

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

***Practical Dermatology*[®] magazine asked a panel of specialists to discuss their use of devices for fat reduction and body tightening in their practices. See the table (pp. 48, 50) 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 (Allergan) to treat small areas.

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

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.



“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 reducing one’s fat. We need to actually examine our patients, determine what the true need is, and pick machines and treatments that are justified for the condition that we are treating.

Dr. Ortiz: When we’re lecturing at conferences we tend to use many different terms. When I’m counseling patients, I prefer contouring, because I think that gives them more realistic expectations than fat reduction. Sometimes patients think they’re going to come in and lose weight—lose pounds or inches—and that’s generally not the case. I like

the name CoolSculpting or the term body contouring, because it really is just that. It sculpts the area or contours a problem area. It sets the tone for a more realistic expectation, because I think some patients come in thinking that we can give the same results as liposuction but they're completely different procedures.

Dr. Alster: Both. They are different. Fat reduction is just that: fat reduction; whereas contouring involves tightening of tissue in addition to fat reduction—debulking.

Dr. Downie: I use contouring when there is not a lot of fat to reduce and I use fat reduction when there is more fat to reduce before you can even get to contouring. That is how I differentiate.

Dr. Sadick: Contouring is usually the result of fat reduction, so I use the term to help visualize the result of these treatments for the patient.

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.



JEANINE B.
DOWNIE, MD

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.

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—Jeanine B. Downie, MD

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 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.



NAZANIN
SAEDI, MD

Dr. Saedi: I don't think that they live up to the hype and I think that physicians need to set realistic expectations from the start and be careful with patient selection. These devices and injectables are not a replacement for diet and exercise, and it's not a shortcut to get results. Additionally, we don't get the amount of fat reduction and tightening that one would get with abdominoplasty. That being said, though, for the right patient, we can get excellent results!

Have you ever offered liposuction? Does it still play a role in your practice? Do you combine lipo with devices?

Dr. Saedi: I am properly trained in liposuction from fellowship but I do not offer it.

THE PANELISTS AND WHAT THEY USE		
	Fat Reduction	Tightening
Tina S. Alster, MD Director, Washington Institute of Dermatologic Laser Surgery; Clinical Professor of Dermatology, Georgetown University, Washington, DC	CoolSculpting (Allergan) and Emsculpt (BTL)	Ulthera (Merz Aesthetics) and Thermage RF (Solta)
	“CoolSculpting is used on the abdomen, thighs, flanks, upper arms, pre-axillary (bra fat) and submental regions. Emsculpt is best for “fine tuning”—improving muscle tone and reducing thin layers of fat on the abdomen and buttocks.”	“Best used for skin tightening on the face, abdomen, upper arms, and thighs.”
Jeanine B. Downie, MD Director, image Dermatology PC, Montclair, NJ	Vanquish (BTL), Emsculpt (BTL), Futura Pro (Perigee)	Exilis (BTL), Emsculpt (BTL)
	“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.”	
Michael Gold, MD 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	CoolSculpting (Allergan), UltraShape (Syneron Candela), SculptSure (Cynosure)	Legacy (Venus), Arvati (Thermi), 3Deep (EndyMed), Exilis (BTL)
	We use all our devices for all areas that we need to have tightening or fat reduction—with the Venus and Thermi mostly used for contouring and CoolSculpting with all the applicators for fat reduction.	

Dr. Alster: I used to offer liposuction but no longer do so due to its associated prolonged treatment and recovery. I find that the current array of non-invasive treatments serve my patients well. Those that require liposuction are referred to a physician who specializes in that procedure.



Dr. Sadick: 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.

THE PANELISTS AND WHAT THEY USE (CONTINUED)

	Fat Reduction	Tightening
Arisa Ortiz, MD Assistant Professor of Dermatology and Director of Laser and Cosmetic Dermatology, UC San Diego, San Diego, CA	CoolSculpting (Allergan), BodyFX (InMode), Exilis (BTL) “CoolSculpting is the one I use the most. Every once in a while it may be contraindicated. For example, I don’t like to treat right over scars because scars aren’t as strong as normal skin and you could potentially cause dehiscence due to the suction associated with it.”	Fractora and Forma (InMode), Exilis (BTL), Inragen and INTRAcel (Perigee), Ultherapy (merz Aesthetics), and SkinTite and BodyTite (InMode) “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 stripey 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 down time. 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.”
Nazanin Saedi, MD Director, Jefferson Laser Surgery and Cosmetic Center, Philadelphia, PA	SculpSure (Cynosure) “For fat reduction on the abdomen, flanks, bra fat, upper arms, submental, inner thighs and outer thighs.”	Vivace (Aesthetics Biomedical) “I use it on the face, neck, chest, abdomen and arms.”
Neil Sadick, MD Medical Director, Founder, Sadick Dermatology, New York, NY	CoolSculpting (Allergan), TruSculpt (Cutera), Cellulaze (Cynosure)	3DEEP (Endymed), Ultherapy (Merz Aesthetics)

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.



TINA S.
ALSTER, MD

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 you and 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

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—Neil Sadick, MD

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/

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—*Arisa Ortiz, MD*

marketing and service support are all important factors to consider before purchasing a product from a medical device company.

Thinking about the available devices and the market demand, is contouring still an opportunity? Please explain.

Dr. Saedi: Yes! It is becoming increasingly popular as patients want to have results with no downtime. I also think that the launch of Alastin’s Transform will be interesting as it is the very first topical to enhance the results of body contouring devices.

Dr. Sadick: Body contouring is always an opportunity. As a medical community but also as consumers we would love to see more innovation in technology, i.e, new devices with different mechanism of action that those already available, or different applicators, reduced treatment times, and reduced treatment discomfort would be whole heartedly embraced and in high demand.

Dr. Downie: I do believe that contouring will be nicely addressed with the new Emsculpt technology that is for abdomen, for buttocks, and eventually they will have a thigh and an arm protocol out.

But, the eternal optimist in me says there is still always room for additional contouring opportunities.



Dr. Ortiz: I don’t think the market is saturated by any means. Certainly more medispas are picking up these technologies. As with any procedure, it takes skill to administer these devices properly and I think our expertise as dermatologists or plastic surgeons is what sets us apart from the medispas. I would say that just like any other procedure, if you’re the expert in your area then patients will come to you over the cheaper procedure down the street.

Dr. Alster: There is always room for additional (better) devices and procedures!

Dr. Gold: It is still a huge opportunity out there. Again, don’t over promise, but deliver quality and this market will continue to grow. ■