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FDA approves Radiesse for new uses, but caution needed

Experienced surgeons say filler offers some advantages but must not be overused

The U.S. Food and Drug Administration (FDA) recently approved Radiesse for the long-lasting correction of moderate to severe facial wrinkles and folds. The versatile filler also received a second FDA approval for the long-lasting correction of facial fat loss (lipoatrophy) in people with HIV. However, despite the new possibilities for the product, some surgeons who have experience with it urge caution. Although Radiesse, manufactured by BioForm Medical in San Mateo, CA, offers some advantages over other injectables, it is prone to misuse, resulting in unhappy patients, they say.

The FDA approval of Radiesse for use in facial aesthetic applications confirms the company's rigorous clinical findings that Radiesse is safe and effective for long-term facial aesthetic enhancement, says **Steven L. Basta**, president and CEO of BioForm.

"With its advanced calcium-based microsphere technology, Radiesse is the first facial cosmetic filler with a proven 12-month benefit in multiple clinical studies. Accordingly, Radiesse is raising the bar to become the new standard for the treatment of facial wrinkles and folds, such as nasolabial folds," Basta says.

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Can spur body to make collagen

Radiesse is the only available filler composed of calcium hydroxylapatite microspheres in a water-based gel carrier. The calcium microsphere technology not only provides results the moment the product is injected, but it also enables the body to generate new collagen, thus restoring the fullness and contours of a youthful, healthy appearance with sustained results. The company claims that Radiesse injections last an average of one year or more, though some surgeons dispute this claim.

The thick consistency of the Radiesse product is one of its key differences over other injectables, says **Lawrence Bass, MD**, clinical assistant professor of plastic surgery and director of the minimally invasive plastic surgery program at New York University Medical Center. Because Radiesse is a robust, full-bodied material, it provides physicians a better level of control, predictability, and finesse for facial applications than some thinner injectables, he says. Bass was an investigator for Radiesse pivotal trials.

"The approval of Radiesse ushers in a new era in the nonsurgical management of facial aging, because it both volumizes facial folds and rebuilds the skin's foundation to restore a youthful facial appearance for our patients," Bass says. "Our findings from the pivotal

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Radiesse approved

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clinical trial and those of a separate clinical study comparing the long-term efficacy of Radiesse with the leading hyaluronic acid product demonstrate clear advantages that make Radiesse the preferred treatment option for the correction of nasolabial folds."

Good product but no panacea

Plastic surgeons who have experience with Radiesse seem pleased with the FDA approval and what will likely be more widespread use, but also caution colleagues not to believe all of the hype. Although Radiesse can offer benefits over Restylane and other injectables, it has its limitations, just like any other product, they say.

Andrew Klapper, MD, for example, is a New York plastic surgeon who has used Radiesse off-label extensively for several years before its recent FDA approval. It is a fine product, but surgeons should not get carried away with expecting the effects of Radiesse to last several years, he says.

"Initially the company claimed it lasted for three years, which was nonsense, but many Web sites and doctors still claim this. I tell my patients it lasts eight months to one year," he says. "For a while, the company was replacing it for me in people [in which] it lasted less than one year, but they have stopped offering me this."

For treating nasolabial folds, Klapper estimates Radiesse effects will last five months at the most.

Klapper says Radiesse is "a great product" and that many of its pitfalls are related to misuse. For example, many doctors mistakenly think they can place it just as they would a hyaluronic acid filler such as Restylane.

"The real treachery with this is the level of placement. When it is placed in the superficial dermis, all hell breaks loose, and you can produce anything from persistent erythematous skin changes to superficial collections of product that mimic whiteheads," says Klapper. "The product, when placed properly, is virtually complication free and delivers consistent results."

Different from hyaluronic acid fillers

Radiesse is not a hyaluronic acid filler; it's a totally different animal, Klapper notes. It is not designed to sit superficially on the skin for fine wrinkles, but to be used more deeply. Knowing when to use Radiesse versus Restylane or other fillers is the key challenge for surgeons, he says. Radiesse will not replace all other fillers for all applications.

"Initially the company claimed [Radiesse] lasted for three years, which was nonsense, but many Web sites and doctors still claim this. I tell my patients it lasts eight months to one year."

—Andrew Klapper, MD

"There is nothing better than Radiesse on the market now to use in the areas where it belongs. I'm placing it right at the junction between the deep dermis and the subcutaneous tissues. I like to use this not so much for wrinkles, but to augment structures. And the nasolabial fold isn't a wrinkle, it's an anatomical structure," he says. "It's my opinion that people who are using Restylane to augment a natural structure are always doomed to fail. Restylane is a great thing to puff up a wrinkle, but when you try to use Restylane or other fillers for something that it's not, you'll always run into problems."

