

ACE 2015  
Limited Early Booking  
Discount Offer

# Aesthetics

MONTHLY JOURNAL FOR MEDICAL AESTHETIC PROFESSIONALS

WELCOME TO THE FUTURE

 | DigitRx

powered by  CHURCH  
PHARMACY

The first online prescription service  
offering a full range of aesthetics products.

FAST. EFFICIENT. SECURE.



Sign and pay online. No posting of scripts necessary.

## Acne laser treatment CPD Article

Dr Firas Al-Niimi explores the use of laser and light treatments in acne management

## Technology in Aesthetics

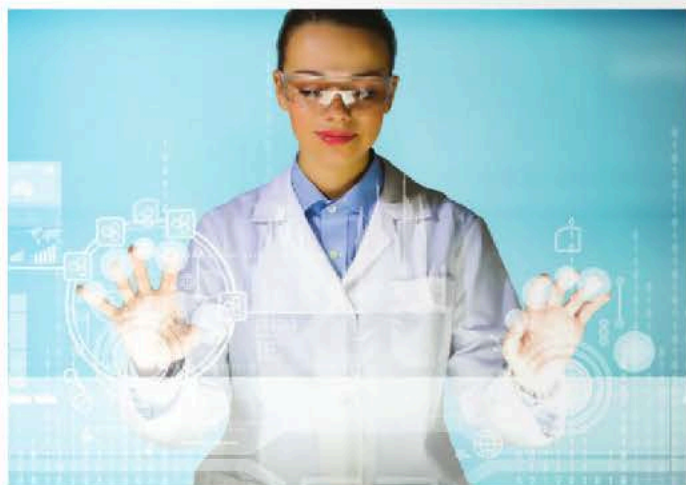
A discussion of incorporating digital devices into your practice

## Hand Rejuvenation

Dr Carolyn Berry details treatment methods for ageing hands

## Power of Branding

Gary Conroy on why branding is crucial for business success



# Technology in aesthetics

Allie Anderson speaks to practitioners about their experience of adapting technology to their clinics

**In the 21st century, technology pervades every aspect of our existence.** We conduct our business and social lives on handheld devices, communicating digitally and accessing information about others and ourselves in a virtual space, all at the tap of a keyboard or the swipe of a screen.

The aesthetics industry has arguably been behind the curve when it comes to adopting and embracing new technologies to streamline treatment processes and push the boundaries of results. Slowly but surely, however, the use of pioneering software, programmes and apps is becoming less the reserve of the trailblazers, and moving more into the domain of everyday clinical practice.

## Picture perfect

The last few years have seen the influence of the selfie become unescapable. In 2013, 'selfie' was named Oxford Dictionaries' 'Word of the year' and more recently, with the help of social media, the 'no makeup selfie' movement racked up £8 million in donations to Cancer Research in just six days.<sup>2</sup> For cosmetic dermatologist Dr Tapan Patel, there is a place for the trend in aesthetic practice too. Historically, when patients came to him for laser resurfacing, the risk of post-treatment reactions and infection meant he had to follow up with the patient in person in the days and weeks immediately following the procedure. Now, he asks patients to send a 'selfie' from the comfort of their own home, so he can assess their progress remotely without them needing to come to clinic.

"With a photograph, I can see easily if there is an area of redness or an area that's taking longer to heal," he explains. "I can then ask them to send a more detailed photo of that area, ask them how it's feeling, and follow up with them as necessary. They'll typically send one photo of themselves a day, I assess it and if everything looks OK, I simply tell them to come back in one month."

The benefits to the patient are clear; it's saving them the time and expense of making a journey – often a long one – to the clinic

for an appointment that might only take a few minutes. Instead, they can send a photograph of themselves to Dr Patel via text, WhatsApp, or email – whichever method they prefer – and in a matter of seconds he can view the photo, assess the patient's condition, and respond with the appropriate course of action. It also saves Dr Patel time: "With a few strokes of the keyboard I can communicate with 10 or 12 patients a day, who otherwise would have to come in for reviews. They will always have the choice to come and see me if they're uncomfortable sending a selfie. But pretty much 100% of the time, they would rather share a photo."

