraorbital infraocular fat herniates with age. As it protrudes into the lower eyelid, it bulges anteriorly, superior to the tear trough and casts a shadow over the tear trough.

**Cheek lipoptosis cernes.** Descent of the cheek fat pad leaves both the infraocular sulcus and the tear trough deeper and therefore more in shade.

**Venous ectasia cernes.** Dilated venules add to the colour of the lower eyelid.

**Brown spot cernes.** The inferior part of the tear trough faces upwards towards the sun and is therefore a site of election for solar lentigoes (brown spots).

**Mixed cernes.** Not infrequently, two or more of the above types of cernes may coexist.

**Treatment.** Friction, and this may simply be three or four rubs of the eyes, three or four times a day, is the most important single aggravator of cernes. It worsens a number of the above types of cernes. Eye rubbing is a difficult habit to break. To assist with habit reversal, Vaseline applied thickly will remind the rubbing finger should it stray inadvertently. Promethazine will stop any itching. Antidepressants may also be needed. Tear trough cernes may be improved by hyaluronic acid (HA)

14.45 - 15.00

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**Simple algorithm for management of tear trough hollows and bags**

**Mrs Sabrina SHAH DESAI**

A tear trough deformity is one of the most challenging areas to treat successfully, as the anatomy is complex with dynamic interplay between the aesthetic subunits, that not only evolve with ageing, but also have ethnic differences. Skeletal retrusion gives the visual impression of descent while the reduced ligamentous support and skin ageing with subcutaneous volume loss leads to hollowing of the overlying soft tissues.

Anatomical placement of fillers in a structural manner is my preferred method of correcting a tear trough deformity.

I discuss a simple algorithm to help choose safer filler volumisation techniques, using High Viscosity and low G prime fillers which are placed deep on the bone, to support the osseo-cutaneous ligaments and treat SOOF volume loss to correct under eye hollows and eye bags.

I also discuss the common complications and side effects associated with tear trough filler volumisation with hyaluronic acid and discuss their management using hyaluronidase.

15.00 - 15.15

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**Anatomical basis and treatment protocol for Malar bags**

**Dr Frank ROSENGAUS**

As mid-face restoration and rejuvenation becomes the cornerstone of treatments for non-invasive facial beautification; the continuum of malar edema, malar bags, malar mounds and/or festoons still baffle and challenge the aesthetic physician due to the difficulty in achieving its long-term correction even with surgical techniques like skin removal, liposuction assisted fat removal and orbicularis oculi repositioning.

The latest anatomical findings of malar bags are evaluated and correlated to its pathophysiology, providing some evidence base for new treatments modalities. We review some of these options, their advantages and drawbacks, in order to achieve conclusions and forward some protocols of treatment.

15.30 - 15.25

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**Managing tear trough filler complications**

**Mrs Sabrina SHAH DESAI**

See previous abstract

15.25 - 16.00

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**Live demonstration  
of a tear trough injection with discussion**

**Dr Frank ROSENGAUS and Mrs. Sabrina SHAH-DESAI**

See previous abstract

### **Male Facial Contouring**

**Dr Uliana GOUT with Dr Tapan PATEL, Dr Rashmi SHETTY, Dr Nimrod FRIEDMAN, Dr Anastasia SAYBEL, Dr Ekaterina GUTOP, Dr Vladlena AVERINA**

#### **Dr Uliana GOUT**

This lecture will highlight the latest evidence and key concepts that differentiate between male and female faces, ensuring that we tailor our treatments appropriately.

#### **Man, and his prominences - Dr Rashmi SHETTY**

Not to feminise a masculine face and what are the specific points of injection in each sex is all pretty much clear now. But what we will discuss in this talk is what are the nuances of the gender differences and more so in a new age population where most things are blending in.

#### **Men and botulinum toxin - Dr Anastasia SAYBEL**

It is worth noting that in males the signs of ageing process are less pronounced than in women. Men visit plastic surgeons less commonly than women for surgical face-lifting, since surgery requires a long recovery period and leaves scars for the rest of their lives. Advanced aesthetic treatments are minimally invasive and do not require a prolonged recovery period. They ensure safe and long-lasting natural results. However, every aesthetic procedure will have some special nuances in male patients.

Treatment with botulinum toxin is the most popular procedure among male patients. Why? The answer is obvious: fast, virtually painless, has no recovery period and has a gradually developing, noticeable effect.

Generally speaking, for men it is crucial to see a desired result. We, women, are ready to make tests and experiments, while men agree to suffer a little bit from pain/injections but the outcome must meet their expectations. And the final result should be absolutely natural. That is why the treatment of male patients with botulinum toxin has some specifics.

They include:

- Choice criteria: outcome, safety and short downtime period
- Higher BTA doses
- Slower onset of BTA effect
- Less longevity of the aesthetic result
- Multiple patterns of the upper face treatment
- High frequency of micro-injections (intra-dermal papules): large forehead, androgenic alopecia, "crow's feet" wrinkles, etc.

In my presentation on clinical examples, I will demonstrate injection points and doses for effective botulinum therapy in male patients.

#### **How to treat men with fillers - Dr Nimrod FRIEDMAN**

#### **Male facial contouring - live demonstrations - Dr Ekaterina GUTOP and Dr Vladlena AVERINA**

#### **Dr Ekaterina GUTOP**

The majority of our patients in aesthetic practice remain ladies. It should be noted that quantity of male patients is only increasing. Young masculine look is the most commonly asked request.

The main strategy for the treatment of male patients is the creation of more masculine and fresh appearance. The volumizing of the lower facial contours, chin and antero-medial part of the mid face are prevalent in this strategy of treatment. HA product with high G' and high volume and lifting capacity should be injected in mid and lower face. Cannula techniques lend themselves to these procedures. It is vital to pay particular attention to a natural look and feeling after treatment for male patients.

09.30 - 09.50

**Aesthetic contours of the upper facial third****Dr Jules MARTHAN****LIGHT, VOLUMES, PROFILE ... ACTIONS**

Do beauty standards follow a geometrical rule of proportions?

Certain aspects are indeed necessary to appreciate and evaluate beauty but is it always true and what can be done? When certain features are not in tune with classical beauty standards, what are the possible improvements within the scope of our field without the use of surgery?

We need to stress the importance of a smooth transfer between the different aesthetic units and their ability to reflect lights.

Round forms and absence of breaks between those units will result in enduring harmony.

**PART 1:** Upper third

The forehead and the temporal areas need to recover their original curves (eye brow line, upper bow)

Particularity of this area: temporal branches of facial nerve and artery need care when injecting with HA by canola and the outcome is immediate.

**PART 2:** Dark Circle and Cheekbone

Highly dependent on each other, any action on one will have impact on the other.

Dark circles can be filled with a light viscosity (not too hydrophilic) HA and thus modifying its light reflexion.

In case of dark and coloured circle injection will only attenuate the dark effect.

Cheekbone and naso labial.

They are also inter-dependant; the Naso labial fold is the direct consequence of the cheek volume shift.

Without recovering first, the cheek volume, improvement on the NLF cannot be satisfactory

**PART 3:** Medical Rhinoplasty.

The aim is to balance the profile and mask irregular features

We cannot reduce excess volume, but can easily improve with HA injections by canola

Be aware of the dense and fragile vascularity (risk of necrosis)

**PART 4:** Mouth and chin

Redefine the vermillion to reduce the "bar code" increase lips volume (within reason) and if necessary redraw the philtrum ridges

Sometimes because of the maxillary bone involution it is important to inject the chin to push it forward.

**IN CONCLUSION:** Before injection we should always consider face mobility and thus adapt the volumes injected to avoid unbalance during movement (smile).

09.50 - 10.10

**The Art of profile sculpting - a full face approach****Professor Bob KHANNA**

Unquestionably, the dento-alveolar complex sets the tone for perioral rejuvenation.

Prof Bob Khanna will discuss the importance of achieving optimal dental and skeletal proportions, form and symmetry with current concepts in cosmetic dentistry. From single teeth to full mouth rehabilitation involving skeletal augmentation and implants, aesthetics and function must be equally respected. (1,2,3)

Prof Khanna will discuss the importance of a three-dimensional approach in lip augmentation and also look at predictability in the stabilisation of lips using BTX for cases with excessive gingival display (gummy smiles) (4,5,6)

Achieving a good balance with upper and lower face is vital. Prof Khanna will explore new approaches in chin augmentation with dermal fillers with particular reference to retrognathic chins in moderate to severe class II skeletal based patients. He will discuss the assessment and execution of treatment for mild, moderate and severe cases. (7,8,9,10,11,12,13)

Prof Khanna will also discuss the vital role of the peri-oral musculature with particular focus on the masticatory muscles.

It is well established that masseteric hypertrophy will often lead to functional as well as aesthetic issues. Indeed temporomandibular joint disorders and bruxism (clenching and grinding) are often closely linked in such cases with facial pain being the catalyst for patients seeking resolution. Facial form will often be masculinised in masseteric hypertrophy.

Can BTX be safely administered in the treatment of masseters and thereby help alleviate such associated symptoms as well as addressing aesthetic concerns? Exciting new techniques and concepts will be covered in this lecture for BTX treatment of masseters. (14,15,16,17,18,19)

In reality harmonious facial aesthetics can only be achieved through a comprehensive assessment and a "total facial approach".

In order to achieve optimal facial balance, proportion and symmetry, treatment planning in facial aesthetics must include the lower face and perioral region. (20)

Following on from this, achieving a good balance with the upper and lower face is vital.

In this lecture Prof Khanna will discuss different approaches to three-dimensional cheek augmentation and sculpting using dermal fillers. Indeed, this is still an area that aesthetic professionals often ignore or under treat yet maintenance of upper facial volume and convexity is essential in facial rejuvenation.

Prof Khanna will explore throughout this presentation, the anatomical concerns during treatment and look at predictable techniques with low complication rates. (6)

In reality harmonious facial aesthetics can only be achieved through a comprehensive assessment and a "total facial approach", which will be at the very core of this very informative lecture. (20). The importance of achieving a balanced and aesthetic profile from forehead, nose, lips to chin will be highlighted throughout in this most engaging presentation.

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10.10 - 10.30

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**Lip proportion and balance for an aesthetic profile**

**Dr Katuska RIVERA**

The lips and their contour are related to the expression of emotions. When we apply a filling material with the intention of enhancing them, our goal in addition to making our patient look more attractive is to benefit the way in which he is projecting his image.

Achieving a natural result requires establishing certain parameters that take not only the anatomy of the lip but also recognize how it ages and the general context of its relationship with the face, in order to achieve a harmonious and natural result. In this lecture, we will delve into the necessary theoretical aspects that we should know about anatomy, proportions, and measurements as well as the stages of diagnosis, for a correct enhancement or labial augmentation.

10.30 -10.50

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**Live demo - artistic profile management from nose, lips to chin**

**Professor Bob KHANNA**

See previous abstract

11.30 - 11.50

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**Pearls of anatomy for the cheek and lid-cheek junction: how to inject safely and artistically - Mr Rajiv GROVER**

The midface is an important keystone in facial aesthetics since perceptions of facial attractiveness are largely founded upon the synergy of the eyes and cheek bones as well as nose and lips (central facial triangle). For aesthetic purposes, this area needs to be considered from a 3-D rather than a 2-D perspective, and restoration of a youthful 3-dimensional facial topography should be regarded as the primary goal in facial rejuvenation.

Much of the emphasis on ageing has focussed on the effects of gravity although volume may play an equal if not greater part. Volume loss has been found to be the precursor of gravitational change and precedes it by 7 years on average (Grover et al 2006). At the same time however, changes in the neck lead to volume gain in both superficial fat as well as below the platysma muscle. This emphasizes the importance of volume in achieving a natural looking rejuvenation in the midface be it surgical or non-surgical. However surgical means may be required to rejuvenate the neck region due to the deeper location of the fat.

The lower lid is a challenging problem and age changes include alteration in skin texture, presence of loose skin and bulging of orbital fat. It is important to know that textural change in the lower lid will not be altered with surgery and these patients would be better served with skin rejuvenation using such modalities as fraxel laser. Once there is actual loose skin or fat protrusion the patient probably benefits more from a surgical approach as there is now a mechanical problem to address with skin excision or fat removal.

The midface is a very important area where non-surgical rejuvenation has a key role. The 7-year window where volume loss precedes gravitational change is the time when facial sculpting can rejuvenate more accurately than surgery. The use of such treatments as Restylane Perlane have revolutionised midface rejuvenation. Although the presence of a Nasolabial fold has often been considered as an indication to fill the fold directly this lecture will discuss the possibility of midface filling as a primary method of lifting the Nasolabial fold and therefore creating a volumetric midface lift.

Surgical advances have also aimed to rejuvenate the face utilising the volumetric approach. Although the classical facelift will redistribute the soft tissues of the face by movement of the SMAS (superficial musculo aponeurotic system) a better understanding of facial morphology has led to the volumetric facelift which accentuates the soft tissue elevation of the midface to recreate the prominence of the cheek seen in youth. The curve of the malar prominence from the orbital rim, over the cheek and down to the jawline is referred to as the "ogee" curve which is enhanced by this approach. One method to achieve this volumetric approach is to add volume by fat transfer which has recently undergone refinement to improve its survival utilising the technique of lipostructure described by Sydney Coleman. This can be performed alone or in conjunction with face-lifting to provide an alternative method of volumetric rejuvenation.

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11.50 -13.00

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#### **The use of ultrasound guidance for safe and precise delivery of injectables**

**Dr Kate GOLDIE, Dr Emma RAVICHANDRAN, Dr Simon RAVICHANDRAN and Mr Dalvi HUMZAH**

14.30 - 16.00

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#### **3D injecting session - including live demonstrations**

**Dr Raj ACQUILLA, Dr Kate GOLDIE, Jane WILSON**

Total face approach assessment based on:

- 1) Facial harmony, geometry, ratios, proportions
- 2) Beautification, light and shade, feminisation and masculinisation
- 3) Health - perception of stress and tiredness
- 4) Mood - perception of sadness and anger

Treatment planning based on comprehensive 4-point assessment identifying aesthetic goals, optimum results and financial consideration.

LIVE INJECTION showing SAFE approach including anatomy, mechanism of action for Juvederm VYCROSS, achievement of endpoints and patient satisfaction.

16.30 - 16.40

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#### **Transdermal delivery of hyaluronidase using plasma shower technology**

**Dr Beatriz MOLINA**

Plasma Shower for transdermal delivery of hyaluronidase post dermal fillers complications like tindell effect and vascular compression

Beatriz MOLINA Medikas, Somerset, UK

During this presentation we will be showing how with the new transdermal delivery of Hyaluronidase with plasma shower technology we can help the resolution of complications as Tindell Effect in the eye area from superficial placement of HA dermal fillers as well as the resolution of vascular compression in the nose. Plasma shower is an innovative treatment which uses advanced technology to improve the skin, stimulates wound healing and helps the transdermal delivery of any serums or used straight after. This will help understanding why we can use the hyaluronidase transdermally to resolved Tindell Effect post superficial injection of HA fillers.

16.40 - 16.50

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**Where are we going wrong?**

**Dr Rashmi SHETTY**

We all now know our anatomy well. Most of us have even done cadaver workshops, yet there are complications reported ... what are the nuances that we miss out and where can we tweak ourselves to stay as safe as can be as injectors. My learnings through my 15 years of experience.

16.50 - 17.00

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**Common avoidable complications of botulinum toxin injections**

**Dr Rahul PILLAI**

Botulinum toxin (BTX) injections have become a pillar of modern Cosmetic-Aesthetic practice. These procedures continue to gain in popularity due to their quick results, affordability and long-lasting nature. With mostly excellent safety profile of BTX and the rarity of long-term sequelae, patients and treating physicians may develop a nonchalant attitude towards treatment with injectables. However, it is important for both patient and physician to be familiar with all the possible complications, both common and uncommon. This can be achieved by using proper injection techniques, appropriate regional Botulinum toxin dosing and by being conservative in the overall approach to Botulinum toxin mediated facial rejuvenation. This talk will be about the rare and sometimes serious complications associated with the injectables and their management.

17.00 - 17.15

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**Botulinum pitfalls and their management**

**Dr Christopher ROWLAND PAYNE**

The London Clinic, 149 Harley Street, London UK

Botulinum (BTX) treatment is the commonest cosmetic procedure. The therapeutic ratio of BTX is narrow and complications are not uncommon. Complications can be regarded as minor or major. Minor complications include bruising, slight asymmetries, a suboptimal result, puffy eyelids and headache. They are all self-limiting or easily correctible. Major complications cause patient unhappiness and include strabismus, ectropion, dysphagia, dysphonia and unwanted facial muscular palsies, such as brow ptosis.

Complications may result from incorrect dosage. The units of different brands of BTX are not the same. One neurotoxin unit (1ntu) is equivalent to 1 Allergan Botox/Vistabel unit or 1 Merz Xeomin/Bocouture unit or 2.5 Speywood Dysport/Azzalure units. It is important to define the brand when discussing dosage.

Particular pitfalls<sup>1</sup> can be corrected:

Eyelid ptosis can be treated by 1ntu at the "OO spot" (1mm superior to the superior lid margin in the mid pupillary line).

Eyebrow ptosis can be corrected with 1ntu 1-2mm inferior to the eyebrows.

Mephisto eyebrow can be corrected by 1ntu superior to the unwanted angle in the eyebrow.

Femme fatale diagonal eyebrows can be corrected by appropriate BTX injections.

The "tell tail" sign, a residual crease superior and parallel to the lateral eyebrow, may be treated by 1-2ntu just superior to the unwanted crease.

"The playground sign" of residual rhytids at the superolateral edge of the forehead can be corrected by appropriate further mini-injections.

BTX is a medical treatment. It requires a medical and psychological assessment of the patient. It is important to look behind the expression of the patient and to remember that 30% of general dermatological patients have depression. Body dysmorphic disorder is found in 12% of general dermatological patients and is at least as common in persons seeking cosmetic BTX.



BTX is a safe treatment. The doctor is advised to look behind the facial expression of the patient. Dose and placement of BTX are best personalised. BTX complications can usually be avoided. When BTX complications do occur, they can usually be treated relatively simply.

Reference:

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**17.15 - 17.30**

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**Topical disinfectant case studies**

**Professor Bob KHANNA**

With data such as 30% of all claims through leading Insurance company Hamilton Fraser Insurance Services being infection related, we all know that skin disinfection is critically important in our aesthetic practice. This session will review the subject of skin cleansing /cleaning and skin disinfection.

Drawing on his personal experience, Professor Bob Khanna will review the choices available to us in the market to ensure best in class skin disinfection.

# SKIN AGENDA

**09.30 - 09.50**

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**Advanced topical delivery systems****Dr Vivek SHRIVASTVA**

Silicon Si14 has revolutionised the world. Without it there would be no computers no smartphones, no IT revolution. Now Silicon is poised to revolutionise dermatology and medical aesthetics.

A young UK-based biotech company, SiSaf Ltd, has developed a patented hybrid drug delivery technology based on porous silicon.

ProSilic® promises to solve a multi-billion problem for physicians and drug companies, safe and effective delivery of a broad spectrum of molecules, such as proteins, vitamins, antibodies or DNA to the target site. It is an extremely versatile technology, with a high loading capacity but no leakage or dose dumping. Being a semi-conductor, it can cross the formidable biological barrier of the stratum corneum to deliver targeted and controlled release of multiple actives simultaneously.

Unlike many other drug delivery technologies, ProSilic is truly biocompatible and biodegradable - dissolving to Orthosilic Acid (OSA), the bioavailable form of Silicon, an essential micro mineral beneficial for skin, hair and nail health.

Dr Vivek Shrivastva will describe this advanced delivery technology and the early clinical studies demonstrating ProSilic's ability to enhance the efficacy and safety of dermatological actives.

He will explore the potential of ProSilic in medical aesthetics and describe how this technology could impact the future of skin care.

**09.50 - 10.10**

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**Hot topical for tissue restoration - a scientific over view****Dr Hema SUNDARAM****10.10 - 10.30**

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**Epigenetics effects of skin care products****Dr Charlene DE HAVEN**

According to the new science of epigenetics, genes not only talk to the skin but topical products applied to the skin talk to genes. These epigenetic factors are key determinants of skin health and slowing the processes of ageing. Original study data illustrates a topical skin care product's effects on genes of the epidermis. These genes are key determinants of skin health.

Upregulation/downregulation of epidermal genes was measured following application of a cosmeceutical by quantitative polymerase chain reaction (qPCR) technology. Genes were grouped into families by function. Statistical significance was verified mathematically. Families of genes positively affected by cosmeceutical application were: Anti-ageing, Antioxidant protection, Hydration, Skin barrier function, Extracellular matrix (ECM) integrity, Stress response ability, Cell renewal and repair, Anti-inflammatory/anti-itch/anti-pain, Immune response, Brightening.

CONCLUSIONS Application of a topical cosmeceutical product can effect epidermal gene activity in ways beneficial to skin health.

**Salvia haenkei and cellular senescence: a new opportunity for topical treatment**      **Dr Giovanni RIZZO**

Veronica COCETTA<sup>1</sup>, Daniela CATANZARO<sup>1</sup>, Giorgia MIOLO<sup>1</sup>, Jessica CADAU<sup>1</sup>, Giovanni RIZZO<sup>1,3</sup>, Eugenio RAGAZZI<sup>1</sup>, Andrea ALIMONTI<sup>2,3,4</sup> Monica MONTOPOLI<sup>1,2</sup>

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Cellular senescence is a stable cell cycle arrest that is the main cause of physiological ageing. The PI3K/AKT/mTOR pathway is implicated in the control of cellular senescence and inhibitors of this pathway have been successfully used for life span prolongation experiments in mammals. PTEN is the major regulator of the PI3K/AKT/mTOR pathway and loss of PTEN promotes a senescence response termed PICS. In this work, we report a novel-screening assay for the identification of anti-senescence compounds by testing a library of more than 3000 natural and chemical compounds in PTEN deficient cells. Interestingly, we found that an extract from *Salvia haenkei* (SH), a native Bolivian plant, is a potent inhibitor of PICS and replicative senescence. Among others, environmental factor can induce senescence and we found that SH is able to decrease UV-mediated senescence in human primary fibroblasts and in a model of in vitro reconstructed human epidermis. Mechanistically, SH treatment affects the UV driven senescence by interfering with IL1- signaling. Pre-clinical test of natural SH extract, evaluated by performing toxicity and irritability in vitro assays, also demonstrate the safety of SH.

