

TEXTBOOK OF ADVANCED DERMATOLOGY

PEARLS FOR ACADEMIA AND SKIN CLINICS

PART 2



Editor:
Mohammad Reza Namazi



Bentham Books

**Textbook of Advanced
Dermatology:
Pearls for Academia and Skin
Clinics**

(Part 2)

Edited by

Mohammad Reza Namazi

*Shiraz University of Medical Sciences and Dr. Namazi Skin
and Hair Clinic, Shiraz, Iran*

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PREFACE

"My intentions are to spread knowledge; I consider this the most important happiness."

Biruni, a Persian encyclopedic scientist (973 – after 1050)

The above sentences from Biruni describe the main reason for writing this textbook. It is a great pleasure to contribute to the advancement of science and the standards of care by sharing knowledge and unique experiences with colleagues.

In PART 1, we dealt with teaching, medical, and publication pearls. In the second part, we present procedural and business pearls. Some procedures mentioned in this textbook, such as the removal of glomus tumor, can hardly be found elsewhere. In fact, a strong point of this book is the presentation of novel tips that cannot be found or hardly can be found in other publications.

Fortunately, I have been successful and honored to receive the contributions of some world leaders in aesthetic procedures, such as Joe Niamtu and Samuel Lam, for the procedural part of this book.

A unique feature of this textbook is the inclusion of business pearls. Unluckily, business issues, while important, are not included in the dermatology curriculum. The result is that many expert dermatologists end up working in clinics belonging to businessmen.

Importantly, this book does not aim to provide detailed information on each topic, rather it is aims to provide interesting tips which cannot be found or can hardly be found elsewhere. **Therefore, as an advanced dermatology textbook, many important essential information which can easily be obtained from other publications is not included in this book.**

I would like to thank all my dear colleagues who have kindly referred surgical patients to me, especially Drs. Namiyan, Kalafi, Naseri, Korae, Moradi, Abtahiyan, Khosravi, Abbaspour, Mehrabadi, Fereydounpour, Hamedpour, and other colleagues whom I may not remember.

I would also like to thank my assistants, Mr. Mohammad Khanchefalak and Ms. Bahar Bayat, for their help in taking photos.

This preface cannot be concluded without sincerely thanking Bentham's publishing staff for their help in making the dream of this book a reality.

I hope the readers find this book interesting.

Mohammad Reza Namazi
Shiraz University of Medical Sciences and
Dr. Namazi Skin and Hair Clinic, Shiraz, Iran

List of Contributors

- Damiano Tambasco** Plastic Surgery Department, San Carlo di Nancy Hospital Via Aurelia 275, Rome, Italy
- Elise Martin** Department of Dermatology, Atrium Health Wake Forest Baptist, Winston-Salem, North Carolina, USA
- Fabrizio Schönauer** Plastic Surgery, Federico II University, Naples, Italy
- Gisella Nele** Gisella Nele Body & Mind Center, Naples, Italy
- Girish Munavalli** Department of Dermatology, Atrium Health Wake Forest Baptist, Winston-Salem, North Carolina, USA & Dermatology, USA
- Jacob Linnemann-Heath** A Medical Corp., Facial Plastic Surgery / Otolaryngology; Los Angeles, California
- Joe III Niamtu** Cosmetic Facial Surgery, Richmond, Virginia, USA
- Kay Durairaj** A Medical Corp., Facial Plastic Surgery / Otolaryngology; Los Angeles, California
- Mohammad Reza Namazi** Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran
- Mohammad Khanchehalak** Dr. Namazi Skin and Hair Clinic, Shiraz, Iran
- Mohammad Zohrevand** Sehat Gostar Sadra Co. Ltd, Tehran, Iran
- Mahsa Aeinehvand** Maxillofacial Surgery & Implantology & Biomaterial Research Foundation, Iran
- Monalea Yambao** A Medical Corp., Facial Plastic Surgery / Otolaryngology; Los Angeles, California
- Mohsen Alirezai** Former Hospital practitioner, University Hospital Center of Montpellier, Montpellier, France
- Nejat Can** Este Su Aesthetic Surgery Clinic, Istanbul, Turkey
- Omer Baker** A Medical Corp., Facial Plastic Surgery / Otolaryngology; Los Angeles, California
- Payman Kosari** Department of Dermatology, Atrium Health Wake Forest Baptist, Winston-Salem, North Carolina, USA & Dermatology, USA
- Parisa Yousefi** Maxillofacial Surgery & Implantology & Biomaterial Research Foundation, Iran
- Richard Caesar** Gloucestershire Hospitals NHS Foundation Trust, Gloucester, UK
- Richard Motley** Welsh Institute of Dermatology, University Hospital of Wales, Cardiff, UK
- Seied Omid Keyhan** College of Dentistry, Department of Oral & Maxillofacial Surgery, Gangneung-Wonju National University, Gangneung, South Korea
Department of Oral & Maxillofacial Surgery, University of Florida, College of Medicine, Jacksonville, FL, USA
Maxillofacial Surgery & Implantology & Biomaterial Research Foundation, Iran
Director, Iface Academy, Atlanta, Georgia, USA

