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OPEN Secrets

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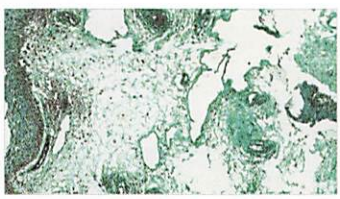

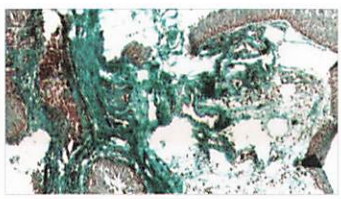

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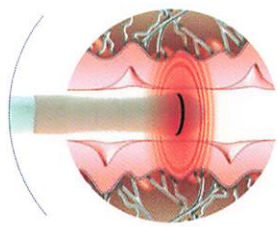
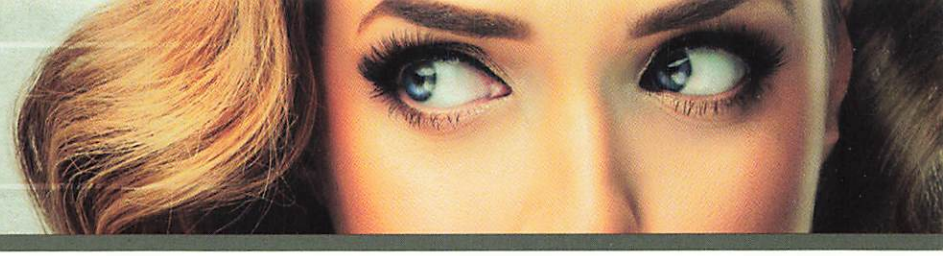




OPEN SECRETS

How to get patients to talk about their aesthetic desires.

Vaginal rejuvenation is *the* buzz in aesthetics. More than one-third of American adults are overweight (and an additional segment of the population qualifies as obese). And demand for hair removal is so high that it seems there's a thriving laser hair removal spa on every other corner. So why are those devices you purchased barely getting any use in your practice?

If you and your patients aren't *talking* about these concerns and treatments, then there's little chance that you'll be providing the latest services in your practice. But aesthetic physicians may be too busy or sometimes too uncomfortable to initiate a conversation about body contouring, gynecomastia management, hirsutism, or vaginal rejuvenation. And if the physician—armed with training and years of clinical experience—isn't comfortable, imagine how patients feel!

Thankfully, there are some relatively easy and non-threatening ways to open a dialog with patients about all manner of aesthetic treatments.

START WITH A QUESTIONNAIRE

"We have a one-page questionnaire that we let patients read and answer the questions while they are waiting. If they answer affirmatively, we'll follow up," explains Charleston, SC dermatologist Todd Schlesinger, MD. "There may be questions on there, such as 'Do you suffer frequent urination? Do you suffer urinary urgency? Do you suffer painful intercourse?'" Dr. Schlesinger has long been a proponent of intake surveys to gauge patients' present and future aesthetic interests. (He also advocates for post-visit surveys to track satisfaction and optimize practice success.)

Surveys allow the practice to broach a subject without initiating a full dialogue with someone who may not be interested. For example, in his practice, Dr. Schlesinger points to vaginal rejuvenation, as "being a more sensitive topic that we offer service for." Questionnaires may ask: Do you occasionally dribble or leak when you sneeze, cough, or exercise? Do you feel the yearning or urgency to go to the bathroom often? Are you being treated for incontinence with medications or other therapy? Are you currently being treated with hormones or estrogen? Do you feel loose vaginally since childbirth or menopause? Do you feel dry during intercourse or have trouble reaching orgasm? Have your relationships suffered due to any of the above?

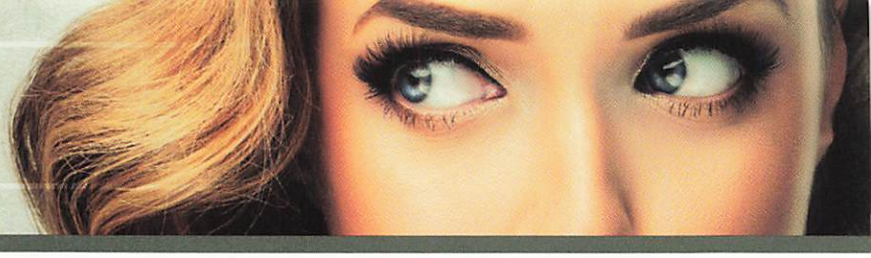
Asking the questions is just the first step. "We then include a statement to indicate that we now offer a non-surgical treatment solution that's painless, with no downtime, that could help with many of these issues," Dr. Schlesinger says. "Just below that, we ask patients if they are interested in learning more."

On every questionnaire, there's a general offer of private counseling to patients who may desire it. "At the bottom of the questionnaire we always include a statement: 'We can help. We offer confidential consultations in a confidential environment to answer your questions and offer real solutions and pricing,'" Dr. Schlesinger says.

Allowing the patient to complete a questionnaire while waiting in the office gives the individual an opportunity to think over their needs and desires and provides an opportunity to set the stage for a conversation in a private way, Dr. Schlesinger says. "For a potentially sensitive subject like vaginal rejuvenation," he notes, "It's not so much bringing it up to them, but allowing them to bring it up to us. We let them open the door. Then we can talk."

