Combinations That Rock

Combination approaches are becoming ever more popular for better outcomes and higher patient satisfaction. Top dermatologists share their go-to aesthetic combination treatments.

Combinations are king. This message has come through loud and clear during many podium talks, and is also reflected in the recently published statistics from the American Academy of Facial Plastic and Reconstructive Surgery.

In 2016, 66 percent of facial plastic surgeons reported that combined non-surgical procedures was the No. 1 trend in their practice. It makes sense, given the wealth of options available today that work synergistically on many parts of the body.

Practical Dermatology® magazine reached out to a handful of cosmetic doctors and asked them to share their favorite combinations. The answers encompassed a wide spectrum of body parts, skin conditions, and technologies including microneedling, the new generation of thread lifts, energy-based devices and of course, injectables.

“For hand rejuvenation, we package Radiesse injections with laser treatment for sunspots as they are both usually present.”

Bruce E. Katz, MD
Clinical Professor
Icahn School of Medicine at Mt Sinai
Director, Juva Skin & Laser Center
Director, Cosmetic Surgery & Laser Clinic
Mt. Sinai Hospital
New York City

We combine Kybella with CoolMini. Generally, we start off our patients with CoolMini to debulk a larger submental area and then transition to Kybella after two treatments of CoolMini (if there is residual fat). This way, we can do the procedure in the most cost-effective manner. Additionally, we can use less Kybella as it usually won’t require more than one to two vials of Kybella after two sessions of CoolMini. It is a win for the patient and also for us, as the patients enjoy their shorter recovery time during the CoolMini sessions and if any swelling occurs with their one to two Kybella sessions they are much less likely to be bothered as it isn’t even close to the submental area’s appearance when they started.”

Joel Schlessinger MD, FAAD, FAACS
Board-certified Dermatologist and Cosmetic Surgeon
Chief Editor, Cosmetic Surgery, Practical Dermatology® Magazine
President, LovelySkin.com

“Ulthera for the lower face and neck immediately followed by Silhouette Instalift for the cheeks. This produces immediate improvement in jowls and nasolabial folds with Silhouette followed by months of continued tightening and neck and jawline definition with Ulthera. And as the Silhouette sutures dissolve, the effect on collagen improves fullness and helps to maintain improvement.”

Heidi A. Waldorf, MD
Director, Laser & Cosmetic Dermatology
Mount Sinai Hospital
Associate Clinical Professor
Icahn School of Medicine of Mount Sinai
New York City
Co-Chief Medical Editor, Modern Aesthetics®

“I often combine two of my favorite lasers—the Perfecta pulsed-dye laser and PicoWay Resolve—to treat the five key signs of skin photoaging: fine lines and wrinkles, enlarged pores, sagging skin, pigmentation, and erythema/spider veins. I first treat with the Perfecta, targeting linear veins and then the entire face. I follow this immediately with a PicoWay treatment using the Resolve holographic hand piece to deliver a picosecond-domain fractionated treatment to the entire face. The combination addresses all five key signs of skin aging. Lastly, for dynamic lines of the upper face or to provide even more volume to the lower face, I have my associate and facial
plastic surgeon, Jason Bloom, MD, see the patient two weeks later for possible toxin and/or filler injection.”

Eric F. Bernstein, MD, MSE
Main Line Center for Laser Surgery
Ardmore, PA

“For general anti aging, I use Clear and Brilliant with microneedling and platelet-rich plasma (PRP). This keeps skin looking young, clear (without pigmentation, blemishes or acne) and reduces pore size. For acne scars, I use Intensif (microneedling RF) plus superficial erbium laser. Microneedling with RF energy allows for the treatment of deep scarring, including atrophic and ice pick scars, while adding erbium on top improves irregular texture and color so that patients get enhanced improvement with much less downtime than a traditional laser resurfacing procedure. For non-surgical fat reduction and skin tightening, I use Vanquish and Cellutone plus Coolsculpting—the “fire and ice treatment.” This combination improves upon the already well known results of Coolsculpting. You add a series of Vanquish and

Cellutone treatments for more fat reduction and to improve skin tightening and cellulite. Everyone in our practice gets Vanquish on the same day as Coolsculpting and then three to six additional weekly Vanquish/Cellutone treatments to get more significant improvements in the non-surgical fat reduction.”

Jason Emer, MD
Dermatologic surgeon
Beverly Hills, CA

“Combination therapy in aesthetic medicine is surging, and there are a lot of exciting things we are doing today. For instance, we use the Silhouette InstaLift for volumizing, re-contouring, and lifting with both fillers and toxins in the areas needed, such as the perioral and periorbital areas. We will combine that with ThermiRF for fat reduction and tightening of the neck. Taken together, this can give complete minimally invasive rejuvenation of the face and neck—a winning combination.”

Michael H. Gold, MD
Founder of Gold Skin Care Center, Advanced Aesthetics Medical Spa, The Laser & Rejuvenation Center, and Tennessee Clinical Research Center
Nashville

“These are my favorite combinations: For periorbital rejuvenation, I like fractional laser resurfacing for the static rhytids and loose skin. We also use the Fraxel Repair, Eyes by Thermage for skin laxity of the upper and lower eyelids, Botox Cosmetic for the hyperdynamic rhytids, and then filler of the cheek with Juvéderm Voluma, which collaterally improves the lateral tear trough, and then Juvéderm Volbella for the medial tear trough. For perioral rhytids, I use fractional laser resurfacing for the texture and deep rhytids. This is followed, usually after six weeks, with filler using Juvéderm Volbella, Restylane Silk, or Juvederm Ultra for the perioral rhytids and lips and then Botox cosmetic for dynamic perioral rhytids.”

Vic A. Narurkar MD, FAAD
Founder of the Bay Area Laser Institute
San Francisco

“Not offering cosmetic services? You should

“A dermatology practice is a cosmetic practice, even if you don’t consider it as such,” says Gary D. Monheit, MD. He along with Joel L. Cohen, MD and Nancy J. Samolitis, MD talk to host Neal Bhatia, MD about integrating cosmetics into practice for an episode of Derm Insider. Watch it now:

DermTube.com/Insider

From the publishers of Practical Dermatology