

# **Expert Approaches to Using Botulinum Toxins**

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*Issue 3*

**Patient Management: Maintaining the Natural Look**

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August 2005

## **Editorial**

“Patient Management - Maintaining the Natural Look” is the excellent 3rd instalment, written by Dr Boris Sommer, in our series entitled ‘Expert Approaches to Using Botulinum Toxins’. After having first explained the dynamic anatomy of the face - followed by the non-invasive cosmetic techniques available for optimising combination therapy with VISTABEL® we now present the pearls and tips distilled by Dr Sommer on how to approach comprehensive and honest patient management and this in order to achieve a natural, refreshed look.

Effective, thorough patient consultations, appropriate and complete patient information coupled with regular follow-up are all shown to contribute to achieving realistic patient expectations and maximising patient satisfaction.

We all know that happy, satisfied patients return regularly for maintenance therapy as well as other non-invasive treatments we may offer. Dr Sommer’s excellent paper will help us all significantly increase that number of happy patients we treat.

***Dr Phillip Levy, Geneva, Switzerland***

## Introduction

The face is a critical feature of communication and facial appearance affects self-perception, self esteem and personal interaction [1]. While people who ask for liposuction may be very dissatisfied with their appearance, and feel they are stared at because of the way they look [2], those who seek botulinum toxin type A treatment do not have such deep-rooted insecurities and nor do they think that botulinum will make them happier or more successful.

People who consider botulinum toxin type A to soften and relax their facial wrinkles have a realistic understanding of the way they look and a positive approach to their outer appearance.

Psychologically-based research has shown that they have very similar quality of life and health status to people who don't ask for treatment [3]. Their everyday lives are equally contented, their social lives just as good, and they are physically and mentally equivalent [3].

Our patients may want to feel more comfortable with themselves and, of course, more attractive. But who doesn't? The only thing that is different about them is that they have decided to do something about lines or wrinkles that others may ignore. As physicians, one of our primary goals should be patient satisfaction.

## What bothers the patient?

The commonest request for botulinum toxin type A treatment is to treat glabellar (frown) lines and/or 'crow's feet' wrinkles around their eyes. Typically, patients are aged between 35 and 55 when they seek help, usually women, but a significant number of men too. When botulinum toxin type A was first used for cosmetic purposes, most patients came in response to something they had read or seen on TV. But, as treatment has become more established, a growing proportion of patients seek help because they have seen the benefits in someone they know.

## The natural look

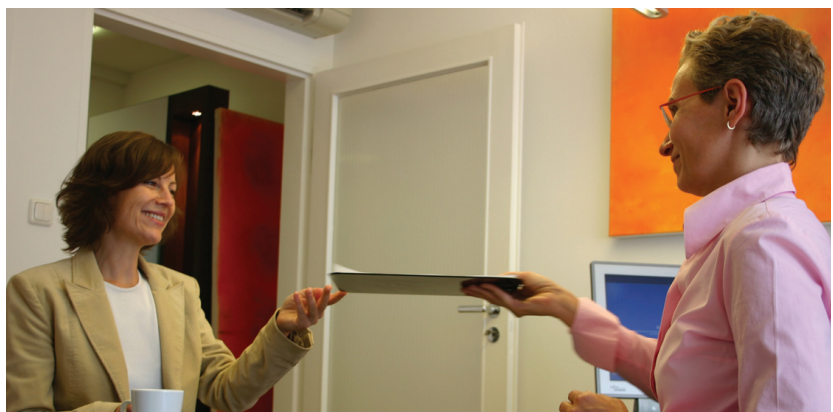
In general people who come for botulinum toxin type A treatment are realistic about what can be achieved; however most are clear that they want a natural look, not a frozen expression. Patients describe looking 'beautiful' as having good, clear, smooth skin with fewer wrinkles and lines. They say that they wish to look and feel younger than their actual age. It seems that that they are not motivated by wanting to look glamorous or suddenly very different. Beauty therapy is seen as 'making the most with what you already have' rather than making alterations.

Occasionally, there is a request for overly invasive treatment than needed or unrealistically so little treatment that there is unlikely to be any visible improvement. Before agreeing to a patient's requests, it is important to consider the likelihood of pleasing such patients. Giving in may be the easiest solution in the short-term, but may well lead to repeated unsatisfactory consultations in the longer term.