If a patient complains that Radiesse did not produce the desired effect or did not last as long as expected, the problem most likely is that you put it in the wrong place, Klapper says. He has had many patients come to him after unsatisfactory experiences with Radiesse from other surgeons; sometimes he can help them, and sometimes he can't.

"I've seen patients with erythematous reactions so that they almost look like drinkers, where wherever the Radiesse was put in looks red—a very flushed look on the face," he says. "It's just a reaction to the product sitting in the wrong spot."

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Greg Buford, MD, a Denver-based plastic surgeon and a Restylane injection trainer, agrees that Radiesse should have a place in most plastic surgery practices, but it must be used carefully.

Further, Radiesse is quite effective for treatment of the nasal labial fold, chin enhancement, and other procedures in which a firmer substance is necessary, Buford says. However, although Radiesse calls itself a volumizer, Sculptra is better for global volumization, because it is softer and provides a bit more forgiveness for the injector, he adds.

In contrast, Radiesse does not have as much control. Because of the lack of pliability, it can become too hard and in rare cases even be associated with bone formation, Buford says, noting that areas of skin that are particularly soft or thin are not good sites for the use of Radiesse.

Radiesse is best used in small amounts and is generally not effective in clients looking to diminish deep wrinkles, Buford says. One of the most effective areas for Radiesse is the chin, as the skin is thicker and can hold the product to create a successful augmentation, he adds.

Although Radiesse isn't the most versatile injectable on the market, every patient has different needs, and Radiesse will sometimes be the right choice, says Buford. He often recommends the layering effect—using a combination of several injectables to get the best result—to his colleagues.

More than just a filler

Surgeons are right to be cautious when adding any new product to their practice, says **Nissan Pilest, MD**, a plastic surgeon in Irvine, CA, who serves on the

Bioform Medical Education Board. However, he notes that the research has so far shown Radiesse to be safe and effective. Pilest, who trains other surgeons in using Radiesse, says a major benefit of Radiesse is that it accomplishes more than other injectable fillers. The product encourages the body to produce its own collagen at the injection site, he adds.

“The real treachery with [Radiesse] is the level of placement. When it is placed in the superficial dermis, all hell breaks loose.”

—Andrew Klapper, MD

In addition to the other common uses of Radiesse, Pilest has used the product to treat acne scars and traumatic scars on the face, as well as for lipoatrophy.

“This is not just a filler. You can use it for contouring along the cheeks and chin,” he says.

Pilest avoids using Radiesse on the lips and the intraorbital areas.

He offers the following tips for surgeons who are new to using Radiesse:

- Don't use too much. A little goes a long way. When inserting the needle and doing a pass, just use 0.05 cc per pass. If you inject more than that, you can cause swelling that will last several days.
- Have patients put ice on the area to diminish the swelling. Some swelling after the injection is unavoidable. ■

Surgeon shares tips on treating HIV lipoatrophy with Radiesse

Radiesse can be particularly useful in treating HIV-related lipoatrophy, says **Omeed Memar, MD, PhD**, a plastic surgeon in Chicago.

Before the product won U.S. Food and Drug Administration approval for this use in December 2006, Memar treated lipoatrophy primarily with Sculptra. However, he says the results often were not satisfying.

“I found a lot of patients would not respond to Sculptra or the effects would go away very quickly,” he says. “Then I started combining Sculptra with Radiesse, and the patients were so much happier with that. The Radiesse would stay in and just go away very gradually, but they were still getting benefits from the Sculptra as well.”

Memar calls Radiesse an ideal adjunct to Sculptra. He notes that Radiesse is often compared to Restylane but says that Radiesse is a volumizer/deep filler, whereas Restylane is a superficial filler.

“You can compare Radiesse to Sculptra and to fat transfers, the things you put in at a deeper level, not right under the skin,” he says. “I use it the same way I use Sculptra, and I avoid using it in the same places I wouldn't use Sculptra, like the lips.”

Memar reports pleasing results with using Radiesse around the eyes, but cautions that in this area surgeons must place the Radiesse very deeply and use microdrops. “It makes a huge difference when placed in the nasojugal folds,” he says. “It's a great product as long as you take time to consider what it is and what it isn't, and use it in the right way.”

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HIV

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Advise patients of effects

Always caution patients about the immediate effects of Radiesse injection, Memar says. For example, there can be significant bruising, because you are injecting deeply.

"And you're injecting blindly into very vascular areas," he says. "I tell people to expect a bruise. But the deeper you inject it, the better the final results are."