Shohreh Ghasemi	OMFS Department, Augusta University, Georgia, USA
Samuel M. Lam	Facial Plastic & Hair Restoration Surgeon, Texas, USA
Vahid Dastgerdi	Dr. Namazi Skin and Hair Clinic, Iran
Valerio Finocchi	Gisella Nele Body & Mind Center, Naples, Italy
Wendy Lewis	Wendy Lewis & Co Ltd, Strategic Marketing Consultancy, New York, New York, USA

DEDICATION

To Drs. Uranus Dasmeh, Aliakbar Mohammadi, Vahid Dastgerdi, plastic surgeons in Shiraz, Iran, and Dr. Mohsen Alirezai, dermatologist and plastic surgeon in Montpellier, France, for responding to my consultations and queries; and Dr. Behrooz Kasraee for his help

To all my dear colleagues who have kindly referred surgical patients to me

To my dear wife Masoumeh, who got headaches on weekends from the constant sound of typing this book from dawn to dusk, and our beloved flowers Sahand and Anahid

Video Contents and Transcripts

Video 67.1: Filler Injection into the Nasolabial Fold (Namazi's Technique)

Mohammad Reza Namazi

Infra-orbital nerve block and cleansing the site with alcohol are already performed. The cannula is inserted immediately under the skin with the hole on its tip facing the dermis. Aspiration may be done prior to the injection. The filler is injected while the syringe is rotated along its axis and simultaneously pulled back slowly. The area is massaged for having a uniform filler placement.

Video 68.1: Non-surgical Jawline Augmentation

Kay Durairaj

No transcript is provided for this video.

Video 80.1: How to Place a Buried Horizontal Mattress Suture?

Mohammad Reza Namazi

The needle is entered into the subcutaneous fat beneath the dermis and then into the dermis from its undersurface and is directed towards the skin surface. Therefore, the path of the needle movement is vertical to the skin surface, not horizontal to it. When the needle tip is felt under the skin surface, the direction of the needle movement is changed and the needle is moved away from the skin surface to exit from the undersurface of the dermis and the subcutaneous fat. The same is repeated in the other side. Finally, the knot is tied. If the wound is under tension, you can avoid tying the knot after completing the stitch and repeat the same procedure at the same place to make a second stitch and then proceed with tying the knot.

Video 81.1: How to Tie a Sliding Knot?

Mohammad Reza Namazi

Sliding knot is used whenever there is tension in wound closure. The technique for tying a sliding knot is shown in this video for a buried horizontal mattress stitch, but it can be used with any other type of stitch. It is especially very useful for a purse-string stitch. The technique is very simple: Do not fasten the initial two throws; put them loosely. Then, place the thumb and the index finger of your non-dominant hand on the initial two throws and with your dominant hand pull the short end of the thread. Finally, put the third throw to complete the knot.

Video 81.2: How to Place a Subcuticular Continuous Suture?

Mohammad Reza Namazi and Mohammad Khanchefalak

Procedural Pearls

CHAPTER 1

How to Prevent Lawsuits and Complaints?

Mohammad Reza Namazi^{1,*}

¹ Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran

More than 95% of physicians react to lawsuits by experiencing periods of emotional distress. An internist mentioned awakening with his first episode of atrial fibrillation after being served with his first malpractice suit the previous afternoon [1].