There isn't necessarily a single questionnaire that's right for every patient, so "we have different ones," Dr. Schlesinger says. "We have our regular cosmetic intake. Every patient fills that out every year and updates us." That questionnaire essentially lists all the different types of services that the practice offers. It's a way to judge not only what that particular patient may be interested in at that point in time, but also to identify overall trends among the patient base. "We use that as our cosmetic intake form, and that is a platform for discussion," he says.

The questionnaire itself can be useful not only to gather information, but to disseminate information, as well. Specific questionnaires are developed to help introduce new offerings. For example, when his practice introduced PMMA-based filler, they implemented a questionnaire to raise interest and assess need. "That's a long lasting filler that most people don't know as much about, so we have a questionnaire for that. We stimulate people answering



MEN ARE DIFFERENT THAN WOMEN

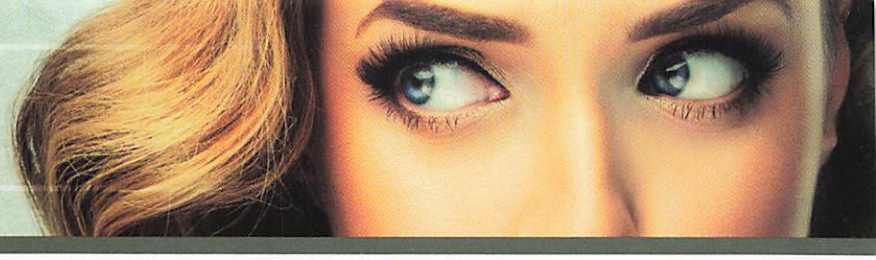
The number of men seeking cosmetic procedures may indeed be growing, but men are still in the minority. It's important for cosmetic physicians to recognize some of the different approaches for talking to men compared to women.

"I think that men have a very different idea when they're coming in. They usually have not researched as much what their options are. They have a general question, and they're often times shy to bring up that question. They have come in with their spouse or their significant other and just happen to ask a question," Dr. Chilukuri observes.

He calls to mind a patient recently referred to his office to treat a bruise from a lower lip arthoplasty by local facial plastic surgeon. "The husband happened to be there, and he happened to say, 'The surgeon did a fantastic job, and I thought a little bit about doing something under my eyes like my wife did, but it's a little weird. I was an army ranger, and I just don't know.'" Dr. Chilukuri took the opportunity to engage the potential patient.

"I paused the conversation there. That gave me the introduction for me to say, 'Well listen, here's the nice part: You're fit, you're in front of a lot of people as a pastor. Why shouldn't your outside reflect how you feel on the inside? The hardest thing for me as a guy is to look in the mirror and think that I need to do something because it looks or feels weird. And we're not used to talking about that. But there's a lot of subtle things that can be done just to keep you looking the same or a little bit more refreshed.'" That reassurance opened the man up to the potential for intervention. Dr. Chilukuri actually referred him back to the facial plastic surgeon that operated on his wife. "He had validation that it's okay to do something for himself. It's not just a female dominant procedure."

It may seem harder to initiate a conversation with men than with women. "But once they're in the office, they're looking at the whole procedure a different way," Dr. Chilukuri suggests. "For women, it's much easier for me to say that this is going to be a step-by-step process, and over the next six to 12 months, we're going to achieve your goals, but we have to do it in small bits and pieces. Whereas, for most men, they come in and they wanted a one-and-done solution. After we do the consultation, the first question is, 'Well can you do that right now?'"



"I REMIND THEM, 'WE'RE GOING TO GROW OLD TOGETHER, BUT NOBODY'S GOING TO KNOW.' THAT MEANS THAT A DECADE FROM NOW, YOUR PICTURE SHOULD LOOK ABOUT THE SAME OR EVEN A LITTLE BIT BETTER THAN WHEN WE STARTED."

–SUNEEL CHILUKURI, MD

questions that lead us to the issues at hand. We did the same thing for vaginal rejuvenation. I think those things are all very well handled with specific questionnaires for that condition that are in layman's terms."

MONEY TALKS, SO TALK MONEY UPFRONT

It's worth noting that sometimes concern about costs can be as sensitive for patients as concerns about potentially embarrassing health topics.

Dermatologist Dhaval G. Bhanusali, MD, FAAD, who practices in New York City and Miami, acknowledges that cost can be a concern for some patients, so, just as with medical or aesthetic concerns, he thinks it's best to address the questions in a straight-forward manner without creating any pressure for the patient. "I like to get that out of the way before we actually do the procedure," he says. "I think a lot of times the cost becomes secondary to the patient's comfort. Probably the most valuable lesson I've learned is that patients are coming not just for the procedure, but they're coming for you. And when you give them an opportunity to feel comfortable, and to feel confident about what's going be happening next, I think the price becomes very much secondary."

Dr. Bhanusali also assures aesthetic physicians that it's ok to address costs in a general manner and let staff handle the specifics. "I'm not necessarily afraid to discuss things but I practice in three offices. And so, the costs are always different, depending on which office I'm in—not by a lot, but there are different costs. Rather than potentially misstate the costs, I let my staff handle it. I let them have a conversation."

