THE SHAPE OF THE CONTOURING MARKET: EXPERT TIPS ON ENERGY-BASED BODY TREATMENTS

Experienced clinicians weigh in on their approach to identifying, educating, and treating patients for body contouring.

WITH TINA S. ALSTER, MD; JEANINE B. DOWNIE, MD; MICHAEL GOLD, MD; ARISA ORTIZ, MD; NAZANIN SAEDI, MD; AND NEIL SADICK, MD

Modern Aesthetics® magazine asked a panel of specialists to discuss their use of devices for fat reduction and body tightening in their practices. See the table (p. 30) to discover which devices the respondents use. Read on to see their expert recommendations.

Do you have any pearls for “spot treatments,” such as bra fat or “muffin tops”?

Nazanin Saedi, MD: I like using SculpSure (Cynosure); we can customize the frames used for the specific body type. I also treat with Kybella to treat small areas.

Neil Sadick, MD: We have had a lot of success with Kybella (Allergan) as an off-label indication for bra fat, and knee fat. Muffin tops respond really well to the new

HOW THEY DO IT: “For contouring/tightening we use the Exilis and the Emsculpt. We use the Vanquish and then Futura Pro afterwards for fat reduction and muscle tightening. Currently, we are transitioning over to the Vanquish and then the Emsculpt.”

—Dr. Downie

CoolAdvantage (CoolSculpting, Allergan) applicators.

Jeanine Downie, MD: We will use Exilis with the Cellutone (BTL) for stubborn areas like bra fat or muffin tops. These areas tend to have more fibrous fat.

Tina Alster, MD: I often inject Kybella for small areas of fat that are too small for CoolSculpting applicator use.

Michael Gold, MD: I think we have really good options for these areas—different hand pieces and ways to improve these areas with the technology at hand.

Arisa Ortiz, MD: I prefer Kybella when I’m treating a small area, when it’s not enough fat to hook up to CoolSculpting, or it’s not a centimeter thick for the devices. Obviously the submentum is the most common.
**THE PANELISTS AND WHAT THEY USE**

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<th><strong>TINA S. ALSTER, MD</strong></th>
<th><strong>JEANINE B. DOWNIE, MD</strong></th>
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<tr>
<td>Director, Washington Institute of Dermatologic Laser Surgery; Clinical Professor of Dermatology, Georgetown University, Washington, DC</td>
<td>Director, image Dermatology PC, Montclair, NJ</td>
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<th><strong>MICHAEL GOLD, MD</strong></th>
<th><strong>ARISA ORTIZ, MD</strong></th>
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<tr>
<td>Medical Director, Gold Skin Care Center, Tennessee Clinical Research Center; Assistant Clinical Professor Dept. of Medicine, Division of Dermatology, Vanderbilt University School of Nursing, Nashville, TN</td>
<td>Assistant Professor of Dermatology and Director of Laser and Cosmetic Dermatology, UC San Diego, San Diego, CA</td>
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<th><strong>NAZANIN SAEDI, MD</strong></th>
<th><strong>NEIL SADICK, MD</strong></th>
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<tr>
<td>Director, Jefferson Laser Surgery and Cosmetic Center, Philadelphia, PA</td>
<td>Medical Director, Founder, Sadick Dermatology, New York, NY</td>
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**Off-label** I’ve been doing pre-axillary fat and also axillary fat. We talk a lot about bra fat but there are patients who have fat in the axilla. As long as they don’t have any personal history of breast cancer or family history of breast cancer, then I feel comfortable treating that area. I avoid Kybella in this area if they have a history of breast cancer because it can cause some calcifications that might confuse the clinical picture from an imaging standpoint. Because of the cost and also the amount of the product needed, it is not feasible for large areas. It doesn’t really replace the devices, it’s more for smaller areas.