Keratinocytes, the predominant cell type in the epidermis, provide the cellular basis for the outermost barrier between the organism and its environment. In this work, HaCat human keratinocyte cell line has been exposed to stress factors related to premature ageing of cells such as radicals and ultraviolet radiation. All these factors can alter the barrier functions, inducing senescence processes, and increasing the risk of developing pathologies and reactions collateral, of more or less serious entities, associated with them.

In this work we evaluated the antioxidant and anti-senescence activity of *Salvia haenkei* in human keratinocytes by investigation of different involved pathways. SH extract proved to be capable of modulating the ROS production in conditions of oxidative stress and, in order to further deepen this aspect, expression of SIRT1 and Nrf2, both involved in cellular stress response mechanisms, were evaluated. SIRT1 is implicated in different cell pathways that modulate skin structure and function including also ageing, ageing photo, UV radiation protection, etc. (M. Serravallo, J. Jagdeo, SA Glick, DM Siegel, NI Brody, 2013). SH restore baseline levels of SIRT1 after exposure to ultraviolet radiation, suggesting a possible protective role against cellular stress. After exposure to UVB radiations, also the gene expression of Nrf-2 was evaluated. The Nrf2 signaling pathway is in fact the main defense mechanism that is implemented by cells against oxidative stress (T. Nguyen, P. Nioi, C.B. Pickett, 2009) and our results demonstrate that SH is able to prevent the increase of Nrf-2 induced by exposition to UVB.

Given these results, this work becomes of relevance, identifying *Salvia haenkei* as an anti-senescence compound useful for anti-ageing skin treatment in clinical performance.

**Retinol Peel for treatment of acne**

**Dr Sandeep CLIFF**

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**New treatment using gold may offer solution for acne sufferers****Dr Aleksandar GODIC**

Authors:

Sunil CHOPRA, MD; Ewa CHLEBUS, MD, Krzysztof MIRACKI, MD, Pavel RUJNA, MD, Howard STEVENS, MD, Angelica KAVOUNI, MD, Witold OWCZAREK, MD, Ai-Lean CHEW, MD

**BACKGROUND AND OBJECTIVE:** Gold microparticles delivered topically and heated using dermatologic lasers have previously been reported to be safe and effective in reducing the inflammatory lesion count burden. The putative mechanism of action is selective photothermolysis of the follicle and sebaceous gland which leads to reduced sebum production and normalized keratinization of the infundibular epithelium. The objective of the study is to determine if a period of skin preconditioning using a combination of adapalene and benzoyl peroxide prior can increase the delivery of gold microparticles by clearing clogged pores of their keratin debris and thereby enhancing the treatment effect.

**METHODS:** An open label, non-randomised study was conducted at eight centres in Poland and England. Patients with mild to moderate inflammatory acne were placed on a pre-conditioning regimen in which they were prescribed a gel containing 0.1% adapalene and 2.5% BPO and a skin health regimen including daily moisturiser and cleanser for 2-4 weeks. The medication was discontinued and three weekly, in-office laser treatments consisting of topical application of gold microparticle suspension followed by 30ms duration laser pulses from a hair removal laser were performed. Thirty-one subjects with facial acne vulgaris were included. After the three laser treatments, patients continued the skin health regimen including an OTC salicylic acid serum or prescription if desired. Inflammatory lesion counts were performed before preconditioning (baseline), immediately prior to laser treatment, and at 8 and 12-weeks post treatment (counting from first laser treatment). The primary outcome measure was the reduction in the inflammatory lesion count at 12-weeks compared to the count at baseline. The interim results are now presented.

**RESULTS:** At 12-weeks, the mean acne lesion count change was -68.8% from baseline (sd=25%). This was a 64% improvement over historically reported improvements of -42.0% with treatments particles and 1064 nm Nd:YAG laser without pre-conditioning. Sixty five percent of subjects received zero prescription medications and 35% received a topical prescription. The topical medications were comprised of azelaic acid (N=1, anti-inflammatory), metronidazole (N=1, antibiotic), with the remainder receiving a topical retinoid with or without BPO. No subjects received an oral antibiotic or isotretinoin. Subjects tolerated the treatment well and no serious or unexpected adverse events occurred.

**CONCLUSIONS:** In a multi-centre study, the combination of pre-conditioning followed by gold microparticles treatment led to significant improvement in acne while avoiding exposure to antibiotics and systemic medications. It is hypothesized that the pre-conditioning improves microparticle delivery by opening clogged pores and reducing inflammation from the bacterial burden.

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**The efficacy and safety of incobotulinumtoxin A for alleviating the clinical features of rosacea****Dr Anastasia SAYBEL**

**BACKGROUND:** The frequency of rosacea in different countries ranged from 1 to 22% of the population. Rosacea has a variable presentation. Flushing, papules, pustules, and telangiectasias are common characterising signs. Whereas the pathophysiology may differ erythema, and flushing are the most consistent in all patients. Also, the underlying molecular mechanisms have not been defined yet. Exacerbated innate immune response, vascular abnormalities, epidermal barrier dysfunction, and neurogenic inflammation are considered to be the main reasons for rosacea. Based on its clinical manifestations and triggers, rosacea can be classified into 4 subtypes such as erythematotelangiectatic, papulopustular, phymatous, and ocular. Whereas the pathophysiology and clinical course may differ among the various subtypes, vascular abnormality leading to erythema over the central face and flushing is the most typical among all patients. Facial flushing, vasodilation, and increase in blood flow can be caused by of both humoral and neural stimuli. Neuropeptides such as vasoactive intestinal peptide (VIP) and acetylcholine (ACh) regulate and cause increasing vascular flow. A neurogenic component to the inflammation in rosacea is supported by histochemical evidence. Mast cells, a potent contributor to the release of inflammatory mediators including histamine, are identified in increased quantity in rosacea patients. Receptors for histamine and serotonin leading to vasodilatory effects are up-regulated in all forms of rosacea.

As an inhibitor of ACh and VIP release, botulinum neurotoxin type A (BoNTA) provides a mechanism of action that explains its potential benefits in reducing facial and neck flushing. BoNTA has been studied in the treatment of facial flushing and erythema. Based on these facts and positive experience in injections of BoNTA we use this method on a regular basis in our clinic. Therefore, in this study we examine the effect of intradermal injections of incobotulinumtoxinA (Xeomin; Merz Pharmaceuticals GmbH, Frankfurt am Main, Germany) in reducing the clinical features of rosacea. The primary objective of this study was to assess the efficacy and safety of incobotulinumtoxinA to alleviate the clinical features of rosacea.

**OBJECTIVE:** To evaluate the safety and efficacy of incobotulinumtoxinA in reducing the severity of rosacea symptoms. Methods: Six subjects with erythematotelangiectatic rosacea received up to a total of 20 U of incobotulinumtoxinA in the affected area (across both cheeks). Rosacea Clinical Scores and subject satisfaction were evaluated at baseline, at 1 and 4 weeks post-treatment.

**RESULTS:** Patients exhibited reduction in the primary features of rosacea within 4 weeks of treatment with incobotulinumtoxinA.

**CONCLUSIONS:** IncobotulinumtoxinA may be a safe and effective agent to reduce the severity of rosacea symptoms and increase patient satisfaction.

12.30 - 12.50

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**The treatment of acne and rosacea - my approach**

**Dr Zein OBAGI**

14.30 - 14.50

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**Novel compound for treatment of pigmentation**

**Dr Hema SUNDARAM**

This lecture provides an evidence-based overview of cysteamine, a new and notably efficacious topical active for treatment of pigmentation, and protocols for the use of cysteamine solo and in combination skin care regimens. Cysteamine hydrochloride is known for its potent depigmenting effect since 1960:s when Chavin tested its effects after injection into black goldfish skin. A few years later, further in vivo studies showed the higher depigmenting efficacy of this molecule compared to hydroquinone. However, cysteamine has not been utilizable previously in humans due to the offensive odour it produced when incorporated into topical products. Recently, an innovative technology has been developed to deodorize cysteamine. Cysteamine has thus become utilisable for the first time in a topical product. Cysteamine acts as an inhibitor of melanin synthesis in monolayer-cultured melanocytes. In recent controlled clinical trials, cysteamine showed significant efficacy in hyperpigmentation disorders including melasma. The high safety profile of this biologic molecule and its well-documented anti-mutagenic and anti-carcinogenic effects might make it a suitable substitute for phenolic depigmenting compounds.

14.50 - 15.10

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**Cosmetic classroom**

**5 clinical cases - a procedural approach for facial melanosis management**

**Dr Mukta SACHDEV**

## 15.10 - 15.30

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### How to effectively manage patients with dry skin

Dr Rachael ECKEL

Dryness, sensitivity, and irritation are common cutaneous complaints from patients in clinical practice. These individuals can be categorised into genetic or acquired skin sensitivity. The latter is most common and relevant triggers include seborrhoea, UV radiation, and pollution. A clear understanding of the multicellular disarray is necessary for successful treatment, along with a targeted, multifocal approach, with initial focus on barrier restoration and gradual program acceleration.

## 15.30 - 15.50

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### Supplementation for common skin conditions

Dr Johanna WARD

In this lecture Dr Johanna Ward will discuss how micronutrition can be used to nurture and support skin health from the Inside Out. She will outline which nutrients have clinical efficacy for treating common skin conditions such as acne, eczema, rosacea and anti-ageing in general.

## 16.30 - 16.50

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### Sunscreen: basic knowledge and tips

Dr Bhavjit KAUR

**BACKGROUND:** Despite enormous efforts, there are still several myths and not widely known facts about sunscreens and the empirical rationale behind their daily use and recommended dose for application. Lack of clarity and awareness in this regard is jeopardising skin longevity and also increasing the risk of skin malignancy. The sunscreen labels are often difficult to understand, and consumers remain unaware about the potential photo-damage caused by infrared (IR) and high energy visible light (HEVL). Patients are becoming ever more mindful about skin health and aesthetics, but they often search for help only after a significant amount of sun damage has already occurred on their skin. More research is needed to study the harmful effects of systemically absorbed sunscreen ingredients, if any; sunscreen safety in pregnant and breastfeeding women, and the relationship to various skin cancers and diseases. We, as doctors, have a responsibility of treating and educating our patients.

**METHOD:** Sixty-five individuals attending Health & Aesthetic Clinic for any treatment were asked to fill up a 30-question survey regarding their knowledge about sunscreens, the correct application, why they used sunscreen and benefits of sunscreen.

**RESULTS:** The result of the survey was quite enlightening but not very surprising. There was a lack of knowledge and casual attitude towards the advantages of sunscreen even in existing patients in the clinic.

**Conclusions:** It is very important to educate our patients. A little health education effort to our individual patients on our part could go a long way to protect entire families from the effect of sun damage and risk of skin cancer.

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## 16.50 - 17.10

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### Micro needling and the use of growth factors

Dr Mukta SACHDEV

**Periorbital and tear trough rejuvenation  
with micro-channelling patch technology**

**Miss Sabrina SHAH-DESAI**

The peri-orbital and tear trough areas are some of the most popular, yet challenging treatment areas in aesthetic medicine. Traditional treatment methods of botulinum toxin or dermal fillers have had many successes in recent years, however there are also several highly effective non-injectable solutions such as micro-channeling skin rejuvenation. In this session, expert aesthetic oculoplastic surgeon Mrs. Sabrina Shah-Desai will outline some of the key challenges of peri-orbital and tear trough rejuvenation using current treatment modes and will also present initial results from a clinical trial investigating the efficacy of a unique micro-channeling patch technology in treating the lateral canthal and tear trough zones.

**Retinoic acid and growth factors mask:  
a new formulation and method for skin rejuvenation**

**Dr Mauro CASTIGLIONI**

Personalisation has always played an important role in medical practice. It becomes important to be able to carry out targeted and personalised treatments for each individual patient, taking into account the characteristics of the skin of its pH and its hydration of its condition. The possibility of introducing a drug into a cosmetological base becomes important to increase patient compliance and offer a product not present in the normal distribution cycle. My report is based on the presentation of a peel off mask containing variable-level retinoic acid (2 - 5 - 10%) in combination with growth factors. The treatment can be customised according to the type of skin using a retinoic acid dye concentration and a peeling before applying the mask.

Also in this case the peeling can be customised and can be:

- Jesner's solution
- Glycolic acid
- Pyruvic acid
- Mandelic acid
- Salicylic acid
- Citric acid

Also in this case the solution concentration can be customised. It represents a new method of doing therapy for the rejuvenation of the skin. It is a mask with a particular pharmaceutical form that contains retinoic acid in concentrations from 5 to 10 percent and growth factors. These growth factors are, from a chemical point of view, oligo and polypeptides and they are produced by biotechnological processes using as substrate a bacterium (*Escherichia Coli*). This innovative therapy has an excellent result without the typical side effects of retinoic acid because the delivery system is very special.

The structure of the treatment consists of 4 points:

- Face Cleaning
- Peeling (Facultative)
- Mask Application
- Removal
- Application of the cream

It is a safe method that can be done once every 14 days for 4 times and then once a month as maintenance. The product has to be used by a doctor in his clinic. Personalisation certainly becomes an important point that allows you to characterise your own medical practice and certainly allows you to offer a targeted and unique treatment



09.30 - 09.50

**Protecting and conditioning the lips****Rachel WILLIAMS**

The appearance of the lips and perioral area has a major effect on aesthetic impressions of an individual and the overall attractiveness of the face (Bisson & Grobbelar 2004; Fink & Neave 2005). The rejuvenation of age related changes to this area is of prime concern to many patients, often prompting surgical and non-surgical aesthetic treatments, with millennials driving up lip enhancement procedures (Gheyi 2015; Samizadeh 2015). Full, well-defined, hydrated lips impart a sense of youth, health and beauty, and are desirable to both younger and older women. As a result of poor barrier function, a much thinner stratum corneum & epidermis, lack of sebaceous glands and melanocytes, the lips are highly susceptible to extrinsic factors, such as wind, UV, smoking and temperature extremes. These factors increase the risk of dryness, cheilitis and premature ageing (Trookman et al. 2009). Wrinkle number and visibility on the lips/perioral area are linearly related to age, becoming more visible during the fifth decade (Leveque & Goubanova 2004). This may suggest a hormonal component, which may in turn further exacerbate previous premature photo-ageing. Furthermore, histological analysis of the upper lip has also revealed that elastin and collagen fibres undergo a degeneration process with an overall thinning of the cutis (Penna et al. 2009; Iblher 2012). The main structural changes resulting from both extrinsic and intrinsic types of ageing are characterised by a reduction in collagen and elastin, together with a loss in hydration, and UV exposure has been strongly associated with these changes. Due to the thinner stratum corneum & epidermis, the dermis may be more vulnerable to UV exposure, further underlining why the lips deserve special daily attention in all ages irrespective of aesthetic interventions.

Despite the obvious importance of this area to women, many are quick to neglect daily care and UV protection, which may help to preserve a youthful and healthy appearance, in addition to protecting against UV activated Herpes labialis infection (Rooney et al. 1991). It is also extremely important to note that lips are not an uncommon, but often overlooked, site for nonmelanoma skin cancers (NMSC), including the two most common skin cancers, basal and squamous cell carcinoma (BCC and SCC) (Stebbins & Hanke 2012). Regular use of photoprotective lip products have been shown to reduce the risk of lip cancer (Pogoda & Preston-Martin 1996) however, many people remain unaware how important consistent daily lip protection is, despite the increasing awareness and usage of UV protection for the face, neck and décolleté.

In an early study of 299 beachgoers, 94 percent demonstrated a high awareness of the risks of UV damage to the skin (Busick et al. 2005) but 70 percent used no lip protection whatsoever, and even among those who regularly applied sunscreen, only 37 percent used any lip protection. While photoprotective lip products can be effective in reducing UV exposure, and no doubt are used a little more frequently now, most people do not apply them properly or apply frequently enough (Maier et al. 2003; Busick et al. 2005) and some mistakenly believe their lip colour will protect the lip. While some lipsticks, balms and glosses that women wear daily offer SPF15 (UVB protection only), few, with the exception of specialist sun care products offer full broad spectrum UVA1, UVA2 and UVB protection; this may add to the confusion and increase the risk of photo-ageing to the lip. A clear opportunity exists for aesthetic practices to educate their clients, not only on appropriate hydration of the lip to improve current appearance, but also to help their clients reduce UV damage and premature ageing of this delicate area.

09.50 - 10.10

**Umbilical stem cell technology in the aesthetics of skin: how stem cells work****Dr Ivor LIM**

**PART 1:** Umbilical Cord Lining Stem Cells comprise both Epithelial and Mesenchymal stem cells that can be harvested in extremely large numbers from the umbilical cord outer lining membrane. Initial research directed at wound healing established their efficacy to accelerate wound closure and re-epithelialisation which has led to the conduct of a U.S. Food and Drug Administration (USFDA) Clinical Trial using cGMP grade Cord Lining Mesenchymal Stem Cells to close chronic diabetic wounds starting in 2018.

The mechanism for wound healing appears to be the re-establishment of an appropriate wound healing environment by the paracrine action of multiple cytokines and growth factors secreted by the stem cells to activate wound bed cells to commence wound closure. This mechanism of action is consistent for both acute and chronic wounds.

## 10.10 - 10.30

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### **Umbilical stem cell technology in the aesthetics of skin: cosmetic applications**

**Mr Paul BANWELL**

**PART 2:** Harvest of the protein secretions of Mesenchymal Stem Cells cultured in basal media has cosmeceutic effects on intact skin by inducing skin dermal fibroblasts to secrete increased amounts of essential glycosaminoglycans and extracellular matrix proteins. In-vitro studies show increased epidermal skin cell turnover. Overall, the clinical effects of lifting and improved skin tone can be seen.

## 10.30 -10.50

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### **Blemish removal with diathermy**

**Gill MORRIS**

Not to be missed by anyone considering introducing this highly lucrative treatment to their clinic and those frustrated with constantly turning patients/clients away and having to refer them to others. Training is straightforward and cost effective in terms of duration and cost and treatment is clear-cut and uncomplicated. So, this is an ideal opportunity to learn more about this highly satisfying and rewarding treatment.

A fast paced, whistle stop tour of blemish removal with diathermy starting with a brief history from the beginning of the 20th Century to present date. An overview of training available today under the Advanced Skin Care banner will be covered, including average course contents and conditions covered, for the well-established Level 4 qualification in Blemish Removal and for the new qualification at Level 5; Advanced Blemish Removal.

Also covered will be an overview of the equipment required, products, needle electrodes, treatment protocols and earning potential, plus the type of patient/client requiring this treatment and the types of businesses that would most benefit from offering these treatments. In addition, an overview of the new companion text book for both courses/ qualifications will be reviewed.

Special offers for anyone wanting to book training or buy equipment will be available on the day for attendees.

## 11.30 - 11.50

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### **A new topical approach to neocollagenesis and skin rejuvenation**

**Dr Sophie SHOTTER**

Dr Shotter will present her own study data, allowing you to ask questions and delve into the science and efficacy of this novel product.

Introducing the new Neostrata Tri-Therapy Lifting Serum. Using patented Neostrata technologies, this product is the latest addition to the Skin Active Range.

#### SKIN'S SURFACE IS SMOOTHED

- Surface hydration and exfoliation
- Increased luminosity

#### TONE IS RENEWED

- Increased cell turnover
- Pigment evening for enhanced clarity

#### LAXITY and WRINKLES ARE VOLUMISED

- Collagen, GAGs, increased skin thickness: plumps/firms/reduces wrinkles

Using an objectively measured case study with market leading skin analysis technology, Dr Shotter will show the positive difference that adding just this one product to a skin regime can make in addressing signs of ageing.

### Sun and skin cancer

**Dr Christopher ROWLAND PAYNE**

Without sun, the human race would not exist. Sun provides vital heat and light and also Vitamin D. As is usual in biology, too little is bad and so is too much. In biology, there is a balance.

Skin cancer is the commonest cancer which affects humanity. Incidence rates of skin cancer continue to rise year on year. The age of onset of skin cancer tells us about its "incubation period", i.e. the time from sun exposure to cancer diagnosis. Broadly speaking, the incubation period for melanomas is 3-5 years, for basal cell carcinomas 20-40 years and for squamous cell carcinomas 30-50 years. Skin cancer is the most common, most easily cured and indeed the most cured of all cancers. It can truthfully be said that dermatologists are the most successful oncologists, diagnosing, treating and curing more cancer than all other disciplines put together, including oncology and other surgical disciplines. Unusual in medicine, dermatology is a medical and surgical discipline and it is usually by surgical means, often minimal surgical means, that most skin cancers are cured. In addition, there are now creams to treat pre-cancer and early cancer of the skin. Recurrence of cancer of the skin (fortunately a relative rarity) is also usually treated surgically by the dermatologist. The exception to this is disseminated melanoma and, in this disorder, a multidisciplinary team approach is preferred bringing together the expertise of dermatologist, surgeon and clinical oncologist. There have been great improvements in the prognosis of disseminated melanoma in recent years. Whereas chemotherapy might help prolong life by three months, the new class of biological agents can, in some patients, prolong life for a further two years and probably more to come in the near future.

Sun exposure harms skin in many ways other than simply causing cancer and these harms are evident from an early age. It is estimated that photodamage accounts for 80-90% of the skin changes that we appreciate in everyday life as ageing. Of all the physical signs which comprise the appearances of skin ageing, it is estimated that 80-90% of these are attributable to sun exposure.

Avoiding excessive sun exposure prevents the development of unwelcome skin colour and texture changes, wrinkling and skin malignancy. Healthy sun exposure does not preclude enjoying the outside life, such as cricket, swimming, tennis and holidays abroad. Direct sunlight should be avoided. Wearing hats, sunglasses and sunscreen in England from Easter to October and when abroad in sunny places is sufficient to create the right balance. In the Western world, most people with white skin are exceeding optimum solar exposure.

### Combined treatment in telangiectatic melasma

**Dr Yasser GOHARY & Dr Maha HASSANIN**

**DESCRIPTION:** Melasma is an acquired hypermelanotic condition presenting with light-to-dark brown-coloured irregular macules on sun-exposed areas of the skin, especially that of the face. Chronic ultraviolet (UV) exposure, genetic factors, and sex hormones are generally believed to be involved in the occurrence of melasma. Our study designed to demonstrate telangiectasia in melasma over 300 melasma patients. As regard telangiectasia, we found that more than half of patients (158/301, 52%) had telangiectasia and that may explain part of why patients after proper treatment, melasma appears again and may be even worse from the first time. This is may be due to presence of vascular element in the pathogenesis of the disease that we neglected it, so treatment of vascular component may reduce the recurrence and relapse. **Methods:** Use of triple combination of IPL, systemic traneximic acid and topical 2% Hydroquinone for 50/300 patients. **Results:** Excellent results have been achieved in 35/50 patients in 3-4 months treatment regimen.