Memar also uses Radiesse on the chin, where he says a deep injection can put the product right on the bone and theoretically lead to new bone formation that will improve permanency. He prefers a 23 gauge needle instead of the 27 gauge usually recommended by the manufacturer.

"I do the tunneling technique to put it in, as opposed to the multiple tiny little injections," he says. "If the injection is too superficial it will spit out, and if it's not quite that superficial, it can form a nodule. You want it to be deep enough, and then patients have about 72 hours to form it."

Surgeons must give patients the responsibility of massaging the area during the two or three days after the injection, Memar says. He explains to them that they will feel a lump at the injection site, but that it doesn't signify a problem and won't feel that way in the end.

"I started combining Sculptra with Radiesse, and the patients were so much happier with that. The Radiesse would stay in and just go away very gradually, but they were still getting benefits from the Sculptra as well."

—Omeed Memar, MD, PhD

"They have that amount of time to massage it and settle it into all the planes at the injection site, and after that the material is set," he says. "It is important for them to understand how important their role is in getting the best possible result." ■

Recognize pros and cons of long-lasting effects

Patients tend to gravitate toward products boasting longer-lasting effects, says **Andrew Klapper, MD**, a New York City-based plastic surgeon experienced with Radiesse, a versatile filler that the manufacturer claims can last up to 12 months. For many patients, the choice of filler comes down to how soon they will have to return for another treatment. For example, a patient may require another Restylane injection within four months.

"Since a static product remains in place as the dynamic tissue around it ages and changes, it can appear to be displaced."

— Z. Paul Lorenc, MD, FACS

"That's the key to fillers now. People want to spend their hard-earned money on a filler that will give them the most bang for their bucks," Klapper says. "You can inject just about any filler and get good results right away, but how long will it look good? With some applications, it's going to look good a lot longer with Radiesse."

Poor results a problem

Another surgeon who has been using Radiesse off-label for years—it was only recently approved to treat deep wrinkles and skin folds—offers another word of caution. **Z. Paul Lorenc, MD, FACS**, a plastic surgeon in New York City and clinical professor at New York University School of Medicine's Institute of Plastic & Reconstructive Surgery, notes that some of his patients worry that results may last *too* long.

"In the past, several long-life products, such as silicone and Gore-tex, have caused long-term problems for patients. Since a static product remains in place as the dynamic tissue around it ages and changes, it can appear to be displaced," he says. "Therefore, some patients are hesitant to use Radiesse since the proposed results last for two years or longer, feeling that if they are unhappy with the results the problem will persist for a long time."

Although Lorenc understands these concerns, he explains to patients that, in reality, Radiesse probably will last only about eight months—not long enough to cause a long-term problem. However, he often recommends hyaluronic acid fillers to patients looking for a similar but more temporary result.

Some surgeons also leery

Further, not all physicians are eager for a correction to last a year. **Christopher Dannaker, MD**, direc-

tor of dermatology at Rodeo Drive Plastic Surgery in Beverly Hills, CA, and professor at the University of California, San Francisco, says he is uneasy with the idea of Radiesse effects lasting a year, especially before there is more patient experience with the product and the medical community is assured that it is completely safe.

"Theoretically, the water-based gel that suspends the collagen is absorbed and replaced by the body's own collagen, and that's what maintains the correction for a year or more. But the microscopic calcium beads do tend to persist at least three years and probably longer,"

Dannaker says. "So the correction certainly doesn't last as long as some of the correcting agents, and because the correcting agent is not easily and quickly biodegraded like hyaluronic acid, that's a concern."

The longer period in the body makes Dannaker worry that the calcium has more time to promote an immunologic reaction in the body.

"There is a certain degree of unknown involved," he says. "We're looking at some product components that stay in the body long after the beneficial effects have come and gone, so there is reason to wonder what harm that could cause at some point down the road." ■

Use caution with pale or thin-skinned patients

If you're considering Radiesse for a patient with particularly pale or thin skin, be especially careful, says **Michael Lee, MD**, a plastic surgeon at Northwestern Memorial Hospital in Chicago who has used the product on a variety of patients.

Pale or thin skin makes the injection more challenging because you must get the product deep enough to avoid visible lumps, Lee says. That can be difficult on even normal-skinned patients, depending on the injection site, but pale or thin skin can significantly decrease the chance of a satisfying end result.

Like most surgeons experienced with Radiesse, Lee discourages using it in the lips, especially if you are new to using the product.