In his Chicago-area practice, dermatologist Ashish Bhatia, MD says he is comfortable discussing pricing for a single procedure. However, the practice focuses on bundling procedures to optimize outcomes and to avoid the appearance of "nickel-and-diming patients." "If we have discussed multiple procedures/treatments, I tell patients that the nurse will provide a detailed quote sheet and review the costs, as well as help the patient schedule any procedures that are of interest to them," he says. "In this case, even though I am not providing the prices, I do give them my recommendation on the order and timing in which the procedures should be done to provide the best and safest results."

Addressing costs upfront is also important for Houston dermatologist Suneel Chilukuri, MD. "Sometimes patients say that they can't afford a procedure. I'm not a credit type person. I don't accept any third-party credit other than credit card, because I don't want to put somebody into debt just to make them feel better," he says. "Long-term, it's not going to help. They may get that immediate high when they look in the mirror that first couple of days, but just like any shiny, new present, you lose interest in it when you realize all the negative that went along with it."

"I want people to pay attention to what they're spending," Dr. Chilukuri insists. If a patient isn't in a financial position to move forward with a particular procedure,

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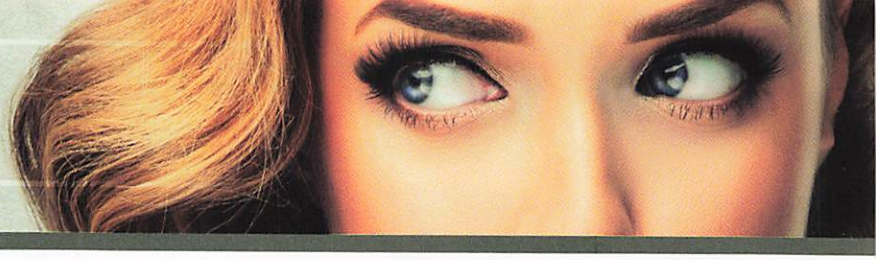

SHOULD AESTHETIC PHYSICIANS PERFORM ENERGY-BASED VAGINAL REJUVENATION?

Given that aesthetic physicians pioneered liposuction and tummy tucks, there's little question that they should employ lasers to melt fat and provide body contouring procedures. When it comes to vaginal rejuvenation, the link is slightly less clear. And that apparent disconnect may contribute to some of the discomfort in discussing treatment options.

"My take on it is that dermatologists have always been the pioneers in energy-based devices. For that reason alone, I think we're well suited to it," Dr. Schlesinger says. Plus, the mucosa has always been considered in the domain of dermatology. "We don't manage obstetric or gynecological concerns, but as far as mucosa, we do manage that quite often." Furthermore, dermatologists treat sexually transmitted diseases, and, in fact, the specialty largely began with that focus.

"Aesthetic physicians are the pioneers in energy based devices and tissue interactions with energy based devices, which puts us in a really good position to use these types of devices for this treatment, whether it's here or anywhere else. Other physicians certainly, of course, can embrace them as well. It hasn't been part of their practice to develop these kind of devices and use them in their offices on a regular basis. We've done a lot of that research, so I would that say we're probably the best suited specialty."

The demand for understanding the technology and providing treatment is significant, suggests New York plastic surgeon Z. Paul Lorenc, MD. "I think the market's huge. I don't think—I *know* the market is huge."

It is important to know one's limits and be prepared to make referrals for additional assessments or treatments when indicated, Dr. Schlesinger stresses. "It's always good to have close relationships with other providers as well to make sure patients are healthy. Of course, the safety profile's very high, so mostly these energy-based devices for this purpose have been well studied and have an extremely high safety profile."

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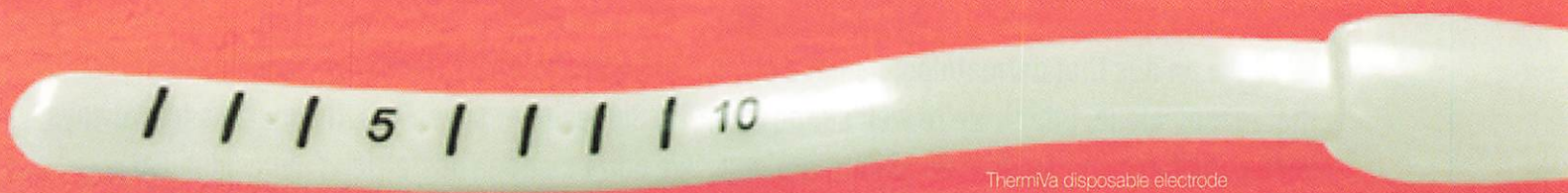

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there may be a more affordable starting point. "Often times that's just simple skin care. So anywhere from $200 to $300 or $500, we can create a skincare package that will do quite a bit. And we can offer a peel or other low-overhead procedure along with it while they're buying their skin care, so they can get started toward that result. They know where they want to be, so they can start saving for whatever procedure it is that they want to have done."

Be sensitive to sex-based differences in approaches to spending, Dr. Chilukuri says. He notes that women—even very successful women—may prefer to discuss large expenditures with a partner or to at least take time to think it over. Men, on the other hand, may be more likely to make a decision quickly without consulting a partner.

