



L7 BULLETIN

NO.6

June 2024

No. 6

CLINICAL

How skin can impact on your non surgical treatment options

ACADEMIC

FAQs for unit 1 of the SAQs

JOURNAL CLUB

"Postinflammatory Hyperpigmentation: A Review of Treatment Strategies"

SUCCESS

Success Stories from our Graduates: Dr Jessica Halliley

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CLINICAL

HOW SKIN CAN IMPACT ON YOUR NON SURGICAL TREATMENT OPTIONS

As an aesthetic practitioner, understanding the nuances of injectable treatments and how they interact with different skin types and conditions is crucial for providing safe and effective care. This guide outlines key considerations to help practitioners tailor treatments to individual patient needs, ensuring optimal outcomes and patient satisfaction.

Understanding Skin Types and Conditions

1. Skin Types

- **Normal Skin:** Generally balanced and resilient, allowing for various treatments. However, monitor for any signs of sensitivity or allergic reactions.
- **Oily Skin:** This type of skin is prone to acne and excessive sebum production. Consider treatments that can help regulate oil production, such as Botox, which can reduce pore size and sebum secretion.
- **Dry Skin** requires hydration and gentle handling. Hyaluronic acid-based treatments, eg dermal fillers or skin-boosters, due to their hydrating properties, are particularly beneficial.
- **Combination Skin:** Needs a customised approach, targeting oily areas with oil-controlling treatments and hydrating dry areas.
- **Sensitive Skin** is prone to irritation and allergic reactions. Opt for gentle products for skin disinfection, such as Clinisept, and treatments like PRP or specific fillers formulated for sensitive skin.

2. Skin Color

- **Fair Skin:** Generally tolerant to a variety of treatments, but be cautious of overtreatment which can lead to unnatural results.
- **Medium to Dark Skin:** Higher melanin levels mean a greater risk of hyperpigmentation or keloid formation. Select treatments with a lower risk of causing pigmentation issues, such as PRP and fillers designed for darker skin tones.

THE FITZPATRICK SCALE

| |  |  |  |  |  |  |
|------------|---|---|---|---|--|---|
| | TYPE I | TYPE II | TYPE III | TYPE IV | TYPE V | TYPE VI |
| BEFORE SUN | Ivory | Fair or pale | Fair to beige, with golden undertones | Olive or light brown | Dark brown | Deeply pigmented dark brown to darkest brown |
| AFTER SUN | Always freckles, always burns/peels, never tans | Usually freckles, often burns/peels, rarely tans | Might freckle, burns on occasion, sometimes tans | Doesn't really freckle, rarely burns, often tans | Rarely freckles, almost never burns, always tans | Never freckles, never burns, always tans |

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3. Skin Texture and Elasticity

- **Smooth, Elastic Skin:** Responds well to most treatments. Minimal Botox or fillers can maintain a youthful appearance.
- **Rough, Less Elastic Skin:** May benefit from treatments that stimulate collagen production, such as Sculptra or PRP, to improve texture and firmness.

Choosing the Right Injectable Treatments

| Treatment | Mechanism | Considerations |
|-----------------------------------|--|--|
| Botulinum Toxin | Temporarily paralyzes muscles to reduce dynamic wrinkles. | Effective for most skin types, especially for moderate to severe dynamic wrinkles. Avoid overuse to prevent a 'frozen' appearance. Suitable for treating areas like crow's feet, forehead lines, and frown lines. |
| Hyaluronic Acid Fillers | Hydrate and plump the skin. | Suitable for addressing fine lines, wrinkles, and volume loss. Choose fillers based on the specific needs of the patient's skin type and the areas being treated. Ensure patients are informed about the temporary nature and possible side effects. |
| Poly-L-Lactic Acid (e.g Sculptra) | Stimulates collagen production gradually. | Suitable for larger areas of volume loss. |
| Platelet-Rich Plasma (PRP) | Uses the patient's own blood plasma, rich in growth factors, to stimulate collagen and elastin production. | Suitable for most skin types. Beneficial for improving overall skin texture and tone, and promoting healing. Ideal for patients seeking a natural approach to skin rejuvenation. |
| Polynucleotides | Promotes tissue repair and regeneration by delivering nucleotides to the skin cells. | Suitable for improving skin elasticity, hydration, and texture. Beneficial for aging skin, scar treatment, and overall rejuvenation. Ensure patient suitability, especially for those with a history of autoimmune diseases. |

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Procedural and Aftercare Guidelines

Pre-Treatment Assessment

- Consultation: Conduct a thorough assessment of the patient's skin type, medical history, and aesthetic goals.
- Allergy Test: Perform a patch test if there's a history of allergies or sensitivities.