"The reason is that if you were to develop a complication related to Radiesse, it's usually along the lines of a papule or nodule that forms, and those are more visible on the lips," he says. "In the nasolabial folds and the marionette lines, the skin is thicker, so it is more forgiving when your injection technique is

less than perfect. You have more range for developing your skills in those areas, whereas in the lips anything less than perfect will show."

Lee advises surgeons to warn patients that the papule formation is a risk of Radiesse injection, giving the appearance of small white spots on the skin.

This risk is much lower when used in the recommended areas of the face, he notes, but it is good policy to point out this risk in addition to the potential complications of any type of injection, such as bruising.

"I do a lot of injectables, and I usually save Radiesse for the patient who has more of a need for soft tissue augmentation, more than just wrinkles," he says. "For patients with deep nasolabial folds or marionette lines, Radiesse can be a good choice. In those areas the skin is more forgiving, and those areas are not easily treated with Restylane or some other injectables."

Lee also advises a more conservative approach when it comes to volume with Radiesse. It's better to put in less and then have the patient come back for a touch-up than to put in too much all at once, he says. ■

Massage Radiesse injection site carefully for best effects

It is crucial for the surgeon to spend plenty of time after the injection massaging the area and making sure the filler is distributed evenly and in the proper location, says **Andrew Klapper, MD**, a New York-based plastic surgeon who has used Radiesse off-label extensively. If you're not careful, the Radiesse can settle in lumps that the patient will feel and possibly see.

"We used to see disasters with this because when

the product first came out people were putting it in the lips. I still can't believe it," he says. "Anybody who has used it knows that Radiesse doesn't belong in the lips. You can put it in nice and evenly, very skillfully, and then the patient comes back in and there are lumps, white collections of it under the mucosa. It was deforming."

Such experiences created somewhat of a bad reputation for Radiesse in the early stages, but bad results are almost always traced to improper use of the product,

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Massage

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Klapper says. Radiesse is one of the most powerful and effective options for facial filling, but only for limited applications, he adds.

Radiesse can also be combined with other fillers. For example, Klapper will sometimes use Radiesse for

a deeper application and then stack Restylane on top for the more superficial wrinkles. That combination can be very effective and plays to the strengths of both products.

"Sometimes you need two things to do two jobs," he says. "You get into trouble when you try to give the patient a break and just use the Radiesse for both jobs. You'll regret it in the end." ■

Radiesse requires skill with injectables

Radiesse appears to last longer than Restylane and Juvederm, says **Paul S. Nassif, MD**, a facial and reconstructive plastic surgeon in Beverly Hills, CA.

However, he is skeptical about some of the product's marketing claims. In his experience, patients are ready for another treatment after seven to nine months.

The product may still be present, but the visible results are significantly diminished after that point, he says.

Nassif says his experience with Radiesse has yielded a few pearls of knowledge that might be useful for those surgeons just beginning to use the filler.

For example, he inserts the needle and injects the material as he is pulling out. That initial injection—when you start withdrawing the needle—can be key to what results you get, he says.

"With that initial injection you have to be careful that you're putting in only a small amount, because

otherwise you can make it knot up and get a ball of material there," he says. "This is not like Restylane. It's more moldable."

Nassif also keeps the bevel on the needle down toward the dermis, rather than up toward the skin.

"It works well in the chin implant or jowl area," he says. "It also can work for a little bigger cheek bone. You can try different levels if want to try to augment a cheek, for example. I do not use it for lips because of the high risk of nodules."

Radiesse may also be a poor choice for any patient with thin skin, Nassif says. He also cautions that Radiesse is not for inexperienced plastic surgeons.

"If you know how to do injectables, you have experience with Restylane and Juvederm, then this is one product you can add to your armamentarium of injectables," he says. "But this is not the product to use if you don't have much experience with injectables at all."

Radiesse requires a little more finesse and more experience with how injectables in general work." ■

Studies show Radiesse effective, lasts longer than alternatives

U.S. Food and Drug Administration approval of Radiesse for treatment of facial wrinkles and folds was based on the results of a pivotal clinical trial supporting Radiesse's safety and effectiveness. In the pivotal study, conducted at four medical centers in the United States, 117 patients with nasolabial folds were treated with Radiesse on one side of the face and a control agent (Cosmoplast, a human collagen product) on the other.

Results based on ratings of three blinded evaluators showed that six months after treatment, Radiesse was more effective than the control on every comparative efficacy outcome. Following are some of the

study's key findings:

- Eighty-two percent of nasolabial folds treated with Radiesse showed improvement after six months—significantly higher than the control, which showed improvement in only 27% of treated folds.
- After six months, the fold treated with Radiesse was more improved in 79% of patients, compared to the control-treated fold. The folds treated with the control rated more improved in only 5% of patients.
- The nasolabial folds treated with Radiesse required approximately half as much volume (1.22 cc) than the folds treated with the control (2.35 cc).
- Both products were safe and well tolerated, with no serious adverse events reported. In the 117 patients treated, Radiesse had zero granulomas and the same low rate of nodules as the control.