**CONCLUSION:** Proper diagnosis of Telangiectatic Melasma followed by triple combination intervention improves the results of treatment with proper maintenance treatment.

### Combining topicals and procedures: why and how?

**Dr Hema SUNDARAM**

14.30 - 16.00

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**International Peels Society Workshop - Dr Uliana GOUT, Dr Sahar GHANNAM & Dr Vladlena AVERINA**

**Dr Uliana GOUT - Peeling session:** This lecture will share the latest key facts about peeling and importantly how to classify peels. Emphasis on knowing the end-points of peels will also be made to ensure we avoid under or over-peeling and maximise efficacy and safety.

**Do and Do Not Do IN CHEMICAL PEELS – Dr Sahar GHANNAM**

Although Chemical peels are a great tool treating a large spectrum of skin conditions including acne vulgaris; post eruptive hyperpigmentation; Melasma; Post acne scars; chemical face lifting utilising deep peels it can cause side-effects since we are utilising acids. So, it is of utmost importance to know what can be done and what to refrain from performing. The talk will explain the do and do not in chemical peels with emphasis on dark skin.

**TCA for face and stretch marks - Live demonstration - Dr Vladlena AVERINA**

Dermatology 101 - Recognising and non-cosmetic treatment of common dermatological conditions and skin lesions

16.30 - 16.45

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**Rosacea treatment - the do's and don'ts**

**Dr Danielle GREENBLATT**

Rosacea is a common, chronic and relapsing condition presenting with a range of skin and eye manifestations. Persistent redness involving the central facial skin is classical; inflammatory papules, pustules, flushing, telangiectasiae, and phymatous skin changes may co-exist. Management frequently demands a combination approach and should be tailored to the individual patient's clinical needs. In this session we will address the spectrum of available topical therapies, antibiotic options and choices for refractory disease, delivering a practical how-to-guide for rosacea treatment, with advice on avoidance of potential management pitfalls.

16.45 - 17.00

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**Adult acne - a treatment algorithm**

**Dr Anjali MAHTO**

Acne is one of the most common skin disorders that affects nearly everyone in the population at some point during their lives. Over the past decade or so, we are seeing an increase in outpatient consultations for acne in adulthood. Adult acne is defined as acne which is present after the age of approximately 23 years. There are two main categories of adult acne: persistent and late-onset. Persistent acne is acne which first develops during puberty and persists into adult life. Late-onset acne sufferers on the other hand develop acne for the first time after the age of about 23 years, having enjoyed good skin during their teenage life. Adult acne is much more common in females than males. We do not know the exact cause for this, but it is likely to be due to the fact that women have far more complex hormonal patterns due to their menstrual cycles.

In this talk, we will look at the different types of acne lesion and discuss appropriate treatment plans. It is important to be able to recognise which patients are likely to respond to non-prescription therapies (skincare, chemical peels, light or laser therapies) and separate out those sufferers who will require medical intervention. Often a combination of treatments may be required but the end goal of treatment is to be able to prevent both physical and mental scarring due to untreated or partially-treated disease.

## 17.00 - 17.15

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### Recognising and treating seborrhoeic dermatitis

**Dr Sandeep CLIFF**

Seborrhoeic dermatitis (American spelling is 'seborrheic') is a common, chronic or relapsing form of eczema/dermatitis that mainly affects the sebaceous, gland-rich regions of the scalp, face, and trunk.

The aim of my talk will be to highlight the features of this common dermatitis – how to recognize the condition and also the best management options.

Also, I will aim to give a differential diagnosis and also to show the overlap that exists between a number of skin conditions.

There will be a brief look at the possible aetiology of this distressing condition and the impact that it can have on patients' quality of life.

## 17.15 - 17.30

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### Skin allergies

**Dr Stefanie WILLIAMS**

'Irritated skin' can be caused by a variety of factors. Contact dermatitis is a common cause and aesthetic practitioners should be able to recognise contact dermatitis with its sub-forms.

Contact dermatitis may present in acute (redness, swelling, oozing) or chronic (dryness, pruritus, flaking) form, whereby the latter is more common.

There are two different types of chronic contact dermatitis that are important to distinguish – i) allergic contact dermatitis and ii) irritant contact dermatitis. When an allergen is triggering an immune response in the skin, then this is allergic contact dermatitis, a type IV reaction following the Gell and Coombs classification (also known as 'delayed type hypersensitivity', as the reaction takes two to four days to develop). Type IV reactions are not antibody mediated but are a cell-mediated response.

It is important to try and identify the causative allergen in suspected cases of allergic contact dermatitis. This can be done with the help of 'patch testing' (also known as epicutaneous allergy testing), an invaluable tool in the diagnosis and management of skin allergies. The principles of patch testing will be discussed, as well as other useful diagnostic tools such as the easy to perform ROAT test.

Irritant contact dermatitis (common when using topical retinoids for example) can present clinically identical to allergic contact dermatitis. However, the time course may provide clues to the type of contact dermatitis and decrescendo versus crescendo reactions will be discussed as an important to know distinguishing factor.

The main treatment for contact dermatitis consists of i) pausing exposure and ii) topical steroid application such as 1% Hydrocortisone cream for the face or Elocon ointment for the body. In allergic contact dermatitis the causative allergen needs to be avoided for good, whereas in most cases of irritant contact dermatitis, the product can be reintroduced gradually once the reaction is settled (slowly and as tolerated!).

## 17.30 - 17.45

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### Recognising common facial skin lesions

**Dr Emma CRAYTHORNE**

This lecture takes you through the commonest skin lesions that present to clinicians and give you key points to learn how to diagnose and manage them. There are clinical examples of each lesion with an overview of best evidence-based practice therapeutic options. Crucially there are also important learning points to aid in the diagnosis and ensure correct referral of malignant lesions.

**General principles of using skincare in dermatological conditions  
what do to and what not to do**

**Kristin HEIDER PERSSON**

Facial skin conditions are commonly seen in aesthetic practice, whether as the main reason for attending or as coincidental finding. These may include rosacea, adult acne, contact dermatitis, atopic eczema, seborrheic dermatitis and others. While these dermatoses will benefit from prescription cream treatment, it is of utmost importance to get the adjunct home skincare right too, as inappropriate skincare can slow down treatment response, make the condition treatment resistant or lead to frequent flare-ups. This includes not only advice on cleanser and moisturiser, but also sun protection and make-up.

We see countless patients with facial dermatoses at Eudelo, who are not using optimal skincare for their individual skin type when they first attend, and in whom simply adjusting their daily routine can make a significant difference in their skin condition.

Rosacea patients for example often self-report "dry, sensitive skin" and consequently tend to use creamy cleansers and lipid-rich skincare to 'sooth' their skin. Unfortunately, this is unsuitable for the vast majority of rosacea patients, as it may trigger or aggravate inflammatory rosacea lesions. Also, the reason for the perceived 'dryness' in rosacea skin is in most cases micro-inflammation rather than true dryness, so the correct approach would be a combination of anti-inflammatory prescription creams, plus lightweight, non-clogging skincare as well as thorough, yet non-irritating cleansers.

Atopic eczema on the other hand greatly benefits from creamy cleansers and lipid-rich skincare, which will help stabilise its impaired barrier function, increase epidermal hydration and reduce atopic inflammation in the skin.

Adult acne skin is different from teenage acne skin in certain aspects, including that it tends to be less oily (and with less comedones). Adults suffering with acne often report combination or even dry/sensitive skin, which makes finding the right skincare more challenging than in teenagers, who tend to have more robust and seborrheic skin. Adult acne sufferers often apply too rich skincare (sometimes even facial oils, which is of course not advisable for any acne skin), also because they may be seeing first lines and wrinkles and want to start using anti-ageing creams, which tend to be richer in consistency, hence frequently triggering acne in predisposed individuals.

Optimal skincare principles and regimes for common facial skin conditions will be discussed.

# EQUIPMENT AGENDA

**09.30 - 09.50**

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**Picosecond laser - fractional treatment approaches****Dr Eric BERNSTEIN**

The relatively recent development of production picosecond-domain lasers for laser tattoo removal has led to their adoption for facial rejuvenation in a fractionated mode. Strategies to produce fractionated beams include the use of a holographically-created sapphire lens that delivers 101 individual beamlets in a square array that is easily approximated. Two wavelengths, the 1,064 nm Nd:YAG wavelength and the 532 nm KTP wavelength can be delivered through the holographic optic. Both wavelengths have been shown in peer-reviewed publications to improved photodamaged skin as well as acne scarring. Potential advantages of picosecond-domain fractionated lasers over previous-generation fractionated fiber lasers may be a decreased risk of hyperpigmentation when using the former in darker skin types. Additional on-going studies based on anecdotal evidence are investigating the role of these devices for treating melasma and other conditions. Future studies, investigating the potential synergies and differences in the two wavelengths, as well as application to additional conditions should increase the use of these versatile device in treating skin.

**09.50 - 10.10**

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**Facial rejuvenation using Radio Frequency and ultrasound combined for improved results****Dr Selena LANGDON**

Over the last 10 years we have seen a plethora of different energy-based systems come onto the market all claiming to be the latest and greatest yet. As facial rejuvenation using energy-based devices is now in its mature phase we need to start to look at more evidence-based science rather than the pseudo marketing science of the many systems that have recently flooded the market.

During the presentation we will explore the actual method of action when applying Radio Frequency and ultrasound to the facial skin using the BTL Exilis Ultra. We will explore what is happening at a physiological level and the evidence to support this such as histology and ultrasound scans. Taking this basic understanding and applying this knowledge into the actual application to the face to achieve the very best results. With a better understanding behind the science it will assist doctors in making their decisions on which technology is best suited to give the best patient outcomes.

**10.10 – 10.30**

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**Laser safety in darker skins  
back to basics aesthetic rejuvenation in dark skins - a combined approach****Dr Mukta SACHDEV****10.30 -10.50**

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**There is nothing virtual about our reality****Nick MIEDZIANOWSKI-SINCLAIR**



11.30 - 11.50

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### **Update on non-surgical body contouring**

**Dr Hema SUNDARAM**

Body contouring continues to burgeon in popularity, with patients showing a strong preference for non-surgical procedures. It is essential to adopt an evidence-based approach when selecting technologies for body contouring. Devices can be classified based on the mechanisms of action by which they remove fat, decrease cellulite or increase skin quality and elasticity. In this lecture, Dr. Hema Sundaram will discuss the applications of radiofrequency (RF) and ultrasound (US) for body contouring, with a focus on combined bipolar RF, infrared (IR), vacuum plus tissue massage for cellulite; non-thermal selective focused ultrasound for adipocyte destruction; and fractional bipolar RF plus IR (sublative plus sublime) for skin tightening and improvement of striae. These techniques are safe, efficacious and cost-effective for body contouring. They can be combined synergistically to achieve optimal results.

11.50 -12.10

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### **The latest in non-invasive submental fat treatment using a novel 1060nm diode laser treatment**

**Miss Sherina BALARATNAM**

In recent years there has been an increase of 25.3% in non-surgical fat reduction procedures (1), driven by the patients focus on fast treatment with minimal downtime but effective results. A consumer survey by the American Society for Dermatologic Surgery in 2017 found that 73% of people are bothered by excess fat under the chin/neck (2). For the prospective patient this is a highly emotive area for unwanted fat to accumulate as it cannot be hidden from the world by clothing.

Following the clinical success of body treatments using the 1060nm diode technology, submental treatment is now available using the same mechanism of temperature elevation in the subcutaneous adipose tissue to between 42-47°C to damage the cell structural integrity and cause their natural elimination from the body over the following three months. This new Submental option from the laser allows for the same rapid treatment time of 25 minutes with hands free technology that is not limited to suction of fat to allow treatment. The distribution of laser energy into the tissue also creates a feathering of heat spread around the treatment zone to give fat reduction results without points of demarcation from the treatment head. Most importantly, the submental treatment is cleared by the FDA for patients with a BMI up to 43 rather than be limited to patients with BMI of 30 or less opening up an entirely new treatment population to the practitioner.

Results will be discussed of the pivotal prospective study conducted at 3 study centers of 57 subjects. In this study the subjects were split into 2 groups, one with BMI<30 and one with BMI 30 (up to 43). An average of 23% fat reduction was typically seen and confirmed by ultrasound measurement. There was no statistically significant difference in efficacy or safety between the high and low BMI groups and 100% of subjects were satisfied with their outcome. 93% of photos were correctly identified in blinded evaluation by 3 independent experts.

(1) Medical Insight, Inc. "Energy based body shaping" July 2017

(2) American Society for Dermatologic Surgery (ASDS) 2017 Consumer Survey on Cosmetic Dermatologic Procedures

12.10 - 12.30

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### **Touch the future of cellulite**

**Dr Nyla RAJA**

With 80% of post pubertal women suffering from cellulite at some point in their lives it is no wonder the medical industry has been seeking an aesthetic solution to the appearance of cellulite for many years. Over the last 10 years the anatomical causes of cellulite have become better understood and thus technologies have been developed to try and treat these causes of the appearance of cellulite including some very aggressive invasive approaches. It is well accepted there are 5 anatomical causes of the appearance of cellulite and no one treatment has addressed all 5 causes until now

BTL Unison is an evolutionary system combining core BTL technologies in a synergistic way of delivery to patients giving superior results over current treatment regimes for cellulite. Using a combination of Radiofrequency and shock wave therapy (Targeted Pressure Energy) these combined energy modalities treat the causes of cellulite namely:

- A reduction in the adipose tissue in the interlobular spaces reducing upward pressure in the dermis.
- An increase in the elasticity and density of the dermis from the process of neocollagenesis creating more resistance to the upward pressure from the subdermal area.
- A relaxation and lengthening of the connective septa releasing tension on the depressions visible on the surface.
- Improvement in lymphatic drainage and increase in blood flow to remove the build-up of extracellular fluid and toxins accumulated in the area.

Clinical evidence will be presented using thermal imaging and ultrasound to move to more scientific evidence-based results to demonstrate how this new treatment is revolutionising the way clinics approach the issue of cellulite.

A system that will be the first to simultaneously treat the 5 causes of cellulite delivering a superior and longer lasting reduction in the appearance of cellulite with decreased treatment times. The superior results increase patient demand in an already increasing market sector delivering improved ROI's. Our actual clinical experience will be discussed using this new technology.

## 12.30 - 12.50

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### **A New Dimension in Body Contouring**

**Dr Sabika KARIM**

truSculpt 3D is a novel Radio Frequency (RF) body sculpting device which takes a multi-dimensional approach to circumferential reduction and body sculpting by delivering precise therapeutic temperatures to the subcutaneous adipose tissue in a unique way. This approach achieves selective, and effective disruption of the subcutaneous adipose tissue while maintaining comfortable surface temperatures resulting in the highest clinical efficacy in the shortest possible treatment time.

## 14.30-15.30

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### **Avoiding complications and maximising results of energy-based devices**

**Dr Eric BERNSTEIN**

Over the last decade, the number of lasers and energy-based devices has increased exponentially. This means that most of the devices currently on the market got there after most physicians, nurses, and PAs completed their training. Therefore, the opportunity to learn how to use these devices most effectively and safely mostly occurs outside of university-based training centres. The emergence of lasers optimised for cutaneous use relying on the principle of selective photothermolysis was limited at the outset to the pulsed-dye laser, the Q-switched ruby and Nd:YAG lasers, and scanned carbon dioxide lasers. Now, various energy-based devices are used to treat the skin and subcutaneous structures including radiofrequency, ultrasound, microwaves, and even cooling; the removal of energy from the skin and subcutaneous fat. Learning to operate these myriad devices effectively and safely entails knowing some basic physics and cutaneous biology and a working knowledge of laser-tissue interactions. Hands-on courses and local and national meetings are the places where safety and efficacy training takes place. As more devices emerge, the need for continuing medical education increases.

## 15.30 - 15.50

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### **How to increase the clinical efficacy of Laser and RF technologies with a synergistic treatment strategy**

**Dr Pablo NARANJO**

The Hydra Facial device is one of the most effective ways to control the post-laser inflammatory and edematous process without counteracting its beneficial effects, accelerating patient recovery and decreasing the risk of adverse effects (post-inflammatory hyperpigmentation, etc. This system also helps in the preparation of the tissue for radiofrequency treatments, reducing the electrical impedance of the tissue (resistance) and increasing the blood supply and oxygenation. This increase of blood supply which will facilitate a greater therapeutic effect (increasing the cellular metabolism).

**Augmented reality in aesthetic dermatology:  
see "deep heating" energy-based skin tightening in a new angle**

**Dr Ethan HUANG**

**BACKGROUND:** Augmented reality (AR) is a type of technology in which an environment is enhanced through the process of superimposing computer-generated virtual content over real structure, enhancing the sensory perception of reality. Aesthetic dermatology is a field in which AR technology can be successfully utilized to enhance diagnosis, treatment, and education outcome. As we know, the higher therapeutic temperatures to achieve better results by the energy-based devices, the more patient discomfort and the increased need to use anaesthetics to be paid off. It also prolongs the overall time needed for each session. The purpose of this study was to develop an efficient novel AR-based navigation system with thermal imaging technology for «deep heating» energy-based skin tightening and to discuss future trends in AR technology.

**METHODS:** Forty healthy female patients between the ages of 35 and 60 (mean, 40 years), who wished to improve their facial skin laxity with non-invasive skin tightening devices from Sep 2016 to Sep 2017 were studied retrospectively. All patients were treated with combined micro focused ultrasound (Ultherapy) and radiofrequency (Thermage ThermoCool NXT) under real-time thermal monitoring with our novel AR-based navigation system in each session to further optimise tissue tightening.

**RESULTS:** Our AR-based navigation system with thermal imaging technology was successfully used in these patients, directly displaying critical navigational information on to the surgical field. The novel AR assistance allowed for more precise identification, as well as a much safer and efficient practice in «deep heating» skin tightening.

**CONCLUSION:** This study reports on a novel effective visualized approach for guiding «deep heating» energy-based skin tightening. Our AR-based navigation system with thermal imaging technology may lay a foundation for all energy-based device navigation. Given that many aesthetic procedures are defined by complex anatomy with great demand for accuracy and safety, our specialty should embrace such technology and remain at the forefront of its development, not only for patient's safety, but also for being used in medical teaching. Key words: Augmented reality, Ultherapy, Thermage ThermoCool NXT, Navigation system.

**One step before surgery, how to lift and tighten  
scar free while building collagen via controlled RF based energy delivery**

**Dr Nicola WILLIS**

Dr Nicola Willis is now emerging as a UK leader in the rapidly developing area of non-surgical face lifting and jaw line remodelling. With Excisional Surgical Face Lifts in the decline, (by 40% last year in the UK alone), this area is a fascinating subspecialty of Advanced Aesthetics.

In this talk she will share her techniques, how she has adapted and developed her practice to meet demand whilst explaining the science behind the technology. She will show you some incredible results and demonstrate how these techniques can also integrate with surgical treatments.

This treatment can, if necessary, precede surgery although Face/Neck Tite has a distinct advantage of being a stand-alone treatment, with minimal downtime, no scarring and spectacular but natural results.

Feedback from her clients, who have had Face Tite and Neck Tite in her clinic in Scotland has been beyond expectations. Come and hear why.

**Non-surgical laser for periorbital rejuvenation and scar remodelling**

**Dr Katuska RIVERA**

The applications of light in medicine have brought invaluable benefits that have allowed not only to optimise the scope of previously performed techniques but also given us the opportunity to intervene on pathologies and conditions within the medical and surgical aesthetics where no treatment was possible. From minimal to more aggressive procedures, the applicability of these systems will help us to deal and complement techniques not only in skin rejuvenation but also in the management and remodelling of scars. In this lecture, I invite you to evaluate the scope of non-ablative and fractionated laser in the non-surgical rejuvenation of the eye contour and post-burn/traumatic scars establishing unique parameters or combinations of 6 different wavelengths.

**Redermalization and therapeutic ultrasound**

**Dr Reza MIA & Mrs Roxanne ASHKAR**

**BACKGROUND:** Redermalization is the effect achieved by injecting a mixture of hyaluronic acid and succinic acid into the skin to produce collagen and elastin as well as to dilute and breakdown adherent pigmentation marks. Therapeutic ultrasound has been shown to be an inflammatory mediator as a form of mechanical energy. The non-thermal effects of ultrasound encourage fibroblasts to produce collagen through the upregulation of cellular membrane activity.

**METHODS:** Patients are to be divided into three groups. Those who will be injected with Xela Rederm alone, those who will be injected and receive one session of Ultrasound and those that will receive injections and two sessions of Ultrasound. Treatments to be performed on the face and neck. The study group contains 30 patients receiving one to three treatments.

**ASSESSMENT CRITERIA:** Patients complete a questionnaire using the criteria noted below at initial consultation. Patients are injected, photographs taken before and after each procedure. Final images are compared alongside before images by the patient themselves and a rating score given by the patient for each of the following criteria. Skin texture, skin density, appearance of pigmentation marks, appearance of fine lines, degree of skin sagging, moisture levels, mood, self-confidence, attractiveness and skin tightness. Participating doctor answers a second rating sheet using the same assessment criteria to be used as a comparative rating. Using rating scales allows quantitative data to be generated from qualitative assessment. Objective assessment to be made by using the Antera 3D device. The device measures pigmentation, fine lines, and texture. A simple measurement from a fixed point, the pupil, to the lowest point of the jowl skin is measured pre and post treatment at one and three months.

**RESULTS:** Interim results show an immediate change in the appearance of the post dermalization injection bumps as a forty percent reduction in the volume of the bumps. The time taken for the bumps to completely absorb into the skin is reduced by approximately fifty percent. Improvements are seen at one and three months in both groups; which is seen on the patient questionnaires, the Antera measurements and the jowl length measurement. Patients who were treated with the combination therapy showed better results on all three assessment methods. Jowl length measurements showed a 7.5% reduction versus 1.5% without the Ultrasound. All Antera measurements were markedly improved above the non-ultrasound group. Subjective questionnaire responses showed a nine-point improvement compared to a 2 point improvement without ultrasound and this was closely correlated to the corresponding questionnaires completed by the doctors.

**CONCLUSIONS:** The combination of dermalization treatments with therapeutic ultrasound produces both an immediate and long-term enhancement when compared to dermalization treatment alone.

09.30 - 09.50

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**Eye rejuvenation using plasma devices**

**Dr Daria VOROPAI**

09.50 - 10.10

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**Plasma poration for complications management, trans-dermal delivery and skin regeneration**

**Dr Beatriz MOLINA**

Dr Beatriz Molina will present the novel and unique technology, methodology and application of non-ablative Plasma. Utilising the Plasma BT device which offers digitally precise, measured dose plasma via the Plasma-Poration handpiece. Dr Molina will discuss the bio-mechanical effect on the cell adhesion molecules, change in the action potential of the skin cell and the clinically proven sterilisation of bacteria, skin regeneration and the trans dermal delivery of products at a comparable level to injecting. Whether it is Hyaluronic Acid, Mesotherapy and bio-revitalisation serums, Skin boosters, Vitamin serums and most importantly for complications management by topically applying Hyaluronidase.

