
Feature Article

Facial Aesthetics Conference & Exhibition 2012 Review

For the 10th year running The Consulting Room™ was involved in the agenda format, management and practical running of the conference on behalf of the organising committee of Dr Tim Flynn (Consultant Dermatologist, USA) and Mr Rajiv Grover (Consultant Plastic Surgeon, UK), and the conference owners, FACE Ltd.

This month's feature article is a summary of some of the most interesting points to come out from this year's event.

Over the three days from Friday 15th to Sunday 17th June, over 600 aesthetic practitioners – encompassing cosmetic dentistry, cosmetic dermatology, aesthetic nurse practitioners, plastic surgeons and cosmetic doctors attended the **Facial Aesthetic Conference and Exhibition (FACE)** - the UK's largest facial aesthetic conference, held at the Royal College of Physicians in Regents Park, London.



The annual conference, which celebrated its 10 year anniversary, has become a staple event within the industry, attracting internationally renowned speakers from all over the globe. The 2012 event again broke records by attracting the highest audience numbers ever, as well as squeezing in the growing number of specialist exhibitors involved in promoting a wide range of aesthetic products and services to the UK market place in every corner of the venue possible. The audience and exhibitor numbers have now grown so much so that it must now say goodbye to the RCP and move to a larger venue, the QEII Conference Centre in Westminster for FACE 2013 (21st - 23rd June).

Attendees of FACE 2012 were treated to five separate agendas featuring interactive lectures on cutting edge technologies, practical tips and advice, workshops, insight into the latest innovative technologies and exhibits from global industry suppliers, product launches and of course the chance to meet industry colleagues.

This year FACE included parallel agendas running over the three days in two lecture theatres including a surgical and non-surgical agenda, alongside a skin of colour and skin disease and hair loss day. It also hosted a variety of exhibitor workshops from industry leaders such as Solta Medical, Invasix, Nordson Micromedics and Syneron Candela.

These exhibitor workshops ran throughout the weekend with suppliers unveiling a range of new and innovative technologies.

Viora highlighted their technology Reaction™ which is the first multi-frequency bi-polar device to combine radiofrequency (RF) energy and vacuum technologies for facial and body contouring including skin tightening and cellulite and circumferential reduction.

The Selphyl system for Platelet Rich Plasma (PRP) & Platelet Rich Fibrin Matrix (PRFM) was explained by German Dermatologist Dr. Sabine Zenker.

Invasix also championed the latest editions to their current portfolio which already includes the BodyTite RFAL system with the UK launch of Fractora and Fractora Firm which they refer to as “the most advanced fractional radio frequency treatments providing anti-ageing improvements on skin tone and texture through ablation and skin resurfacing, combined with a deep dermal and sub dermal heating.”

Dr Martyn King and NIP Sharon King also gave an overview of their year long experience with the Artiste assisted injection system from Nordson Micromedics in the indication of lip augmentation.

Following the success of last year's "An Evening with Tim Flynn and Wendy Lewis"; this year saw the turn of the 'Grandfather' of dermatology Dr. Zein Obagi, (pictured far right with FACE Chairman David Hicks).

This informal and extremely enjoyable evening featured an insight into his journey to the present day including personal anecdotes, interesting career facts (he joined the U.S. Navy as a doctor at one point) and a few humorous and touching stories to reveal the man behind the world renowned Obagi skincare brand to the audience. We learnt that the young Zein decided to become a doctor when he saw that medics couldn't help his own sister when she suffered burns from a kitchen scolding accident she experienced as an infant and when there seemed to be no solutions for his acne ridden teenage friends!

Friday saw the parallel agenda for Skin Disease & Hair Loss running alongside the Main Non-Surgical agenda. This agenda provided alternative presentations for clinicians wishing to explore other aspects of growing their business. It was noted that as NHS funding contracts, the management of common skin diseases such as acne and rosacea, alongside lumps and bumps including moles, skin tags, warts and seborrheic keratosis provide an opportunity for suitably qualified and trained practitioners to extend their services into the disease dermatology market place.

Speakers highlighted the key skin diseases and lesions seen in private medical aesthetic practice and looked at LED and micro-needling treatments for acne, alongside topical and cell therapy solutions for dermatologic indications.

In addition, opportunities to offer a range of options related to the treatment of hair loss for both women and men were also discussed, including the application of light, carboxytherapy, growth factor and stem cell solutions, some of which can be easily incorporated into an aesthetic business model.



