

Special Points of Interest:

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- Terminating a Patient Relationship
- The Laminator Cannula, Perlane and Thinking-Volume

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The Fall Meeting— Leadership from the Capital - Washington DC

If you have not registered for the fall meeting in Washington DC yet—don't miss this meeting! This year we have two days filled with a wealth of information and you can bring your own concerns and questions to the round table discussions. There will be a private cocktail reception on Thursday evening with vendors

for a one on one opportunity to talk with them as well as other OFPSA members who use the products or services. Friday offers a specialized training for Marketing Your Laser and the Laser Consultation. This is a separate course from the two-day meeting. Class is limited, so register today! If you have any



questions or would like an agenda of the meeting, please feel free to contact us: dawn2@kumc.edu or regina@anaturalyou.com.

Go to the following link for registration forms: <http://www.aafprs.org/upload/brochure.pdf>

Laser Guidelines Laser Safety Standards Revised

The Laser Institute of America announces the release of the first update in seven years to the American National Standard for Safe Use of Lasers (ANSI Z136.1). All laser end users should have a copy onsite, and those with a class 3B and

4 lasers must obtain the update, which renders all previous editions obsolete. Revisions to the previous version can and will affect the training and practice of laser safety in medical facilities, including new laser hazard classification definitions,

new requirements for refresher training and changes to medical surveillance requirements. *You can order your copy at laserinstitute.org. \$155 for members and \$175 for non-members.*

Marketing & Advertising Tips

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Hot Products on the Market

Post Laser Balm by Elta M.D.

The Elta MD Laser post procedure balm is a concentrated moisturizer to facilitate healing following CO2 Laser, Erbium Laser, Dermabrasion and Micro Laser Peel.

Use immediately post procedure to prevent drying and tightness. It is non-comedogenic and preservative free

and safe for even the most sensitive skin.

“It melts quickly and spreads easily into the skin”, says, Mindy of Spaderma. “We apply the post laser balm after a micro laser peel and it seals the skin and has really helped reduce redness and irritation and most importantly, cools the skin down almost immediately. We use the balm as a back bar product after treat-

ment and then send the patient home with the moisturizer which is the same formula, just not as heavy. Many offices were experiencing breakouts from using Aquaphor that would last for 2-4 weeks.

The cost is extremely reasonable and it has really made a difference in healing times.” For more information, contact, Elta M.D. at 800-633-8872.

How to Close the Deal— Notes from Patient Coordinator

First and most important... change the way you think! In today's cosmetic office, the services you are offering in your office are a cash-basis transaction – it is a sales transaction and you are selling! Think of the process as helping the potential patient to make a buying decision. With seven simple steps, you can become focus on turning the consultation into a scheduled surgery.

1. Prepare for your consultations. Have a comfortable setting for the patient to discuss their possible surgery. Be organized and have your information for that particular surgery already pulled and put together. Allow plenty of time to develop a rapport. Ideally the person that works with the patient during their consultation should continue working with the patient for their continued visits.

It comes down to the competition and you can differ yourself with customer service.

2. Collect the bulk of the information before the consultation. Review their completed medical forms, the physician's notes, etc. before you sit down with the patient. Know exactly what they physician talked with the patient about and show that you have communicated with your physician in some way. This is important to someone making a decision of where to have surgery.

3. Putting the patient at ease. This goes back to number one where we mention building a rapport with the patient. A good sales relationship involves much more listening than talking. If you take the time to listen carefully and patiently, prospective patients will tell you exactly what they want, how to sell it to them and if any, obstacles that may be stopping them from making this decision.

4. Present Options. Whether the issue is financing or downtime, always be prepared to present options. For example, if the prospective patient finally admits that money is an issue, but they really want the surgery,

then be prepared to talk about the financial options available to them.

5. Let the patient decide on the procedure. Be sure you are realistic with the patient about the time it will take to achieve the results they want. Outline the proposed treatment and give them time to sit quietly for a few minutes and decide.

6. Close the deal. If the physician has used a special offer during his consultation time, you should reiterate that information. If the procedure cannot be done immediately, close the sale by booking an appointment date and obtaining a deposit if appropriate.

7. Follow up. For those that insist they want to think about it, be sure to send a personalized follow up note within a few days. Include specifics from the consultation to ensure that the patient knows you remember them, their goals and objectives. The set up a follow up phone call. During the end of the consultation, let the patient know in the note that you will be calling to follow up so that they do not feel harassed.