## Interactive relationships

The advancement of technology has itself bred an expectation that we ought to be able to interact with the people we come into contact with in creative ways. As a result, gone are the days when the doctor-patient relationship was restricted to telephone calls, clinic appointments and letters sent through the post – sending the practitioner a photograph via WhatsApp is one example of that. "More interconnections between doctors and patients will be necessary; they want to be followed up and taken care of personally, even some months after they visit our clinic," says Dubai-based aesthetic practitioner, Margaret Lorimer. "Doctors need the latest technology for the benefit of patients and clinics. Patients are all using smartphones to plan appointments, store photos, sharing on social networks – they all interact. So it's logical that they can interact with their favourite clinic."

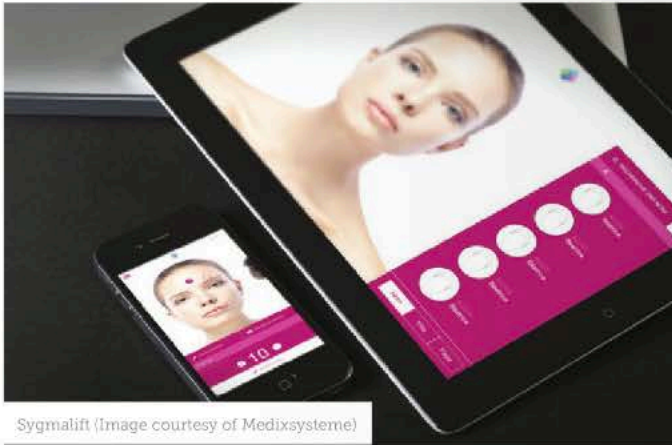
To that end, Lorimer uses Sygmalift, a tablet and smartphone app that enables clinicians to store data and images and automatically conduct patient follow ups, as well as managing a number of admin functions. Patients can also use the interface, so they can view before and after photos shared by their clinician, access clinic news and updates, and contact their practitioner by email. The app streamlines the consultation process, too. "You can have a patient file handy with pre and post-treatment photos done immediately. There is no need to download the photos from your camera and put them on your PC to compare and resize them, etc. The Sygmalift app does it all automatically."

The app has the advantage of saving precious time for patients who lead busy lives and need to minimise the time spent in clinic, offering remote 'pre-clinic' and aftercare advice to speed things along when they come in for the procedure. According to Lorimer, this form of communication between patients and practitioners is essential. "We propose a tailor-made service to patients and this interconnection can lead us to follow patients' skin evolution and give preventative advice for long-lasting results. I see the future of clinics is to offer interactive medical advice to patients, in order to offer a better service."

## Optimising patient involvement

There is a degree of scepticism about the aesthetics industry in the UK, according to aesthetic practitioner Dr Raj Acquilla. He believes it is propagated by patients not feeling in control of any aspect of their treatment journey. Using technology to enable patients to interact with doctors and clinics, and learn more about procedures and outcomes, is crucial to breaking down barriers. "You're giving [patients] a level of involvement, so they can take ownership of a significant part of that process," says Dr Acquilla.

Used in a clinical setting, the Allergan Facial Anatomy app helps to do just that. The app uses a computer-generated, three-dimensional image of a face with multiple layers that can be removed one by



Sygmalift (Image courtesy of Medixsysteme)

one to reveal the anatomical structures beneath the surface. Its primary patient-facing use is to demonstrate, for example, the exact positioning for botulinum toxin injections, as Dr Acquilla explains: "You mark little dots on the 3D image – and you can use different colours for different products – and then you can peel away the skin to show the fat, then peel away that to see the muscle, take away the muscle to show the nerves and blood vessels, and then the facial skeleton." The marks remain in position on each layer, allowing you to see and show the patient the impact of the treatment far below the surface of the skin. "You can recheck your injection sites and see what dangers and pitfalls lurk in the background," says Dr Acquilla, "but also, you're showing the patient that there's a rationale for where you're placing the needle to generate the most positive effect and to avoid any adverse event. Patients love anatomy – they love to know how everything works – so it gives them a sense of control."

Dr Acquilla also uses the Allergan app as an educational resource in a training environment. "I recently used it at a conference with around 2,000 delegates. I could stream it wirelessly to a huge screen so I could show what was going on with the anatomy. It's fantastic for that, and as a reference tool," he comments. "Even the most advanced clinician can never know too much anatomy, so you can have it open during clinic to refer back to."