ASK ABOUT SYMPTOMS

For San Diego laser surgeon E. Victor Ross, MD, "the best conversation openers basically are simply sitting down with the patient and asking them what their main concern is." Pre-screening by a nurse is typical for patients, and the nurse will brief Dr. Ross on the patient's concerns before he enters the room. "For a new patient the critical thing is to listen to the patient. Oftentimes what I might see as a cosmetic concern is not really a concern of the patient. Occasionally I have to point out issues that the patient may not see and normally patients are appreciative of that," he says.

Especially when introducing a new service, it may be helpful to casually question patients about symptoms the treatment targets. Dr. Chilukuri learned this when recruiting patients for multiple studies of vaginal rejuvenation devices.

"When we were doing the study and were recruiting for the studies, I just asked a simple question. These aren't newbies. These aren't new patients coming for their first-time consultation. These are patients that I've been seeing for a year or more, for their neuromodulators, for their skin care, for their lasers and other technology," Dr. Chilukuri explains. "I would just ask them, 'Hey listen, when you go to the gym, you laugh really hard, or you cough, do you ever leak?' And either the person says, 'Yes, why?' Or they look at me like I'm crazy and then I just say, 'Okay. I'm sorry. That's going to happen in the future. Let me know when it does, because we actually have a solution for it."

"FOR A POTENTIALLY SENSITIVE SUBJECT LIKE VAGINAL REJUVENATION, IT'S NOT SO MUCH BRINGING IT UP TO THEM, BUT ALLOWING THEM TO BRING IT UP TO US. WE LET THEM OPEN THE DOOR. THEN WE CAN TALK."

–TODD SCHLESINGER, MD

"When a patient says 'Yes, why?' I talk to them about our research opportunity," Dr. Chilukuri explains. "I tell them, there's a lot of new research going on showing how you can correct that non-surgically, and you don't have to think about the old time surgeries and the meshes and things like that." At that point, Dr. Chilukuri would hand off the conversation to his female nurse practitioner.

"I think from female to female, at least, it might be an easier conversation to start, especially if the medical professional is experiencing anything similar," Dr. Chilukuri says.

Dr. Schlesinger also feels it is important to have a staffer of a different sex available to speak candidly and accurately with patients, if preferred by the patient. However, he cautions against assuming that women

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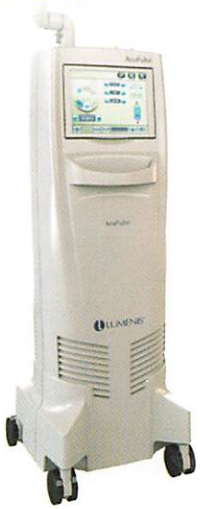

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ACTIONS SPEAK

Words account for roughly seven percent of human communication, meaning that the bulk of communication—93 percent—relies on body language and paralinguistic clues.[1]

Looking for patients' body language clues is important, says Dr. Schlesinger. "Once the patient opens the door, I think you would have to read their body language to assess if they're interested in discussing it further, and then whether they are engaging with you in the conversation."

To increase patient comfort, mind your own non-verbal signals. "I am mindful to always sit down when I am speaking to a patient, especially about a sensitive topic or procedure," Dr. Bhatia says. "Sitting versus standing has been shown to make patients feel that the doctor spent more time with them and also puts us at eye level, facilitating a more conversational environment."

"Certainly, we ask open ended questions. We allow the patient to express and voice their concerns. We provide direct, professional answers to their questions, but I think the dialogue is always very individual," Dr. Schlesinger reminds. "Some people are either not interested, or it takes a while for them to be open to the idea of discussing a new treatment, but some people are very open and interested in discussing and are easy to move forward...A lot depends on your relationship with the patient and the level of body language, and their level of engagement."

Here are some body language considerations:

BE ON THE LEVEL | Meet the patient on their level. Don't stand over a patient who is seated. Sitting down suggests you are making time to talk.

MIND YOUR POSTURE | Crossed arms may suggest defensiveness or distance. Slouching could imply boredom.

WATCH THEIR EYES | Patients may avert their eyes when embarrassed. Look for flushing or even giggling as signs of nervousness.

AVOID BARRIERS | Don't talk across a desk or—worse—a computer screen. Look directly at the patient.

LISTEN! | If a patient isn't engaging from the start or they suddenly stop responding, it may not be the right time for the conversation.

Borg J. Body language: 7 easy lessons to master the silent language. Upper Saddle River, USA: Pearson Education; 2010. pp. 94–95.

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OPTIMIZE YOUR QUESTIONNAIRES

THINK PRESENT AND FUTURE

Use questions to assess interest in (or create interest in) existing services and to gauge interest in procedures you may be thinking of adding to the service menu.

FOLLOW UP

Use post-visit surveys to track patient satisfaction.

USE THE INFORMATION

There's no point providing a questionnaire if you don't intend to review it at that visit. Patients don't expect a follow-up at the *next* visit.

EMPHASIZE CONFIDENTIALITY

Let patients know how and where you use information obtained from questionnaires. Emphasize privacy and provide options for confidential follow-up on any items addressed on the form.

only want to discuss vaginal health with other women, as that may not be so. He notes that many women see male Ob/Gyns, for example.

Over his two decades in practice, Dr. Chilukuri admits, only one patient has initiated a conversation about vaginal rejuvenation. And that was via a question to a female nurse, not to him directly.

Patients come to the visit with a history that may or may not be relevant to your treatment. But it may still be helpful to keep this fact in mind. Consider the management of traumatic scars.

