



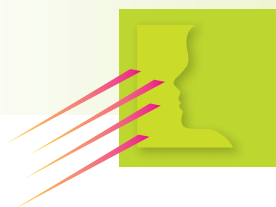
7th National Laser and Cosmetic Medicine Conference



Raising the bar: A benchmark for education and clinical standards

Sydney Convention & Exhibition Centre
17 – 18 September 2011

PROGRAM BOOK



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ASCM Board and Organising Committee

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Dr Eddie Roos – President ASCM
Cosmetic Elegance Clinic – QLD

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NewSkin – TAS

Dr Paul R Weaver
Appmed House – NZ

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Skin Temple MediClinic & Spa, Melbourne – VIC

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Exhibitors



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Conference Information

Social Program

Cocktail Reception

Saturday 17 September 2011

Time: 17.15pm – 19.00

Venue: Sydney Convention and Exhibition Centre –
Exhibition Area

All delegates and exhibitors are invited to attend the conference Cocktail Reception that will also include the Convocation Ceremony of Fellows of the Australasian College of Aesthetic Medicine. This is a fantastic opportunity to mingle and catch up with friends and colleagues amidst the industry exhibition.

This function is included in the registration fee for all full delegates.

Additional tickets \$50 per person

Registration Desk

Conference Registration

The conference registration desk will be located within the Parkside Foyer on Level 1 of the Convention Centre. The opening times are as follows:

Saturday 17 September: 7.30 – 18.30

Sunday 18 September: 7.30 – 18.00

Registration Entitlements

Registration for full registrants includes entry into all sessions, the conference satchel, program book, attendance certificate, morning & afternoon teas, lunches on each day of the conference and the Cocktail Reception on Saturday 17 September at 17.15

Catering/Break Times

Morning, afternoon tea and lunch will be served within the conference exhibition area, Parkside Foyer, Level 1.

Saturday 17 September

Morning tea	10.30 – 11.00
Lunch	12.30 – 13.30
Afternoon tea	15.00 – 15.30
Cocktail Reception	17.15 – 19.00

Sunday 18 September

Morning tea	10.30 – 11.00
Lunch	12.30 – 13.30
Afternoon tea	15.00 – 15.30

Dietary Requirements

If you have advised of a special diet requirement, please make yourself known to banqueting staff in order to collect your special meal which will be labelled with your name. Please note that vegetarians will be catered for within the standard daily catering.

Business Centre

The Business Centre is operated from the Bayside Information Desk, located on the Ground Floor of the Convention Centre. Services available include photocopying, printing, laminating, conference calls, meeting room hire and facsimile.

Cloak Room

Cloak room facilities are located on the ground level of the Convention Centre. The cloak rooms are available for storage of personal items only and cannot be used for the storage of event-related material. This is a complimentary service, and the Centre/DC Conferences, accepts no responsibility for the loss of, or damage to personal items.

Parking

The Convention Centre Car Park entry is located on Darling Drive, Darling Harbour. There are 2 options for paying for parking:

1. Payment Machines: Prior to returning to your vehicle, payment can be made at the electronic payment machines located throughout the car park. Machines accept cash and card.
2. Exit gate: Proceed directly to the exit gates, where payment can be made via credit card only.

Below are the current Convention Centre parking rates:

0-1 hour	\$8
1-2 hours	\$16
2-3 hours	\$24
3-4 hours	\$29
4-24 hours	\$32
Evening 0-1	\$8
Evening 1-2	\$16
Evening 2 or more hours	\$20

Transport

Sydney has an extensive public transport network. For bus, train and ferry schedules and fares please refer to the following website – www.131500.info or call 131500.

A taxi rank is located at the northern end of the Convention Centre, beside the Harbourside Shopping Centre.

Speaker Preparation Room

The Speaker Preparation area will be at the rear of the Plenary Room (Parkside 110), please visit the audio visual technicians to upload your presentation. Please ensure you leave plenty of time to load and test your files before your presentation.

Conference Feedback

This year the conference will be evaluated by an independent researcher, Ultra Feedback. This is an important aspect of the conference to ensure sustainability of the event as well as making sure the content is always relevant and up to date. You will be emailed a link to the evaluation at the conclusion of the Conference. As a thank you for completing the evaluation, your details will be entered into a prize draw to win a complimentary registration to the 2012 Conference on the Gold Coast.

CPD Points

The conference program has been approved by RACGP QI & CPD program (activity number, 754 259). The activity has been allocated 21 category 2 points.

Attendance Certificates

Attendance certificates will be available from the conference registration desk from lunch on Sunday 18 September 2011.

Industry Exhibition

The exhibition will showcase the latest in cosmetic medicine technology and products. We thank our industry partners for supporting this conference and acknowledge that their support has subsidised the registration fees. All delegates are encouraged to show their appreciation by frequenting and supporting all the exhibition displays throughout the conference.



PARKING: A: Darling Park – Wilson Parking, 201 Sussex Street
B: Darling Harbour (Harbourside) – Wilson Parking, 100 Murray Street