Clinical studies also indicate that Radiesse lasts longer than the leading filler. In a head-to-head split-face study between Radiesse and Restylane, Radiesse delivered longer-lasting improvement over Restylane. The study was conducted through blind evaluations by live evaluators comparing the patient's nasolabial fold injected with Radiesse against the fold injected with Restylane. At each time point, the manufacturer reports, Radiesse proved superior, with longer-lasting improvement overall. Even at nine months, a higher percentage of patients showed improvement in the Radiesse-injected nasolabial fold (79%) compared to the patients with continued improvement in the Restylane (44% patients) injected fold.

Additionally, when comparing mean improvement over time, Radiesse delivered greater improvement than Restylane at each time point. Although Radiesse demonstrated visible and clear superiority in delivering longer-lasting improvement, the data also showed that when patients were asked to voice their preference, they resoundingly preferred the result of Radiesse by a 2:1 margin. ■

Long-term effects can enhance value for patients

The Radiesse product is more expensive per cc than the popular filler Restylane, but the manufacturer claims that the different injection process and the long-term effectiveness of Radiesse will offset the higher price and make it a better value for both physicians and patients.

The value also is enhanced by the unique way that Radiesse microsphere technology works with natural tissue, the maker says.

Once the Radiesse material is injected, the surgeon can manipulate the filler to provide a result that provides greater patient satisfaction compared to other fillers, they add.

Manufacturer Bioform Medical describes the difference as follows: "Each Radiesse treatment provides greater value because less material is required to provide impressive results for the patient. For example, hyaluronic acid fillers require one-and-a-half to two times the volume of material for the same cosmetic result. The ability to use less product volume makes Radiesse treatments more cost-effective for patients and for your practice, delivering the kind of impressive value that leads to long-term patient relationships." ■

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The company says that Restylane treatments require 30% more material to achieve the same level of augmentation as Radiesse. According to data presented by **Marion Moers-Carpi, MD**, during the American Society for Dermatologic Surgery meeting on October 29, 2006, in Palm Desert, CA, an average nasolabial fold treatment with Restylane could cost up to \$130 more than a Radiesse treatment.

"The ability to use less product volume makes Radiesse treatments more cost-effective for patients and for your practice."

—Bioform Medical

Moers-Carpi reached that conclusion by comparing the average amount of each product needed for a typical patient.

The average volume needed to reach optimal correction per fold is 0.89 cc for Radiesse, which would cost the physician \$295 per 1.3-cc vial, for a total two-fold treatment cost of \$403. The average volume needed per fold is 1.23 cc with Restylane, which costs \$240 for a 1.0-cc vial, for a two-fold treatment cost of \$590. ■

Bioform offers tips for proper use of Radiesse

Bioform Medical, the San Mateo, CA-based company that makes Radiesse, offers the following tips for using the product:

- Consult with the patient and identify areas to be injected using the Radiesse Treatment Planning Form.
- Obtain patient consent on the appropriate form.
- Take photographs before and after injections.
- Provide some level of anesthesia (e.g., nerve block, topical anesthetic, or ice). Note maximum dosing of the various injectable lidocaines.
- Use a nonpermanent skin marker or white makeup pencil to mark areas to be treated—if necessary—with patient in upright position.
- Prep skin with alcohol or skin cleanser of choice.
- Open the Radiesse foil package and note there should be a few moisture droplets inside, which is normal.
- Affix a 27 gauge needle to the Radiesse syringe, and prime the needle; needle length is the injector's preference (1.25 in. or 0.5 in.).
- Inject fine threads in multiple passes in a retrograde fashion into the deep dermis, or subdermal layers, depending on skin thickness and areas being injected; there is no need to remove needle between threads.
- Place linear threads in a "stacking" manner under creases or a "cross-fanning" manner to bolster areas of volume loss.
- Apply antibiotic ointment of choice over injected areas to minimize potential for infection.
- Massage and mold injected areas to smooth over any subtle irregularities; be mindful where multiple products have been injected.
- Progressively bring patient to full correction.
- Refer to the Radiesse Post Treatment Checklist for after treatment care.
- Discard any unused product, as sterility cannot be guaranteed once the foil package is opened.