"Most of the scars have an interesting story, and most patients are very forthcoming about the story. Occasionally, after a significant injury, such as a dog bite, patients are more reticent to speak about the trauma. The

same is true for auto accidents," Dr. Ross says. "Frankly, I prefer not to hear the details unless the patient offers them or it is relevant to the case. For example, sometimes it is helpful to know if the patient fell on asphalt versus another material in order to determine the nature of a traumatic tattoo. Some patients, in speaking about the injury, have a type of posttraumatic stress disorder, and it is best just to concentrate on what we can do to make the scar better without details regarding the etiology."

KNOW YOUR STYLE

Patient rapport is important. Dr. Chilukuri says it's essential for physicians to know their style, attract patients who match that style, and to build rapport and confidence. "If you take it back to a sculptor or painter analogy, you can give the same tools to two different artists and many times you get two very different concepts of beauty. In my practice, what I specialize in is refreshing a face. So, we're not going to make that person look like something different," says Dr. Chilukuri. "For those patients with whom we've taken on a relationship, I remind them, 'We're going to grow old together, but nobody's going to know.' That means that a decade from now, your picture should look about the same or even a little bit better than when we started."

When the patient is comfortable with the physician and her or his approach to aesthetics, then intimate conversations become easier.

Being involved in research, and publicizing that fact to patients, can be helpful in terms of starting conversations, Dr. Chilukuri suggests. "As long as you have a relationship with your patient, they trust you to do the right thing," he says. "They ask me what's the latest and greatest thing that's going on right now. So often times the patients come in, and they're curious what else is going on in research…That's often how we start a conversation."

Dr. Chilukuri distills physician behavior down to three primary types. The first approach—thankfully also the least common—is probably the least patient-friendly. "Basically the physician or provider will break down the patient into subcategories: Your temples need volume, your nose is crooked, and your upper lip is a little bit too thin," he says. "They start the consultation saying, 'This is what I think you need.'"

The second and perhaps most common approach, is a variation on the theme that's a bit more sensitive to the patient. The physician acknowledges some of the patient's aesthetic assets, then provides a list of suggested interventions.

Dr. Chilukuri's personal approach is the third, which starts with listening to the patient. "I simply ask, 'If you had a magic eraser, what you would erase?' And then I go from there and address the concerns with patients," he says. In addition to listening to patient concerns, Dr. Chilukuri also takes time to educate them from an anatomical and pathophysiological standpoint about why they are aging or what's causing their concerns. "And then we also discuss whether or not we can actually treat that concern in a minimally invasive way or they're going to get more benefits by treating it surgically."

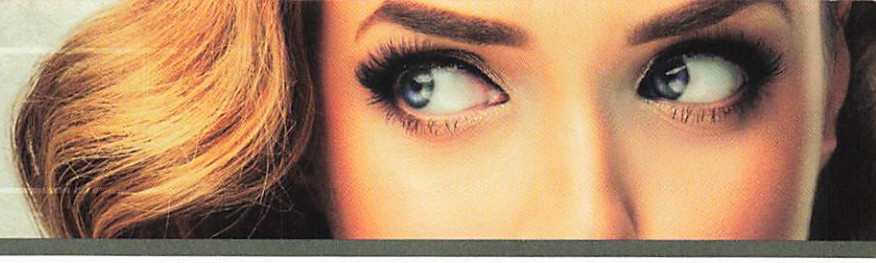
Although he acknowledges that some patients may prefer different approaches, Dr. Chilukuri says he is most comfortable with his style and prefers to treat patients who are also attuned to that approach.

Dr. Bhanusali takes a similar tack. "It's hard to bring up some things very early in the conversation. Sometimes it's best as a physician just to listen. Everybody comes in for a reason. A lot of times they'll be coming in for something that they're not directly presenting when they first walk in," he notes. "Your job is just to ask any question. I always make sure at the end of a medically oriented visit to ask, 'Is there anything else that you want to discuss or anything else that you're worried about?' And often, patients tend to volunteer information or concerns."

"I also never tell a patient what I would do cosmetically to them unless they ask," Dr. Bhanusali adds. His litmus test is to consider how his mother or sister would react if he made a similar unsolicited comment to them. "You've got to be polite. You have to be considerate. People come to you, and they're vulnerable."

How patients find you can make a difference, Dr. Chilukuri suggests. "The majority of our patients are referred by word of mouth, and they ask us for a formal consultation. After I've listened, then I ask some follow-up questions. Once I've listened again, then I can address the entire person. So I literally start from the top and I work my way down." In this exchange, he keys into features the patient wants to modify, as well as those they highlight as beneficial. He tries to identify the patient's "signature feature"—as first described by Ava Shamban, MD.

"Let's say the patient is a woman, and that woman's eyes are just stunning. We want to do everything that we possibly can to highlight her eyes. So, if in the upper third of the face, if there's something that's distracting from the eye, we want to minimize the distractions. I'm going to give just my opinion on everything from neuromodulator treatments we might be able to offer to things like hairstyle and makeup that can accent that person's best features."



"I think there has to be a fine line drawn between changing somebody versus enhancing them," Dr. Bhanusali insists. "I think when you bring that approach, and you have that kind of conversation with your patient, people are a lot more comfortable. And it just sets the tone in your relationship. Not just for that procedure, or that day, but for moving forward."

