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Guest Editorial

Enthusiasm Versus Data: How Does an Aesthetic Procedure Become “Hot”?

How does an aesthetic procedure become “hot”? The answer is troubling. Though “hot” should be determined by data, enthusiasm has taken the place of data with the media, patients, industry, and even with some doctors.

All surgeons want better procedures, but it only takes a few whose priority is filling waiting rooms to create a problem. Doctors of this ilk abound, eager to tout unproved procedures, give overly enthusiastic media interviews, and send out press releases to stimulate coverage of non-stories. Some even trademark common procedures with cute sounding names. With top search-engine ranking for terms such as “facelift” virtually impossible to attain, pitching memorably named procedures has become the latest marketing fad.

But the problem is much more subtle. Even surgeons who believe they select procedures based on an objective assessment may be fooling themselves. We are not driving the train of patient demand. Rather, we are in the caboose, responding to patient requests that are shaped by industry and the media.

In aesthetic surgery, we don’t have endpoints like “disease-free survival” to measure our results. We rely heavily on patient feedback. However, the type of feedback we receive depends on how carefully we select the questions. The most well-intentioned doctor can easily end up promoting a procedure of limited benefit.

Patients understandably want inexpensive, quick, and noninvasive procedures. In pursuit of these goals, they can be optimistic about the veracity of even the most ridiculous claims. Credibility is given to sources simply because they appear in the media. Technology is believed to be capable of solving any problem. “Cute” procedure names draw interest (Table 1) rather than suspicion. There is widespread ignorance of the scientific method.

Although companies providing devices or materials for aesthetic surgery are interested in patient welfare, they increasingly may be tempted to promote something profitable but of little benefit, so long as it is safe. The billions of dollars they pour into advertising often have more to

do with what is “hot” than our attempts at an objective assessment.

When a technique, no matter how valuable, does not involve a saleable product, there is no one to promote it. For example, there is a published method to provide breast augmentation patients with a return to normal activity in 24 hours without narcotics.¹ It has

received no coverage in the media, patients do not know to ask for it, and few doctors have adopted it. Implantable pain pumps have received far greater attention, and I believe the difference is attributable to the support of a nationwide network of sales reps.

We see a similar phenomenon with regard to skin resurfacing modalities. At the height of its popularity, I frequently performed CO₂ laser resurfacing, but now I rarely do. Media coverage and, consequently, patient demand for this procedure dropped precipitously when manufacturers, having exhausted their market for CO₂ devices, focused their advertising and promotional efforts on a new generation of products—many of which offer certain benefits but also less significant results. Of course, the original marketing and public relations blitz surrounding CO₂ lasers similarly obscured any relative value of traditional methods of resurfacing, such as phenol peels. In the case of both CO₂ and the newer nonablative devices, widespread clinical use preceded long-term published data.

The media want to educate the public. But there is a problem when a media “piece” is a vehicle for an advertisement. Even when it comes to surgery, the public wants to be entertained. A self-promoting and overly enthusiastic doctor promoting a questionable procedure will get more coverage than an unbiased spokesperson. Reporters often feel they must jump on stories that may



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Table 1. Procedures recently mentioned in the media with “memorable” names

Aptos®	Lifestyle Lift™
Silklift™	Instant Facelift
Contour Lift™	Instant Recovery Facelift
Contour Thread™ lift	Thermalift™
Threadlift™	Liposelection™
Featherlift®	Ultrasculpt™
Looplift™	Weekend Lift
Gentlelift	Lunchtime Lift
Russian Lift	Lipodissolve®
Quicklift™	“Doctor’s name” Lift™

turn out to be meaningless, lest they be “scooped.” The need for content makes them susceptible to press releases touting procedures and results with no scientific validity. There are simply fewer “new” developments in aesthetic surgery than there are beauty magazine issues and television shows.

Anyone who has ever done a media interview has been asked questions such as, “What’s hot?” “What are celebrities asking for?” “What are plastic surgeons suggesting for their families?” Have you ever been asked, “What has been proven to be safe and effective in randomized prospective trials?” “New and exciting” is more interesting to the public than “safe and effective,” and the media, as a general rule, oblige.

