MD COSMETIC & LASER

TRAINING MANUAL

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COURSE OUTLINE:

I. The MD Cosmetic & Laser Group  
   A) Who are we?  
   B) Our course objectives  

II. The Rapidly Expanding World of Minimally Invasive Aesthetics  
    by Everett M. Lautin, M.D.  

III. The Business of Aesthetics – by Neil C. Goodman, M.D., Ph.D  
    A) Adding Aesthetics to an Ob/Gyn or Family Practice  
       1) Why?  
       2) How?  
    B) Before You Begin  
       1) Selection of Equipment  
       2) Training  
       3) Mal practice Insurance  
    C) Getting started  
       1) office staff  
       2) office procedures  
       3) office forms  
       4) organization of aesthetic practice  
       5) which procedures to perform  
       6) marketing  
       7) goals of an aesthetic practice  
    D) Sample Documents Needed to Begin an Aesthetic Program  

IV. Laser and Light Source Hair Removal - Neil C. Goodman, M.D., Ph.D  
    A) science of hair removal  
    B) business of hair removal  
    C) technique of hair removal  
    D) complications and side effects  
    E) enclosures and references  

V. Laser Leg Vein Treatment - Neil C. Goodman, M.D., Ph.D  
    A) science of leg vein treatment  
    B) business of leg vein treatment  
    C) technique of leg vein treatment  
    D) complications and side effects  
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VI. Photo Rejuvenation Techniques – by Neil C. Goodman, M.D., Ph.D.  
    A) science of facial and peripheral photo rejuvenation  
    B) business of photo rejuvenation  
    C) technique of photo rejuvenation
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VII. BOTOX, The Miracle Drug – by Everett M. Lautin, M.D. pages 70-86
VIII. Cosmetic Fillers – by Haneef N Alibhai, M.D. pages 87-96
IX. Microdermabrasion – by Haneef N. Alibhai, M.D. pages 97-100
X. Cosmeceutical Skin Care – by Haneef N. Alibhai, M.D. pages 101-107
XI. Conclusions and Future Goals – by Neil C. Goodman, M.D. Ph.D page 108
Who Are We?

MD Cosmetic & Laser Group is a panel of physicians who have organized to provide training and information to medical doctors and other health care professionals who treat, or wish to begin treating, patients in the field of cosmetic medicine. The MD Cosmetic & Laser Group is currently comprised of Everett M. Lautin, M.D., Haneef N. Alibhai MDCM, CCFP, and. Neil C. Goodman, M.D., Ph.D., These physicians have had their training in diverse fields, but over the past few years have concentrated their efforts in patient care in the rapidly expanding field of medical cosmetics and laser based treatments.

Dr. Everett M. Lautin, is a well known writer, speaker, and teacher in the field of non-invasive aesthetics. Several years ago, he wrote “The Botox Book” and most recently, he has coauthored the book, “You Don’t Need Plastic Surgery.” Dr. Lautin, a long time New York City Radiologist, has recently appeared on WNBC, the Today Show, and Good Morning America and his work has been noted in New York Magazine and The New York Times. In his fashionable New York office, named Institute Beaute, he, along with his colleague, Suzanne Levine, D.P.M., specializes in providing non-surgical alternatives to men and women who wish to retard the aging process and regain the glowing appearance of youth. His work is an inspiration to the masses of people who cannot afford the expense or suffer through the down time that is associated with plastic surgery. He has treated many well known celebrities and has been cited by Joan Lunden, host of TV’s Behind Closed Doors “as providing many creative treatments in the world or beauty…especially for those seeking alternatives to surgery.”