Exhibition Opening Hours

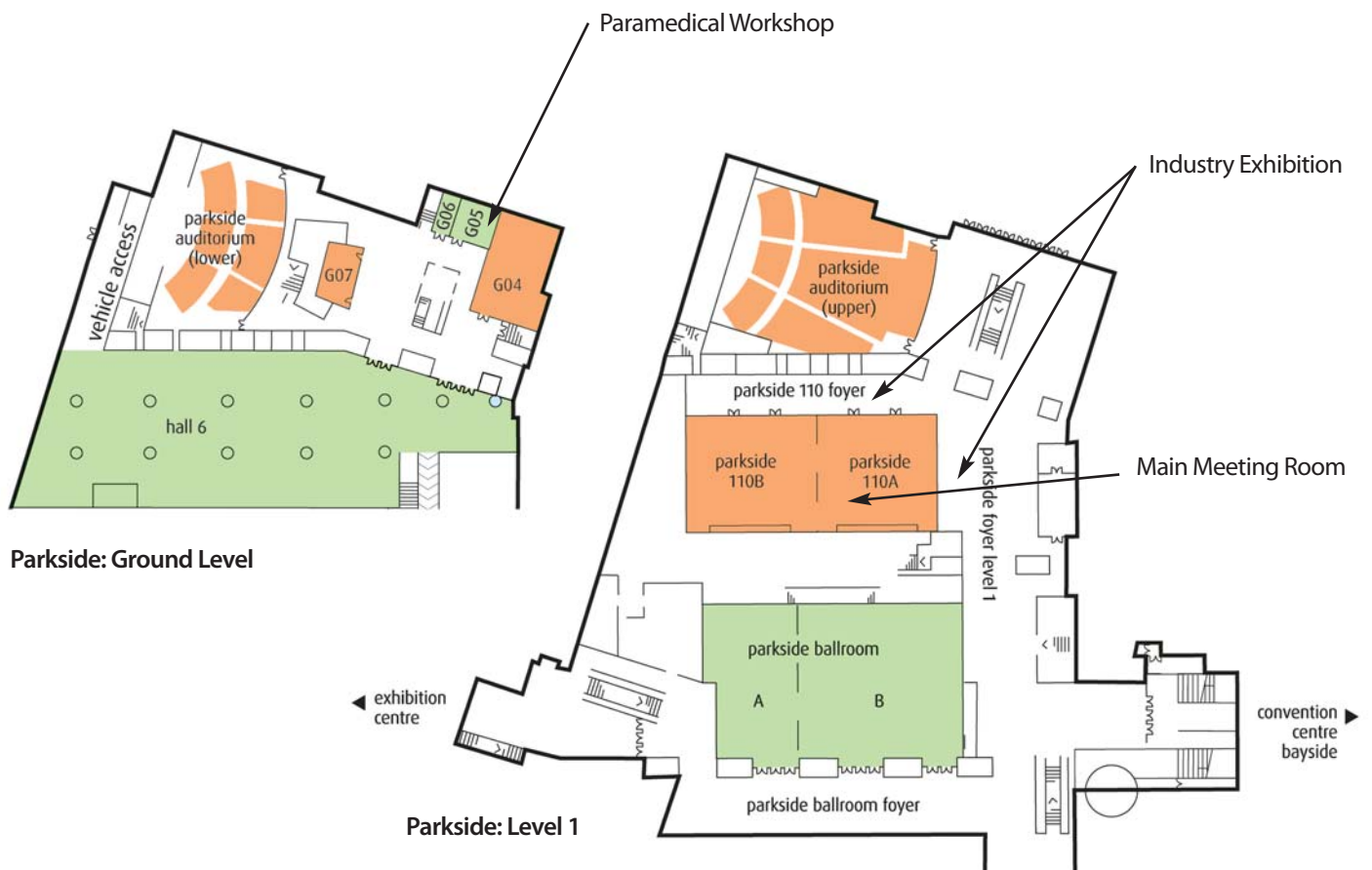
Saturday 17 September

Opening time/Registration	08.00
Morning tea	10.30 – 11.00
Lunch	12.30 – 13.30
Afternoon tea	15.00 – 15.30
Closing time	17.00
Cocktail reception	17.15 – 19.00
	(within exhibition area)

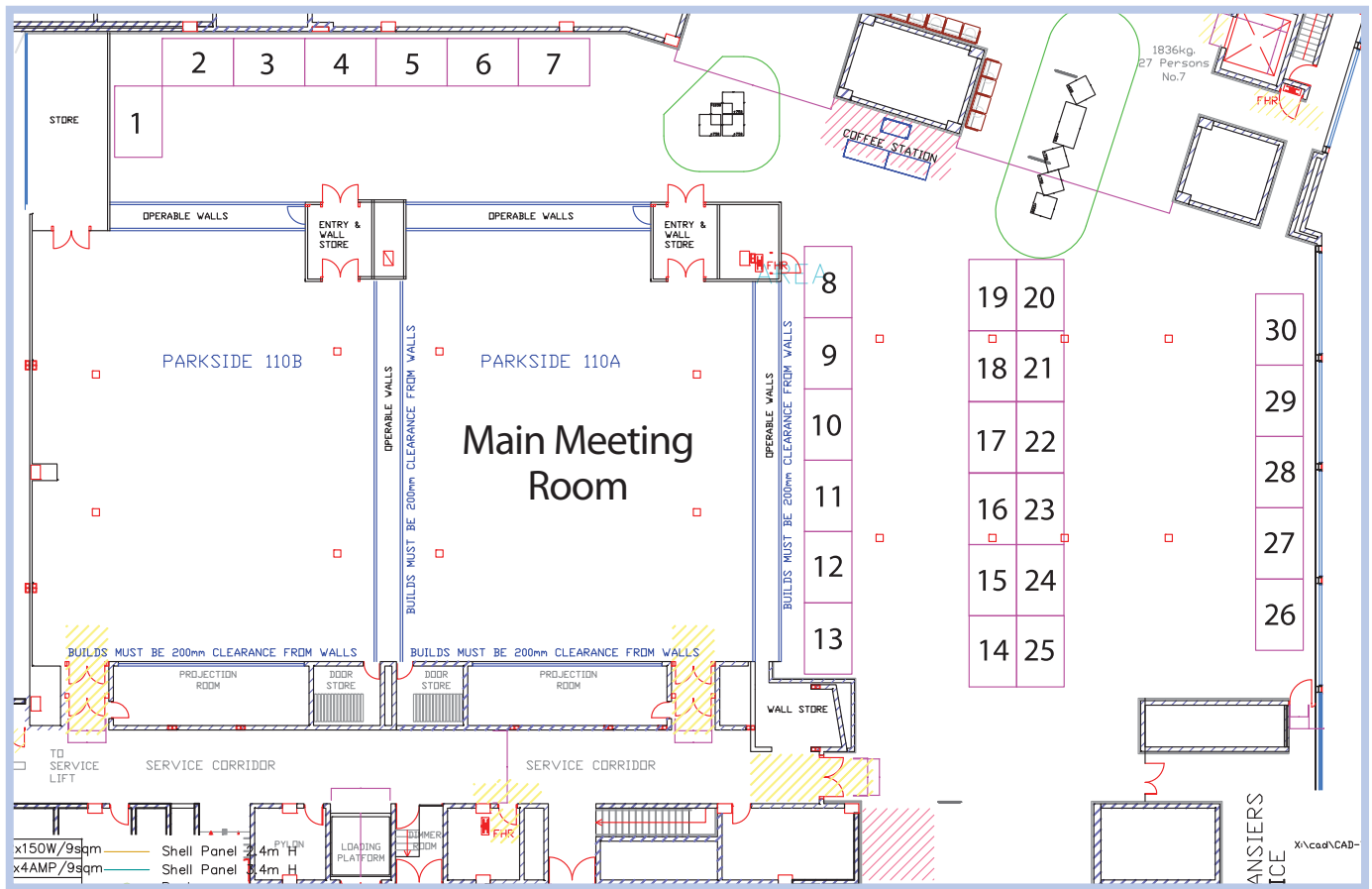
Sunday 18 September

Opening time	08.00
Morning tea	10.30 – 11.00
Lunch	12.30 – 13.30
Afternoon tea	15.00 – 15.30
Conference close	17.00