During Treatment

- Sterilisation: Ensure all equipment is sterilised to prevent infections.
- Pain Management: Use topical anesthetics or ice to minimise discomfort.
- Technique: Use precise injection techniques to avoid complications and achieve natural results.

Post-Treatment Care

- Aftercare Instructions: Provide detailed aftercare instructions to minimise complications and enhance results. This includes avoiding touching the treated area, staying hydrated, and avoiding sun exposure.
- Follow-up: Schedule follow-up appointments to monitor the patient's response to treatment and make any necessary adjustments.

Special Considerations

- Patient Education: Educate patients on injectable treatments' benefits, risks, and realistic expectations.
- Safety and Efficacy: Attend workshops and training sessions regularly to stay current with the latest techniques and products in aesthetic medicine.
- Ethical Practice: Prioritise patient safety and satisfaction over financial gain. Avoid over-treating or recommending unnecessary procedures.

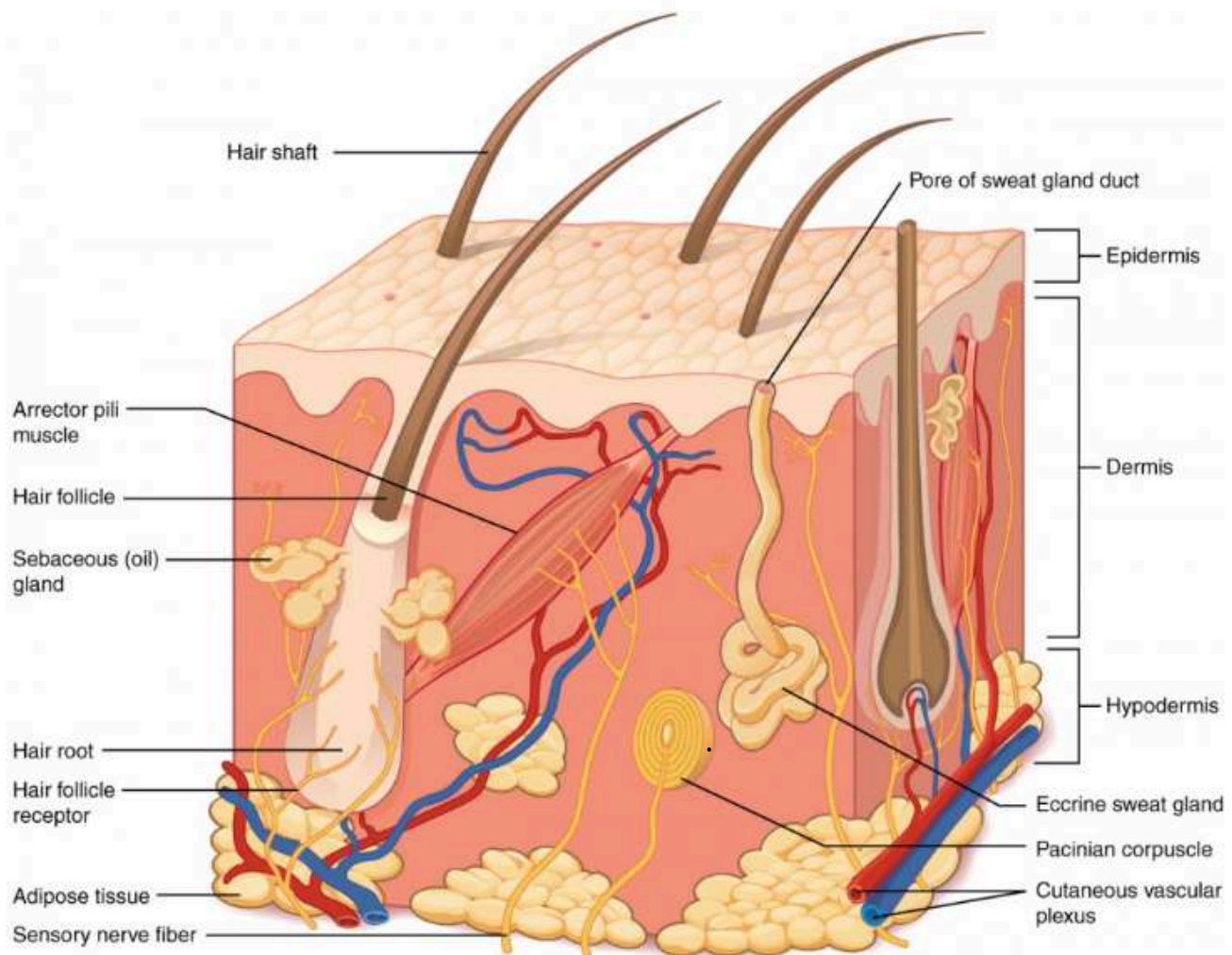
Conclusion

As an aesthetic practitioner, your ability to assess and tailor injectable treatments to each patient's unique skin characteristics is vital. By understanding the intricacies of different skin types and conditions, choosing the appropriate treatments, and providing comprehensive care, you can ensure safe, effective, and satisfying patient results.

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TIPS FOR ANSWERING YOUR SAQ QUESTIONS

Some suggestions for some of the more frequently asked about questions in Unit 1.



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TIPS FOR ANSWERING YOUR SAQ QUESTIONS

Question 1.2 Explain the potential consequences of injecting into the accessory structures of the skin.

- Your answer should consider the underlying structures of the skin (as seen in the diagram above). For example the risk of vascular occlusion could be discussed.
- Consider your facial anatomy and what important accessory structures in what areas of the
- face you are injecting.
- Discuss 3 accessory structures in your answer, showing evidence of further reading.

Question 1.3 Describe four common dermatological and health conditions affecting aesthetic interventions.

