

## The real world of cosmetic practice by *Fab Equizi*

Non-surgical cosmetics is a booming, lucrative industry. Demand is higher than ever, with the market expected to double in the next five years, and an increasing amount of doctors, dentists, nurses and other healthcare professionals getting involved in cosmetic practice. It's easy to see why. But there should be more to it than money, and more to being a cosmetic practitioner than a one-day training course... a full-time cosmetic doctor speaks candidly about this thriving yet troubled industry.

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I work full time as a cosmetic doctor. 14 years ago I was a GP with an interest in minor surgery. I became interested in the growing trend for cosmetic facial enhancements and started doing simple injectable treatments as a side-line. The treatments were quick and very lucrative. It was possible to make in 1 hour what I used to earn in a 12-hour shift doing out-of-hours calls. What really appealed to me was the satisfaction of the job. Getting good results and patient appreciation brought extra reward.

When I started cosmetic work, Botox® and fillers were no longer the reserve of the rich and famous. Procedures were relatively simple: mainly wrinkles, lips, nasolabial and marionette folds. Training was equally basic and simple. A one-day course comprising of brief theory and a bit of hands on and you were good to go! In 7 years I went from being a full-time GP doing simple cosmetic procedures on a couple of clients a week to being a full-time cosmetic doctor seeing 20-30 clients a day.

The bulk of my work is injectables – botulinum toxin injections account for approximately 60% of my cases. The techniques have become more advanced. As well as the usual crows' feet and frown lines we can now do more impressive things like masseter reduction, gummy smiles and neck lifts with botulinum toxin. Fillers are used in larger quantities and in more places to achieve the effects of a face lift or disguise the appearance of eye bags. I also do chemical peels, platelet rich plasma, carboxytherapy and radiofrequency treatments. I have been trained in laser and IPL (intense pulsed light) treatment. The latest treatment to have been introduced into my practice is fat-dissolving injections.

The field of aesthetic medicine has advanced rapidly, probably too rapidly for its own good. What we have had in recent years is an explosion in the variety of conditions that can be treated non-surgically, in the amount of research and scientific papers published, and in the demand for non-surgical cosmetic treatments. This should be excellent news but there are consequences to these explosions.

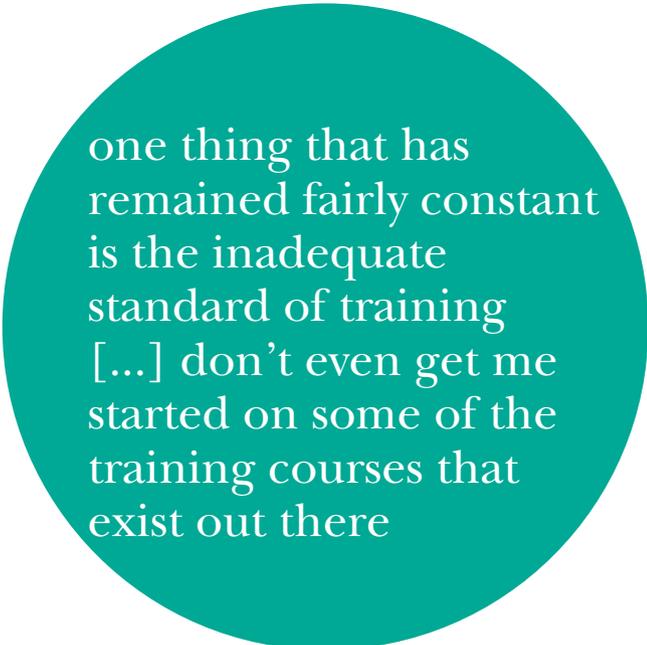
A subject that advances so rapidly becomes extremely difficult to regulate, and it's this lack of regulation that is of enormous concern to me at the moment. Look at what is happening in the world of cosmetic practice. People know much more about what is available, to the extent where they will ask for procedures by name, eg 'how much do you charge to fill tear troughs?' This knowledge has come from the media and irresponsible advertising. Celebrity influence, an image-obsessed media and peer pressure mean that demand is filtering down to younger, more vulnerable age groups. Demand is also growing in lower income groups. I have seen a sharp increase in the amount of men coming forward for treatments.

With all this demand, we have seen a large growth in supply: paramedical and even non-medical people want a slice of the action so we now have an explosion in the numbers of 'practitioners' who are offering cut price procedures.

Medical procedures have been trivialised. People are getting cosmetic work done at home, in hair dressing salons and even in tanning parlors. Throughout all this uncontrolled, unpredictable growth one thing that has remained fairly constant is the inadequate standard of training. Even today it is still possible for a non-medical to do a one or two-day course in Botox® and fillers and get indemnity from insurance companies as a result.

The next big surge is showing itself in the number of cases involving damage done to faces after non-surgical cosmetic work. An increasing part of my work is rectifying poor work done by rogue practitioners.

The example shown in the [Case study](#) highlights another problem with a growth industry: the sheer variety of products that are available in the European marketplace (some better than others) and, more worryingly, what unscrupulous practitioners can buy on the Internet to boost their profits.



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All procedures carry risk. My problem with non-medical people doing this work is that they cannot deal with any adverse events that may arise. A quick search of the literature reveals complications of dermal fillers in the face including necrosis, blindness, strokes and even (very rarely) death.