Venue Floor Plan



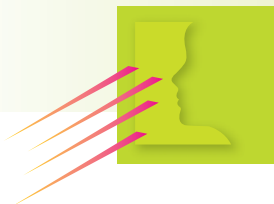
Exhibition Floor Plan



Exhibitor Listing

Aussie Medi Tech	1
Norseld Pty Ltd	2
Allergan	3
Innovative Medical Technologies	4
Cutera Australia	5
True Solutions	6
Australasian Medical & Scientific Ltd	7
Ipsen	10
allmedic Pty Ltd	11
Eastlakes Pharmacy	12
Palomar Medical Technologies	14
Advanced Cosmeceuticals	15
AACDS	16

Sanofi Aventis	17
High Tech Laser Australia	20
Allure Medtech Pty Ltd	23
Synergie Minerals	25
Equipmed	26
Q-Med	28
Ionia Medical Pty Ltd	29
CSHE Australia Pty Ltd	30
Device Consulting/Lumenis	18 and 19
Candela Corporation	21 and 22
Medtel	8, 9 and 13
Scanmedics	27



Sponsor Profiles

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Device Consulting is a leading medical technology provider specializing in the field of cosmetic laser and pulsed light systems. We are proud to represent and support a number of the world's leading developers and manufacturers of leading edge light systems for use in aesthetic and cosmetic procedures.

Our range includes Lumenis, Conbio, Iridex, Intermedic, HK Surgical and more.

These machines and technologies together with our broader range and expertise, give Device Consulting the leading edge in delivering the most appropriate and effective cosmetic and aesthetic solutions to doctors, practitioners and patients.

Our commitment is to provide you with tailored, professional support covering clinical, technical, marketing and commercial issues, leading to optimal application of our lasers within your clinic.

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AMSL was established in 1991 with the aim of providing the Australian scientific and medical markets with a range of leading edge products from around the world.

The Aesthetic Division provides:

Regen Lab PRP system: Platelet Rich Plasma harvesting provides the most efficient cost effective of all the commercial PRP systems for clinical use. Regen Autologous Platelet Rich Plasma is currently used in Australia for cellular regeneration and rejuvenation of the face and body. Applications include: sports medicine; wound care, surgical and orthopaedic applications.

AMSL Aesthetic Division also distributes Radiesse, Syris, Fibro Vein and Sodermix.



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The ambition of Sanofi is to become a diversified global healthcare leader, focused on patients' needs. The largest pharmaceutical company in Europe and in emerging markets, Sanofi is the fourth largest worldwide. The Group's vaccine division, Sanofi Pasteur, is the world leader for human vaccine production and commercialisation.

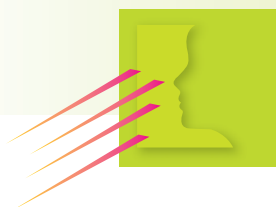
With the recent acquisition of Australia's leading nutraceutical brands including Nature's Own and Cenovis, Sanofi ANZ is now a horizontally integrated healthcare provider from complementary medicines through to patented medicines, generics, over the counter medicines, and vaccines.

Sanofi has a strong commitment to R&D and we currently have 48 compounds in development. At Sanofi we are committed to our customers, our employees, and even more importantly to the people who rely daily on our medicines.

Program

Saturday 17 September

Time	Room	Speaker	Title of Presentation
Plenary Session One	Parkside 110	Chair: Dr Sharron Phillipson	
9.00		Dr Sharron Phillipson	Conference opening and welcome
9.15		A/Professor Lee Collins	The 50th Anniversary of the Laser. Fundamentals of laser physics and safety essentials for every laser medical practice
9.55		Dr Gavin Chan	Current status of ablative versus non ablative facial rejuvenation
10.20		Q&A	
10.30	Parkside Foyer	Morning tea	
Plenary Session Two	Parkside 110	Chair: Dr Eddie Roos	
11.00		Professor Scott Menzies	Assessing pigmented lesions and the diagnosis of malignancy
11.50		Dr David Loh	Non-invasive lypolysis using pulsed focused ultrasound for body sculpting
12.15		Q&A	
12.30	Parkside Foyer	Lunch	
Plenary Session Three	Parkside 110	Chair: Dr Paul Weaver	
13.30		Dr Adam Rish	Paper 1 – Non-ablative photorejuvenation with 1064 nm medlite c6 nd:yag Paper 2 – Techniques and principles of the treatment of permanent tattoo removal
14.00		Dr William Anseline	Maximising treatment outcomes with PDT
14.25		Dr Adrian Lim	Revlite Q-Switch in cosmetic practice
14.50		Q&A	
15.00	Parkside Foyer	Afternoon tea	
Demonstrations	Parkside 110	Chair: Dr Jass Narulla	
15.30		Dr Tracey King	Sculptra in facial volume, contour and shape, a combination of science and artistry
16.15		Dr Peter Muzikants	Facial rejuvenation & recontouring with BOTOX® & JUVEDERM®
17.00	Parkside 110	Convocation of Fellows of the Australasian College of Aesthetic Medicine	
17.15 – 19.00	Parkside Foyer	Conference Cocktail Reception	



Program

Sunday 18 September

Time	Room	Speaker	Title of Presentation
8.00	Parkside 110	ASCM AGM	
Plenary Session Four	Parkside 110	Chair: Dr Eddie Roos	
9.00		Dr Jayson Oates	Tatt2away – An alternative to laser?
9.25		Dr Paul Weaver	Laser is dead!
9.50		Dr Jayson Oates	Ablative vs nonablative lasers – Where are we?
10.15		Q&A	
10.30	Parkside Foyer	Morning Tea	
Plenary Session Five	Parkside 110	Chair: Dr Jass Narulla	
11.00		Dr Malcolm Stuart	Medico-Legal Issues for Cosmetic Practitioners
11.25		Dr Stephanie Phillips	Can office based sedation be safe?
11.50		Dr Eddie Roos	Skin Rejuvenation – Same day combination fractional non-ablative and ablative treatments
12.15		Q&A	
12.30	Parkside Foyer	Lunch	
Plenary Session Six	Parkside 110	Chair: Dr Edward Mishricky	
13.30		Dr Glen Calderhead	The growing role of light-emitting diodes (LEDs) in aesthetic surgery
13.45		Dr Abbas Al-Taiff	Mesotherapy... A management for the common and the odd
14.00		Dr Adam Rish	Hair story: the follicle's progress
14.15		Dr Csilla Novak	Rejuvenation using the biological route with platelet rich plasma
14.30		Dr Philippa McCaffery	Fractional ablative microplasma radiofrequency pixel technology for skin rejuvenation
14.45		Q&A	
15.00	Parkside Foyer	Afternoon tea	
15.30 – 16.30	Parkside 110A	Dr Ralph Bright and Dr Bruce Fox	Demonstration: Fractional CO2 for Skin Rejuvenation – new low-cost system
15.30 – 18.00	Parkside 110B	CPR Course	

Monday 19 September

Time	Room	Comments
9.00 – 13.00	Parkside G01	ASCM Diploma Exam

Invited Speaker Profiles

International Speaker

Dr David Loh

David Loh, an Aesthetic Doctor, is the owner and doctor-in-charge of David Loh Surgery, a group of 2 aesthetic clinics in Orchard Road, Singapore. He is renowned for his Botox and Filler techniques as well as high definition Vaser. He graduated from the National University of Singapore (medical school) in 1989, and obtained a Master of Science in Health Care Management from the University of Wales in 1996. He is the Secretary of The Society of Aesthetic Medicine in Singapore and the Chairman of the Liposuction Peer Review Committee in Singapore.