### Enhancing objectivity within consultancy

One of the most important factors in optimising the results of a treatment or procedure is to ensure that both parties are on the same page when it comes to what the patient wants and expects, and what the practitioner can deliver. Patients, however, can be shy and embarrassed when discussing their perceived flaws and problem areas. "In consultations, when people do things the old-fashioned way of looking in the mirror, they tend to put their best side forward. They make little tweaks to their face, to perhaps make their lips fuller or puff their cheeks out a little," says aesthetic nurse, Nikki Zanna. "I use the iConsult app to capture real-time images of the client, which we can look at and identify concerns together. It makes it much more holistic, as you're looking at the face as a whole, rather than them honing in on one line or one part of

their face that bothers them."

Patients get a more objective and accurate appraisal of their needs, while practitioners are better able to present various treatment options, bringing obvious benefits to their business. "Selling doesn't even become an issue," Zanna adds, with increased patient spend and consistent cross-selling both integral aspects of the solution. As an early adopter of this technology and having used it since its launch around 18 months ago, Zanna has seen the app go through stages of development and evolve into a patient management system that simplifies all aspects of the treatment process, including record keeping, data capture, consent, medical notes and visual representations of treatments. It also enables product selection and mapping, recording of batch numbers and expiry dates, and various admin tasks such as diary management and financial reporting.

One of the most compelling functions of iConsult is that, in providing a structured process for consulting, it also effectively puts in place safeguards – there are compulsory fields that the clinician must complete before they can move forward, which means, as Zanna says, "you can't miss anything", thereby protecting the patient and the practice.

### Security concerns?

With the advancement of various technologies come inevitable questions about privacy and the security of personal data. With solutions like iConsult, the user has an account with robust registration procedures and a personal login, which is used to access the tablet interface. "Nothing is held on your iPad – it's all kept on a secure server," says Zanna. "Even if your iPad was lost or stolen, nobody can access those patient notes because you have to log in to see everything."

But what about digital assets that are in the public domain? When a patient shares a photograph with Dr Patel, he instantly deletes it once he has viewed it and decided on an appropriate course of action. As Dr Patel points out, there is no more an issue with privacy as there is with anyone placing a photo in the public domain by sharing it on a social network. "We don't use the photos afterwards, and we treat patients' selfies with the same confidentiality we treat any patient photo," he comments. However, issues arise when assets – such as photos, videos and personal data – are broadcast and made publicly available without a person's clear consent, or even their knowledge. This is the basis of concerns about Google Glass,<sup>3</sup> a 'wearable technology' that allows users to take videos and images, commit



iConsult (Images courtesy of Richard Crawford-Small)

them to their personal files and share them with others, through a head-mounted frame: think a tiny camera hidden in the frames of a pair of glasses, with built-in access to the Internet.

Google Glass is still in its infancy and it is currently only available in the US (a UK user would have to buy them in the States and import them), but one London practitioner is using the technology in everyday practice to push the boundaries of what's possible.

"It allows me to harness the power of the Internet or Wi-Fi, and have anything streamed to that Glass [device], so I can see that information while I'm doing other things," explains facial cosmetic surgeon, Dr Julian De Silva. "In surgery, I can access a patient's folder [via the Glass device] and see all the information about that patient, access photographs of their face in different positions,

Google Glass (Image courtesy of Dr Julian De Silva)



view X-rays and compare all of that in real time with what I'm looking at during the surgery. That is all incredibly useful."

Particularly fascinating is the capacity to use a

photograph or computer-generated image and superimpose it onto the patient's own face. Glass also enables Dr De Silva to take photos and videos during the procedure to share with the patient afterwards, for example, to demonstrate problems encountered or how the surgery went. All files and images are automatically saved to the user's Google Drive account, so they can be accessed later via a computer or other device. Moreover, the user can connect to the Internet or Wi-Fi and stream photos or videos captured from the surgeon's perspective, giving viewers a unique view of exactly what the surgeon is looking at.