-There is a nice aphorism from Avicenna, the Prince and Chief of Physicians, which says: “The physician should have the heart of a lion and the cautiousness of a snake”. Keep in mind that the symbol of medicine is a snake wrapped around a stick. Snake is the symbol of cautiousness in some ancient stories, as its eyes are always open (it does not have any eyelids), seeming to be hypervigilant (Fig. 1).

Richard Smith, the editor of *The British Medical Journal* until 2004 says: “Good surgeons know how to operate, better surgeons when to operate, and the best surgeons when not to operate. This applies, I think, across all of medicine.”

-While bravery is a virtue for a surgeon, foolhardiness and incautiousness are definitely vices. Being unwatchful to the patients with personality problems and proceeding with cosmetic interventions for them will damage your credit and fame and ruin your life. Life is too short to be spent for satisfying a moaning irrational patient or going to the court for answering his/her litigation. Saadi Shirazi, one of the eminent Persian poets, whose poem adorns the UN building in New York, wisely advises others metaphorically to be careful while dealing with people:

“Think not that every grove is empty. A tiger may be lying there...”

* Corresponding author **Mohammad Reza Namazi**: Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran; E-mail: rezanamazi12@yahoo.com

Laser Hair Removal: Pearls

Mohammad Reza Namazi^{1,*}

¹ Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran

In laser hair removal, a light is emitted which is absorbed by hair melanin. The light energy is transformed to heat, which injures the hair follicles, inhibiting or delaying ongoing hair growth.

- Vellus hair is resistant to laser hair removal because of the lack of melanin. Overall, facial hair is lighter and finer in comparison to the body hair, so being more difficult to treat.
- There is no specific lower age limit for laser hair removal. However, it is imperative to refrain from lasering the vellus hair to avoid the paradoxical growth of hair on the face.
- The desired endpoint of lasering is perifollicular edema and redness, which develop within a few minutes.
- It is necessary to emphasize that lasering causes permanent hair reduction, not removal. Maintenance treatments are needed, which vary from case to case from 3 to 4 times yearly.
- Patients with polycystic ovary syndrome need more frequent treatments (around 10 to 15 sessions).
- A fortnight wait prior to lasering is required for burnt or sun tanned patients.
- When lasering the face, application of ice on the nearby areas limits heat dissipation, which can cause paradoxical hair growth.
- The damaged hair shafts on the face are normally fallen in the first week of treatment. Assurance should be given that this is not a new hair growth [1].

* Corresponding author **Mohammad Reza Namazi**: Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran; E-mail: rezanamazi12@yahoo.com

CHAPTER 3**Laser Vaginal Tightening****Mohammad Reza Namazi^{1,*}**¹ Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran

Dermatologists are frequently pained by other physicians trespassing their territory, esp. in cosmetic dermatology. Unfortunately, their endeavor to prevent this problem has been largely futile. Dermatology should expand its field by including some simple procedures such as laser vaginal tightening and G-spot enhancement which will be discussed later.

The loss of vaginal tone after pregnancies causes the decrease in the friction on the anterior vaginal wall during sex, decreasing female sexual pleasure. This is the reason for seeking vaginal tightening.

- Refer the patient to a gynecologist if you see any anterior or posterior vaginal prolapse while the patient is pushing in lithotomy position. Also, note that vaginal tightening can improve stress in continence but cannot treat it.

-Co₂, erbium, and diode lasers can be used for vaginal tightening (special vaginal handpieces are used) (Fig. 1).

-There are too few studies to support the approval of laser vaginal tightening by FDA, which has issued a warning on it.

- Lasers can improve mucosal quality and increase vascularization and collagen deposition which thickens vaginal walls.

-Anesthesia is not needed. In lithotomy position, dry the vaginal wall with gauze. Introduce the handpiece. Rotate it while moving out slowly, without leaving the handpiece still at any time. One to three passes can be done in each session. For better results, three or more sessions spaced 4-8 weeks apart are needed. No ointments or medications are applied after treatment. The patient can resume sex three days after the procedure [1].