National Speakers

Dr Abbas Al-Taiff

Abbas Al-Taiff is a General practitioner and a practice manager of Skin & Hair Clinic. He specialises in Botulinum Toxin type A, Dermal fillers, IPL, Laser, Mesotherapy for fat reduction & body shaping, Skin Needling, Hair regrowth, Dermasweep and Skin surgical procedures.

Dr William Anseline

Bill Anseline completed his Bachelor of Medicine and Bachelor of Science majoring in genetics and biochemistry at Newcastle University, New South Wales. Whilst working as a general practitioner with a special interest in skin cancer he solely founded Skin Alert, one of Australia's largest chains of skin cancer clinics. He currently practices and runs an independent skin cancer and medical skin repair clinic on the Gold Coast.



Dr Anseline is passionate about giving doctors the tools and knowledge to not only diagnose and treat skin cancer and sun damage but also to repair, protect and educate their patients.

His vision has been to develop a state of the art training and research program which provides a turnkey medical skin repair and education system. The first of its kind concept allows Australian doctors (both procedural and non procedural), access to non-invasive medical skin repair treatments along with technical and educational support.

Dr Anseline is well qualified to talk about Photodynamic therapy having travelled the world to research and develop protocols and has himself done in advance of 3,00 LED ALA PDT treatments.

Dr Glen Calderhead

Glen Calderhead has over 35 years of experience with the use of the laser in surgery and medicine. He has published extensively and lectured world wide on the subject. He is currently Secretary-General of the European Society for Laser Aesthetic Surgery and the International Society for Simulation Surgery.

Dr Gavin Chan



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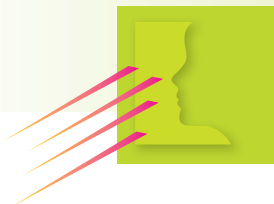
Dr Gavin Chan has a background in intensive care, anaesthesia, and emergency medicine. Since 2004, Dr. Chan has specialised in cosmetic procedures, including anti-wrinkle injections, dermal fillers, liposuction, skin needling, and laser treatments including; laser skin rejuvenation, laser tattoo removal, laser resurfacing, and photodynamic therapy. He is one of Allergan's doctor trainers for dermal fillers. He is the current Victorian representative for the Cosmetic Physicians Society of Australasia (CPSA), is on their advisory panel, and holds a diploma in cosmetic medicine from the Australasian College of Cosmetic Surgery (ACCS). Dr Chan has a special interest in the non-surgical rejuvenation of the face with dermal fillers and anti-wrinkle injections.

Associate Professor Lee Collins AM

Lee Collins is currently Director of the Medical Physics Department at Westmead Hospital. His interests are in laser and ionising radiation safety, radiology, and nuclear medicine.

He has worked in hospitals in Australia and the UK, and during a research appointment in Germany, became interested in laser applications in medicine. He now lectures on medical laser technology, bioeffects and safety, is Chairman of the Standards Australia medical laser committee (which is responsible for AS/NZS 4173), and is involved with drafting international laser safety standards for the International Electrotechnical Commission as an Australian representative.

He was made a Member of the Order of Australia in 2003, and is an Adjunct Associate Professor in the School of Medical Radiation Science at the University of Sydney and Conjoint Associate Professor in the School of Medicine, Universities of Western Sydney and Notre Dame Australia.



Dr Tracey King

Tracey King is a General Practitioner who has specialised in Cosmetic Medicine since 2004. She works in a busy, successful practice in Subiaco, namely Academy Facial Plastics and Laser Specialists, and also in Queensland from time to time.

Dr. King's main interest is in injectable treatments for rejuvenating the skin and volumising and contouring the face, as well as wrinkle relaxers and wrinkle fillers. She has extensive experience with large volume filling of the face which is commonly called "the liquid face lift".

Dr King also performs liposuction under twilight sedation, scarless mole removal and numerous Laser procedures.

As a trainer for wrinkle relaxer, collagen stimulant and wrinkle filler treatments, Dr King frequently lectures on these and other cosmetic treatments to the public, students of registered training organisations and doctors. Dr. King also sits on the National Sculptra® Advisory Board for Sanofi-Aventis and is an official trainer for Allergan Australia's aesthetic division.

Dr King completed her medical training at the University of Western Australia and her post graduate training in General Practice in WA. She also has a Bachelor Degree in Applied Chemistry from the Queensland Institute of Technology (now known as the Queensland University of Technology).

Dr Adrian Lim



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Adrian Lim MBBS, FACP, FACD. With an impressive background of international research and experience, Dr Adrian Lim is in high demand as one of Australia's leading Cosmetic Dermatologists for both his expertise with lasers as well as injectables. An experienced professional practitioner, he is a Fellow of both the Australian College of Dermatologists, the Australasian College of Phlebology. Dr Lim has published research and given presentations both at home in Sydney and internationally.

Professor Scott Menzies

Scott Menzies is the Director of the Sydney Melanoma Diagnostic Centre and a Professor of Medicine (Discipline of Dermatology) at the University of Sydney.

He has been researching and treating patients with skin cancer since 1988. For the majority of this time his activities have been



solely related to skin cancer. In particular, he has a strong clinical interest in methods for the diagnosis of melanoma and moles. His main research interest involves the development of instrumentation for the diagnosis of melanoma on the skin. He also has a strong background in teaching undergraduates, general practitioners and specialists on methods for diagnosing melanoma and is the author of 5 books on this subject.

Scott Menzies has given over 150 conference or institutional invited presentations on skin cancer, including an invited speaker for over 70 presentations at international venues. He has been, or is currently, a member of 10 skin cancer advisory committees including that which developed the Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand (Australian Cancer Network, NH&MRC) and is the continental representative of both the International Dermoscopy Society and the International Confocal Microscopy Working Group.

He is on the Editorial Advisory Board of the Journal of Plastic, Reconstructive and Aesthetic Surgery. He has over 90 publications on the subject of skin cancer.