Our professional journals provide us with some of the best sources of information on new procedures. How have past Hot Topics from the pages of this journal fared over time? Looking through 30 topics (Table 2), it is a relief that none was shown to be dangerous. Seven remain futuristic, and 4 have not been shown to be effective. Nineteen of these 30 topics are in use. Nine remain without consensus about their utility and, though used by many, have not been generally adopted. Four more have been documented as being effective and are in widespread use, but their impact has not been enough to be called “hot.”

Six stories were about 4 subjects that are hot today: fillers, radiofrequency, Fraxel (Reliant Technologies, Mountain View, CA) and barbed sutures. These hottest of the hot topics shed light on the process of becoming hot today. None of these require the skills of a surgeon, and many of them have been promoted by non-surgeons. Surgeons seem to be at a disadvantage; perhaps they are less enthused about the procedure’s limited results because they possess the skills to create more dramatic changes.

Table 2. Hot Topics articles from Aesthetic Surgery Journal**Still Hot Today**

Treatment of Nasolabial Folds With Fillers
Soft-Tissue Fillers
Facial Fillers and Their Complications
Nonablative Laser Technology: Radiofrequency
Fraxel for Facial Aging
Barbed Sutures for Facial Rejuvenation

Utility Clearly Shown/In Widespread Use

Botulinum Toxin A for Managing Focal Hyperhidrosis
Topical Vitamin C in Skin Care
New and Improved Daily Photoprotection: Microfine Zinc Oxide (Z-Cote®)
Microdermabrasion With Chemical Peel

Some Utility Shown/Not Widely Used

Laser-Assisted Hair Removal for Darkly Pigmented Skin (Long-Pulse YAG)
Injectable Silicone Returns to the United States
A Guide to Perioperative Nutrition
Update: Tissue Sealants in Plastic Surgery
Endermologie and Endermologie-Assisted Liposuction
Aldara, Copper Peptide, and Niacinamide for Skin Care
Micronized Acellular Tissue for Soft-Tissue Augmentation (Cymetra)
The Therapeutic Use of Electromagnetic Fields in Plastic Surgery
Non-narcotic Acute Pain Relief After Ambulatory Aesthetic Surgery (including Cox-2 inhibitors)

Abandoned or of Inconsequential Use

Lipoplasty With Hypotonic Pharmacologic Lipo-dissolution
External Ultrasound: New Clinical Applications
HA for Scars and Keloids
Percutaneous Collagen Induction: An Alternative to Laser Resurfacing

Futuristic

DNA Microarrays to Profile Gene Expression With Aging of Human Facial Skin
Lipostabil: The Effect of Phosphatidylcholine on Subcutaneous Fat
The Coming Impact of Anti-Aging Medicine on Aesthetic Surgery
Mesenchymal Stem Cells: Aesthetic Applications
Breast Implant Technology: What We Can Count On
Cellasene: Hype or Help for Cellulite?
Microwave-Assisted Liposuction

The most successful hot topics are about products rather than techniques, and are all promoted by a company. In my opinion, any advantage hyaluronic acid has over bovine collagen is not nearly enough to justify its extraordinary media attention. But try telling that to its manufacturers and to the doctors offering “Holiday Special” discount coupons for it.

Also of note is the absence of long-term studies and peer-reviewed data. Neither of the *Aesthetic Surgery Journal* barbed suture stories were about the threads now in use; the format of the “Hot Topics” column is geared toward preliminary reports. However, it is notable that there has not been a single peer-reviewed article showing long-term results of the procedure now in vogue. Yet that did not stop dozens of television shows and doctors from promoting it directly to the public with unbridled enthusiasm.

It is also fascinating to note how presenting subtle results has become acceptable. We used to believe that saying “this was what the patient wanted” did not justify showing “post” photos indistinguishable from the “pre” photos, but now we see these kinds of results at every meeting. Yet when promoting these procedures to patients, average results are seldom chosen for display.

All aesthetic surgeons have benefited from the media’s fascination with our specialty. However, I believe we have allowed our judgment to be manipulated and now must work harder to regain control. We must individually resist the temptation to embrace techniques in advance of data, and we must create an intellectual climate that disparages those who do (outside of clinical trials). We can also take steps to improve media coverage. Doctors who submit misleading press releases must be confronted by their peers. The media do not like being manipulated and must be made aware that many cosmetic surgery stories are essentially unpaid advertorials.

The marketing and advertisement budget of industry is an ominous foe, but we are the doctors. Indeed, it is our “ace.” We ought to use that card to further the public good and the dignity of our specialty. ■

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