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## Feature Article

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### 'Chewing The Industry Fat' With Wendy Lewis

During her recent trip across the pond to visit London, I was fortunate enough to be able meet up with The Knife Coach™ herself Ms. Wendy Lewis.

Wendy was kind enough to allow me to 'quiz' her and 'chew the fat' on a number of trends, developments and differences which are about between the aesthetic and cosmetic industries in the USA, in comparison to the UK and Europe. We talked about what's hot, some of the keys to a successful clinic business and the challenges facing the global skincare marketplace. With almost 30 years experience of this field, there is little that Wendy hasn't seen or heard about and tapping into that knowledge was a pleasure!

I hope you will enjoy this interview as much as I did.

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#### Current Trends

**Lorna:** What are people coming to you to talk about currently? What do you view as the key growth areas?

**Wendy:** I think body shaping is a huge category now. Surgery is still down.

Facelifts are being done in later years; there was a sort of pendulum swing where people were having early intervention; I don't see that anymore.

I see a much later (surgical) intervention because women are starting with other treatments much earlier, like in their 20s with neurotoxins, fillers, skin care, peels, lasers for skin rejuvenation and maintenance.

I find a lot of younger women are doing skin tightening. I met a woman a couple of weeks ago in California and she has a firming treatment once a month and she's maybe 35 years old. So I feel like that's maintaining women's skin longer, so they kind of delay surgery. It's going back to that way again.

It's interesting, it has a lot to do with the economy but now I think it's just become the way we think about it, because there's so much more non-invasive interventions available.

Look at how many products we have and how many places are out there that do exactly the same thing. How does the consumer, who's been thrown this stuff, how do they make a decision?

I think what we've seen is that you can't survive just doing surgery alone anymore, because patients will walk in and you have no alternative for them.

The old days where you would refer them to someone who could help them don't exist as much anymore because you don't get that



**Wendy Lewis,**  
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Wendy Lewis began her career in the aesthetics industry by managing two of New York's prestigious accredited surgical facilities for a dozen years before starting her consultancy in 1997. Wendy Lewis & Co has blossomed into a boutique marketing and medical communications company, working with leading physicians, clinics and medspas, medical device, cosmeceutical, filler and neurotoxin brands worldwide.

Wendy is the author of 11 consumer health and beauty books. In 2008 she founded [www.beautyinthebag.com](http://www.beautyinthebag.com), an international beauty forum. A prolific writer, she is a frequent contributor to many trade and consumer publications on both sides of the pond. She is a frequent guest speaker at many aesthetic meetings in the US and Europe. Wendy has appeared on various TV shows and is frequently quoted in the media as a leading expert in anti-ageing medicine, beauty and cosmetic surgery.

The Knife Coach™



referral back. So every patient's counts, you've got to have something to offer them.

Fat grafting is huge too; for the face, breast and buttock areas. It has topped every agenda on three national meetings I have been to recently. Fat grafting is expensive. I think it is less practical to use as an augmentation. It is extremely useful in reconstruction; it's also extremely useful in the face. It's being done everywhere.

Buttock augmentation is really only for a subset of patients though. The average woman, I mean I want no butt! The last thing I want is something in my bottom so I think that's a niche that not every doctor goes after.

In the facial area, it's like they just rediscovered it; I think with mixed results. A lot of doctors are using Platelet Rich Plasma (PRP) with fat. I don't feel that there's any solid data, they think it works anecdotally.

**L:** There's a similar sentiment with PRP in the UK; there's not really enough trial data and there's a lot of speculation as to how actually it works, and what the best indications are for treatment.

**W:** It's kind of a leap of faith. It just reminds me a little bit of Isolagen®. I mean it's really hard to expect a woman to pay that much money for something that may work, may not work and we're not really sure exactly why. The doctors love the concept and I think there is something there; it's about the growth factors that make sense intellectually. But whether I would consider it as a 'line filler', no; I don't think so.

**L:** Your work spans the two continents so you are very familiar with the issues surrounding U.S. FDA approved devices in America versus the (less rigorous) CE Mark in Europe.

**W:** We don't have many of the technologies that you have, as FDA approved devices yet, that doesn't mean they won't come. A lot of these small companies are never going to go for FDA approval because they can't possibly afford to do it. The only way for them to get into the USA market is to be acquired, which isn't out of the question, we've seen that happen before. But these are little companies.

## Being Successful in this Business

**L:** What would you say would be the key ingredients for a successful clinic?

**W:** I could talk about that for an hour!

I think right now the way to distinguish a clinic is good value, and I don't mean cheap, I mean good value, like the patient walks out, gets the result for a reasonable amount of money. They don't feel that you're ripping them off and there's actually something there when they get home. They want visible results. It's not going to be a leap of faith and they're not going to wait indefinitely to get the results.

Human nature is such that you want an instant result. It's not going to be instant, but they really need to see it within a couple of treatments. Someone just told me about a treatment that some people have almost eight sessions, two a week. You know that model is much more difficult, compliance is hard. We saw that with Sculptra™, which we know works, but the patient after the second treatment, and it was expensive, is saying "I don't see any result" and they drop off. They lose interest.

So you have to give them a result fairly quickly to keep them into the session. If you're going to do multiple phases you absolutely have to do package deals or you know, buy three get two, or something like that. They're not going to pay for it all down the road.

I also find that patients are more price resistant to paying up front for a series so a lot of clinics are doing it you can 'pay as you go' and then you get an extra one at the end or another way to establish it without having to pay all the way up front.

**L:** A couple of years ago now there was New York based surgeon who came up with the idea of a 'Botox Bank' where people could literally pay into it, like a savings plan, so that when they next came to the clinic there was credit available towards their treatment.