On Saturday morning attendees in the alternative agenda theatre were present for a unique concurrent scientific debate in which 7 speakers from some of the largest global skincare suppliers highlighted the benefits of their respective products in terms of topical antioxidants for the prevention and treatment of skin ageing.

The audience heard exclusive perspectives from representatives from brands including Jan Marini, Epionce, Medik8, SkinCeuticals, Neostrata, Obagi and IMAGE Skincare.

This was followed by a dedicated Surgical agenda which included presentations on blepharoplasty, modern rhinoplasty, face lifts and facial contouring, fat transfer and new liposuction techniques and permanent lip implants.

Sunday's parallel agenda covered Skin of Colour. This agenda included lectures on a wide range of subjects predominantly devoted to the treatment of hyperpigmentation, with a special focus on treating patients who present in aesthetic clinics with skin of colour. From age spots to melasma, the effective resolution of hyperpigmentation can be a challenge for aesthetic practitioners, particularly in patients with darker skin types.

Dr. Zein Obagi and Dr. Mukta Sachdev provided insights from many years experience in treating patients with darker skin types on a daily basis. They, along with other speakers looked at topical treatments, chemical peels and lasers and light in terms of the safe and effective use of a variety of different concepts and also explored potential complications, managing patient expectations and learning how to avoid problems to ensure that you achieve consistent results for your patients.



In addition, the unique one day 'FACE of The Clinic' meeting, chaired by renowned Independent Beauty Consultant Wendy Lewis from the USA ran for a 5th year and expanded to a two day event, running on the Saturday and Sunday. This meeting was devoted specifically to helping develop the skills of Clinic Managers by updating their knowledge and awareness of critical business factors related to running a successful aesthetic practice.

Topics covered included social media marketing, optimising your website and blog to grow your clinic, customer relationship management, business development, receptionist training, clinic branding, dealing with the media to generate a buzz for your clinic, effective retail within a clinic, vouchers, deals and insurance.



In the main lecture theatre, Friday's Main Non-Surgical agenda, informally known as 'equipment day', saw a number of speakers highlighting a variety of modalities including RF (fractional and non-fractional) devices such as Fractora, Pelléve and EndyMed 3Deep, fractional radiofrequency 'microneedling' with the Intracel and ePrime devices, non-ablative and ablative fractional lasers, including the increased use of fractional CO2 lasers, focused ultrasound therapy with Ulthera, alongside nitrogen plasma for skin rejuvenation with the relaunch of Portrait PSR3 and advanced electrolysis techniques for dermatologic indications.

Saturday's Main Non-Surgical agenda started by taking a look at regulations within the facial aesthetics arena following the recent PIP breast implant scandal and whether lessons from this could be learnt by the dermal filler market. Regulation of these products was compared in terms of U.S. FDA approval processes and what are considered more lax European CE Marking requirements.

An update of the process towards the new European CEN Standard for Aesthetic Surgery Services was also given by Mike Regan the Chair to the Aesthetic Surgery Services Committee of the British Standards Institution. The final version of the standard, following the recent public consultation is currently expected to be published in the first half of 2013.

The rest of the day saw presentations on facial aesthetics including the use of microdermabrasion, in particular with the newer techniques of hydradermabrasion, a great entry level treatment for new clients; fractional lasers and the use of cosmetic injectables for facial volumising and treating the cheek and lid cheek junction.

Dr. Nick Lowe also took us on a tour of his 20 years of personal use and study into botulinum toxins, including the interesting fact that the word 'botulus' means sausage in Latin – thank goodness for modern refrigeration!

Dr. Lowe pointed out that despite the widespread use of this drug (BTX-A) making it the most popular cosmetic treatment across the globe, it is still only approved (across all brands in all territories) for one aesthetic indication, that of glabellar frown lines, making all other uses which have become second nature, crow's feet, forehead lines etc., still essentially off-label.

He also noted that he would only use the type B toxin available in those patients with a known or acquired resistance to type A toxin due to the increased pain for the patient as it has an acidic pH along with the need for more frequent treatments (and more cost to the patient) as longevity is impaired over type A toxins. This session also featured demonstrations on various blunt cannulae techniques for the delivery of dermal fillers.