Instructions for nasolabial folds

Bioform offers the following advice for using Radiesse to treat nasolabial folds:

- Use a 1.25-in. or 0.5-in. 27 gauge needle
- Insert needle into skin until you feel resistance in deep dermis/subdermal plane
- Inject fine threads of Radiesse while withdrawing needle (retrograde)

- Inject parallel threads medial to the original Radiesse thread
- If injecting a prominent crease, place material in a deeper plane to support the fold
- Use fanning at perialar depression to bolster at dermal/subdermal junction
- Massage and mold with thumb and forefinger as needed

For marionette lines, the company offers the following advice:

- Use a 1.25-in. or 0.5-in. 27 gauge needle.
- Insert needle medial to the marionette line until you feel resistance in deep dermis/subdermal plane
- Use fanning technique with retrograde threading to fill and lift depression
- Do not inject the material in a bolus fashion
- Perpendicular to original threads, repeat injection resulting in crosshatching of material
- Exercise caution in the volume placed; progressively bring the patient to optimal correction
- Massage and mold with thumb and forefinger as needed

Inject fine threads in multiple passes in a retrograde fashion into the deep dermis, or subdermal layers, depending on skin thickness and areas being injected; there is no need to remove the needle between threads.

Steps for treating facial lipoatrophy

Facial lipoatrophy, a condition sometimes seen in patients with HIV, requires a somewhat different application. Bioform offers the following advice:

- Use a 1.25-in. 27 gauge needle.
- Insert needle into the dermal/subcutaneous junction or subcutaneous space.
- Inject multiple threads of material using fanning technique to augment submalar area.
- Layer additional threads of Radiesse in a deeper plane. Use fanning technique at oblique angle to original threads to achieve desired correction.
- Expect major improvement with 1–2 ml per side.
- Massage and mold with thumb and forefinger as needed.

Extended office hours can be worth the effort, improve satisfaction

Plastic surgery practices tend to be more attentive to customer service than other specialties, mostly because there is more competition among surgeons for patients' business. One important part of customer service is being available to your customers when it is most convenient to them—not necessarily to you. But do more generous office hours—beyond the typical 9 a.m.–5 p.m.—really matter enough to patients to be worth the added effort and expense for you? Many surgeons who offer extended hours say yes.

David Watts, MD, FACS, a surgeon in Vineland, NJ, says extended office hours have been a part of his practice for approximately 11 years. The longer hours initially began when he was in practice with a group of general surgeons. Being the newest addition to the practice, and with a limited amount of exam room space, he was given the evening time slot for seeing his patients.

"I rapidly learned that this could be a positive as far as building my practice. The evening hours allowed patients that worked during the day to come in and see me without having to miss time from work. This was especially convenient for the cosmetic patients," he says. "From my perspective, it gave me the ability to operate during the day, thus maximizing my time in the [operating room] without compromising my ability to attract new patients. The feedback from patients was so positive that we began to offer Saturday office hours as well."

Satellite offices work well

As the practice continued to expand and Watts began to open additional satellite offices, the evening and weekend hours were an ideal fit, he says. In an effort to minimize overhead, he rented office space from physicians who saw their patients during the day. Because he used the office only on nights and weekends, the other physicians were more than willing to sublet their offices to make additional income—without having to compromise their own office hours. The average cost to sublease space at off-hour times was an affordable \$600–\$700 per month for one half day per week, he adds.

"For our practice, these satellite offices were perfect. They were fully furnished, in a good location, and with adequate parking. The supplies that we required, which were minimal, would be brought along with us," he says. "To further cut down on expenses, our staff from the main office would accompany me for the evening and Saturday office hours. The telephones were activated only when we were at the satellite offices on evening and weekends; other than that they were trans-

ferred back to the main office so that the receptionist could handle calls from all of the offices at once."

This setup allows Watts' patients to seek care in their local area at times that were most convenient for them. And to keep tabs on patient needs, the practice provides a questionnaire regarding the evening and weekend office schedule. The response from patients has been overwhelmingly positive.

The office staff feedback has been favorable as well, he says. "The evening and weekend staff relish the chance to avoid the proverbial office politics," he says. Watts' office hours usually begin during the week at 5:30 p.m. and last until 9 p.m. Saturday hours begin at 9 a.m. and last until 3 p.m., but he recommends that practices tailor this schedule to meet their individual needs.

More stress on the surgeon

Although the extended hours have been helpful to his practice, providing them has had its drawbacks, Watts says. In particular, this type of schedule can cut into family time and lead to significant wear and tear on the surgeon.

"Quite often it is difficult to operate all day and then walk into office hours with a full waiting room to see in the evening," he says.