Dr. Haneef N. Alibhai is a Vancouver, British Colombia Family Practicioner who has spent the past five years specializing in the fields of medical cosmetics and laser and intense pulsed light treatments. He is currently the medical director of MD Cosmetic & Laser Clinic in Abbotsford, BC, Canada. His main interests lie in the fields of aesthetic dermatology, lasers, pulsed light sources, Botox and Cosmetic Fillers. Dr. Alibhai is the Western Canadian Physician Trainer for Botox Cosmetic, Juvederm and Restylane. He also speaks to physicians, nurses and aestheticians throughout North America on laser and pulsed light applications for Palomar Medical Technologies. He is the Vice President of the Canadian Association of Aesthetic Medicine and is a member of the American Society of Laser Medicine and Surgery. Dr. Alibhai has been a keynote speaker at conferences organized by the Canadian Association of Aesthetic Medicine and has been a lecturer at the International Congress of Aesthetic Medicine. In addition to training doctors, he is a professional speaker on topics related to lasers, pulsed light sources, skin care and cosmetology.

Dr. Neil C. Goodman has practiced Obstetrics and Gynecology for the past 25 years in the New York City suburbs in a large high volume multi-physician group. Several years ago, he noted that business conditions for a successful medical practice had substantially deteriorated because of the inroads of the major insurance companies and their managed care programs. In response to the newer business environment, Dr.
Goodman concluded that managed care was good as an advertising medium, bringing in a large volume of patients to a physicians office, but the modern office of the 21st century would find it necessary to sell additional services and products that were not controlled by the insurance companies. Influenced by the work of Dr. Lautin and the newer laser and cosmetic technologies, he set out to add aesthetics to his very busy Ob/Gyn practice. In this treatise, he details in a step by step fashion, the major requirements and the pitfalls that one needs to avoid, when an aesthetics practice is added on to a general medical practice.

Our Course Objectives

In recent years, the field of medical cosmetics has expanded enormously. As a generation of baby boomers ages, newer medical techniques have been invented to allow people to retain a continued youthful appearance, as well as to treat patients at any age who are concerned about their looks. The new technology involves the use of contact lasers and intense pulsed light (IPL) machines, which allow physicians to offer new types of cosmetic treatments which were unavailable only a few years ago. The techniques of laser or IPL hair removal, percutaneous and endogenous varicose vein destruction, and photofacial and photorejuvenation techniques are just a few of the newly established light based aesthetic procedures. In addition, the U.S. FDA has only recently approved Botox for cosmetic use, and is soon expected to approve a variety of sophisticated injectable cosmetic fillers, which currently are used in many other countries around the world. In addition to these relatively well established modalities, there are dozens of exciting newer technologies which are currently in research and development.

As the professors and researchers charge head on into more advanced and uncharted waters, physicians who offer medical cosmetic treatments to patients are confronted by a dazzling array of new and potentially useful techniques and ever more expensive equipment. Drs. Lautin, Goodman, and Alibhai, by virtue of their diverse aesthetic practices, are in a unique position to provide a fresh insight into the state of affairs in the field of medical cosmetics. They wish to share their experiences and their recommendations with all physicians who perform medical cosmetics, or intend on doing so in the near future.
II. Introduction – The Rapidly Expanding World of Minimally Invasive Cosmetic Medicine, by Everett Lautin, M.D.

“You Don’t Need Plastic Surgery” is the title of one of my books and this is becoming the new reality. We live in a youth oriented society and almost everyone wants to look better and younger. The fountain of youth was and is the eternal goal. Ponce de Leon “discovered Florida (Pascua Florida, Easter of the Flowers) in his quest for the “Fountain of Youth.” And now the aging seek the Florida sun to age their skin prematurely and generate business for us to try to regain their lost youth. But we can help, prevent, and reverse some of the damage.

Plastic surgery has its place in cosmetic medicine, but its place is shrinking. Many of the benefits formerly achieved with plastic surgery can now be attained with minimally and non-invasive techniques, with little or no recovery time, and little or no pain. Yes, no pain with gain. But cosmetic medicine can also achieve many excellent results that plastic surgery cannot. Nobody wants to be “cut” if they can avoid it—and now they are more and more able to. The pulled back look, the scars, and the lengthy recovery period are all becoming antiquated. And when plastic surgery is the only alternative—for now—minimally invasive cosmetic medicine will augment it.