When patients understand your perspective and are in tune with your approach, "I feel like patients can then be a little more comfortable in their own shoes, in discussing things with you, and it becomes just an actual dialogue," Dr. Bhanusali says. "Truthfully, I feel like I've learned that patients are always happier that way. They have less regret, less worry, less concern. When the procedures actually happen, I think the patients are just that more trusting."

DON'T RELY ON OUTSIDE INFORMATION

Patients seeking more established aesthetic treatments, from neurotoxins and fillers to lasers and even blepharoplasty or liposuction, likely have done some research online, spoken to others who have had procedures, or even talked to other physicians. "I think for the newer things, they are not attuned at all. They don't even know the treatments exist. That's where you want to do more of what we call a symptom-based questionnaire," Dr. Schlesinger says. "You can divide questionnaires into two categories: symptom-based and treatment-based. Symptom based questionnaires are for things that are not well known but that are effective, and then treatment based questionnaires are for things that are a little bit better known by most patients. That's what we've been doing."

Let office-based technologies help with education. "We also have a little video that we let patients watch that highlights the capabilities of our energy-based technologies. They can just watch privately while they're waiting," Dr. Schlesinger explains. "Our equipment can do facial tightening, body tightening, and then also vaginal rejuvenation. I think videos are great."

"I have 60-inch TVs in each one of the rooms, playing before and after photos of my results, and sometimes that sparks a conversation. That's the first part of how we approach that consultation," Dr. Chilukuri says.

Dr. Bhatia says that exam-room videos with information about treatments are the number one way his practice brings attention to services, such as body contouring, for existing patients.

The next most useful tool? Brochures in the exam room. "We keep very few brochures in the brochure rack in the rooms," Dr. Bhatia notes. "When the patient has one of the brochures in their hand when I walk in the room, it's the perfect opportunity to bring it up!"

When patients come to the consultation having done research, clarification is often necessary. Sometimes patients aren't necessarily misinformed, but they may only have part of the story. "There's a lot of procedures I know, and I do, but I don't really like that much, and I don't think they work for every patient, so I actually tell patients that," Dr. Bhanusali says. "When it comes to cosmetics, there are certain things that are out there that are just kind of fluff. I try my best to tell patients, 'Look. You can spend money on lots of things but certain things I don't think are particularly worth it. I wouldn't spend my money on it.' I think it's part of developing that patient relationship."

Communication and education are important, Dr. Bhanusali stresses. "I think I'm very privileged, here in New York, because I have some of the most intelligent, successful people in the world coming into my office...These are smart people and they're just looking out for themselves, which they absolutely should be. I actually encourage it. I always tell people to look up things," he says. But to a point. "I always say, 'Don't go too deep down the Google image page.' Having a little bit of knowledge about something is not necessarily a bad thing. But that's why they come to me. I'm here to discuss the pros and cons of what they found, and how realistic it is, or not realistic, and then we go from there."

BE PERSISTENT, NOT PUSHY

No aesthetic physician wants to be pushy, but it is important to be in touch with patients about services offered. Dr. Schlesinger says, for example, that data indicate that consumers will have on average seven touch points before they actually buy a car. That means seven distinct interactions with marketing or information related to the car, "whether it be on the internet, talking to a friend, reading a review, maybe going to look at the car, driving the car, talking to a salesperson, and finally they're asking about pricing and all that," he explains. "It takes about that many exposures."

Similarly, patients generally require multiple touch points before they agree to a cosmetic procedure. "Some of these type of treatments require between three and seven touch points before the patient will commit to it," Dr. Schlesinger asserts. "The higher the price tag, the bigger the investment of time and dollars a procedure has, the more touch points I would say are required before they purchase."

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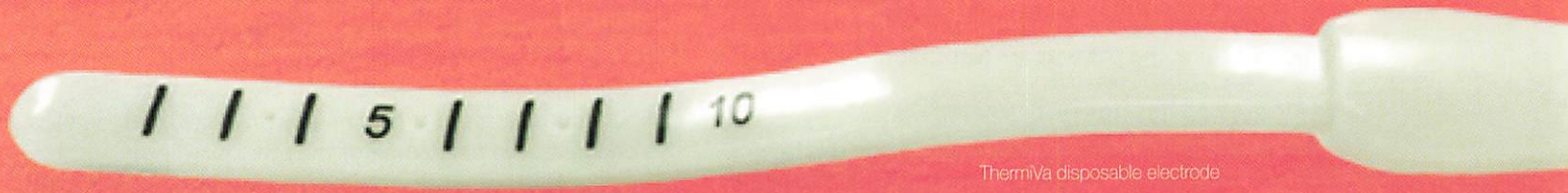

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–DHAVAL BHANUSALI, MD

Some touch points should be initiated by the patient. In any event, the practice should not be forceful. "Certainly we, as physicians, don't want to be perceived as overselling to people or selling to them. I think it's much better to provide the education, to provide an open door for someone to walk through, than to oversell to them," Dr. Schlesinger offers. "A nice office environment that's not overstated is helpful, as well."