10.10 - 10.30

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**Direct current plasma delivery - indications, tips and tricks**

**Dr Vincent WONG**

Alternating current (AC) and direct current (DC) plasma devices are commonly used within the aesthetics industry. Despite treating similar skin conditions (e.g. skin laxity), these devices work very differently.

An AC device delivers plasma to the skin in a plasma shower to variable depths whereas a DC device can be controlled into a precise lightning bolt delivering the plasma to a controlled and consistent depth.

In terms of dot size, an AC device leaves an approximate dot size of 0.3 to 0.5mm. This is significantly larger than the dot size of a DC device at 0.1mm. Furthermore, a DC pen offers a continual flow of plasma, allowing for a unique scanning technique as well as the traditional dotting technique. The scanning technique is used for skin tightening and firming before additional lifting with the dotting technique. Therefore, less dotting is required with a DC device, further reducing the downtime.

11.30 - 11.50

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**830 nm LED low level light therapy: unleash the power of the wound healing cells - Dr Glen CALDERHEAD**

**BACKGROUND:** In the past 15 years, phototherapy with light-emitting diodes (LEDs) has attracted a great deal of attention with an increasing body of evidence proving efficacy and demonstrating mechanisms of action. Low level light therapy (LLLT) with LEDs (LED-LLLT) at the wavelength of 830 nm offers many applications as monotherapy but has even more exciting potential in accelerating the wound-healing process after any aesthetic intervention, surgical or non-surgical.

LED-LLLT and Wound Healing: The wound healing cells at all three stages of wound healing respond to 830 nm LLLT with significant upregulation of their action potential. During the inflammatory stage, photoactivated mast cells degranulate to release cytokines to both support and then quench the inflammatory reaction, recruit in more reparative cells and release trophic factors; macrophages work harder and faster to clean up the extracellular matrix, and release fibroblast growth factor; and leukocytes are recruited into the irradiated tissue, even though there is no real 'wound',

and release transforming growth factor and. During the proliferative phase, activated fibroblasts create more and better-organised collagen and elastin and endotheliocytes repair damaged or compromised vasculature, and form new blood vessels if required. 830nm treated fibroblasts transform to myofibroblasts faster, starting the remodelling stage earlier and delivering a better-organised extracellular matrix. At all stages, epidermal keratinocytes synthesize more ATP and cell-cell signalling compounds, some of which ensure a revitalised epidermis, while others drop into the dermis and help to accelerate the wound-healing process.

**RESULTS:** In addition to its powerful ability to enhance the wound healing process and cut it up to around one-half, non-invasive 830nm LED-LLLT increases local blood flow, accelerates the resolution of haematomata and dramatically reduces post-procedural oedema, erythema and pain. Because of this, 830nm LED-LLLT can be used to enhance the results after any existing aesthetic intervention, from the mildest epidermal powder peel to the most invasive surgical face lift. Patients see better results, faster

**CONCLUSIONS:** 830nm LED-LLLT is easy to apply in a hands-free manner, is well-tolerated by patients of all ages and skin type, is non-invasive, pain-free and side-effect free. LED phototherapy systems are comparatively inexpensive because of the technology on which they are based, but the potential user should always be aware that criteria exist regarding wavelength and intensity which must be met before LED-LLLT can fulfil its full potential as an excellent adjunctive tool for the aesthetic and cosmetic clinician.

## 11.50 -12.10

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### **18 month follow up results using Fractional RF treatment for active acne and acne scarring - Dr Gunjan BEDI**

Acne vulgaris and acne scarring are prevalent conditions that can have a negative effect on a patient's quality of life. Fractional radiofrequency technologies have been shown to be clinically safe and effective in managing acne scars through dermal remodeling without causing direct damage to the epidermis. Here we present some clinical studies and my own experience with fractional radio frequency device in treating patients with acne and acne related scarring.

## 12.10 - 12.30

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### **Visually augmented targeted combination light therapy for acne vulgaris      Dr Colin-William LYONS**

**BACKGROUND:** Acne vulgaris is a common skin disease. Pharmacological modalities for treatment are proven to be efficacious but have limitations. Light therapy for acne vulgaris has shown promise in previous studies. This case report and its accompanying images show how a novel approach of visually augmented high fluence light therapy has been used to good effect.

**CASE PRESENTATION:** A 26-year-old Caucasian woman with acne vulgaris resistant to treatment with topical therapy underwent three sessions of combination potassium titanyl phosphate laser (532 nm)/neodymium-doped: yttrium aluminium garnet laser (1064 nm) light therapy with visually augmented narrow spot size and high fluence. A 73% reduction in total inflammatory lesions was evident 6 months after the initial treatment.

**CONCLUSIONS:** This case report illustrates that there may be utility in this novel approach of narrow spot size, magnification-assisted, high fluence targeted combination laser therapy for inflammatory acne.

Keywords: Acne vulgaris, Phototherapy, Light therapy, Dermatology.

## 12.30 - 12.50

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### **Acne and acne scarring - a multi treatment approach**

**Dr Eric BERNSTIEN**

The treatments of choice for acne are topical antibiotics and comedolytics, as well as oral antibiotics. Second- or third-line treatments include AHA/BHA peels or treatments, isotretinoin for cystic acne unresponsive to first-line treatments, and various light-or laser-based devices. Light-based options for treating acne include blue LEDs or fluorescent lights which exploit the fact that porphyrin-containing acne bacteria are susceptible to destruction by free-radicals produced when blue light activates endogenous porphyrins. In addition, IPLs and pulsed-dye lasers seem to have a temporary effect at reducing active acne, although flares can occur the week following treatment. Infrared lasers have also been used to treat acne, with some wavelengths specifically targeting sebaceous glands. Scarring results from acne-induced inflammation because the inflammatory response modifies the collagen-rich dermis causing focal scars. Subcision, punch grafting and other surgical techniques augment laser treatments. Fractionated lasers are the mainstay of treatment for acne scarring including the CO2, erbium doped fiber lasers, and other scanned ablative or non-ablative lasers. Despite the significant tissue effect from CO2 lasers, this author believes that the non-ablative fractionated lasers to be superior for acne scarring as opposed to photodamage. The fractionated picosecond-domain lasers offer the newest option for treating all skin types with acne scarring, alone or in combination with the pulsed-dye laser, these new picosecond-domain, non-ablative fractionated lasers offer improvement of acne scarring with little to no downtime.

## 14.30 - 14.50

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### **Micro-needling with RF at various depths**

**Dr Rashmi SHETTY**

What I achieve with my micro-needling and RF in my practice and how I use it to my best advantage. Also, how get maximum use of the equipment towards various indications on the face, from acne scars, to skin tightening, to fat reduction, contouring and anti-ageing.

## 14.50 - 15.10

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### **Innovative RF energy-based combination treatments tailored to elastin deficiency and dyschromia without prejudice of skin type**

**Dr David JACK**

In this talk, Dr. David Jack will highlight his experience in using the InMode platform by Invasix for treatment of multiple skin issues in ageing skin. The InMode platform couples both ablative and non-ablative bipolar radiofrequency treatments to address skin laxity and thinning, with one of the most powerful, targeted IPL treatments on the aesthetic market, Lumecca. Lumecca is highly effective in treating pigmentation and vascular lesions in Fitzpatrick skin types I-IV. Dr. Jack will cover the multimodal uses and benefits of combination treatments to optimise outcome.

## 15.10 - 15.30

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### **New applications of radiofrequency and ultrasound for facial rejuvenation**

**Dr Hema SUNDARAM**

In this lecture, Dr. Hema Sundaram will present a restorative approach to facial rejuvenation that balances the use of energy-based devices for tissue regeneration versus ablation. This balance is crucial because volume loss from all facial layers is a cardinal feature of the aging face. Algorithms for restorative facial rejuvenation will be discussed, with a focus on combining fractional bipolar radiofrequency (RF) with bipolar RF and infrared (subablative plus sublimate), combined IPL and RF, and radiofrequency-excited fractional CO2 laser resurfacing. As patient populations continue to diversify, radiofrequency-based devices are of significant value because they are chromophore non-specific, providing safe and effective treatment for all skin types.

**Unconventional and conventional uses of a fractional CO2 laser**

**Dr Rahul PILLAI**

**BACKGROUND:** Although a fractional CO2 had got various indications, there is little in the literature laying down the protocol for the management of various indications except for scars and facial rejuvenation. This paper is intended to lay down a protocol for the less ventured treatments with a fractional CO2 along with the traditional treatments done with a Fractional CO2 laser.

**AIM & OBJECTIVE:** To treat various indications for a fractional CO2 laser previous not documented or widely published. To access the results and safety profile. To lay down a protocol for the management of these cases. Methods: Patients received a single to multiple treatment using a fractional CO2 laser device for various indications which included Acne Scars, Chicken Pox scars, Traumatic scars, Fine lines, Wrinkles, Solar elastosis, Pigmentations on the face, Freckles, Melasma, Epidermal Nevi, Syringoma, Actinic Chelitis, Acrokeratosis Verruciformis, Grover's disease, a total of 31 indications. Energy level, fluence and density varied according to indications. The treatment protocols for these conditions which includes pre-treatment analysis, intraoperative treatment and post procedural management will be presented.

**RESULTS:** Excellent results were obtained for majority of cases while the rest yielded satisfactory results, judged by doctor-patient satisfaction and photographic evidence. The downtime post treatment was averaging between 3-10 days and results were in most cases evident from the first week post treatment itself.

**CONCLUSIONS:** Fractional CO2 laser is one of the most versatile lasers in the market today and yet very much under used. At times the learning curve prevents the user from experimenting further to try out new indications and tend to stick with the proven indications and protocols. However, in my opinion the full potential of a Fractional CO2 is yet to be studied and along with certain combination treatment it can become the center of any Aesthetic surgeon's laser treatment. The laser is safe and effective for all skin types provided the user knows the protocols and the desired density and energy levels to be used, along with proper patient selection.

**Is IPL the new pulse dye laser for vascular lesions?**

**Mr Kevin WILLIAMS**

**BACKGROUND:** An overview of existing technology, both Pulse Dye Laser and IPL. A discussion on photothermolysis and the optimum parameters to treat vascular lesions. Explanation of notch filter technology and how it can be used to maximise clinical effectiveness.

**TARGET:** Dermatologists, Vascular surgeons, nurses, anyone with an interest in vascular treatments.

**OUTCOME:** Understanding of both Pulse Dye Laser and IPL technologies and the benefits of each. Learn the ideal parameters for treating vascular lesions and how you can maximise results.

How will the presenter know that the learning outcomes have been achieved?

The speaker will present case studies to increase delegates understanding. Delegates will demonstrate understanding through a question and answer session at the end of the presentation.



**The toxic edge - a novel treatment for refractory erythema and flushing of rosacea**

**Dr Ofir ARTZI**

**BACKGROUND AND OBJECTIVES:** Rosacea is a common, chronic facial skin disease. Facial erythema is a frequent and often distressing complaint of patients with rosacea. Treatment of facial erythema with botulinum toxin has previously been proposed and reported. However, the current literature has mixed results. This study evaluated the safety and efficacy of thermal decomposition of the stratum corneum using a novel non-laser thermal resurfacing system to increase skin permeability for BOTULINUM TOXIN A in the treatment of facial flushing of rosacea. **Materials and Methods -** The device is a thermal resurfacing system which can generate ablative as well as non-ablative micropores opening the skin for transdermal delivery of compounds with no associated pain, bleeding or downtime. 12 patients were enrolled in the study. Affected facial areas were treated by Tixel operated at 400 C for 6ms - 10ms. Immediately after skin treatment, 40 units of abobotulinum toxin-A were applied over the treatment area and blocked with occlusion for 30 minutes. After 30 minutes the block was removed, and the patient discharged home. All patients received 3 consecutive treatments 1 month apart. Instrumental evaluation included erythema-directed digital photography and X10 dermoscopy. Two non-involved evaluators assessed the facial erythema of rosacea using a standardized grading system (0 = absent, 1 = mild erythema, 2 = moderate erythema, and 3 = severe erythema) to evaluate digital photographs at baseline, 1, 2, and 3 months after last treatment. Statistical analysis of erythema grade included one-way repeated-measures analysis of variance and pairwise comparisons. Patients completed the FACE-Q validated patient-reported outcome instrument. **Results -** There was a significant mean improvement of pre- and post-treatment independent assessment and FACE-Q scores ( $p = 0.001$  for both). 9 subjects (75%) reported moderate-to-high satisfaction. No adverse effects were noted. **Conclusion -** Thermal decomposition of the stratum corneum using the novel mechano-thermal system increases skin permeability for BOTULINUM TOXIN A in the treatment of facial flushing of rosacea seems both effective and safe.

**Thermo-mechanical action -  
a new and exciting modality for aesthetic and dermatological treatments**

**Dr Sajjad RAJPAR**

In this talk I will discuss what Tixel is and how it can be used in an aesthetic and dermatological practice. Tixel is the direct use of heat for non-ablative or ablative fractional resurfacing of the skin. The non-ablative functions produce skin rejuvenation and allow for the transdermal delivery of active substances. The ablative functions enable rejuvenation and tissue tightening. The benefits of Tixel over other resurfacing devices are a shorter downtime and greater safety in darker skin types. The smaller footprint and the ability to easily transport the device between clinic locations also make it cost-effective. Clinical indications for Tixel include intrinsic ageing, photo ageing, melasma, non-surgical blepharoplasty, active acne, acne scarring, lentigenes and seborrheic keratoses. Transdermal delivery of substances can be harnessed in tailoring treatment to individual needs.

**A novel Radio Frequency device with real-time temperature sensing and therapeutic logic control: eliminating treatment inconsistencies in Radio-Frequency**

**Dr Kai REZAI**

The TempSure radio frequency system is the latest device brought to the market by Cynosure which offers a complete RF aesthetic portfolio for practitioners. It has a range of temperature sensing hand-pieces for the face and body and a Surgical COAG mode for small surgical applications such as Telangiectasias or skin tags.

Radio frequency (RF) is energy from another part of the electromagnetic spectrum to traditional laser and light therapies that is able to deliver energy to the tissue non-specifically rather than require a chromophore to target. RF energy produces a change in the electrical charges of the treated skin creating an electron movement. The resistance or impedance of the tissue to that electron movement generates heat. The amount of heat generated depends on several factors; the impedance of the treated tissue, the intensity of the current applied and the length of time of exposure to

the RF energy. Once created the 'thermal damage' zone in the dermis will initiate a wound healing response, stimulating fibrils to secrete collagen type I and begin the collagen remodeling process over the following weeks and months. Key features of this new monopolar RF device to the market are Smart Hand-pieces with thermistor tips built in to provide real time temperature feedback, target temperature regulation to automatically adjust power once the desired temperature is reached and minimise the usual RF peaks and valleys which may cause discomfort and hotspots and therapeutic logic control to ensure that treatment time is only counted when an ideal therapeutic temperature is reached, ensuring consistent results.

The pivotal study for the device on 40 subjects will be discussed, the outcomes of which suggested minimal erythema and edema post treatment, comfortable even treatment with an average pain score of 2 out of 10 and confirmed accuracy of the device thermistor system to within +/- 1.5oC of an external FLIR Infrared Thermometer system.

BUSINESS  
ANTI-AGEING  
AGENDA

09.30 - 09.50

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### Tips for developing patient trust

Dr Rekha TAILOR

Dr Rekha Tailor discusses her best ways to gain patients' trust

Clients come to see us because they are seeking improvement of their skin, face or body, and may be anxious or embarrassed. Making the first appointment will have taken courage and careful consideration and so it is important to earn trust.

1. Gain trust before you meet your client: Often, the first point of contact for clients is your website. It is therefore important that your site reflects your brand, is user-friendly and informative. This includes being mobile optimised, as many people will use their phones to conduct an internet search. Your unique selling point, treatment specialities and location should be obvious. Images and videos of the clinic help clients feel comfortable and at ease as they will recognise surroundings. Word-of-mouth, independent reviews and social media also have a positive impact.

2. Credentials, Professional qualifications, experience and industry awards enhance the practitioner's credibility.

3. Meeting the patient for the first time: when a client enters your clinic they are likely to instantly form an opinion based on their first experience of it, such as the environment, staff and equipment. Make clients feel comfortable when they attend the clinic.

4. Effective communication: it is essential to deliver an exceptional level of care and service from the very beginning. Effective communication is essential to developing a mutual understanding. It is essential to allow plenty of time and your full and undivided attention. Always speak to clients honestly so that their expectations are realistic.

5. Future communication: contact after an initial contact or a procedure makes the clients feel that you care. It is vital to allow clients to give feedback and express any concerns or positive thoughts that they may have.

Summary: The best way of developing long-term happy and loyal practitioner-patient relationships is on a foundation of trust and by taking care of our clients.

09.50 - 10.10

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### The business of aesthetics: how to differentiate yourself in the competitive cosmetic space - Samuel PEEK

**INTRODUCTION:** It's the era of aesthetics; every cosmetic surgery practice offers an abundance of surgical and nonsurgical options to meet the growing consumer demand to rejuvenate, fade, tighten, minimise and contour everything from head to toe, literally. The market is set to rise to over \$27 billion by 2019, according to the Global Cosmetic Surgery & Services Market Analysis. In a space that's becoming highly competitive, the question becomes, how do you stand out without falling prey to price wars?

**LIMITATION/PROBLEM:** Competition for patients has grown fierce in the cosmetic space, particularly in urban areas with an increasing number of cosmetic surgeons per capita. While the concept of avoiding price wars has become ubiquitous for the aesthetic practice, alternative options for how to stand out in the crowd remain enigmatic.

**METHOD:** Using a case study, we qualitatively examine the true nature of competition to reveal an approach that values an alternative strategy to differentiate the aesthetic practice from competitors, without engaging in discounts for service.

**RESULTS:** When price comes a primary influencing factor for purchasing a product or service, it is a result of failing to differentiate services and to create value in the physician and overarching practice. Strategic content creation and dissemination can be used effectively to demonstrate uniqueness and thereby increase value.

**CONCLUSIONS:** Today's medical providers know that they need to stand out to remain competitive, especially when it comes to the cosmetic practice. The key is building the business on quality, not price. Finding ways to increase value before decreasing price is often the more appropriate response.

10.10 - 10.30

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**The five essential ways to grow your clinic in 2018 and beyond**

**Alan ADAMS**

Learn about where your business currently is and where there's room for improvement, as well as the core areas – from sales and marketing, to customer journeys, new leads, and HR & Admin – where you can start making a positive impact straight-away to your business's bottom-line. And, as an owner, hear Alan talk about the importance of focusing on your own Destination, Exploration, Plans, Tactics, and Health (DEPTH™).

10.30 - 10.50

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**Why do your clients choose you?**

**How to make your aesthetic business stand out from the crowd**

**Jackie SMITH**

A key component of a successful Aesthetic practice is how well it performs in attracting the right kind of client. What do you know about the right client for your business and how to attract more of them?

Many Aesthetic practices take a scattergun approach to their services and try to offer a wide spectrum of services. This can be costly in terms of the capital tied up in equipment that is in-frequently used and can make it difficult to define and then attract the right kind of customer.

The practice then presents to potential clients as a generalist instead of the specialist that we hope.

Instead, a focus on excellence on a narrower range of services that are aimed at a well-defined set of clients can build a more profitable clinic with happier clients. Building a business that is truly customer focused can be challenging but ultimately rewarding for all stakeholders.

11.30 - 11.50

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**5 Digital marketing mistakes to avoid**

**Adam HAMPSON**

Build your knowledge and gain a better insight into how to improve your digital marketing strategy and plan for your Aesthetic or Medical cosmetic clinic. Learn how to grow faster and stay ahead of the growing competition. Learn how to gain better results from your current digital marketing budget and find out where it is best spent to get the maximum return on your investment. Increase your online conversion rate so you can attract more new enquiries and avoid common expensive digital marketing mistakes. Walk away with the latest tips in Digital marketing and achieving the right website for your clinic.

11.50 - 12.10

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**Deal with VAT don't hide from it**

**Veronica DONNELLY**

The key to taking the stress out of an HMRC review is to be prepared. Having helped aesthetic businesses deal with enquiries over the past 6 years. Veronica will talk you through the records you should be keeping now, whether you are VAT registered or not, so that you can deal with an HMRC enquiry in the future.

12.10 - 13.00

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## **10 Tips for Practitioner & Clinics - Global trends, GDPR, Appraisals & Advertising**

### **Hot Global Trends – Wendy LEWIS**

#### **GDPR - Naomi DI SCALA**

With the implementation of the new General Data Protection Regulation at the end of May 2018, the presentation is designed to give practitioners a brief overview of what changes have been made. It will also provide tips on how practitioners can ensure they are compliant with the regulation.

#### **Appraisals - DR PAUL MYERS**

During the presentation Dr Myers will be giving general advice about the appraisal and revalidation process particularly as it applies to aesthetic doctors. Practical hints and tips relating to the appraisal process and completing the appraisal form will be provided. This would include information about preparing for the appraisal meeting, providing appropriate supporting information and completing the five yearly feedback exercises. The format of the presentation is such that these various areas will be divided into ten specific tips.

#### **Advertising - Julia KENDRICK**

My session is ten top tips on advertising – what you should consider in terms of a robust strategy for building your aesthetic business, pitfalls to avoid and how to ensure your advertising is not just compliant, but effective!  
Anti-ageing

14.30 - 14.55

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## **Intelligent supplementation in aesthetic practice**

**Dr Johanna WARD**

In this talk Dr Johanna Ward will outline how optimal nutrition can have a positive impact on skin health and will advise on which supplements have clinical evidence to support their use. This will include everything from Omega 3, Vitamin D, Zinc, Collagen & Probiotics.

14.55 - 15.20

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## **Epigenetics explained**

**Dr Charlene DE HAVEN**

This is a foundation lecture that explains the principles of epigenetics. When Watson and Crick described the DNA double helix in 1953, the era of DNA determinism began. Since then, the idea that health span and lifespan are determined solely by our genes has become outmoded. Only 35 percent of longevity determinants originate from our genes and the remaining 65 percent is determined by epigenetics. Epigenetic factors turn genes off or on. Aesthetic treatments and topical products work via epigenetic factors to improve skin health and fight ageing.

**CONCLUSIONS:** Aesthetic treatments and topical products work by epigenetic principles to reduce ageing velocity and improve skin health.