- It is beneficial to discuss 2 dermatological conditions and 2 health conditions for this answer.
- Are there any dermatological conditions that are contraindicated when it comes to dermal filler and toxin?
- Are there any common health conditions that we should be mindful of when injecting dermal filler?
- Why do these conditions affect aesthetic interventions or why are they contraindicated.

Question 1.4 Explain why dermatological and health conditions may cause concern and the referral mechanisms used.

- This answer could be based on the conditions mentioned in question 1.3 or they could be entirely different examples.
- Describe the nature of the concern and the appropriate referral pathway.
- Answers could include the first presentation of a dermatological condition, for example, that may require routine or urgent referral to the dermatology or maxillofacial surgery department.

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TIPS FOR ANSWERING YOUR SAQ QUESTIONS

Question 3.2 Summarise treatment options in line with facial features and presenting conditions.

- Your answer should discuss assessment of face shape using a variety of assessment scales.
- Include examples using skin typing systems.
- Touch on past medical history in your answer – as some treatment options are not available to patients with a number of underlying health conditions.

Question 4.1 Examine the impact of the process of ageing in relation to the injectable treatment options available.

- Your answer should involve a discussion on the impact of ageing on face shape and skin quality.
- Touching on volume loss and change in skin structures. Show evidence of further reading within your answer.

Note

Remember, coursework sessions start on June 3rd. If you are stuck, please reach out for assistance.

Post-Inflammatory Hyperpigmentation: A Review of Treatment Strategies

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Summary

"Post-Inflammatory Hyperpigmentation: A Review of Treatment Strategies" presents a comprehensive analysis of the current treatment modalities for post-inflammatory hyperpigmentation (PIH), a condition that results from increased melanin production or abnormal distribution following inflammatory skin conditions and other external factors. This condition significantly impacts quality of life, making effective treatments highly valuable.