Women are in the forefront of having the new procedures, but men are joining the ranks in increasing numbers. The Chinese venerate the elderly but in the west, youth and youthful looks are rewarded. And in China old traditions are passing as they too join the ranks. In business the better looking are rewarded with higher salaries, more rapid promotions, and more in office flirtations. In a world with a divorce rate of greater than 50%, more and more men and women want to look their best for that new special someone. And married women and men want to look better for their spouse, hoping not to join the “greater than 50%.”

The following is an overview of the minimally and noninvasive cosmetic procedures:

Botox: The current mainstay of a cosmetic medical practice is Botox, the new miracle drug. A few minutes every four to eight months, minimal discomfort, minimal risk, and five, ten, or more years disappear. Who could ask for more? A trial lawyer with severe frown lines and forehead wrinkles has an always angry, standoffish appearance, not one that makes juries and trial judges friendly. A few drops of Botox, well the verdict is in. The manufacturer, Allergan will generate close to a billion dollars from Botox.

Laser and IPL hair removal: Another mainstay. When done properly this is safe and effective. With minimal discomfort and recovery time a women’s perimenopausal mustache will disappear, a man’s “razor bumps” will smooth, a woman’s ritual of leg shaving, waxing will end and her lady Schick will end up in the waste basket. The only other permanent form of hair removal is electrolysis, and laser/IPL is thousands of times faster. Competition has made significant inroads on the profitability of this procedure.
Facial rejuvenation: Lasers, IPL, microdermabrasion, injectable implants, electrical and mechanical stimulation (Perfector), facial acupuncture, mesotherapy, other minimally invasive techniques, and cosmeceuticals that really work are beautifying without pain or downtime. What do they achieve? Erasing of brown spots, red spots, cherry angiomata, facial telangiectasia, evening out skin tone and coloration; reducing acne breakouts; smoothing of lines, wrinkles, acne scars, tightening of sagging jowls, and the lifting of eyebrows.

The exciting new world of minimally invasive rejuvenation is here now. It is in its youth, and it will help you regain yours.
II. The Business of Medical Aesthetics – Neil C. Goodman, M.D.

A) Why and How to add Aesthetics to an existing Ob/Gyn or General Medical practice.

I have been in the private practice of Ob/Gyn for the past 25 years and for most of that time I found practice to be rewarding, both intellectually and financially. However, in the past decade, the business of medical practice has changed substantially. Because my practice is largely controlled by managed care, my fees have remained flat, while my expenses have continued to rise. At first, I worked harder, seeing more patients and working longer hours. In addition, I hired additional physicians, a physician’s assistant, and additional supporting staff to handle the increased load. However, the continued growth of our practice brought along with it very substantial increases in the expense of running our business. The effort and cost of taking care of all of those extra patients required a marked increase in staff and generated many other auxiliary expenses. Most important of all is that the number of employees needed to process all of these insurance claims, perform pre-certifications, protest the denials, and collect our money, has grown exceptionally rapidly.

As a result of these negative influences, I came to the conclusion that private practice was no longer a viable and profitable enterprise, and if something did not change, it would be wise to sell my practice and retire, or obtain a job as an academician or with an insurance company. In order to remain in private practice, I concluded that it would be necessary to reverse the trend to offset the complete control exercised by the insurance companies and their managed care programs. Dropping the managed care programs was not an option because it would result in a tremendous loss of market share.

Three years ago, I began to investigate aesthetics as a possible line of new services and products which could be added to our core Ob/Gyn business, which would be immune to control by the insurance industry. Early in 2002, I added medical cosmetics to our practice beginning with the purchase of a laser and an intense pulsed light machine (IPL). Since this time, these services have become the fastest growing part of our business, and this line of practice has led to a substantial percentage decrease in the amount of revenue which is derived from managed care.