* Corresponding author Mohammad Reza Namazi: Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran; E-mail: rezanamazi12@yahoo.com

Business Reals

CHAPTER 50

How Do You Sadly Lose your Cosmetic Patient Very Easily

Mohammad Reza Namazi^{1,*}

¹ *Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran*

You frequently encounter patients who ask about the costs of several cosmetic procedures or their total cost after receiving consultation about these procedures. For example, after being consulted about Botox injection for the forehead wrinkles, filler injection for deep nasolabial folds, and blepharoplasty for dermatochalasis, a female client may ask: “Ok, doctor, what would be the total cost of all these procedures?” An answer which can frequently disappoint her, esp. if not well-off, to pursuit these procedures is to tell her the total cost, which would hardly be affordable for the people from the middle class of any society! Instead, you can say: “It is better to think about these procedures step by step, rather than thinking about all of them now. First, we start with Botox injection and then we think about proceeding with others. After Botox, your face will look younger and you may not need the other procedures You are not telling a lie, you are right and frequently this occurs. This diplomatic response is not disappointing and even encourages her to get her cosmetic stuff done by you!

* **Corresponding author Mohammad Reza Namazi:** Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran; E-mail: rezanamazi12@yahoo.com

The 80/20 Rule and Its Practical Implications

Mohammad Reza Namazi^{1,*}

¹ Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran

The Pareto principle or the 80-20 rule maintains that 20% of the effort, or input, brings about 80% of the results or output (Fig. 1). This principle advises us to focus on the few key items and disregard many insignificant ones. Basically, if we allocate a limited time to what holds true significance, we can expect more fruitful outcomes rather than indulging in an abundance of tasks.

You increase your profit by dismissing the activities that are unimportant but consume a large amount of your time. The Pareto principle can be utilized in numerous aspects of life, such as business, relationships, learning, and marketing, *etc.*



Fig. (1). The Pareto principle.

* Corresponding author Mohammad Reza Namazi: Shiraz University of Medical Sciences and Dr. Namazi Skin and Hair Clinic, Shiraz, Iran; E-mail: rezanamazi12@yahoo.com

How to Save Your Clinic in the Business Storms?

Mohammad Zohrevand^{1,*}

¹ *Sehat Gostar Sadra Co. Ltd, Tehran, Iran*

Your clinic is like a ship. If you do not prepare yourself for the storms of your business, you'll sink, even if your ship is as big as Titanic.

Imagine that the hull of your ship is made up of 9 building blocks and your ship needs 3 sails and 1 engine to move. In this chapter, we will review the 9 key building blocks, 3 sails, and 1 engine of your clinic.

THE NINE BUILDING BLOCKS

The nine building blocks discussed in this chapter are taken from The Business Model Canvas which was invented by Alexander Osterwalder and presented in the Business Model Generation book for the first time [1].

1- Customer segments

- Find out what other clinics are operating in the same area as yours. Then find out which customer segments your competitors most neglect. See if it is feasible for you to better meet the needs of those patients. There may be a special segment in your area the focus on which can distinguish you from your competitors.
- Find out the 20 percent of patients who brought you the most income during the last year. Analyze and see if you can find a common characteristic among them. Then, see if you can do something to attract more patients like them.

2- Value propositions

Find out which one of the following values your clinic offers to patients and in which case can you improve them:

* **Corresponding author Mohammad Zohrevand:** Sehat Gostar Sadra Co. Ltd, Tehran, Iran;
E-mail: mz6384@yahoo.com

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Mohammad Reza Namazi

Prof. Mohammad Reza Namazi is an academic staff at Shiraz University of Medical Sciences and also the founder and director of Dr. Namazi Skin & Hair Clinic in Shiraz, Iran. Prof. Namazi received his M.D. degree in 1998 and his Dermatology Board Certification in 2005 from Shiraz University of Medical Sciences. He has undertaken fellowship/observership courses at prestigious dermatology centers in the USA, the UK, and Australia. He has authored over 207 papers in internationally renowned journals, three book chapters, a book on the history of Iran: Killing of Elites in Iran (In Persian), and another book on IELTS. He is an editorial board member of several journals and is the twice recipient of the award of Razi (Rhazes) Medical Research Festival, which is the most prestigious national medical research festival in Iran. He has also received the Imrich Sarkany Non-European Memorial Scholarship and the International Society of Dermatology (ISD) Fellowship Award.