15.20 - 15.45

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### **Fasting, health and ageing: is fasting the ultimate anti-ageing diet?**

**Kim PEARSON**

Fasting has been practiced by religious faiths and prescribed by physicians for centuries. New research is now providing an evidence base to support ancient theories around fasting and health.

This lecture will give insight into the various approaches to fasting and calorie restriction. It will discuss the numerous fascinating ways that fasting improves health and slows biological ageing processes. It will also discuss how aesthetic practitioners can implement a fasting programme into their clinical offering.

This lecture will cover:

- How fasting can slow biological ageing
- How fasting promotes health and helps prevent disease
- Different methods of fasting for health
- Prolon: A unique and practical approach to fasting

16.30 - 16.50

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### **The gut microbiome: how does it affect our health and appearance?**

**Kim PEARSON**

The microbe population residing within our gut has wide-ranging impacts on our health, way beyond that of our digestive system. Research into the gut microbiome is shedding light on the many fascinating ways this collection of organisms can impact our health and appearance.

Our gut has been described as 'the second brain' due to its influence on mood. If our microbiome is out of balance it can exacerbate skin conditions such as acne, rosacea and eczema. Research also shows that the bacteria in our gut can influence how we digest and absorb nutrients from food, even predisposing us to increased risk of weight gain and diseases such as diabetes.

This lecture will cover: What is the microbiome?

- Beyond the gut - how does the gut microbiota impact health?
- The impact of the gut microbiota on skin health.
- Dysbiosis – consequences of microbial imbalance.
- How to support a healthy gut microbiome.

16.50 - 17.10

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### **Probiotics in aesthetic practice**

**Dr Johanna WARD**

In this lecture Dr Johanna Ward will explore the concept of the microbiome, explain how gut health affects skin health and examine the evidence for Probiotic use in clinical practice.

17.10 - 17.30

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### **Are women pursuing youth and beauty at the expense of their health and wellbeing? - Marian BOURNE**

What really drives women to lift, fill, plump or choose surgery; are they denying their intuition and common sense in the quest to defy the ageing process and in doing so, ignoring the basics of having a balanced emotional, mental, physical and spiritual life? If it's true that our inner world drives our outer world what might women need to think about before

making decisions for lifting, filling, plumping and surgery?

**17.30 - 17.50**

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## **Genetic Testing in Aesthetic Practice**

**Sarah CAROLIDES**

Utilising genetic testing in aesthetic practice allows the practitioner to move away from the conventional 'one wrinkle is the same as another' approach and instead allows them to offer the client a completely personalised and individually tailored set of preventative and restorative medical and lifestyle measures and products.

Utilising a simple saliva draw, which is easily done during a consultation, the best DNA companies provide over 99% accuracy in their testing. The most successful practitioners already utilising DNA testing are focussing on more than just the traditional reasons for ageing. They are looking at

- risk of UV damage
- production and metabolism of collagen and hyaluronic acid
- the telomere ageing process
- the need for antioxidants and whether these should be applied topically or taken internally.

But perhaps more importantly, they are also looking at the risks of osteoporosis and other degenerative diseases, which directly affect how and where wrinkles will appear on the face.

Armed with this knowledge, the practitioner can prescribe individually targeted nutritional supplements and serums, along with advising on lifestyle changes that will directly reduce the risks of future ageing and skin damage. These can incorporate diet, exercise, supplementation and lifestyle changes. In this way the practitioner is able to market to a more diverse and younger client base and gives them greater client loyalty and repeat business as the client becomes reliant on the practitioner for much more than just the routine injectables.



09.30 - 09.50

**Providing a weight management program in your aesthetic clinic****Dr Rupert GABRIEL**

This talk relates the experience of introducing a weight management program to an established aesthetic clinic.

The weight management program has been established in the clinic for over four years and the experience and results to date are shared and discussed.

The pros and cons of adding weight management to the existing aesthetic treatments offered are covered and then the specific details of the program covered including the medical, aesthetic and commercial benefits.

09.50 - 10.50

**Prescription medicines and weight management****Professor Syed HAQ & Dr Masud HAQ**

Obesity is reaching epidemic proportions in the Western World and is largely driven by poor nutrition and a lack of exercise. Numerous physiological changes are encountered in obesity which leads to further weight gain and the development of other comorbidities which includes hypertension, diabetes, hyperlipidaemia, obstructive sleep apnoea and even cancer. These physiological defects offer a number of therapy targets.

This presentation will provide a basic overview of the physiological abnormalities encountered in obesity and the novel drugs that are available for its treatment. This will include oral and injectable therapies and will cover data on efficacy and safety.

11.30 - 11.50

**Designer HRT - The missing link****Dr Marion GLUCK**

In order to achieve the best results for our patients with anti-ageing and aesthetic medicine, we require optimal hormone balance. Hormones affect the skin, hair and body and it is therefore vital to identify and treat any underlying hormonal imbalance as part of an aesthetic treatment plan. With modern medicine, it is possible to design, and tailor make bio-identical hormone prescriptions (BHRT) for every patient, male or female.

There are many benefits to the use of BHRT, for both patients and practitioners, but there are three main factors to consider:

- 1.) They are identical to the hormones our body produces, and fit perfectly to our hormone receptors, for the brain, skin, muscles or bones – to help maintain every function in our bodies.
- 2.) They can be 'tailor-made' for each individual patient. Everyone is unique and just as we analyse skin and hair individually for each client, we need to do the same with their hormones. No two patients are exactly alike, and their medication should not be either.
- 3.) Hormones are essential for life. They make us who we are and bio-identical hormones are the missing link in aesthetic and anti-ageing medicine. Not only are hormones necessary for how we look, but they are also crucial to how we feel and function.

Bio-identical hormones, especially progesterone and oestrogen, have been known to be beneficial for skin rejuvenation

since the 1940's. They were commonly used in cosmetic preparations for many years but fell out of favour due to regulatory requirements.

Now, with the introduction of compounding pharmacies in the UK, nothing stands in our way. We are able to provide both women and men with high-quality treatment which is tailor-made to suit their needs.

An individualised, bespoke BHRT protocol for health, wellbeing and hormone skin care can be designed and formulated for every patient and easily adjusted according to their progress and symptoms.

Our patients are demanding bio-identical hormones. It is important for all beauty and health practitioners to understand the endocrine system and be able to respond to their patients' queries about hormones.

It is this growing demand that prompted me to launch the Marion Gluck Training Academy, where practitioners can train under some of the world's greatest pioneers in BHRT, learn more about bio-identical hormones and become competent and confident in meeting the evolving needs of their patients.

11.50 -12.30

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**How physiologically-correct, non-toxic bio-identical hormones, growth hormone and thyroid are essential**

**Dr Julia HUNTER**

**OVERVIEW** – How physiologically-correct, non-toxic Bio-identical Hormones including Growth hormone releasing hormone and thyroid are essential in prevention, quality longevity and reversal in skin and body ageing and health conditions.

**OBJECTIVE:** To demonstrate how scientifically-correct, non-toxic Bio-identical Hormones play an essential role in the protection, regeneration and necessary support of the body's entire organ systems to the cellular, stem cell and DNA levels to function more youthfully and healthily and their integral roles in insuring disease prevention, anti-aging both internally and externally and quality longevity. The integration of Bio-identical Hormones in internal and external treatments, results in promoting maximal skin and internal health, along with supporting prevention of degenerative diseases of all organ systems. Internal and external health goals are significantly accelerated by enhancing the restorative and rejuvenating functions of the body organs and endocrine system, concomitantly with the side effects of well-being, energy and endurance, brainpower and focus, sleep, happiness and weight management.

**MATERIALS & METHODS:** 8 plus years of clinical research and worldwide practice. Patient outcomes, satisfaction, laboratory evaluations, clinical and technology courses demonstrate that the side effect of scientific and correct treatment of hormones, result in the physiological proof of greater health, disease minimisation, quality longevity and provide overall happiness. Imbalance of Hormones can contribute to disruption of internal body functions: \* Risk of degenerative metabolic diseases \* Energy loss \* Memory Loss \* Obesity and weight gain \* Sleep disorders \* Menstrual Irregularities \* Gut disorders \* Mood disorders Imbalance of Hormones can contribute to skin conditions and premature ageing: \* Acne \* Rosacea \* Melasma \* Hyperpigmentation \* Wrinkling & Laxity \* Enlarged Pores \* Age & Brown Spots \* Photo Damage \* Skin Cancer Risk \* Eczema \* Psoriasis \* Rashes \* Skin tags, Growths & Moles \* Hair Loss Charts: [will be provided during session.] Below: Patients, male and female of an overview of adult ages, pre and post meno and andropausal ages, reporting improvement (percentage of resolution) of common hormone deficiency- related symptoms within 1-6 weeks (at first follow-up) of initiating treatment with indicated bioidentical cream and/or with thyroid, hypothalamic pituitary axis stimulation, testosterone.

**RESULTS** are collected in the below chart from 20 patients - 13 female and 7 male interviewed 1-6 weeks after initial and prescribed dosing increases although hundreds of patients have been treated and results duplicated in various practices in varying countries. The Bio-identical Hormones utilized in appropriate mimic nature dosing were compounded with uniquely formulated non-toxic Optimizer Base Cream and resulted in the following symptom improvement: • Patients generally used 1mL/day or less of each low dose, non-toxic uniquely compounded hormone topically on skin of the entire body, face and neck and/or vaginally in prescribed intervals, indicated effective therapeutic endpoint penetration and bioavailability results. • No negative or adverse effects, internally, on the eyelids or anywhere externally, were reported by any patient during continual and ongoing treatment. The use of Hypothalamic/Pituitary Axis synergistic therapies will be described for their physiologic indications and results as will treatment of the Thyroid with an overview of cream thyroid, natural and synthetic T4 and T3 as will Growth hormone releasing hormone therapies.

**DEDUCTION:** Correct Bio-identical Hormone Therapy demonstrated targeted systemic effects on specific health goals.

**CONCLUSIONS:** Remarkable measurable clinical outcomes in laser, surgery, prevention, restoration, reversal, rejuvenation, skin and global organ therapies, prevention and disease reversal (internally and externally), psychological and intellectual functioning markers are significantly improved. Scientifically correct, bio-identical hormone therapy in mimic nature dosing, in men and women, applied into the multi-modality treatment protocol encompassing concomitantly targeted, necessary supplementation, maximal strength, non-toxic skin therapy products and best results laser therapies where desired, provide optimized visible and biological desired goals and to this point in time in the study remarkable anti-aging goals with the supposition based on data to date of more insured quality longevity.

12.30 -12.50

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## **Integrating bio-identical hormones into an aesthetic practice**

**Dr Martin KINSELLA**

Hormones are some of the most powerful molecules within the body. The endocrine system interacts and is responsible for the regulation of all other systems within the human body.

Numerous factors including age, menopause (women) and andropause (men) cause steroid hormone depletion or imbalance. This leads to unwanted symptoms in both sexes. Within women we are familiar with the common menopausal symptoms including hot flushes, night sweats, vaginal dryness, fatigue and unexplained weight gain. In men low testosterone causes weight gain, increased fat, decreased muscle, low mood and fatigue.

In addition to these symptoms, both men and women are at an increased risk of diseases associated with old age such as cardiovascular disease.

Bio-identical hormone replacement is a customised bespoke treatment that allows patients to naturally and safely maintain hormone levels to restore and maintain optimal quality of life and prevent of diseases associated with ageing. Hormone replacement therapy is an ideal complimentary treatment that can be integrated for many patients attending aesthetic clinics. Benefits not only include anti-ageing and wellness but do encompass the appearance of the face and body which has been historically predominantly been treated with injectables/other aesthetic treatments.

In an industry that is increasingly under threat by non-medical professionals, combining bio-identical hormone therapy within your practice provides a medically lead platform that treats symptoms of anti-ageing in a different way. Whether you are looking to set yourself apart or simply provide a new treatment system, providing bio-identical hormone replacement will either integrate or create a comprehensive anti-ageing practice.

As a relatively new field in anti-ageing medicine, limited training, lack of available resources and low awareness have often deterred aesthetic clinicians from integrating it into their practice.

Until now the prospect of offering bio-identical hormone replacement to patients within an aesthetic practice has been viewed by many practitioners as a complicated process. Varying views on how to test for hormones, source hormones, prescribe and administer these treatments have often been barriers to care.

Dr Kinsella and his team have identified and addressed these issues by creating a simplified, standardised and individualised system for the treatment of patients within an established aesthetic practice. This BIO-ID system incorporates all aspects of the bio-identical hormone treatment journey from the initial consultation through to follow up. In addition to the training of doctors, this system provides services for hormone testing, manufacture and supply of the hormones in addition to simple treatment guidance. BIO-ID also offers a network of support for all members and access to a range resources to use within practice.

Following this BIO-ID system doctors can feel supported and safe to provide these treatments to their patients in practice.

**The social clinic: digital marketing master class**

**Wendy LEWIS**

Social media platforms and tactics are in a constant state of flux. It is next to impossible for aesthetic clinics and practitioners to stay on top of all the trends without some help.

Gaining a better understanding of digital and of today's consumer habits and expectations can help clinic managers and practitioners be more successful at using social networks effectively. Conversations are not for sale. They need to be organic and transparent. If they are all bought, your community will know and will ditch you.

Just having a business page on Facebook or having your clinic on Instagram with no one acting in the role of Community Manager to interact with fans will not measure up to modern user's expectations. Social media is the new CRM (customer relationship management) tool and it is also a source of generating positive 5-star reviews. Getting up to speed on digital marketing will help to filter and prioritize key marketing tactics to weed out what will not get the job done and identify what will yield the greatest impact for the budget allocated.

In this comprehensive workshop, Wendy Lewis will share her insights on what's new, how to navigate the Facebook/Instagram changes in the wake of the current privacy debacle, and where it makes the best business sense to focus the majority of your marketing budget to convert fans and followers to real patients and keep them coming back to your clinic. Instagram is gaining steam as the premier platform for aesthetic practitioners to devote their marketing muscle. It allows you to cultivate a genuine and open dialogue with consumers and patients to listen and learn and respond in a way to instill trust and confidence to address their needs.

She will also cover the key digital trends for 2018 and beyond that will impact your digital marketing plan, including Facebook Video Ads, Voice Search, Artificial Intelligence (AI), Messenger Marketing, Ratings and Reviews, Live Steaming Video, and Cultivating Micro-Influencers.

**How to manage your practice and win more patients**

**Mahran ASHOUR**

How to create a good word of mouth from ALL your visiting clients.

**INTRO:** Wowing the patients (medically - non-medically) builds the organisation's reputation and overall brand including YOUR name. Most of your employees will not always understand this; therefore, it is IMPERATIVE that YOU or your management challenges employees and coaches them to a level beyond what they're willing to do and beyond what others are doing!

**METHODS:** It is imperative that employees have the proper attitudes as well as the capacity to act. It's one thing to be willing to offer great patient relation, however willingness means nothing without action. Employees need to be encouraged to take matters into their own hands and impress clients.

**RESULTS:** - If you can prevent 5% of your customers from leaving you can increase your bottom line profit by 25-95% - Harvard Business Review.

90 % of machine manufacturers said to defend against low cost competitors a greater percentage of their revenues must come from services; therefore, the way they service their clients is critical to their long-term success - Industry Week

**CONCLUSION:** There are so many factors for a successful health practice, and the most important one is, IF you are a business owner or you care about the place you work right now, YOU should consider how to deal with your clients' in a way to make them come back to your practice and trust you as a doctor.

16.55 - 17.20

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### **Immersive Marketing using 360 3D as an engaging tool**

**Richard JACKSON**

Today's customers are faced with an overwhelming choice for their health, beauty and well-being needs, from small one-off boutiques and clinics to larger franchised outlets and chains. As a result, it's becoming harder to attract, engage and retain a loyal customer base. This has been exacerbated by consumers' tastes and needs becoming increasingly sophisticated - not just in the products and treatments that they enjoy, but also in the type of technology they use. With so much competition, how can health clinics, consultancies and surgeries stand out? Clinics and specialists need to become more digitally savvy and capitalise on mobile marketing strategies which include immersive virtual experiences if they want to stay ahead of the game. Richard Jackson from Virtronix will show you how it can be done.

17.20 - 17.45

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### **Key Performance Indicators - knowing the score of your business**

**Dr Harry SINGH**

Dr Harry Singh shares with readers how to increase turnover by measuring key metrics in your facial aesthetics business.

Just imagine – you are the next England football manager. It's your first game and there are only 10 minutes left. You decide to take off 3 attackers and replace them with 3 defenders.

Now, is that a good or bad move?

Well, it depends on the score at that particular time. If you were losing by 1 goal, then this would be a terrible move as you need attackers to get you a goal. If you were winning, then this would be a sensible move, to help you protect your lead.

It seems obvious, doesn't it? As the manager, you can only make the right decision once you know the score.

So why do so many practitioners make ad hoc decisions regarding marketing, equipment purchasing, team selection, etc. without knowing the score of their business? As a business owner, your prime responsibility is to be the score keeper. You have to know the scoreboard of your business inside out and keep an eye on it on a regular, consistent basis – especially before making any business decisions.

# THREADS AGENDA

09.30 - 10.00

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**Thread lifting, expectation and reality: view of doctor and patient****Dr George SULAMANIDZE**

Introduction: In recent years, thread lifting methods are more frequently applied in practices of specialists in dermatology and aesthetic surgery. As of today, there are dozens and even hundreds of different threads and methods for face and body rejuvenation. Frequently, the companies do not even trouble themselves to teach the doctors and encourage them to purchase their products, threads, not even thinking about any possible consequences. Precisely for this reason doctors and patients have unrealistic expectations and find that the reality of thread lifting is totally different.

Materials and methods: Advice offered by the author is based on application of thread lifting methods by doctors for 20 years. There are researched results of different methods and procedures for more than 300 patients in order to evaluate the given techniques effectiveness. During many years the technique of thread placement subcutaneously has been modified for more safe and effective methods of application.

Results: As a result of longstanding work the author succeeded to gather all the features and details of threads application for face and body rejuvenation, to differentiate and to structure thread lifting process and to offer the colleagues practical advices and techniques in order to understand what doctor and patient could expect from these procedures.

Discussion and conclusion: Aim of this paper is to increase safety of thread lifting application, satisfaction of patients, quality of the derivable results and to facilitate doctor's work.

10.00 - 10.30

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**The first real facelift without surgery****Dr Jean-Paul FOUMENTEZ**

Patients are looking for mini-invasive, natural-looking and long-lasting solutions. Recent advances in thread lift make it possible to meet this expectation. If cervicofacial facelift remains the most famous technique, thread lift is now an alternative to be taken seriously for younger patients or in addition to surgery.

The key to effectiveness and durability lies is the combination of a permanent thread and a technique. One cannot do anything without the other.

The thread I use is composed of a polyester core that provides the necessary traction force and a solid silicone shell made of notches that are both very catchy and gentle to the patient's tissues. Endoscopy clearly illustrates this. We can now treat heavy ptosis in only 1 hour of operative time, under local anesthesia.

The technique secures the threads of both sides of the face, maintaining their positioning over time and then the quality of the result. Implanted in the subcutaneous tissue, using blunt-tipped needles, the threads remain invisible and create no line. This discretion is reinforced by light post-op effects including the presence of edemas resulting in a short social downtime of 3 to 8 days.

The use of a permanent thread is therefore finally meaningful through long-term results while meeting the expectations of the modern patient.

In terms of safety and beyond the well-known biocompatibility of the materials used, the histology shows a minimal fibrillar reaction (10 to 15 microns). The quality of the traction is purely mechanical and does not rest on the creation of collagen, whose distribution between type I and III is still obscure for science. This negligible fibrosis provides peace of mind for the patient to always be able to withdraw the threads.

**Advanced facial PDO thread insertion techniques using HQ 6-D spiral barbs and mono threads**

**Dr Jacques OTTO**

The indications for a variety of 5, 7- and 10-point barb insertion techniques are described. These insertion techniques were designed by the author for various indications, i.e. cheek lift, jaw line lift and neck lift. Only insertion of barbed/cogs threads are discussed. Mono skin threads are inserted as per standard procedures.

The author has over five years of experience that include hundreds of patients in PDO thread insertion and he has trained in excess of 400 practitioners since 2014.

Patient assessment and selection for non-surgical PDO thread face lifting is essential in order to predict cosmetic satisfactorily and long-lasting results. Asymmetry is difficult to address, especially when filler products are in-situ prior to threads insertion. Patient expectations are difficult to manage and a proper consultation including photographs are essential.

Satisfactory results depend on (i) the design and quality of the threads used (in particular barbed threads) and even more importantly is (ii) the insertion and lifting technique ensuring an immediate mechanical soft tissue lift without skin puckering.

The aim of this presentation and demonstration of the 10-point lift is to endeavour to achieve maximum clinical outcomes consistently with high practitioner and patient satisfaction.

The Insertion technique include:

1. Insertion and end points are described.
2. The correct sequence of thread insertion.
3. How to maximize thread anchoring and thread lifting.
4. Post-insertion massaging.
5. Post insertion after care instructions.

Avoidance and management of side effects and complications are discussed.

Finally, discussion of combination therapy includes:

1. Botulinum toxin type A.
2. Volume enhancing products.
3. Platelet-rich plasma.
4. Tissue modulator (PROFHILO).

**Combination therapy using PDO threads and dermal modulation - a global approach - Professor Syed HAQ**

The immense popularity of thread-based technology with its positive clinical impact, safety profile and short downtime allows us to utilise thread lifting as a technique to bring about skin rejuvenation, skin tightening and lifting of the face, as well as their use in treating other body parts.

The use of hexadeca-6D cogs, cavern screws, 3D and 4D cog polydioxanone (PDO) threads as the principal underlying device in aesthetic/cosmetic non-surgical interventions in combination with an advanced nitroplasma RF device (NeoGen Evo™) has allowed for a global approach to tackling global skin issues of the face (brow, peri-orbital zone, mid and lower face), neck, arms, abdomen, thigh, and lower leg to achieve results that traditionally relied on a surgical based approach. Understanding the limitations and benefits will allow clinicians in the future to provide more advanced treatment options. Invariably leading to improved patient outcome through the use of a synergistic combinatorial approach.

New insights and techniques together with clinical outcomes will be described.