The Google Glass technology has very clear and useful applications in this setting; privacy is not a concern because patient consent would be required for taking photographs during surgery in any case. "If you find something during the surgery and you need to document that, there is no privacy issue because it's a medical record," Dr De Silva adds. "It's only a consideration if you're going to share that information." As such, aesthetics is

## Google Glass enables Dr De Silva to take photos and videos during the procedure to share with the patient afterwards to demonstrate problems encountered or how the surgery went

arguably the ideal arena for Google Glass, as its users – doctors and practitioners – are already bound by legal and moral obligations over patient privacy and consent.

### A prescription for the future

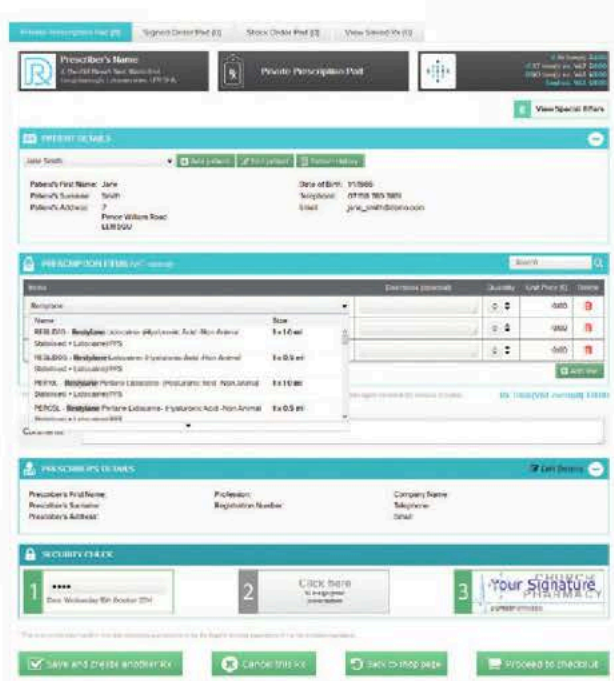
Records generated on automated systems can be secured by the use of personal logins, which identify that users have appropriate authorisation to access that data. Developers at Church Pharmacy have built on this concept to establish DigitRx, a free online prescription system that enables practitioners to create original scripts online securely, without needing to post them. Dr David Bowden, an aesthetic practitioner who has been using DigitRx since its launch in October, explains how it has streamlined the process of prescribing, saving time and resources.

"The old process of having to fax or email the prescription meant we were effectively sending a picture – usually a poor quality one – of the prescription to the pharmacy for them to process," he says. "That created problems in itself, because the dispenser might not be able to read it properly, or they might have questions about the quantities, so you'd end up speaking on the phone several times to clear things up. You would also then have to send the original version, with your signature, through the post as well." DigitRx users are subject to a robust and thorough registration and are provided with a four-digit pin, which is unique to that prescriber in the same way a signature is. As such, an original script is generated online with the prescriber's unique pin, negating the need for the paper version to satisfy regulatory requirements. The online prescriptions go automatically to the pharmacy, where they are processed by a qualified dispenser. The system has safeguards in place to flag up erroneous data, such as particularly high quantities of certain products or contraindications with other medications a patient is taking. Dr Bowden says, "It can pick up human error, like a typo for example, but there is also a function that allows you to give an explanation if the product you've prescribed is marginally over the usual dispensing limit. It gives you the control, but at the same time there's zero margin for error."

Traditionalists and sceptics may still need to be convinced about whether technology in these forms has a place in aesthetic practice. But there is no doubt that it is beginning to permeate the industry in many and varied ways: the question therefore may be when, rather than if, the masses should join the ranks of the pioneers and fully embrace the shift.

### REFERENCES

1. 'Selfie' named by Oxford Dictionaries as word of 2013 (London: bbc.co.uk, 2013) <http://www.bbc.co.uk/news/uk-24992393> [accessed 12/11/2014]
2. No-makeup selfies raise £8m for Cancer Research UK in six days (London: theguardian.com, 2014) <http://www.theguardian.com/society/2014/mar/25/no-makeup-selfies-cancer-charity> [accessed 12/11/2014]
3. Arthur, C. Google Glass: is it a threat to our privacy? (London: theguardian.com, 2013) <http://www.theguardian.com/technology/2013/mar/06/google-glass-threat-to-our-privacy> [accessed 12/11/2014]



DigitRx (Image courtesy of Church Pharmacy)