

AESTHETIC MEDICINE

by Alessio Redaelli

From the presentation

[...] *Is it possible to practically show why and how we execute a specific technique? Is it possible that a Colleague can thoroughly understand it and perform it again? And can it be possible through a printed book, in the era of Internet and shot scenes?* Continuing the collaboration with Nicodemo Maggiulli, with my contribution in the work "Botulinum Toxin" that had great success thank to the treatment text/atlas, I felt the necessity to face this new challenge to be helpful to myself, learning better every techniques and be always updated, and to the Colleagues that daily have, like I do, doubts about subjects to treat and technical issues to solve.

[...] The great practicalness of the work of SEE Editrice convinced me to take this great effort, helped by my collaborators who I would like to thank.

This work has been thought to give all my colleagues an operative line, as we would like to do during our theoretical/practical courses (it would take too many days!), starting from when the patient comes to the doctor, from his wishes, from the real cutaneous and subcutaneous situation that preludes to practical therapeutic proposals, which are sometimes accepted in their entirety and sometimes changed for the believes and fears of the patient, to go then to the accurate description of the used technique that can change, even a lot, from patient to patient.

I thought it was an innovative idea to have in my disposable every single particular blemish listed in alphabetical order as in a dictionary, many CLINICAL CASES, examples among the many you can find your patient and his particular care and then have the possibility to know new materials, how to behave when collateral effects occur and especially how to avoid them. The balance treatment of faults that need to be corrected will be the viaticum in order to obtain a result that the patients and ourselves would appreciate and the world around us will struggle to notice it for its natural perfection.

Structure of the work

[...] The work is very practical. Our intent was the one to write what we do every day in our surgery and what we teach during our courses.

We added an initial part that cover materials, from the easiest to the more complex and innovative, the study of the patient from the approach (with the assistant!) until our meeting. The study of facial volumes of the anatomic part that is the site of the treatment, a guide to a correct use of the photographic apparatus that has absolutely an important and essential role in everyday work.

An exhaustive REVIEW OF CLINICAL CASES listed in alphabetical order is presented. The reader who approaches the work will have the possibility to concatenate all the techniques, according to pathologies of materials or techniques, he will be able to search what he wants based on the

name of the pathology, but often during the reading he will find a word in bold that it will show up in the analytical index with all the references of the pages where this term is used in the book.

In the analytical index the numeration or the numerations in bold represent the most complete and clear cases, more diffusely treated, from a practical point of view.

In the end I have treated many classifications, the ones I believe to be sometime useful in the therapeutic decisions and that we might ignore or not know them well. Even this, in my opinion, has an important role in the personal culture, but especially in the experience that makes us grow up and take wise decisions, without incurring unnecessary risk to our patients.

I have to thank my Colleagues who collaborated to this work, to Nicodemo Maggiulli and to the active collaboration of his team.

the Author

Introduction

The figure of the aesthetic doctor

The aesthetic doctor is a doctor (who has a degree in Medicine and Surgery) who wants us not to look old, or better who knows how to make us look good even when getting older. He is interested in the “wellness”, prevention and treatment of the aging signs, how to set a strategy that lasts with the time, rather than improving a single blemish for which he is asked for.

He has to know:

- *the safe and already tested materials* from the ones less known and unsecure that still need experience, updating since the techniques and materials are more and more developing. (We have to go at least to a national and an international congress every year);
- *the correct use of fillers, revitalizations, useful lasers, Botulinum Toxin A* and many other treatments that appear on the market, some unnecessary, other very useful to the different cases (the Work presents a well consolidated selection of practical CLINICAL CASES that covers the majority of our daily work);
- *the impact on the presentability of patient* who often does not want to show to other people the treatment done that has to remain very personal. Even very close people often do not know about the treatments that the person underwent.
- *the method to visit the patient*, learning to “scrutinize” him from the very first hand shacking, to see the faults, the blemishes that can be improved and the ones on which it is better to overlook or ask to a colleague: in a word, know exactly what to do;
- *the method to know how to explain simply and clearly*, but completely what it has been proposed to the patient in order to allow him an independent and conscious decision, highlighting with competence, precision and without any reticence all the possible minor risks that can occur, even if in very rare cases. The patient has to decide to undergo a treatment and its all possible sequences, and he has to be put in a position to assume every risk related to the

treatment. And we have to say everything before the treatment: whatever we say before is “Science”, whatever we say later however remains for our patient an “excuse”!

- *the method to obtain what the patient and the doctor safely want;*

- *the method to follow the patient with ability and total availability in the post-operation period* helping him to face rare cases of collateral effects, keeping in mind that the patient is not affected by any disease and has particular expectations. In fact the patient who requires any aesthetic treatment is completely different from any other areas of medical therapy. In the majority of cases the patient is not ill, he does not ask for a return to a lost normality, but asks to improve the situation that is always normal. The aging is normality, even if sometime is not accepted.

Therefore he can ask for a prevention treatment, treatments to avoid getting worst and treatments to correct some natural or sometimes induced situations.

The doctor has to deeply know the “Aesthetic Medicine”, which is a medical multidisciplinary branch that has its own cornerstone in many medical specialties: Dermatology, Vascular Surgery, Aesthetic Surgery, Angiology, Dentistry, Dietetics, but also Gynaecology if we want to give some advice to face hormonal problem, which is very important for the aging. So, the doctor has to know what he can reach with competence and then to entrust the patient to a good counselor, prepared for the specific field.

Summary

Introduction – The Figure of the Aesthetic Doctor

Chapter 1 – Approach to the aesthetic patient

- objective exam

- facial analysis:

how to study a face and take decision

- folder of treatment

- my informed consent

- the law: official indications and “off label” law

Chapter 2 – Photographic documentation

How, when e why...

Chapter 3 - Materials

Syringes

Needles

Butterfly

Protective materials

Disinfectants and detergents

Topic anesthetic lotions, injective local anesthetics

Surface materials: peelings

- brushes to use for peelings

Surface materials:

- curative lotions to advice in the treatments

Filling materials:

- fillers, sculptra, non reabsorbable

Prevention and nourishment materials: revitalizing

Medicine

Accessory materials

Chapter 4 - "about" atlas of subjects to treat

About localized adiposities

- cutaneous aging
- asymmetries
- post surgical asymmetries
- bruxism
- bunny lines
- capillaries of legs
- capillary of face
- cellulite
- acne scars
- cutaneous dermatofibrosis
- seborrheic dermatosis
- axillary and body dysidrosis
- aging
- hypercorrections
- lips
- chemical lifting of face
- lifting of eyebrow
- lipodystrophy
- excessive thinness of face
- mefisto look
- falling nose
- ptosis of the gluteus
- ptosis of the lower lip
- ptosis of the eyebrow
- ptosis of the lower third of face and plasmatic bands
- ptosis of the eyelid
- malar ptosis
- residues of eyebrow's wrinkles
- cod bar wrinkles
- wrinkles of the lower third of face
- wrinkles of the glabella
- frontal wrinkles
- paranasal wrinkles
- perioral wrinkles
- gingival smile

....and much more.....

Appendix:

Protocols of treatment for the different ages

Injective techniques

Classifications of practical utility

Varices

Beagley's microphotography

Fitzpatrick's phototypes

Glogau's Classification

La edematofibrosclerotic panniculopathy

Mesotherapeutical cocktails

Practical dietetics

Protocols of diets suitable for major blemishes

Assistant: how to welcome and manage the patient

Glossary

Analytical Index