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<th><strong>FAT REDUCTION</strong></th>
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<td>SculpSure (Cynosure)</td>
<td>Vivace (Aesthetics Biomedical)</td>
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<td>CoolSculpting (Allergan), TruSculpt (Cutera), Cellulaze (Cynosure)</td>
<td>3DEEP (EndyMed), Ultherapy (Merz Aesthetics)</td>
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**HOW THEY DO IT:** “I use Vivace on the face, neck, chest, abdomen, and arms.”
—Dr. Saedi

“Contouring” or “fat reduction” or both? Which term do you use and why?
Dr. Gold: We use both terms in our practice. I think there is a true difference between body contouring, which I view as skin tightening, and fat reduction, where we are actually reduc-
**HOW THEY DO IT: “What’s nice about Ultherapy is that there’s no downtime since it treats below the skin surface. The patient doesn’t have to heal, they don’t have to take off from work. It can be quite painful so pain control is an issue. Usually patients receive oral medication. The procedure is time consuming, and the consumables are high in cost. • Needle RF is good for tightening and texture, so if patients have textural issues in addition to tightening issues then I like to use the needle RF technologies—the Fractora and the INTRAcel. Post-treatment, patients can appear red and stripesy and a little puffy for a week to two weeks, closer to two weeks if you’re treating the body. It’s meant to be repeated, so needle RF patients would probably need multiple treatments, like three or four. • The IntraGen is a monopolar RF device with no downtime. Compared to Ultherapy, it is more comfortable. The Exilis is also monopolar RF. It’s more of a motion technique, versus the IntraGen is more of a stamping technique.”**

—Dr. Ortiz

**Dr. Saedi:** I use body contouring when I need to do a little tightening and fat reduction when I am trying to debulk the fat.

**Do you believe that the devices on the market live up to the hype? What do physicians need to understand? What do patients need to understand?**

**Dr. Downie:** Liposuction will always be the gold standard. That being said, many machines can really help to decrease inches, decrease fat, and now increase muscle tone.

Physicians need to understand that they should weigh and measure patients at each visit. Patients need to understand that this is not a “get out of jail free” card and that they still need to watch their weight, exercise, and watch what they are eating. They cannot just cheat all day and still expect to lose inches.

**Dr. Sadick:** It depends on what the “hype” is. All companies put a lot of effort in their R&D before they launch a device, but they also need to invest in sponsoring a lot of clinical trials to evaluate the best circumstances and best patients for the device to have the best results prior to making any substantial claims. Physicians and patients both need to do their due diligence before they make any decisions to purchase devices or undergo treatments.

**Dr. Alster:** Most devices work well—with measurable reduction in fat and improved skin texture and contour—but don’t necessarily live up to the hype placed on them by media and patients. Most patients believe that all fat will melt away and the skin will be tight as a drum after a single CoolSculpting or Thermage (Solta)/Ulthera (Merz Aesthetics) treatment, respectively. Physicians need to understand and convey to patients that, while improvement after these treatments is anticipated, patients are responsible for maintaining a healthy diet and exercise program in order to achieve optimal clinical outcomes.

**Dr. Gold:** First, I think there is way too much hype in today’s world. Physicians must demand that companies have well designed clinical studies to justify the results that they are hyping to consumers. In the old days of lasers, we had devices and hype that we had to prove after the fact. This was not always good. It seems some of what we have now with some of the newer devices also is hype—with little documented that it actually does what they say—documented in clinical studies that have undergone a peer-review and are published.

This is the only way we can base our recommendations to our patients.

When we evaluate new machines, or speak on the benefits of some of these, we like to see the published data. Some have quite a bit, others very little. So physicians and consumers need to be aware and use common sense when confronted with the “miracle” device. Not everything is 100 percent in our space. And we want to always under promise and over deliver.

**Dr. Saedi:** I don’t think that they live up to the hype and I think that physicians need to set realistic expectations
We use all our devices for all areas in invasive procedures, I have stopped the liposuction procedure regularly, as well. With the advent of more non-invasive techniques, but I have never used in my practice.

Dr. Alster: Of course! Not all patients are eligible for fat reduction using these new generation fat reduction devices. If patients are obese, etc. it doesn’t make sense to undergo non-invasive fat reduction, as it’s not cost- or time-effective for the patient or physician. In addition, the results would be compromised. Liposuction is often offered as an initial treatment to reduce fat in some patients, and yes we often pair it with shockwave therapy or radiofrequency devices to tighten sagging skin.

Dr. Downie: I trained in my residency on proper liposuction techniques, but I have never used in my practice.