As everyone recovered from the Aesthetic Industry Summer Ball, held at Madame Tussauds, the Sunday main agenda kicked off with myths about botulinum toxins from Andy Pickett, Director and Founder of Toxin Science Ltd. He pointed out that there are still statements made and commentaries given about the botulinum toxin products



used aesthetically that are based on no science or clinical evidence and which are simply incorrect. He noted that generally, these “facts” have been used as marketing tools to convince clinicians of the benefits of some products and the issues related to others. He finds it even worse that these “facts” are still published today as though they were clear science and clinical evidence when in fact they are not.

Examples he highlighted include the incorrect speculation about diffusion differences of the products which continues to be used to differentiate them. Modern data have provided us with explanations that there is no such thing as the “toxin complex effect” on diffusion. The different products are already free neurotoxins in the vial before injection. Clinicians are always injecting free BoNT neurotoxin, regardless of which product they use.

He made it clear that there are no product differences in respect of diffusion and that the dose is the most important factor affecting the results that can be obtained aesthetically, closely followed by knowledge of anatomy and the actual targets of BoNT, the neuromuscular junction positions.



This was followed by presentations on how to avoid and manage any resulting complications from the use of the various toxin brands available and an on-stage demonstration by American trio Dr. Tim Flynn, Dr. Michael Kane and Dr. Raj Kanodia – two of whom pointed out that Tim Flynn was the only one not wearing trainers with their smart suits!

The same team joined us after coffee for a look at dermal fillers; again looking at avoiding and managing the many possible complications.

It was highlighted that taking a good medical history is vital as patients taking vitamin and herbal supplements (aside from actual medication), which they may not think to mention can have an effect on coagulation leading to an increased chance of bruising from the treatment, something which they will blame the practitioner for. Examples to listen out for included ginseng, ginko biloba, vitamin E and garlic. In contrast, herbal solutions which you can give patients for reducing any bruising such as vitamin K and arnica were also discussed.

Dr. Kane then focused his subsequent presentation on discussing how to create the right jawline for the various ethnicities and thus facial shapes and concepts of beauty within the human race.

The day and the meeting was rounded up with lectures on an alternative to BTX-A which uses focused cold therapy to reduce dynamic forehead lines, the concept of adding antioxidants such as mannitol to hyaluronic acid dermal fillers and platelet rich plasma for dermal rejuvenation.

Many of the speakers, invited from across the globe, presented recent clinical data or new concepts as yet unseen by a UK audience. We would like to highlight some of those which caught our eye.

Dr. Klaus Hoffman, a Dermatologist from Germany detailed a study in which he examined a series of 20 patients undergoing wrinkle and acne scar revision treatment with the fractionated CO2 Laser Encore in Deep FX as well Active FX mode. The treatment created a wound bed of similar depth in each patient. He noted that despite its benefits, fractional laser therapy usually requires a series of treatments over the course of several sessions.



In order to decrease the treatment time and increase the effectiveness of this wrinkle revision treatment, he used ReCell – Spray-On Skin, a skin-regeneration therapy, and applied it to the wound bed following a deeper or more aggressive laser treatment. ReCell, a keratinocyte cell spray, uses the patients’ own epidermal skin cells to enhance skin regeneration.

He found that this novel technique decreases healing time and results in a better pigmentation match between the wound site and surrounding skin and by combining fractional laser therapy with the ReCell application, the patient down time is considerably reduced by requiring only one treatment visit, and a better overall outcome is expected.



Yannis Alexandrides, an American Plastic Surgeon discussed a novel concept, the use of Focused Cold Therapy (FCT) developed by Myoscience Inc. to treat dynamic facial wrinkles without the need for injection of biologic agents or other drugs such as botulinum toxins. The technology is approved in Europe and Canada for the treatment of wrinkles, pain, and for tissue ablation with Myoscience anticipating approval in the US for dynamic wrinkles by 2014.

Dr. Alexandrides noted that the technology works on the well-established principles of cryotherapy to cool nerves and prevent signal transduction in sensory or motor nerves, but that it represents an evolution in cryotherapy devices by allowing for percutaneous automated delivery (using 27G needles – 32G available soon) of controlled temperatures to targeted nerves. He feels that for the indication of dynamic wrinkles it addresses an unmet need to treat them in patients who are averse to the use or concept of toxins.

To qualify the treatment he highlighted prospective, non-randomized clinical studies which were used to support the European CE Mark approval. The treatment target was the temporal branch of the facial nerve which controls frontalis movement and the primary endpoint was a 1 point reduction in line severity in animation at 30 days post treatment as rated by the investigator. Secondary endpoints included duration of treatment effect, and subject's global assessment of change in appearance. One hundred subjects received treatment with the myoscience device with a response rate of 94% at 30 days. Results lasted 60 to 120 days post treatment with common side effects including bruising, and swelling. Adverse events included headaches and skin lesions, but no serious adverse events or unanticipated adverse device effects were reported.