However, Watts still recommends the strategy to surgeons working to build their practices.

"It is a good marketing tool that can separate you from other plastic surgeons in your area," he says. "You should track your new patient visits that convert into surgeries to ensure that your results justify the time and effort that you are investing into the process."

Before adding extended office hours, discuss the idea with staff, Watts advises. And don't assume that your employees will be against the idea or that it would be hard to hire new staff for those hours. Many people are interested in a part-time evening job, and this could be a perfect situation for them, he says.

And don't forget to get feedback from your family to determine how this plan will affect them, Watts adds.

"As your practice grows the extended hours can be cut back and adjusted to fit your individual lifestyle," he says. "This business strategy of extended hours can definitely expand your patient base. However, it must be balanced with your family life and your stress level."

Worth the trouble and expense

Greg Wiener, MD, a plastic surgeon in Chicago, also endorses the concept of extended business hours. His practice is open 9 a.m.–8 p.m. on Monday and

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Wednesday, and 9 a.m.–6 p.m. on Tuesday, Thursday, and Friday. Wiener is in the office on Saturday but doesn't have formal hours.

Despite the rigors of this schedule, the effort is "absolutely worth it," Wiener says. "We find that people, especially new consultations, want later hours so they don't miss a day of work. When they come to our office it is not a necessary medical problem, but rather a personal choice to see what their options are, so they would prefer to do this on their personal time rather than during their workday."

To accommodate staffing needs, Wiener's practice has one staff member start at 11 a.m. on Monday and Wednesday, and her workday ends at 8 p.m. That way, she works a full day but does not qualify for overtime. Therefore, the longer hours do not increase in staffing costs.

Wiener says the schedule is not just beneficial to his patients, but it fits into his own work style as well. For example, the office is open at 9 a.m. every day, but he arrives at 7:30 a.m. to prepare for surgeries and other necessary parts of the day.

"Each day I work from 7:30 a.m. until 9 p.m., although I may get out earlier on Tuesday, Thursday, and Friday. On Mondays and Wednesdays, my day will absolutely not end before 9 p.m. I schedule my day to do surgeries in the morning and consultations from 2:30 p.m. on."

Although Wiener says the plan works well from a business standpoint, he admits that it can place high demands on the surgeon.

"It is exhausting because I work 13- or 14-hour days, Monday through Friday. Because of this, I lose a lot of personal time," he says. "But having extended hours is

essential to grow the practice, and without extended hours I would lose patients to my competitors."

No-shows have more impact

Another potential downside is the added effect of a no-show. If your 3 p.m. patient doesn't show up, the effect is limited because you'd still be in the office to see the 4 p.m. appointment. But if the patient is scheduled for 8:30 p.m. and doesn't show, you might have waited around for no reason when you could have been having dinner with your family.

The no-show rate is even higher for complimentary consultations, Wiener says. "Because it is a complimentary service, we have patients that do not show. If I removed this option, it would be a great disadvantage to me because offering complimentary services has become commonplace," he says. "People want to learn more, but you need to make it convenient for them to do so."

Wiener has considered formal office hours on Saturdays, but so far he has resisted the temptation. With such a long work week already, he fears that formal office hours on Saturday would be too much to handle. If there are patients who simply cannot be treated at any other time, he will see them on a Saturday. Usually he is in the office to catch up on paperwork and other projects on Saturday.

Overall, the extended office hours—although they can put a burden on the surgeon—can provide a boost for the business, Wiener says.

"This does provide an advantage against the competition. Doctors that are unwilling to see patients outside of office hours lose opportunities, and the patient response to extended hours in my experience is very positive," Wiener says. "All of my late hours are always filled. I don't know exactly what all of the other doctors in the area are doing, but I do know that patients always want to schedule appointments later rather than earlier." ■

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Regular-hours visits may be more likely to convert to surgery

Offering evening and weekend hours may be a nice gesture for patients, but some surgeons wonder whether this practice yields enough additional business to justify the effort. Even if the benefit is dubious, you may still have to offer the flexible hours just to keep up with what other practices are doing.

The standard office hours at The Plastic Surgery Associates of New York are 9 a.m.–5 p.m., Monday through Friday, but the practice will accommodate clients who need later visits, says **Alain Polynice, MD**, a plastic and reconstructive surgeon. The practice's clientele is career-oriented, so the doctors sometimes must be available for visits as late as 7 p.m., and even later on some occasions.