Terminating a Patient Relationship before it Truly Begins

You sit in the exam room with your physician as you both are listening to the patient and you are both thinking..."please do not sign up for any surgery!" In our specialty, it seems that we attract more and more of the psychologically unstable patients. The busier the practice becomes, the higher percentage of these patients you will begin to see. How do you know that the patient is unstable? At what point do you make this determination? It is not black and white and is not always easy to determine. These patients can be rather saavy. They can seem perfectly "normal" during the consultation process, or not. However, there are some things you can do to determine these patients.

"First, listen to your gut. After years of experience, or may I say, some bad experiences, we

have an unwritten rule in our office. It involves any staff member of our office...front desk personnel, nurses, patient coordinators, schedulers, medical estheticians...anyone. If any one member of our staff feels something is "off balance" with the patient, they must share this with the physician...and he must listen. It has made a **huge** difference in our practice. We truly believe in the "gut instinct" in our office", says Regina, with Facial Plastic and Cosmetic Surgery Center.

Another thing you can do is to give them a complimentary skin care consultation with the medical esthetician. Many patients treat this as their "therapy session". They can reveal their "legal" history with the medical profession, how many physicians they have visited so far for

the same consultation and other pertinent information", says Sharon with Genesis Cosmetic Surgery and Laser Center.

The bottom line is that we as the staff of the facial plastic surgery offices, have a responsibility to assist our physicians in determining the patients that he or she should continue a relationship with and don't be afraid to take a part in this decision.

One of the hardest decisions for any physician is to say "no". It is very hard for a new physician, just starting in private practice to turn down a surgical procedure. This is something that is learned through the years and the physician gets better at determining. However, you, as a member of the team, can play a vital role in detouring a possible bad situation within your office.

Remember, your goal is to keep your staff safe. Dealing with these individuals is exhausting and a low morale booster. It may seem like an investment of time, but think of the consequences. If your physician performs surgery on this patient, this may be a relationship they are a long time divorcing.

If your physician has already performed surgery or a service on the patient of this type, it is a much more difficult situation and can result in legal implications. This requires some general rules such to avoid patient abandonment or liability issues for you physician. For some helpful information on this issue you may refer to the following links.

<http://www.physiciansnews.com/law/499saxton.html> or www.ama-assn.org/amednews/2003/04/14/prsa0414.htm

The Laminator Cannula, Perlane, and Thinking Volume By Samuel M. Lam, M.D., F.A.C.S.*

Plano, Texas

As most of you have experienced, the trend toward office-based and minimally-invasive procedures is increasing. The thought is that there is a capture of patients who initially come into the office to have injectable fillers that can then convert to the big-ticket items like facelifts, etc. However, someone coming into the office to have a nasolabial fold filled may never "buy" a facelift. Here is how I have structured my practice in what I perceive to be a successful manner.

First, I perform injectable fillers in order to simulate fat grafting (the cornerstone to my surgical rejuvenative armamentarium.) I almost

never fill a nasolabial fold. I find a smile line simply an entity that does not provide much rejuvenative capacity. I target the periorbital hollow, the anterior malar depression, and the prejowl complex with additional syringes occasionally dedicated or shared to cover the buccal hollow, and pre-canine fossa. When my patients look truly rejuvenated (and especially when they are slightly swollen the first 3 days), they understand completely the power of what fat grafting can do. These patients will be more inclined to convert to a durable solution like fat grafting.

Second, I use Perlane and Restylane exclusively. I like

streamlining my inventory and having the support and loyalty from one company through volume sales (I do 100 to 150 syringes per month). I also like the reversibility of hyaluronans, which can easily be dissolved if the patient converts to fat grafting. In twenty-four hours, the product dissolves with hyaluronidase.

Third, I perform all the injectable fillers myself. Since I am not just technically filling a fold or a lip, I exercise a high level of artistry that is hard for me to teach a staff member. I have invented a technique using a specialized Tulip cannula, dubbed "the Laminator". Once the 5 minute dental block is



complete, it allows me to inject my typical 4 syringes (2 Restylane around the eyes and 2 Perlane into facial volume deficiencies) in LESS THAN 2 MINUTES with minimal to no bruising in the majority of patients. This painless procedure allows me to establish a rapport with my patients and gives me the time to speak to them about what I can do for them surgically.

**I have no financial affiliation and receive no royalties with any of the products or services mentioned in this article.*

OFPSA

Organization of Facial Plastic Surgery Assistants

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Website Update