12.30 - 13.00

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**Practical demonstration**  
**full face lift using the HQ 6-D spiral barb and mono threads**

**Professor Syed HAQ**

Practical demonstration - Combination therapy using HQ6-D spiral barb threads and the NeoGen Evo nitroplasma to synergistically stimulate dermal remodelling - a lower face and neck lift

A middle-aged woman with classic signs of lower face and neck skin ptosis will undergo a non-surgical intervention under a local anaesthetic using a two-point entry principle of the skin distal to the zygomatic arch (1) and adjacent to the angle of the mandible (2). A series of HQ6-D cog spiral polydioxanone threads will be placed strategically in a specific and standardised vector pattern across the lower face and neck so as to lift both the neck and lower face superiorly. Following the treatment, the patient will undergo pulsed exposure to the NeoGen Evo nitroplasma system at 1-1.2J of energy and at a frequency of 2.5Hz. The purpose of which is to promote a synergistic approach to dermal remodelling through enhanced neocollagenesis using two distinct approaches.

14.30 - 15.00

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**Protocols of face rejuvenation -**  
**application of the golden triad of aesthetic medicine:**  
**Botulinum toxin, fillers and threads**

**Dr Albina KAJAIA**

**INTRODUCTION:** Recently, there have appeared a large number of minimally invasive procedures for face rejuvenation in aesthetic medicine. Each of the methods corrects a certain problem. It seems, we could solve any ageing problem by injections. Although, as shown in practice, the majority of these methods is effective during combined intervention and individualised protocol. So, how is it possible to select the proper methods of intervention and to apply determined protocols for face ageing solutions.

**MATERIALS AND METHODS:** The research is based on practical work of the doctors (plastic surgeons and dermato-cosmetologists) from three clinics. More than 100 patients, 40 years and older underwent non-surgical, minimally invasive procedures for face rejuvenation. The procedures were performed by two or more specialists in majority cases trying to solve ageing problems by combined methods. Some cases required to hold the consilium for determining treatment protocols for problems of involutive face changes. There was selected a separate program for each case. Different treatment programs were applied to solve skin ageing problems; mimic wrinkles were removed by botulinum toxin; soft tissues atrophy was filled by fillers based on HA and soft tissues ptosis was treated by thread lifting.

**RESULTS:** Treatment results were evaluated during one to two years. There was radically rejuvenating effect almost in 100% of the cases. The doctors as well as patients were satisfied by results of performed treatment. Based on practical work there were developed determined protocols of different methods application for rejuvenation depending on patient's age, involutive changes of face soft tissues and indications to procedures.

**DISCUSSION AND CONCLUSION:** There are offered several concrete cases of practical work with description of intervention protocols, methods and results for discussion.

As of today, when patients do not want to spend much time for big surgical interventions and long-term rehabilitation, minimally invasive methods are good alternative to fight against face ageing processes. But only complex, correct approaches to the given problems and joint work of different specialists could lead to success and satisfied results.

### Timing frames for performing individual procedures during combined approach - Dr Rovshan IZAMOV

A variety of aesthetic procedures allow delaying the appearance or elimination of existing signs of ageing or imperfection of the face and body at any age. Utilising existing classical aesthetic treatments provide good level of satisfaction. However, quite often using only one or two methods is not entirely enough to achieve significant result. Furthermore, the timing and order of those treatments play significant role. The author looks into the ways and time frames of rational combination of different treatments and provides his views and experiences on performing combined approach using well known treatments, namely:

- Botulinum Toxin
- Carboxy Therapy
- Dermal fillers
- Profillio
- Threading

Combining and using so called Mix 'n' Match techniques achieves the most natural and long lasting results as well as reducing risks and side effects.

### Absorbable thread lifting technique using a novel Korean cog thread

Dr Han Jin KWON

**INTRODUCTION:** During the last decade, especially in the aesthetic (plastic surgery) medicine, Facial rejuvenation using Korean absorbable thread has come a long way. Face lift surgery has a very long history of more than 100 years and shows excellent clinical results, however, there's some report of complications, e.g. hematoma, skin slough, scar, facial nerve injury. The evolution of barbed suture technologies and their application in the field of plastic surgery is now in its third decade. Much has been learned along the way. Initial excitement was often followed by disappointment as we learned more about the limited longevity of minimally invasive procedures and complications arising from various suture designs of the past. Although Ultra V absorbable thread lifting technique shows limited longevity, it guarantees reasonably good results with safety, evolving at this time as emerging technology

**MATERIALS AND METHODS:** PDO, polydioxanone is core material of absorbable threads and subdivided into various forms.

Mono thread has proved its histological change, safety and effectiveness to facial rejuvenation through animal experiments and clinical data, although there are no fixation points, and we describe it as «collagen stimulating lifting or contouring». With a long history, the barbed suture technique or the cog thread technique immediately produces excellent clinical results and continues to evolve in Korea as a new concept of multi-directional cog thread or moulding cog thread. Specialised procedures include lower back correction, nose modification, forehead/eyebrow lifting, and neck wrinkle correction using PDO threads.

**RESULTS:** Compared with face lifting surgery, the absorbable thread face lifting technique has proved its safety because it can produce cosmetic results easily and quickly with no incision, less downtime, little or no complication.

In my experience, both midface and lower face tightening can be maintained with absorbable bi-directional cog thread, but, as expected, patients with the most favourable anatomy (e.g. low body mass index, minimal fullness to the soft tissues, smooth underlying bony projection, good skin quality) have shown the best results.

**DISCUSSION AND CONCLUSION:** Absorbable thread lifting is an alternative to face lifting surgery and its safety and efficacy are well proven for more than 10 years. Thread lifting has evolved in materials, from PDO to PLLA, PCL, etc. To improve the longevity of these procedures, combining with various lasers and devices for better results.

16.30 - 17.00

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**A clinical application of 100% polylactic acid reinforcing resorbable filaments to correct paracmastic skin transformations**

**Dr Elena VASILYIEVA**

A clinical application of 100% polylactic acid reinforcing resorbable filaments (France) to correct paracmastic skin transformations (a presentation)

**GOAL:** To determine efficiency of lifting and rejuvenation with filaments for correction of paracmastic skin transformations in the cosmetological practice in the laboratory setting.

**STUDY OBJECTS:** 302 Center patients in the age of 33-66 years (33-43 years old – 142 patients; 44-55 years old – 112 patients; 56-66 years old – 48 patients), including 38 male and 264 females. The evaluation was made based on the visual examination, palpation, photo documenting before, immediately after, and in 2 and 18 months after the procedure, and a level of patient satisfaction with the result achieved. Two filaments were implanted to each of 26 patients with a goal of lifting in the frontotemporal zone, 147 patients in the nasolabial-malar zone, 31 patients in the bucco-mandibular zone, and 30 patients in the cervical and submandibular zone. The single-stage lifting of the mid and lower face (4 filaments) was performed in 80 patients.

**PROCEDURAL SEQUENCE:** marking, application of chlorehexidine bigluconate solution 0.05%, infiltration anesthesia with 2-4 ml of ultracain 2%, subcutaneous installation of filaments according to the marking through two small skin punctures each with a 90 mm puncture biopsy spinal needle 20-18G, skin relocation (lifting) along the filament into a correct position with the initial fixation of filaments with micro-notches, cutting and immersion of filament ends into the skin. The patients were recommended to avoid intensive mimic, chewing and articulation.

**RESULTS:** An optimal esthetic effect was reached by the end of the 3rd month due to stimulation of patients own neocollagenesis with polylactic acid: enhanced turgor, density and elasticity, disappearance of wrinkles.

**CONCLUSIONS:** Results demonstrate an excellent level of safety, clinical efficiency, a high level of patient satisfaction and guarantee an optimal esthetic result, thus widening practical possibilities of the cosmetologist and at the same time allow to avoid possible complications.

17.00 - 17.30

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**Practical demonstration - combination therapy using threads and fillers**

**Dr Jacques OTTO**

# HAIR AGENDA

09.30 - 09.50

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**Hair regeneration through follicle awakening**

**Dr Mukta SACHDEV**

09.50 - 10.10

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**Bio-equivalent hormones - benefits for hair**

**Dr Martin GALY**

Body Identical Hormone Replacement Treatments (BHRT) receives praises from an overwhelming majority of patients who decide to commence treatment. Even severe complications can disappear, and in general, patients with more severe symptoms seem to have the most dramatic improvements. Body Identical Hormone treatments can consist of any hormonal medicine that is manufactured into the same chemical/molecular structure as those hormones produced in the human body. These can include Thyroxine, Estradiol, Progesterone, Testosterone etc. These BHRT can be prescribed using products that are available from the national formulary, or indeed can be compounded by specialist pharmacies if different doses or applications are required to meet the needs of the individual patient to improve compliance and tolerance.

Hormones specifically related to hair include Estradiol, Thyroxine and Vitamin D. Although evidence supporting the use of these hormones specifically for hair restoration is lacking, there are a few studies that support the anecdotal positive outcomes most prescribed see when optimising these three hormones in men and women with hair problems.

Female Pattern Hair Loss (FPHL), or androgenetic alopecia (AA), is the most common cause of hair loss in women and one of the most common chronic problems seen by dermatologists worldwide. Estrogen has been hypothesized to have a protective role against hair loss on the basis of the observation that patients with lower estrogen levels during menopause, postpartum, or treatment with aromatase inhibitors or selective estrogen receptor modulators are more likely to develop FPHL (<https://www.ncbi.nlm.nih.gov/pubmed/23159181> and <https://www.ncbi.nlm.nih.gov/pubmed/25473228>)

Human hair follicles are direct targets of thyroid hormones. Both T4 (Thyroxine) and/or T3 (Liothyronine) modulate multiple hair biology parameters, ranging from hair follicle cycling (growing and resting phases) to pigmentation (colour). (<https://www.ncbi.nlm.nih.gov/pubmed/18728176> ) Regarding thyroid hormones, both excessive and underactive thyroid hormones can negatively affect hair growth. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4738522/>)

The majority of studies reveal decreased serum 25-hydroxyvitamin D levels in patients with different types of non-scarring alopecia, which could suggest its potential role in the pathogenesis of hair loss. Vitamin D supplementation could be a therapeutic option for patients with alopecia areata, female pattern hair loss, or telogen effluvium. However, further studies on a larger group of patients are required (<https://www.ncbi.nlm.nih.gov/pubmed/29215595>)

10.10 - 10.30

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**Mesotherapy for chemotherapy induced hair loss**

**Dr Sarah PARKER**

**BACKGROUND:** The psychosocial impact of hair loss of any cause is well documented. Hair loss secondary to chemotherapy can be devastating, adds 'insult to injury' and can keep patients within the sick role model long after their treatment has finished.

**OBJECTIVE:** To evaluate the efficacy and safety of mesotherapy Vs dry needling Vs no treatment in patients with hair loss secondary to chemotherapy.

**METHOD:** 152 patients were randomly assigned to a mesotherapy or 'no treatment' group. Hair was injected week 0, week 2 & week 4 with clinical evaluation (hair growth & side effects) and patient satisfaction data collected at weeks

2 & 4 for both groups. A further group of 30 patients were randomly assigned to a dry needling Vs 'no treatment' group; data was collated as above. Due to results, both 'no treatment' groups & the dry needling treatment group (n=106 (76 +15 +15)) also underwent the 3 treatment sessions with XL Hair.

**RESULTS:** There was a statistically significant improvement ( $p = <0.05$ ) in hair growth in the mesotherapy treatment group in both clinical evaluation & patient satisfaction outcomes. This was not replicated in the dry needling group. Side effects reported in both groups were minimal and short lasting.

**CONCLUSION:** Treatment with XL Hair (without the recommended treatment regime) successfully stimulated hair growth in 182 patients who had hair loss secondary to chemotherapy with minimal side effects. This study concludes XL Hair is therefore safe & efficacious in the treatment of hair loss secondary to chemotherapy.

10.30 -10.50

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**PRP - Update on research on growth factors**

**Professor Ash MOSAHEBI**

11.30 - 11.50

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**Follicle stem cell therapy for hair loss**

**Dr Bessam FARJO**

Androgenic alopecia, also known as pattern hair loss, is a chronic progressive condition that affects 80% of men and 50% of women throughout a lifetime. The general consensus is that androgenic alopecia is genetic and androgen mediated. The genetics are complicated and over 100 different genetic loci have been identified as being implicated. The androgen responsible has been identified as dihydrotestosterone (DHT), a metabolite of testosterone formed after its conversion from free testosterone via the type II 5-alpha reductase enzyme although questions remain regarding dihydrotestosterone's exact role in androgenic alopecia.

It is generally accepted that in androgenetic alopecia, individual follicles undergo miniaturisation – a change from the so-called terminal to vellus state. This is a progressive process that may occur over a number of follicle cycles. Also, the balding follicle has a shorter anagen growing phase and spends a greater proportion of its follicle cycle in telogen resting phase, the non-growing stage.

Strategies to influence hair loss have focused on preventing the formation of DHT (Finasteride), forcing the resting follicle into a new anagen cycle (JAK-STAT inhibitors), or by stimulating the activity of the dermal papilla cells either by growth factors (PRP), physical stimulation (needling or low level laser light) or by influencing the potassium channels of the dermal papilla itself (Minoxidil).

From the end of one anagen stage, until early in the next, the follicle undergoes a complete morphogenetic degeneration and regeneration, requiring multiple tissue interactions, and significant cell movements. It is likely that this is when follicles reduce in size from one cycle to the next in the balding scalp. It has been shown that human follicle dermal papilla miniaturisation is a direct result of reduction in dermal papilla (DP) cell numbers. The key cause of follicle miniaturisation can therefore be considered as being this decrease in DP cell number. HairClone is developing autologous cellular replacement therapies to increase the number of DP cells within a DP and hence rejuvenate the hair follicle back to a thickness and cycle length more similar to its status before miniaturising.

Providing a treatment during this slow progressive process of sequential follicles miniaturising, will not prevent follicles destined to miniaturise from losing DP cells after treatment. Therefore, it is envisioned that this treatment will need to be repeated at intervals in order to rejuvenate newly miniaturising follicles and thus maintain the cosmetic appearance.

HairClone is creating a unique cell therapy model bringing together a select clinical partnership of leading hair transplant surgeons from around the world who are co-funding the development and working in partnership with very experienced scientists and Biotechnologists. Already over 100 million people are within 50 miles of a clinical partner and additional partners are expected to join.

The first treatment that HairClone is developing will be a three step process consisting of

**STEP 1:** Follicle excision, cryopreservation and banking. This will mean that only one excision procedure will be needed and this can take place as soon as the patient feels he/she may need future treatment. This way, the follicles used for treatment will be as young and vital as possible

**STEP 2:** At intervals, some of these follicles will be thawed, the DP cells isolated and multiplied in culture (cloned)

**STEP 3:** The cultured cells will be injected back into the scalp adjacent to actively miniaturising follicles where the cells are intended to migrate the short distance to the DP and increase its size and functionality and hence the hair shaft.

HairClone are working to develop these three steps in parallel and will soon be in a position to begin banking patient follicles.

The second step will be for HairClone to provide a cell expansion service for trained partner clinicians who will be able to use these cells in their own suitable patients using Special license exclusion provisions in the UK's regulatory system.

## 11.50 -12.10

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### **Autologous skin stem cells for hair loss**

**Professor Kevin MCELWEE**

Research published over many years using a variety of in vivo hair growth models has demonstrated that hair follicles exhibit significant regenerative capacity. Research has also shown that hair follicle-derived dermal tissues can promote new follicle formation after surgical implantation adjacent to epithelial tissue or cells. More recently, cultured cells have been used to induce new hair follicle formation (neogenesis) as well as modification of resident follicles (rejuvenation). Collectively, published research shows that dermal papilla (DP) cells are essential for hair follicle regeneration, and that dermal sheath cup (DSC) cells likely maintain the DP structure over multiple hair cycles. Not surprisingly, these unique properties have caught the attention of scientists in academic laboratories and biotech industry. Several companies have been launched with the aim of developing DP or DSC cells, and possibly even stem cells, into a practical treatment for hair loss. Cell-based clinical therapy is a new field with various challenges to address in making any treatment suitable for approval by regulatory authorities. Nevertheless, a manufacturing protocol for culturing DSC cells has been developed to use in the treatment of androgenetic alopecia in humans. Safety of autologous DSC cell injections has been demonstrated in a phase I/IIa clinical trial (clinicaltrials.gov identifier: NCT01286649). While the future road map is challenging, the potential remains for developing an effective cell therapy treatment for hair loss.

## 12.10 - 12.30

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### **Stromal vascular fraction-enhanced adipose transplantation for hair loss**

**Dr Eric DANIELS**

Treatment of Androgenic Alopecia with Cell Enriched Fat Grafting; Results of the STYLE Trial; a Multi-centre Randomized Clinical Study

**INTRODUCTION:** Research efforts to understand the pathophysiology of androgenic alopecia have identified the key role of adipose cells in the maintenance of a robust hair cycle. Androgenic alopecia is associated with changes in adipose tissue located within the follicular niche, specifically mature adipocytes and adipose derived regenerative cells (ADRCs). It is hypothesized that autologous transplant of adipose enriched with ADRCs into the follicular niche will delay androgenic alopecia and increase terminal hair growth. Kerastem has conducted a randomised, controlled, multi-centre clinical trial (STYLE) to evaluate the safety and feasibility of autologous fat grafts enriched with ADRCs in the treatment of patients with early alopecia.

**MATERIALS & METHODS:** 71 male and female subjects with early androgenic alopecia (Males with hair loss consistent with Grades III, IIIA, III-Vertex, IV, IV-A, based on Norwood-Hamilton Scale and Females with hair loss consistent with Grades I-3, I-4, II-1, II-2 based on the Savin Scale) were randomized to four treatment groups: Arm 1: 16 subjects with Puregraft processed fat +  $1.0 \times 10^6$  ADRCs/cm<sup>2</sup> scalp; Arm 2: 22 subjects with Puregraft processed fat +  $0.5 \times 10^6$  ADRCs/cm<sup>2</sup> scalp; Arm 3: 24 subjects with Puregraft processed fat alone; Arm 4: 9 subjects with saline (control group)

ADRCs were isolated from autologous lipoaspirate (Kerastem) and viable cells were quantified prior to injection. Fat grafts were prepared with the Puregraft system. Treatments were delivered to 40 cm<sup>2</sup> of scalp via two injections; Puregraft prepared fat graft (dose = 0.1 ml/cm<sup>2</sup> scalp) was injected in proximity to the follicular niche in the subcutaneous layer, also a prescribed dose of ADRCs was delivered via intradermal injection. Control subjects received saline only. Terminal hair counts and widths were obtained from standardised macrophotography and global scalp photos obtained at baseline, 6, 24, and 52 weeks.

**RESULTS:** A total of 71 subjects, (17 female, 54 males, mean age 41), were successfully treated. No serious adverse events were observed. A statistically significant increase in terminal hair count ( $p < 0.05$ ) was observed in men with early hair loss (Norwood 3) in the Puregraft Fat + Low Dose ADRCs ( $0.5 \times 10^6$  ADRCs/cm<sup>2</sup> scalp) group compared to Controls at 24 weeks ( $n=22$ ), representing a mean increase of 29 terminal hairs/cm<sup>2</sup>. This group also showed a trend toward increased hair width ( $p=0.065$ ) compared to controls at 24 weeks. At 52 weeks, men with early hair loss in the Puregraft fat + Low Dose ADRCs maintained a mean difference of 11 terminal hairs/cm<sup>2</sup> scalp, compared to controls. Interestingly, cell dose mattered, as there was not a statistically significant response in the high dose group.

**CONCLUSIONS:** The hypothesis that androgenic hair loss can be effectively treated by improving the environment of the follicular niche is clearly supported by the results of this study. For men with early hair loss, Puregraft fat enriched with a low dose of autologous ADRCs ( $0.5 \times 10^6$  ADRCs/cm<sup>2</sup> scalp) injected for early androgenic hair loss showed a significant increase ( $p < 0.05$ ) in terminal hair counts at 24 weeks. Dosing mattered, as the higher dose of ADRCs ( $1.0 \times 10^6$  ADRCs/cm<sup>2</sup> scalp) demonstrated hair loss over time. Trending data also suggests improvement in hair width and slowing of hair loss. The Kerastem therapy is a promising new approach to the treatment of early hair loss.

## 12.30 - 12.50

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### PRP - A five-year experience for hair loss

Mr Kambiz GOLCHIN

PRP for hair loss 5 years' experience:

There is much written about the effectiveness of PRP for hair loss in the scientific literature. There is no clear consensus on patient selection, formulation, or the treatment intervals. My 5 years' experience of using PRP and optimising the treatments is discussed.

## 14.30 - 14.50

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### Racial and cultural predisposition to hair loss

Dr Sharon WONG

Hair is a unique physical attribute of humans and a powerful symbol of both individual and group identity and their relationship with society. Throughout history hair has provided instantly recognisable information about individuals including race, religion, culture and social status.

However, the unique mechanophysical properties of African hair combined with cultural hair grooming practices predispose this group of individuals to greater risk of specific forms of hair loss and scalp conditions such as traction alopecia, central centrifugal cicatricial alopecia (CCCA), tinea capitis and severe seborrhoeic dermatitis. The increased prevalence of pseudofolliculitis barbae, folliculitis keloidalis nuchae and dissecting cellulitis of the scalp in black males will also be discussed. In some of these conditions, an underlying genetic predisposition may also play a contributory role.

Whilst racial and cultural influences are important, it is worth bearing in mind that the anticipated demographic shift towards an increasingly mixed raced global population may foreseeably result in a parallel increase in frequency of these conditions amongst individuals outside of the Afro-Caribbean community.

In other conditions such as frontal fibrosing alopecia (FFA) what was initially thought to be a racial predilection for caucasians of an older age group has in fact provided important clues prompting investigation into possible causative epidemiological and lifestyle factors.



14.50 - 15.10

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### Hair loss from a GP's perspective

Dr Rachael KAY

This talk will highlight some of the issues encountered by both Doctors and Patients when approaching hair loss as a presenting complaint to the General Practitioner. It will utilise some case studies to reflect the importance of diagnosis at an early stage.

It will emphasise how we can avoid patient frustration and distress by having a more detailed knowledge available to us in General Practice. Knowing more about the treatment options available for patients with common causes of Alopecia, such as Male and Female genetic hair loss, can improve patient experience and outcome.

The talk will also suggest resources and tips for improving diagnosis and management in the primary care setting.

15.10 - 15.30

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### Hair loss as a cause of anxiety and psychological dysfunction

Dr Max MALIK

15.30 - 15.50

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### Camouflage options for coping with hair loss

Janan FARJO

Hair loss (Androgenetic Alopecia) is a genetic condition that affects millions of men and women in the UK, with a multitude of available treatment that have varying efficacies.

In the most part, men and women don't usually seek treatment for their hair loss until they have already reached a noticeable level of loss. This means that most people will never reach a level of coverage that they want without surgery. Drug treatments or treatments like PRP may be effective at preventing further loss and thickening existing growth, but no treatment can cause new hairs to grow.

