

DEVELOPING A TREATMENT PLAN FOR COSMETIC INJECTABLES

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As aesthetic medicine is becoming increasingly popular, we are now seeing dentists exploring the option of adding facial cosmetic enhancement through injectables to their scope of practice. Our editor, Dr Giulia D'Anna is a dentist, dermal therapists and a qualified cosmetic injector. In this article she addresses the different approach that is needed when developing at treatment plan when transitioning from dentistry to cosmetic injectable services. While the advice is directed at dentists, it can also be of value to other practitioners who provide injectable cosmetic treatments.

Treatment planning for cosmetic injectable procedures is a challenge when we compare it with the regular medical interventions such as dental. One reason is that minimal invasive cosmetic procedures are constantly evolving and there appears to be so many different guidelines to follow. Another difference is the input of the patient. When a patient sees a dentist for an examination, the treatment planning is largely determined by the practitioner, with only minimal input from the patient. After all, this is our specialised field and most of what we do cannot be determined by the patient, as we know dental health best.

This is very different when it comes to cosmetic injectable treatments, as our work is now featured externally on the face and will involve the patient's input, as they share with us their concerns and what they would like to see corrected or enhanced.

With dentistry, while there may be slightly different approaches among practitioners, when following existing guidelines, we can expect consistent and reproducible treatment outcomes, but when it comes to aesthetics and cosmetic procedures, the rules are different.

COMMUNICATION IS KEY TO THE TREATMENT PLAN

Communication is key when designing a treatment plan, just like in all clinical scenarios. To successfully meet the patient's goals, it is important that the patient clearly communicates the changes they are looking for. Occasionally, a patient will offer a broad concern such as "I just don't like my face." In this case, the practitioner should be able to identify aspects of the face that deviate from the

aesthetic norm and communicate their recommendations to the patient. When this happens, frequently the patient will immediately acknowledge that their observations are correct. This helps to form clarification and agreement for the treatment objectives.

During the consultation process it is important that the practitioner should not feel as if he/she is leading the patient. The aim should be that both parties come to an agreement on the objectives of the treatment outcome. To some extent, the result depends on the anatomy and physiology with which the patient presents. It is important that the patient understands both the possibilities, as well as the limitations to what can be achieved before commencing any procedure.

With cosmetic injectables and skin treatments, patients are more likely to take responsibility for the treatment planning. They might even try to be the decision makers of what should be treated and what kind of product should be injected. However, we cannot let the patient take the reins on that decision, as this would be the equivalent of telling an artist which paint and paintbrush to use to get the result. If you are a less experienced injector this may appear as a welcomed option, as it takes some of the pressure off you in alone designing on an accurate treatment plan. For the experienced injector however, this might pose a challenge. We need to ensure that the patient knows we are the expert and while we may welcome their input, the technical aspects are totally our responsibility.

Similarly, the practitioner must be able to identify the areas of concern. One of the most crucial aspects of the aesthetic consultation is to ensure that the practitioner understands the patient's goals and that these goals are realistic. To achieve this, photos are useful tools to help determine and discuss the patient's goals. The practitioner must also honestly assess their ability to achieve the result. It is wise to be conservative in cosmetic injecting at the beginning of your journey. This may mean referring a difficult case to a more experienced practitioner or staying within one's comfort zone to avoid doing irreparable harm. It is better to return for a minor revision than to create the need for a major revision.