**W:** I'm sure women do that. They probably do it on their credit cards so their husbands don't pick up on it. I don't know most women I know pay for their own stuff. I mean it's a good press release I guess.

## The Skincare Market

**L:** What are your thoughts on the skincare market?

**W:** Skincare seems to be taking a huge resurgence. I think there's a lot of excitement in the skincare world, in professional skincare. I think a lot of it has to do with the type of grants that are available now; we have a lot of really good ones.

Allergan has done brilliantly and they bought SkinMedica so now (in the USA) if a patient is a member of their [\*\*Brilliant Distinctions Program®\*\*](#) there are benefits to getting your skincare through them too. That has made a lot of other brands have to step up their game and I think it's affected the market.

We've seen SkinCeuticals making a big move into the professional sector, bigger than ever, they're everywhere and you know L'Oreal has the wisdom and the knowhow and the budget to do it.

ZO Skin health is doing unbelievably in the US, the products are real quality, they're aggressive but they work. So that's a certain subset of patients who are willing to pay that price, they're not that expensive but they're going to get results.

Peels have had a resurgence as well. We've seen a lot more offices doing peels. I think it started out as an alternative to lasers, because they're cheaper, but I don't think that's the reason anymore. I think it's just perpetuated that peels have always worked, so there was always a place. I think they're a good mainstay of a clinic. I mean I know doctors who do no lasers and just do peels in their clinics. So I don't think that's going anywhere.

**L:** Professional skin care companies obviously want to have their products as only available through clinics, which puts a limiting factor on their sales anyway. Do you think they also suffer from the growth in Internet sites and discount deals?

**W:** This is a huge issue. Internet piracy is a massive problem, not only in America but everywhere and a lot of it unfortunately is driven by doctors. The doctors who are buying products from a skincare company that only wants to sell to physicians and then selling it direct on Ebay, Amazon and through other websites, they should beware because companies are going after them with the vengeance of the law on their side. I know for a fact that many companies have shut down illegal sites and there are more to come. I have spoken to many companies that are doing this, ZO Skin Health for one, they had several very large websites shut down recently. A lot of this is coming from doctors.

Some of these products shouldn't be dispensed to the general public without medical advice. They're not the only brand that's doing it. So this is something that brands are much more acutely aware of and they're watching. If somebody places a huge order all of a sudden and never placed an order before don't be surprised if you get a surprise visit. Someone walks in the door and asks "where's the \$30,000 worth of skincare you bought from us two weeks ago".

That's definitely something they're cracking down on because it's killing the market. The doctors complain that they spend an hour doing a consultation with a patient and then they go on Ebay and get the products. Dispensing is still a very viable service and a profit centre in most clinics. They should look to brands that support them and look to brands that are not all over the Internet. If I ran a clinic, that's what I would do. You can't compete with Ebay and Amazon.

**L:** Do you think many US dermatologists are thinking about having their own brand or private label products?

**W:** No, first of all it's too expensive to create your own formula because you have to have an actual chemist. People think it's just so easy, I'm going to go to Estee Lauder (or whoever) and I'm going to make a brand with my name on it. Estee Lauder doesn't need you. They don't want you; they want to go as far away from doctors as they humanly can, they've no interest. Maybe with make-up artists but definitely not a doctor. That ship has sailed, that's old news.

Frankly I discourage private label among doctors today because I don't think it works anymore. They make money on it yes but is it really the best product you can offer your patients? There's no cachet and unless you're going to invest in it and have great packaging too. It doesn't have to be elegant but it has to be clinical and at least look good. I mean, private label, you stick a label on and it looks like that and I think patients are wise to that.

There are doctors who do very well with this and good for them but would I recommend them today, no. I think it only works if you have multiple locations because then you have the buying power where you could get a laboratory to do something better for your private label because you're able to buy it in much larger quantities.

I don't think that model is popular anymore. We have too many better choices.

**L:** When you watch the television or flick through a glossy magazine you notice that the High Street, main stream brands are touting bigger claims, they're starting to use words that we know in the professional arena that would never have been in this advertising before and would never have been talked about as ingredients in main stream products. Is that a threat to the professional brands, even though the active concentrations are lower?

**W:** I think it's a threat because at the end of the day everything competes with everything. Even though you may be selling an eye cream with peptides and anti-oxidants in it and it's £50 in your clinic the same patient is still going to the High Street and may see a product for £10 that has very similar ingredients. We know it's a different formulation however they're tempted.

So there's no question, I think the ones that have done this the best are Olay. They have done an unbelievable job and yes it's definitely fragmented the market but I still don't believe it's a reason not to have a retail vertical in your clinic. If you don't have it you're missing an opportunity.

In the US, I don't know if this is true here but I think it probably is now, new models have emerged like multi-level marketing with brands like Votre Vu and Nu Skin. You also have the direct to consumer brands that are not retail brands at all they're sold on a website full stop. They've got some sketchy celebrity endorsement. These are a threat because they are going after more premium customers. They are not High Street customers, they are premium anti-ageing customers; that's a bit of a threat, but I don't think a lot of these brands have much credibility.



**Lorna Jackson**

Lorna has been Editor of The Consulting Room™, the UK's largest aesthetic information website, for over a decade, since 2003. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics, plus researching, investigating and writing feature articles, blogs, newsletters and reports for The Consulting Room™ and various consumer and trade publications, including *Cosmetic News*, *Journal of Aesthetic Nursing*, *Body Language*, *PMFA News*, *Aesthetic Medicine* and *Aesthetic Dentistry Today*. Lorna has also been asked to present at various industry events, including Smart Ideas, BACN and Merz Aesthetics Business Workshops, the FACE Conference and the Clinical, Cosmetic & Reconstructive Expo.