He and his two colleagues in the practice rotate their availability for late evening appointments; Polynice takes Tuesday nights. Although Polynice doesn't mind providing this flexibility for clients, the patients for whom he goes that extra mile by scheduling

a late appointment aren't as likely to follow through with scheduling surgery, he says. "What I have found is that patients who do make the effort to find the time to come to the office during regular office hours are more likely to schedule surgery," Polynice says. He theorizes that the patient who can work in a visit during normal office hours is more interested to begin with and has already committed to the idea that surgery may inconvenience his or her day-to-day life. Those who require an appointment after normal office hours are more likely to be just exploring the idea of surgery and are therefore unwilling to miss work or otherwise reschedule their commitments.

As for weekends, the practice tries to schedule only new consults—no procedures or follow-up visits—for Saturday appointments, which means only minimal staffing is required. The practice has determined that it is not cost effective to fully staff the office on Saturday to handle the occasional appointment, as many of the clients that day will be first-time visits and free consultations, Polynice says. ■

Use imaging systems properly for maximum benefit

Computer systems that show a virtual before-and-after image of your work can be a great asset in plastic surgery. But as with most useful tools, some caution is necessary, say surgeons experienced with these systems.

Imaging tools can help surgeons with one of the most important aspects of this surgical field—giving patients a reasonable expectation of the results of surgery, says **Allen D. Rosen, MD, FACS**, a plastic surgeon in Montclair, NJ. Appropriate expectations are critical to a successful result because success is defined as much by the patient's satisfaction as by any objective clinical measures, he says. "Any tool that we use to discuss with patients what they might achieve after surgery is helpful in achieving success," he says. "To that end, imaging technology is a special way to discuss with patients what they might expect, by showing them a morphed image of what they might look like after surgery."

Popular with patients

The imaging systems are widely available from manufacturers like Canfield Imaging Systems in Fairfield, NJ, maker of the popular Mirror Suite computer system. Patients often love the idea of seeing their image change right before their eyes and being able to show and tell the surgeon "a little more here"

or "a little less there," Rosen says. He uses the technology extensively and considers it an asset to the practice, increasing referrals and improving the chances that a curious patient will schedule surgery.

However, there are certain precautions surgeons should take when using imaging technology. For one thing, be sure to remind patients that what they see on the computer screen is only a simulation, not an exact depiction of what the surgeon will be able to do or what the patient will look like after the procedure, Rosen says.

"We specifically tell them that the image they see does not represent any kind of guarantee or warranty, that we do not promise we can make them look exactly like what is depicted," he says. "Rather, we explain that this is a tool to help us discuss the work to be done and to get some general idea about the possible results. It is not a way for the patient to say 'Make me look like that,' and then the surgeon promises to do that."

No photos to take home

To further avoid the idea that the patient is ordering up a particular look that the surgeon is promising to deliver, Rosen and his colleagues at the practice usually do not print an "after" picture from the computer for the patient to take home. If the patient carries that picture around for a while and shows friends and family members, it can become ingrained in the patient's

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Imaging systems

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mind as the promised result, no matter how much the doctor explains otherwise, Rosen says.

"Patients respond to seeing their own images morph in a way that they don't respond to anything else, even seeing other patients' before-and-after images," he says. "It gets them excited and shows them something realistic. That's an important way to use this, to show patients what is reasonable in a way they can easily understand, so you can dispel any unrealistic ideas they have."

Better to undersell surgery results

Imaging technology can be abused and misused by showing the patient an "after" image that is not realistic, Rosen says.

"I'd much rather show them a conservative result and tell them that maybe we can even do a little better, but that this image represents a reasonable expectation," he says. "If you go about it the other way and show them the very best possible result while saying maybe it won't actually be that good, you're just asking for trouble."

Some limits to imaging systems

Anthony Youn, MD, a plastic surgeon in Detroit, agrees that an imaging/patient morphing system can be a good asset for your practice.

"While it's important to talk with patients about their and my expectations for surgery, sometimes a picture truly is worth a thousand words. It's best used to make sure that the patient and I are on the same page in our expectations for surgery," he says. "In addition, it can also help patients see things in their face that they may not otherwise appreciate. A good example is a patient who requests a reduction rhinoplasty but also has significant microgenia."

Note that imaging systems take more time than just snapping a photo. Youn estimates that a session involving computer imaging will take 15 minutes longer than one without.

There are definite limits to imaging systems, Youn says. He has found that imaging programs are not as valuable in depicting changes in body parts.

For example, it's challenging to show accurate changes in breast size, mainly because it is difficult to change how the nipples will look. Eyelids also are a problem, because the morphing can make the pupils or irises appear somewhat distorted.

"I inform them that it is only a way for us to make sure we are on the same page with what we would like to see as their results," he says. ■

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