At the time of giving his presentation Dr. Alexandrides said the device has been used on over 480 subjects in Europe and the USA for dynamic forehead lines. Although simple for the practitioner to operate, preset parameters in a hand-held device with an on/off switch, the patient does require a local anaesthetic such as lidocaine (a POM) for pain relief when administering the cooling to the nerve. Certainly one to watch, but we don't anticipate this as a significant threat to the BTX-A market.

Leslie Fletcher a registered Nurse who is Medical Esthetic Professional Certified from the USA enlightened the audience on her [ArqueDerma™ Artistic Restoration Lift™](#) technique for delivering dermal fillers which is patent-pending. The method is design to address the three basic signs of facial ageing: loss of volume, lax skin, and skin deterioration in a way that corrects more areas using 40% less dermal filler, and lasts significantly longer than conventional methods of filling, according to Leslie.



The concept involves “blanketing” thin strands of hyaluronic acid dermal filler product, placed in strategic multi-directional vectors, to create an artistic lift of the lax tissues. Dermal fillers are administered applying an intentional, controlled force on the tissues stimulating the fibroblasts and causing them to stretch.

This is based on the controlled injury theory in which type I and type III collagen production occur at accelerated rates post trauma, this mechanical stretching leads to an increase of collagen production which translates into longer-lasting results, and leaves a hydrating effect on the skin's texture in the treated areas.

Leslie explained the technique in more detail, although training courses are the recommended method for learning how to perform it. The practitioner uses the needle to create a modest subcuticular undermining effect which disrupts fragmented collagen strands and replaces them with purposeful, vectored strands of promoted neocollagenesis. This effect results in sustaining the desired lift longer than conventional methods of filling. She highlighted that a major advantage to being able to lift and redirect the patient's now separated tissue is the ability to use the patient's own lax skin and reposition it upward, lifting it back to its point of origin.

With the ArqueDerma™ technique Leslie claims that it opens a world of possibilities for difficult to treat areas such as the jowls and marionette lines of the lower face and that the outcomes are achieved using almost half of the dermal filler when compared to conventional filling methods.

There is no doubt that the use of dermal fillers has come along way in the last decade, from the first FACE conference in 2003 when it was all just about ‘filling’ up naso-labial lines to techniques today involved in volumising, contouring and depth of product placement.

Reoccurring themes at this year's FACE conference included the use of micro or blunt cannulae for the administration of dermal fillers, this technique seems to becoming more and more popular so it will be interesting to see if this becomes the ‘gold standard’ over needles as time moves on. Another dominating factor was radiofrequency, which appears to be kicking lasers into touch as the modality of choice for dermal remodelling in skin rejuvenation procedures, granted it can't affect pigmentation but skin tightening without surgery is the new Holy Grail and RF and more over fractional RF via microneedle delivery is the latest buzz.

Finally there was much debate on should you or should you not treat the tear trough on its own. Both Cosmetic Surgeon Rajiv Grover and Cosmetic Doctor Raj Acquilla discussed treating this area, including video demonstrations of techniques by Dr. Acquilla with Mr. Grover highlighting that the key lies in the malar fat pad and its descent through ageing and gravity. He argued that treating this region means that you can forget about treating the tear trough in isolation as the improvement in the malar fat pad zone synergistically improves the tear trough region. Dr Acquilla agreed, but highlighted that on occasion, despite addressing this cheek and lid cheek junction there are still patients who require direct treatment of the tear trough, a skill which is not to be rushed.

There were many excellent presentations and workshops at this year's FACE meeting, more than we could hope to cover in this review; however selected proceedings from the meeting will be published in Body Language Magazine later this year.

FACE provides a vital information portal for practitioners to keep up to date in what has become an increasingly complex and fast-moving market place, if the last ten years are anything to go by the developments we will see in the next ten will no doubt blow our minds!



Lorna Jackson

Lorna has been Editor of The Consulting Room™, the UK's largest aesthetic information website, for nine years. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics and writing feature articles, blogs, newsletters and reports for The Consulting Room™ and various consumer and trade publications, including *Aesthetic Medicine*, *Cosmetic News* and *Aesthetic Dentistry Today*.

If you have any comments or suggestions regarding this article, please email clinicarea@consultingroom.com