If patients indicated interest in a procedure on a questionnaire but fail to mention it during the actual face-to-face office visit, it may be helpful to offer another consultation, Dr. Schlesinger suggests. "I might say to the patient, 'I see you marked this off. You know what? You might be a good candidate for a private consultation with someone in our medical spa who can review the options with you, and we have treatment for that.' We may offer the patient to have a phone call. Every patient's a little bit different, but I think finding the path of least resistance of each person is the desired outcome to flow through to the procedure being scheduled."

FOLLOW THE LEADS

It's impossible to overstate the importance of converting telephone calls to patient visits. In some cases, a phone inquiry is a relatively "safe" way for patients to ask about potentially sensitive services while maintaining a degree of anonymity. Just as practices don't want to appear pushy during in-office interactions, it's important to avoid a hard sell on the phone. Nonetheless, practices should capitalize on the opportunity to engage patients, address their concerns, and establish a relationship.

Many patients call Dr. Chilukuri's office to inquire about body contouring. This procedure is especially popular among men—and demand among men is expected to grow even more in coming years. Sometimes, patients ask about a specific device, generally in response to national marketing campaigns.

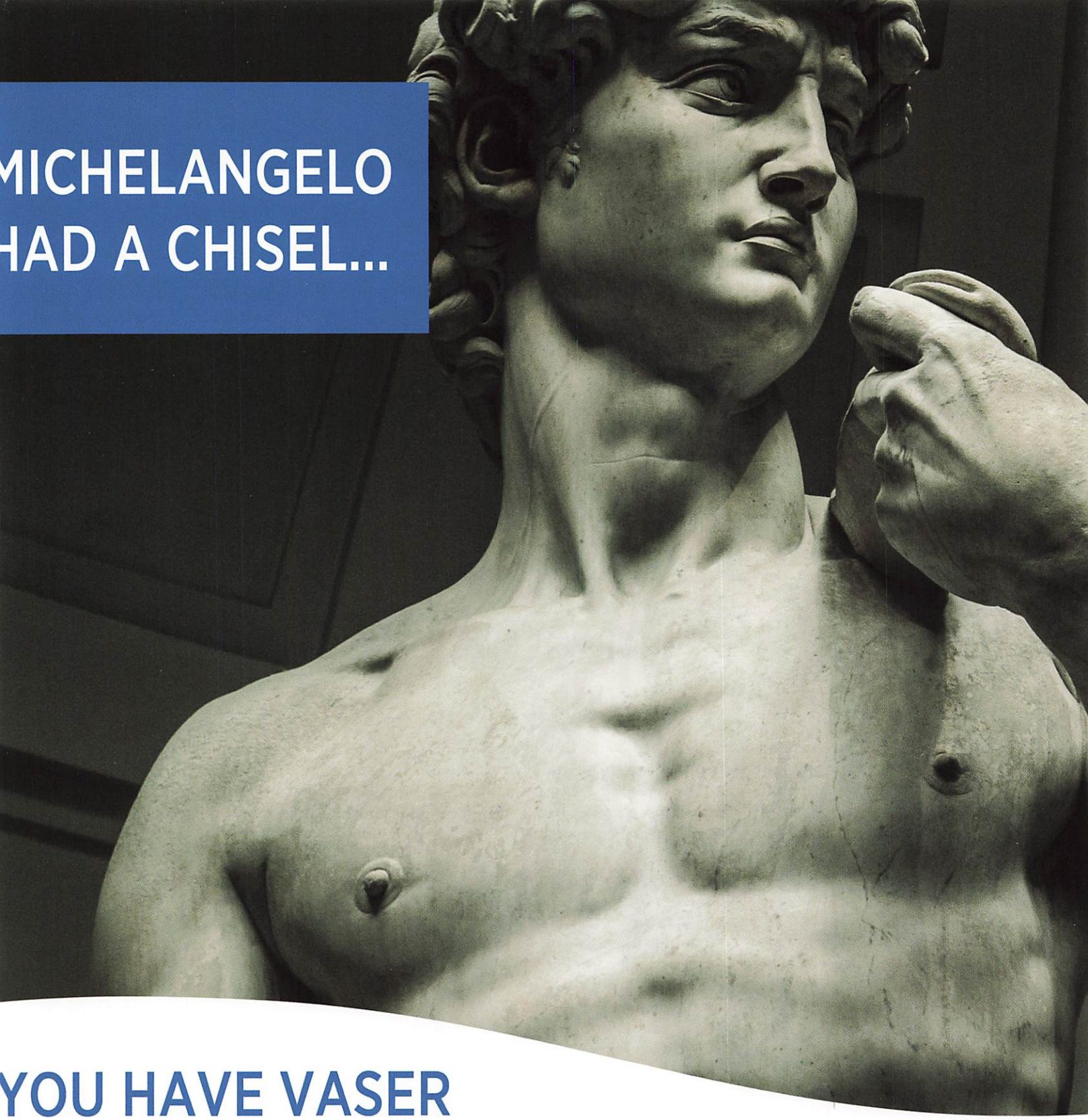
Staff are prepared to educate patients about options in a way that makes them feel comfortable and hopefully willing to come in for a consult, he says. "We don't necessarily just say yes or no to a specific device, we emphasize that 'We treat you comprehensively so we can make sure that you get the best results possible. Why don't you come in for a complimentary consultation?'"