The paper concludes that, while there are several promising treatments for PIH, the evidence is limited by the variability of studies in terms of design, sample size, and evaluation methods. The authors call for more rigorous, randomised controlled trials to establish standardised, effective treatment protocols for different skin types.

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1. Topical Therapies

Retinoids:

- *Effectiveness:* Retinoids such as tretinoin and adapalene have shown effectiveness in reducing PIH, particularly those associated with acne.
- *Studies:* For instance, tretinoin 0.1% used for 50 weeks showed significant lightening of PIH compared to placebo. Adapalene 0.1% gel used for 12 weeks also resulted in a reduction of hyperpigmented macules and overall pigmentation density.
- *Combination Treatments:* Combining retinoids with other agents such as clindamycin has shown mixed results, suggesting that while retinoids are effective, their combination with other topical agents needs more investigation to optimize outcomes.

Hydroquinone Combinations:

- *Mechanism:* Hydroquinone acts as a depigmenting agent by inhibiting the enzymatic conversion of tyrosine to melanin.



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- *Studies:* Combinations like 5% hydroquinone with 7% lactic acid and 0.1% retinoic acid have shown good responses in reducing PIH. The study also noted that using microencapsulated hydroquinone with retinol led to significant improvements in PIH by the 4th week of treatment.

Other Agents:

- **Azelaic Acid:** It has shown promise in treating acne-induced PIH. For example, a 20% azelaic acid cream applied twice daily for 24 weeks led to a significant decrease in pigmentation.
- **Niacinamide** and **Desonide:** These agents have also been beneficial, with niacinamide showing a significant reduction in hyperpigmentation, especially in areas like the axillary region.



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2. Chemical Peels

Salicylic Acid (SA) Peels:

- *Effectiveness:* SA peels alone may not be significantly effective in reducing PIH but show improved results when combined with agents like hydroquinone and tretinoin.
- *Studies:* A study that included pre-treatment with hydroquinone followed by SA peels demonstrated moderate to significant improvement in PIH.

Glycolic Acid (GA) Peels:

- *Combined Treatments:* GA peels combined with other treatments like daily tretinoin and hydroquinone have demonstrated significant reductions in PIH.
- *Effectiveness:* Effective in various configurations, either combined with other chemical peels or topical treatments, improving the hyperpigmentation area and severity index (HASI).



3. Laser Therapy

Q-switched Nd:YAG Laser:

- *Findings:* It's one of the most studied lasers for PIH and has shown a positive response in the majority of cases. However, there is also a noted risk of inducing PIH from the laser treatment itself.
- *Preventative Measures:* Studies suggest that preventative measures like cooling the treatment area and using sun protection are important to minimize the risk of PIH post-laser therapy.

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4. Preventative Measures for Laser-Induced PIH

Sunscreen:

- *Importance:* Crucial for preventing PIH, especially after laser treatments. A study indicated that broad-spectrum SPF 60 significantly reduced PIH when used post-laser.

Cooling Measures:

- *Effectiveness:* Cooling has been shown to reduce the likelihood of developing PIH in some studies, though results are not universally conclusive.

Tranexamic Acid:

- *Results:* The use of oral and intralesional tranexamic acid has not shown significant benefits in preventing PIH post-laser treatments.

Conclusions

Overall, the treatment of PIH requires a multifaceted approach involving topical treatments, chemical peels, and laser therapies, complemented by preventive measures to minimize the risks associated with these treatments. Further research and more standardized clinical trials are needed to better understand and optimise these treatment strategies.



SUCCESS STORY

Dr Jessica Halliley, MBCHB(HONS) MRCGP PGDIPAES



We asked to share a little about her journey with us. Here is what she had to say.

What inspired you to pursue the Level 7 Diploma Clinical Aesthetic Injectable Therapies with Acquisition Aesthetics?

I did my Foundation Training with AA and was blown away by the quality of the teaching. I knew that I wanted to really hone my skills and become an expert in the field, so the natural progression was to enroll for the full Level 7 Diploma.

What advice would you give to current delegates about making the most of their practical training sessions?