Solving the issue of scalp show through can actually be quite easy and cost-effective. Camouflage solutions for hair loss are widely available but can vary in application in the end look. Not every camouflage solution for hair loss works for everyone, so we will look closely at who each solution will work for to create a natural look.

Some camouflage solutions are semi-permanent, while others are completely temporary. What implications does that have on the effectiveness of the camouflage solution. Hairpiece/wigs, fibres and hair thickening sprays are just some of the available solutions and each are vastly different.

A camouflage solution for hair loss needs to be easy to apply and needs to be priced correctly. As well as this the solution needs to be seamless to avoid detection. Short or long hair? Crown or Hairline? Amount of hair loss? Waterproof? These are just some of the questions that will help determine the ideal camouflage solution.

There is a camouflage solution for almost every hair loss sufferer, but not every solution works for everyone.

16.30 - 16.50

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### Eyebrow and eyelash hair transplant surgery

Dr Asim SHAHMALAK

**EYELASH TRANSPLANTS:** Eyelashes make an important contribution to facial symmetry and presentation of self to others. A person without eyelashes may feel very self-conscious about his or her appearance. Transplantation or reconstructive surgery can often restore eyelashes. At Crown Clinic, we have pioneered the introduction of eyelash transplants in the UK. I made medical history by carrying out the very first eyelash transplant in the UK - in 2009 on a young woman from Manchester. Since then, I have carried out the procedure on lots more patients - for medical and cosmetic purposes. Some women had lost their eyelashes through medical conditions, over-plucking or through damaging the eyelashes permanently through the removal of glued-on false eyelashes; others were born with thin lashes and simply crave much fuller lashes.

Donor hair is obtained from the back or sides of the scalp by the same methods as a normal hair transplant – either FUE (follicular unit extraction) or FUT (follicular unit transplantation). With FUE, the donor grafts are extracted individually whereas with FUT a strip of skin is removed from the scalp and the grafts are taken from this under a microscope. I then replant the grafts one-by-one into the upper eyelid by threading with a curved needle. The procedure takes approximately 3-4 hours and costs around £4,000.

The transplanted eyelashes come from head hair and therefore the new eyelashes grow just like they would on the head. That means that they need to be trimmed regularly, just like head hair. They also need to be curled so that they blend perfectly with the existing natural eyelashes.

Trimming and curling is easily done, and Crown Clinic provide patients with a beauty kit to do this. Patients find that with this simple maintenance their new lashes perfectly blend with existing lashes.

**EYEBROW TRANSPLANTS:** An eyebrow transplant can often help to restore eyebrows to appear natural and full. Some patients have lost their eyebrows due to medical conditions or through over-plucking; others were born with thin brows and want them thickening for cosmetic reasons.

We obtain the donor hair in exactly the same way as eyebrow transplants – either by FUE or FUT. The grafts are then implanted into the brow by me - one by one. The procedure typically involves 400 grafts transplanted into each brow. It takes approximately 3-4 hours and costs around £4,000. After-care is similar to eyelash transplants – again we are dealing head hair, so it will need to be trimmed.

## 16.50 - 17.10

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### **Micropigmentation techniques for non-surgical eyebrow hair restoration**

**Emma FURLONG**

Micropigmentation is a hugely popular non-surgical eyebrow restoration treatment; offering a low maintenance, semi-permanent solution to an increasing number of Male and Female clients.

The variety in application techniques, colours and treatment effects enable this versatile procedure to offer a solution to many. The modern techniques include realistic hair stroke brows via digital and manual methods, defining powdered style brows and wow factor “ombré” brows.

Eyebrow micropigmentation offers a hair loss solution to many. For patients affected by Alopecia Universalis or Totalis, for example, this treatment gives total facial feature restoration; with natural ‘undetectable’ brows being the most popular treatment for both male and female clients in this demographic.

For those with partial loss, medical loss or ‘ageing’ brows the treatments can be as subtle or defined as required.

Eyebrow micropigmentation is also an effective partner to hair restoration professionals, providing the opportunity to template a brow before transplantation or to add a base density to a restored brow for the ultimate result and client satisfaction.

The colour choice available ensures the patients tones can be matched uniquely in this minimally invasive procedure. Semi-permanent eyebrow treatment typically need annual colour boost maintenance treatments after the initial sessions. For those in need or for those who are seeking cosmetic enhancement this treatment, when completed professionally and correctly, is an extremely effective non-surgical procedure.

## 17.10 - 17.30

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### **Surgical hair restoration to the temples and hairline**

**Dr Mark TAM**

Hair transplant is now a common procedure and younger patients are also considering hair transplant as a treatment option to their early stages of hair loss, mainly receding hairline and temples in male pattern hair loss. Traditional wisdoms of delaying treatment or conservative non-surgical treatments often offer limited visual improvement; with the advancement of experiences and techniques, hair transplant can potentially achieve substantial visual improvements and many practitioners are now incorporating hair transplant treatment for early stages of male pattern hair loss. Dr Tam will explore the results achievable by surgically restoring the hairline and temples.

**Hair loss treatments in development**

**Dr Claire HIGGINS**

Hair plays a large part in communication and society with its role changing through time and across cultures. Most people don't leave the house before combing their hair or shaving their beard and for many hair loss or irregular hair growth can have a significant impact on their psychological health. As such, a great deal of research focuses on overcoming hair loss, and in particular, a common form of hair loss known as Androgenetic Alopecia (AGA) or male pattern baldness. In this talk I will assess new therapeutics being identified through current research efforts, and their potential application in AGA.

AESTHETIC  
GYNAECOLOGY  
AGENDA

09.30 - 09.50

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**Overview of aesthetic & cosmetic gynaecology****Dr Alexander BADER**

**INTRODUCTION:** Cosmetic Vaginal Surgery is a fast-growing segment of Aesthetic Surgery. In this presentation, a comprehensive review of this field will be presented. Statistics to show the demand in the physician's practices and how the media is taking advantage in many cases to expose Cosmetic Gynecology and expose the historical roots between human and the look of their intimate area.

**KEYWORDS:** Genitalia, genital function, genital appearance

**METHODS:** Analysis of self-image and how patients understand their appearance at this particular part of their body. Review of the anatomy and the variation of the defects which could be corrected by cosmetic gynecology procedure. Education for possible indications, contra indications and possible complications alongside with the correct tools of such procedures will be extendedly discussed

**CONCLUSION:** The main goal of this lecture is expose the way that patients are looking at themselves and why they consider Cosmetic Vaginal surgery. To deliver the message of the main difference between FGM and FGCS.

09.50 - 10.10

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**Feminine health****Dr Shirin LAKHANI**

Aesthetic gynaecology is a rapidly growing area in the aesthetics industry and has received a vast amount of interest from the media and patients alike. It is often portrayed as the ultimate vanity, with headlines relating to "Designer Vagina", which then can lead to a stigma attached to the genuine issues suffered by women and in turn a fear of asking for help. There are many reasons why women seek treatment and a range of conditions that can be treated. These will be explored during this session, along with the treatment options available, with emphasis on treatment of the vulva and vagina using radiofrequency.

The tissue in the vaginal canal ages through a process of natural ageing, post childbirth and associated environmental factors. Though this process the levels of collagen and elastin in the vaginal canal are greatly depleted leading to women suffering from a combination of symptoms namely:

- Stress incontinence (involuntary leakage during normal activities)
- Vaginal laxity resulting in decreased sexual satisfaction from sexual intercourse
- Reduction in vaginal natural lubrication resulting in painful intercourse.

These symptoms contribute negatively to mental health wellness with associated self-confidence and embarrassment issues.

During the presentation, we will examine the clinical data pertaining to the BTL Ultra Femme 360 and look at how this translates into real clinic experiences to date; increasing a patient's self-confidence and overall wellbeing.

10.10 - 10.30

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**HA filler and female genital treatments****Dr Laurent BENADIBA**

Nowadays, sex life is very important for quality of life for women. To improve it or repair it has become one of the firsts ask for physicians. Plastic surgeons are well placed to propose the combination of treatments needed.

AH fillers are one of the best weapons we have to restore or improve genital areas for women.

Actually, only one product has the CE mark for genital injection. Desirial from the Vivacy company can be used to improve the sex life of women by using AH for the treatment of dryness, G-spot amplification, augmentation of the labia majora and vaginoplasty.

The author presents his experience of 14 years in vaginal cosmetic surgery and his new concept of «vaginal restauration».

10.30 - 10.50

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**Genital laser bleaching - protocols and parameters**

**Dr Jorge GAVIRIA**

11.30 - 11.50

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**Nanofat application on genital rejuvenation**

**Dr Sophie MENKES**

**INTRODUCTION:** Genital restoration is growing in recent years. It can improve vaginal dryness, mucosa trophicity, genito-urinary symptoms of menopause (GSM) and loss of elasticity and volume of external genitalia.

**Objectives:** Our goal is to show that microfat, nanofat grafting can be effective in this indication. This study aims to present our technique, analysing effectiveness, patient satisfaction, and complications.

**METHODS:** Patients presenting vaginal trophic disorders, atrophy of labia majora, and GSM were included. After abdominal fat harvesting (or inner face of the knees, or thighs) and fat graft preparation, a microfat and nanofat grafting was performed in the genital area. 8ml of microfat was injected in the labia majora and 6ml of nanofat in the vestibule and the first 3 centimetres of the vagina wall (posterior and lateral) pH, Fridmann score and Female Sexual Distress Scale (FSD) were used to evaluate the results, the effectiveness and tolerance of the treatment.

**RESULTS:** 10 patients benefited from this technique. A significative improvement of the Fridmann score, pH, and FSD scale was found for all patients, with particular benefit on dryness, pH and dyspareunia. No complications were found in our study.

**CONCLUSION:** This study demonstrate that functional disorders of intimate sphere can be treated by micofat, nanofat. This autologous procedure is able to provide a very good rejuvenation of genital area. This method was effective in all patients and required a single session.

11.50 - 12.10

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**PRP and its role for female sexual function**

**Dr Fernando Aznar**

12.10 - 12.30

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**Lichen sclerosis and PRP - treatment beyond steroids**

**Dr Maria RIEDHART-HUTER**

Vulvar lichen sclerosis (VLS) is a chronic inflammatory disease with an auto-immune pathogenesis of the anogenital area that often leads to significant impairments in sexual function and quality of life. Although relatively common, its true incidence is unknown and likely underestimated. Continuous administration of topical steroids is the mainstay of medical treatment

Injection of PRP (Platelet Rich plasma) into affected areas can result in the regeneration of damaged tissue and presents to be a further option to topical Corticosteroid or topical immunomodulating treatment. The use of PRP or in addition with Nanofat grafting is a simple procedure that allows the administration of stem cells and growth factors in a very superficial layer to treat several pathological conditions such as Lichen sclerosis.

Patients in our clinic are treated in a holistic concept of fractional Co2 Laser and PRP Injection and in some cases additional fat grafting. A significant vulvar trophism enhancement, improvement of elasticity and skin color is clinically observed, pain reduction and sexual function improvement are seen in the majority of the patients by using a pain visual analogue scale and photography.

On the basis of my experience patients should be offered complimentary therapeutical options such as PRP, Nanofat and Laser treatments as these are valid and safe therapeutical approach in regenerating damaged tissue.

12.30 - 12.50

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### **Botulinum toxin in the treatment of sexual dysfunction**

**Dr Beata CYBULSKA**

Botulinum toxin type A (Botox) has become one of the most commonly used products in aesthetic industry worldwide for the treatment of wrinkles. Mechanism of actions involves an inhibition of acetylcholine in neuromuscular junction resulting in a reduction in muscle activity.

Clinical applications of Botox include treatment of blepharospasm, strabismus, migraine, neck pain, hyperhidrosis, facial redness, Reynaud's syndrome, wound healing, scarring, anal fissure, anal spasm, vaginismus and premature ejaculation.

Vaginismus represents sudden, involuntary spasm of vaginal muscles on attempted penetration resulting in painful or impossible vaginal penetration, inability to have intercourse, manual and speculum examination or smear test. Classic feature of vaginismus is avoidance of smear tests, vaginal examination and sex. Vaginismus can be primary or secondary. Primary vaginismus is of unknown aetiology and usually is seen in teenage girls. Secondary vaginismus is when a person was previously able to have penetration without pain.

Contributing factors include: Vulvovaginal vestibulitis, urinary and vaginal infections, sexual abuse, chronic pelvic pain, anxiety, stress, strict upbringing.

Conventional treatment methods include: systematic desensitisation, Kegel exercises, vaginal dilators, anxiolytics and antidepressants.

Botox results in temporary reduction in pelvic floor muscles. Its use should be considered after careful assessment and attempts at conventional therapies. Dilution and injection technique will be discussed during the conference.

Premature ejaculation (PE) occurs when man experiences an orgasm and ejaculates soon after sexual activity with minimal penetration. Medical causes of PE include: multiple sclerosis, prostate disease, thyroid disease, use of alcohol, heroin or cocaine. Conventional treatment methods consist of: selective serotonin uptake inhibitors, masturbation, squeeze method, penile rings and local anesthetics.

Criteria for use of Botox in PE consist of ejaculation within 1 minute of sexual activity after little stimulation and before the individual wishes to climax and marked personal distress. Study looking at the effect of Botox on ejaculatory latency in rats showed that rats treated with 0.5 or 1 Unit of Botox had significantly longer latencies to achieve ejaculation compared with pre-treatment performance. A phase 2, multicenter, randomized, double-blind, placebo-controlled, dose escalation study by a study by Allergan looking at the safety and efficacy of Botox in premature ejaculation is under way.

14.30 - 14.50

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### **CO2 laser for functional and aesthetic gynaecology**

**Dr Alexander BADER**

**INTRODUCTION:** Cosmetic Vaginal Surgery is a fast-growing segment of Aesthetic Surgery. In this presentation a comprehensive review of this field will be presented.

**METHODS:** A review of the variety of procedures could be offered for the enhancement of the function and appearance will be presented. The prospective role of Non-Invasive CO2 Laser on prevention and anti-ageing concept of the Vulvo-Vaginal tissue will be addressed with pilot study results to be reviewed.

**KEYWORDS:** Vaginal rejuvenation, Laser, CO2

**RESULTS:** Using a Carbon Dioxide Laser and familiarity of surgeon with cosmetic vaginal surgery will give the patient the most effective results considering patient ambitions and expectations. Statistical analysis will show the growth of Cosmetic Gynecology through the continents

**CONCLUSION:** CO2 Laser it could be considered as a perfect tool not only for treatment and cosmetic enhancement but also for prevention of functional problems.

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14.50 - 15.10

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## Laser vaginal rejuvenation

Dr Rahul PILLAI

**BACKGROUND:** Laser vaginal rejuvenation is a minimally invasive surgical technique for woman with Vulvo vaginal atrophy, vaginal laxity and for the enhancement of sexual functioning in women. It also has been proposed for woman with Urge incontinence (UI), Stress urinary incontinence (SUI) and recurrent urinary tract Infection. Vulvo vaginal atrophy (VVA) affects up to 80% of post-menopausal women. Laser-based technologies, especially CO2 is used in dermatologic and aesthetic surgery for the treatment of several skin and mucosal lesions, such as acne scars or chrono-ageing facial defects. More recently it has been used and found to be effective in VVA as it stimulates collagen/elastin contraction, neocollagenesis, and neovascularization. Having the first FemTouch™ installation in India, we conducted a study on 8 patients to evaluate various parameters and results.

**AIM:** To study the efficacy of CO2 laser (FemTouch™) in improvement of Vulvo vaginal atrophy (all associated complaints), Stress Urinary Incontinence (SUI), Urge Incontinence (UI), Vaginal laxity and Sexual functioning.

**Materials and Method:** Eight patients who were in the Menopausal transition to post-menopausal age group who presented with any one of the above-mentioned complaints were enrolled in our study. Prior to treatment, a vaginal examination was performed to ensure patient eligibility for treatment and to determine the Vaginal Health Index Score (VHIS), Subjective evaluation of VVA symptoms was provided using the visual analog scale (VAS) and the Vaginal tightening and patient satisfaction was assessed. They also took a questionnaire regarding their sexual functioning i.e. FSFI. They underwent 3 sessions of FemTouch™ at 1-month interval. FemTouch™ is a new procedure for treatment of vaginal health related conditions using a dedicated vaginal probe used in conjunction with the AcuPulse™ fractional CO2 laser system

FemTouch™ delivers low continuous wave CO2 energy levels in a fractional pattern along the vaginal lining. Uniform delivery of the fractional pattern is achieved through a unique scanner designed to scan microbeams of 210µm each in a controlled and uniform manner, this is followed by external treatment of the vaginal area with AcuPulse AcuScan Deep mode.

**RESULTS:** The Dermatologists and Gynaecologists treating the patients noted significant improvement in Vulvo-vaginal atrophy after 12 weeks which was observed in vaginal elasticity, fluid volume and epithelial integrity and patients noted reduced intensity of vaginal symptoms, such as vaginal burning, dryness, itching, and dyspareunia which was confirmed by improvement in VHIS and VAS. There was subjective improvement in some patients for SUI and UI as per patient feedback. Patients also noted a significant improvement in Quality of life and sexual functioning as there were improvement in FSFI and Doman scores (i.e. desire, arousal, lubrication, pain, orgasm, satisfaction).

**CONCLUSION:** Femtouch™ definitely improved symptoms associated with Vulvo-vaginal atrophy and improved Stress and Urge Urinary Incontinence. Patients felt improvement in Vaginal laxity and also were significantly satisfied by improvement of their Sexual functioning. CO2 laser improves Vulvo -vaginal atrophy due to remodelling and restructuring



of Collagen/elastin tissue hence revitalising and restoring the thickness, elasticity and hydration of the vaginal and lower genital tract mucosa, hence improving various complaints associated with drop of Oestrogen levels during menopause transition or post- menopause. The patients were comfortable with the procedure and satisfied with the overall results. Although various parameters and long-term results are yet to be noted, Femtouch™ treatment gives satisfying, non-surgical, out-patient, non-hormonal treatment for vaginal health.

15.10 - 15.30

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### **Scar management in the lower abdomen and genital areas**

**Dr Malcolm PAUL**

The location, size, and appearance of scars is of utmost concern to many of our female patients. Whether incisions are in the lower abdomen or in the genital areas, patients have preconceived thoughts regarding the final appearance and symptoms related to their incisions. Current options in designing the incisions, techniques for closing them, and various treatments to decrease the appearance and symptoms related to the development of post-operative scar tissue will be presented.

15.30 - 15.50

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### **Plasma - the non-invasive labiaplasty tool**

**Dr Agnieszka NALEWCZYNSKA**

The aim of the study was to evaluate the safety and efficacy of non-invasive labiaplasty with Plexer device. Women with labia minora hypertrophy were eligible to be included in this study. Assessments at baseline and after 4 weeks after treatment, were conducted. Analog Scales were used to grade the hypertrophy by patient. Participant satisfaction was measured on 5-point Likert scales (1=very dissatisfied, 5=very satisfied). One Plexer therapy was applied. Outcomes were evaluated at baseline and 1 month following the therapy. 33 women (mean age  $36\pm 7.5$  years), were included in this study. Average improvement in Visual Analog Scale scores for hypertrophy was statistically significant at end point. Patients were satisfied with the treatment in 90% cases. Plexer is a good treatment option for standard labiaplasty.

16.30 - 16.50

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### **Essential anti-ageing treatments in a start-up clinic**

**Dr Beata CYBULSKA**

Starting up own practice is a dream which can become a reality. Aesthetic medicine and gynaecology create opportunities to offer treatments desired by clients. Healthcare professionals are very good about training, gaining skills and qualifications to carry out treatments themselves. Many practitioners fall in love with aesthetics because it gives choices and freedom to be your own boss.

Transition from a sole trader to business owner is not easy. Aspects such as finance, premises, location, licensing, marketing, compliance with GDPR legislation, health and safety, clinic software, search engine optimization, managing complaints and staff are among the essential tasks when setting up a clinic.

Last, but not least are treatments and products to attract client base. When thinking about what to offer it is important to understand local market, current aesthetic trends and what competitors are doing. Dare to be different and find your niche. Build on special interests and skills. Become an expert in a procedure making you stand out from the crowd. Build your profile and show your personality. Collaborate and form partnerships.

Aesthetic gynaecology treatments focus on improving appearance as well as function. Depending on the method used they can be divided into injectable treatments using botulinum toxin and dermal as well, platelet rich plasma (PRP), carboxytherapy and energy devices such as plasma, radiofrequency, lasers, HIFU and LED's. All, of the above treatment options will be discussed.

**BHRT and aesthetic gynaecology - role and protocols**

**Dr Maria PAPADOPOULOU**

Aesthetic Gynaecology is an evolutionary and powerful new sector of gynaecology many specialists are being involved with. The majority are gynaecologists, but nowadays many Plastic Surgeons, Aesthetic Doctors and even General Practitioners are having a greater role.

From 2007 till now, more than 10,000 cases of Aesthetic Gynaecology procedures have been performed globally and more than 4,000 doctors are practicing in this field.

BHRT from the other hand is the new trend for Hormonal Replacement Therapy, with better results and less side effects.

The purpose of this lecture is to create a bridge between Aesthetic Gynaecology-BHRT and to prove the benefits of this connection for our patients.

Aesthetic Gynaecology has two branches, one is surgical and the other is the non-surgical. Both of these deal with post-menopausal women. Most of them are suffering from a loose vagina or urine incontinence. Some of them are seeking to improve their external genitalia, such as Labia Majora augmentation or lifting of the both labias (Majora & Minora).

The benefits of introducing these women to BHRT will help any Aesthetic Gynaecological procedure, invasive or non-invasive and will improve cosmetic and functional results.

BHRT or Bio-Identical Hormonal Replacement Therapy is a long-lasting Doctor/patient relationship and we must be well informed regarding to whom, when and how we will apply this treatment.

The protocols of BHRT and the follow up management will be discussed thoroughly.

We need to understand the physician and the patients' goals, which are better treatment, excellent aesthetic and functional results, high Patient satisfaction, less redo procedures.

If we combine the excellent knowledge of Aesthetic Gynaecology with BHRT, all the above goals will be easily achieved.

**Labia minora plasty and how to avoid clitoral protrusion**

**Dr Alexander BADER**

**INTRODUCTION:** Both labia minora and clitoral areas are sensitive with delicate tissues and high vascularization. Performing procedures such the Labiaplasty and the clitoral skin lifting indeed requires surgical skills by the surgeon with knowledge of the anatomy of this area.

