Patient selection in aesthetic medicine

BY PREEMA VIG

After taking a full medical history of the patient I ask what their concerns are and why they have come in to see me that day. In addition, I perform a psychological assessment of the patient to get a deeper understanding of the patient's concerns leading them to wish for the dermal fillers, and request a detailed history of previous dermal fillers injected with times and types of dermal filler details.

I ask the patient to point out to me areas of concern to them and we look in the mirror together. We take photographs and with this as a tool, the patient can review their image in a more objective manner, identifying which areas are of concern to them. I ensure photographs are taken from all angles to give a 'true 3D likeness' as generally we tend to see ourselves from one angle in the mirror.

Some patients may present with a request for dermal fillers without my suggestion and some patients simply point out the areas of the face of concern and in turn I would advise them accordingly. If I feel that a patient is requesting excessive amounts of dermal filler or that I do not feel that they are able to see their facial features objectively, I tend to politely decline treating the patient.

After educating the patient about the gradual ageing of the face during the consultation, I progress to making suggestions regarding which areas of the face could be naturally enhanced; from simply filling lines, volumising, lifting and sculpting the facial contours, hydrating the skin, to perhaps contouring the vermilion border of the lips and lip corners plus or minus the body of the lip.

I gauge the response of the patient and explain that in an ideal world my approach is a step-wise management plan and that they have to be comfortable and fully informed of each procedure. I also explain that when I inject, the end goal is of my patient 'looking well rested, fresh' and 'a slightly younger looking you'.

I want my patients to understand what dermal fillers are, how they work, and which dermal fillers are indicated for different parts of the face. In my 11 years' experience of injecting I have found that most patients want to be more educated with regards to what and how dermal fillers are injected into one's face.

It is extremely important to make your patient feel at ease. Every patient must be comfortable and at ease with you their practitioner and good rapport is paramount to a successful long-term patient relationship. When I treat my clients, I also need to feel comfortable with them and if any patient makes me feel uneasy I usually take a few seconds to evaluate whether I should really be doing this treatment at all, as an unsure patient can quite often be unhappy regardless of the end result. These days I tend to trust my intuition.

After agreeing the treatment pathway, my patient and I decide together a step-wise management plan and I allow the patient to decide on how quickly she would like to have the treatments done. I explain whether I would be using a needle or cannula to insert the dermal fillers in certain areas and the reason why. I would then go through the consent form with the patient explaining the possible side-effects, consequences and complications that could perhaps occur. With my own personal experience with side-effects and complications, my consent forms have evolved over the years and I place much more emphasis on explaining the potential complications that may occur. I would also provide the after-care instructions.

As part of patient care protocol I always place the sticker of the batch of the product used to treat the patient on my business card, which also lists my email address and mobile phone number. This ensures that the patient also has a record of product used to hand with my details. I also explain to the patient that if they have any concerns any time following treatment, whether later that day, evening or in the subsequent weeks then I would want to know and I encourage them to send me a text or email as I frequently check these during my clinic hours.

After years of experience, my personal opinion is that a practitioner who is not able to either deal with a serious complication or call upon a respected colleague to deal with a complication should also not be performing these treatments.

After 11 years of specialised injecting I have only very recently experienced my first treatment complication, which was efficiently dealt with with the help of my respected peers and colleagues. On average I now treat 70-80 clients weekly and practitioners should bear in mind the higher the number of patients, the higher the chance of experiencing a complication.

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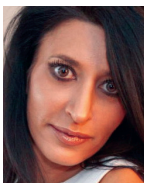

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