Dr. Gold: I was trained doing liposuction and treated patients in my clinic under tumescent anesthesia for many years. When laser lipo became popular, I performed that procedure regularly, as well. With the advent of more non-invasive procedures, I have stopped the lipo procedures and moved my clinic procedures to the more non-invasive. But when someone needs a liposuction procedure, we do refer them to those in our area who we know do well performing that procedure.

Who are the ideal patients for the device/s you use?

Dr. Saedi: I think that these treatments are great for patients who have localized areas of stubborn fat that they cannot reduce with diet and exercise. I think it is good for motivated patients who will maintain a healthy lifestyle choice and return for multiple treatments. Nothing is “one and done” and the patient needs to have a good understanding.

Dr. Sadick: Ideal patients for fat reduction are those with generally healthy weight, healthy lifestyle, good skin elasticity, and localized adiposities that are resistant to diet/exercise. Patients also need to be emotionally and intellectually able to accept their body shape/size. People with body dysmorphia have trouble being satisfied with any level of clinical result and have expectations that are unrealistic to ever be met.

Dr. Gold: We want someone who has pockets of fat or reasonable areas of lax skin for us to tighten. We cannot take an obese person and make them thin—our devices do not do that. And we need everyone having these done to understand that diet and exercise are important and need to be part of the equation.

Dr. Alster: Ideal patients are those who have limited excess adiposity and do not desire liposuction. They should be willing to undergo multiple treatments and wait for several months to appreciate the final cosmetic outcome. They should also be willing to follow a regular exercise and diet regimen.

Dr. Downie: Ideal patients for these procedures are patients who do not want liposuction, who are willing to return to the office for multiple treatments, and who will listen and pay attention to what you are telling them to do.

Dr. Ortiz: Starting on the lower end of the spectrum, if a patient is too skinny then CoolSculpting will not hook on. You need to have enough fat to suck into the applicator, and it won’t turn on if there’s not enough fat. So if a patient is too skinny and you can’t attach the device then you simply can’t treat them. Other non-invasive devices can be used. For example, the Exilis or the BodyFX can be used in those patients, and there are multiple others.

The ideal candidate is a patient that’s fit, their weight is stable, but they have problem areas or pockets of fat that they want removed. I think those are the patients that do the best.

Any tips for colleagues before they bring a device into practice?

Dr. Downie: Try any device yourself that you are thinking about bringing into the practice prior to it being brought...
into the practice. Think about consumables and how much money you will be spending on them so you get the total picture of the cost, and always look at what the warranty is in terms of additional costs.

Also, look to see who has what machine in your area so you are not bringing something in that 15 other doctors have that are close by your practice location.

Dr. Saedi: They need to gauge what areas their patients want treated and if they have the proper staff to do the treatment. Does a staff member need to be present during the treatment?

Also look at the data to see how effective these treatments are and talk to colleagues who have purchased these devices.

Dr. Ortiz: A practical thing to consider would be consumable costs. The other thing I would consider is the data on the devices, and long-term follow-ups. We get excited about new devices that come to the market, but I think it’s good to wait and see and get some long-term data before you’re the first to buy that device.

The type of patients that you tend to see or type of anticipated demand are also important considerations, whether they’re more fit patients or whether they’re a little bit heavier. Something like the Vanquish (BTL) would be better for larger patients, because you can treat a larger area, versus CoolSculpting to treat localized areas.

Dr. Gold: Ask for clinical studies, not white papers but published studies. Ask colleagues what they are using. Find out the costs of any associated disposables—one may have a great device but high disposables limit what you are able to profit from their use. And find out what others around you have. If there are 10 of one device in your neighborhood, you might want to look at something else. This can help differentiate you from everyone else.

Dr. Alster: They should read published research, speak to practitioners who already use the device, and personally test the device in the office to determine whether the device would be a good fit for the practice. Of course, device acquisition price as well as the consumable expenses and warranty costs must be factored in to the equation and measured against patient demand.

Dr. Sadick: Investing in a device is a huge decision for any practice. Before purchasing a device, the practice needs to be aware of the types of treatment it offers and the types of patients they treat. These two factors are key, as we often see unused devices taking up valuable space in offices, without being used by the providers. Moreover, having evidence of scientific results in the most popular treatments they offer, being a trusted brand with the medical community and the public, and having stellar clinical/marketing and service support are all important factors to consider before purchasing a product from a medical device company.