Dr Peter Muzikants



Peter Muzikants graduated from University of NSW medical school in 1984. For the past 24 years he has been specialising in laser and cosmetic medicine and has established in Sydney and Wollongong, Ada Cosmetic Medicine Clinic. His special interests are dermatologic lasers and non-surgical cosmetic procedures. Dr Muzikants is involved in education, training and examining doctors in this field for the Australasian College of Cosmetic Surgery and was one of the first to receive the inaugural Diploma of Laser Medicine Cosmetic & Dermatological. He is on the advisory board for Sanofi Aventis and Allergan for dermal injectables and is an Allergan national trainer for cosmetic botulinum toxin and dermal fillers.

Dr Jayson Oates

Jayson Oates is a fully qualified surgeon specialising in minimally invasive cosmetic surgery, particularly of the face. Dr Oates also performs all cosmetic facial plastic surgery including Facelift, Mini Lift, Nose Reshaping, Ear Surgery, Lip Augmentation, and Facial Implants. He also performs liposuction to the body.

Dr Jayson Oates is a Fellow of the Royal Australian College of Surgeons (FRACS) and is the medical director of the Academy Facial Plastic & Laser Specialist clinic. He completed his Bachelor of Medicine and Bachelor of Surgery (MBBS) in 1990 and went

on to train in Otolaryngology Head and Neck Surgery, finishing in 1997.

Interested in facial plastic surgery he joined The Australasian Academy of Facial Plastic Surgery in 1995 and The European Academy of Facial Plastic Surgery in 1997. In 1998 and 1999 he continued his training by gaining further experience in facial plastic surgery in the United Kingdom and the United States of America. In 2005 Dr Oates was elected President of the Australasian Academy of Facial Plastic Surgery.

Dr Stephanie Phillips

Stephanie Phillips has over 15 years experience as a consultant anaesthetist in private practice at the Sydney Adventist and North Shore Private Hospitals. She is Senior Lecturer in Anaesthesia at the University of Sydney, the Co-ordinator of Critical Care training at Sydney Adventist Clinical School and Director of Anaesthetics at the San. She has been the senior anaesthetist for the last 5 years on a plastic surgical aid mission to Nepal, working in a third world operating suite.

Her research interest include reducing the morbidity attached to surgical procedures, and hopes to promote safe practice both in the Operating room and the office.

Dr Eddie Roos

Eddie Roos graduated from medicine in 1988. He worked in South Africa for 10 years before moving to Australia in 1998. Since then, he has worked in Queensland and has moved to Toowoomba in 2004.

He is the founder of Cosmetic Elegance Clinic in Toowoomba and has been doing cosmetic work since 2001 when he bought a beauty salon and was doing sessions in Toowoomba and Brisbane. He has a keen interest in laser work and light based therapies.

Enhancing the natural beauty of clients using non-surgical procedures is his mission. Working in rural Queensland has exposed him to the effects of skin cancer and he has developed a keen interest in skin cancer surgery and doing it in a way to preserve the patient's cosmetic appearance.

Dr Roos has obtained a Bachelor of Medical Science degree, in 1984 and MBChB Bachelor of Medicine and Surgery in 1988.

He holds the following membership and fellowships:

- Member of the Australasian Society of Cosmetic Medicine. (ASCM)

- Member Cosmetic Physicians Society of Australasia. (CPSA)
- Fellow of the Royal Australian College of General Practitioners (FRACGP)
- Fellow of the Australian College of Rural and Remote Medicine (FACRRM)
- Fellow of the Australian institute of Company Directors. (FAICD)

Dr Malcolm Stuart

Malcolm Stuart is currently Manager, Medical Services at Avant Insurance Ltd where previously he has held the positions of Claims Manager, Solicitor, Medical Advisor and Acting General Manager Claims Services. He is also the current President of the Medico-Legal Society of New South Wales and has recently completed 12 years on the executive of the Medico-Legal Section Royal Australasian College of Surgeons. He was a VMO (colorectal surgeon) at Sydney and the St Vincent's Hospitals, retiring in 1997 when admitted as a legal practitioner to the Supreme Court of NSW. His major interest is risk management, having run workshops for the RACS, being Chair of the Committee of the Quality Review and Risk Management Committee of the Board of St Luke's Care and a member of the Accreditation Committee of the Mediator Organisation Leading Edge Alternative Dispute Resolvers.

Dr Paul Weaver

Paul Weaver is the Medical Director of Appmed House, where he is a Physician and Sclerotherapist. Paul has over 25 years medical experience in the United Kingdom, Australia and New Zealand. He is a member of the Australasian Society of Cosmetic Medicine.

Paul is married to Michele (Registered Nurse and Co-Director of Appmed House) and they have four children (Jacob, Isaac, Abigail, and Morgan) and two Great Danes called Posh & Paris. He holds regular clinics at Appmed House Hastings, Taupo and Palmerston North.



Abstracts

Saturday 17 September

9.15 – A/Professor Lee Collins

The 50th Anniversary of the Laser: Fundamentals of laser physics and safety essentials for every laser medical practice

In May 1960, Ted Maiman constructed the first laser – a ruby laser, a type which is still in use today. Adopted early in medicine, lasers have since come a long way. We can rejuvenate facial skin or sculpt the eye, gently dissect a tumour from the vocal cord or blast a renal stone, promote wound healing or kill tumour cells selectively. Lasers may be safe enough to use in a presentation such as this, or so powerful they can blind an enemy or even destroy the observation functions of a spy satellite. In medicine we now have added intense light sources (IPLs) to our armamentarium.

While a massive amount of benefit is provided to our patients by laser/IPL use, there is a growing trickle of adverse effects, some serious, ranging from minor skin burns to permanent scarring and iris injury.

Thus with the widespread use of lasers/IPLs also comes the responsibility to use them safely on our patients – and safe use can only come from an understanding of the principles both of operation of the device, but also of the intended and potential unintended biological effects. This talk will revisit some relevant properties of laser and IPL emissions which must be understood by the operator, as well as operational and engineering measures which protect the operator, other staff and the patient. A comparison of lasers and IPLs from the technical and biological effect viewpoints will illustrate the commonalities and differences between the two technologies.

Finally, legislative controls over lasers and IPLs in Australia have gaps and inconsistencies, and possible national and international future directions will be presented.

9.55 – Dr Gavin Chan

Current status of ablative versus non ablative facial rejuvenation

Background And Aims: With the ever increasing demand for anti-aging treatments in practice such as reduction of rhytides and skin laxity, the aim in this presentation is to discuss the most effective methods for facial rejuvenation and explore latest developments and current status of treatment options using both ablative lasers (such as carbon dioxide laser and erbium laser) and non-ablative facial rejuvenation (such as Q:Switched Nd:YAG and Nd:YAG).

Methods: A review of previously treated patients in my practice using both ablative (lumenis, ultrapulse co2) and non-ablative (conbio, revlite q:switched nd:yag) treatment modalities. In this review clinical results obtained will be assessed and compared along with settings used and treatment methods.