Clear consideration needs to be given to the type of treatment or product that will achieve the subtle change that the patient is looking for.

## Effective patient consultations

Before the consultation with the physician even takes place and how welcoming your clinic environment is, remember to think about how the patient interacts with your staff as first impressions are clearly important.



An effective consultation consists of many practical elements as listed below:

- Clinical history taking
- Drawings
- Comparative photos
- Videos showing the treatment to the patient
- Informative material (informed consent literature, information forms) for the first consultation
- Post-treatment information.



However, the way you communicate with and develop your relationship with the patient are equally critical.

## Listening to the patient

Listening carefully to what the patient says, and ensuring that he or she has heard and understood what you have told them about treatment are key to effective consultations.



Allowing plenty of time for the first consultation can pay dividends later on. Giving the patient time to explain what is bothering them most, and what they are hoping to achieve is essential.



Use of a mirror is essential, firstly to show any asymmetries (low brow, ptosis, etc.) she/he may have before treatment. Many patients are not aware of these and 'discover' them after their first injections, believing that the product (and the physician) are responsible.

Secondly you can then discuss the wrinkles they want to soften and show them in the mirror what effects different injections are likely to have.

They may also need to consider additional treatments. (Please refer to the second brochure of our series entitled 'Optimising Combination Therapy').



There are also differences between the botulinum type A products and this needs to be taken into consideration when aiming for a 'natural look' or outcome [4,5]. Patients have reported that BOTOX® (VISTABEL®/BOTOX Cosmetic®) feels very natural, which is consistent with what we know about the low migration of this product from the injection site.

Good note taking at the first and subsequent consultations is essential. This should include information about the patient's wishes and expectations, and whether they were achieved, as well as positioning and dosing of injections. You can only repeat and/or build on the success of each treatment if you know what was done at the previous visit.

## Offering advice

It is unwise to pretend that you can see a problem that is bothering a patient when you can't. Treating a wrinkle that is more in the patient's mind than in their face is unlikely to be successful.

Also, be careful with patients who don't know what they want, and ask you to decide for them. Advising our patients about what is and isn't possible is part of our role, but if we tell patients what to do we are risking failure. An honest, open discussion with interest in the patient's feelings, not just the treatment, is the impression you need to leave with the patient.

## Safety issues

Although people who seek botulinum toxin type A treatment are often quite knowledgeable about the procedure, many still have a few concerns about safety. Whether or not patients specifically ask about safety, it is well worth explaining that, while the toxin found in nature is a poison, the product that is used in very small doses for medical and cosmetic treatment is a purified version of this natural protein that has been processed to ensure that it is safe and high quality, free from contaminants.

Patients may not be aware that botulinum toxin type A has been used in neurology and ophthalmology for over 20 years to treat muscle spasms, such as blepharospasm, spasticity, and equinus foot associated with cerebral palsy in children. It therefore has a proven safety record during regular use by more than a million people worldwide. Over the last nine years, patients have also had very successful, repeat treatments for cosmetic use [6].

## Patient information

Patients vary in how little or how much information they require - and remember, providing them with simple but informative leaflets about botulinum toxin treatment, to take away and read at leisure, can be very helpful. Some of the information may be most easily understood through diagrams and pictures. At the very least, the leaflet should include advice about post-procedure care.

## Creating a climate of confidence

Be confident in your skills, but be honest about what can be achieved. It's much better for the patient to be disappointed during the consultation than after the treatment. And, if it is obvious that the patient's expectations do not match your explanation, you will be wise to step back from treatment, and ask your patient to go away and reconsider. Don't assume that the patient has heard and understood everything you've said. Asking them to repeat your advice and recommendations will give you a chance to clarify information and clear up any misunderstandings.



If you are confident your patient has fully understood the treatment, and that you are agreed on what is to be done and achieved, there is no need to delay injections to a second visit. It is usual to take a series of photographs of the areas that will be injected, so that 'before' and 'after' comparisons can be made.

## Using appropriate language

Each patient will be different in personality and it is the role of the physician to develop a professional, trusting relationship based on understandable and relevant language that the individual patient can respond to. One of the most difficult areas to overcome for the physician is the transition from 'scientist' to 'lay person' in terms of language. Good examples for botulinum toxin are the use of the words, 'smoother and natural looking' rather than 'frozen', 'relax' or 'soften' rather than 'paralyse' or 'weaken', 'natural protein' rather than 'toxin'.