There are no 'silly' questions, AA is a judgement-free zone with an encouraging and inclusive ethos. I often had a list on my phone of questions that had built up between training sessions so it was a great time to ask one of the experts. Secondly, get stuck in! Don't shy away from the procedures/ techniques you feel least confident in- those are the ones to do while you're being supervised.

Now that you have graduated, what are your short term and long term aesthetics career goals?

I was thrilled to open my own clinic last year, 'Your Beauty Doctor' in Nottingham, (after a very stressful building renovation!!) I have a skin therapist working with me now which is fantastic and has allowed me to really focus on my passion of injectables. My London patient-base continues to grow. This year I am focusing on press publications and have been featured in *Elle Magazine* and *Fabulous* this month. Long-term I would love to be a staple speaker at the big conferences. I love how varied a career in Aesthetics can be, as well as being in control of my hours and allowing a work-life balance with young children.

How has the Level 7 Diploma prepared you for future endeavors in aesthetics?

It really accelerated my Aesthetics career- I had access to incredible mentors, and my confidence grew so much with each session I attended. I always put into practice what I had learnt as soon as possible. My biggest piece of advice would be to start injecting as soon as possible and gradually build on your offerings. I'm so humbled to now be a clinical lecturer and mentor for AA myself.

Based on your learning, what trends do you see shaping the future of aesthetics?

Well, polynucleotides have certainly taken over! It is my most popular treatment aside from Botulinum Toxin now. I think in general there's been a real shift towards collagen stimulating treatments, energy based devices and less-invasive procedures like Skinpen. Anything we can do to bank collagen is going to benefit us long-term and slow down the ageing process!

Can you share a significant transformation or 'aha' moment you experienced during your training?

I always remember my second mentoring day, I was part of my first 'full face' rejuvenation. The patient was in her 50s, just having gone through menopause and a bereavement. To see her reaction when she looked in the mirror was overwhelming, we all teared up! It really bought home to me that this is not just a superficial industry, but making our patients feel like themselves again and instilling confidence, is such a privilege.

EVENT RUNDOWN

COURSEWORK SESSIONS

We have now launched our much anticipated coursework sessions. Please check your emails for the the full schedule and links to register, register via your Dashboard or download the guide [here](#).

| No. | Date | Time | Session |
|-----|----------------------|-----------|---|
| 1 | Monday 3rd June | 7pm - 8pm | Welcome, Housekeeping, Accountability & Skin Part 1 |
| 2 | Monday 17th June | 7pm - 8pm | Skin/Anatomy |
| 3 | Monday 1st July | 7pm - 8pm | Ethics/Professionalism |
| 4 | Monday 15th July | 7pm - 8pm | Patient Assessment |
| 5 | Monday 29th July | 7pm - 8pm | Critical Appraisal |
| 6 | Monday 5th August | 7pm - 8pm | Complications |
| 7 | Tuesday 20th August | 7pm - 8pm | Case Studies |
| 8 | Monday 2nd September | 7pm - 8pm | Submission & Q&A Borcelle Stadium |

EVENT RUNDOWN

UPCOMING COURSES

Don't miss our exciting lineup of courses this summer! Enhance your skills and stay ahead in the field with our specialised training sessions. Here's what's coming up:

- Saturday 15th June 2024 - Polynucleotides - London*
- Saturday 22nd June 2024 - NSR - London*
- Saturday 22nd June 2024 - Tear Trough - Newcastle
- Sunday 23rd June 2024 - PRP - Newcastle*
- Monday 24th June 2024 - Cadaveric - Edinburgh*
- Tuesday 25th June 2024 - Cadaveric - Edinburgh*
- Saturday 6th July 2024 - Foundation - London
- Sunday 7th July 2024 - Advanced - London
- Saturday 20th July 2024 - Foundation - Glasgow
- Sunday 21st July 2024 - Advanced - Glasgow
- Thursday 25th July 2024 - Mentoring - London
- Saturday 27th July 2024 - Foundation - Manchester
- Saturday 27th July 2024 - PRP - London*
- Sunday 28th July 2024 - Lip - Manchester

*Contact our course experts to find out more information - contact@acquisitionaesthetics.co.uk