

BOARD FORUM: MEETING AESTHETIC DEMANDS IN BOTH SEXES

WHAT TRENDS ARE YOU SEEING IN TERMS OF AESTHETIC PROCEDURES FOR MEN IN YOUR PRACTICE? HOW ABOUT FOR WOMEN?

Jose Raul Montes, MD: As my practice is an Oculoplastic and Facial Rejuvenation Center, most men that come to the office are looking for periocular surgery, such as upper and lower blepharoplasty.

Back in 2014, my male patient population was 10 percent of my base. A year thereafter, especially upon the introduction of Kybella™ (deoxycholic acid, Allergan), my male patient population increased by five percent. Currently, my Kybella patient breakdown is about 7:3 female:male ratio. Since introducing Kybella, a young cohort of male patients has been coming into our practice.

Jason Emer, MD: In my practice, men are interested in hair growth, penile rejuvenation, and abs. Of course, there's always interest in fillers, Botox, and skin care.

Men are becoming more comfortable and “metro”—they are doing their monthly facials and microneedling with PRP in my practice and every three to four months coming in for lasers, Botox, and fillers.

Female rejuvenation is increasingly popular (I use ThermiVa, BTL Ultrafemme, Asclepion Juliet), along with treatment of concerns off the face—chest, arms, hands, knees, leg treatments. In my practice we do full body peels, Silkpeel, Cosmelan, as well as lasers like fraxel.

Fat transfer for more permanent improvement of buttock and breast is also gaining popularity for more “natural” augmentation over implants PLLA (Sculptra) seems to be making a come back for facial collagen building, but also for arms, knees, buttock/buttock roll, and cellulite.

Keep an eye on stem cell and regenerative medicine, which are going to become a huge trend in the near future.

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Sabrina Fabi, MD: Men tend to favor or seek out treatments to reduce fat on their body (i.e., Coolsculpting and Liposculpture), over facial aesthetic treatments.

Women in Southern California have been seeking more noninvasive skin tightening and body sculpting treatments for their body, such as Ultherapy to the knees and Sculptra for the buttocks, than ever before.

THINKING OF THE PROCEDURES YOU ARE MOST COMMONLY PERFORMING, WHAT ARE SOME OF THE KEY LESSONS YOU HAVE LEARNED IN TERMS OF TREATING MEN VERSUS WOMEN?

Dr. Montes: Men are definitely more naive and conservative in terms of nonsurgical procedures. For them, it is essential to look as if nothing had been done. They are mostly

concerned if they look tired, so attention to the periocular zone is a priority!

Two other areas that concern them are neck sagging/submental fullness and balding.

Dr. Fabi: Men would rather get their treatments done in one session to avoid having to come back multiple times, even if it means taking time off to get the treatment done.

My male patients typically want more drastic results from the treatments they receive, whether it's CoolSculpting, pulsed dye laser for redness, or CO₂ for acne scars. They rarely if ever complain about the downtime, as they care more about the result.

They do tend to be more sensitive to discomfort from procedures, so I try to numb or medicate beforehand when possible and appropriate, so the experience isn't as painful.

Dr. Emer: Both men and women want you to be conservative and go slow. It's important to give a full treatment plan but start with one to two areas and keep them natural with subtle improvements rather than a dramatic change.

Men want more structure to their face, so they focus on temple and jawline; Women want more lift and a heart shape, so they focus on the under eyes, cheeks, and chin, especially when it comes to fillers. With Botox, keep the male brow horizontal and women's with a slight lateral arch.

Ask the patients what they are looking for and ensure your opinion of beauty matches theirs, otherwise you will not get a great outcome!

DO YOU MARKET SPECIFICALLY TO MEMBERS OF EITHER SEX? HOW?

Dr. Montes: In our social media efforts, we try to include as many men as possible. We make an effort to keep and promote a unisex branding in our practice, in terms of color, art and message. It is not about he or she, but "them." I do not segregate my male and female populations due to space and logistics making it difficult.

Dr. Emer: I have a significant male and gay population and we market our male procedures—hi def lipo, PRP injections to the penis, cellulone and aerolase for ED. We do not have a special clinic, but we have a staff that is friendly and open and make people feel comfortable very quickly about their decision to come to my office.

Dr. Fabi: We have both chairs and couches in our waiting rooms to meet the needs of both sexes, as men typically prefer chairs.

Our waiting room and clinic environment is overall gen-

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der neutral, in that the color or ambience has more blue and brown hues, and we don't have much of a spa feel (which some women complain of).

DO YOU SPEAK TO MALE AND FEMALE AESTHETIC PATIENTS DIFFERENTLY?

Jose Raul Montes, MD: I approach men in a direct way in terms of their main concern. Then, I slowly walk them through other procedures or products that may benefit them. For example, in terms of skin care, one has to be practical and simple with men. At the end, they will embrace one's recommendations but take them slowly.

Dr. Fabi: Interactions with male patients in my practice tend to be less time-consuming than with female patients.

Men know what bothers them and want it fixed. They don't care as much about pricing as long as the treatment works. They also prefer single treatments that will address their concerns even with downtime, versus results that take multiple treatments to achieve. I just get straight to the point with my male patients, as they generally aren't as interested in why they are experiencing the changes or problems that they have, they just want them fixed.

Dr. Emer: We give full treatment plans to all patients. They get exposed to everything we do. Treatment plans differ, and because of that I have certain consultants who work with my male patients and others with my females. ■

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