## Gaining consent

All patients should sign consent forms before starting treatment.

Ideally, this should clarify the patient's understanding of what treatment is planned, what are the agreed aims of the treatment, and what are the potential side effects. If you or your patient have any doubts about treatment, it is wise to recommend that you wait until you have both had a chance to think about the procedure a little more.



## Follow-up

If patients can be persuaded to return for a preferably free-of-charge follow-up consultation about two weeks after their first treatment, this can be useful for the physician to assess the response. It can also be reassuring for the patient. But many patients do not want to spare the time for a second consultation, especially if they are very happy with the results of their first treatment.

Whether or not you offer follow-up consultations, it is important that patients know that they can come back if there are problems. They need to understand that muscle relaxing does not start for at least one to two days after treatment, and can take as much as 12 days. So they won't see instant effects. But, as unwanted effects can often be improved, they shouldn't feel that they must wait three months until the next treatment before coming back.

## Setting realistic expectations and goals

All patients who are planning to have botulinum toxin type A treatment need to understand that it isn't a 'one-off, cure-all' treatment. It works by denervating the muscles of facial expression and the nerve endings resprout over a period of about three to four months, so that treatment needs to be repeated two or three times a year to get the optimal effect.

To maintain the improvement in their facial wrinkles, patients should ideally need to commit time and money to regular treatment. Just as some people's hair grows more quickly than others, some people's nerve endings resprout more quickly than others and they will need treatment more often.

In general, a patient whose first treatment lasts seven months (to return to baseline) will get this prolonged duration of effect during subsequent treatments, while someone whose first treatment only lasts three months may only be able to go a little longer with each successive treatment. Injecting a larger dose may slightly prolong the effects, but this has to be weighed against the risk of over-treatment. A subtle adjustment more regularly may be a wiser option.

## Planning treatment

Patients should be encouraged to have re-treatment before the effects of the previous treatment have fully

worn off. This will help ensure that they achieve sustained benefits and that friends and colleagues do not realise when they are having treatment. In planning treatment, patients also need to be aware of clinic schedules and waiting times. For example, a two-week waiting time for an appointment needs to be factored into the decision about when to seek re-treatment.

## Effects of repeated treatment

Prolonged experience of botulinum toxin type A in large numbers of patients has shown that the effects of treatment do build up with repeated treatment [7]. Patients can be told that there will be an obvious smoothing of treated wrinkles after the first injections. But the longer the skin over the relaxed muscle is free from the stimulation of the underlying muscle contraction, the greater the effect.

Each cycle of epidermal renewal takes 28 days, so only three or four cycles of renewal will be completed between botulinum treatments. By the time the patient has had multiple treatments, the epidermis will have no 'memory' of the effects of the underlying muscle contraction.

## Taking care of the patient in the long term

Many patients will ask how long they should expect to continue treatment. There is no hard and fast answer. Some patients will have treatment for a few years, others for much longer.

It is quite common for patients to have injections for two to three years, by which time they will have seen the full benefits of treatment, and then to re-assess their situation. They may then decide to continue treatment as before, to reduce the frequency of injections, to have additional procedures, or to stop treatment altogether. It is the doctor's role to advise on the options and answer questions but not, of course, to make decisions for patients.

## The benefits of effective practice

Both physician and patient will benefit from effective consultations and long-term support and follow up. A physician who provides cosmetic treatments is in a somewhat different position from colleagues who are treating medical illness. The people who seek our help are customers as well as patients.

While we have the same responsibilities as other physicians (see below) not to harm our patients, we are also providing a service, which our clients can accept or reject. A person seeking cosmetic treatment can choose the clinic, the physician and the treatment they will receive and until the point of treatment, it is worth considering they are a customer or consumer.

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|---|--|
| <ul style="list-style-type: none"><li>• Provide an informed choice of treatments</li><li>• Explain all requests for information and concerns in detail to reassure</li><li>• Outline the benefits and potential</li></ul> | <ul style="list-style-type: none"><li>risks of treatment</li><li>• Give the patient appropriate time to make a decision</li><li>• Be professional in approach and interactions with the patient.</li></ul> |
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A well informed patient with realistic expectations who is treated appropriately with botulinum toxin type A for a natural look is likely to be pleased with the results, and want to continue treatment.

