# Appearance medicine

*Paul R Weaver*

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*I am a vocationally registered general practitioner, a Fellow of the College (FRNZCGP) and have a special interest in appearance medicine and sclerotherapy.*

My special interest developed out of attending an introductory workshop in appearance medicine (AM) conducted by Dr Ian Little in 1998 at The Millbrook Resort. Ian is one of the 'founding fathers' of AM in New Zealand and now a great personal friend and mentor. We now teach the introductory workshop together, under the auspices of The Australasian Society of Cosmetic Medicine (ASCM), an organisation to which we both belong. This year we will be teaching the workshop in London and on the Gold Coast.

So what do we teach and what is AM? AM is obviously about changing or improving a person's appearance. More crucially it is about improving their self confidence and self esteem. AM has grown out of five original modalities of cosmetic treatment:

- ***Chemical peels:*** Applying fruit acids to the skin to improve texture and tone
- ***Botulinum A toxin and dermal filler:*** Wrinkle reduction injections
- ***Cosmetic laser treatment:*** Hair removal and photo-facial treatments
- ***Cosmetic radio-surgery:*** Mole and skin tag removal using radio-frequency energy, in a small wire electrode
- ***Micro-sclerotherapy:*** Injecting chemicals into spider veins to sclerose and remove them.

These five modalities are still at the core of treatment used in AM and are well within the capabilities of any GP with a procedural bent and a desire to broaden their knowledge and approach to primary care.

I had been a rural, Southland GP for many years but on moving to a group practice, on the North Island, I had a lower patient load and spare time to pursue a special interest. That's when I saw Ian's workshop advertised and my journey into a whole new world began! After the workshop I returned to my general practice in Napier and offered these treatments to willing volunteers (patients, staff and family). I was surprised by the effectiveness and the positive feedback from patients. I began by doing contract work for The CACI Group part-time and, after two years, branched out into full-time, cosmetic practice. With hard work and the support of my long-suffering wife and staff, we now have three clinics, in Hastings, Palmerston North and Taupo. Ian and I have joined forces to create The Appmed House Group and have also formed a company to distribute cosmetic medicines and equipment.

While our practices have grown due to the greater acceptance of cosmetic treatments, so has the number and complexity of the treatments themselves. Television programmes such as *'Extreme Makeover'*, *'10 Years Younger'* and even *'Nip Tuck'* have driven an increasing demand for cosmetic improvement. Now we have a full complement of support staff with medical aestheticians and registered nurses performing many of the treatments under standing orders. Chemical peels have been largely replaced by microdermabrasion, Botulinum injections are increasingly popular, and we now treat varicose veins with ultrasound-guided foam sclerotherapy (UGFS) and VNUS Closure® (radio-frequency ablation). In many ways this team approach is similar to that now fostered in conventional general practice and, to a large extent, we are still primary caregivers in the cosmetic field. Our Hastings clinic has a visiting plastic and reconstructive surgeon for cosmetic surgery referrals and patients with unrealistic expectations for non surgical modalities are referred on to our surgeon. A one-stop shop you might say! Many of the AM practices in the major centres are becoming large enough for group practice.

However, there are major differences from conventional general practice. The major underlying difference is that this is totally private practice. While this decreases the compliance issues associated with general practice, it also means you are dependent on the whim of the patient (client) and their level of disposable income. Quiet periods mean low turnover and decreased income. Therefore it is important to be business savvy and have an eye for signs of economic recession. I find myself taking much more interest in the performance of the stock market or the change in interest rates. Many of our new clients come from direct to consumer advertising in newspapers, magazines and television. Therefore it is wise to learn about marketing strategies and have regu-

lar meetings with staff to promote client retention. We have installed a computer system that maintains our database and allows us to perform direct marketing to our clientele by email, newsletter and text.

I'm sure that this all sounds very entrepreneurial to many of you still reading this article. At times I believe this perception of AM doctors being entrepreneurs first and physicians second leads to our special interest being somewhat frowned upon by our more conventional colleagues. However, I should like to reassure you all that entrepreneurialism and ethics are not mutually exclusive. We have long consultation times; the minimum in our practice is thirty minutes and we educate our patients as to the possibilities for treatment rather than selling them anything. We try to be realistic and sensitive to the patient's budgetary restrictions and we take particular care with informed consent issues and ensuring realistic expectations on the part of the patients. Possible complications are discussed at length and are included on our consent forms. We try to rule out psychiatric and psychological problems that may be relevant and have strict qualification criteria for treatments such as 'Lipo-Dissolve' liposculpture. For example: we would recommend weight loss before liposculpture for patients with BMIs suggesting obesity.

Recognition for AM practitioners in New Zealand is still slow in coming. However there has been a major shift away from attempts at Specialist Recognition of AM, to GPs with Special Interest, since the release of *'Statement on Cosmetic Procedures'* by the Medical Council (MCNZ) in October 2007. The statement outlines the standards expected of medical practitioners performing cosmetic procedures and clearly points to AM (i.e. the so-called category 2 procedures) being part of the vocational scope of general practice. With the College (RNZCGP) presently examining how to accommodate special interest groups within its midst, I believe we are approaching a period of greater recognition and stability as part of the RNZCGP. Training and standards will be the major obstacle to agree on for the future, but this is not insurmountable. In Australia, ASCM is already establishing standards of training and practice for accreditation with The Royal Australian College of General Practitioners (RACGP) and I'm sure similar standards will be adopted here.

Changing to AM has revitalised my working week and my life. I still get a kick out of helping people and have an extremely loyal following of patients. I value any opportunity to share my new knowledge with others. All my staff have a similarly positive approach and it's a pleasure to be part of the team. I can't recommend a special interest strongly enough!

### Competing interests

Paul Weaver is the CEO of Pacific Aesthetics.