Results: ablative and non-ablative technologies are highly used within cosmetic practice. Subsequent patient and physician satisfaction will be discussed with insight into current status of ablative versus non ablative facial rejuvenation and where these technologies are headed in the future. Both non-ablative and ablative technologies are widely accepted and used within cosmetic practice, both offering different advantages in skin improvement.

Conclusion: despite achieving substantial clinical results with ablative resurfacing modalities the adverse effects of ablative technology can result in significant downtime for several weeks. The balance for potential clinical improvements must be investigated as accompanied ablative-related potential risks and complications such as long-term pigmentary changes and scarring must be considered especially for patients with skin type iii-vi. As such, the typical recovery times and the potential problems associated with ablative skin treatment can also limit their use in patients who desire a skin rejuvenation procedure. In contrast to ablative skin rejuvenation procedures, non-ablative laser rejuvenation procedures induce a healing response minimizing direct damage to the epidermis. Improvement of skin laxity and rhytides without damage to the epidermis is a necessity for non-ablative skin rejuvenation and as such as an attractive treatment for patients.

11.00 – Professor Scott Menzies

Assessing pigmented lesions and the diagnosis of malignancy

The evidence for the role of dermoscopy for the diagnosis of pigmented skin lesions that lead to the grade A recommendation for its use by the NH&MRC ratified 2008 Australian and New Zealand Guidelines for the Management of Melanoma will be described. Basic dermoscopy features of melanoma, pigmented BCC, seborrhoeic keratoses, haemangioma and melanocytic naevi will also be described.

11.50 – Dr David Loh

Non-invasive lypolysis using pulsed focused ultrasound for body sculpting

Results of the first 50 cases using pulsed focused ultrasound will be presented and compared with results in published literature. Peculiarities pertaining to a Singaporean clientele will be discussed. The author will also share his experience with positioning a non-invasive body sculpting treatment in an established liposuction practice.

Abstracts

Saturday 17 September (Continued)

13.30 – Dr Adam Rish

Paper 1

Non-ablative photorejuvenation with 1064 nm Medlite c6 nd:yag

Introduction: There is high demand for rejuvenating treatments that deliver rapid results with minimal downtime. This paper is an overview of methods, rational, protocols, limitations and clinical outcomes of photo-rejuvenation using the Medlite C6 1064nm Q switched Nd:YAG laser. The author has been offering this treatment in his clinic for the past 9 years with over 3000 treatments. This paper is an overview of his experience plus documentation of results of varying fluence and time of treatment.

Methods: Clinical review by patient self-reporting of 11 patients treated unilaterally with 1.8 J compared with 3J on the contralateral side at 10Hz for 5 minutes to the face; and 5 patients treated at 1.8J for 5 minutes versus 2.5 minutes on the contralateral side of the face.

Results: Although photographic evidence of improvement is hard to document patient in vivo seem to have more youthful appearance after treatment. There was difference in results between lower and higher fluences and longer versus shorter treatments. No patients had side effects beyond mild and transient (<1 hour) erythema. The benefits according to the patients commenced at approximately 3 hours post treatment, peaked at 3 days and were maintained for 1 month.

Conclusions: The Medlite C6 1064nm Q switched Nd:YAG laser is a fast, effective and safe treatment for facial firming. The precise mechanism of this is uncertain but possibly due to collagen stimulation. The effect does not seem to have a linear relation to fluence meaning it is a switch like effect. The laser is a valuable adjunct to cosmetic practice.

Paper 2

Techniques and principles of the treatment of permanent tattoo removal

Introduction: This paper is an overview of methods, rational, protocols, limitations and clinical outcomes of laser tattoo removal using nanosecond Q Switch lasers. It is based on over 20 years of clinical experience in this field by the presenter.

Methods: Clinical review of random audit of over 9000 patients treated.

Results: In over 90% of selected patients complete clearance with no residual visible tattoo pigment or skin scarring is possible with use of appropriate lasers and fluences.

Conclusions: Q switch nanosecond lasers are an effective and appropriate treatment for the removal of the majority of tattoos. Very high levels of patient satisfaction and low morbidity and long-term adverse sequelae are possible with appropriate protocols.

14.00 – Dr William Anseline

Maximising treatment outcomes with PDT

Controlling variables in regards to pre-treatment, incubation times, illumination times and post care.

For the past 10 years Dr Bill Anseline, the founder of one of Australia's largest Skin Cancer clinic groups and has been using "the end to end Photodynamic Therapy system" for both cosmetic and therapeutic skin conditions. This PDT system maximises clinical results and has been developed by Dr Anseline in collaboration with Associate Prof Peter Smith (Molecular Immunologist and Skin Allergist) and Dr Martin Braun (internationally renowned expert on PDT).

Benefits of the "an end to end PDT System"

Dr Anseline has found: -

- This system helps to control pain, both intra and post illumination, especially when combined with the propriety product "PDT Eze" (a multi modal TRP antagonist).
- That patients' tolerate the illumination and post illumination phase significantly better if they have pre-treated their skin prior to PDT.
- What many doctors like about the system is that patient compliance is improved and they willingly return for a second treatment if required and overall patient satisfaction is high.
- In perfecting the system Dr Anseline has done over 3,000 ALA / PDT treatments and has formulated very specific protocols that if followed, ensure that you, your clinic and your patient will get the most out of their PDT treatment.

During his presentation he will share the best practices of an 'end to end system' so that you can implement them into your clinic to get better results, improve patient satisfaction and generate clinic revenue.

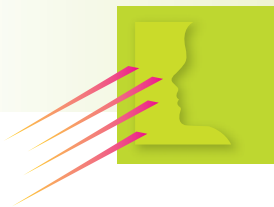
14.25 – Dr Adrian Lim

Revlite Q-Switch in cosmetic practice

Pigmentary disorders of the skin constitute a large part of cosmetic practice. Common pigmentary conditions include ephelides (freckles), solar lentigines, melasma and post-inflammatory hyperpigmentation. Less common conditions include pigmentary birthmarks such as café-au-lait macules (epidermal), nevus of Ota/ Ito (dermal). Tattoos – both decorative and traumatic – is also a relatively common presentation.

The Q-switched laser, with nanosecond pulse duration, is uniquely indicated for targeting microscopic pigment particles such as tattoo ink and melanosomes. Hence, the Q-switched laser is the classic device for treatment of pigmentary lesions especially pigment birthmarks and tattoos. In recent years, indications for Q-switched laser have expanded to include treatment of melasma, acne scars and general skin rejuvenation through pigment modulation and collagen remodeling.

The presentation will cover management of common pigmentary disorders and discuss the role of Q-switched lasers in these conditions. In addition, the role of the Q-switch laser for non-ablative skin rejuvenation and for maintenance therapy post-resurfacing is highlighted.



Abstracts

Sunday 18 September

9.00 – Dr Jayson Oates

Tatt2away – An alternative to laser?