**KEYWORDS:** Labia Minora, Clitoral hood, anatomy, surgical tools

**METHODS:** Marking and following strictly the anatomical line is crucial. Using very precise tools would improve the results. During the presentation several videos of live surgeries will be reviewed. Marking, and method of correction will be explained. Plenty of before and after pictures will be displayed explaining the variation of methods used.

**CONCLUSION:** Knowledge of anatomy related to female genitalia is essential to deliver successful corrective procedures. Professionals involved should be able to understand the patients' objectives but also to explain them what the limits are of performing surgical procedures on that sensitive and complicated part of their body.

**The validation of a novel questionnaire in Cosmetic Counselling - predictors of psychological issues for patients undergoing cosmetic and gynaecological procedures - Mr Stelios KIOSSES**

The purpose of the current study was to investigate the validity of a new questionnaire which may be used to screen for body dysmorphic disorder (BDD) in women seeking labiaplasty and other genital cosmetic procedures. The questions developed are more specific than previously used and therefore may elicit more valid impressions. Body Dysmorphic Disorder (BDD) is characterised by a distressing or impairing preoccupation with an imagined or slight defect in appearance. Those living with the disorder have been shown to have poor psychosocial functioning and quality of life (Phillips, Menard, Fay, & Pagano, 2005). Not only this, but suicide attempts in the population are as high as 22-24% and psychiatric hospitalisation is as high as 48% (Phillips & Diaz, 1997). It has been reported that the suicide rate among individuals with BDD is 45 times higher than that of the general population in the United States (Phillips, 2007). Given that BDD is characterised by perceived defects in appearance, it is not surprising that those with the disorder frequently seek cosmetic surgery. In fact, around 76% of patients with BDD undergo cosmetic treatments in an attempt to remedy their perceived deficits (Phillips, Grant, Siniscalchi, & Albertini, 2001). Perhaps those with BDD seeking surgery may benefit more from psychological interventions before the surgery, and thus our study seeks to develop a questionnaire that can flag up BDD in women seeking specific cosmetic surgery.

Consideration of the high rates of BDD at baseline and the fact surgery could worsen symptoms highlights the need for a screening tool. This would help to assess whether BDD is present, and therefore whether there is a contraindication for surgery. We administered the COPS-L (Cosmetic Procedure Screening Scale modified for labia) and BDDQ (Body Dysmorphic Disorder Questionnaire) to a sample of women at the University of Oxford and a second sample of women at a private clinic in London seeking labiaplasty. The COPS-L has previously been validated (Veale et al., 2013) and the BDDQ has been shown to be sensitive and specific (Brohede, Wingren, Wijma, & Wijma, 2013). In addition to these two questionnaires, we administered our own questionnaire, the BK-DGAQ which was developed on the basis of previous research and asks specific questions related to genitals. The Bader-Kiosses Defective Genitalia Appearance Questionnaire (BK-DGAQ #20) was developed by Mr S. Kiosses and Dr A. Bader on the basis of previous research. It asks specific questions related to the participant's genitals rather than body image more generally. Whilst the BK-DGAQ #20 does not diagnose BDD, it does give an indication of whether it might be present.

The results indicate that the BK-DGAQ #20 seems to demonstrate good internal consistency and be an appropriate tool for demonstrating perceptions and feelings towards genitalia. In the control group, the BK-DGAQ #20 was found to correlate with the COPS-L and the BDDQ. This indicates that the BK-DGAQ #20 is measuring perceptions towards genitalia and correlates with measures of body dysmorphia, perhaps demonstrating its clinical use as a screening tool. To request a free copy of the BK-DGAQ #20 please email Professor Robin A. Murphy:

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University of Oxford  
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# EXHIBITORS WORKSHOPS



## Speakers Dr Tracey SIMS MA MBBChir(Cantab) MRCPCH DRCOG DFFP

Urinary incontinence (UI) represents one of the most prevalent female intimate health issues negatively affecting a patients' quality of life (QoL). Current treatment options require a combination of pelvic floor muscles exercising and intravaginal treatments, surgery or drug treatments with side effects. Women seek non-invasive and efficacious solutions for UI. It is well reported that Kegel exercise can have a role to play in recovering or maintaining continence however results are poor in the long term (1) and adherence to the frequency of Kegels required is reported as very low. Barelló et al reported that complete compliance to Kegel exercise routines was lower than 10% (2)

As we know many females are simply suffering from UI in silence unaware that well researched minimally invasive solutions are available to improve their symptoms. The pelvic floor has a major role to play in maintenance of continence and due to various factors, the position and strength of the pelvic floor becomes compromised. The national Association for incontinence (NAFC) reports 4.5 out of 10 patients do not seek medical help

HIFEM technology uses high-intensity focused electromagnetic fields, which are generated by a coil positioned inside a chair applicator. High-intensity focused electromagnetic fields interact and depolarize the pelvic floor motoneurons. Fields deliver focused electromagnetic energy into whole pelvic floor area, which results in selective and supramaximal pelvic floor muscles contractions.

For its myostimulative effect, the method is used in pelvic floor muscles, strengthening to address the SUI by creating Supramaximal pelvic floor muscles contractions. The involuntary muscle contractions completed in a 28-minute treatment are the calculated equivalent of 11000+ voluntary pelvic floor contractions. The patient affected by the SUI is not able to contract pelvic floor muscles selectively, therefore HIFEM represents targeted pelvic floor muscles strengthening and re-education. As the electromagnetic field passes through human body non-invasively, therapy is delivered to the patients whilst they remain fully clothed throughout the whole therapy.

This method is rapidly being adopted in the USA and we discuss the early experiences in the UK using High Intensity Focussed Electromagnetic technology with the BTL Emsella system and the clinical publications reporting 95% of patients treated reporting improvement in their QOL (3)

Intravaginal and external labia application of Radio Frequency to treat vaginal laxity, decreasing sexual satisfaction, decreasing natural vaginal lubrication and low-grade UI results will be discussed as clinical results are reporting a 95% satisfaction rate using the BTL ULtrafemme 360 radio frequency treatment protocols. During the follow-up visit, 89% of the patients "agreed" or "strongly agreed" that their SUI condition improved, and 93% of the patients "agreed" or "strongly agreed" that their gratification during intercourse improved. None of the subjects reported dissatisfaction.

1) Holley R, Varner E, Kerns D, Mestecky P. Long-term failure of pelvic floor musculature exercises in treatment of genuine stress incontinence. South Med J. 1995;88:547-549.

2) Continence and Quality-of-Life Outcomes 6 Months Following an Intensive Pelvic-Floor Muscle Exercise Program for Female Stress Urinary Incontinence: A Randomized Trial Comparing Low- and High-Frequency Maintenance Exercise Phys Ther. 2008 Dec; 88(12): 1545-1553.

3) HIFEM Technology can improve Quality of life of incontinent patients

4) Journal of Cosmetic Dermatology DOI: 10.1111/jocd.12348

**Dr Sims is Medical Director of Intimate You, specializing in feminine health and aesthetics working with fractionated CO2, radiofrequency, ultrasound and high intensity focused electromagnetic technology. She is a practicing NHS and Private GP with over 15 years' experience and has a particular passion for helping women to improve their health and wellbeing.**

**Intimate You is the first clinic in the UK to offer BTL Emsella therapy and Dr Sims is at the forefront of ongoing clinical research on the device in the UK. She is delighted to be a part of the Aesthetics Conference which is a fabulous opportunity to stimulate meaningful discussion with a group of high caliber colleagues to propel the common issue of female urinary incontinence into the mainstream arena now that women have a safe, highly effective and convenient treatment option in BTL Emsella.**

## Touch the future of cellulite

Dr Nyla RAJA

With 80% of post pubertal women suffering from cellulite at some point in their lives it is no wonder the medical industry has been seeking an aesthetic solution to the appearance of cellulite for many years. Over the last 10 years the anatomical causes of cellulite have become better understood and thus technologies have been developed to try and treat these causes of the appearance of cellulite including some very aggressive invasive approaches. It is well accepted there are 5 anatomical causes of the appearance of cellulite and no one treatment has addressed all 5 causes until now

BTL Unison is an evolutionary system combining core BTL technologies in a synergistic way of delivery to patients giving superior results over current treatment regimes for cellulite. Using a combination of Radiofrequency and shock wave therapy (Targeted Pressure Energy) these combined energy modalities treat the causes of cellulite namely

- A reduction in the adipose tissue in the interlobular spaces reducing upward pressure in the dermis
- An increase in the elasticity and density of the dermis from the process of neocollagenesis creating more resistance to the upward pressure from the subdermal area.
- A relaxation and lengthening of the connective septa releasing tension on the depressions visible on the surface.
- Improvement in lymphatic drainage and increase in blood flow to remove the build-up of extracellular fluid and toxins accumulated in the area.

Clinical evidence will be presented using thermal imaging and ultrasound to move to more scientific evidence-based results to demonstrate how this new treatment is revolutionising the way clinics approach the issue of cellulite.

A system that will be the first to simultaneously treat the 5 causes of cellulite delivering a superior and longer lasting reduction in the appearance of cellulite with decreased treatment times. The superior results increase patient demand in an already increasing market sector delivering improved ROI's. Our actual clinical experience will be discussed using this new technology.

## HANSBIOMED

FRIDAY 15TH JUNE

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### **Marina LANDAU, M.D.**

***Dr. Marina Landau is a medical and cosmetic dermatologist in Dermatology unit in Wolfson Medical Center and in private practice. She has been trained in Tel Aviv Sourasky Medical Center followed by fellowships in NYU and Sunnybrook hospital in Toronto.***

***Dr. Landau is a founding president of the International Peeling Society, board member of the International Society for Dermatologic Surgery, past President of the Israel Society for Dermatologic Surgery, member of the American Academy of Dermatology.***

***Dr. Landau is an author of more than 70 scientific articles and a coauthor of chapters of 6 textbooks in dermatology and cosmetic dermatology.***

## LG

FRIDAY 15TH JUNE

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LG Chem has developed and manufactured HA products over 25 years. Its high molecular weight HA raw materials has been approved by European EDQM (European Directorate for the Quality of Medicines & HealthCare) and listed on drug master file of US FDA. YVOIRE filler which is made from this distinctive HA raw material can provide variety treatment option for full face treatment including mid face, peri-orbital and lips.

***Dr. Salvatore Piero Fundarò is an aesthetic surgeon in Bologna and Modena Italy.***

***He is Founder and President of Research Center for Injectable Safety (R.C.I.S) and Founder and Treasurer of Associazione Italiana Trattamento Estetico Botulino (A.I.T.E.B.) and Vice-President of Società Italiana Medicina e Chirurgia Estetica (S.I.E.S).***

***Dr. HyoungJin Moon is an facial plastic surgeon in south Korea.***

***He is a president of Beup Aesthetic Surgery Clinic and used to work as clinical professor at Yonsei University Medical College.***

## TSK

FRIDAY 15TH JUNE

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We live in a world where everything seems to be getting smaller and smaller, as technology and precision engineering advances. We all take it for granted that the ability to put tiny micro-processors into pocket-sized electrical devices has meant that we can all perform complex tasks in the palm of our hand.

The same is true in medicine, and aesthetic practice, where innovation in medical devices, and treatment techniques, means that the modus operandi of cosmetic practitioners today is considerably different to that of ten years ago.

It's difficult to offer futuristic sounding treatments if you don't have the medical devices that you need to do the job. You only need to pop along to the London museums to see the antiquated metal syringes and needles that early medical pioneers had to wield, with confidence, in front of a patient, hoping that they didn't faint at the sheer size of it! Then you can understand how difficult it can be to treat in the way you want to, when hampered by technological innovation.

Thankfully, we can now welcome a new era of advanced, comfortable and safe aesthetic instruments and products that push aesthetic medicine to the next level. Products that not only help achieve better and more natural results. But are also more comfortable for the patient.

In this demo we want to show the latest product innovations for the injection process. From disinfection to after care. And from high tech needle innovations to accessories to make your life more comfortable.

Products that offers aesthetic practitioners the ability, and control, to precisely and repeatedly inject in a manner that simply wasn't possible, even a few years ago; despite the contrary marketing.

To demonstrate the features and benefits of these products Anna Baker will perform a non surgical contouring treatment for the lower jaw.

"An approach that I favour to strengthen and contour the lateral aspect of the jawline, is to commence point of entry at the gonion, anteriorly, using a 25gx50mm cannula to make a series of fine linear threads of product along the periosteum to provide definition. Additionally, if required I may combine a subtle lifting approach with this technique, using the same size cannula subdermally to lay fine threads superiorly, towards the zygoma, which can produce a subtle and gradual tightening and lifting of the superficial tissues. This approach may benefit a patient who has slight skin laxity at the jawline or pre-jowl region, especially if combined with linear threads placed along the periosteum along the height of the ramus, superiorly. Placing calcium hydroxylapatite along the periosteum is also advantageous in correcting the bone resorption associated with the senescent changes, which occur at the mandible. Product may also be placed subdermally using the linear thread technique described previously at the same point of entry at the gonion. I prefer a 25gx25mm cannula as I find this length allows me to extend to the superior border of the superficial jowl fat and avoid placing product in this compartment. I prefer to place product subdermally for a male patient as it emulates a masculine and defined lateral aspect to the jaw, which is generally not suited to a female jawline. Male jawlines can also benefit from a periosteal bolus with a sharp 27g needle deposited on the gonion to give square definition.

To improve the contour at the pre-jowl region, I usually make an entry point medially at the mentum, again using a 25gx25mm cannula to proceed posteriorly to lay fine threads of product, which can extend just under the pre-jowl region, caudally, in the subdermal plane. Periosteal placement using linear threads has an added benefit if the loss of contour is pronounced, especially with an additional layer of product placed subdermally to produce an effective and long lasting result. To give support to the mentum and the mandibular length, I place a bolus at the most medial protuberance to give support to the anterior angle of the mandible, which is particularly effective if the mentum lacks definition."

**AMITIS**

**SATURDAY 16TH JUNE**

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**Smart PRP solution for smart doctors**

**Ahmad GHANBARI, M.D., Reza REZAI**

- Defining Platelet-Rich Plasma
- What is Mechanical Platelet Activation (the DOs and the DON'Ts)?
- It is Simple Mathematics!
- Live-Demo: APGFpro® PRP Preparation Device
- Q&A Session

In this workshop, participants are presented with scientific information on the definition of Platelet-Rich Plasma, and what practitioners must and must not do, for achieving optimum results (i.e. treatment-specific, high concentration of healthy platelets); and how to avoid platelet degranulation during the separation process.

In this workshop the misinformation about PRP Preparation will be discussed and clarified.

**Facial Rejuvenation****Dr Simon RAVICHANDRAN**

*Mr Simon Ravichandran MBChB.MRCS is a Key Opinion Leader in Aesthetic Medicine. Specialising in non surgical facial rejuvenation with Botox, Dermal Fillers, Thread Lifts, chemical peels and lasers. Originally Simon trained as an ear, nose and throat surgeon and worked as a speciality doctor in the Lanarkshire Hospitals Trust until 2016, when he retired from NHS practice to commit himself full time to the development of aesthetic medicine. He co-founded the Clinetix Medispa group in 2010 and is the founder and chairman of the Association of Scottish Aesthetic Practitioners. He is an internationally recognised lecturer and educator of aesthetic medicine, known for his enthusiasm and passion when teaching. He has been a faculty member on the Facial Plastics Training Course at Ninewells Hospital in Dundee and is working with Northumberland University in the development of the Post Grad MSc in Aesthetic Medicine. He has lectured and demonstrated in North America, South America and throughout Europe and the UK. Dr Simon Ravichandran and his wife Dr Emma Ravichandran run the Clinetix Rejuvenation Training Academy which runs a series of courses in Aesthetic Medicine for Doctors, Dentists and Nurses to develop their skills and knowledge.*

*Simon's passion is non surgical aesthetic medicine and he has been developing an approach to rejuvenation using treatments that combine Botox, Dermal Fillers, Thread Lifts, Lasers, Chemical Peels and PRP to achieve outstanding aesthetic results with minimal downtime.*

**Hair Loss (including live demo)****Dr Suren NAIDOO & Dr Maria Angeliki GKINI**

*Dr Suren Naidoo has been in General Practice since 1973. He has a vast amount of experience in medical emergencies and routine medicine. Since 2004 he has worked as an aesthetic practitioner following training by Dr. Jean Carruthers – the pioneer of anti-wrinkle facial injections. He is a member of the British Association of Cosmetic Doctors and of the International Academy of Advanced Facial Aesthetics.*

*Dr. Naidoo uses a range of facial rejuvenation techniques such as anti-wrinkle injections, Botox, dermal fillers and LED light therapy to treat a number of different skin conditions. He aims to help people obtain clean, clear and healthy skin, with a firm, youthful appearance*

*Dr Maria Angeliki Gkini: MD, MSc, PhD - Clinical Research Fellow in Dermatology Barts Health NHS Trust*

**Fat Transfer****Dr Aamer KHAN**

*Dr Aamer Khan, leading expert in cosmetic and non-surgical procedures, graduated from The University of Birmingham in 1986, Dr Khan has knowledge in diverse areas including Human Psychology, Psychiatry, Surgery and Dermatology so decided to become a full time Cosmetic Doctor in 2005 because of his love for aesthetic treatments. As co-founder of The Harley Street Skin Clinic with his wife, Lesley Reynolds, he has dedicated the past 15 years to perfecting anti-ageing skin treatments and is the go-to advisor with a large celebrity clientele, making regular appearances on television, in newspapers and magazines. By combining his technical skill and aesthetic vision he achieves outstanding results as well as delivering the highest possible levels of treatment and patient care. Renowned for his finely-tuned aesthetic eye and his very gentle and subtle approach to cosmetic enhancement, Dr Khan specialises in groundbreaking non-invasive treatments, focusing on the face and neck, and as a highly experienced injector of dermal fillers and Botox, his treatments are designed to keep the surgeon's knife at bay. Using a pioneering combination of non-invasive techniques to reverse the signs of ageing and preserve existing youth and radiance, it's no secret that Dr Khan is known as one of the best in the industry. During his career, he has helped thousands of men and women - including injured soldiers in Afghanistan - each with a different concern, achieve their aim; to look good and feel as good as they can.*

**Urogenital Medicine****Dr Agnieszka NALEWCZYNSKA & Dr Shirin LAKHANI**

*Dr Shirin Lakhani (MBBS, MRCA, MRCGP, DRCOG, ACCMA) is a cosmetic doctor specialising in advanced aesthetic treatments. Dr Shirin has an extensive background in medicine having trained in the NHS and various hospital sub-specialities, including anaesthetics where she became highly skilled in advanced injection techniques.*

*After moving into general practice, Dr Shirin soon discovered her passion for aesthetics and the synergy between medicine and beauty. Most of all, Dr Shirin loved the positive impact that her work could have on her patient's confidence and self-esteem.*

*In 2013 Dr Shirin founded Elite Aesthetics in Kent and has since left general practice to pursue her passion full-time. Her discreet approach and fantastic, natural-looking results have seen her treating royalty, A-listers and celebrities alike.*

*Her career has since gone from strength to strength – with her medical expertise and highly personal approach garnering her an avid patient following and multiple partnerships with some of the industry's leading brands.*

*Dr Shirin was the first female practitioner to be trained in the O-shot and P-shot and is now a national trainer for this innovative treatment. Dr Shirin is also one of the leading practitioners in the UK for Plexr – the first device capable of performing a non-surgical eye-lift, and the leading doctor in Kent for the Vampire breast lift.*

*An influential voice within the industry, Dr Shirin has featured in a number of publications both in print, online and on television; more recently seeing her discussing intimate treatments on ITV's This Morning.*

*Dr Agnieszka Nalewczynska: Gynecologist & Antiageing specialist*



**Ultra V Absorbable Thread lifting technique  
using Dr. Kwon's thread & novel Korean Cog thread****Dr Han Jin KWON**

**INTRODUCTION:** During the last decade, especially in the aesthetic (plastic surgery) medicine, Facial rejuvenation using Korean absorbable thread has come a long way. Face lift surgery has a very long history of more than 100 years and shows excellent clinical results, however, there's some report of complications, e.g. hematoma, skin slough, scar, facial nerve injury. The evolution of barbed suture technologies and their application in the field of plastic surgery is now in its third decade. Much has been learned along the way. Initial excitement was often followed by disappointment as we learned more about the limited longevity of minimally invasive procedures and complications arising from various suture designs of the past. Although Ultra V absorbable thread lifting technique shows limited longevity, it guarantees reasonably good results with safety, evolving at this time as emerging technology

**MATERIALS AND METHODS:** PDO, polydioxanone is core material of absorbable threads and subdivided into various forms.

Mono thread has proved its histological change, safety and effectiveness to facial rejuvenation through animal experiments and clinical data, although there are no fixation points, and we describe it as «collagen stimulating lifting or contouring». With a long history, the barbed suture technique or the cog thread technique immediately produces excellent clinical results and continues to evolve in Korea as a new concept of multi directional cog thread or molding cog thread. Specialized procedures include lower back correction, nose modification, forehead / eyebrow lifting, and neck wrinkle correction using PDO threads.

**RESULTS:** Compared with the face lifting surgery, the absorbable thread face lifting technique has proved it's safety because it can produce cosmetic results easily and quickly with no incision, less downtime, little or no complication.

In my experience, both midface and lower face tightening can be maintained with absorbable bidirectional cog thread, but, as expected, patients with the most favorable anatomy (eg, low body mass index, minimal fullness to the soft tissues, smooth underlying bony projection, good skin quality) have shown the best results.

**DISCUSSION AND CONCLUSION:** Absorbable thread lifting is an alternative to face lifting surgery and its safety and efficacy are well proven more than 10 years. Thread lifting has evolved in Materials, from PDO to PCL, etc. to improve the longevity of these procedures, combining with various lasers and devices for the better results.

**Hands on abstract**

Ultra V absorbable thread lifting procedure is novel facial rejuvenation therapy, has proved it's safety and efficacy more than 10 years. Face lift surgery shows excellent clinical results, but there's some report of complications, e.g. hematoma, skin slough, scar, facial nerve injury. the absorbable thread face lifting technique has proved it's safety because it can produce reasonable cosmetic results easily and quickly with no incision, less downtime, little or no complication.

However, clinician must be prepared for deep understanding of facial anatomy before thread lifting procedures, and it is the best choice to practice with expert's guide, shortening learning curve time.

in order to effectively treat patient's face lifting, knowing the anatomical characteristics of the face, taking the expert's guide and practicing it is the most important and quickest way to learn.

Through this lecture, you will learn the basic principles of absorbable thread lifting, facial anatomy, understanding the danger zones, and the depth of the procedure, the way to prevent or resolve complications, and combination know-how.

# FACE

FACIAL AESTHETIC CONFERENCE AND EXHIBITION