As a result of the inception of aesthetics into our practice, I have come up with some observations and conclusions. First and foremost is the validity of the underlying dogma, that “managed care is your advertising medium, it brings you lots of patients, albeit at reduced fees… it’s up to you to sell this large volume of patients other goods and services not controlled by the insurance companies.” Second, aesthetics, as least for Ob/Gyns (also for family physicians, dentists, etc.), is a perfect module for the addition of a large volume of extra services, because they are highly desired by your patients, easy to master, relatively safe, and profitable for MD’s to add to their practices. Third,
aesthetics is highly complimentary to Ob/Gyn practice. Established patients will purchase new aesthetic services when and where they are offered, and new patients who come for aesthetic services, will readily become new patients for medical services when they find out that you accept their insurance plan. Finally, the residual complaints of physicians in multi-physician practices will dissipate very rapidly once the aesthetic program is profitable (which it will be in a very short time)

But it won’t be easy to get started. There is a lot of negativity associated with the inception of something new and controversial. My biggest hurdle was convincing my associates, to go along with the program. Fortunately, I was able to do so, although my proposals were met with great skepticism and disdain initially. I have included the exact memorandum I sent around to my five other business partners at the beginning of 2002 urging them to let me go ahead with the project. While the complete reading of this memorandum is not essential to getting the most out of this training manual, for those who have problems with their associates, it may be quite helpful.

January 2002 Proposal to my Associates:

Over the past year, I have spent a large amount of time learning the technology, studying the literature, attending courses and participating directly in hands on programs where aesthetic services are rendered. I believe very strongly that the technology, which is rapidly changing, now allows office-based physicians with a large flow of patients, the opportunity to offer safe, effective and high quality aesthetic treatments. Additionally, the skills necessary to provide these treatments are not complex and are more dependent upon the technology provided by the machine rather than the intrinsic skill in the hand that guides the equipment. In addition, most of these treatments are sufficiently simple that they are usually rendered by a nurse, physician’s assistant, or trained medical assistant, so that the physician may supervise rather than perform the actual procedure.

The Ob/Gyn practice site is an excellent place to offer aesthetic services because the vast majority of patients who seek these services are women, and most patients tend to trust their physicians to offer high quality reliable medical services. Because aesthetic services are not covered by insurance or managed care, they are not subject to the same economic considerations as are the other services that this company provides to the public. Indeed there is a complimentary relationship between Ob/Gyn care and Aesthetic services. New patients seeking aesthetic services, obtained by advertisements or word of mouth, may be very happy to learn that our group will accept their insurance for their routine checkups and imaging services, which we can provide during their visit to our office. Alternatively, established patients who currently utilize their managed care program to obtain Ob/Gyn and imaging services, may well use their credit card or checkbook to purchase cosmetic goods and services. The inclusion of these services, as part of our practice, presents our group the opportunity to distinguish ourselves from other Ob/Gyn providers. Besides being highly profitable, I believe that the inclusion of aesthetic services will further advance the stature of our private practice by attracting new patients and reinforcing our relationship with our existing patients.

I have heard that some of you have concerns regarding the viability of this project. Some of you have cautioned that we are not trained to perform these services, which are ordinarily performed by other specialists including dermatologists, plastic surgeons and phlebologists. Others have mentioned that we will face skepticism from the public, as well as professional liability risks, over and above those we already are exposed to. My response to these questions is that we will establish a very high quality and low risk program, and any physician who performs or supervises a procedure will be required to have the training necessary to do so. In addition these procedures will be performed or supervised only by physicians who are covered by our insurance company to perform these procedures. Currently, I have approval from the insurance company for laser hair removal and laser vein treatments, and I am about to expand my focus to cosmetic sclerotherapy, photofacial rejuvenation, collagen and botox injections, and other related treatments.