EDITORIAL SPOTLIGHT

W

ithin the last 10 years, the non-invasive injectable market has shown rapid growth, with new agents offering patients significant opportunities to achieve desired outcomes. The aesthetic physician’s outlook toward the non-invasive boom likely depends on his/her specialized vantage point. While there was once a clear distinction between the core cosmetic specialties, these new innovations in the development and use of aesthetic products may be shrinking that divide. Therefore, it is important for all of us—regardless of specialty—to consider how this changing procedural landscape impacts how we practice.

Whether you are primarily surgical, non-surgical, or incorporate an even mix of both in your practice, it is probably best to avoid the divisive rhetoric pitting “surgical versus non-surgical.” When injectable agents such as neurotoxins and hyaluronic acid fillers first came to market, some on the surgical side dismissed these products and procedures as beneath a surgeon, while others expressed exaggerated fears they would eventually displace surgical procedures. But despite the huge advances we’ve seen in the arenas of toxins and fillers (with more innovations undoubtedly on the way), these innovations have arguably invigorated other aspects of aesthetic medicine.

For example, fillers and toxins can be used in conjunction with surgical procedures, such as for maintenance or to augment procedures such as fat transfer when more than expected fat resorbs. In these cases, physicians can perform touch-ups to help patients maintain results. Outside the injectable realm, patients may be interested in touching up other areas once they have the initial surgical procedures done, and so laser procedures such as radiofrequency and other devices such as Ulthera or Thermage can be incorporated to supplement the initial surgical results.

True combination approaches incorporating surgical and non-surgical techniques are few, but if we think globally about the face, and patients are receptive to various forms of cosmetic interventions, clinicians can employ a variety of techniques and products. Many patients come to our practices with a particular surgical or non-surgical procedure in mind. It’s our job to open the discussion to other approaches if the patient is willing. Not every patient will be open to other possibilities, but many are embracing other forms of intervention, provided that we clearly and directly convey these potentialities.

Though non-invasive, non-surgical treatments do not appear to have displaced surgical interventions, the tide of aesthetic medicine is moving toward a blurring of the traditional lines between “surgical” and “non-surgical” procedures. As new discoveries are continually made and more products become available, the onus is on physicians to think more globally, not only about aesthetic medicine, but also about beauty and how our range of options help us to achieve each patient’s ideal version of it.

As for the differences regarding what each modality offers, what really matters is how these tools help us to offer patients the best outcomes. Thus, while it might not be best to think of “combination” approaches involving surgical and non-surgical techniques, we should be thinking about how they complement each other, and how the unique capacities of certain agents can contribute. For example, due to the continued innovations in technique and development of new products with injectables, we have learned to shape eyebrows with toxins for a more natural and beautiful brow. We’ve seen how some filler around the eye can open up the eye a bit. Just as toxins and fillers complement each other, the entire injectable arsenal complements surgical procedures.

Although the lines have become blurred, the results should benefit all of us, not just those of us in certain specialties. Indeed, demand for non-surgical procedures is clearly growing, as evidenced by the shift we’ve seen in roughly a decade. However, there is great upside for those of us who perform surgical procedures. It opens up new opportunities to entire groups of patients who may not otherwise consider surgical options. Moreover, in my own experience, I’ve found that performing non-surgical interventions has made me a better surgeon. I am not performing fewer surgeries. Rather, simply exploring a new avenue of performing facial aesthetics has changed how I look at surgical options and has made me a more discerning physician and helped me to understand what makes a face beautiful and why.