Speaking personally, being a registered doctor with a bit of training was not enough. Believe it or not, I'm not in it for the money. I spend half my working week doing free check-ups and adjustments. The reward is the life-changing effects that can result from good facial work. My most satisfying case was a woman whose face had suffered as a result of having had cancer and chemotherapy. During all this her husband had had an affair. She received a face full of fillers and botulinum toxin injections

– but the changes went way beyond what I did to her face. Next time I saw her she was a changed woman. New clothes, hair and a new partner, all from the increase in confidence she got from having treatment.

Get it wrong and the opposite will happen. Bad work can have profound, detrimental psychological effects on clients. This is why I decided to ‘up my game’ in terms of accreditation.

I now hold a diploma with distinction in non-surgical facial aesthetics from the Postgraduate Dental School at the University of Central Lancashire. Hopefully in a few months I will have the MSc. You could argue I have wasted my money. The lack of response from the government to the Keogh report is disappointing to say the least.

It has been a missed opportunity for the protection of the public. Given the damage that can be done with dermal fillers it was a mistake not to make fillers a prescription-only item. Continuing to allow (eg not banning) non-medics to carry out injectables is also a mistake. To allow them to do procedures under clinical supervision is wide open to abuse, as evidenced by the number of beauty therapists doing botulinum toxin injections at the moment. Don’t even get me started on some of the training courses that exist out there. That’s another area that needs seriously looking at.

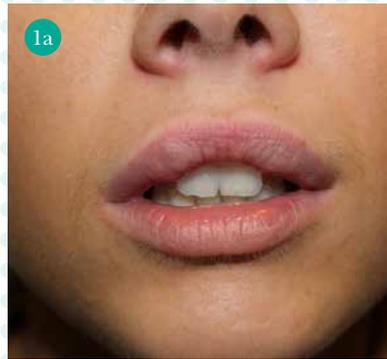
It really is a case of *caveat emptor*. If there are no plans to regulate then I would suggest a public awareness campaign. How do reputable, skilled practitioners compete when the law allows your postman to knock out dermal fillers in his shed for a fraction of the price?

A dentist answers to the GDC, doctors to the GMC and nurses to the NMC. By choosing a healthcare professional the public have the assurance that their practitioner is regulated by their governing body and will be adequately insured.

While there is no effective regulation in cosmetic services it is up to the public to ask a practitioner and to be comfortable with their background, experience, training and qualifications. You pays your money and you takes your choice.

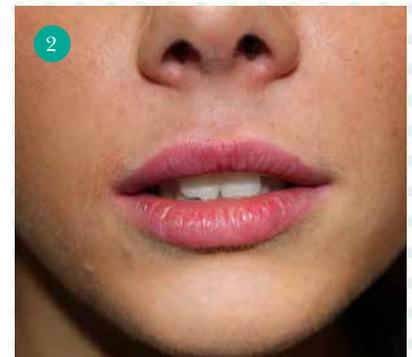
### Case study

A 26-year-old woman who presented to me 2 weeks after having 0.5ml of a filler Uma Jeunesse® injected into her top lip at home. She was upset by the lumpy appearance of her lip, especially when she smiled (Figures 1a and 1b).

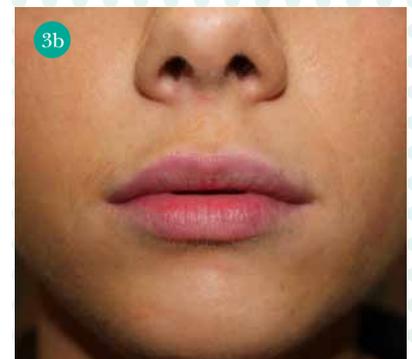
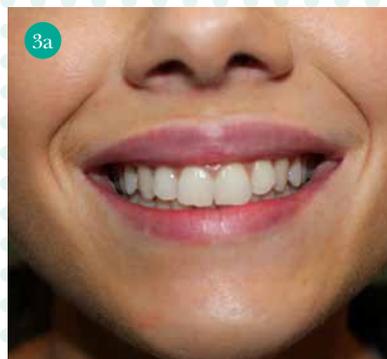


It looked to me like the filler had been injected in a crude bolus fashion and placed too superficially in the lip. The filler had integrated into the epithelium and could not be expressed.

Normally the injection of a small amount of hyaluronidase would get rid of a hyaluronic acid (HA) filler within 48 hours. After a satisfactory allergy test I injected 1000 units of hyaluronidase into the lumps but, to my dismay, they were still very much evident. 1 week later: I repeated the procedure and this the appearance at the second review is shown in Figure 2.



For a third time I injected with more hyaluronidase and this time it produced the desired result. On this occasion I refilled the top lip with 0.5ml of Emervel Lips® and the final result is shown in Figures 3a and 3b.



I have reversed many poor lip augmentations with various HA fillers but I have never encountered such a difficult reversal as with Uma Jeunesse®. Had it not been for the fact that the filler had only been in for two weeks, I would have considered the possibility of a granuloma. (Its worth mentioning that a granuloma from an HA filler often resolves with hyaluronidase alone and in the sort of time scale as that of the above case.)