Research has shown that, where good practice is followed, botulinum toxin type A is associated with high patient satisfaction [8]. One study showed over 80% of patients were satisfied with the results of botulinum treatment [3].

Three quarters felt more comfortable with their body, half felt more attractive and confident and a third felt better emotionally [3]. Patients with the strongest aesthetic awareness before treatment tended to benefit most [3].

Satisfied patients not only bring job satisfaction for physicians, they are, of course, more likely to return for further treatment. As any commercial organisation will report, taking steps to retain a loyal customer base is more cost effective than having to undertake marketing campaigns to attract new customers.

Establishing an atmosphere of honesty, trust, confidence and mutual respect is essential for building a strong and successful practice. Being honest in sending a patient away when he or she doesn't need treatment can pay dividends later on, both in retaining clients and in recommendations to new clients.

## Conclusions

Most people who seek botulinum toxin type A treatment are healthy, happy and well-adjusted. They have realistic expectations for treatment, and simply want to feel more comfortable in their appearance.

Listening carefully to patients' wishes and expectations is an essential part of each consultation.

Giving honest advice and information is more likely to build a successful long-term practice of satisfied clients than either agreeing to unrealistic patient demands or dictating treatment.

With appropriate management, patients receiving botulinum toxin type A therapy express high levels of satisfaction with their treatment - something that probably explains why BOTOX® (VISTABEL®/BOTOX Cosmetic®) treatment has become one of the most commonly used non-surgical procedures in the world today [9].

## Frequently Asked Questions

### **1. What should I say to someone in their 20s or younger who asks for botulinum toxin type A treatment to prevent facial lines and wrinkles?**

A: Patients may think that, by reducing contraction of facial muscles of expression with botulinum toxin type A injections, they may be able to prevent wrinkles from occurring. Based on clinical data, it may be better to advise patients to return when they first become bothered by mild expression lines and wrinkles or to advise alternative 'beauty treatments'. Clinical experience, however, suggests that for some patients treatments may be worthwhile and it is important to assess each case individually.

### **2. Can my patients become pregnant after botulinum toxin type A injections?**

A: Pregnant and breast-feeding women should not have botulinum toxin type A injections. But, owing to the mechanism of action and fast breakdown of botulinum toxin type A, women can be advised that they can safely become pregnant if they have had injections in the last few months. Clinical data has shown no sequelae in women who have inadvertently become pregnant.

### **3. What illnesses or drugs do I need to ask my patients about?**

A: You should take a full medical history at the first consultation, including a record of any medication that patients are taking. Contraindications to botulinum toxin injections are myasthenia gravis, Lambert-Eaton syndrome and known sensitivity to any ingredient in the treatment type A.

The effect of botulinum toxin type A can be potentiated by drugs that interfere with neuromuscular transmission. Coagulation disorders, anticoagulant use, and lack of patient cooperation are relative contraindications. Medicines that inhibit blood clotting (eg: aspirin and high-dose vitamin E) can increase the risk of bruising and should be discontinued at least a week before botulinum injections.

### **4. Does treatment last longer in some parts of the face than others?**

A: Yes, injections to treat glabellar frown lines can last two to three months longer than injections to reduce crow's feet. If patients are having continuing treatment in both areas, you may wish to delay treatment until it is required for the crow's feet - unless the patient is prepared to make two separate visits for treatment.

### **5. What do you say to patients who come back for treatment before you think they need it?**

A: I discuss why they feel they need re-treatment so soon, and advise them to come back in a month or



so. I explain that it would be wiser - and less expensive to wait. If they are insistent, I weigh up the likelihood of them becoming satisfied customers, against the risk that they will be overly demanding in the long-term.

#### **6. Are patients ever too old for botulinum toxin type A treatment?**

A: There is no upper age limit for continuing treatment, and I have treated patients in their 80s but usually with lower doses. Elderly patients may not see such a significant effect as middle aged people. But they may find the treatment relaxing - for example, in relieving glabellar frown lines. As long as patients are happy with the results, old age should not be a barrier to treatment.

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### **Further reading**

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**Telephone: 01923 826150**

**ISSN: 1745-4948**