When patients in the practice ask about a service that Dr. Chilukuri doesn't offer, he's prepared to make referrals when appropriate. For example, he isn't currently offering vaginal rejuvenation, but he refers to a local Ob/Gyn for treatment. And he'll even mention the potential treatment with referral to women who offer relevant information in their medical history, such as a breast cancer survivor, ovarian cancer survivor, a patient who has had a hysterectomy.

EXPECTATIONS ARE PART OF THE CONVERSATION, TOO

Set expectations in clear and precise terms, urges New York's Michele Green, MD. Patients may not listen carefully, they may hear what they want to hear, or they could be influenced by information from other sources—that aren't always accurate.

"I really listen to what the patient says they want and I take a full history—including every doctor they've seen and every procedure they've had done. Sometimes, if the patient has had a lot of procedures or you see a pattern of doctor hopping, you have to ask yourself 'Why?'" says Dr. Green. It



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could be a sign that the patient has unrealistic expectations or may be otherwise difficult to satisfy. In either case, it may be best to not treat the patient, Dr. Green suggests.

The prospect of turning a patient away may be unsettling for some cosmetic physicians, but it can be the best long-term option in some cases.

Conversely, aesthetic physicians should proceed cautiously with treatment-naïve patients. "For someone who's never done anything, you need to proceed slowly. I just do one thing at a time," Dr. Green explains. For the cosmetic treatment novice, sometimes a subtle difference can seem drastic to the individual. Since it's always possible to do a little more and rarely possible to quickly undo cosmetic treatments, a gradual approach is best.

When it comes to concerns like fat reduction—including areas where it's difficult to tone naturally, such as persistent belly pouches or gynecomastia—patient questioning and expectation building serves two roles: it identifies needs and also highlights limitations.

Dr. Bhanusali often asks patient what things they have not been able to fix on their own, including through diet or exercise. "People do have that issue where they can be in the gym every single morning. I never assume anything. Healthy lifestyle is always the number one point," he says. Those patients who are fit but still need toning usually are candidates for fat reduction or contouring technologies. Some other patients may not be candidates just yet, but could be suitable candidates in time.

Don't overlook the role of communication post-treatment. "Regarding bigger scars and things like large port wine stains, patients often times are very happy and certainly occasionally a patient notes that the treatment has changed his/her life. However, I tend to simply offer a polite thank you and move on in most cases," Dr. Ross says. "If the patient wants to discuss the transformation in more detail, I am certainly willing to listen, and it is oftentimes very rewarding to hear how patients have recovered from trauma or a congenital malady."

MAKE NO ASSUMPTIONS

"The view on beauty is changing, and non-traditional beauty now has become more mainstream," Dr. Bhanusali says. With that, patients may be interested in more subtle interventions. And they may not be interested in achieving some more traditionally "beautiful" looks. This can free the physician to treat patients more effectively. But it also means that aesthetic physicians cannot assume what patients may want and probably should avoid pointing to perceived imperfections.

Even as this changing approach to beauty has empowered patients, it's important to recognize that patients may still feel vulnerable. "It's a privilege for us to care for people when they're vulnerable, and we're here to help, whether it's cosmetically, whether it's medically," Dr. Bhanusali reminds.

"We never want patients to feel that we're pushing things on them," Dr. Schlesinger reminds. "Our goal is to have the door open so they can walk through. We provide information, allow them to have input, allow them a place to document the input, whether it be a computerized questionnaire, or a paper questionnaire, or information that's provided in the exam room, or our reception area, or on our website, then provide avenues for them to connect with us, whether it be online, or by phone, or best of all, in person."

A focus on the long-term is also important to creating a relationship. As Dr. Bhanusali notes, "It's not just the patient that day, it's a patient for life. You have to treat them as such. Given that context of a conversation like that, it's much easier to do so." ■

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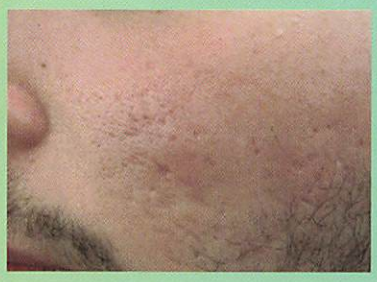

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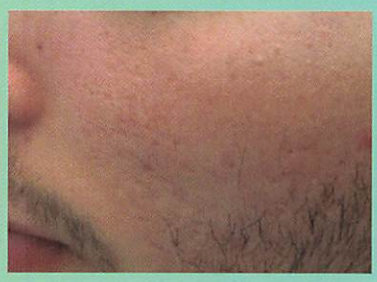

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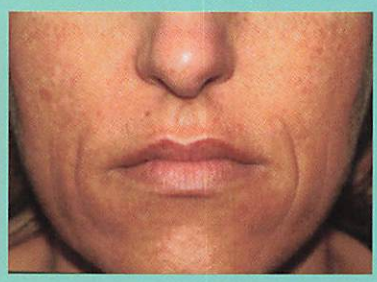

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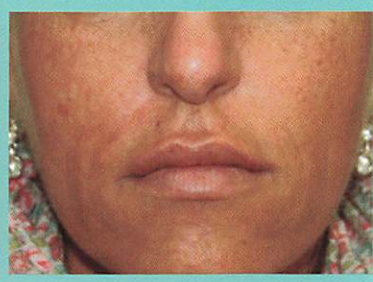

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