Last year I spoke on “Laser Tattoo Removal” at this meeting. I disparagingly mentioned various nonlaser tattoo removal treatment I had found on the internet. At that meeting I was advised to look at Tatt2away – a chemical tattoo removal treatment administered via a tattoo gun. This presentation documents our experience with Tatt2away, how effective it is and how we are incorporating it into our tattoo removal practice.

9.25 – Dr Paul Weaver

Laser is dead!

This is a presentation for up and coming cosmetic physicians planning the future direction of their clinic and who may be considering purchasing laser technology. I’m going to be the “Devil’s Advocate” at the Laser Conference and suggest that radiofrequency technologies are the way forward with superior results both clinically and financially. Therefore LASER IS DEAD!

I will be discussing Radiofrequency skin lesion removal, Radiofrequency Sublative Rejuvenation and Endovenous Radiofrequency ablation of varicose veins. I will compare and contrast them with laser technologies and suggest how to structure a practice without LASER?

9.50 – Dr Jayson Oates

Ablative vs nonablative lasers - Where are we?

We use a number of different Lasers in our practice. How do they fit in, what can we realistically expect from them?

In my training in the USA 12 years ago I was told – “Get the CoolTouch – nonablative skin rejuvenation is what you need!” But how have they shaped up and with fractionated CO2 which is the better tool? I will share my experience with the Affirm Multiplex, Medlite C6 and SmartXide Fractionated CO2.

11.00 – Dr Malcolm Stuart

Medico-legal issues for cosmetic practitioners

This paper reports the experience of a medical defence organisation (Avant) with claims made against those of its members insured in the cosmetic practitioner category available since 1998. Following the significant tort law reform of a decade ago, the claims experience of cosmetic practitioners has followed the across the board trend of a fall in incidence of civil claims (both litigated and unlitigated) of 50 per cent or more. However, over the last five years the incidence of civil claims against cosmetic practitioners has doubled from the post reform low point – a worrying trend.

Almost two thirds of claims arise following laser treatments, infections (Botox, fillers etc), medication issues, general practice issues, IPL treatments and skin cancer. Another one quarter of claims arise from a group that includes sclerotherapy, cryotherapy, skin paints, peels etc and Medicare investigations. Whilst over 40 per cent of the total claims are civil (litigated or unlitigated) a further one third arise out of the complaint process. Analysis of why cosmetic patients sued or complained in these matters shows that two thirds do so because of residual skin damage, patient dissatisfaction (? unmet expectations), practitioner behaviour, practice deficiencies and a failure to diagnose (usually skin cancer). Alleged sexual misconduct, drug reactions/interactions and infection are other well recognised causes.

The factors that motivate cosmetic patients to sue/complain are discussed as are the mechanisms by which cosmetic practitioners are able to reduce claims against themselves or their practice including the use of a cosmetic consent check list. To conclude consideration is given to how best to manage those clinical adverse events that will inevitably occur despite the practitioner’s best intentions and endeavours.

11.25 – Dr Stephanie Phillips

Can office sedation be safe?

It is hard to define the risk benefit profile of office sedation, especially for elective cosmetic procedures. While in each patient, this will be different, there must be an extremely low tolerance for any morbidity.

The speaker will define sedation, outline current accepted standards of care for office sedation, and discuss techniques to avoid of the major pitfalls and litigation risks that are potentially involved.

Minimal Sedation: A drug-induced state during which patients are awake and calm, and respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Conscious Sedation: Drug-induced depression of consciousness during which patients are sleepy but respond purposefully to verbal commands or light tactile stimulation (reflex withdrawal from a painful stimulus is not a purposeful response). Verbal contact is always maintained. No interventions are required to maintain a patent airway. Spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep Sedation: Drug-induced depression of consciousness during which patients are asleep and cannot be easily roused but do respond purposefully to repeated or painful stimulation. The ability to maintain ventilatory function independently may be impaired. Patients may require assistance to maintain a patent airway. Spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

11.50 – Dr Eddie Roos

Skin rejuvenation – Same day combination fractional non-ablative and ablative treatments

In this presentation we will discuss the concepts of ablative and non-ablative fractionated laser resurfacing and the presenters experience with the Palomar 1440 nm non-ablative and 2940 ablative laser.

The advantages of combining non-ablative and ablative fractionated laser resurfacing in one session will be discussed as well as the additive skin tightening effects of this combination treatment.



Abstracts

Sunday 18 September (Continued)

13.30 – Dr Glen Calderhead

The growing role of light-emitting diodes (LEDs) in aesthetic surgery

Background: Prior to the NASA Space Medicine Program's development of a new generation of light-emitting diodes (LEDs), the humble LED was not a particularly useful adjunct to existing laser diode (LD) phototherapy sources, due to low power, high instability, and wide divergence and waveband. The attempted application of this early generation of LEDs in phototherapy led to poor results, and tainted mainline medicine to their application. The 'NASA LED' changed the concept. It was not monochromatic like an LD, but was quasimonochromatic with stable output powers around 4 orders of magnitude greater than its predecessors. Phototherapy had a new and valid candidate as a light source.

Development: Based on the new generation of LEDs, appropriate wavelengths were researched for clinical applications based on 25 years of phototherapeutic research with LDs and other laser devices. 633 nm LED phototherapy (the visible red wavelength of the HeNe laser) was followed by 590 nm yellow, and 830 nm in the near infrared gained a great deal of attention. All of these were associated mostly with wound healing and skin rejuvenation, with 633 nm also used in exogenous photodynamic therapy (PDT) and hair regrowth. 415 nm was found to be at the very absorption peak of those porphyrins endogenous to *Propionibacterium acnes*, so attracted attention as part of the acne treatment protocol. These wavelengths at appropriate intensities and doses, alone or in combination, have proved effective in a wide range of panspeciality applications including active acne, monotherapy and adjunctive therapy for skin rejuvenation, enhanced wound healing of all wound types with prophylaxis against hypertrophic scarring, and efficient pain attenuation.

What's New? Ideas proposed with good scientific backing of a only few years ago, which were then ridiculed by some, have now become standard practice as evidence-based medicine from randomized clinical trials has shown that LED phototherapy WORKS. The development of LED chips has raced ahead to make them smaller and better. 'New' wavelengths are being studied, but is there any need to reinvent the wheel?

Conclusions: When based firmly on proven photobiological precepts, present day LED phototherapy has clearly become clinical fact, and is most certainly not science fiction. LED phototherapy is one of the most exciting new medicines of the New Millennium and offers the aesthetic surgeon a tremendously powerful tool, both stand-alone and adjunctive, to achieve even better results in his or her clinical practice.

13.45 – Dr Abbas Al-Taiff

Mesotherapy... A management for the common and the odd

Background and Aims: Mesotherapy was pioneered by the French physician Dr. Michel Pistor in 1952. It is a minimally invasive procedure that is widely used in Europe and elsewhere in the world to treat various injuries and medical conditions.

Methods: This medical specialty targets problem areas with microinjections of conventional or homeopathic medicines, vitamins, minerals and amino acids. Tiny "medicinal bullets" are delivered directly into the mesoderm (middle layer of skin) that are highly specific to the condition being treated. The ways of delivery of the products range between simple syringes to highly sophisticated machines. In addition, the technique to deliver these products is variable.

Results: Mesotherapy can be used and would help in the management of multiple health problems like:

1. Common health issues:

- To eliminate cellulite
- To promote weight loss
- To provide anti-aging benefits
- To eliminate localized fat deposits

2. Odd health issues:

- To stimulate hair regrowth in Androgenic Alopecia
- To stimulate hair regrowth in Alopecia Areata
- To improve penile measurements and erectile dysfunction in men (future study)
- To improve genital laxity in women (future study)
- Other issues like Stretch marks, Psoriasis etc...

Conclusions: Finally, Mesotherapy may be used in a wide range of indications using different techniques, and can be combined and/ or used to deliver different kinds of products including Peptides, Platelet Rich Plasma and others.

References:

1. Dr. Lionel Bissoon: Palm Beach, Beverly Hills and New York City USA
2. Michel Delune: M.D. Founding Member and President of the American Academy of Aesthetic Medicine (AAAM), Florida USA
3. Mesotherapy Worldwide: Sydney AUSTRALIA

14.00 – Dr Adam Rish

Hair story: the follicle's process

Introduction: This paper is an overview of the history, and methods of hair removal, including the use of lasers and clinical considerations in their use.

Methods: Review of cultural history of hair removal from literature. Review of scientific journals of laser and IPL light source based treatments.

Results: There are many effective and less effective modalities for the treatment of unwanted hair.

Conclusions: The preference for and against hair on various body regions is culturally and historically determined. Lasers and IPL sources are effective for the removal of black and brown hair. Very high levels of patient satisfaction and low morbidity and long term adverse sequelae are possible with appropriate protocols.



Abstracts

Sunday 18 September (Continued)

14.15pm – Dr Csilla Novak

Rejuvenation using the biological route with platelet rich plasma

Platelet Rich Plasma. Autologous Cellular Regeneration (ACR) Platelet Rich Plasma (PRP) is a bio stimulant of Many growth factors augmenting the dermis and epidermis by enhancing growth of Keratinocytes, fibroblasts, elastin and disposition of collagen, stem cell proliferation, vascularization, improving skin tone texture and colour. Platelets consist of granules which store multiple growth factors with the aim to regenerate aged and damaged skins. Growth factors have emerged as the HOLY Grail in wound healing Today's PRP have been found to be the pivotal cells that initiate all human wound healing, in applications such as Dental, Surgical, Craniofacial, Hair Growth, Sports Medicine and now for Regenerative Aesthetic Medicine, Regen Lab PRP is based on the Science of Platelet Rich Plasma and we look forward to seeing PRP evolving in the Aesthetic Medicine field indications are sun damaged and aged skins with poor skin laxity.

14.30 – Dr Philippa McCaffery

Fractional ablative microplasma radiofrequency pixel technology for skin rejuvenation

The AccentXL (Alma Lasers Ltd., Caesarea, Israel) is a unipolar-based, RF-energy delivery device using a novel Fractional Micro-Plasma Radio-Frequency technology. The Pixel RF technology of the Accent XL creates microscopic perforations of the skin to produce focal resurfacing micro-wound patterns over a background of largely unaffected surrounding healthy skin.

In the RF Pixel device the electromagnetic RF energy stimulates micro-sparks between the skin surface and the RF pins/electrode. Fractional ablative RF Pixel is similar to fractional ablative Er:YAG and CO2 lasers in that both have a pattern of microscopic ablated/coagulated tissue channels. Just as with lasers, longer exposure times at lower energies allow for more thermal diffusion and tissue heating, while shorter exposures at high energies can produce vaporization or ablation, and less coagulation. Fractional Resurfacing has replaced conventional full face laser resurfacing and chemical peeling as there are less complications, faster healing and minimal pain post-treatment. The AccentXL Pixel RF is indicated for skin tightening; skin resurfacing; treatment of fine lines and wrinkles; scars; stretch marks; rejuvenation (photoaged skin).

Demonstrations

Saturday 17 September

15.30 – 16.15

Sculptra in facial volume, contour and shape, a combination of science and artistry – Dr. Tracey King

This session will discuss the 3 dimensional view of ageing, examining the roles of skin, muscle, fat and the skeleton and the subsequent cascade effect in facial ageing. Dr. King will cover approaching the patient and managing expectations with rejuvenation, pan-facial use of Sculptra as well as pre and post examples of Sculptra treatments. Finally Dr King will demonstrate basic injecting techniques of pan facial treatment on a live model.

16.15 - 17.00

Facial rejuvenation & recontouring with BOTOX® & JUVEDERM® – Dr Peter Muzikants

The presentation will consist of a live demonstration session of cosmetic injection techniques using a female model.

The session will aim to show a practical approach to assessing, planning and implementing facial rejuvenation needs in an aging female face using only cosmetic injections of botulinum toxin type A and hyaluron gels from Allergan.

Both needle and cannula techniques will be demonstrated.

Demonstration

Sunday 18 September

15.30 – 16.30

Fractional CO2 for Skin Rejuvenation – new low-cost system – Dr Ralph Bright and Dr Bruce Fox

This presentation and demonstration will cover a new method of ablative fractional laser treatment with the ability to treat all skin types, including Asian and darker skin types. The main points of speed, depth of penetration and size of microbeam will be discussed, as well as the capability of this equipment to be used from a low 1mJ for light treatments to a high 300mJ for deeper resurfacing.

CPR Course

Sunday 18 September

15.30 – 18.00

Preparing for an emergency

Re:VIVA's qualifications satisfy the relevant Occupational Health and Safety Acts and Regulations within Australian States and Territories, for the provision of first aid in the workplace. Re:VIVA is a government accredited Registered Training Organisation (RTO) through NSW Vocational Education and Training Accreditation Board (VETAB), which is your guarantee of quality training and service to Commonwealth Government standards.

This course is presented in accordance with the current guidelines of the Australian Resuscitation Council (ARC). The course covers all aspects of resuscitation and basic life support.

Participants train on resuscitation manikins and demonstrate competency in Cardio Pulmonary Resuscitation. All participants will also be trained in mouth-to-mask resuscitation technique, utilising the Laerdal Pock Mask™.

Infant, child and adult mannequins are supplied for training. Automated External Defibrillation (AED) is also demonstrated during training.



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